

"STILL SKATING ON THIN ICE"

Last year Adult Protective Services (APS) reported to the Family and Human Services Committee the impact of the drastic cuts to the APS program in our county. As we described last year, APS is part of a continuum of programs provided by the Adult and Aging Services Bureau of the Employment & Human Services Department (EHSD) which all seek to promote maximum independent functioning for elders and adults with disabilities, and assisting clients to avoid unnecessary or inappropriate institutional care. Many of the supports that have been available to Adult Protective Services for over a decade have since been dismantled due to the current economic meltdown and resulting cuts to programs at the State and County level. Since December of 2008 when APS lost 75% of its staffing (reduced from 17 social casework specialists to 6 and from three supervisors to one), Adult Protective Services staff in Contra Costa County continue to carry some of the highest caseloads in the State. The State average for an Adult Protective Services worker caseload is approximately 17-21 cases per month. Our social casework specialists carry on the average of 50 cases per month.

Adult Protective Services is defined as an emergency response program. The program is primarily State Funded. What was last year a promise of some minor relief (funding for staffing) at the Federal level is now improbable.

Given the complexity of the reports of abuse that are received by APS, it is unusual that a case will be opened and closed quickly. This is evidenced by the fact that each month, approximately 300 plus cases are carried over. Most of the situations that are reported to APS are not quickly resolved and usually require intervention in order to prevent an emergent response. In addition to the already reported cases of elder abuse, national research studies indicate that as much as 84%¹ of elder and dependent adult abuse and neglect goes unreported. Findings indicate that the reasons for this are consistent with the reasons for not reporting in other domestic violence and/or abuse situations: fear of retaliation and increased abuse and/or harm to the victim, fear of abandonment, lack of trust of law enforcement or other authority to provide adequate protection.

On average, each case worker receives at least one to two new referrals every day. This averages to between 21 and 30 new referrals a month per worker. The Statewide recommended caseload for an APS social worker is no more than 11 new referrals a month and a caseload of no more than 25 cases.

In addition to the staff cuts to the APS program, two important resources were taken from the APS program in December of 2008: that of the nurse and mental health specialist assigned to the APS program. Neither the Health Department nor EHSD has had the revenue to continue to support these positions. The APS supervisor is working closely with other partner departments and agencies to ensure as much coordination as possible.

¹ The National Elder Abuse Incidence Study, September 1998, The National Center on Elder Abuse at The American Public Human Services Association

Current Staffing

Currently, there is one APS supervisor and seven permanent APS social casework specialists. The unit currently has one clerk, as the second clerk recently retired. We are anticipating a new senior level clerk list soon so we can fill the clerical vacancy and restore the unit to two full time clerks. In this calendar year, intake was transferred from the Information and Assistance staff of the Area Agency on Aging to the Adult Protective Services Unit. There is now a dedicated full time intake social casework specialist who also handles collateral fact finding plus handles "no face-to-face interviews" or NIFFI case investigations.

Types of Referrals

APS receives reports on all types of abuse and neglect of elders and dependent adults. APS continues to work closely with law enforcement, the District Attorney, the Health Department, hospital social workers, the Conservators' office, and community based providers on finding resolutions for very complex situations.

Many of the reports of abuse involve caretakers who are often, but not always, family members. Sorting out the facts in many of these cases takes a great deal of skill, patience, and time. Many reports are multi-faceted in that there are allegations of intimidation, physical abuse, neglect, and as we see increasingly, financial abuse.

Referrals come from all sources: law enforcement, hospitals, social workers from Regional Centers and other rehabilitation centers, family members, concerned neighbors, and from individuals themselves seeking help and protection. Many of the referrals that APS continues to receive are those of self-neglect. These are some of the most difficult to resolve because in many cases, the person who is self-neglecting may also be refusing services. That person may also have Alzheimer's or another form of dementia that reduces their capacity to actually make an informed decision about accepting services or not.

From July 1, 2010 through June 30, 2011, the APS unit opened 1,753 cases. During this period, there were 661 reports of financial abuse, 454 reports of caregiver neglect, 203 reports of assault and battery, and 917 reports of self-neglect in which there were identified serious health and safety hazards. The numbers of expected cases of abuse and neglect in all categories are expected to continue to increase as our older population increases rapidly due to the maturing of the baby boomers. We already have seen increases in most reported types of abuse.

Economic Hard Times

It is no surprise that during the past few years we have seen an increase in the reports of financial abuse (and it is the type of abuse most reported.) We expect this trend to continue as long as there are such severe economic challenges to families. For most financial abuse reported, the suspected abuser is known to the alleged victim and in many cases a family member.

Given this challenge, the APS supervisor is working closely with CASE (Communities Against Senior Exploitation) and is also active with The Law Center that provides legal advice and services to older adults who have been financially abused.

Collaboration and Community Relations

The APS supervisor also has revamped and reinstituted community training. The community training she has provided (all mandated reporter training) within the last 10 months has been delivered to:

- Adult Continuum of Care (Homeless Shelter Staff)
- Children & Family Services (CFS) After Hours staff
- City of Richmond Crime Prevention Commission
- Senior Peer Counseling
- Contra Costa Bar Association

We intend to continue to work proactively with our county and community partners to help make sure that there is understanding of the role of APS as well as the limits to what APS is mandated and expected to do. APS is also a partner with STAND! Zero Tolerance Initiative to prevent and reduce violent crime. Part of this work involves examining different risk assessment tools. In the last fiscal year APS also participated in a multi-county study using a risk assessment and case management tool. Involvement in that project required training for APS staff as well as the Contra Costa Ombudsman program staff. This project enabled APS in Contra Costa County to receive training free of charge and contribute to a statewide effort in developing consistency both in terms of risk assessment and in terms of practice.

Response Time

The types of in person response are as follows: immediate, 24 hour, three-day, ten-day, and "NIFFI" (non face-to-face interview.) APS has very few immediate or 24 hour response referrals. In this time period (FY 10-11) there were 1,179 referrals assigned a 10 day response time, 44 referrals assigned a 2-5 day response time, only 4 referrals assigned an 'immediate' response time, and 428 referrals assigned as a NIFFI. There were 79 referrals assessed out (generally because they did not meet the legal criteria for an APS investigation). In this time period there were 1,735 new reports of abuse and only 208 reports of abuse on existing cases.

Length Of Time Cases Are Open

In general, APS cases in this county are open an average of four to six months. This is twice as long as in most other neighboring Counties as our staffing is significantly less than our neighbors.

Future Planning

Given our current staffing and in order to prepare for what is coming: those born between 1946 and 1964: the Baby Boomers, we need to increase staffing in this program. We currently do not have enough staff and resources to meet the current demand of referrals that are coming through the door and over the phone and fax lines let alone have the capacity to handle future needs. In addition, new legislation allows for the ability of reports to be made over the internet. While this has not been developed, when it is, it will likely make reporting abuse much easier for both mandated and non-mandated reporters. While this will be good in terms of hopefully more attention brought to older adults, our system needs the capability to handle the increase in demand for APS investigation, intervention, and services.

According to the last U.S. Census, almost 11% of the 36 million residents in California are 65 or older. Its most recent estimate is that Contra Costa County residents over age 54 constitute 11.5% of the county's population, or about 118,000 individuals. The 65+ age group is expected to increase by 37%. The fastest growing segment of the population in Contra Costa County is the 85+ age group. Over the next 10 years, this group is predicted to skyrocket by 55%.

Given these stark facts, as stated above, we recognize that Contra Costa will need to staff up to handle ever increasing caseloads. One unit to handle all of the APS referrals is clearly not enough today and it won't be enough tomorrow. We are definitely skating on thin ice and the ice is melting.

RECOMMENDATIONS

The State mandate for Adult Protective Services needs to be reviewed and changed so that the mandates can be realistically implemented given the level of funding available through the recently "realigned" allocation for Adult Protective Services.

I. CLIENT DEMOGRAPHICS

*Cases opened during
date range* **7/1/2010- 6/30/2011**

A. CLIENT DEMOGRAPHICS

APS Client Demographics	Total Clients	Elder Clients	Dependent Adult Clts
APS clients	1515	1132	383
Elders 86 and over as of date case opened (where DOB is known)	296		
Elders 65-85 as of date case opened (where DOB is known)	668		
Dependent Adults	383		
Female clients	992	768	224
Male clients	523	364	159
Clients living alone	326	237	62

B. CLIENT ETHNICITY & PRIMARY LANGUAGE

Ethnic Origin	Total Clients	Elder Clients	Dependent Adult Clients
White	921	715	206
Hispanic	101	75	26
Black	216	124	92
Other Asian or Pacific Islander	2	2	0
Indian American	4	2	2
Filipino	23	18	5
Chinese	6	5	1
Cambodian	0	0	0
Japanese	6	5	1
Korean	1	0	1
Samoa	2	2	0
Asian	21	14	7
Indian Asian	3	2	1
Hawaiian	1	1	0
Guamanian	0	0	0
Laotian	1	0	1
Vietnamese	1	0	1
Other	206	167	39
Primary Language	Total Clients	Elder Clients	Dependent Adult Clients
American Sign Language	0	0	0
Spanish	46	38	8
Cantonese	1	1	0
Japanese	3	2	1
Korean	0	0	0
Tagalog	5	5	0
Other Non-English	19	13	6
English	1414	1051	363
Other Sign Language	0	0	0
Mandarin	2	2	0

Other Chinese Languages	0	0	0
Cambodian	0	0	0
Armenian	0	0	0
Llacano	0	0	0
Mien	0	0	0
Hmong	0	0	0
Lao	1	1	0
Turkish	0	0	0
Hebrew	0	0	0
French	1	1	0
Polish	0	0	0
Russian	2	1	1
Portuguese	1	1	0
Italian	0	0	0
Arabic	1	1	0
Samoan	0	0	0
Thai	0	0	0
Farsi	11	9	0
Vietnamese	1	0	1