




**Santa Clara County Adult Protective Services  
Department of Aging and Adult Services**

**Adult Protective Services  
2023 ANNUAL REPORT**

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## Introduction:

### The Importance of protecting victims of elder and dependent adult abuse

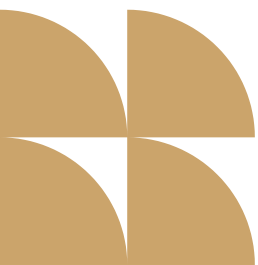
Elder and dependent adult abuse is a critical public health issue. According to the Administration on Community Living, abuse survivors report higher rates of depression. Some victims of elder abuse and neglect withdraw from social interactions, and may blame themselves, which results in shame and silence, magnifying these effects. Victims may also have higher rates of hospitalization and institutionalization, at an estimated annual cost to our nation's healthcare system of \$5.3 billion. They are three times more likely to die prematurely.

Elder abuse intersects other public health concerns as well. For example, social isolation is associated with many negative health outcomes and increases the risk of abuse. A decline in cognitive health increases risk as well, adding an additional facet to the challenges associated with the growing numbers of people with Alzheimer's disease.

The California, Welfare and Institutions code, Elder and Dependent Adult Civil Protection Act, requires all counties are required to provide Adult Protective Services (APS) programs to receive, respond and investigate reports of elder and dependent adult abuse, neglect, and financial exploitation.

*(a) Each county shall establish an emergency response adult protective services program that shall provide in-person response, 24 hours per day, seven days per week, to reports of abuse of an elder or a dependent adult, for the purpose of providing immediate intake or intervention, or both, to new reports involving immediate life threats and to crises in existing cases.*

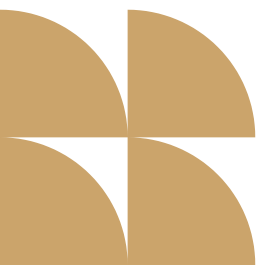
The Santa Clara County, Social Services Agency (SSA), Adult Protective Services program has provided response and investigations to victims of Elder and Dependent Adult abuse since 1978. Throughout the history of the APS program in Santa Clara County, SSA, county leadership and Board of Supervisors (BOS) have demonstrated a thoughtful, progressive, and extremely supportive relationship to the mission and goals of the APS Program.



## Services Provided by APS

	<ol style="list-style-type: none"><li>1. In-person responses to reports of abuse, and immediate intake or intervention for reports involving life-threatening situations and crises.</li><li>2. Crisis intervention and, to the extent resources are available, shelter and appropriate care for vulnerable older and disabled victims who are in need of assistance with activities of daily living.</li><li>3. Investigations, needs assessments, remedial and preventive social work activities, tangible resources, such as food, transportation, household goods, emergency shelter, and in-home protective care.</li></ol>
	<ol style="list-style-type: none"><li>4. Case management; referrals to services such as mental health, domestic violence, sexual assault, victim assistance and other services, including counseling, monitoring, follow-up, and reassessment. Applying for benefits such as Medi-Cal, nutrition programs and in home supportive services.</li><li>5. Assistance with obtaining advocacy services, out-of-home placements, or conservatorships.</li><li>6. Development of interagency treatment strategies to ensure maximum coordination with existing community resources, and to avoid duplication of efforts.</li></ol>

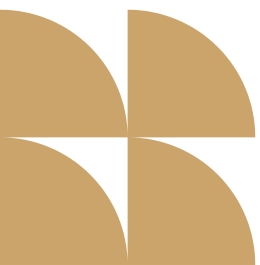
California APS mandates stipulate APS services are not intended to interfere with the lifestyle choices of elders or dependent adults, or to protect those individuals from the consequences of their choices. For this reason, an elder or dependent adult who has been abused may refuse or withdraw consent at any time to preventive and remedial services offered by an APS agency.



Adult Protective Services social workers assigned to complete abuse investigations and the intake functions to receive reports have master's degrees in social work or related fields. They collaborate with elders, dependent adults, families, and care providers to protect and prevent abuse, neglect, or self-neglect of elders and dependent adults. All APS staff including the clerical and enhanced services units as well as the supervisory and management teams serve important roles in the program operations and continuity of services to the APS clients and community of Santa Clara county. APS Staffing includes:

**APS Staffing:**

Administrative Assistant	1
Office Specialists I, II, III	10
Office Management Coordinator	1
Program Managers	4
Public Health Nurses	3
Project Manager	1
Senior Management Analysts	2
Social workers	52
Social Work Supervisors	10



The 2023 Adult Protective Services Annual Report is an opportunity to demonstrate successes and lessons learned about APS legally mandated responses and investigation services to victims of elder and dependent adult abuse, neglect, and financial exploitation. APS staff are recognized for their dedication to the social work profession, the elder and dependent adult populations, and meaningful approaches to preventing and resolving elder and dependent adult abuse, neglect, and financial exploitation.



## 2023 Adult Protective Services





# 2023 APS Services At A Glance



Reports Generated  
**8,630**



Referrals to Services  
and Supports  
**4,950**



APS Hotline Calls  
Answered  
**14,682**



PHN Responses  
**200**



Behavioral Health Connections  
Program Responses  
**202**



Active Cases  
**10,483**



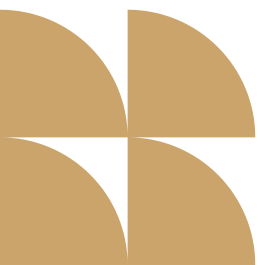
Home Safe Program  
**71**



FAST Cases  
**29**



Confirmed Investigative  
Findings  
**56%**



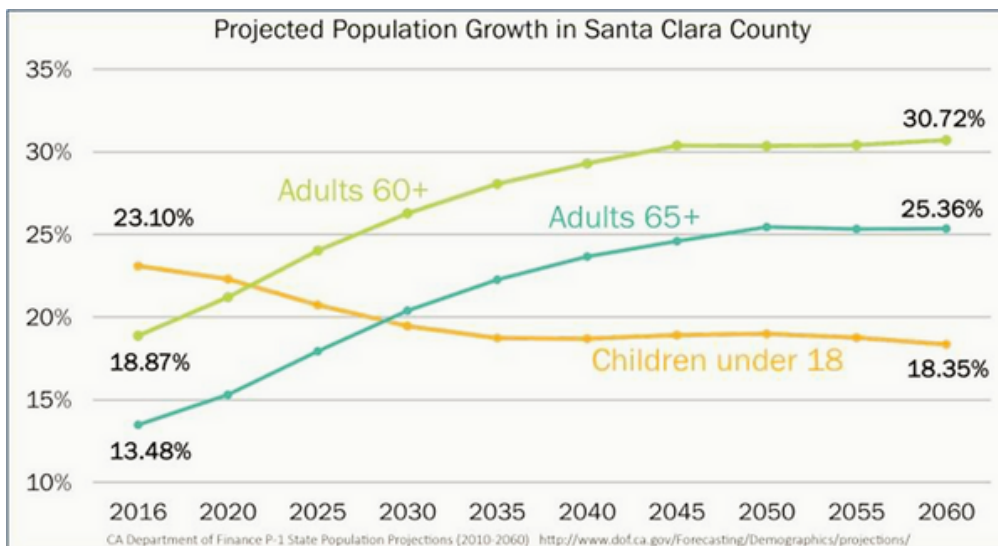
## 2023 in Review

2023 was a significant year for the Adult Protective Services program for continued growth due to the increasing aging and disabled adult populations. APS remains focused on the needs of elder and dependent adults who are victims of abuse neglect, and financial exploitation. As the population of Santa Clara County residents who are 60 years and older continues to grow, the number of reports and cases of elder and dependent adult abuse, neglect, and financial exploitation has increased, consistent with previous years.

### Elder Population Growth

By 2030, the last of the Baby Boomers will be 65 years old and older adults will outnumber children in Santa Clara County, five years before the United States as a whole.

As illustrated in Figure 1 below, projected by the California Department of Finance, adults ages 65 and older will make up 20% of Santa Clara County's population by 2030 and will grow to over 25% by 2060. The number of adults ages 60 and older is more than 20% and will make up over 30% of the total population of the county by 2060.

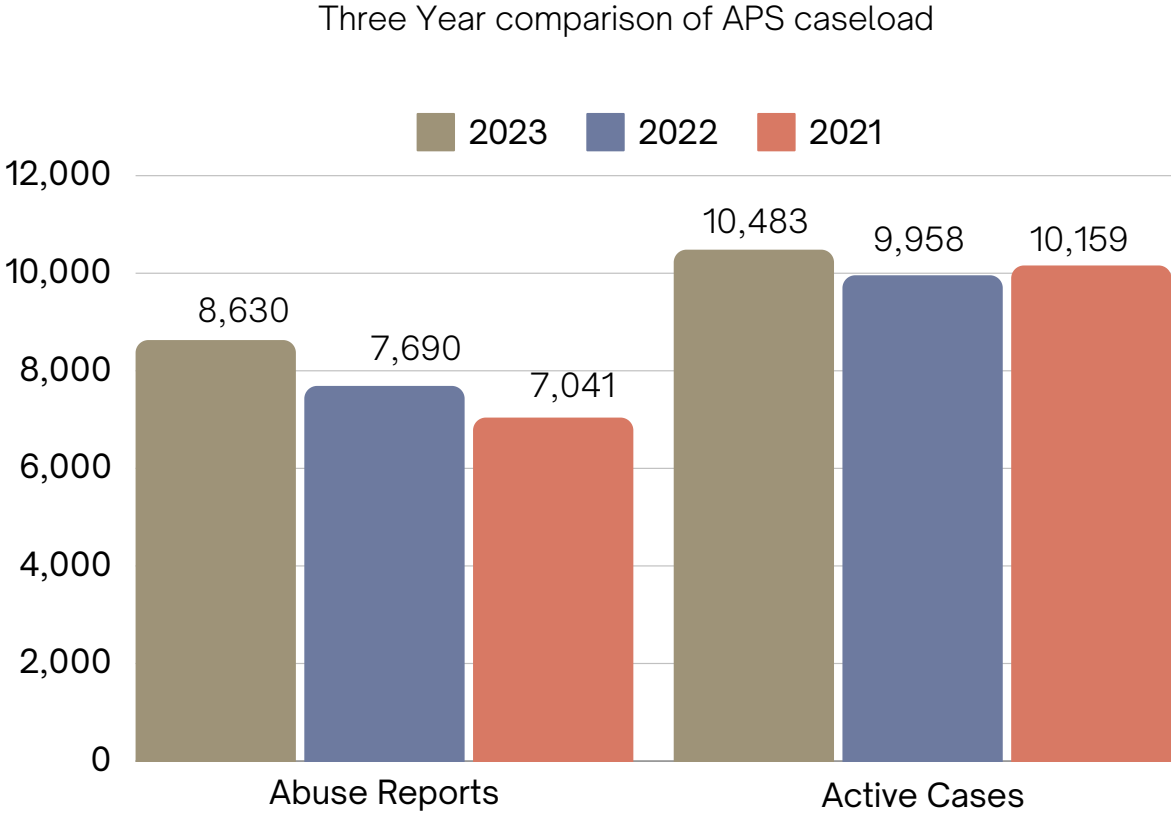




# APS PROGRAM OPERATIONS AND OUTCOMES

The 2023 overall APS caseload reflects a 13% increase in abuse reports received and a 5% increase in active cases when compared to 2022. This is in part due to the increases are due to the aging population and the impacts for the AB 135 legislation that was implements in 2022.

Figure 2 below: Shows the three-year comparison of the APS caseload



## New legislation impacts from AB 135

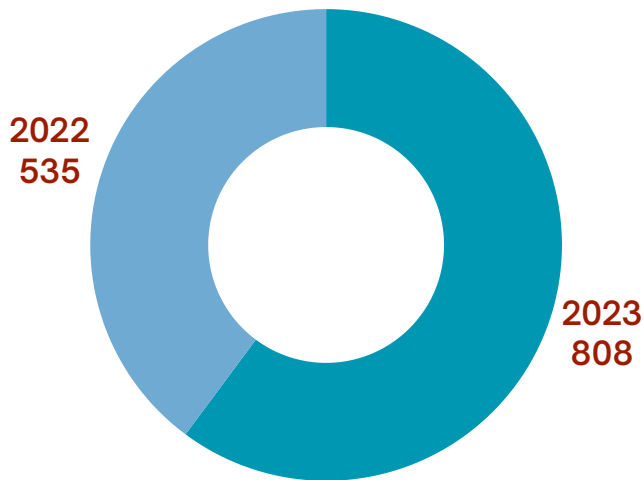
The APS Expansion (AB 135) in the State Budget Act of 2021 made statutory changes to APS. As of January 1, 2022, the elderly eligibility age decreased from 65 to 60. Consequently, the age for dependent adults eligible for APS services changed to ages 18 to 59. AB 135 is intended to align with the age of eligibility for the Older Americans Act programs which serve populations age 60 and above and provide important services, such as Meals on Wheels. AB 135 provides APS with funding for additional tools and structure to address the state's growing aging population. This has enabled the APS program to intervene five years earlier and provide the opportunity to offer case management for those with more complex needs for a longer time.

The Governor's Budget reflects continued implementation of AB 135 to support the APS program in providing longer-term case management for more complex cases, expand eligibility to APS services for persons 60 and older, expand APS multi-disciplinary teams to include housing representatives, and address overall growth in the number of older adults served in the APS program. The proposed budget includes \$70.0 million in statewide for FY 25. Santa Clara County APS received over \$1.9 million in FY23. Allocations are based on overall APS caseload and county population statistics.

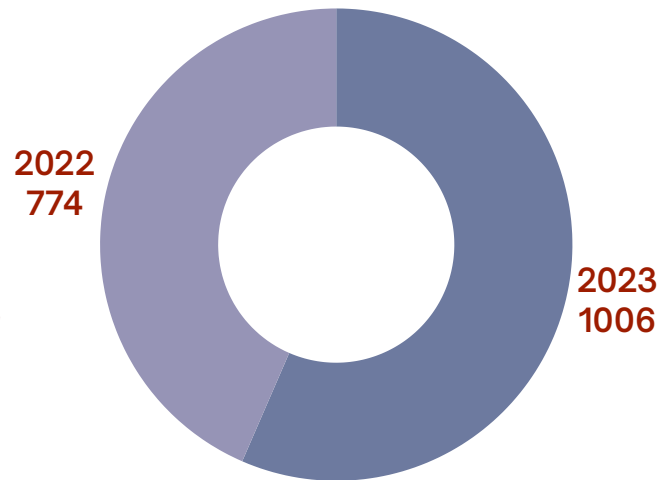


The APS program is significantly impacted by the APS expansion bill. As illustrated in Figure 3 below, the APS program has seen an increase of 51% in abuse reports for ages 60-64. As illustrated in Figure 4 below, the APS program has seen an increase of 30% in active cases for ages 60-64.

Abuse Reports



Active Cases



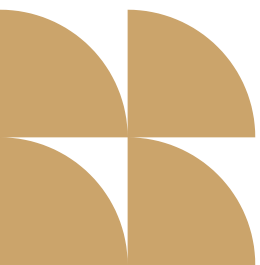
## APS CALL CENTER

The APS program is designated to receive reports and investigate elder and dependent adult abuse, neglect, and financial exploitation for those that live in settings that are not long-term care settings. The Welfare and Institutions code requires mandated reporting for elder and dependent adult abuse, neglect, and financial exploitation.

Welfare and Institution Code Section 15630, which reads in part:

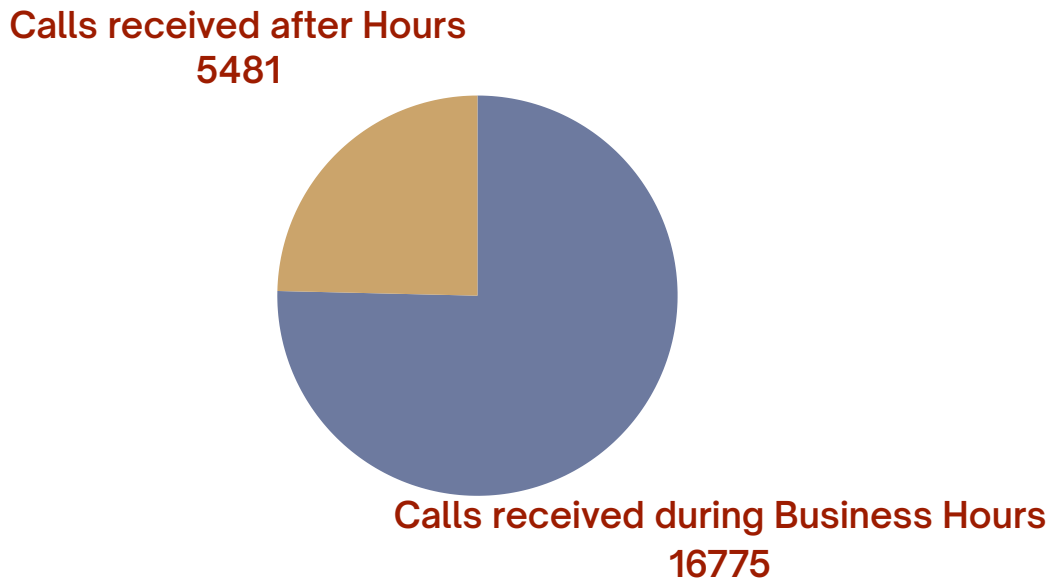
*“Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency is a mandated reporter.”*

APS is required to provide a 24-hour hotline/call center to receive reports of abuse and provide information, referrals, and consultation to callers related to elder and dependent adult abuse neglect and financial exploitation. Not all calls received by the APS hotline become official reports of abuse. APS utilizes Cisco Finesse call center technology with an automated call distribution system to ensure customer service and response to callers and to mandated reporters.

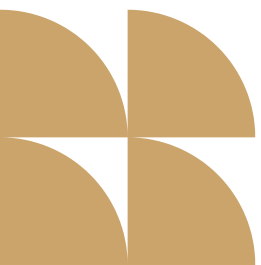


During regular business hours, calls to the APS hotline/call center are answered by APS clerical staff members who obtain caller information and needs, and dispatch calls to the appropriate APS staff. In 2023, APS received 16,775 calls during business hours and 88% of calls were answered .

Figure 5 below shows the 2023 call data:



For calls received after business hours, APS has contracted with a community-based agency to answer calls, gather information, and contact after-hours APS social workers or APS social work supervisors to receive and/or respond to reports of elder and dependent adult abuse, neglect, and financial exploitation. In 2023 5,481 calls were received after business hours.



## APS Intake and Reports

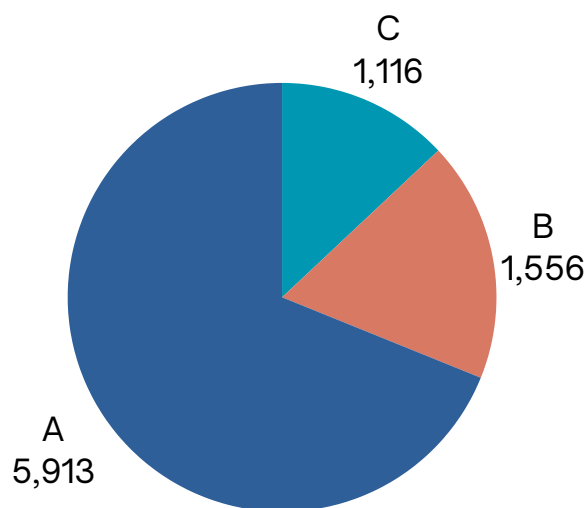
Mandated reporters are required to report suspected abuse, neglect and financial exploitation by phone as soon as possible and follow up with a completed written report within two days. Once a call is received by the APS hotline/call center, the clerical staff assigns the calls to the APS Intake teams to generate the APS abuse report. If a report of elder or dependent adult abuse is received by fax or U.S. mail, the APS clerical team gathers the initial identifying information and assigns the report for processing to an APS Social Worker on the Intake team.

- The APS Intake teams consists of 2 units with a total of 11 full-time Social Worker II/IIIs, and two Social Work Supervisors.

As part of the APS Intake process, social workers assess the APS eligibility criteria and risk or potential risk of harm, perform assessments using a structured decision-making tool, and create a disposition for the type of response needed for each report based on the state criteria and definitions.

Figure 6 below displays the dispositions of reports in 2023:

- A. 66% of the abuse reports required an in-person case investigation by a social worker
- B. 18% of the abuse reports required a case investigation, by phone and not in person
- C. 16% of the abuse reports did not meet state criteria for an investigation and were screened out



## Outcomes of the APS Intake Team

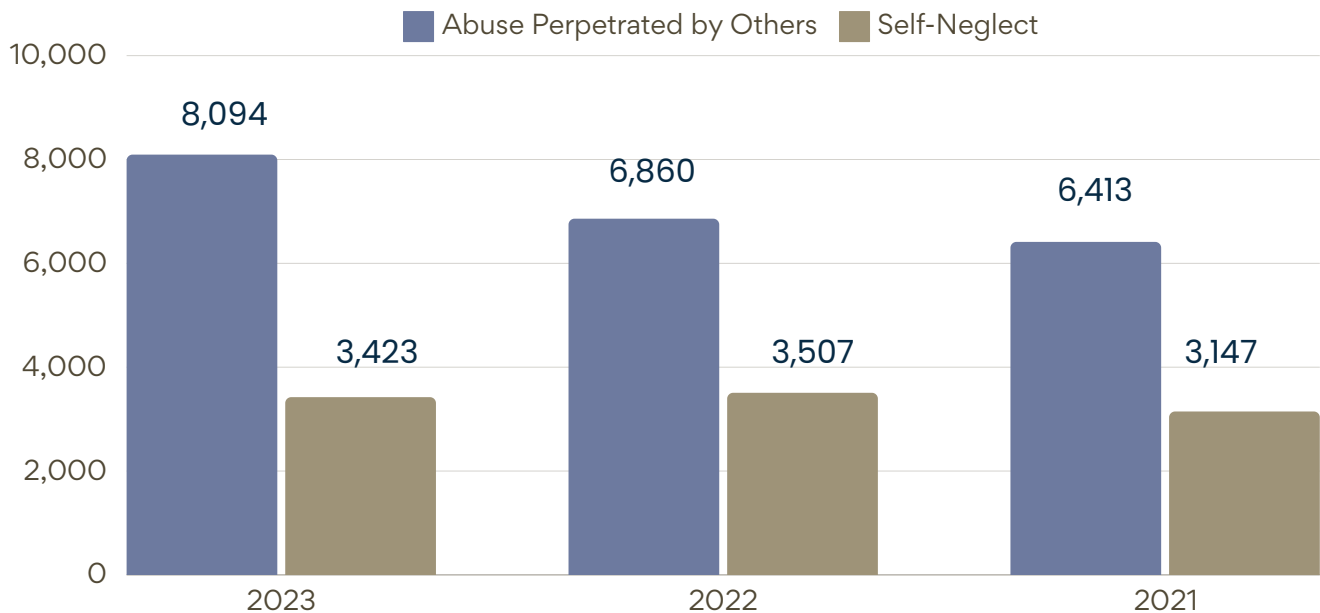
In 2023, the number of Elder and Dependent Adult Abuse reports made to the APS program increased by 13% compared to 2022. The APS Intake teams processed:

- 8,630 reports of elder and dependent adult abuse
- 1,417 calls for people seeking information and referral
- 2,732 Cross reports to Law Enforcement
- 940 Cross reports to all others.

## Types of Abuse Reported to Adult Protective Services

The State mandates monthly reporting of cases and abuse reports received. In addition, the State requests information about the types of alleged abuse which are distinguished by two general categories, Abuse Perpetrated by Others and Self-Neglect.

- Abuse by others includes financial exploitation, mental suffering, neglect, and physical abuse.
- Self-Neglect includes self-neglect of physical care, residence, and finances.



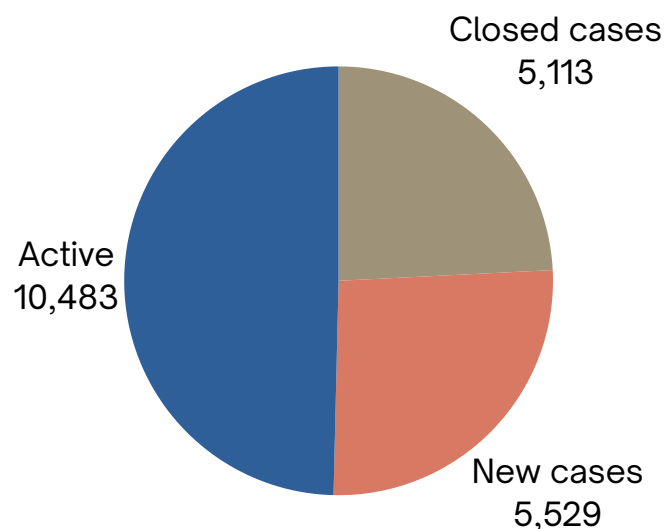
## APS Active Cases and Outcomes

The primary APS goal is to enhance the quality of life for elder and dependent adults in Santa Clara County with services that protect and prevent abuse. APS social work staff investigate allegations of elder and dependent adult abuse, self-neglect, and financial exploitation. The process includes completing biopsychosocial assessments, creating service plans in partnership with the client, and advocating for services including health related needs. APS social workers make referrals to APS Public Health Nurses, Social Worker Is, the Connections Program for referrals and coordination for services with other county partners and community-based agencies. In addition, APS social workers engage families and support systems to reduce risk, maintain and enhance quality of life, promote self-sufficiency, and respect the right to self-determination.

Since APS is structured as a short-term crisis intervention program, APS cases are assigned to social workers and closed on a flow basis. Case assignments average five per week and may be increased based on business need. Social workers have a caseload standard of 26 cases at any time.

The APS Social Work Supervisory team performs quality assurance of all case assignments and closures and works diligently with the social work staff providing consultation and support to ensure case work practices.

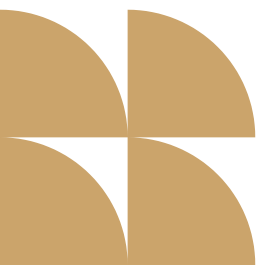
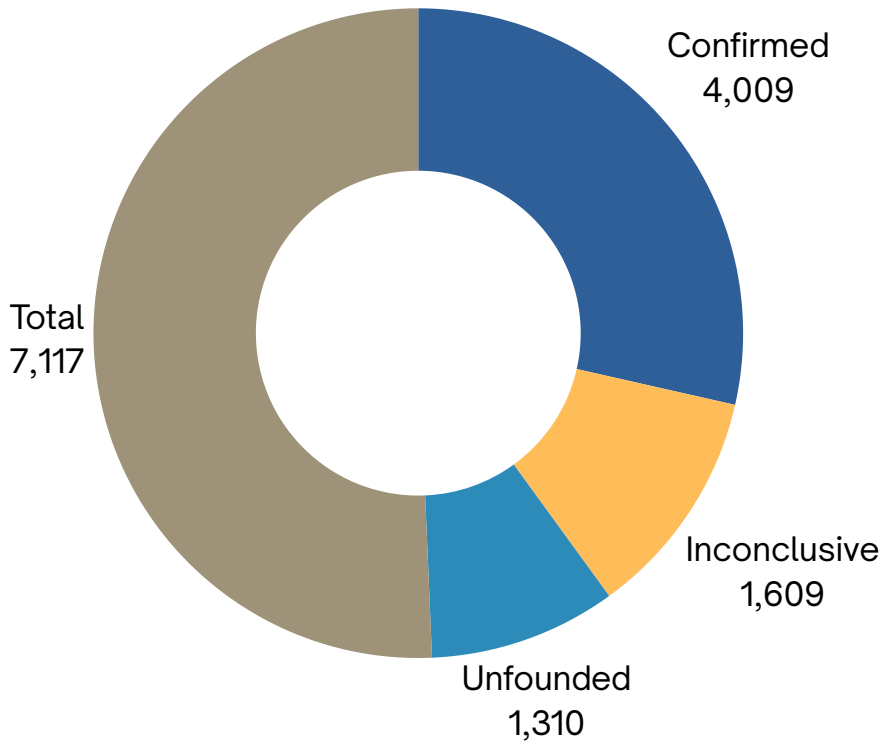
Illustrated in Figure 8: APS Caseload Activity



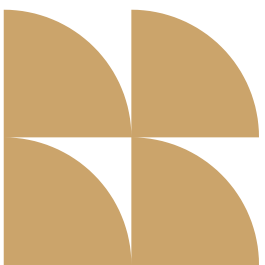
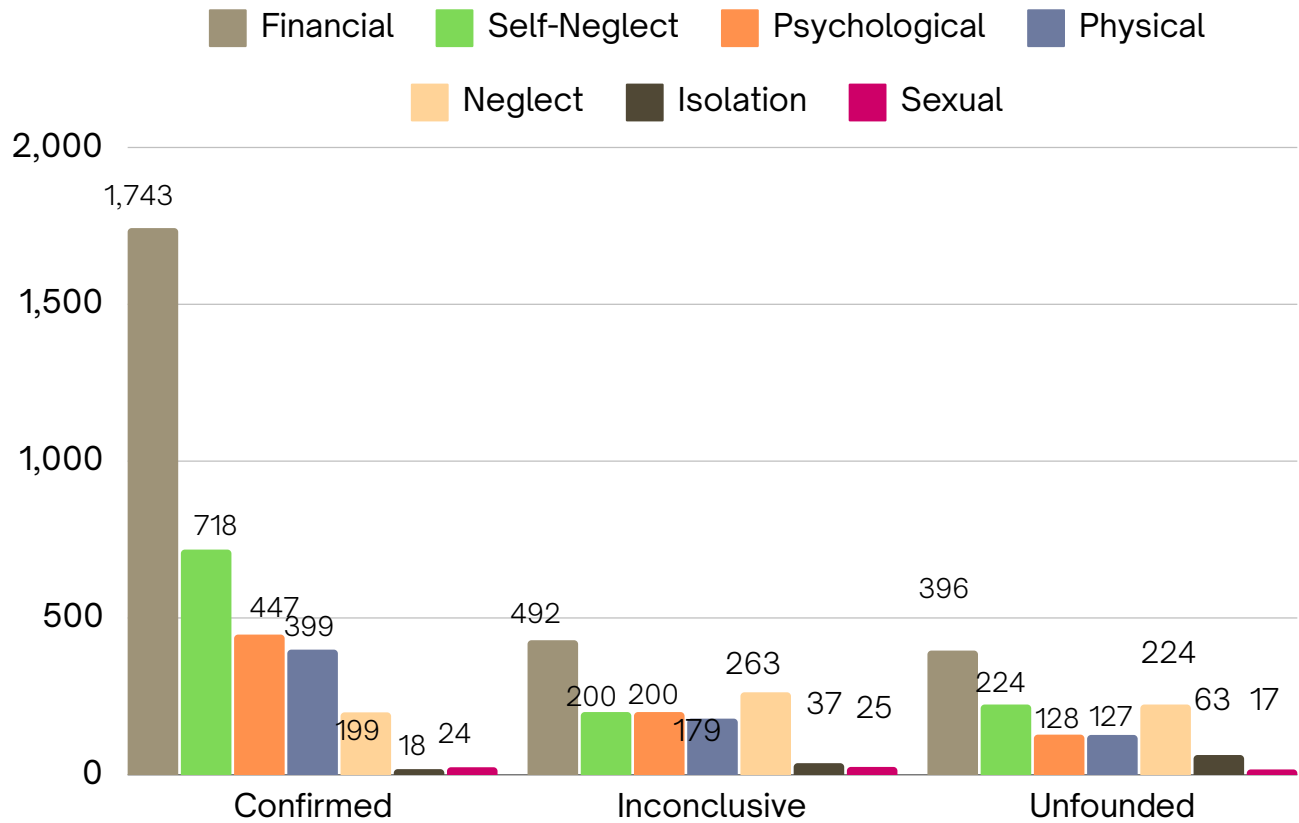


APS social work supervisors assign reports to social workers for case investigations. The social workers conduct case investigations and are required to determine an investigative finding regarding the abuse/neglect/financial exploitation allegation. State regulations define the terminology and include three outcomes:

Figure 9: 2023 Case Investigative Findings



In Figure 10, the abuse allegations confirmed by an APS investigation, show that financial exploitation has the highest rate of confirmed findings, followed by self-neglect, psychological abuse, physical abuse, and neglect.

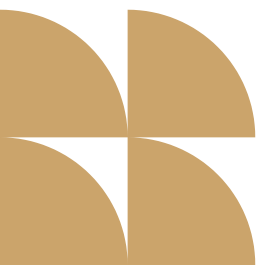


In 2023, the ethnic backgrounds of elders and dependent adults referred to APS as victims of abuse are 27% Caucasian, 11% Latinx, 12% Asian/Pacific Islander, 12% African ancestry, 3% other, and 43% were unknown.

The language represented by the APS population is 84% English, 5% Spanish, 3% Vietnamese, 8% Unknown/other.

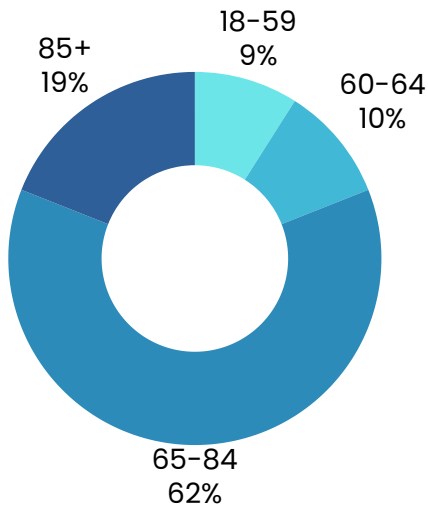
For both ethnicity and language, there is a percentage of other or unknown due to in part to cases in which staff do not see clients for a face-to-face visit and when the report is made the information may not be known to the reporting party.

Gender identity of elders and dependent adults referred to APS is 55% female and 43% male, which is consistent with state and national trends; and about 1% identified as non-binary, transgender or unknown.

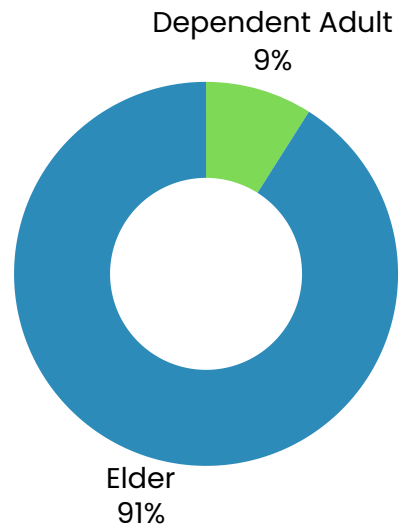


Illustrated in Figure 11: CASELOAD DEMOGRAPHICS

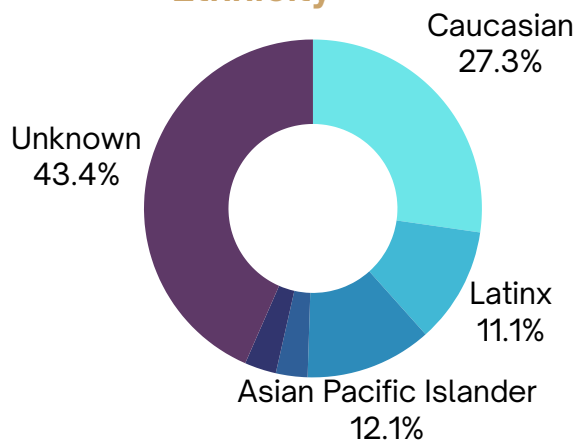
### Age



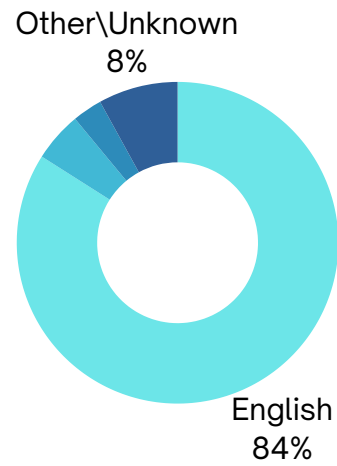
### Client Type



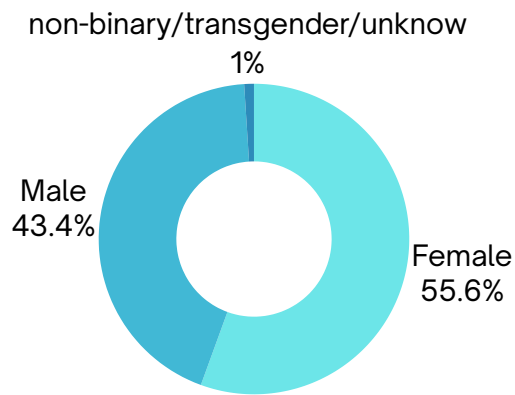
### Ethnicity



### Language



### Gender



## COLLABORATIVE PRACTICES

### FAST (Financial Abuse Specialist Team)

Nationally, financial abuse has cost older adult billions of dollars. Various studies estimate the cost from \$2.9 billion per year or greater. Women are nearly twice as likely to be victims of elder financial abuse as men. The Financial Abuse Specialist Team (FAST) was created in 1999 to stop exploitation, protect older adults from scams, and advise them about the possibilities of their financial situations. In Santa Clara County, financial exploitation represents 27% of all reports made to APS and is the highest type of alleged abuse reported.

Per the Welfare and Institutions Code, APS agencies are mandated to maintain multidisciplinary teams. To meet this need, APS continues to lead and chair the Financial Abuse Specialist Team to provide interagency strategies. FAST cases are assigned to various team members for investigation, which typically includes multiple interviews, visits to financial institutions, and researching legal documents, financial statements, and other documents associated with the alleged abuse. The team is composed of selected members from the offices of APS, County Counsel, the District Attorney (DA), the Public Administrator/Guardian/Conservator (PAG/C), and law enforcement.

Figure 12 displays the amount of assets protected by FAST in 2023, and the total since inception in 1999.

<b>FAST ASSETS PROTECTED IN FY23</b>				
<b>REAL PROPERTY</b>	<b>LIQUID ASSETS</b>	<b>STOCKS AND BONDS</b>	<b>SETTLED/ RECOVERED/ PROTECTED</b>	<b>TOTAL</b>
\$32,859,127	\$2,179,305	\$2,149,959	\$22,738,123	<b>\$59,926,514</b>

<b>FAST ASSETS PROTECTED SINCE 1999</b>				
<b>REAL PROPERTY</b>	<b>LIQUID ASSETS</b>	<b>STOCKS AND BONDS</b>	<b>SETTLED/ RECOVERED/ PROTECTED</b>	<b>TOTAL</b>
\$418,127,603	\$108,336,527	\$59,964,091	\$117,051,261	<b>\$703,479,482</b>

## Home Safe Program

The Home Safe project started as a state pilot in 2019 with only a few counties selected to participate in the pilot. The Santa Clara County APS program was thrilled to be accepted as a pilot county, and immediately established a contract with Silicon Valley Independent Living Center (SVILC) to partner with for the Home Safe program. This partnership has been extremely successful and has continued when the Home Safe program became a permanent sub program in APS in 2022. The California Department of Housing and Homelessness provided funding allocations that have expanded state-wide and is now in every county in California. Since 2019, the Santa Clara County Home Safe program has supported 260 residents with maintaining their housing or relocating to new, safer housing, and arranged for the long-term services and supports needed for them to live safely and successfully in the community. Without Home Safe, victims of elder and dependent adult abuse might remain without remedy and at-risk of homelessness or of losing their independence through institutionalization.

Below are a few examples of Home Safe interventions and services resulting in safe housing and successful outcomes for the resident:

### 1. Home Restored to Safe Living Conditions:

A client was referred to APS for self-neglect, which included severe hoarding in a home that the client owned. The client was living outside in a tent, because the interior of the home was overcrowded, and the entrance was blocked by collections of various items. Neighbors provided food and water, but the client mainly was eating canned food.

- The home had been reported to a local city code enforcement agency, and the client was offered services, but they declined.
- After multiple attempts to engage the client over the course of a year, the client experienced some health issues and was assessed by an APS Public Health Nurse, Social Worker, and SVILC staff. During the intervention, the APS and SVILC staff continued to discuss the health and safety of the living situation with the client.
- The client agreed to receive services and with Home Safe funds, the client was offered a hotel stay to recover from their health issues and create a plan to address the condition of the home.

- The SVILC case manager explained various options and resources and the client agreed and actively participated in the plan that included heavy clean out of the home and repairs to utilities
- The SVILC case manager continued to work with the client on the hoarding issues, providing guidance and coping techniques to support the client to help them adjust to the clean out of the home.
- Once the home had been cleaned out and repairs completed, the Home Safe program was able to purchase some new furniture, and appliances. Additional resources were provided to support the client so they can live in a healthy and safe living situation and be self-sufficient.
- City code enforcement was pleased with the progress the Home Safe program made on the house and no longer were looking to red tag the home for demolition.



## 2. Safe and Stable Housing

A client was referred to APS for self-neglect because they could no longer care for themselves once a family member, they lived with had passed away.

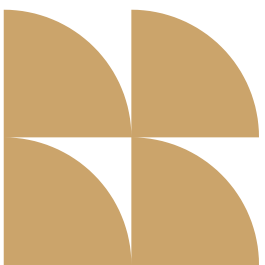
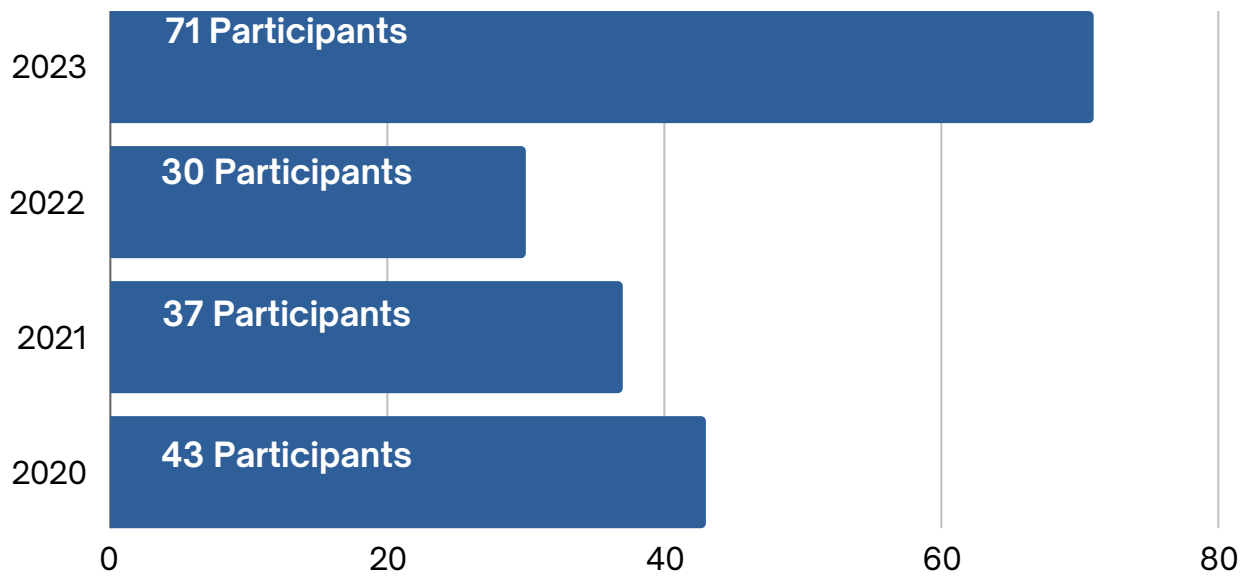
- The client who had some disabling conditions and also was not able to afford the rent and was at risk of eviction
- The Home Safe team, with the APS Social Worker and SVILC Case Manager met with the client, assessed the needs, and discussed options for housing, including a motel stay and applying for housing waiting lists
- The SVILC case manager arranged for the hotel stay until another housing option became available through another county housing provider. APS and SVILC worked together with the client to apply for benefits.
- When the housing option became available through the county Continuum of Care, Home Safe funding was able to pay for moving assistance, one month of rent, security deposit, home set-up items, and furniture.
- The client stated the Home Safe program gave them a sense of well-being again, and they are now living independently in affordable, safe, and stable housing in the community.





## Home Safe Program Outcomes

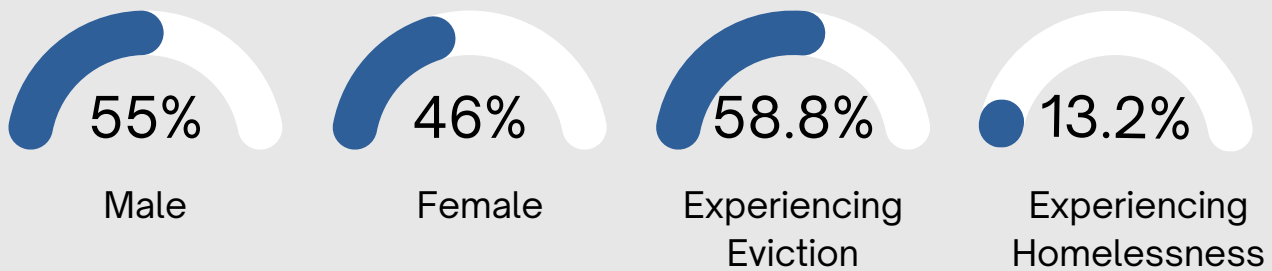
As illustrated in Figure 12 below, the APS Home Safe Program has served a total of 181 participants since 2020. Client participation (increased by 137%) from 2020 to 2023.



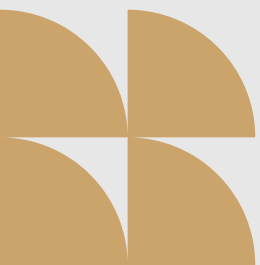
# HOME SAFE PROGRAM METRICS FOR 2023

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## Average Age of Home Safe client 63 Years of Age



## Average Amount of Home Safe Funds spent per client \$5,460



## Public Health Nurses

Public Health Nurses (PHN) in APS have been essential to address the unmet health and medical needs of elders and dependent adults. PHNs assess APS clients who are experiencing complex chronic medical conditions that are either untreated or undiagnosed, which can make them vulnerable to abuse.

The PHN services support APS social workers in finding solutions to prevent recidivism and maintain independence.

Health Conditions	Intervention
<ul style="list-style-type: none"> <li>➤ Diabetes</li> <li>➤ High blood pressure</li> <li>➤ Dementia</li> <li>➤ Chronic obstructive pulmonary disease (COPD)</li> <li>➤ Congestive heart failure</li> <li>➤ Renal failure</li> <li>➤ Physical disabilities</li> <li>➤ Others that are often untreated or undiagnosed</li> </ul>	<ul style="list-style-type: none"> <li>➤ Educating clients and caregivers regarding medication, care, and safety/fall prevention</li> <li>➤ Assisting in procurement of medical equipment and supplies</li> <li>➤ Assessing for emergency care need</li> <li>➤ Advocacy and linkage related to health and medical services</li> <li>➤ Assessment and consultation regarding substance abuse, behavioral health, cognitive impairments, and end of life needs</li> <li>➤ Consultation to APS staff</li> </ul>

## The Connections Program – Partnership with Behavioral Health

The Connections Program serves APS clients with untreated mental illness who are isolated, homebound, and not currently connected to mental health services. The program assesses individuals for behavioral health needs and attempts to connect them to existing County services. The Connections Program currently has one Behavioral Health Services Department (BHSD) clinician who collaborates with APS on community calls or visits that involve elder and dependent adult abuse, neglect, and financial exploitation.

The Connections Program works collaboratively with APS social workers to provide coordinated services to the referred individuals. Services offered may include short-term mental health counseling, brief case management, crisis intervention, risk assessments, and linkage to community agencies for older adults. Due to the passing of AB 135, BHSD has added additional staff to the Connections Program in APS with MHSA funds.



## PROMISING PRACTICE, PREVENTION AND COMMUNITY ENGAGEMENT:

### APS Law Enforcement Liaison

Santa Clara County APS works with Law Enforcement agencies daily to address abuse, neglect and financial exploitation of elders and dependent adults. APS oversees a multi-disciplinary team, the Financial Abuse Specialist team which partners with the County District Attorney's office and other county partners. With a portion of the federal COVID-19 federal relief funds, APS piloted a dedicated APS staff person assigned as an APS Law Enforcement Liaison.

The APS Law Enforcement Liaison (ALEL) had an effective and collaborative outcome which resulted in improved communication and the facilitation of abuse reports with law enforcement partners and the Office of the District Attorney. This has led to enhanced service delivery and created a single point of contact at APS for law enforcement. The ALEL also identified opportunities for outreach and intervention and collaborated with AARP for two Shred-it events to recognize World Elder Abuse Awareness Day. The event was an opportunity to educate members of the community by highlighting risks of financial abuse and providing a free confidential shredding services to older and disabled adults in Santa Clara County. When the time-limited position ended, an APS Social Services Program Manager has continued the duties of the role .



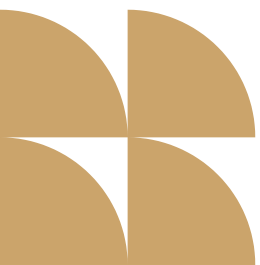
## American Rescue Plan Act (ARPA) Funded Enhancements

In May 2023, the State of California issued a one-time allocation to APS programs from the federal American Rescue Plan Act (ARPA) of 2021. The ARPA Grants to Enhance APS were issued to improve and expand protective services provided by APS in the investigation and remediation of instances of abuse, neglect, and financial exploitation.

The funds are being used, in part, for a time-limited Project Manager position that is serving in a broader, public-facing capacity to engage in collaborative efforts. The Project Manager has been connecting and reaching out to stakeholders, agencies and community members about APS services and supports by creating outreach, education, and awareness materials, presenting to community-based agencies and county partners, and representing APS at community events and meetings.

Additionally, the ARPA funds were used to improve/enhance existing APS services to address the highest unmet needs among APS clients. This includes services and support regarding health and medical issues, physical mobility, cognitive functioning, and mental health and coping skills. The unmet needs were identified by reviewing data from structured decision-making tools used by APS.

APS has an established working relationship with Silicon Valley Independent Living Center (SVILC) for the Home Safe program and expanded the partnership to include time limited services necessary to address the unmet needs of APS clients. The goal is to ameliorate and prevent further abuse, neglect, and financial exploitation by the provision of services provided through the Independent Living and Related Services program. Services include four core services of independent living (information and referral, independent living skills training, advocacy/community organizing, and peer support).



## Community Engagement

Santa Clara County APS is well represented in state and county multidisciplinary teams and committees, including the county Domestic Violence Death Review Team and the Elder Death review Team, the Elder Abuse Task Force, State Housing and Homelessness program committees, the California Welfare Directors Association, Protective Services Operations committee (for APS). Additionally, the APS SSPM III was appointed as a member of the Elder and Disability Justice Coordinating Council committee, a subcommittee of the State Master Plan for Aging. APS participated in a research project with the MSW interns and the Social Services Agency Office of Research and Evaluation (ORE) which was recently published in an online journal. APS has also presented at national conferences, including the American Society on Aging and National Adult Protective Services conferences.

## RECENT STATE AND FEDERAL EMPHASIS ON AGING AND ADULT SERVICES:

### Master Plan for Aging

As the population of older adults and adults with disabilities continues to grow, the state and federal governments are taking action to plan for their needs, services, and supports. California's over-60 population is projected to diversify and grow faster than any other age group. By 2030, 10.8 million Californians will be older adults, making up one-quarter of the state's population. To prepare for the changes in the population, in January 2021, Governor Gavin Newsom released the state's Master Plan for Aging (MPA), which outlined over 100 action ready initiatives for implementation in 2021-2022.

California's MPA affirms the priority of the health and wellbeing of older Californians and people with disabilities. It is a "blueprint" for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity. Elder justice is a core priority within the MPA and five of these initiatives directly address the protection of older adults from abuse, neglect, and exploitation



## Establishing Adult Protective Services Regulations

Currently, there are no Federal standards for APS systems, leading to wide variation in policies and procedures, resulting in inconsistent service delivery across States and confusion for APS systems and the general public, including victims of adult abuse. Nationally, this results in a fragmented and unequal system that can hinder coordination and lead to the absence of critical support for some people experiencing abuse.

The Federal Administration for Community Living within the Department of Health and Human Services has issued a Notice of Proposed Rulemaking to modify the implementing regulations of the Older Americans Act of 1965 to add a new subpart related to APS. The proposed regulation will create a national standard to elevate evidence-informed practices, bring clarity and uniformity to programs, and improve the quality-of-service delivery for adult abuse victims and potential victims.



## CONCLUSION

The APS program maintains professional and highly motivated staff who are dedicated to finding solutions for elders and dependent adults while maintaining dignity, improving quality of life, and respecting the right to self-determination. APS case investigations social workers are in the community daily, engaging and empowering victims and advocating for their right to live free from abuse. The APS program serves the community with customer-focused services, innovative practices, and with compassion. APS continues to make improvements and develop efficiencies that positively impact staff and clients.

Santa Clara County has the compassion, knowledge, skills, and proactive leadership to change this cycle of marginalization by supporting aging and adult initiatives like the Master Plan for Aging to improve the lives of all older adults.

