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# DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

Division of Aging and Adult Services

## **Adult Protective Services**

Annual Report

July 1, 2017 – June 30, 2018

Michael Trailor, Director

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## **ARIZONA ADULT PROTECTIVE SERVICES**

Arizona Adult Protective Services (APS), is required by law to receive and investigate reports of abuse, neglect (including self-neglect), and exploitation of vulnerable adults and to offer referrals to appropriate services. However, APS must always balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination. All vulnerable adults should be treated with honesty, compassion, and respect.

APS Mission: Inspire hope with vulnerable adults by engaging and partnering with the individual, family, and community to ensure their self-determination, safety, independence, and highest quality of life.

APS Vision: Arizona's vulnerable adults thriving free from abuse, neglect, and exploitation.

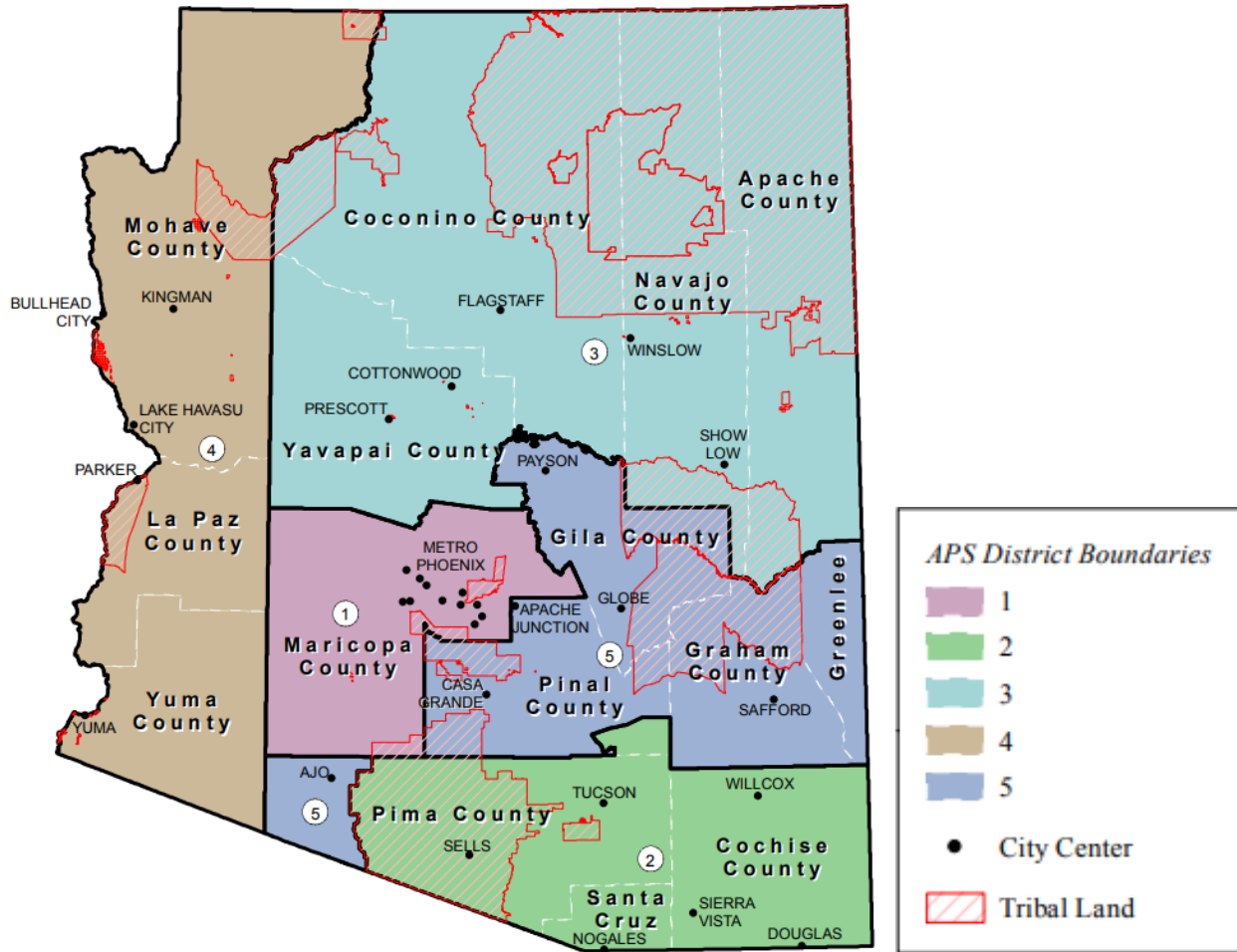
### **Statutory Authority**

In 1980, the Arizona Legislature enacted laws to provide protections of vulnerable adults aged 18 and older by passing the Adult Protective Services Act. The Arizona Department of Economic Security (ADES), specifically Adult Protective Services, a program within the Division of Aging and Adult Services (DAAS) was given the authority to receive and assess reports of abuse, neglect, and exploitation of vulnerable or incapacitated adults. Arizona Revised Statutes (A.R.S.) § 46-451 and § 46-452 established the roles and responsibilities of an APS professional.

An individual, age 18 or older, is eligible for adult protective services if they are believed to be unable to protect themselves from abuse, neglect or exploitation due to a physical or mental impairment or a court has deemed them incapacitated and there is an allegation of abuse, neglect, self-neglect, or exploitation.

Conditions contributing to a client's impairment may include mental illness, developmental disabilities, chronic or acute physical illness, Alzheimer's disease or other conditions associated with aging, physical disabilities, and chronic alcohol or substance abuse.

Arizona's APS program is state-administered and includes a statewide Central Intake Unit (CIU). The program is currently managed through five districts in the respective counties as outlined in Figure 1. Through a data-driven process, APS evaluated the reports and staffing needs of the program to realign from five districts to four, combining districts one and five, beginning in SFY 2019.



### Confidentiality of APS Records

Pursuant to A.R.S. § 41-1959 and Departmental regulation A.A.C. R6-8-210, the Department’s records are confidential and released under specific conditions outlined in statute.

### Data Source

The APS case management system is the Arizona Adult Protective Services System (AZAPSS), a web-based program that provides information management and tracking of APS client cases from intake to closure, including data needed for the APS Registry. AZAPSS provides the majority of the data contained within this report. Additional data is provided by the Central Intake Unit’s phone system, Cisco Unified Intelligence Center.

## ACCOMPLISHMENTS

### Good Governance Award

Governor Doug Ducey recognized the APS team with the Good Government Award for its use of the Arizona Management System (AMS) to reconcile its practice of screening cases involving vulnerable adults.

The implementation of AMS has introduced several problem-solving tools to the agency: huddle boards, countermeasures, process maps and the implementation of standard work. APS quickly assembled a team, and over the course of 15 days, more than 19,000 Information and Referral reports were reviewed utilizing these tools.

Daily morning huddles were held and assisted the APS team in its collaboration. Standardized metrics were developed, and visual management tools were used to track progress. The team also developed a detailed process map, showing the path from case intake to investigation. In addition, ongoing standard work around key operations was established to ensure all staff followed the same process.



L to R: ADES Director Michael Traylor, DAAS Assistant Director, Priscilla Kadi and APS Deputy Assistant Director, Jennifer Kirchen



## **2016 ACL Grant**

With support of a U.S. Department of Health and Human Services, Administration for Community Living (ACL) grant, the Arizona APS program successfully developed and implemented tools to improve consistency and decision making, both at the Central Intake Unit and by the Adult Protective Services investigators working in the communities.

The Central Intake Unit is responsible for receiving reports of vulnerable adult maltreatment and for making critical decisions of whether to open an investigation or make community referrals. Funds from the ACL grant were used to develop an information gathering tool to ensure sufficient and pertinent information is obtained and a guided decision making tool to ensure consistency in decision making. The tools were implemented in February of 2018, along with training curriculum for staff.

ACL grant funds were also used to contract with the National Council on Crime and Delinquency (NCCD), a nationally recognized entity that develops actuarial risk assessments and other tools for Adult Protective Services programs. APS and NCCD developed a safety assessment for APS investigators to identify safety threats and a safety evaluation planning tool to be used when safety threats are identified. In addition, NCCD used data from Adult Protective Services to develop a client risk assessment for APS investigators to distinguish clients and their likelihood to experience harm within the next six to twelve months. APS investigators use these tools to consistently assess for safety threats and future risk and to make consistent decisions for responding to reports alleging maltreatment. A matrix of safety and risk (low, medium, and high) provides the APS investigator guidance to increase safety and protection of vulnerable adults. APS Investigators implemented the standardized decision making (SDM) tools in May 2018.



## **VOCA Grant**

APS received a Victims of Crime Act (VOCA) grant from the Arizona Department of Public Safety through the federal Office for Victims of Crime (OVC). This funding assists APS in its efforts to respond to the needs of APS clients and assist them to stabilize their lives after victimization; to understand and participate in the criminal justice system; and to restore a measure of security and safety. APS may also assist clients in applying for victim compensation funds. APS is a victim's services provider through funding from VOCA.

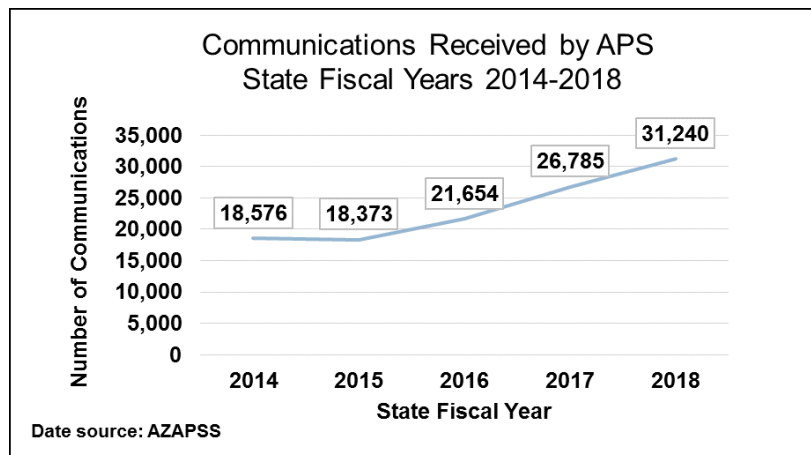
## Community Collaborations

APS continues to build and strengthen community collaborations with stakeholders such as local law enforcement, prosecutors, the Division of Developmental Disabilities (DDD), public fiduciaries, the Area Agency on Aging, tribal members, attorneys, medical and behavioral health personnel, domestic violence advocates, substance abuse specialists, and other agencies that provide services to at-risk adults and other professionals who have experience working with vulnerable adults.

ACL released *The Final National Voluntary Consensus Guidelines for State Adult Protective Services Systems (2016)*<sup>1</sup>, which recommends that APS systems engage in policies and protocols to promote collaboration with other entities. APS participates in local community collaborative meetings with a diverse group of community partners, known as Multi-Disciplinary Teams (MDTs). MDTs meet with and work alongside APS to provide client-specific ideas and suggestions to improve investigations, which result in an increased likelihood of holding alleged perpetrators accountable. MDTs increase the safety and supports available to vulnerable adults who have been maltreated or who have physical and/or mental impairments that interfere with their ability to meet their needs.

## Arizona’s Vulnerable Adults

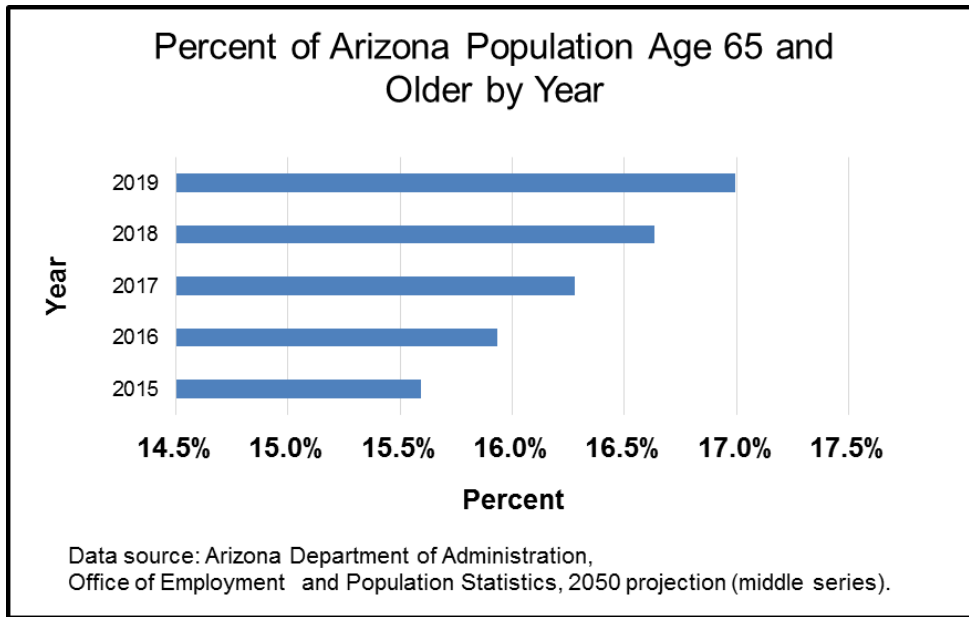
A growing need for adult protective services is evident due to consistent annual increases in the number of communications received by Adult Protective Services, projections of an expanding aging population who have increased medical and assistance with activities of daily living needs, and recognition of the increase in cognitive impairments making many older adults vulnerable to exploitation.



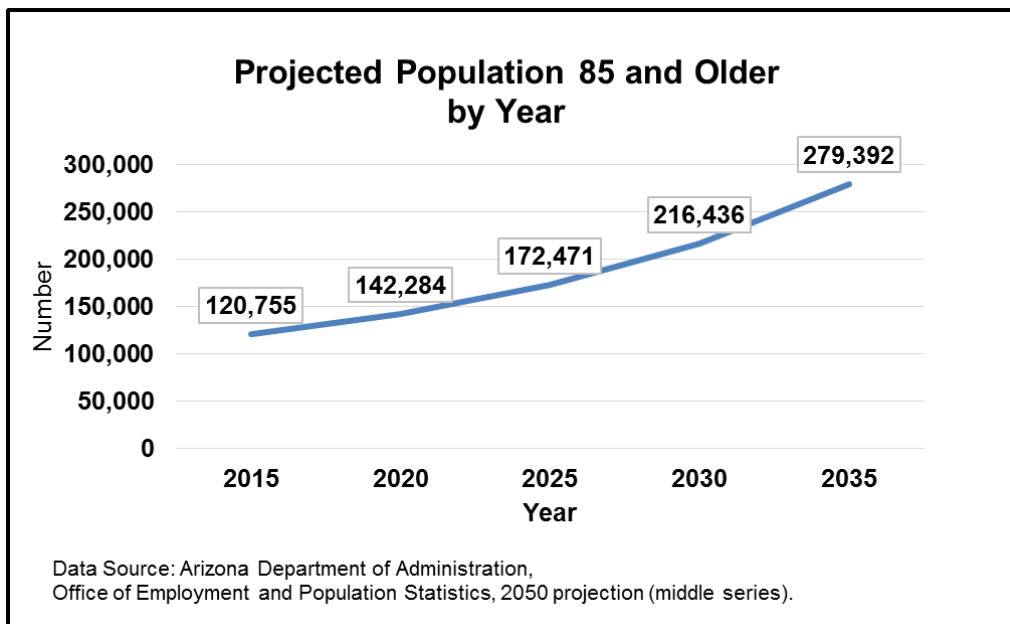
Total communications to APS, both phone and online, have risen steadily over the last five years. (This number excludes general line communications.) Some of these communications do not result in an APS investigation.

<sup>1</sup> [www.acl.gov/sites/default/files/programs/2017-03/APS-Guidelines-Document-2017.pdf](http://www.acl.gov/sites/default/files/programs/2017-03/APS-Guidelines-Document-2017.pdf)

Approximately 21 percent of the Arizona population is projected to be 65 and older by the year 2050.<sup>2</sup> The percentage of Arizona’s population of adults 65 and older increased from 2015 to 2019, and is projected to continue to increase.



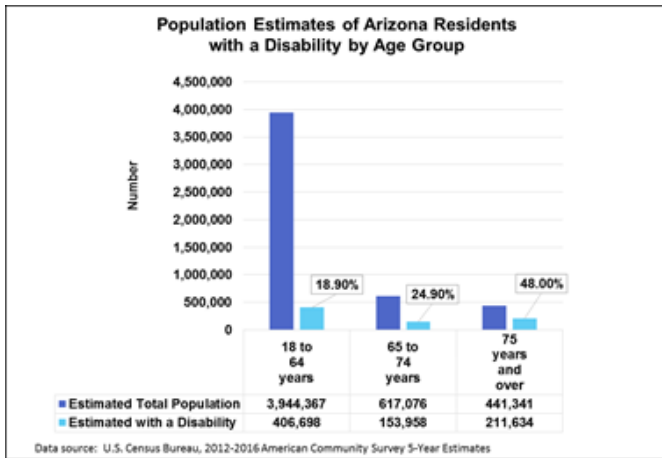
In Arizona, population projections showed a 57 percent increase in the age group 85 and older from 2015 to 2035. Aging of the older age group population is noteworthy, as those in the oldest age group often require additional caregiving and support.



<sup>2</sup>U.S. Department of Commerce, Census Bureau, 2010 Decennial Census, and Arizona Department of Administration, Office of Employment and Population Statistics, 2050 projection (middle series).



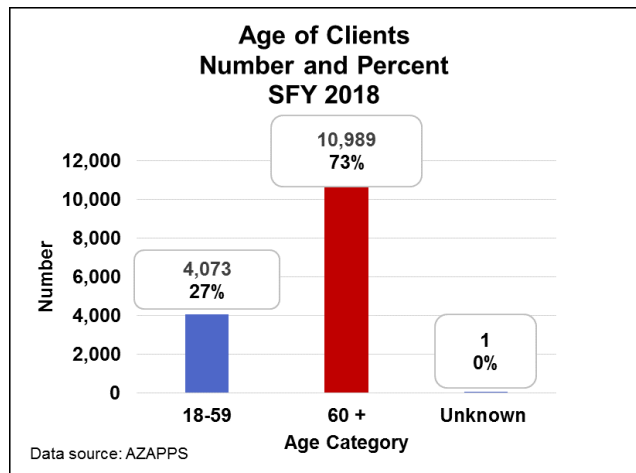
As the population ages, the number of persons with disabilities is also estimated to increase. The chart below shows the 2016 U.S. Census Bureau estimates of Arizona residents with disabilities by age group.<sup>3</sup>



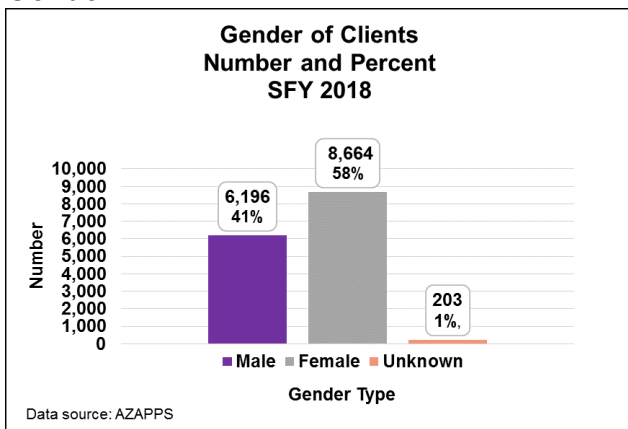
### Arizona APS Data - Client Demographics

#### Age

A person may become vulnerable at any age due to developmental disabilities at birth, a traumatic brain injury, or other physical disabilities. While a majority of APS clients are older adults, statistics show a significant number of clients served are individuals under the age of 60.



#### Gender



Females make up the majority of APS clients and a number of factors may contribute to this. The Older Americans 2016: Key Indicators of Wellbeing report noted women accounted for 56 percent of the population age 65 and 66 percent of the population 85 and older. Widowhood was also more common among older women than among older men and over 43.3 percent of women live alone versus 20.2 percent of men. Older women (12 percent) were more likely to live in poverty than older men (7 percent)<sup>4</sup>.

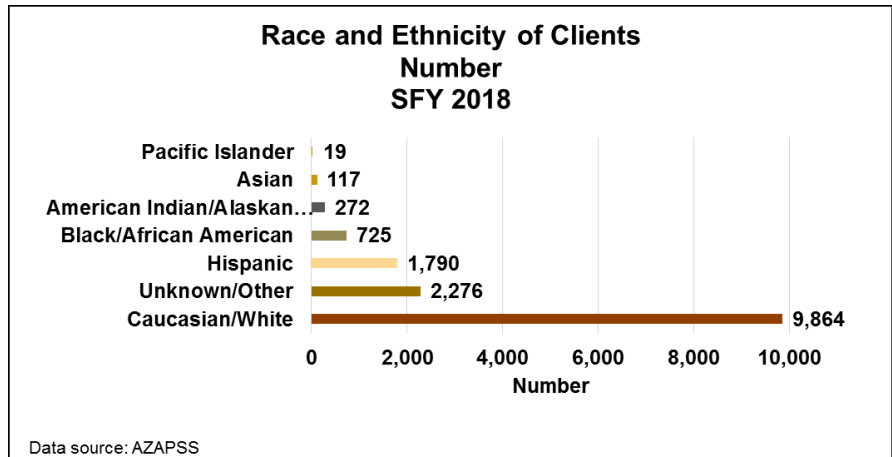
<sup>3</sup>U.S. Census Bureau. (2012-2016) *American Community Survey 5-Year Estimates*. Retrieved from: [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S1810&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1810&prodType=table):

<sup>4</sup> Federal Interagency Forum on Aging-Related Statistics. (2016). *Older Americans Key Indicators of Well-Being*. Retrieved from: <https://agingstats.gov/docs/LatestReport/Older-Americans-2016-Key-Indicators-of-WellBeing.pdf>



**Race and Ethnicity**

The majority of APS clients are Caucasian which is similar to the racial distribution found in Arizona. Roughly, seventy-eight percent of Arizona is populated by Caucasians<sup>5</sup>, while Native Americans and Alaskans account for 4.4 percent, African Americans account for 4.3 percent, and Asian Americans 3.1 percent. Factors contributing to the large number of unknown or other as identified in the chart could be that the reporting source may not know the race or ethnicity of the client, the client does not want to identify, or the data was not entered.

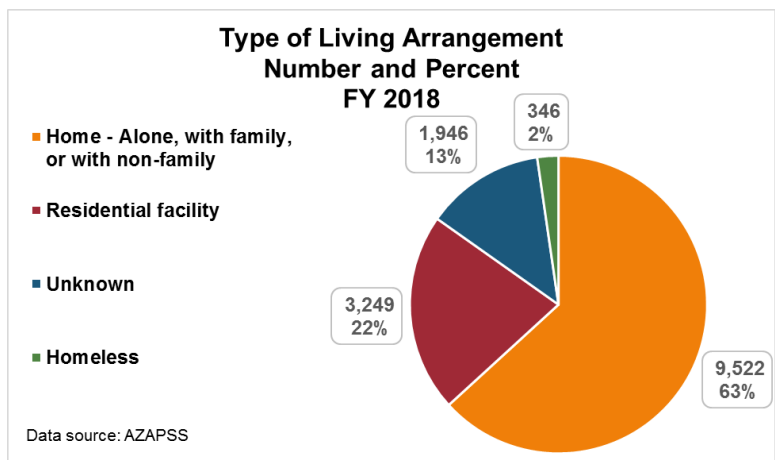


Factors contributing to the large number of unknown or other as identified in the chart could be that the reporting source may not know the race or ethnicity of the client, the client does not want to identify, or the data was not entered.

APS investigations occur on public land, but APS does participate in a very small number of investigations on tribal land, and only does so at the invitation of the Tribal Council. Currently, APS has entered into agreements with three tribes – Salt River Pima-Maricopa Indian Community, Fort Mojave Indian Tribe, and the Colorado River Indian Tribes. These agreements allow APS to enter tribal land to conduct investigations of non-American Indian vulnerable adults. Tribal social services conducts investigations and provides service referrals, if needed, to vulnerable adults residing on tribal land.

**Living Arrangements**

Arizona APS conducts investigations in both community and residential settings, excluding tribal lands except with a written invitation from the Tribal Council. Information from the Frameworks Institute<sup>6</sup> concludes “experts indicate most elder abuse happens in the home and is perpetrated by family members, although it also happens in long-term care facilities.”



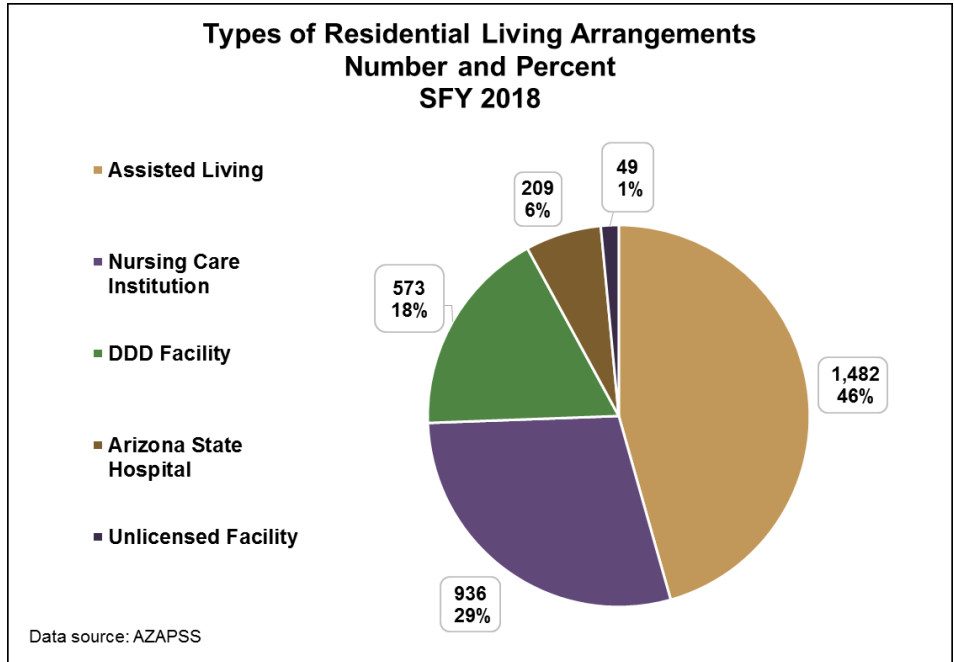
As shown, although inclusive of both maltreatment of older adults and adults with disabilities, data from Arizona APS is similar to the experts’ conclusion with 63 percent of clients reported to

<sup>5</sup> World Population Review. (2018). *Arizona Population 2018*. Retrieved from <http://worldpopulationreview.com/states/arizona-population/>

<sup>6</sup> Volmert, A & Lindland, E. (2016, January). *Mapping the Gaps Between Expert and Public Understandings of Elder Abuse in America - A FrameWorks Research Report*. Retrieved from [http://frameworksinstitute.org/assets/files/elder\\_abuse\\_mtg\\_report\\_formatted\\_final.pdf](http://frameworksinstitute.org/assets/files/elder_abuse_mtg_report_formatted_final.pdf)

reside in the home alone, with family, or with non-family. Data shows the living arrangement of 22 percent of clients was in residential settings in SFY 2018.

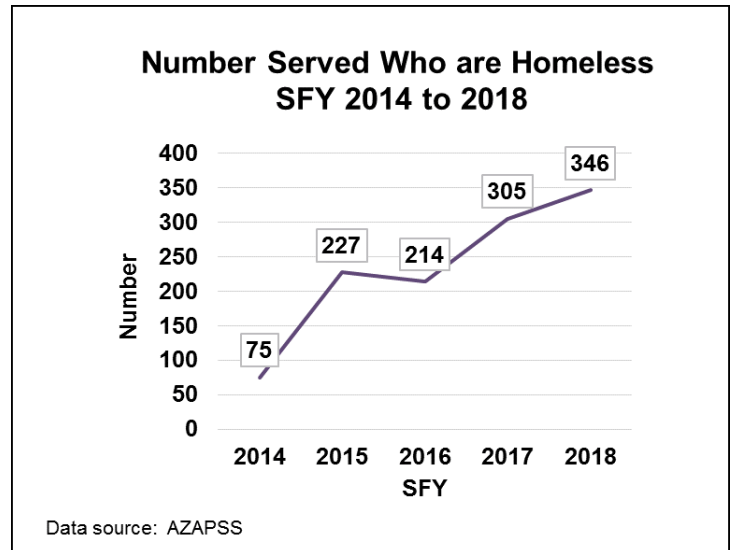
Residential settings provide assistance to adults with mental and physical impairments, aiding in dressing, bathing, nutrition, complex medical or mental-health needs, including cognitive impairments, support, assistance, and supervision. Due to mental and physical impairment, these adults are highly vulnerable to abuse, neglect, and exploitation by staff, co-residents, and visitors.



Types of residential settings where APS conducts an investigation are

- Licensed by the Arizona Department of Health Services such as assisted living facilities, nursing care institutions, and the Arizona State Hospital,
- Certified or licensed by the Division of Developmental Disabilities (DDD) such as adult developmental homes or groups homes, and
- Unlicensed facilities.

The homeless population adds unique challenges to the work of APS as it is one of the most difficult populations to serve<sup>7</sup>. The increase in older individuals (ages 50-64) within the homeless population is not only recognized as a state-wide problem, but a national concern as well. Older homeless individuals have higher rates of problems performing daily activities and higher rates of cognitive impairments. Because this age group is not eligible for Medicare or certain supportive services, their functioning deteriorates at an increased pace due to poor nutrition, lack of medical care, and harsh living conditions.



<sup>7</sup> Arizona Department of Economic Security Homeless Coordination Office. (2017, Dec 31). *Homelessness in Arizona Annual Report*. Retrieved from [https://des.az.gov/sites/default/files/dl/des\\_annual\\_homeless\\_report\\_2017.pdf](https://des.az.gov/sites/default/files/dl/des_annual_homeless_report_2017.pdf)

## Initial Reports and Screening

### Reporting Process

Individuals who wish to report alleged abuse, neglect or exploitation of a vulnerable adult submit the information to the APS Central Intake Unit (CIU) by phone or by an online report. The customer service representative (CSR) gathers necessary information from the reporting source during the phone interview or may initiate contact with the reporting source if necessary, information is missing from an online report. The CIU accommodates reporting sources who speak many different languages by using a language line service for interpretation. Initiating use of the language line ensures the CSR gathers all the pertinent information for decision making.

The CSR analyzes the information and reviews any other documents available to determine whether the information meets the criteria necessary to accept a report for investigation.

If the report is accepted for investigation based on the information provided, the CSR assigns a response time in which the investigator is required to make initial contact with the vulnerable adult, and the report is then routed to the field for investigation. The response time for the investigator to conduct an initial face-to-face interview with the adult is between one (1) to five (5) business days, based on severity of the allegations.

If the report does not meet the criteria for an investigation, the CSR provides the reporting source information to other community and local organizations for services.

The Central Intake Unit cross-reports to other agencies with investigative authority such as the Arizona Department of Health Services, the Arizona Long-term Care Ombudsman, Law Enforcement, Tribal Government Social Services, and the Division of Developmental Disabilities.

### Reporting Barriers

Researchers estimate that approximately ten percent of older adults over age 60 experienced some form of elder abuse in the past year. But studies have also shown that crimes against older adults are highly underestimated.<sup>8</sup>

According to the National Center for Victims of Crime, victimization of older adults is an important subset of crime. People age 65 and older experience the same crimes as the rest of the population, including financial victimization, neglect and physical, sexual, or emotional abuse. However, older adults may be less likely to recover from their victimization and are often easy targets because of their age and the decreased likelihood of reporting as some view elder abuse as a family or civil matter and some are unable to report due to their own mental or physical impairments.

While elder abuse is widely considered to be underreported, with only 1 in 24 cases being reported to a governmental authority, such as law enforcement or adult protective services

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<sup>8</sup> National Criminal Justice Reference Service. (2018). *National Crime Victims' Rights Week Resource Guide: Crime and Victimization Fact Sheets*. Retrieved from [https://ovc.ncjrs.gov/ncvrw2018/info\\_flyers/fact\\_sheets/2018NCVRW\\_OlderAdults\\_508\\_QC.pdf](https://ovc.ncjrs.gov/ncvrw2018/info_flyers/fact_sheets/2018NCVRW_OlderAdults_508_QC.pdf)

(2011),<sup>9</sup> with increasing public awareness, the number of reports is likely to rise even more in the next decade.

### Reporting Sources

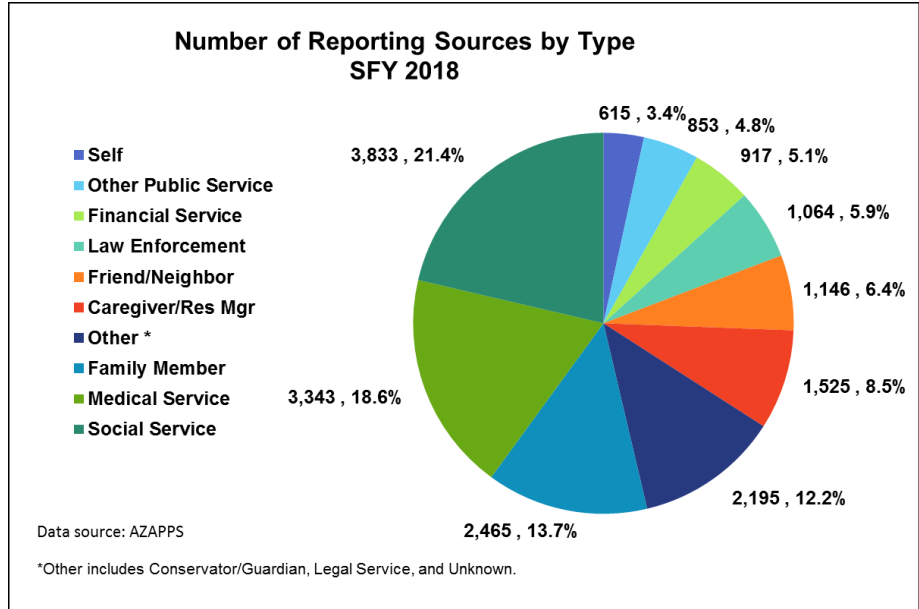
APS involvement is initiated when mandated reporters and voluntary individuals report their concerns for older persons or adults with disabilities who may have been abused, neglected or exploited.

Mandatory reporters are persons identified in state statute who are mandated to submit reports of suspected vulnerable adult maltreatment to Adult Protective Services. Mandated reporters include

persons who are medical or behavioral health practitioners, and other persons who have the responsibility for the care of a vulnerable adult, to include care and management of finances and property. There may be multiple sources communicating concerns about a vulnerable adult.

Voluntary reporters include neighbors, friends, relatives or any other person who has a reason to believe that a vulnerable adult has been abused, exploited or neglected (including self-neglect).

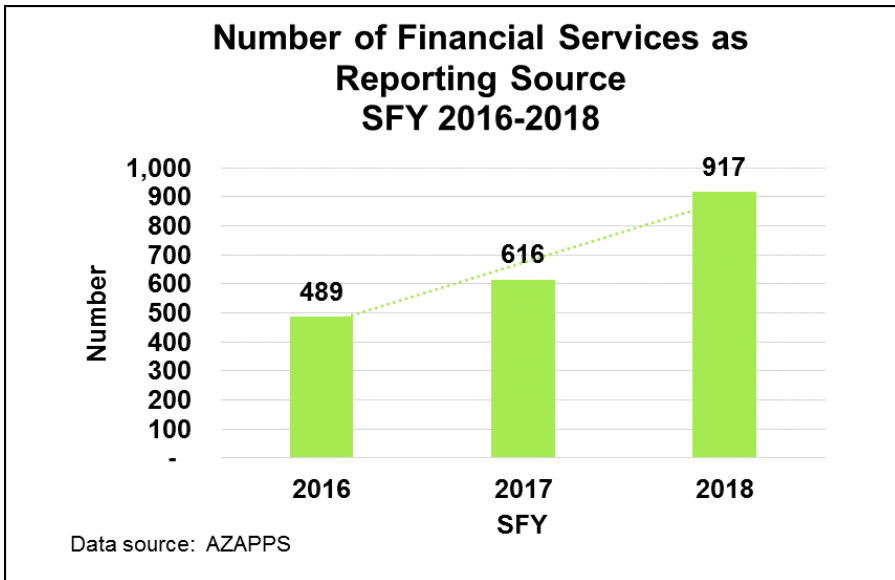
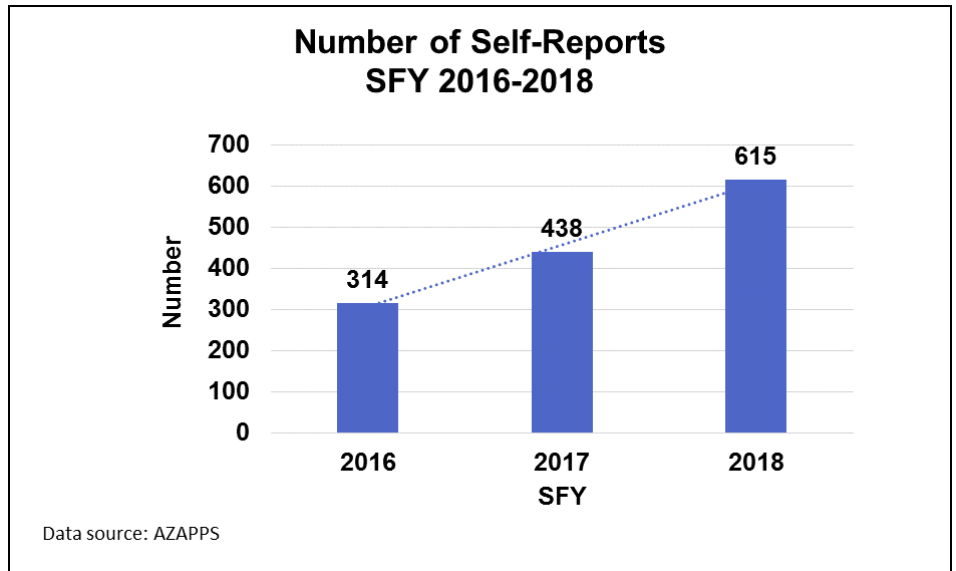
Reporters have the ability to provide information regarding their concerns to the APS Central Intake Unit by phone at (877) 767-2385 which is staffed Monday through Friday from 7:00 a.m. to 7:00 p.m., and Saturday, Sunday, and state service holidays from 10:00 a.m. to 6:00 p.m. or via an online report which is available 24 hours a day, 7 days a week, including holidays at <https://azdes.gov/reportadultabuse>.



<sup>9</sup> Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. (May 2011). *Under the Radar: New York State Elder Abuse Prevalence Study. Self-Reported Prevalence and Documented Case Surveys.* Retrieved from <http://ocfs.ny.gov/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf>.

The National Center on Elder Abuse (NCEA)<sup>10</sup> notes elderly victims may be hesitant to self-report due to fear of retaliation, lack of ability (physical or cognitive) to report, or because they do not want to get the abuser in trouble.

Additional data suggests this trend may be changing as the number of persons making self-reports has increased in the last couple of years, nearly doubling in number from 2016 to 2018.



A significant increase over the last three years in the reporting by financial services is likely attributed to the improved understanding of their reporting responsibilities and applicable provisions in the privacy laws.

“One in five older Americans are victims of financial exploitation each year, according to a 2016 report by the AARP Public Policy Institute. The researchers found that these victims lose \$3 billion annually, or more than \$120,000 apiece”.<sup>11</sup> The problem of exploitation of the elderly and

vulnerable adults received growing attention subsequent to a report, *Broken Trust: Elders, Family, and Finances*, by the MetLife Mature Market Institute, the National Committee for the Prevention of Elder Abuse, and the Center for Gerontology at Virginia Polytechnic Institute and State University in March, 2009, which concluded the annual financial loss by victims of elder financial abuse to be estimated at a minimum of 2.6 billion dollars and that this type of abuse occurs regardless of gender, race, or ethnicity.

<sup>10</sup> National Center on Elder Abuse. (n.d). *Statistics/Data*. Retrieved from <https://ncea.acl.gov/whatwedo/research/statistics.html>

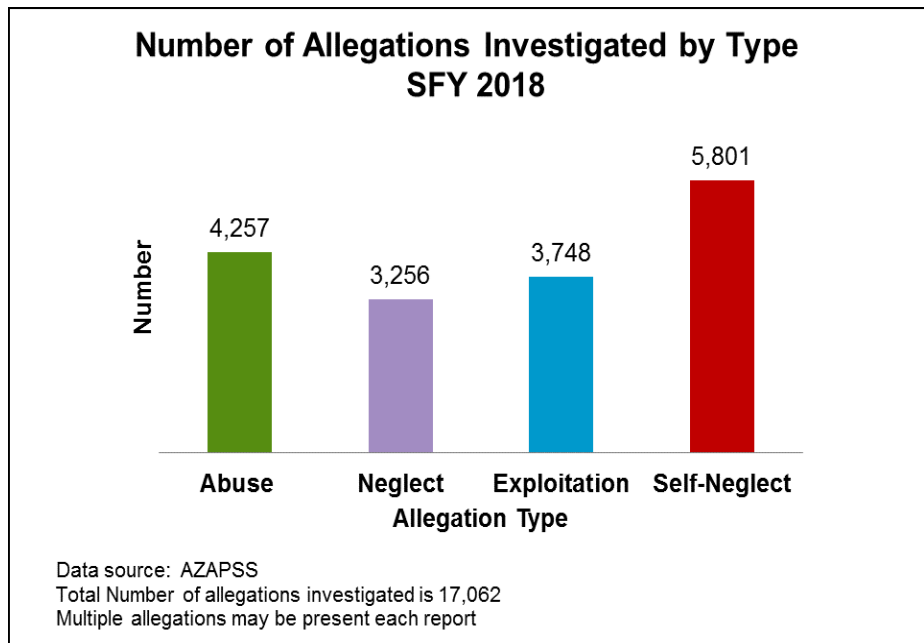
<sup>11</sup> Gunther, MSW, JD, Jilene. (2016, April). *Preventing Exploitation: Five Banks Leading the Fight*. AARP Public Policy Institute. Retrieved from <https://www.aarp.org/politics-society/government-elections/info-2018/congress-passes-safe-act.html> Retrieved 11-5-2018

Reporting practices began to change in 2013 when a coalition of financial institutions released the *Interagency Guidance on Privacy Laws and Reporting Financial Abuse of Older Adults*.<sup>12</sup> Prior to this, financial services were hesitant to make reports to Adult Protective Services due to privacy provisions of the Gramm-Leach-Bliley Act (GLBA). This guidance assisted financial institutions in clarifying the applicability of privacy provisions of the GLBA to allow reporting of suspected financial exploitation of older adults.

Continued advancements in reporting by financial institutions is anticipated due to the passage of the federal Senior Safe Act in 2018. This act allows banks, credit unions, investment advisers and brokers to report suspected fraud to law enforcement without fear of being sued, as long as they have trained their employees in how to detect suspicious activity.

### Investigated Allegations SFY 2018

Adult Protective Services investigates allegations of abuse, neglect, exploitation and self-neglect. Poly-victimization, when more than one type of maltreatment is present<sup>13</sup>, is also investigated, therefore, the total number of allegations investigated is greater than the total number of clients served. In order to substantiate the allegations of vulnerable adult maltreatment, the investigator must collect evidence of the vulnerability of the adult at the time of the



maltreatment and evidence that the maltreatment occurred. Regardless of the investigative findings, the investigator provides service referrals when needs are identified.

In Arizona, self-neglect has historically represented the highest number of all reported allegations in each SFY from 2011 to 2018 (see APS Annual Reports on ADES website <https://des.az.gov/> ). Often, the investigator is unable to conclude self-neglect is occurring because an individual has freewill to live as he or she chooses. APS refers individuals and

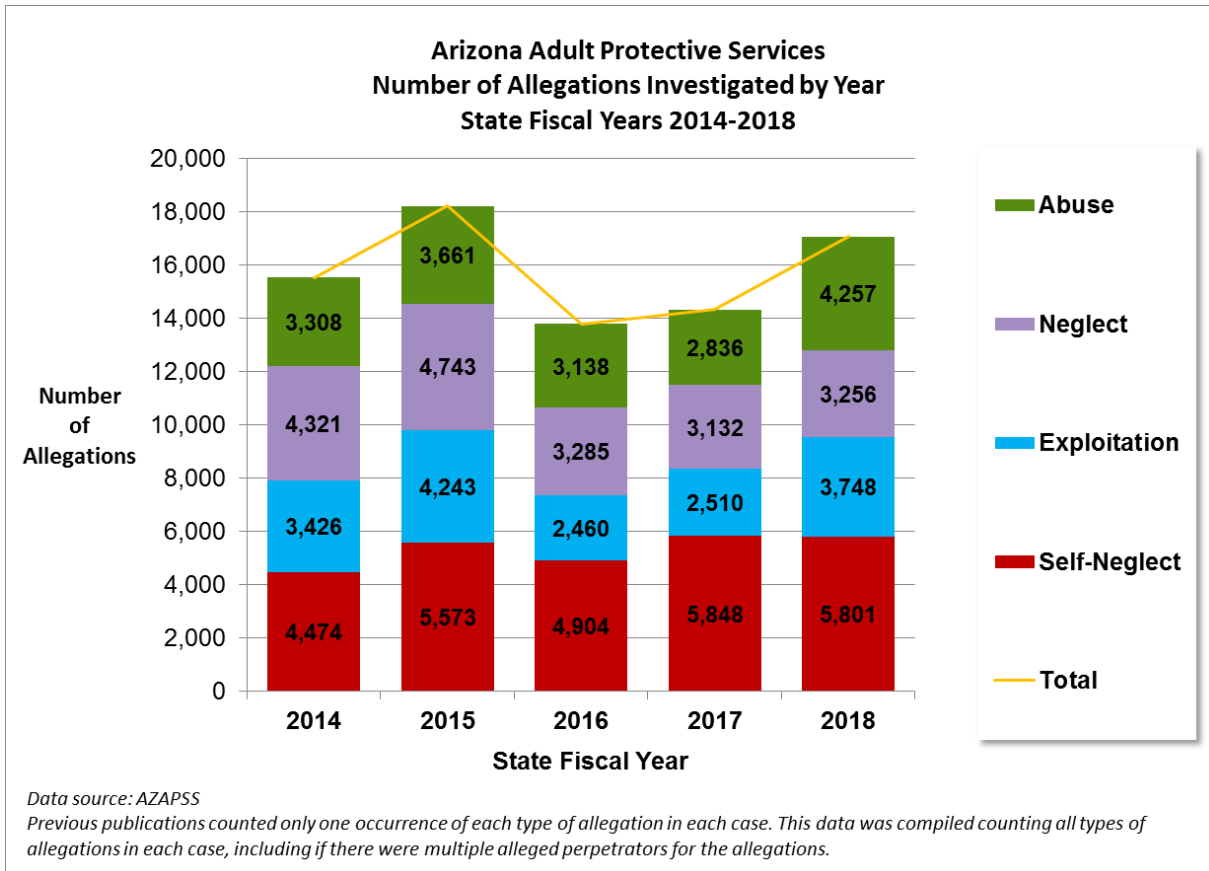
<sup>12</sup> Board of Governors of the federal Reserve System, Commodity Futures Trading Commission, Consumer Financial Protection Bureau, Federal Deposit Insurance Corporation, Federal trade Commission, National Credit Union Administration, Office of the Comptroller of the Currency & Securities and Exchange Commission. (2013). *Interagency Guidance on Privacy Laws and Reporting Financial Abuse of Older Adults*. Retrieved from <https://www.fdic.gov/news/news/press/2013/interagency-guidance-on-privacy-laws-and-reporting-financial-abuse-of-older-adults.pdf?source=govdelivery>

<sup>13</sup>Volmert, A & Lindland, E. (2016, January). *Mapping the Gaps Between Expert and Public Understandings of Elder Abuse in America - A FrameWorks Research Report*. Retrieved from [http://frameworksinstitute.org/assets/files/elder\\_abuse\\_mtg\\_report\\_formatted\\_final.pdf](http://frameworksinstitute.org/assets/files/elder_abuse_mtg_report_formatted_final.pdf)



families to community supports and services, but APS is not statutorily authorized to intervene if a client who has the capacity to make decisions refuses services.

The number of allegations investigated in the SFY of 2014 to 2018 illustrates a similar distribution of types.



## The Investigation

If a report is accepted for investigation, the information is forwarded to an investigative unit and assigned to an investigator. One of the first steps in the investigation is for the investigator to visit the client at his or her residence to assess client’s safety. This assessment includes the gathering information about the client’s living conditions and any immediate physical, medical or mental health needs. If safety threats are identified, the investigator and the client or the client’s representative create a safety plan. The investigator conducts a risk assessment to determine the likelihood of recurrence of maltreatment.

The investigator completes a comprehensive investigation to 1) confirm whether the client meets the statutory definition of a vulnerable adult, and 2) collect any pertinent information regarding the allegations. The investigator meets with the alleged perpetrator for a face-to-face interview to gather information about the allegations. Further investigation may include interviewing witnesses, obtaining financial records, medical records, or law enforcement reports, as



necessary to the investigation. When the allegations occurred in a facility or residential living setting, the investigator obtains a copy of the facility's investigation.

### Adult Protective Services (APS) Investigative Process



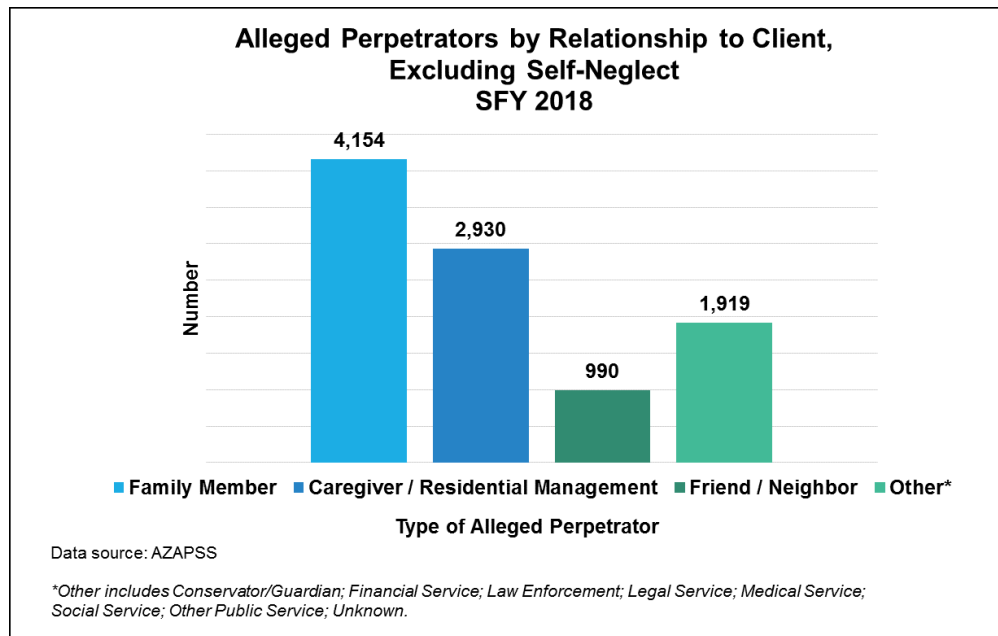
APS does not have the authority to take control of a vulnerable adult's finances or to relocate an adult to another living arrangement against his or her will. When a client has cognitive capacity, he or she may refuse to participate in the investigation and services. In some instances, basic needs are not met due to the adult's own choice.

Investigators are able to better serve their clients while conducting investigations by utilizing interpreters via a language line service. Utilizing the language line service ensures the investigator is able to communicate and receive clear and accurate information from the client which allows the investigator to assess the needs of the client and make appropriate referrals. Utilizing a language line service helps APS bridge those language barriers that otherwise would impede an investigator's ability to provide the best service possible to their clients.

When APS has concerns about a client’s cognitive capacity, and has reason to believe the client is unsafe, APS would pursue further assessment via the client’s own medical/mental health provider or a new provider if the client has none. Results of these assessments may result in the need to make a referral to a public fiduciary to assume the role of guardian and/or conservator. Any qualified person may be appointed guardian by the court. Arizona law [A.R.S. § 14-4311] lists in order, who the court may consider for an appointment as a guardian. Per statute, APS professionals are not allowed to serve as guardians for APS clients [A.R.S. § 46-452 (B)].

### Alleged Perpetrators

The majority of alleged perpetrators of abuse, neglect and exploitation tend to be family members. The National Center on Elder Abuse<sup>14</sup> notes these family members tend to have a history of substance abuse, mental or physical health problems, unemployment and/or financial problems. Unfortunately, the next highest group is caregivers which can be paid or unpaid (i.e.



family members or friends). In addition, an alleged perpetrator may be maltreating a client in more than one way resulting in a greater number of allegation than perpetrators.

### Findings

Upon completion of an investigation, the investigator reviews all the information gathered and, in consultation with the supervisor, determines whether there is evidence to conclude there is a 51 percent likelihood of probability that the alleged perpetrator was responsible for the maltreatment. If so, the recommendation is made to substantiate the allegation. The process of substantiating the allegations against an alleged perpetrator holds a lower standard of proof than in a criminal proceeding. The standard of proof for substantiation means “a preponderance of evidence,” or that it is more likely than not that the abuse, neglect or exploitation occurred.

If the determination is made to recommend substantiation, the information is submitted to the Appeals Unit who refers the information to office of the Attorney General. The Attorney General reviews the evidence and makes a final recommendation of whether to recommend

<sup>14</sup> National Center on Elder Abuse. (n.d). *Statistics/Data*. Retrieved from <https://ncea.acl.gov/whatwedo/research/statistics.html#14>

substantiating the allegation of abuse, neglect, or exploitation. When the recommendation is to pursue substantiating the findings, APS is required to provide due process to the alleged perpetrator (A.R.S. § 46-458). The alleged perpetrator is notified of the decision to substantiate the allegation of abuse, neglect or exploitation of a vulnerable adult and is provided an opportunity to request an administrative hearing, if eligible.

If a hearing is requested, the Appeals Specialist Unit and the Office of the Attorney General prepare for the hearing and present the case at the administrative hearing. The alleged perpetrator presents information to show reasons not to be placed on the APS Registry.

The administrative law judge hears the case and provides a ruling using the preponderance of evidence burden of proof, per A.R.S. § 46-458. The ruling may be upheld, amended, or rejected by the ADES Director.

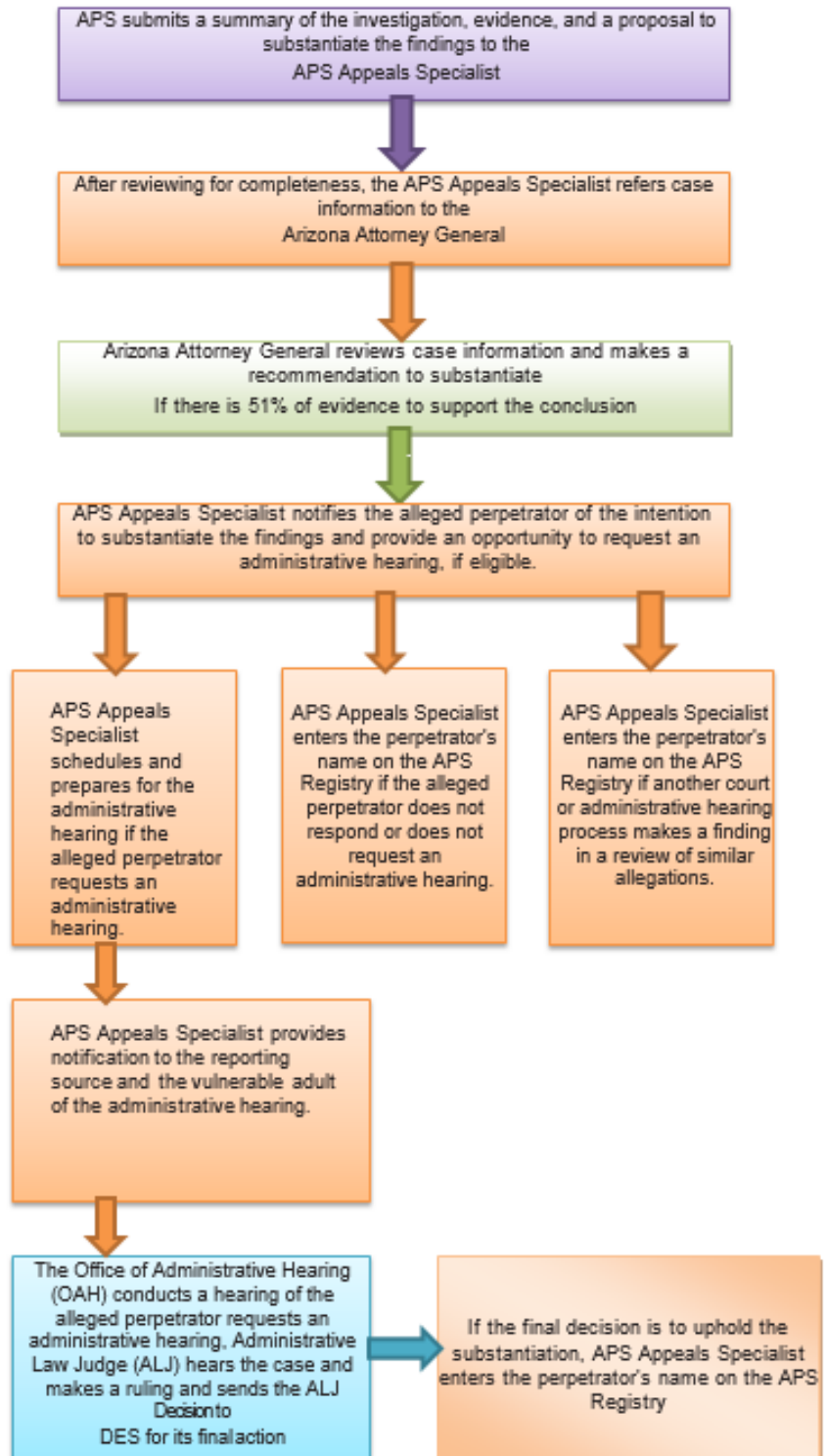
When the proposed substantiation is upheld through the hearing process, the perpetrator's name is placed on the APS Registry.

If a similar finding in another type of court is confirmed, the perpetrator's name can be placed on the APS Registry.

**APS Registry**

Once the alleged perpetrator's appeal rights have been exhausted and the allegation is substantiated, the perpetrator's name is placed on the APS Registry. If the perpetrator's name was placed prior to July 3, 2015, the name will remain

**Substantiation Process**



on the registry for ten years. If the name was placed on the registry after July 3, 2015, due to statutory changes, the name will appear for a period of 25 years. The registry contains the name and date of birth of the person determined to have abused, neglected or exploited a vulnerable adult, the nature of the allegation made and the date and description of the disposition of the allegation. The names of the vulnerable adult and reporting source is not listed on the APS Registry.

The purpose of Arizona’s Adult Protective Services Registry is to prevent vulnerable adults and children from being victimized by individuals who have been found, through an APS investigation and due process, to have abused, neglected or exploited a vulnerable adult. The APS Registry is open to the public and available for use by potential employers to determine whether an individual was previously found to have abused, neglected or exploited a vulnerable adult when deciding whether to employ a person to provide care for vulnerable populations. The APS Registry is available online at <https://des.az.gov/services/aging-and-adult/arizona-adult-protective-services-aps> and by written request (A.R.S. § 46-459)

A 2018 study by the National Adult Protective Services Association (NAPSA)<sup>15</sup> concluded that employers who used APS registries were reported to have an increased sense of security because they have performed due diligence to ensure the safety of vulnerable individuals interacting with a prospective employee. As of June 30, 2018, there were 1,147 names maintained on the APS Registry.

**Referrals and Collaboration**

Solutions to the problem of vulnerable adult maltreatment require coordination and collaboration because no one entity is able to address the multi-faceted issues of the vulnerable adult.

APS cross reports to the appropriate law enforcement agency when the allegation involves a potential crime and coordinates the investigation with law enforcement. In these cases, APS may propose substantiation of the allegations civilly, but the legal system would pursue criminal prosecution of the alleged perpetrator.



APS cross reports concerns or complaints about a licensed facility to the Arizona Department of Health Services (ADHS) and the Arizona Long-Term Care Ombudsman for investigation.

<sup>15</sup> National Adult Protective Services Association. (March 2018). *NAPSA Adult Protective Services Abuse Registry National Report*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2018/05/APS-Abuse-Registry-Report.pdf>

If an APS client is a member of the DDD residing in a DDD group home or Adult Developmental Home, APS cross reports to the Office of Licensing, Certification and Regulation (OCLR) and DDD Quality Assurance for any allegations of abuse, neglect or exploitation.

APS cross reports to the appropriate tribal social services if the report is outside the jurisdiction of APS and on tribal land.

## Service Referrals

APS assists clients and families by making service referrals to reduce the threat of harm and/or risk and end the maltreatment, but also makes referrals for individuals who do not meet criteria for APS services.

Service referrals are often made to the following:

- Area Agencies on Aging (AAA) - Established in each county across eight regions providing Home and Community-Based Services programs and services through the Long-Term Care Ombudsman Program
- Legal services
- Domestic Violence resources
- Division of Developmental Disabilities
- Behavioral Health
- Arizona Long-term Care
- Crime Victims Compensation
- 211.org
- Caregiver Coalition
- Housing assistance (shelters, shelter hotline, HUD)
- LIHEAP
- Public Fiduciary

For individuals needing assistance with finding an assisted living resource or residence for a family member, they can visit the ADES website at <https://des.az.gov/services/aging-and-adult/aging-and-disability-services/area-agency-aging>

## Public Awareness

Maltreatment of older adults is costly and damaging to society<sup>16</sup> as noted by the Frameworks Institute regarding elder abuse, but the impact is evident for adults with disabilities as well.

On June 13, 2019, DAAS/APS will be sponsoring a conference in Phoenix in recognition of World Elder Abuse Awareness Day. World Elder Abuse Awareness Day (WEAAD) was launched on June 15, 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations (UN). WEAAD is officially recognized on June 15 of every year. The United Nations notes that the global population of people aged 60 years and older will more than double from 900 million in 2015 to about 2 billion in 2050 and elder abuse is predicted to increase as many countries are experiencing a rapidly ageing population.

In 2018 there were over 300 WEAAD events including 13 countries participating: Dominica, Nigeria, Kenya, Uganda, South Africa, Ireland, the United Kingdom, Nepal, South Korea,

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<sup>16</sup> Volmert, A & Lindland, E. (2016, January). *Mapping the Gaps Between Expert and Public Understandings of Elder Abuse in America - A Frameworks Research Report*. Retrieved from [http://frameworksinstitute.org/assets/files/elder\\_abuse\\_mtg\\_report\\_formatted\\_final.pdf](http://frameworksinstitute.org/assets/files/elder_abuse_mtg_report_formatted_final.pdf)

Australia, and New Zealand. Every state in the US had at least one event for WEAAD. The observance of WEAAD provides an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic, and demographic processes affecting elder abuse and neglect.

## **Conclusion**

Arizona APS continues to make improvements to investigation methods and to collaborate with stakeholders in order to provide quality services to the vulnerable adults of Arizona. Arizona APS is one of the few APS systems in the country that has incorporated a dedicated Financial Exploitation Unit and a Registered Nurse Support program to provide specialized support to the staff.

ADES leadership's use of comprehensive continuous quality improvement strategies, integrating APS national best practice guidelines into the program, use of standardized tools, implementation of MDTs, availability of experts, and plans to increase public awareness are the many reasons APS is on the path to be the best human service provider of adult protective services in the nation.

## **Resources**

To report abuse, neglect (including self-neglect), or exploitation of vulnerable adults, the public may contact the toll-free APS Central Intake Unit at 1-877-SOS-Adult (1-877-767-2385) or 602-542-0010 in Maricopa County. The Central Intake Unit is available Monday through Friday from 7:00 a.m. to 7:00 p.m., Saturday and Sunday from 10:00 a.m. to 6:00 p.m., and State service holidays from 10:00 a.m. to 6:00 p.m. Concerns can also be submitted [on-line 24 hours a day](#), seven days a week at <https://www.azdes.gov/reportadultabuse>

For information about licensing and regulating adult care facilities, refer to the Department of Health Services. <https://azdhs.gov/licensing/ltc-facilities/index.php>

To submit a complaint about a facility licensed by the Arizona Department of Health Services, go to: <https://app3.azdhs.gov/PROD-AZHSComplaint-UI> .