



109874

DATE: May 26, 2022
TO: Children, Seniors, and Families Committee
FROM: Robert Menicocci, Social Services Agency Director
SUBJECT: Adult Protective Services FY 2021 Annual Report

RECOMMENDED ACTION

Receive report from the Social Services Agency, Department of Aging and Adult Services, relating to the Adult Protective Services Annual Report.

REASONS FOR RECOMMENDATION

This annual report will provide the Children, Seniors, and Families Committee (CSFC) with current and future activities of the Adult Protective Services (APS) program within the Department of Aging and Adult Services (DAAS).

CHILD IMPACT

The recommended action impacts the **Safe and Stable Families** indicator by helping to maintain positive outcomes for elders and dependent adults and their family members.

SENIOR IMPACT

The recommended action has a positive impact on seniors as it recognizes the Social Services Agency's support of the APS program in the provision of essential services to prevent, protect and remedy abuse or neglect of elders and dependent adults.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

In California, APS programs are mandated by the California Welfare and Institutions Code and are a critical safety net program that is required to investigate Elder and Dependent Adult abuse, neglect, and financial exploitation. The state defines these two populations as:

- Elders: California residents aged 65 and over
- Dependent Adults: California residents between the ages of 18 to 64, and
 - who have physical or mental limitations that restrict his or her ability to

carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities; or

- whose physical or mental abilities have diminished because of age, including any person between the ages of 18 and 64 years who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

The legal mandate in the Welfare and Institution Code section 15763 states in part:

(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.

In Fiscal Year 2020-2021 (FY21), APS had 31 FTE case-carrying Social Worker IIIs to conduct in-person case investigations and provide services to the 10,025 active cases throughout the County of Santa Clara (County). Due to the COVID-19 pandemic response and requirements for Disaster Service Workers (DSW), staff working out of class, and long-term leaves, APS has been operating with an average of 26 FTE case carrying Social Workers per month.

APS experienced a slight increase in the numbers of case investigations and an increase in Abuse Reports received in FY21:

- APS monthly active cases increased less than 1% when compared to FY21 averaging 835 active cases per month, and an annual total of 10,025 active cases
- Suspected Elder and Dependent Abuse Reports received by APS increased by more than 10% averaging 584 reports per month with an annual total of 7,013 reports

The minimal increase in case investigations is consistent with chronic staffing shortages and challenges due to the COVID-19 pandemic response, and requirement for DSW, as well as multiple staff on leaves. Active cases are those assigned to social workers, cases pending assignment, and on the waiting list are not counted by the state as cases.

The County APS program provides a critical safety net to protect elders and dependent adults from abuse and prevent abuse. As the elder population continues to grow, the ability to meet the service need in the same way is becoming ever more challenging. There are fewer services available to elders and dependent adults in the community, and cases have become more complex resulting in difficulty finding resolutions for many long-standing issues, such as poverty, lack of safe and affordable housing, increasing medical costs, and transportation. In addition, APS is a voluntary program which is often misunderstood by the professional community, making outreach and collaboration a key need for ongoing multiagency partnerships.

New APS state legislation (AB 135) became effective on January 1, 2022, which changes the age of an “Elder” to age 60 and over; and “Dependent Adult” to ages 18 to 59. Additionally, APS is preparing for the expansion of services, supports, and clients served in the APS Home

Safe program. This report covers Fiscal Year 2021 which provides information that occurred in the APS program between July 1, 2020 through June 30, 2021. This report does not address in detail the legislative changes passed and implemented in FY 22, specifically AB 135 and HomeSafe.

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 and innovative practices.

CONSEQUENCES OF NEGATIVE ACTION

CSFC would not receive an updated annual report from the APS Program.

STEPS FOLLOWING APPROVAL

The Clerk of the Board will follow the usual procedures for this type of report.

ATTACHMENTS:

- APS Annual Report FY 21 FINAL (PDF)
- APS Annual Report 2021 Presentation (PDF)

Adult Protective Services

ANNUAL REPORT 2021

SANTA CLARA COUNTY
SOCIAL SERVICES AGENCY

DEPARTMENT OF AGING AND ADULT SERVICES

ADULT PROTECTIVE SERVICES



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INTRODUCTION

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



**SANTA CLARA COUNTY
SOCIAL SERVICES AGENCY**

The Santa Clara County APS program provides a critical safety net to protect and prevent elders and dependent adults from abuse, neglect, and financial exploitation. The 57 fulltime staff responded to 7,000 reports of abuse and neglect and conducted over 10,000 case investigations in FY 2021.

Historically, APS Annual Reports are scheduled for presentation at the Santa Clara County BOS Children, Seniors, and Families Committee meeting in March of the following fiscal year (FY). For this reason, data may be outdated by the time the report is received. The FY 2021 APS Annual Report includes some topics that have occurred in FY 2022 as they relate to new legislation, strategic plans, and improving service delivery and efficiencies. SSA plans to request a change to the future reporting schedule of the APS Annual Report to better align with data reporting and other SSA Department of Aging and Adult Services (DAAS) programs.

This Annual Report presents an overview of how we accomplish our vision of being compassionate and innovative in response to our client's needs and to the community, our partners, and stakeholders. We are so proud of the APS staff and applaud all of them for their patience, hard work, supporting each other and supporting our clients during this challenging time.

FY 2021 YEAR IN REVIEW

FY 2021 was a significant year for several reasons, primarily for marking the second year of the COVID-19 pandemic, which has had lasting effects and changes to all aspects of life, wellbeing, and community involvement globally, nationally, and locally. A highlight of the year is the growth of the APS program due to recent legislation and funding.



COVID-19

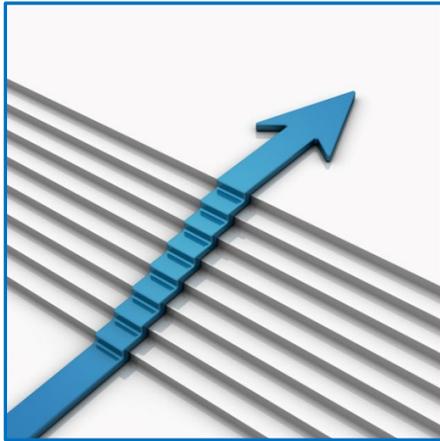
Despite the unprecedented changes required to business operations due to COVID-19, APS has not lost focus of elder and dependent adults who are victims of abuse and neglect, who are the most vulnerable to serious illness and death. As the population of Santa Clara County residents who are 65 years and older continues to grow, the number of reports of elder and dependent adult abuse and neglect increase every year. APS continued to receive reports of abuse and neglect and perform investigations, with many challenges.

For example, wearing a mask, and gloves when making an unannounced home visit to an elder or dependent adult at risk of/or experiencing abuse/neglect/ financial exploitation interferes with the ability of the social worker to use engagement techniques and build rapport to someone who may be fearful, isolated, and alone.



KNOW ABUSE REPORT ABUSE
 ELDER AND DEPENDENT ADULT ABUSE AWARENESS MONTH

Growth in APS: New Legislation and Funding:



Assembly Bill (AB) 135:

- Referred to as “APS Expansion,” the bill defines an “elder” as a person who is 60 years of age or older and a “dependent adult” as a person who is between 18 and 59 years of age
- Recommendations came from the State Master Plan for Aging (MPA).

*The law commenced on January 1, 2022, after the date of this FY21 annual report. However, it is included in this report due to the positive impact it will have on the APS program growth and support of staffing and resources.

Home Safe program:

- Supports the safety and housing stability of seniors and adults with disabilities
- Is for APS clients or those in the intake process for APS who are experiencing or are at risk of homelessness

* The California Budget Act of 2021 appropriated funds and established Home Safe as a permanent program in APS.



APS has received significant allocations for the increases in State Budget Act of 2021, Santa Clara County APS will receive

- \$1.9 million from AB 135
- \$3.6 million for the Home Safe program

COUNTY OF SANTA CLARA APS PROGRAM OPERATIONS

The County of Santa Clara APS program complies with State mandates to receive and respond to reports and perform case investigations of elder and dependent adult abuse, neglect, and financial exploitation. The current structure of the APS program includes 57 staff:

- 5 separate units of 31 Social Worker IIIs assigned to case investigations teams:
 - 2 units for all types of abuse investigations - 16 Social Workers
 - 3 units for specialized case investigations
 - Emergency Response – 5 Social Workers
 - Financial Abuse Specialist Team - 4 Social Workers
 - Self-Neglect – 6 Social Workers
- 1 Intake unit of 6 Social Workers IIIs
- 1 Clerical unit of 3 Office Specialist IIIs and 2 Office Specialist Is
- 2 Public Health Nurse IIs
- 2 Social Worker Is
- 1 Clinician from Behavioral Health Department for the Connections program
- 1 Administrative Assistant
- 6 Social Work Supervisors
- 1 Program Manager II
- 1 Social Services Program Manager III



Adult Protective Services 24-hour Hotline/Call Center

APS is required to provide a 24-hour hotline/call center system to receive reports of known or suspected abuse of elders or dependent adults. APS is also required to provide information, referrals, and consultation to callers related to elder and dependent adult abuse neglect and financial exploitation. For this reason, not all calls received by the APS hotline become official reports of abuse.

- The APS hotline/call center is supported by three Office Specialist IIIs and two Office Specialist Is during business hours, who perform customer service by answering calls, obtaining caller information and needs and dispatches calls to the appropriate APS staff.
- APS utilizes Cisco Finesse call center technology with automated call distribution system to ensure customer service and response to callers and to mandated reporters. Prior to COVID-19, the APS call center technology had only been set up for in office use. As noted in the FY 2020 APS Annual Report, when the public health order to shelter in place was issued, APS was able to transition the call center technology to a virtual call center system in order to support the APS hotline, allowing the clerical staff to shelter in place and telework.
- By the beginning of FY 2021, APS resumed Cisco Finesse technology in the office, and the clerical staff, managers, and supervisors began rotating in office days to cover the APS hotline/call center duties.

For calls received after business hours, APS contracts with a community-based agency, Next Door Solutions to Domestic Violence, 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.

Figure 1 below shows the FY21 call data:

- 18,400 calls were received during business hours
- 17,400 calls were answered by APS staff, resulting in approximately 95% answer rate.

Figure 1: FY21 APS Hotline Call Data

Hotline Calls Offered	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	FY21 Av
Calls During Business Hours	1,501	1,702	1,697	1,449	1,237	1,444	1,423	1,397	1,709	1,662	1,428	1,754	1,534
Total Calls	1,501	1,702	1,697	1,449	1,237	1,444	1,423	1,397	1,709	1,662	1,428	1,754	1,534
Total Answered During Business Hours	1,421	1,611	1,605	1,382	1,180	1,378	1,351	1,322	1,567	1,561	1,365	1,655	1,450

Outcomes of the APS Hotline/Call Center:

Compared to FY 2020, the APS hotline/call center:

- received 4% more calls
- answered over 95% of calls

The increase in calls is likely attributable to a combination of factors including the lifting of some COVID-19 restrictions, which allowed:

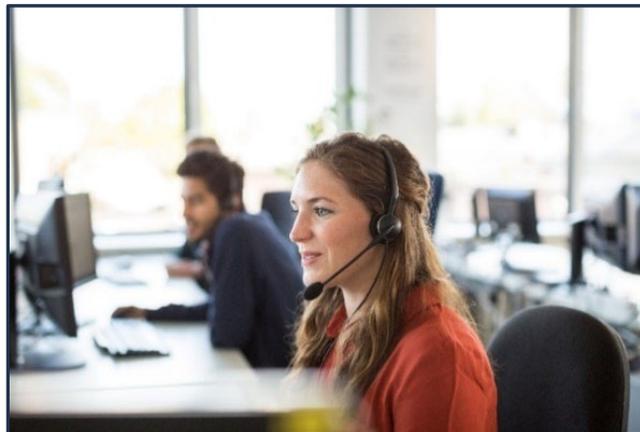
- various professionals who are mandated reporters to return to office work and see older and disabled adult clients in person,
- community members and families to gather in person, and
- APS staff returned to using the call center technology and onsite office work in mid-July 2021, which may have streamlined operations and efficiency when compared to teleworking.

APS added two unclassified Office Specialist I positions, which has greatly supported not only the hotline calls but other APS clerical functions that were limited or reduced during the height of the pandemic restrictions.

As part of the AB 135 APS Expansion and allocation of \$1.9 million, APS received approval from the county Board of Supervisors to add several positions to support the clerical needs of the APS program. Specifically, the clerical team will be enhanced by:

- 1 FTE Office Management Coordinator
- 1 FTE Clerical Supervisor
- 1 Office Specialist III
- 2 Office Specialist II

We look forward to the much need additions of these staff and the system improvements and efficiencies that will benefit the APS program and community.



APS Intake and Reports

The APS program is the only social service agency designated to investigate elder and dependent adult abuse, neglect, and financial exploitation for those that live in settings that are not long-term care settings.

Most APS abuse reports are generated by a call to the APS hotline/call center, but not all calls result in a report of abuse, neglect, or financial exploitation. APS also receives reports by fax and U.S. mail from mandated reporters such as health care professionals, law enforcement, and financial institutions. Once a caller identifies their request to make a report or a report is received by fax or U.S. mail, the APS clerical team gathers identifying information and assigns the report for processing to an APS Social Worker on the Intake team.

- The APS Intake team consists of six full time Social Worker IIIs, and two additional Social Worker IIIs who provide backup intake duties but are primarily assigned to low-risk case investigations that do not require an in-person response.
- During the COVID-19 pandemic, two of the six APS Intake SW IIIs were assigned as DSWs for long term assignments. One has returned full time to APS, and one has been deployed since February 2021.

Strategic plan:

- To address the deployment of the DSW staff, and need for intake processing, APS requested and received approval to hire one sub-provisional SW III for intake.
- Due to the unpredictable nature of intake with respect to increasing demand, staffing related to COVID-19, and requirements to receive and process reports, APS has re-assigned the two back up Social Workers IIIs to perform intake duties full time. While this has proven a successful stop gap measure for intake, it has implications for the assignment of low-risk cases.
- To address the backlog of the cases requiring investigation without an in-person response, APS created a voluntary overtime program for social workers and supervisors. The program assigns five cases every two weeks for overtime up to 10 hours for the assignment and investigation of these cases. The program began in November 2021 and continues to be a valuable tool to addressing the need.

Outcomes of the APS Intake Team: (See Figure 2 below)

In FY 2021, the suspected Elder and Dependent Adult abuse reports made to the APS program, increased by more than 10% compared to FY 2020.

- averaging 586 reports per month with for a total of over 7,000 reports
- over 2,000 cross reports of elder and dependent adult abuse, neglect, and financial exploitation to law enforcement and various other entities as required
- provided information and referral to over 1,000 callers.

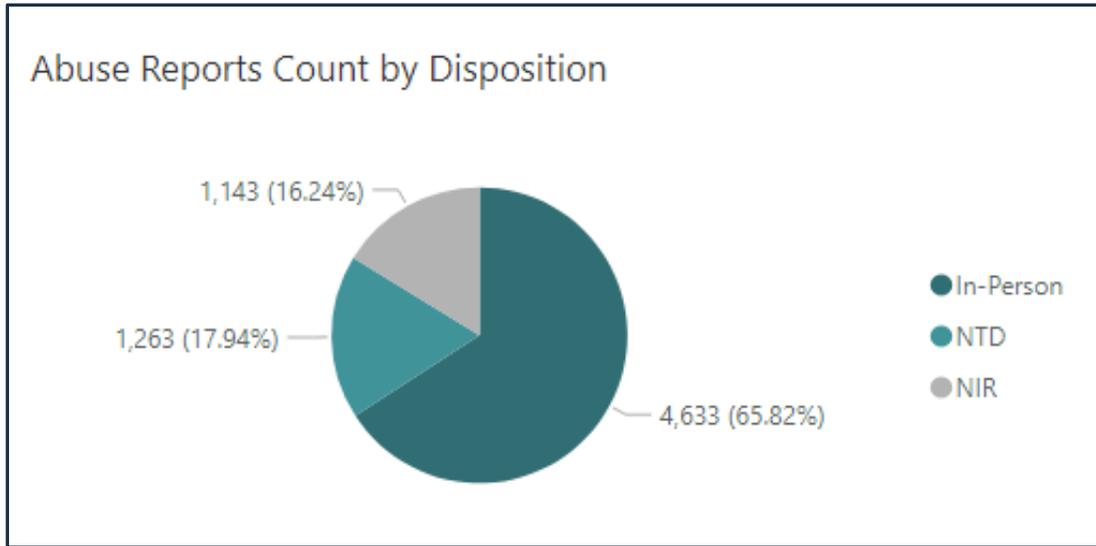
Figure 2: APS Intake Outcomes:



As part of the APS Intake process, Social Workers assess eligibility and risk, 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 3 below displays the dispositions of reports in FY 2021:

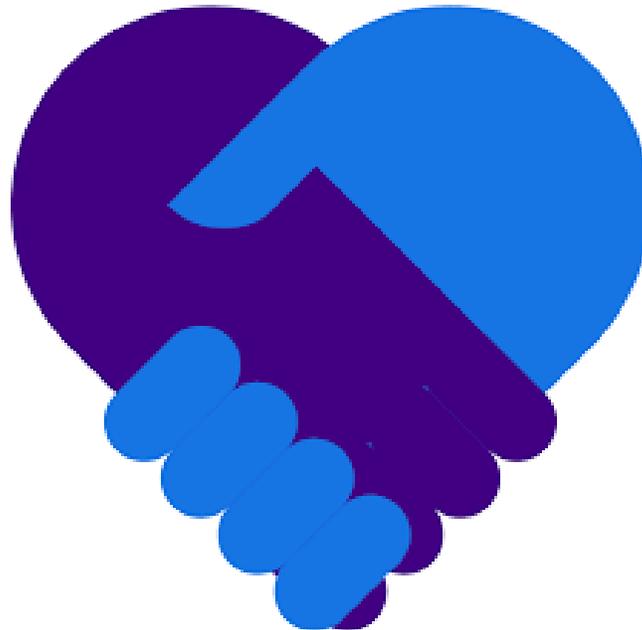
- 66% of the abuse reports requiring an in-person case investigation by a social worker (In Person)
- 18% of the abuse reports require a case investigation, by phone and not in person (NTD)
- 16% of the abuse reports do not meet state criteria for an investigation and are screened out (NIR)

Figure 3: APS Intake Dispositions



As part of the AB 135 APS Expansion and allocation of \$1.9 million, APS received approval from the BOS to add a second Intake Unit and a Social Work Supervisor to support the intake functions of the APS program.

We look forward to the much need additions of these staff, and the system improvements and efficiencies that will benefit the APS program and community.



APS Program Caseload Trends:

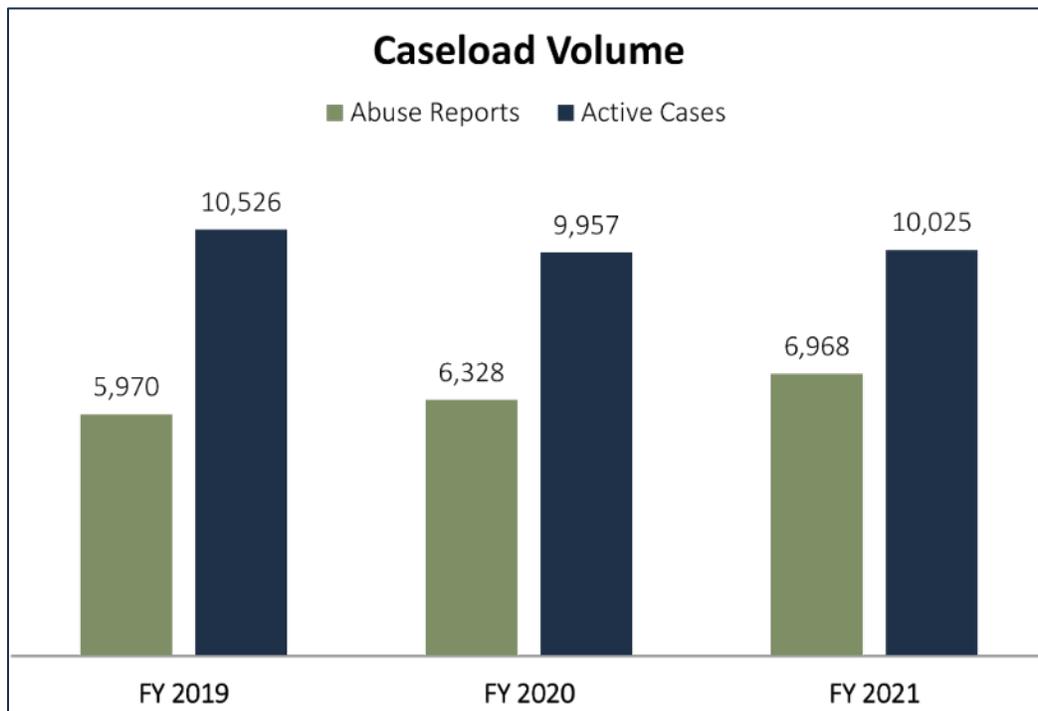
After a report of elder or dependent adult abuse, neglect or financial exploitation is received and processed through the APS Hotline/Call Center and Intake team, APS social work supervisors assign the reports to social workers for a case investigation.

Since 2013, the overall APS caseload volume of reports and active cases has increased approximately 14% each year.

As illustrated in Figure 4, in FY 2021, APS experienced a slight increase in the numbers of case investigations

- APS monthly active cases increased less than 1% when compared to FY 2020
 - averaging 835 active cases per month, for an annual total of 10,025 active cases

Figure 4: Caseload Volume – Three-year comparison

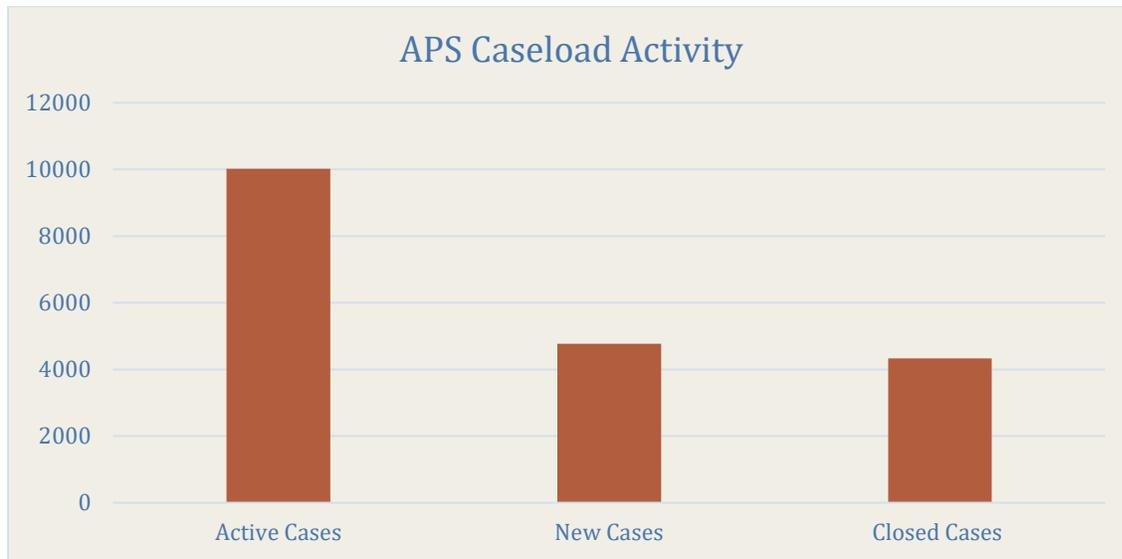


Since APS is structured as a crisis intervention short-term program, APS cases are assigned to social workers and closed on a flow basis. Weekly case assignments average four per week and can be increased based on business need. However, the social workers have caseload standard of 26 cases at any time.

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

ensure efficient case work practices. However, with the increasing elder population, cases with higher need and complex situations take longer to find resolution and mitigate safety and risk.

Figure 5: FY21 totals for APS caseload activity



- Total number of Active cases: 10,025
- Total number of New cases: 4,766
- Total number of Closed cases: 4,329
- Average of over 900 cases in the investigation phase

Types of Abuse Reported to Adult Protective Services

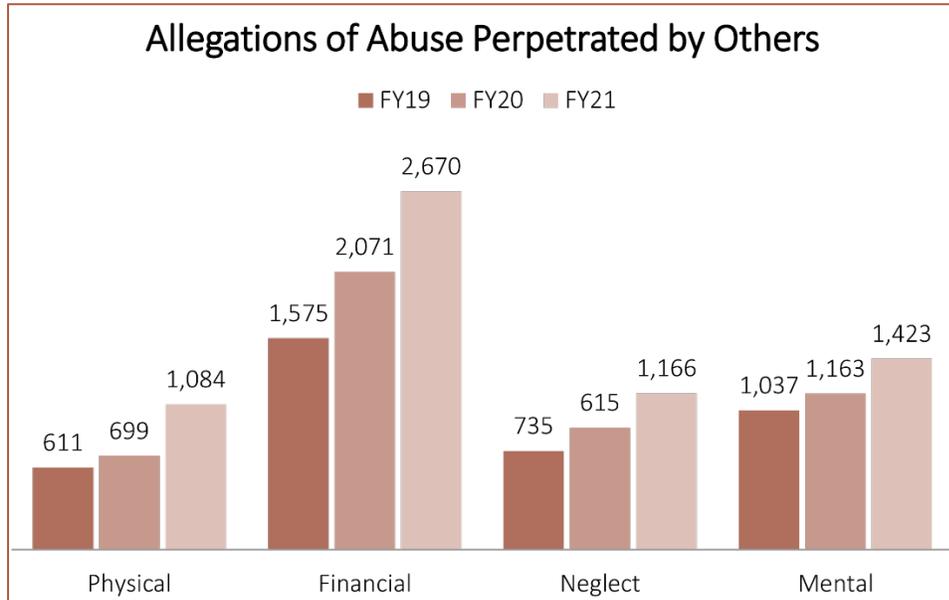
The State mandates monthly reporting of cases and abuse reports received. In addition, the State requests information about the types of alleged abuse which are distinguished by two general categories: Abuse Perpetrated by Others and Self-Neglect. Within each of these categories, there are additional types of abuse criteria, including Financial Exploitation, Mental Suffering, Neglect and Physical Abuse. In FY21, APS received 6,427 reports of Abuse Perpetrated by Others and 2,910 Reports of Self-Neglect. (Figure 6)

Figure 6: Abuse allegations 3-year comparison

Santa Clara County Total Abuse Allegations (All Types)				
	FY 2018	FY 2019	FY 2020	FY 2021
Perpetrated By Others	3,324	3,958	5,044	6,427
Self-Neglect	2,344	2,254	2,349	2,910

The detailed breakdown of reports made to APS with allegations of abuse/neglect/financial exploitation perpetrated by others is illustrated in Figure 7.

Figure 7: Abuse Allegations by others 3-year comparison



Self-Neglect

A general definition of self-neglect is the inability of an elder or dependent adult to perform essential self-care tasks that a reasonable person in a similar position would exercise and that is likely to result in injury or illness.

Elders and dependent adults are often not able to continue to maintain their living environments due to health issues, in part, due to lack of awareness of services available. In addition, elders and dependent adults may experience living in isolation and lack availability or knowledge of early intervention or prevention services.

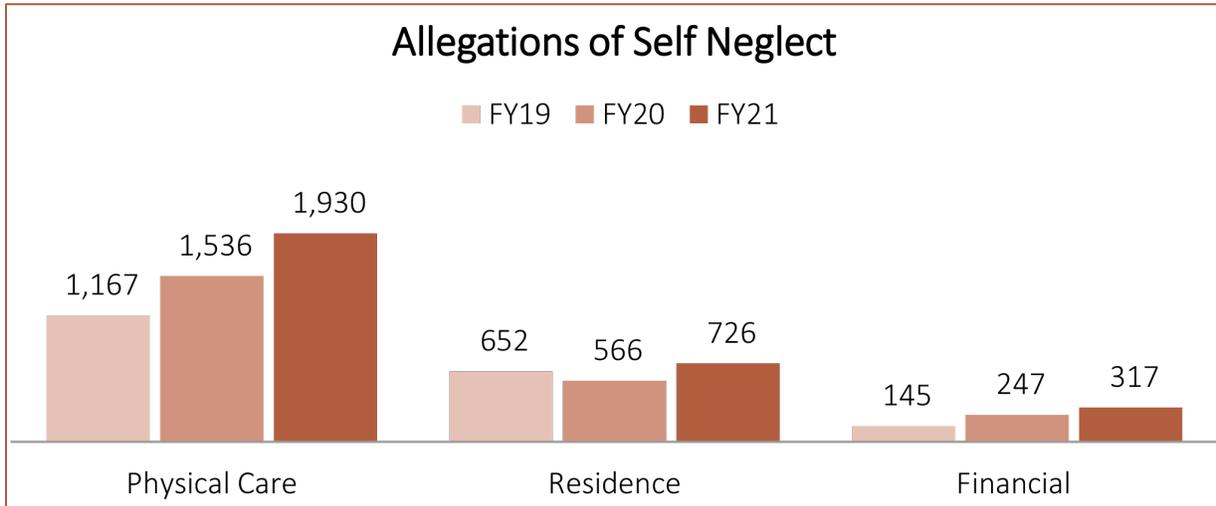
Self-neglect cases most often require longer term interventions to address the increased demands for services with high-risk victims of elder and dependent adult abuse. The complex and unmet service needs addressed by the self-neglect unit include eviction prevention, risk prevention, and addressing health and care needs. The social workers in this unit work with elder and dependent adult abuse victims and provide case management services for a longer period to carry out intensive interventions to effectively address symptoms of self-neglect.

In FY 2021, Self-Neglect reports comprised 31% of all abuse allegations received and investigated by APS during the year. Self-Neglect allegations are broken down into subsets (see Figure 8)

- Self-neglect of physical care was 65%
- Self-neglect of residence was 25%
- Self-Neglect of finances was 10%

In FY 2021, APS received 25% more self-neglect reports compared to the number received in FY 2020 and 48% increase when compared to FY 2019.

Figure 8: Self Neglect Allegations 3-year comparison



APS Active Cases and Investigation Outcomes:

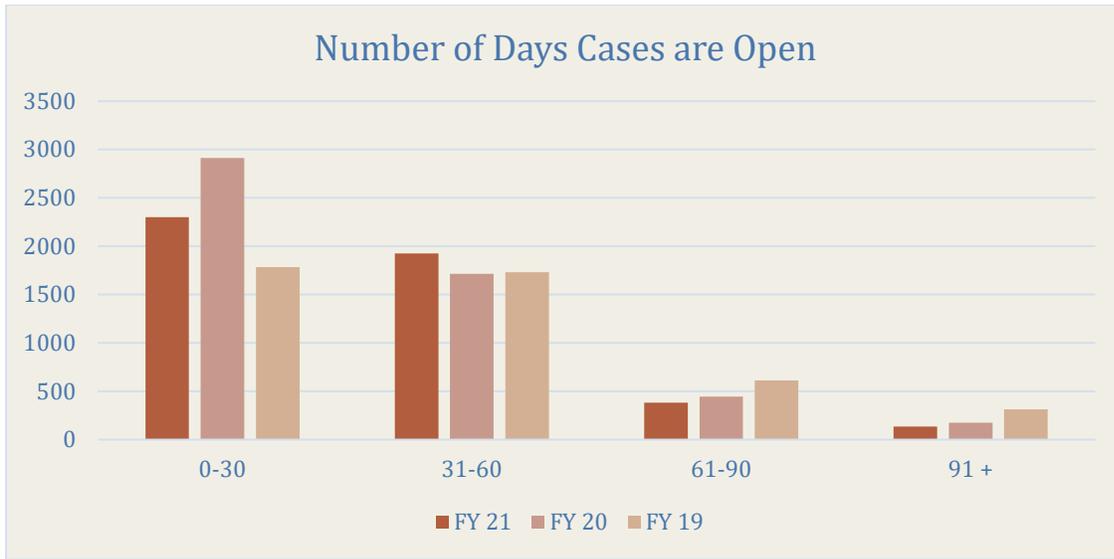
The primary APS goal is to enhance the quality of life for elder and dependent adults in Santa Clara County with services that protect and prevent abuse. APS social work staff work with elders and dependent adults who are reported to be victims of abuse, their families, and support systems to reduce risk, maintain and enhance quality of life, promote self-sufficiency, and respect the right to self-determination.

Outcome 1: Number of Days Cases are Open

APS is designed as a crisis intervention program, with a focus on short term investigations and interventions. State regulations require cases to be open between 30-90 days if there are ongoing APS protective issues and the case is active. When cases are open longer than 30 days, it is an indicator that the case may be more complex, and the client at higher risk and/or need for services.

Figure 9 below demonstrates that in FY 2021, the number of cases closed within 30 days decreased by 26%, indicating that more cases needed a longer level of intervention by APS.

Figure 9: Number of Days Cases are Open 3-year comparison



Outcome 2: Investigative Findings

Social Workers conducting Case Investigations are required to determine an investigative finding regarding the abuse/neglect/financial exploitation allegation. State regulations define the terminology and include three outcomes:

- Confirmed
- Inconclusive
- Unfounded

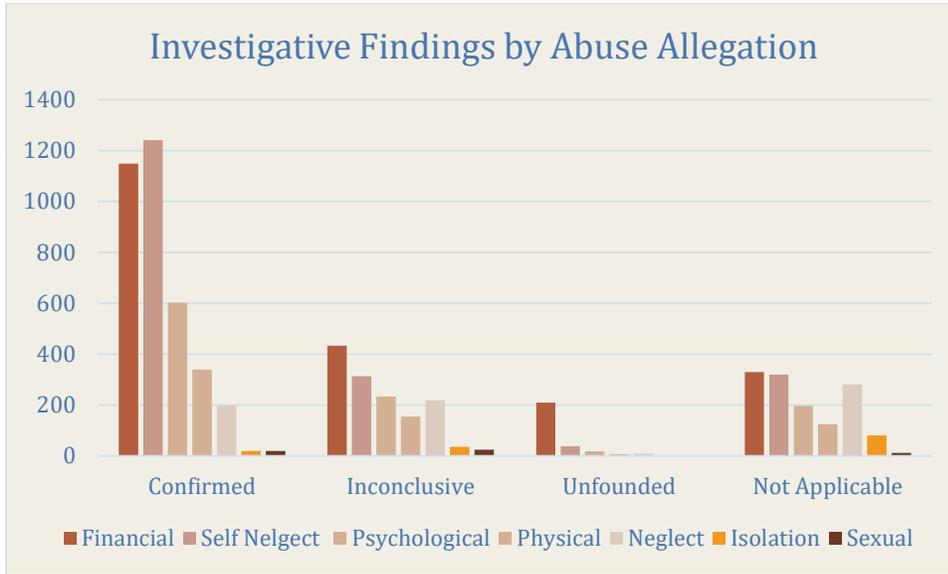
An Inconclusive finding means that there are indicators of abuse, and abuse is likely to have occurred, but the social worker is unable to definitively make a confirmed finding. This most often occurs when an APS client is unwilling or unable to make a firm statement of the situation. Figure 10 below demonstrates the investigative findings by APS, where Confirmed and Inconclusive findings indicate that abuse occurred or most likely occurred in 75% of all cases.

Figure 10: FY 21 Investigative Findings



In figure 11, the abuse allegations confirmed by an APS investigation, show that Self-neglect has the highest rates of confirmed findings, followed by financial exploitation, psychological abuse, physical abuse, and neglect.

Figure 11: Investigative Finding by Abuse Type



Outcome 3: Services Provided

FAST (Financial Abuse Specialist Team)

Financial abuse (exploitation) is a fast-growing form of abuse of elders and dependent adults. Situations of financial exploitation commonly involve trusted persons in the life of the victim; however, scams and frauds by strangers are also very common.

Per the Welfare and Institutions Code, APS agencies are mandated to maintain multi-disciplinary teams. To meet this need, APS continues to lead and chair the Financial Abuse Specialist Team for the purpose of providing interagency treatment strategies.

The Santa Clara County Financial Abuse Specialist Team (FAST) was formed in 1999 and is composed of selected members from the offices of APS, County Counsel, the District Attorney (DA), the Public Administrator/Guardian/Conservator (PAGC), and Law Enforcement.

All FAST cases start with a report of suspected elder or dependent adult abuse to APS with financial abuse as the allegation. In FY 2021, reports of financial abuse were 26% of all reports made to APS and represent the second highest type of alleged abuse reported. However, not every report of a financial abuse allegation received by APS warrants the FAST team joint response.

In FY 2021, APS investigate 48 FAST cases. The following table (Figure 12) displays the amount of assets protected by the FAST in FY 2021, an amount of \$88,807,446 and the total since inception in 1999 is \$643,721,577.

Figure 12: Assets Protected by FAST Intervention

	FY19	FY20	FY21	Since 1999
Real Property	\$ 29,848,764	\$ 32,088,142	\$ 53,146,321	\$ 385,268,476
Liquid Assets	\$ 1,718,063	\$ 1,856,184	\$ 17,557,453	\$ 106,167,222
Stocks and Bonds	\$ 13,525,747	\$ 2,540,317	\$ 525,349	\$ 57,814,132
Restitution/Recovery/Settlement		\$ 28,351,817	\$ 17,578,323	\$ 94,323,138
TOTAL	\$ 45,092,574	\$ 64,836,460	\$ 88,807,446	\$ 643,721,577

In many cases, a financial loss may have occurred, and the victim does not have control or understanding of their financial situation. APS determines when cases need to be referred to the FAST team; APS social workers are the lead investigators of financial abuse and any other types of elder or dependent adult abuse that may also occur. When abuse allegations rise to a criminal level, the law enforcement members of FAST investigate.

Rapid response, team confidentiality, and a multi-disciplinary approach are critical components of the success of FAST. Speaking out against financial abuse, educating the public, and supporting legislative changes designed to deter financial exploitation of elders and dependent adults are team values. With these key aspects and motivated members, prompt, and decisive action to prevent and remedy financial abuse is accomplished.

APS Home Safe Program

The Home Safe pilot program was developed to serve clients referred to the APS program for investigation of elder and dependent adult abuse and neglect and for services to protect, prevent and remedy abuse and neglect.

The California State Budget for FY 2019 appropriated \$15 million General Fund (one-time) to fund Home Safe over a three-year period, beginning July 1, 2018 and ending June 30, 2021. Service to clients began in July 2019 as per the grant.

The goal of the Home Safe Program is to support the safety and housing stability of individuals involved in APS by providing housing-related assistance using evidence-based practices for homeless assistance and prevention. The APS program applied for the Home Safe pilot program funds and was one of 24 counties who was awarded the grant funds. APS was allocated \$750,000 for the Home Safe grant program and funds were utilized to develop a single source contract with Silicon Valley Independent Living Center (SVILC). The Home Safe program focused on eviction prevention, resolution, and, in some cases, emergency temporary housing and relocation services were provided. All Home Safe clients received case management services.

The Home Safe grant ended on June 30, 2021 and served 93 APS clients, who were at risk of eviction or had received eviction notices, and others who were being subjected to abuse and neglect in their living situation and needed supports and case management to make changes to their living environments.

Home Safe Program client details	
Total number of clients served during grant period (July 2019 and June 2021)	93
Number of clients homeless in the last 3 years	37
Number of clients with current eviction	48

Number of Home Safe clients served by age range		
85- 100	8	Oldest client was 100
75-84	31	
65-74	30	
35-64	24	Youngest client was 39

The California Budget Act of 2021 appropriated \$92.5 million and established Home Safe as a permanent program in APS. Santa Clara County APS was allocated over \$3.6 million for the Home Safe program. Based on the successful partnership with the contracted vendor, Silicon Valley Independent Living Center (SVILC), most of the funds will be used for the contract to expand direct services and increase the number of APS Home Safe clients. APS will also be working closely with the Office of Supportive Housing and SVILC to streamline efficiencies such as an integrated intake process, and case review at multi-disciplinary team meetings. APS is requesting the addition of one Senior Management Analyst position to assist with data reporting and coordination with state and community partners.

Public Health Nurses

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

- In FY 2021, the two APS PHN IIs provided services to a total of 189 APS elders and dependent adults with a monthly average of 16 per month.

- The types of cases PHNs see tend to involve APS clients who are referred for self-neglecting and who have complex health conditions, such as diabetes, high blood pressure, dementia, chronic obstructive pulmonary disease (COPD), congestive heart failure, renal failure, physical disabilities, and others that are often untreated or undiagnosed.
- Due to the serious condition of these APS clients, PHNs are often involved in calling 911 and advocating for emergency services, as well as connecting individuals with health care providers.

PHNs receive referrals directly from APS social workers and make joint visits and follow-up visits to assess the medical needs of elders and dependent adults to alleviate urgent needs.

Since APS is modeled as a crisis intervention program, the PHN services help APS Social Workers find lasting solutions to prevent recidivism and allow elders and dependent adults to stay in their own home for as long as possible.

As part of the AB 135 APS Expansion and allocation of \$1.9 million, APS received approval from the county Board of Supervisors to add 2 PHN II positions to support the APS clients.

Public Health Nurse Response July 2020-June 2021				
Year	Month	PHN 1	PHN 2	Total Monthly Referrals
2020	July	9	12	24
	August	9	10	20
	September	8	13	21
	October	5	5	10
	November	3	6	9
	December	7	10	17
2021	January	7	7	14
	February	6	7	13
	March	10	9	19
	April	8	6	14
	May	9	8	17
	June	6	9	15
Totals:		87	102	189

The Connections Program - a Partnership with Behavioral Health

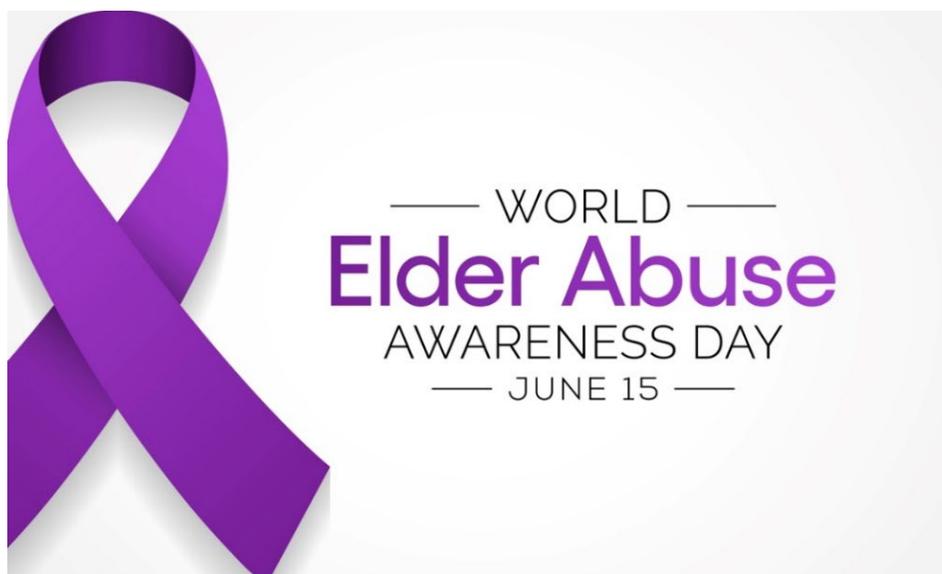
In 2013, APS and the Behavioral Health Services Department (BHSD) began a collaboration, The Connections Program, through an Interagency Agreement funded through the Mental Health Services Act older adult funds. The agreement funds one full-time mental health clinician who works jointly with APS social workers to provide a range of services and is co-located in the APS program.

The purpose is to collaborate to provide mental health services to ethnically diverse elder and dependent adults who have been referred to APS and may be exhibiting signs and symptoms of mental health issues. They may be experiencing the onset of serious psychiatric illness, or may have been exposed to trauma due to being a victim of abuse.

Additionally, elder and dependent adults often experience disparities in access to services, due to stigma and discrimination, and have high rates of depression and risk of suicide. The goals of the program are to provide mental health services in the home of the elder and dependent adult to reduce risk factors or stressors. The program also strives to build protective factors and skills, increase support, and improve a mental health problem or concern early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services and to prevent a mental health issue from worsening.

The Connections program clinician performed the following services for APS clients and with APS Social Workers in FY 2021:

APS Clients Served: 92
APS Social Workers Inquiries and Consultations: 336
Joint Emergency Response: 3



FY21 APS Outcomes and Services at-a-Glance



18,400 calls to the APS Call Center



7,013 Reports generated



10,025 Responses to Clients



APS services provided for 2 months or longer for half of the APS caseload



5,000 referrals to services and supports



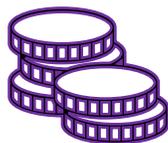
55% confirmed investigative findings



189 Public Health Nurse interventions



400+ Mental Health interventions



48 Financial Abuse Specialist Team cases



93 Home Safe Cases

APS Staffing Levels and Caseloads

APS cases are complex and require APS social workers to focus on ameliorating immediate needs and closing cases before longer term, effective interventions can be provided.

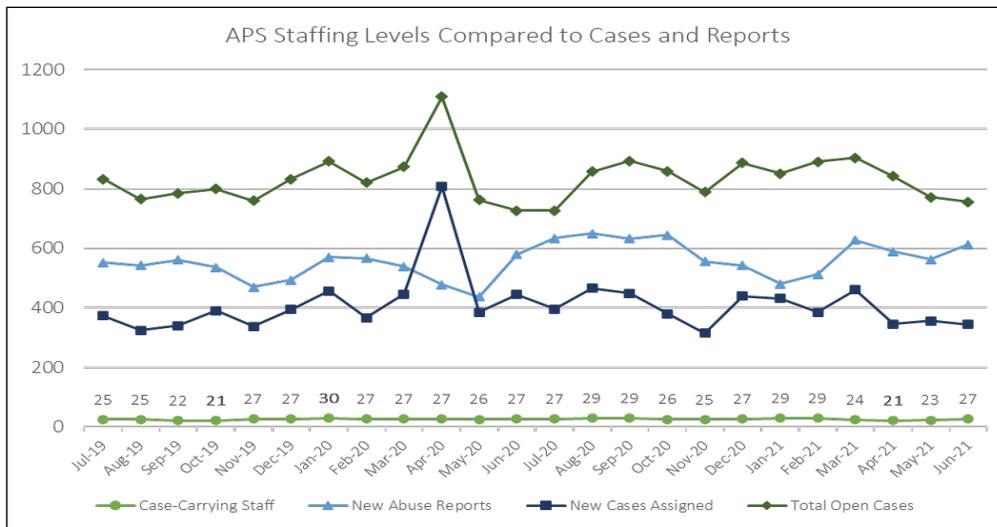
- In the beginning of FY 2021, APS had 31 FTE case carrying Social Worker IIIs to conduct in-person case investigations and provide services to the 10,025 active cases throughout the county.

Due to the COVID-19 pandemic and other factors (such as the Voluntary Separation Incentive Program, Disaster Service Workers, staff working out of class, and long-term leaves), APS has been operating with an average of 26 FTE case carrying Social Workers. However, even when fully staffed with 31 Social Worker available, APS staffing levels have fallen short of meeting the needs of elders and dependent adults who are subjected to and at risk of abuse and neglect.

The staffing level trend in Figure 13 illustrates the staffing levels compared to volume of cases and reports. This is data reported on the APS and County Services Block Grant (CSBG) Monthly Statistical Report SOC 242.

Note: Staffing numbers are calculated based on a staff member having worked at least one calendar day during the month. The numbers have varied to due extended leaves, staff receiving promotions, retirements, and DSW assignments.

Figure 13. APS Staff Levels



Due to the increasing aging population and volume of reports and cases, limited increase in staffing in APS (which was only exacerbated by the COVID-19 pandemic) and contractual caseload standards, APS has not been able to assign all cases as they come into the program. This has led to the development of a waiting list for lower-risk APS cases to be assigned to social workers for abuse investigations.

- All APS reports receive a second level review to determine risk levels and responses
- Reports that are designated as low risk typically meet criteria for phone investigations and can also include situations where the perpetrator does not have access to the client
- Some of the cases are assigned as part of the voluntary overtime project

APS will continue to work and plan strategically to address the needs of the increasing population of Santa Clara County older adults and adults with disabilities and the reports of elder and dependent adult abuse and neglect that increase every year, and to reduce and eliminate the waiting list.

As part of the AB 135 APS Expansion and allocation of \$1.9 million, APS received approval from the BOS to add a new case management unit and a Social Work Supervisor to support APS clients. In addition, APS has requested two new case investigations units and two Social Work Supervisors through the county budget process.

We look forward to the much need additions of staff, and the system improvements and efficiencies that will benefit the APS program and community from the recent legislation, funding, and budget process.

APS is also fortunate this year to received one-time federal funding from the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 allocated \$9.4 million to California APS, specifically to assist APS clients and programs with response to the COVID-19 pandemic. Santa Clara County APS was allocated a total of \$216,238.

While maximum flexibility was afforded to counties in determining how funds will be spent, counties are advised to exercise that discretion within the scope of several COVID-19 related categories that supplement existing practices and programs. Following these guidelines, APS proposed and received approval from the BOS in September 2021 to utilize the funds for three initiatives:

COVID 19 Funds Initiative 1: Explore and pilot the acquisition of tablet devices to enable:

- Real-time case documentation
- Flexibility and portability
- Facilitate referrals for services and benefits when meeting with

COVID 19 Funds Initiative 2: Technology Improvements

- Development of web-based training curriculum and program for APS Structured Decision-Making assessment tools

COVID 19 Funds Initiative 3: APS Law Enforcement Liaison (ALEL) position to pilot:

- Enhance collaboration with local law enforcement and the District Attorney's office
- Develop best practices for APS financial abuse reports and cases related to COVID-19 scams
- Conduct outreach, build awareness, and streamline communication
- Track trends and develop recommendations

ELDER POPULATION GROWTH AND DEMOGRAPHICS

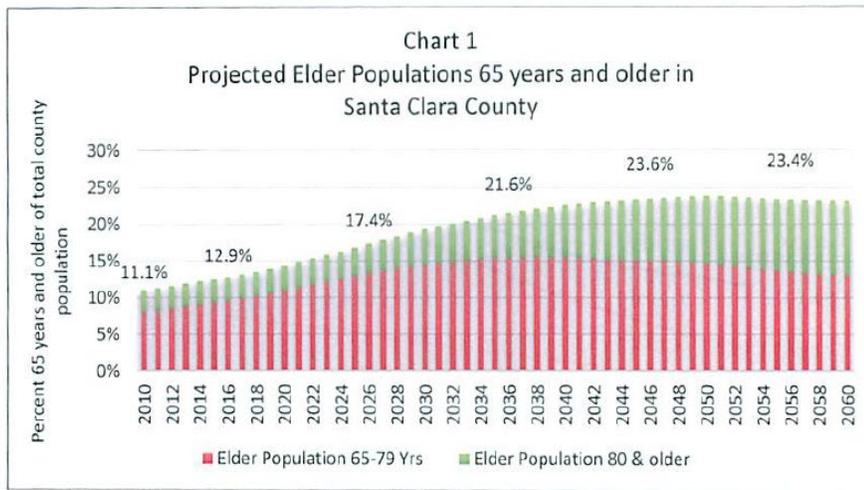
The APS program caseload has experienced unprecedented growth and is expected to continue to experience significant growth in caseload volume in the next three decades.

According to the Social Services Agency DAAS & Office of Cultural Competency Off Agenda Report RE: Race/Ethnicity Elder Population Projections that was requested by the Board of Supervisors, Children, Seniors and Family Committee in 2016:

“Santa Clara County Shifts in the Aging Population”

A marked increase in the aging population (40.5% change) within the next decade from 12.9% in 2016 to 17.4% in 2026. This increase will continue into the following decade (2026-2036) but at a slower rate (30.4% change). By 2046, the aging population is projected to plateau and begin to decline.

Chart 1 (see below) illustrates the projected elder growth for Santa Clara County. While greater growth is expected for elders 65-79 years in the coming decade, an even greater increase is expected among elders 80 years and older between 2026-2036. (See Table 1 below)



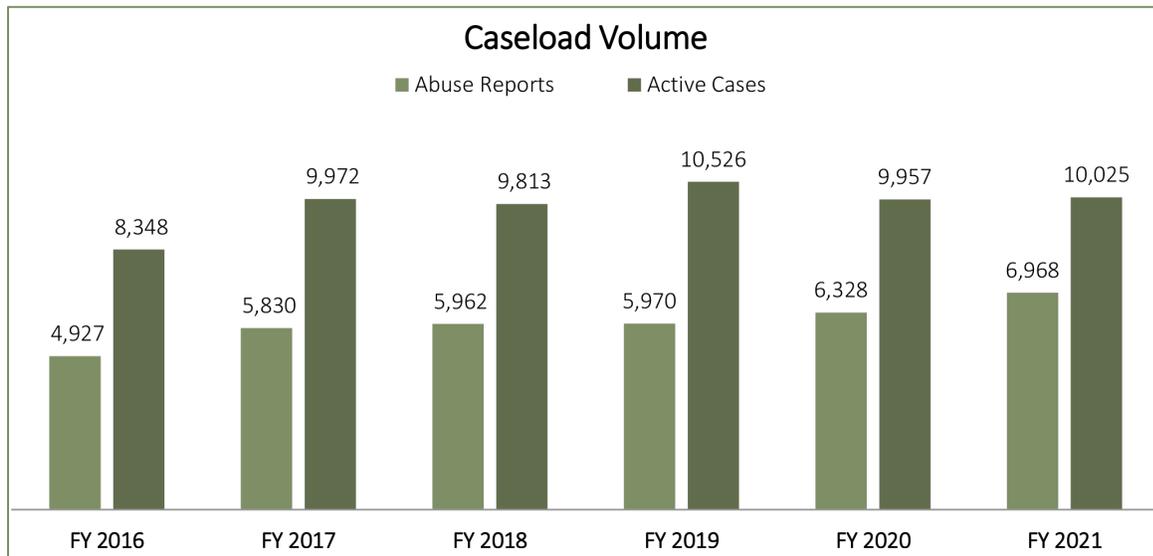
Source California Finance Department, Demographic Research Unit: Population Projection 2010-2060

Table 1 Percent Change by Age Grouping			
	Age Groupings		
	All Elders	65-79 yrs.	80 yrs. +
2016-2026 - percent change	40.5	43.7	30.8
2026-2036 - percent change	30.4	21.7	59.2

Attachment: APS Annual Report FY 21 FINAL (109874 : Adult Protective Services FY 2021 Annual Report)

As the aging population in Santa Clara County has increased, the APS program caseload has increased annually. **Chart 2** (below) illustrates the overall APS caseload growth between 2016 and 2021, which has been an increase of:

- 41% in the number of Abuse Reports
- 20% in the number of Active Cases for investigation



APS Caseload Demographics

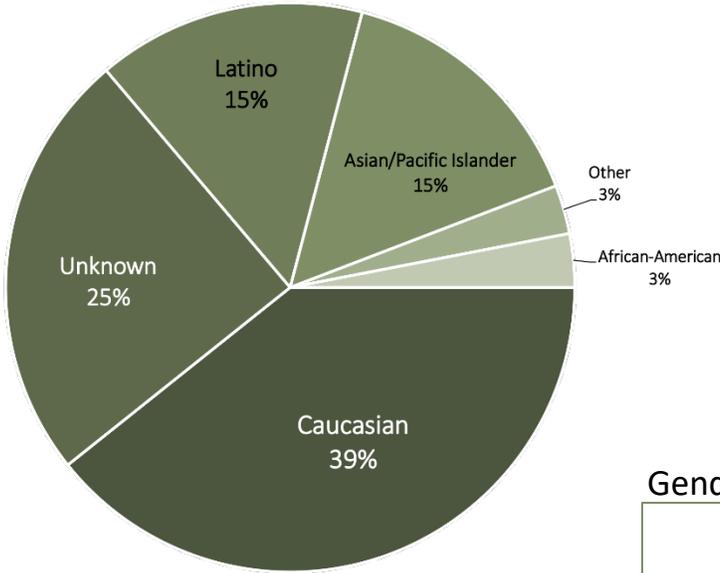
In FY 2021, the ethnic backgrounds of elders and dependent adults referred to APS as victims of abuse are 36% Caucasian, 14% Latinx, 14% Asian/Pacific Islander, 4% African ancestry, 4% other, and 28% were unknown.

The language represented by the APS population is 82% English, 5% Spanish, 3% Vietnamese, 10% Unknown/other.

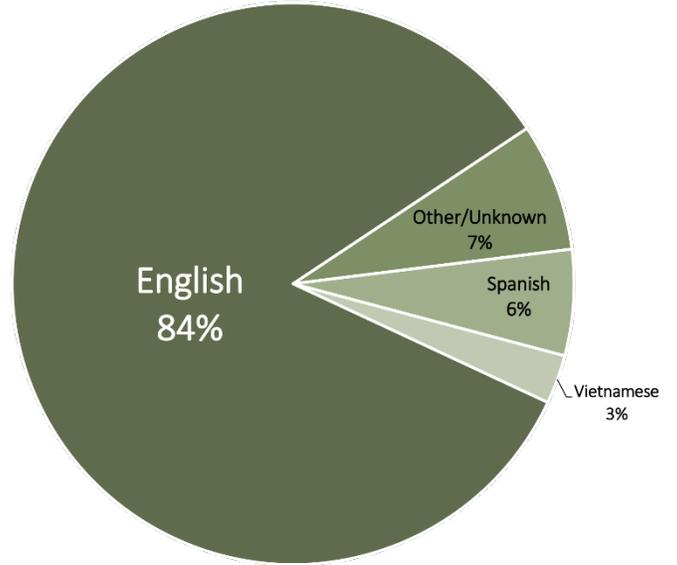
For both ethnicity and language, there is a percentage of other or unknown due to in part to cases in which staff do not see clients for a face-to-face visit and when the report is made the information may not be known to the reporting party.

Gender identity of elders and dependent adults referred to APS is 58% female and 42% male, which is consistent with state and national trends; and about 1% identified as non-binary, transgender or unknown.

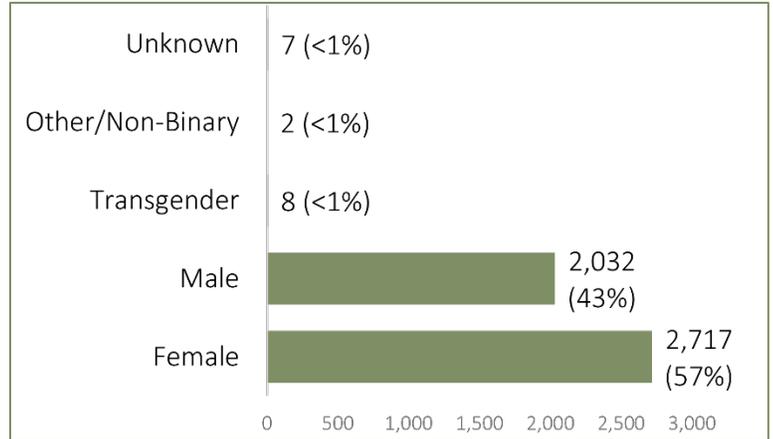
Ethnicity



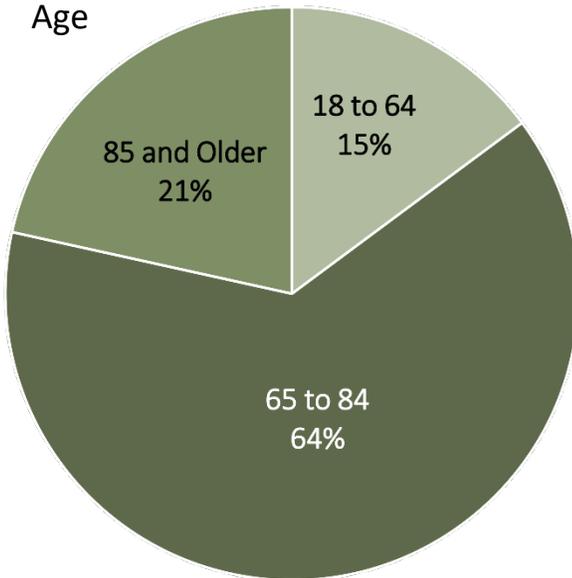
Language



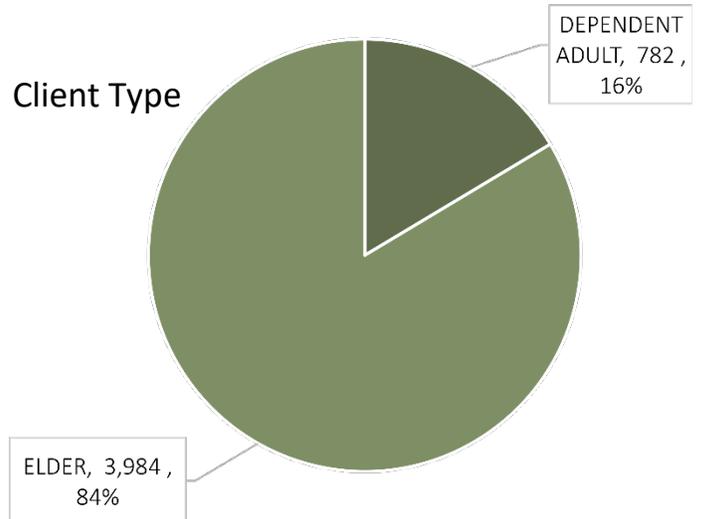
Gender



Age



Client Type



Attachment: APS Annual Report FY 21 FINAL (109874 : Adult Protective Services FY 2021 Annual Report)

CONCLUSION

The Santa Clara County APS program provides a critical safety net to protect elders and dependent adults from abuse and prevent abuse. As the elder population continues to grow, the ability to meet the service need in the same way is becoming ever more challenging. There are fewer services available to elders and dependent adults in the community, and cases have become more complex resulting in difficulty finding resolutions for many long-standing issues, such as poverty, lack of safe and affordable housing, increasing medical costs, and transportation. In addition, APS is a voluntary program which is often misunderstood by the professional community, making outreach and collaboration a key need for ongoing multiagency partnerships.

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 and innovative practices with compassion, which has continued throughout the COVID-19 pandemic.



APPENDIX

Understanding the complexity of Elder and Dependent Adult Abuse Neglect and Financial Exploitation:

Research on Elder and Dependent Adult Abuse Neglect and Financial Exploitation:

Elder abuse is a prevalent problem throughout our communities. The National Elder Mistreatment Study found that approximately 10% of elders residing at home experience some form of elder abuse each year. However, the study methodology excluded three categories of older adults who are highly vulnerable to elder abuse—individuals who lack telephones, lack capacity to participate in the telephone survey, or reside in facilities—so prevalence is likely even higher. Elder abuse is costly for victims, their family members, businesses, and government programs. Two national studies indicate victims' financial losses range from \$2.9 billion annually to \$36.5 billion annually.

- [MetLife Study of Elder Financial Abuse: Crimes of Occasion, Desperation and Predation Against America's Elders, 2011](#)
- [The True Link Report on Elder Financial Abuse, 2015](#)

The wide disparity in those figures reflects significant differences in study methodology and in defining what constitutes elder financial exploitation. More rigorous research on direct financial losses by victims and indirect costs suffered by businesses and government agencies is underway. Research demonstrates that elder abuse increases a victim's risk of hospitalization by three times, nursing home admission by four times, and mortality by three times. Reported and corroborated elder mistreatment and self-neglect are associated with shorter survival after adjusting for other factors associated with increased mortality in older adults.

- [The Elder Justice Roadmap, A Stakeholder Initiative to Respond to an Emerging Health, Justice, Financial and Social Crisis, 2014](#)

People who advocate for older adults know that elder abuse also may cause impoverishment and the need to rely on government benefit programs (although financial exploitation also may lead to Medicaid penalties), as well as homelessness or involuntary co-housing. Victims rarely report elder abuse to APS, other agencies, or helping professionals for many reasons, including lack of awareness, lack of ability, fear that disclosure will lead to nursing home placement or appointment of a guardian, and reluctance to get the abuser in trouble.



The National Center on Elder Abuse research found that state APS laws generally contained seven types of abuse, and grouped those types into the three categories listed below:

- Abuse—may be physical, sexual (which may be a stand-alone category or incorporated into physical abuse), or psychological/emotional
- Neglect—may include neglect by others, abandonment (which may be a stand-alone category or incorporated into neglect by others), and self-neglect
- Exploitation/Financial Exploitation--These are national, generic categories. Federal and state laws contain myriad definitions and use different categories within these terms.

Physical Signs of Elder Abuse

Dehydration or unusual weight loss Missing daily living aids Unexplained injuries, bruises, cuts, or sores Unsanitary living conditions and poor hygiene Unattended medical needs

To learn more, visit ncea.acl.gov

Emotional/Behavioral Signs of Elder Abuse

Increased fear or anxiety Isolation from friends or family Unusual changes in behavior or sleep Withdrawal from normal activities

To learn more, visit ncea.acl.gov

Financial Signs of Elder Abuse

Fraudulent signatures on financial documents Unpaid bills Unusual or sudden changes in spending patterns, will, or other financial documents

To learn more, visit ncea.acl.gov