Government of the District of Columbia

DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION
ADULT PROTECTIVE SERVICES

ANNUAL REPORT
to the
Council of the District of Columbia

FISCAL YEAR 2013

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Introduction

The Department of Human Services (DHS), Family Services Administration (FSA), Adult Protective Services (APS) program, provides social services and crisis intervention to meet 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) 2013 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 outcomes of case investigations and illustrates the extent to which APS collaborates with multiple agencies to mitigate risks 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 (Act), effective March 14, 1985 (D.C. Law 5-156; D.C. Official Code §§ 7-1901, *et seq*.), as amended by the Karyn Barquin Adult Protective Services Self-Neglect Expansion Act, effective March 8, 2006 (D.C. Law 16-67).

In accordance with the law, APS commences an investigation within ten working days of receiving a report of abuse, neglect, exploitation, or self-neglect, except in cases that present a risk of immediate and life-threatening harm. In those cases, APS notifies the Metropolitan Police Department (MPD) and commences an investigation within 24 hours. These 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 to determine when it must begin an investigation.

Operating Budget

The operating budget for APS in FY'13 was $3,218,196. The FY'13 APS budget was comprised of $1,307,333 in local funds and $1,910,863 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 help 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 Intake Services Cluster (ISC) and the Continuing Services Cluster (CSC). Each consists of social workers and a supervisor who provides guidance and direction to the cluster.

Intake Services Cluster

The primary purpose of the 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 describing 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 CSC investigates substantiated 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, arrange for home maker services, place a client in a safe place, arrange for food or other essential needs, and, pursue assessment and referral for guardianship or conservatorship if necessary. Social workers in this cluster are required to conduct follow-up assessments every 90 days from the initial assessment.

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.

The current staffing pattern for the Adult Protective Services program is as follows:

Office of the Chief	
Chief, Ph.D., MBA	DS 14
Quality Assurance Program Coordinator (QAPC), Social Worker, LGSW	DS 12
Social Services Assistant	DS 8
Social Services Assistant	DS 8
APS Intake	
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

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

1 APS 101 Statutory Training, conducted by the Office of the General Counsel (January 16, 2013)
2. Americans with Disabilities Act Training (April 19, 2013)
3. APS Team Building Event (June 28, 2013)
4. Understanding the Roles of Professional Organizers and Life Management Specialists in the World of Hoarding (August 16, 2013)

Continuing Quality Improvement Team: In FY'12, APS established a Continuous Quality Improvement (CQI) team comprised of eight (8) APS staff who represent a cross-section of both the management team and ISC and CSC staff. The team has three overarching goals which include: (1) ensuring high quality of services; (2) meeting standards and regulations; and (3) assisting in meeting APS' annual goals and objectives using a theory-based management system that focuses on processes, feedback, and outcomes.

In FY'13, the CQI team worked on implementing a screening cluster. This cluster is staffed by a licensed clinical social worker who reports to the Intake Services Supervisor. This individual receives referrals and makes a determination as to whether an allegation should be investigated based on uniform criteria and 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).

Council on Accreditation

The team began extensive preparation completing requisite documentation for Accreditation through the Council on Accreditation (COA). The Council on Accreditation 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.

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 intent of the program to be better committed to offer the ultimate services in the best interest of the client and services needed.

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 FY'13, APS received 3,445 hotline calls. Of this number, twenty-four percent (24%), or 838 cases, qualified 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 screened out calls to other agencies or community-based organizations that would be more appropriate in responding to the inquiry.

Data Results and Discussion

Demographic Profile

As reported in the APS Fiscal Year 2012 Annual Report, the division began capturing APS data using QuickBase, a web-based data management platform that provides data in real time. APS uses QuickBase for entering and maintaining case specific information. The tables below show the demographic data for FY13. Specifically, Table 1 reflects that APS received the most referrals related to men. The allegation type most frequently reported was self-neglect.

Table 1: Fiscal Year 2013 Referrals by Gender and Allegation Type

Gender	Number of Accepted Referrals	Percent of Accepted Referrals
Men	568	68%
Women	270	32%
Total	**838**	**100%**

Allegation Type	Number of Accepted Referrals	Percent of Accepted Referrals
Self-Neglect	284	34%
Exploitation	260	31%
Abuse	124	15%
Neglect	164	20%
Total	**838**	**100%**

Source: APS Database

Impairment

The vulnerable adults who were the subject of the referrals investigated by APS have a wide variety of impairments. Table 2 presents the percentage of chronic illnesses represented in the population of cases investigated by the Intake and Continuing Services Clusters. In FY'13, forty-eight percent (48%) of the clients referred and active in ISC had chronic health problems (*e.g.*, arthritis, stroke, hypertension, high blood pressure, diabetes, heart problems, etc.). Within this group, most of the clients had more than one chronic ailment. Twenty-five percent (25%) of the clients had dementia or Alzheimer's disease; sixteen percent (16%) had mental health illnesses (*e.g.*, schizophrenia, depression, paranoia, etc.); five percent (5%) had visual or hearing problems; three percent (3%) suffered from alcoholism or other substance abuse problems; and

three (3%) had other health problems (*e.g.*, mental illness, HIV/AIDS, ambulation problems, etc.).

The vulnerable adults whose cases were transferred to CSC in FY'13 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.).

Table 2: Fiscal Year 2013 Percentage of Chronic Illness by Cluster Type

Chronic Illness	Intake Services Cluster	Continuing Services Cluster
Arthritis, stroke, hypertension, high blood pressure, diabetes, heart problems	48%	30%
Alzheimer's and memory loss diseases	25%	30%
Mental illness (e.g. schizophrenia, depression, paranoia)	16%	19%
Visual and/or hearing problems	5%	13%
Alcoholism, Substance Abuse,	3%	8%
HIV/AIDS	3%	
Total	**100%**	**100%**

Source: APS Database

The data discussion presented describes aggregate information for FY'13. Table 3 illustrates that self-neglect referrals were the most frequently reported allegation type across each of the age categories. These cases largely represented instances of hoarding. Self-neglect cases represented thirty-three percent (33%) of the total number of cases investigated in FY'13.

Table 3: Fiscal Year 2013 Allegation Type and Emergencies by Age Category

Age Category	18-59	60-69	70-79	80-89	90+	Total
Abuse	35	9	19	33	8	104
Exploitation	23	28	43	62	41	197
Emergency	1	1	2	3	0	7
Neglect	31	28	27	36	15	137
Self-Neglect	38	50	64	77	37	266
Total	**128**	**116**	**155**	**211**	**101**	**711**

Source: APS Database
Note: Only 711 cases are reflected Table 1. One hundred twenty-seven cases were not included because either the age category or the allegation type was not captured in the database.

Table 4 reflects that the highest reporting incidence of self-neglect occurred in Wards 1, 4, 5, and 7. Allegations of neglect were found most often in Wards 4, 5, 6, and 7. APS staff investigated more allegations of neglect in Ward 4. Similarly, exploitation is reflected highest in Wards 4.

Table 4: Fiscal Year 2013 Allegation Type by Ward

Allegation Type	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
Abuse	15	14	4	27	24	14	16	10	124
Exploitation	22	25	17	83	34	17	38	24	260
Emergency	-	-	-	2	4	1	-	-	7
Neglect	11	11	9	43	26	23	27	13	163
Self-Neglect	54	29	22	47	40	24	44	24	284
Total	**102**	**79**	**52**	**202**	**128**	**79**	**125**	**71**	**838**

Source: APS Database

Referral Source and Reporting

Under the District's APS statute, anyone can report instances of abuse, neglect, exploitation, and self-neglect. However, the law dictates 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 law further states "any person may voluntarily report an alleged case of abuse, neglect, self-neglect, or exploitation when he or she has reason to believe that an adult is in need of protective services." *Id*. at § 7-1903(a)(2).

The information presented in Table 5 provides an overview of the referral sources and the number of referrals that resulted in APS opening investigations in FY'13. As the table suggests, the largest number of APS referrals (424 cases) originated from health care professionals and clinicians, both of whom are mandatory reporters. A distant second was Metropolitan Police Department (86 cases) and financial institutions (84 cases).

Table 5: Fiscal Year 2013 Number of Cases by Referral Source

Referral Source	# of Cases
Family member	**60**
Neighbor	**39**
Friend	**29**
Health Care Professional/Clinicians	**424**
MPD	**86**
Self	**14**
Government Agency	**35**
Community Organizations	**20**
Financial Institution	**84**
Property Manager	**47**
Total	**838**

Source: APS Database

Table 6 reflects the breakdown of APS cases received by age category and ward. The table suggests that the largest number of cases were investigated in the age category 80-89 (226 cases) and 70-79 (216 cases). The largest number of cases addressed originated in Ward 4, followed by Wards 7 and 5.

Tables 6: Cases by Age Category by Ward

Age Category	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total # of Cases
18-59	6	23	14	41	22	19	29	17	171
60-59	12	6	2	29	25	10	27	13	124
70-79	21	16	12	43	20	18	23	16	216
80-89	30	22	20	30	40	33	41	20	226
90 and over	12	19	12	22	14	12	12	5	101
Total	**101**	**96**	**60**	**165**	**121**	**92**	**132**	**71**	**838**

Source: APS Database

In FY'13, APS closed 477 cases. Table 7 is a presentation of these closed cases by allegation type and age category in both ISC and CSC. The table shows the largest number of cases closed by age category fell in the range of 80-89. Table 8 presents case closure by ward and allegation type. As the data suggests, Ward 5 emerged as having the most cases closed across allegation type. Ward 4 followed with 73 case closures.

Table 7: Fiscal Year 2013 Closed Cases: Allegation Type and Emergencies by Age Category

Age Category	18-59	60-69	70-79	80-89	90+	Total
Abuse	20	11	2	12	2	47
Exploitation	20	18	29	39	13	119
Emergency	0	1	1	1	3	6
Neglect	26	14	20	29	14	103
Self-Neglect*	43	35	48	53	23	202
Total	**109**	**79**	**100**	**134**	**55**	**477**

Source: APS Database
**Self-neglect case data represents the number of hoarding cases investigated.*

Table 8: Fiscal Year 2013 Closed Cases: Allegation Type by Ward

Allegation Type	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total # of Cases
Abuse	4	3	10	8	14	3	5	10	60
Exploitation	8	11	11	17	17	13	10	9	101
Emergency	1	1		1	2	1	1	1	8
Neglect	6	9	2	17	19	12	16	14	108
Self-Neglect	16	18	7	30	24	18	23	15	162
Total *	**35**	**42**	**30**	**73**	**76**	**47**	**55**	**49**	**439**

Source: APS Database
**The total does not equal 477 because 38 cases were missing the Ward information.*

Program Outcomes

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. 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 provision of resources such as caregiver support services, food, or other emergency assistance.

Table 9 identifies the services and the number of clients receiving each of the interventions that are offered by APS.

Table 9: Program Outcomes by Number of Clients

Outcomes	Number of Clients
Total Mitigated Risks	**477**
Referrals to Assistant Attorney General	**54**
Guardian/conservator appointed	**54**
Refused Services*	**98**
Homemaker placement	**164**
Psychological Assessments	**95**
Hotel Placement	**9**

Source: APS Database
This primarily represents clients who are hoarders or have some level of dementia.
The information presented in the table does not represent unduplicated data

Legal Intervention

In some instances when clients were referred to APS because they were subject to or at risk of abuse, neglect, or exploitation, APS determined that guardians, conservators or referrals to the Probate Court were necessary. Guardians are sought when clients lacked the capacity to make decisions about their own care, specifically as it relates to medical care. Conservators are sought when the clients had assets and/or property and were unable to manage their finances due to lack of decision-making capacity. Cases were referred to the 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.

For cases that require court intervention, APS collaborates with the Office of the Attorney General for the District of Columbia (OAG) to petition the court for the appointment of one of the following to act on behalf of a vulnerable adult: Temporary Guardian, Special Conservator, Temporary Guardian and Special Conservator, Permanent Guardian, and Permanent Conservator.

In FY'13, there were a total of 54 petitions filed for guardianship or conservatorship for clients active in APS. Of that number, there were eight emergency hearings. All 54 of the petitions resulted in the appointment of a guardian and/or conservator by the Superior Court for the District of Columbia, Probate Division (Probate Court).

Service Provision

Cases that are more complex and require longer-term intervention are referred to APS CSC.

For cases served by 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'13. 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 the case.
- Homemaker Services: Homemaker services uses home health 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, 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 was hindered, psychological assessments are used as part of the documentation needed when APS petitions the court for guardianship and conservatorship for clients.

- Nurse Practitioner Assessments: In FY'13, 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 nurse practitioners 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

Adult Protective Services continues to build on the collaborative efforts fostered as a result of the 2011 seminar "Interagency Collaboration: How Can We Do It Better." The seminar became the foundation for solidifying interagency coordination in responding to and better serving clients in need. During FY '13, APS collaborated and coordinated services for clients among agencies, including but not limited to the Department of Behavioral Health (DBH) (formerly the Department of Mental Health), Department of Health (DOH), Department of Fire, Emergency and Medical Services (DCFEMS), Department on Disability Services (DDS), DC Office on Aging (DCOA), Department of Health Care Finance (DHCF), Department of Insurance Securities and Banking (DISB), and Metropolitan Police Department (MPD).

Below is a sampling of the District agencies and organizations APS collaborated with in FY'13 to benefit its clients:

Department of Insurance Securities and Banking: During FY'13, APS began working with DISB in identifying strategies that will lead to increased cooperation and better participation by the financial institutions that provide services to APS clients. This is especially important in cases that involve financial exploitation. APS seeks to encourage the banking institution 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: APS continued to partner with DBH, particularly the Mobile Crisis Services Division. During FY'13, APS' 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 Unit 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 FY'13, enabling APS to better serve persons in need of adult protective services who suffer from mental illness.

DC Office on Aging: APS continued to partner with the DCOA in multiple ways. Most notably is APS' 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 furniture and bedding.

Metropolitan Police Department: In FY'13, APS continued to collaborate with MPD. The commitment by 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. During FY'13, 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 articulates a basis for suspecting that the adult is in need of protective services or the APS worker is in danger of bodily harm or violence;
- when a court order has been issued and APS suspects resistance to the order or a threat to the APS worker or the client; or
- in any other circumstance that the police official agrees would be appropriate.

In addition to the referrals from MPD (described above): APS reported two exploitation cases to the MPD for further investigation. At the conclusion of the fiscal year, both cases were still open and required additional data collection and information.

Office of the Attorney General: APS renewed its MOU with OAG in FY'13, 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.

The MOU for legal services with the OAG includes legal consultation with APS social workers as they develop safe plans for adults in need of protective services.

Office of the Long-Term Care Ombudsman: The Ombudsman Program 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 is established to ensure the safety and well being of District consumers of health care services through advocacy, education and community outreach. During FY'13, APS received five referrals from this office. Collectively investigating these cases produced positive outcomes in each case. Clients were successfully rescued from ongoing neglect and placed 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) to offer them the opportunity to age well and live well while aging in place. Iona Services (Iona) and APS engaged in reciprocal referral relationships during FY'13. For example, APS referred clients for case management, participation in Iona's Adult Day Program, while Iona reported suspected cases of abuse, neglect, self- neglect, or exploitation to APS. In FY'13, APS received six referrals from Iona.

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 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 afforded placement of six (6) APS clients in Kuehner Place until a more permanent solution can be identified. The placement provided a safe haven for the client until more permanent strategies could be identified and implemented.

Protective Arrangement Evaluation Panel: 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.

The PAEP existed prior to the passage of the Karyn Barquin Adult Protective Services Self-Neglect Expansion Act and was the only means available for helping self-neglecting clients obtain a guardian or conservator before APS had the legal authority to petition the Probate Court for guardianship or conservatorship. Two APS social workers are active members on the Panel.

District of Columbia Vulnerable Adult Death Fatality Review Board

APS continued to work with other District government agencies and service providers to create a vulnerable adult fatality review board (Board). During FY'13, this Exploratory Committee established the board's mission, which is to examine deaths involving suspected abuse or neglect of the elderly and vulnerable adults; and completed the research, legislative review of and discussions with other states who have active fatality review committees. The Board, where appropriate, will identify whether the services that were available to the victims achieved their goals or need improvement. The proposed Board's goal will be to seek to foster system change that will improve the response to victims and prevent similar outcomes in the future. Presently, the Exploratory Committee is focused on: (1) finalizing legislation for review and submission, (2) establishing final criteria for case review; and (3) developing policies and procedures for the proposed Board's operations.

Information, Education and Community Outreach Presentations

During FY'13, the APS staff continued its efforts to educate the public on how to recognize abuse, neglect, self-neglect, and exploitation, as well as how to report abuse, neglect, exploitation, and self-neglect to APS. APS disseminated information at workshops, conferences, and made Public Service Announcements with Mayor Vincent C. Gray.

During this Fiscal Year, APS developed a Mandatory Reporter's brochure and curriculum. The brochure identifies who are considered Mandatory Reporters for Adult Protective Services based on the DC Official Code §7-1903, how to make a report and the allegations that APS can investigate.

To compliment the brochure, APS developed an extensive training curriculum. The purpose of this training is to clarify for Mandatory Reporters what their responsibilities are and how the process of reporting and investigating is conducted. This training is required for all individuals who are Mandatory Reporters under D.C. Official Code § 7-1903(a)(1).

The curriculum contains six modules that cover: (a) background information about Adult Protective Services; (b) the abuse law in the District of Columbia; (c) reporting suspected abuse; (d) possible interventions; (e) communicating with vulnerable adults; (f) and preventing abuse. Each module covers specific District adult abuse rules and statutes for reporting requirements.

The Table 10 details APS outreach activities.

Table 10: Information, Education and Community Outreach Presentations and Date

Outreach Activity	Date
Presentation to the Mental Habilitation Advocates	November 10, 2012
DC Superior Court Presentation to Guardians	December 12, 2012
APS-HSCSN Presentation	February 6, 2013
DCOA Commission on Aging	February 27, 2013
APS Interview with WAMU (88.5 FM) on Elder Abuse	April 13, 2013
Senior Financial and Insurance Awareness Day	April 17, 2013
U.S. Drug Enforcement Agency-Financial Literacy and Elder Abuse	April 15, 2013
Preventing Financial Exploitation of District Seniors	April 30, 2013
DCHD Housing Expo Panel: Aging in Place	June 1, 2013
Washington Senior Wellness Center—Senior Financial and Insurance Awareness Day	June 12, 2013
Alzheimer's and Potential Relationship to Abuse, Neglect, Self-Neglect and Exploitation	June 19, 2013
Metropolitan Bankers Group "How Can Collaboration be Increased with Financial Institutions to Address Exploitation"	June 21, 2013
DC Superior Court Orientation for New Guardians	September 25, 2013

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 FY'13:

- *DC Office on Aging Elder Abuse Prevention Committee*
- *Long-term Care Coalition*
- *Domestic Violence Fatality Review Committee*
- *Deputy Mayor for Health and Human Services Hoarding Task Force*

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. This has been valuable because it provided APS the ability to learn of additions and changes to the existing landscape, specifically as it relates to service provision. For example, home health aides will require certification and licensing to perform their work, which may impact the availability of aides to provide services to APS clients.

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 by the Karen Barquin Adult Protective Services Expansion Act of 2006, effective March 8, 2006 (D.C. Law 16-67) governs Adult Protective Services. The laws sets 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 initiated?
Answer: If an emergency, APS reports the situation immediately to MPD who will take immediate action, and APS will investigate within 24 hours. Non-emergency cases are initially investigated within ten (10) business days.

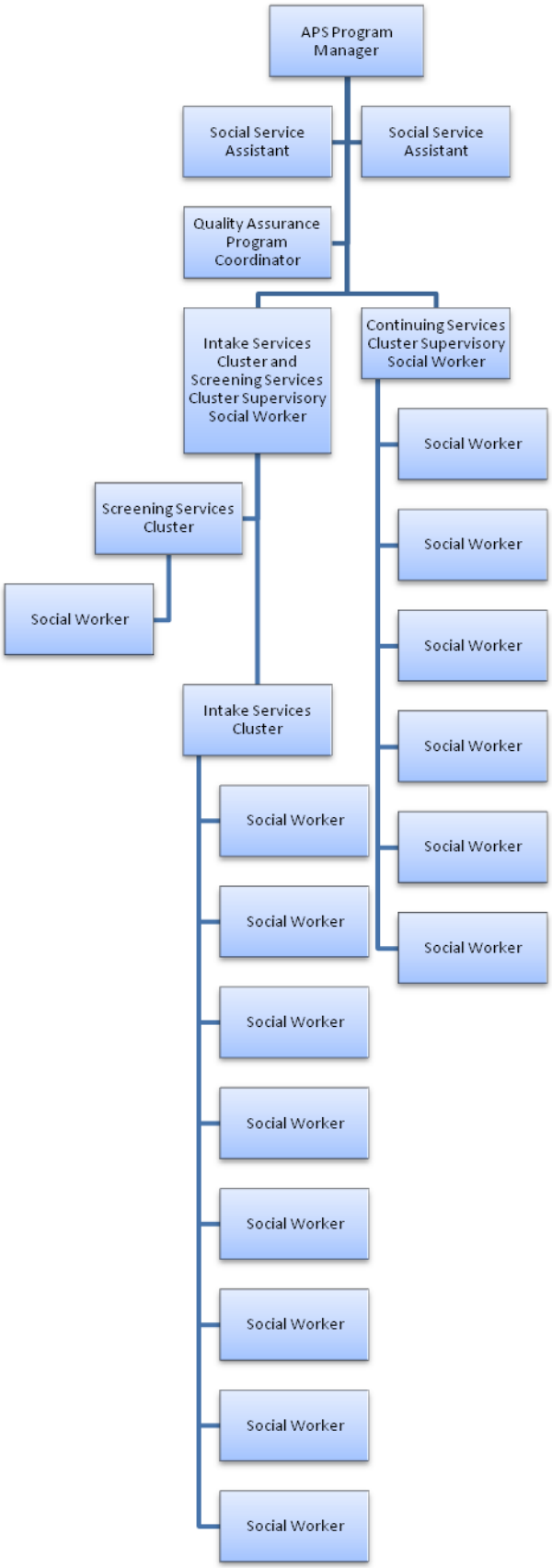
When should Adult Protective Services be contacted?
Answer: If you encounter a vulnerable adult 18 years of age or older who is suspected of being abused, neglected, exploited, or self-neglecting.

How can I contact Adult Protective Services?
Answer: APS can be reached seven days per week, 24 hours a day by calling the hotline at (202) 541-3950. Persons can also come by APS' 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: Anyone, and if they choose to remain anonymous, they can. Should they choose to self-identify, their personal information remains confidential. Anonymous callers are unable to further determine any aspects of the complaint once reported. 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.

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.

APPENDIX II:
APS ORGANIZATION CHART