



State of Illinois
Illinois Department on Aging



ADULT PROTECTIVE SERVICES OF ILLINOIS
ANNUAL REPORT
FY2023

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

This report was created and
filed in satisfaction of
requirement set forth
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APS Mission and Vision Statements

MISSION:

- Adult Protective Services for the state of Illinois exists to assure older adults, adults with disabilities, and caregivers independently thrive, with meaning and dignity, through comprehensive excellence in investigation and temporary assistance in the minimization of risk for abuse, neglect, exploitation, and self-neglect.

VISION:

- To be an Adult Protective Services program of comprehensive excellence for older adults, adults with disabilities, and caregivers informed by our past, guided by evidence-based practice, leading individuals to an empowered tomorrow.

Letter from Director

The Illinois Department on Aging (IDoA) is pleased to present the Adult Protective Services (APS) program annual report for fiscal year 2023. This report encompasses the work of 38 contracted provider agencies, along with a wide variety of allied professionals who contribute to IDoA's efforts to protect and support vulnerable adults in Illinois.

During fiscal year 2023, the APS program responded to 20,759 reports of alleged abuse, neglect, exploitation, and self-neglect of older adults and persons with disabilities. For each report received, local provider agencies intervened to investigate and when appropriate, offer support services to adults who have experienced, or are at risk of, maltreatment.

APS clients' circumstances, needs, and preferences often vary from case to case, underscoring the importance of person-centered planning for those served by this program. Caseworkers must use their training and instincts to best support each individual client within the framework of established policies and procedures.

To enhance caseworkers' skills and preparedness, IDoA has begun offering simulation training to new APS caseworkers before they enter the field. The majority of caseworkers who completed this training reported six months later that it was beneficial in preparing them for situations they would encounter in their role.

IDoA also recently developed a Quality Assurance (QA) process to evaluate the extent to which caseworkers are successfully and consistently optimizing the well-being of potentially endangered adults in alignment with statewide APS standards. This year, the QA team was launched and will review case files with the goal of using available information to improve policy, training, and ultimately, services to older adults and persons with disabilities. Their analysis will be instrumental in strengthening Illinois' long-range plan to combat adult abuse.

The APS program is guided by the belief that elders and adults with disabilities deserve to fully participate in their communities without the threat of abuse. As we continue our efforts to protect these individuals' rights and safety, we are grateful to our partners in the Aging Network, the General Assembly, law enforcement, the caregiver community, and everyone who supports this critical work.

Sincerely,



Mary Killough
Director, Illinois Department on Aging

Illinois APS Definitions of Maltreatment Types

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

Physical Abuse	Causing the infliction of physical pain or injury to an eligible adult.
Sexual Abuse	Touching, fondling, or any other sexual activity with a person when the person is unable to understand, unwilling to consent, threatened, or physically forced.
Emotional Abuse	Verbal assaults, threats of abuse, harassment, or intimidation to compel the eligible adult to engage in conduct from which they have the right to abstain or to refrain from conduct in which the eligible adult has the right to engage.
Confinement	Restraining or isolating an eligible adult for other than medical reasons.
Passive Neglect	Another individual's failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelters, or medical care, because of failure to understand the eligible adult's needs, lack of awareness of services to help meet needs, or lack of capacity to care for the eligible adult.
Willful deprivation	Willfully denying assistance to an eligible adult who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.
Abandonment	The desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult when a reasonable person would continue to provide care and custody.
Financial Exploitation	The misuse of or withholding of an eligible adult's resources to the disadvantage of the eligible adult and/or the profit or advantage of another person.
Self-Neglect	A condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or diminished capacity, to perform essential care tasks that <u>substantially threaten</u> their own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

Executive Summary

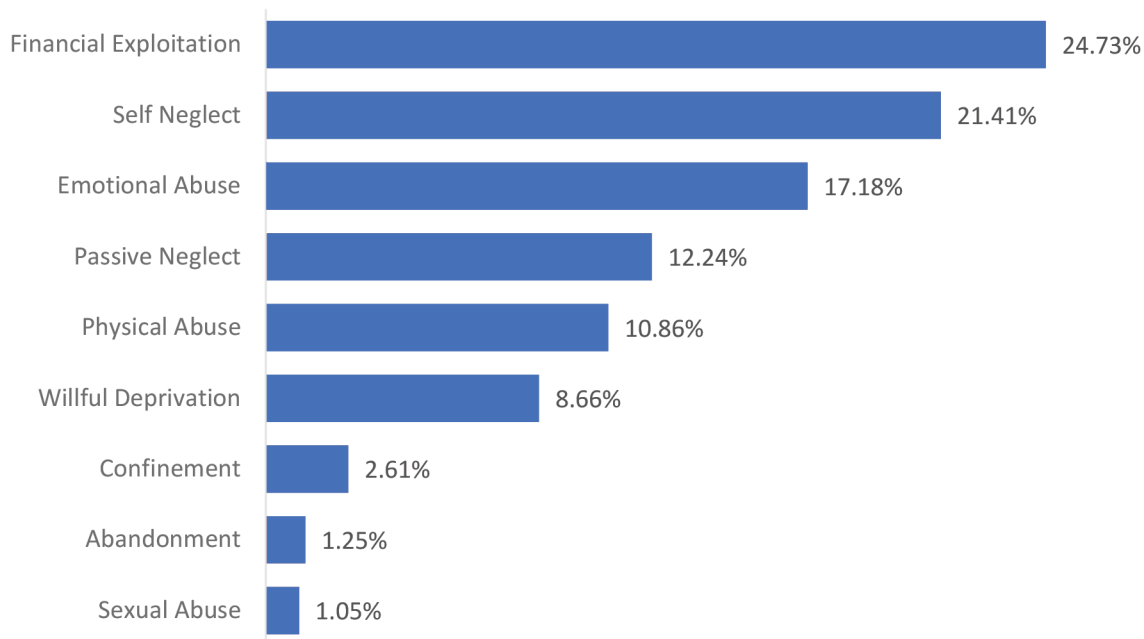
The Illinois Department on Aging’s (IDoA) Adult Protective Services (APS) Program has jurisdiction to respond to reports of abuse, neglect, exploitation, and self-neglect of older adults and adults with disabilities aged 18-59 who live in a domestic setting.

IDoA administers the statewide APS Program under the authority of the Adult Protective Service Act (320 ILCS 20/1 et.seq.) and 89 Ill. Admin. Code 270. IDoA is responsible for establishing, designing, and managing the program including, but not limited to developing policies, training APS staff, performing quality assurance and analyzing program data. The program is coordinated through 38 contracted provider agencies which are designated by the Regional Administrative Agency (RAA) and IDoA. IDoA partners with Regional Administrative Agencies in providing technical assistance to APS provider agencies and monitoring service provision. The APS provider agencies are responsible for receiving, responding, and investigating reports. The Office of Adult Protective Services engages with a variety of social service agencies to ensure a holistic approach is taken to investigation and referrals for service. Each APS provider agency has a specified geographic area within the state for which they are responsible for providing services. APS participates in quarterly waiver calls with the State Medicaid Agency, the Illinois Department of Healthcare and Family Services (HFS) to report on abuse, neglect, and exploitation (ANE). IDoA is required under the Persons Who are Elderly 1915(c) waiver (Community Care Program) to ensure that systems and processes are in place to address situations of ANE for waiver participants.

State of Illinois Quick Data

FY23 Intake Data

FY2023 Abuse Types Investigated



Illinois Adult Protective Program History and Background

IDoA, together with aging advocacy groups, worked to develop a community-based response to address the needs of victims of elder abuse. On April 1, 1991, the Elder Abuse and Neglect Program, as it was previously known, became available throughout the state after being phased in over a two-year period. On July 1, 2013, an amendment to the APS Act (320 ILCS 20/) allowed for the addition of response to adults aged 18-59 with a disability which had previously been addressed by the Illinois Department of Human Services. The APS program expanded again in 2019 to accept self-neglect intakes and to expand APS jurisdiction to individuals who were previously excluded from the definition of “domestic living situation”. Also in 2019, the program launched the APS Registry to protect victims receiving services from caregivers with a verified and substantiated finding.

Since its inception, intakes to the program have climbed approximately 1,000 per year with exceptions being Fiscal Year 2020 through Fiscal Year 2022 which appear attributable to the COVID-19 pandemic when intakes dropped approximately 1,000 and plateaued. The COVID-19 pandemic increased social isolation owing to the risk of serious illness and death, which is believed to impact reporting.

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

Protecting Eligible Adults

The State of Illinois defines a eligible adult by law (320 ILCS 20/2 (e)) as a person who is:

- Aged 60+ or 18-59 with a disability
- Residing in the community
- Is allegedly being abused by someone by which there is an ongoing and/or caretaking relationship

APS Service Components and Substantiation Decisions

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

- APS provider agencies coordinate an in-person response, seven days per week.
- At the initiation of the assessment APS provides the eligible adult written explanation of their rights and of the APS process.
- The process includes assessment of the person’s risks, needs, strengths, and limitations.
- A case plan is developed in collaboration with the client to identify community services that may alleviate the risk of maltreatment or address any needs.
- APS then continues counseling, monitoring, and periodic reassessment to adjust to any change in the client’s needs or situation.

APS service components include:

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

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

APS Decision:		FY23 Substantiation Rate
Substantiated	Indicates there is either clear and convincing evidence (verified) or a preponderance of evidence (some indication) to support the injury or harm was a result of the maltreatment	44.05%
Unsubstantiated	Meaning there was insufficient evidence to support the maltreatment occurred	33.20%
Unable to Substantiate	Meaning the provider agency was unable to locate the individual, had no APS jurisdiction, was unable to access the eligible adult after good faith efforts, or the eligible adult declined an investigation	22.75%

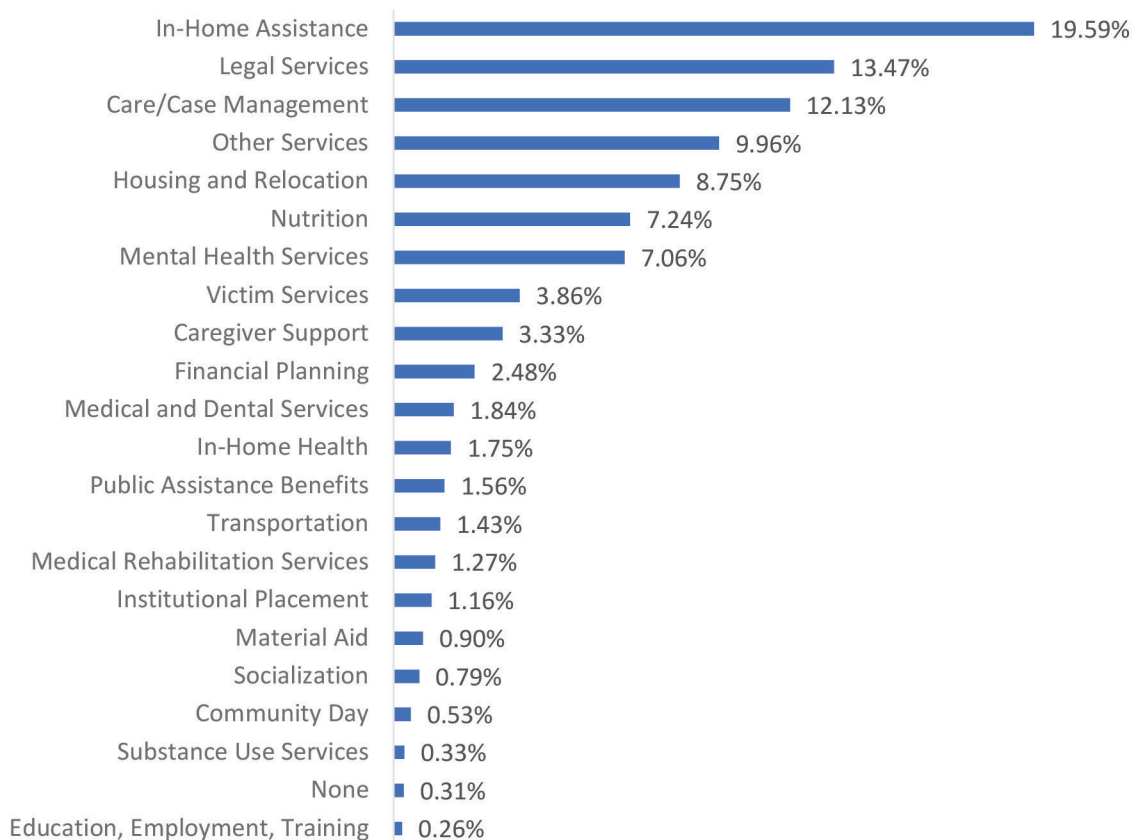
Services Referrals in APS

Clients who agree to receive services through the course of an APS investigation may have referrals for agencies and services that are aimed at mitigating the risk identified on the intake and allowing the alleged victim to remain safe within the community. These agency and service referrals can range from services available to eligible adults and those aimed to reduce caregiver stress. Below are some common agencies and services for which APS referrals are common:

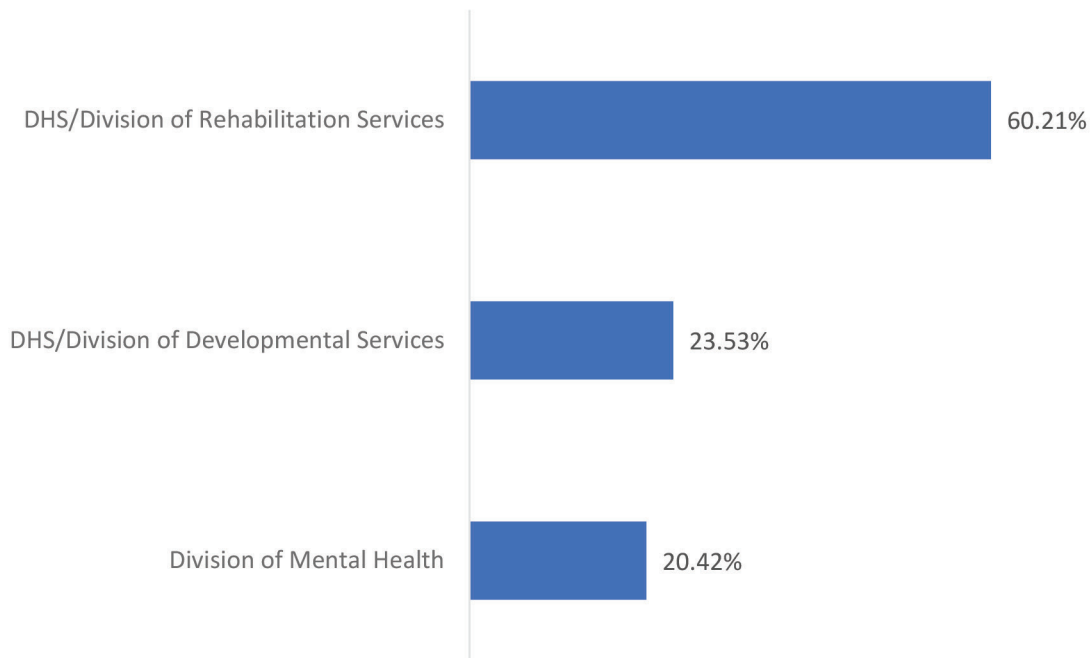
- Department of Rehabilitation Services
- Division of Developmental Disability Services
- Community Care Program
- 1915(c) waiver services
- Area Agency on Aging programming and services
- Assistance with Orders of Protection (OP)
- Guardianship referrals
- Change in Residence
- Information and Education on local resources
- Mental Health referrals
- Physician referrals
- Legal assistance referrals
- Home Delivered Meals
- Money Management Program services
- Veterans Administration services

The below data represents percentages of service referrals of those cases where any service referral was made.

FY2023 Services Referred by APS



FY2023 Sister Agency Referrals



Adult Protective Services Registry

The Adult Protective Services (APS) Registry process is an important tool for preventing further abuse of vulnerable adults. When a case has been verified and substantiated against a caregiver, the APS provider agency will send notification to IDoA for a review of the findings and subsequent determination regarding whether the abuser poses a risk to the public. The APS Registry process also allows IDoA to better monitor caregivers, ensuring that any future allegations are addressed quickly and effectively. By providing these safeguards, the APS Registry process helps ensure the safety of all vulnerable adults in Illinois. If IDoA concurs with the finding and assesses that the caregiver poses a risk to the public, a notice will be sent to the caregiver that they have been recommended for APS Registry placement. The caregiver then has 30 days to file an appeal to contest APS Registry placement. If no appeal is filed, the caregiver’s identity will be placed on the registry. If an appeal is filed, IDoA will refer the case to the Administrative Law Bureau of the Illinois Department of Central Management Services. The Administrative Law Judge will draft a recommended decision and the Director of IDoA will issue the final administrative decision accepting, rejecting, or modifying the recommendation. During Fiscal Year 2023 216 APS cases were reviewed by IDoA for placement of substantiated abusers onto the APS Registry. Of those, 72 substantiated abusers were added.

Fiscal Year 2023 Highlights and Accomplishments

Quality Assurance

FY23 included substantial developments within the program that ushered in a focus on quality improvement, data utilization to guide monitoring and policy improvement, and increased focus on ensuring case work and case planning result in a person centered/holistic intervention. IDoA’s APS quality assurance team (QA) includes a Quality Assurance Administrator and two Quality Assurance Specialists whose primary responsibility is to complete reviews of case documentation to ensure that quality services have been provided and due diligence was considered. The intention of these protocols is to systematically review all aspects of the

investigation and service delivery provided by contracted provider agencies to ensure that not only minimum standards are met, but that the caseworker did what was best for the client's health, safety, and welfare.

These reviews result in a final report identifying excellence in casework while also identifying areas for improvement. Any required corrective action is determined between the Quality Assurance, Training, Coordinator, and Regional Administrative Agency teams to ensure that a collaborative and comprehensive approach is taken. Utilizing the report and ongoing QA initiatives, IDoA and the Regional Administrative Agency staff working closely with the provider agency to remediate any findings in need of correction. This approach allows for an iterative approach to quality assurance and provides the framework to ensure high quality adult protective services.

Prevention Demonstration Project

Public Act 102 0244 included a requirement for the Adult Protective Services Program to develop and implement a demonstration project aimed at the proactive prevention of abuse, neglect, and exploitation. To that end, the Office of Adult Protective Services utilized federal funding from the Administration on Community Living (ACL) to develop and hire a Prevention Project Coordinator whose primary role was to complete this requirement.

Through an iterative approach involving representatives from the Department of Healthcare and Family Services, the Illinois Hospital Association, AETNA, Bloomington Housing Authority, East Central Illinois Area Agency on Aging, Lincoln Land Legal Aid, Stopping Woman Abuse Now, Inc., and Elder Care Services of DeKalb.

The Office of Adult Protective Services leadership and the prevention project coordinator developed the screening tool that will comprehensively assess if there are risk factors for abuse, neglect, or exploitation present. All risk factors that may indicated that the client is at enhanced risk will result in a report to the Department and subsequent referrals for service or an APS intake.

Caseworker Safety Committee

Starting in Fiscal Year 2022 and continuing into Fiscal Year 23, IDoA facilitated a Case Worker Safety committee. The committee was developed to explore best practices related to maintaining case worker safety in the community. Committee participants included partner agencies such as the Division of Developmental Disabilities, Division of Rehabilitation Services, and managed care organizations. Throughout the course of the project, members explored safety practices nationally as well as with state entities such as the Department of Children and Family services and the Department of Public Health. In December of 2022, the project culminated with a statewide training on safety, the publication of the Field Safety Guide, and implementation of the Safety Event Review committee. The Field Safety Guide is a collection of best practices, from sources reviewed, for community-based workers. The Safety Event Review committee was tasked with reviewing the new, Safety Event Form, created to collect information on any safety issue occurring to the case worker while performing APS duties. The committee collects data for review and makes recommendations for training, procedural change, etc., to avoid similar situations.

Provider ARPA Grant

In June of 2023, APS Provider Agencies submitted for their first round of American Rescue Plan Act (ARPA). ARPA funding was set aside to assist APS Provider Agencies in recruiting, training, and retaining qualified staff. APS Provider agencies may submit for reimbursement for required training to encourage education of new APS Case Workers. ARPA funds are also utilized to reimburse for the supervision between the APS Supervisor and APS Case Worker at the time of substantiation. This supervision assures the facts of the case are thoroughly reviewed by both parties before a decision is made. It allows for newer APS CWs to ask questions and learn from the experience of the APS Supervisor.

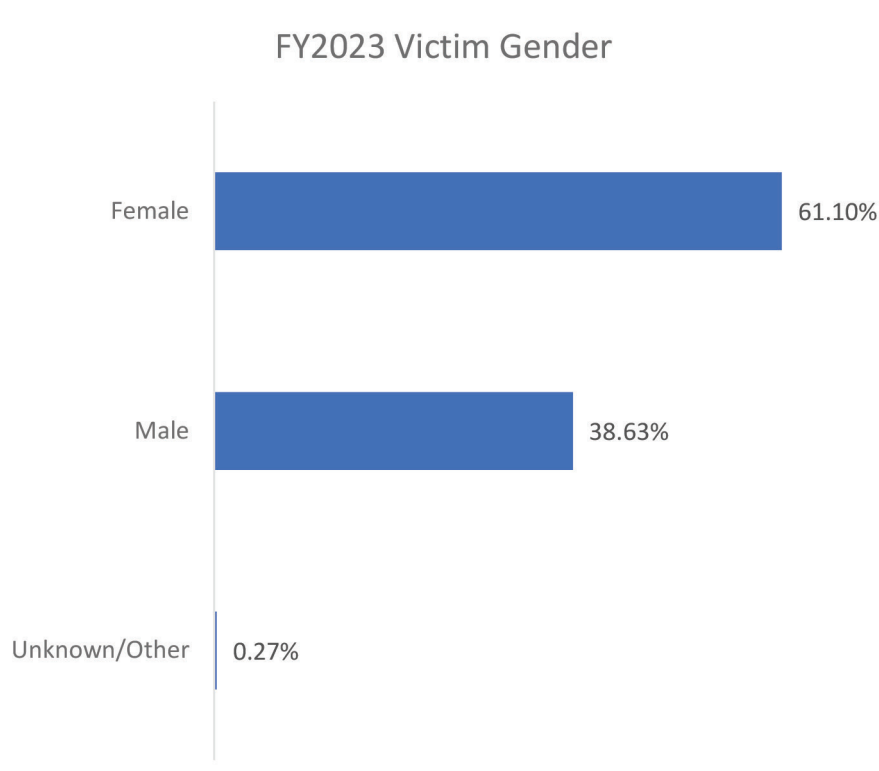
Regional Administrative Agency ARPA Grant

In Fiscal Year 2023, Regional Administrative Agencies (RAA) continued to meet the goals of their ARPA grant funding. RAAs received funding to strengthen relationships with law enforcement, build Triads, and promote APS services in minority communities. Since receiving the ARPA funding RAAs have succeeded in promoting training of new Elderly Service Officers, established 5 new Triads, completed over 70 trainings, and outreached in seven different areas to minority communities.

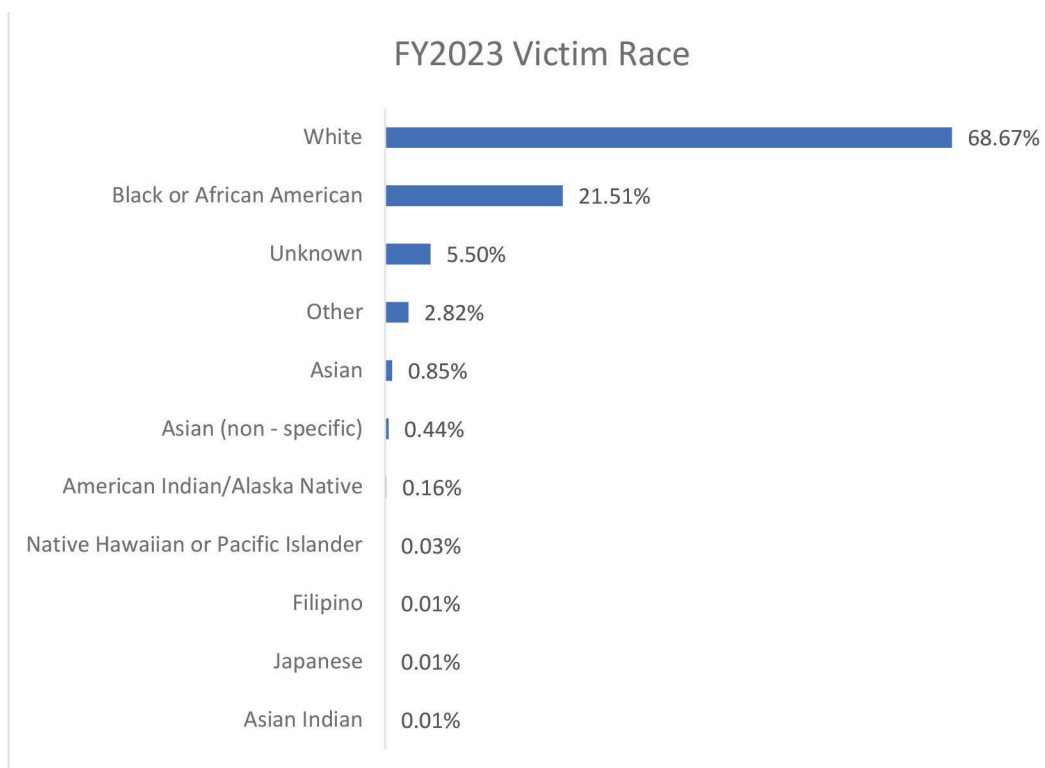
Completion of ACL Elder Justice Grant

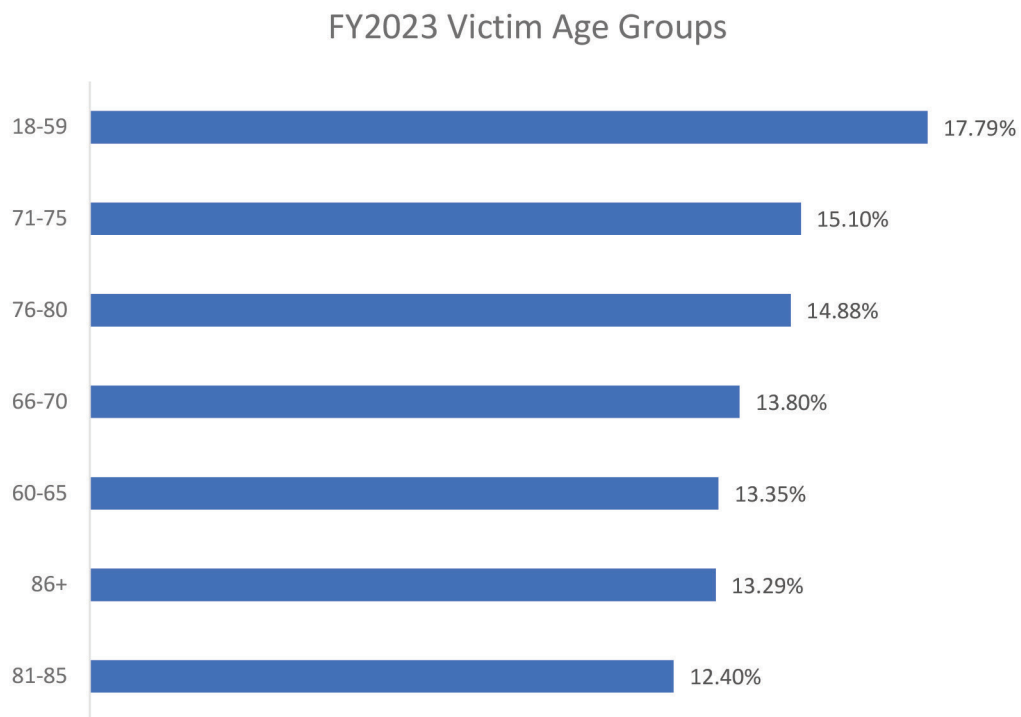
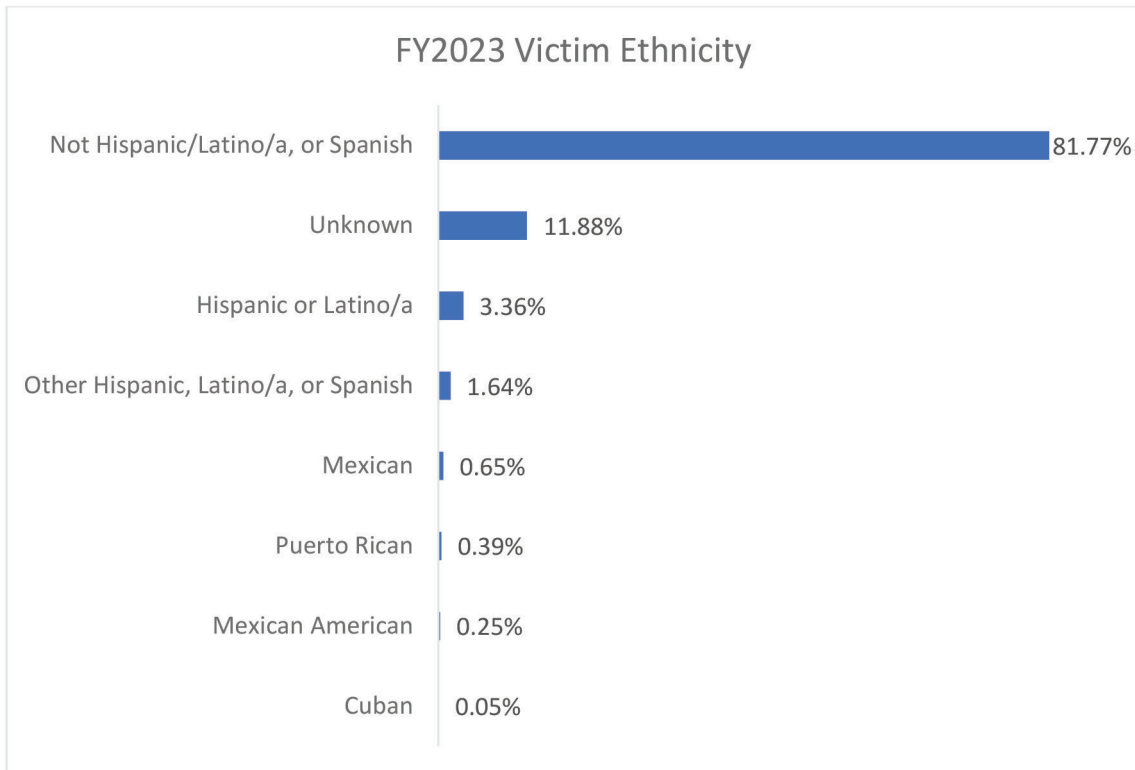
Work continued on the ACL Elder Justice Grant in Fiscal year 2023. Most significantly, IDoA worked to finalize the legal resources toolkit which is scheduled for online publication in Fiscal Year 2024. The toolkit was designed to be a clearinghouse for legal professionals to assist in working with older adults and adults who may be the victims of abuse, neglect, or exploitation. Simulation training for new case workers continued in a partnership with the University of Illinois at Springfield, An evaluation of simulation training by the University of Illinois at Urbana Champaign (UIUC) is expected early Fiscal year 2024. UIUC in conjunction with IDoA adapted a version of the Daily Experience in Simulation Training (DEST) tool for APS. Over the course of the ACL Elder Justice Grant, 145 individuals responded to the DEST surveys, measuring case worker confidence in specified areas of job performance. Early data indicates that case worker confidence increased significantly from day one of training to day two. Areas of overall improvement included interviewing the alleged abuser and answering difficult questions from the abuser and/or client. Other ACL Elder Justice Grant projects were completed in previous fiscal years.

ALLEGED VICTIM DEMOGRAPHIC DATA

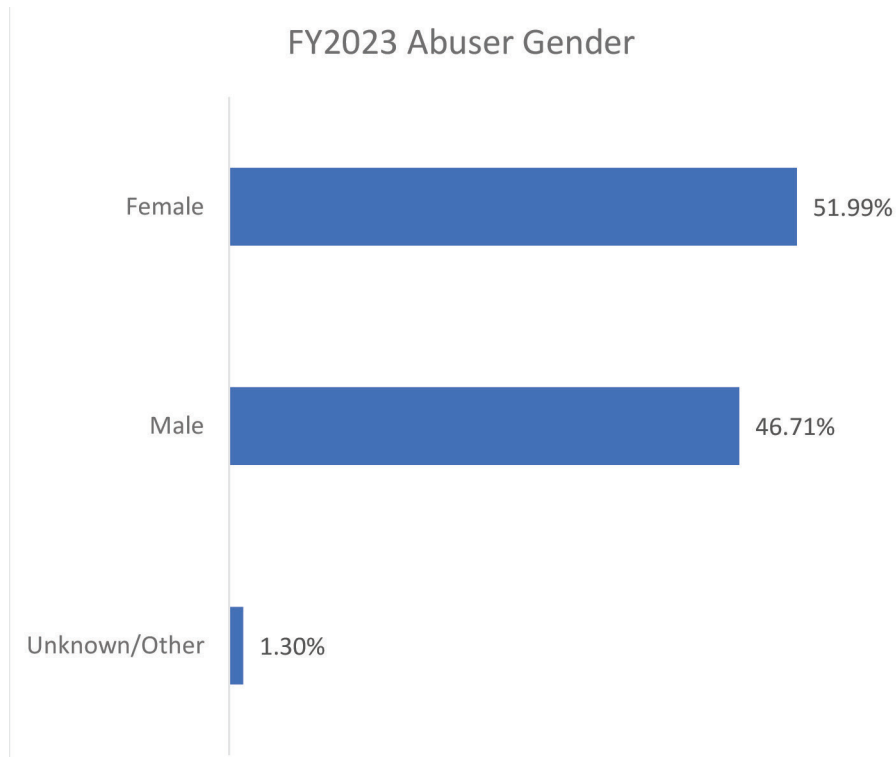


Note: Unknown/Other includes the following Gender Types: Nonbinary, Other, Transgender, Transgender Female, Transgender Male, and Unknown

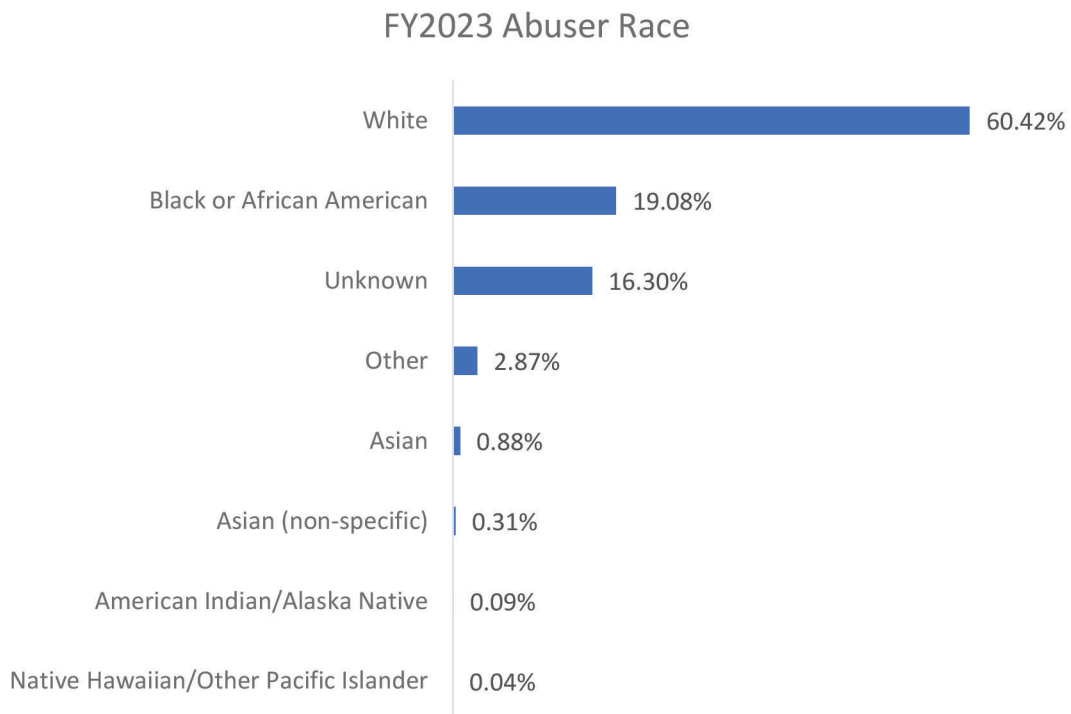




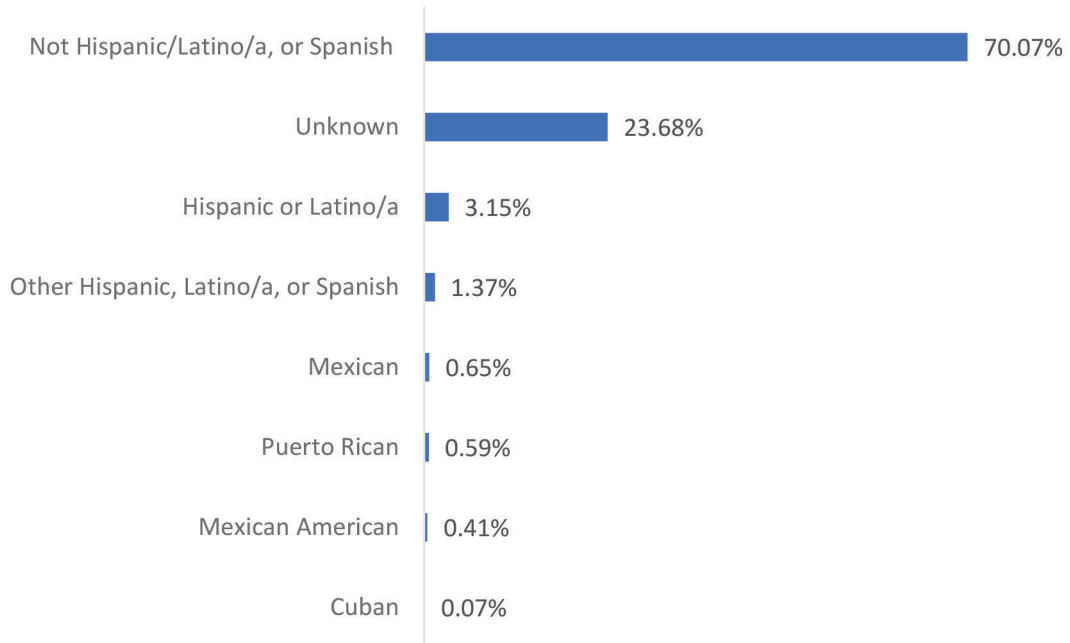
SUBSTANTIATED ABUSER DEMOGRAPHIC DATA



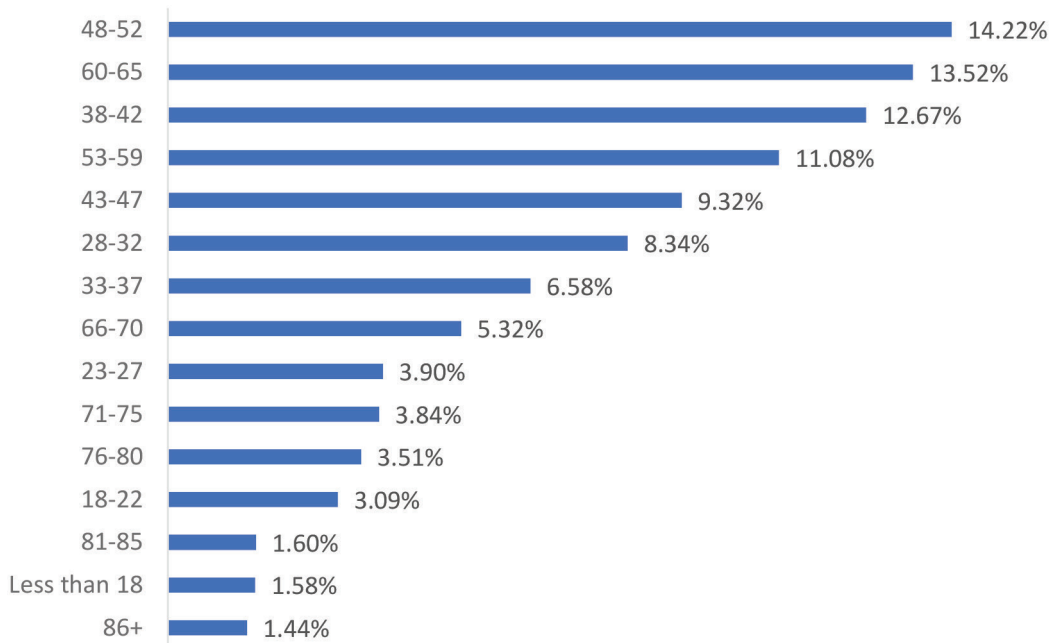
Note: Unknown/Other includes the following Gender Types: Nonbinary, Other, Transgender Female, Transgender Male, and Unknown



FY2023 Abuser Ethnicity

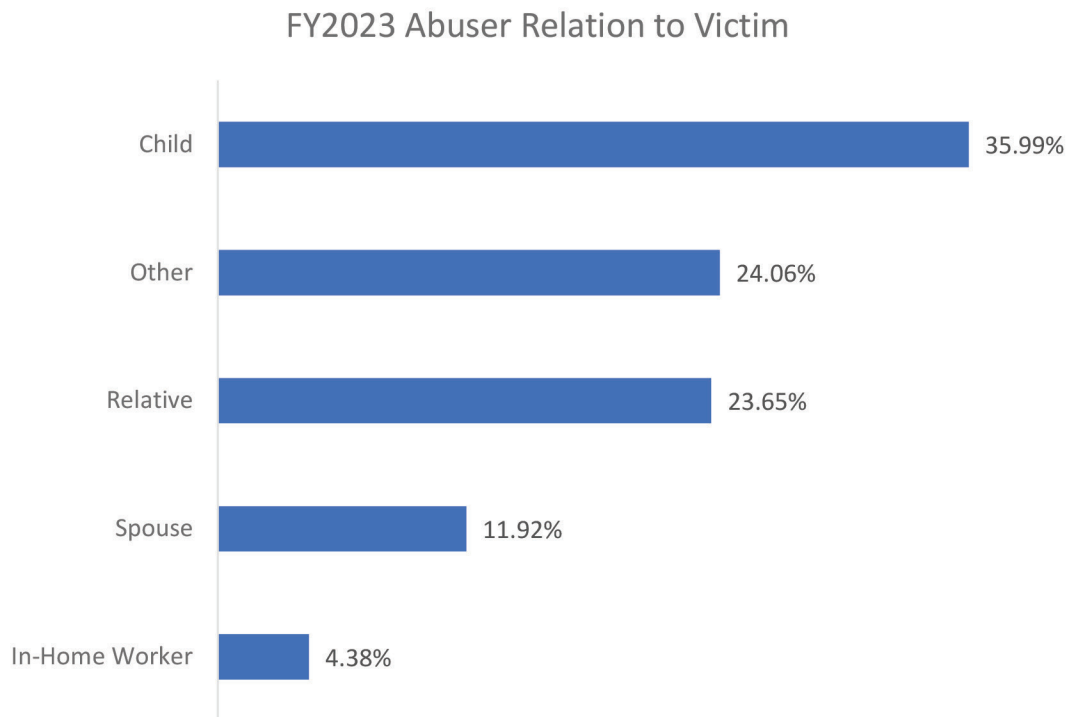


FY2023 Abuser Age Groups



SUBSTANTIATED ABUSER RELATIONSHIP TO THE VICTIM

The below metric refers only to abusers who were substantiated for abuse, neglect, or exploitation. Those who were not substantiated or unable to substantiated are not captured.



Examples of “Other” include, but are not limited to: Friend/Acquaintance, Bus Driver, Attorney, Banker, In-Law Family, Significant Other of Child or Other with Information



State of Illinois, Department on Aging

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Senior HelpLine (8:30am – 5:00pm, Monday – Friday):

1-800-252-8966; 711 (TRS)

Adult Protective Services Hotline (24-Hour):

1-866-800-1409

The Illinois Department on Aging does not discriminate against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, gender identity, pregnancy, or unfavorable discharge from military service in admission to programs or treatment of employment in programs or activities.

If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging.

For information call the Senior HelpLine: 1-800-252-8966.