

Impact of the Economic Crisis on Adult Protective Services

In September 2009, the Division of Aging and Adult Services (DAAS) asked all county Departments of Social Services (DSSs) to participate in an online survey about Adult Protective Services (APS). DAAS is concerned about the impact of increased APS reports received and evaluated over the past three years—as evident in the chart below. While the effect of the current economic crisis cannot be determined with certainty, the comments of responding county DSSs—shared throughout this report—suggest wide-ranging implications. Other factors clearly include changes to the mental health system, the growing numbers of seniors, and the stresses on family caregivers and community services. The high level of concern among county DSSs is clear from their comments as well as the impressive response rate—77 of the 100 county DSSs participated.

APS Statistics	State Fiscal Year		
	2007	2008	2009
Reports Received	14,177	15,337	17,073
Reports Evaluated	6,786	8,117	9,252

“From a system perspective, it feels like there is little attention, financial support or education concerning the needs of older and disabled adults; including the resources needed for APS, so real outcomes can be achieved.” —County DSS

Increased Service Needs and Weakened Service System Leading to APS Reports

- ◆ Two-thirds (67%) of county DSSs are seeing an increase in first-time APS reports, and another 21% expect this within the next 6 months. Nearly two-thirds of the DSSs are either seeing increased repeat reports now (51%) or expect to (12%).
- ◆ Within the DSSs themselves, nearly half (49%) report increased APS referrals from their Adult Medicaid and Special Assistance areas, and more than a third from their Energy Assistance Program (34%) and even their units serving Children and Families (38%).
- ◆ Two-thirds of DSSs are either experiencing reduced funding for their own essential services for APS cases (51%) or expect a reduction within the next 6 months (15%).
- ◆ As it affects their ability to provide APS, almost two-thirds of DSSs are either finding fewer Home and Community Care Block Grant (HCCBG) services available (44%) or expect this (18%). More than 8 in 10 either report fewer other (non-HCCBG) community services, public or private now (67%) or expect this (15%).

“A number of recent cases have been family members neglecting and financially exploiting a disabled adult due to their own lack of income; directly caused from our county’s higher unemployment rate (13.5%). [Also] disabled and elderly persons are making choices not to take medication or go to the doctor due to increase in fees and services, utilities, rent, etc. which results in less income overall. And we continue to receive increased call volume with persons who have mental health disorders who are self-neglecting and at-risk. And now, we are at risk of losing our homeless housing program, which will increase our call volume more as we begin going into the fall/winter seasons.”

“APS cases are more complex, with many more persons having complex medical and mental health needs. These cases take longer to find resources to assist in stabilizing the situation.”
—County DSS

ADULT PROTECTIVE SERVICES (APS) IN NC

Article 6, Chapter 108A of the NC General Statutes requires that county departments of social services (DSSs) perform certain activities for adults with disabilities who are alleged to be abused, neglected, or exploited and in need of protective services. The statute authorizes county DSSs to provide adult protective services (APS), which includes the evaluation of reports that adults with disabilities are in need of protective services and mobilization of essential services on their behalf.

APS is administered by the NC Division of Aging and Adult Services, under rules established by the Social Services Commission.

“Intensity of case management has increased due to lack of community resources. Clients are waiting longer to access services and this is escalating simple problems into APS cases.”

“Just over the past few months, we have received more calls from disabled adults and aging adults requesting assistance from Adult Services. Some [met] the requirements and an APS evaluation was completed. Others met the service requirements for At-Risk Case Management or Individual and Family Adjustment services; however, we have recently started a waiting list for these services because staff are maxed in their caseloads. We are receiving a significant increase in Representative Payee requests due to exploitative situations which were determined by the Social Security Administration; we are the ONLY agency in the county that does Representative Payee services because [other] providers are refusing. We spend more time doing protective orders, and then later, guardianship hearings.”

“[We] have had a great deal of discussion about the need for resources to provide immediate or emergency services to APS clients. Up to this point, we have had to primarily use local funds, which are very scarce, to meet essential needs for some people. Some providers have helped us by delaying billing or waiting extended periods for reimbursement while we evaluate and mobilize all available resources for these individuals.”

Who Is Making Referrals to APS?

- ◆ Medical and mental health providers
 - ◆ Home care and community service agencies
 - ◆ Housing projects
 - ◆ Homeless and domestic violence shelters
 - ◆ Emergency assistance and crisis intervention workers
 - ◆ Law enforcement and emergency medical services
 - ◆ Long-term care providers
 - ◆ Neighbors and friends
- Many others . . .

Budget and Staffing Shortages and Stresses Increase Dire APS Situation

“We have requested additional staff in Adult Services for the past three years without success. All of our social workers must carry ongoing caseloads, including our main Social Worker for APS. We have ceased accepting new representative payee cases due to the lack of social work time available to allocate to this need.”

“We would like to ask for a new position, but our local government officials will not approve any new positions.”

“With limited budget funding, we are unable to increase staff in APS, which is greatly needed.”

“APS workers feel very disheartened when there are financial and programmatic resources for Child Protective Services (CPS), but nothing for the care of older and disabled adults except the continued standard program resources.”

“We are just trying to hold on and be as creative as possible with the existing staff due to the poor outlook for any additional help.”

DSS Response to APS Affecting Other Areas

- ◆ To meet the challenges of providing APS, over 20% of DSSs have increased intake resources to manage a higher volume of calls, reassigned staff from other areas to handle evaluations, and utilized supervisors to carry a caseload and/or cover intake. Another 29% anticipate reassigning staff from other areas to handle APS evaluations in the next 6 months.

“We have our Adult Homes Specialist staff doing APS facility reports (not facilities assigned to them). [We] have done some workflow redesign to shift work off APS unit such as placement and rearranged combination caseloads that a back-up APS worker had so he can focus entirely on APS. This has created hardships on the other workers and is thus only a temporary fix.”

“All Adult Services staff are on APS back-up, rotating APS calls that Service Intake workers cannot manage.”

“We have cross-trained our CAP/DA unit to take APS intake calls. The Adult Services supervisor also is taking APS calls. We may have to cut back on other non-mandated services like wellness checks that help prevent APS calls if we continue to have a growth in APS reports.”

“Insufficient staff has always been a problem for APS, especially as cases have become more complicated and too often lead to guardianship where we are very short handed.”

—County DSS

What Else Are County DSSs Saying and Doing about APS?

“The general attitude of the public is that if they observe what they perceive as an APS situation, the only cure is placement. And since many of the facilities are facing a census crisis they are accepting inappropriate residents. This is giving rise to APS cases in facilities. On the other hand, families are considering removing appropriate residents from assisted living facilities/nursing homes to bring the extra income back into the home without realizing the impact of the burden of care they are taking on. Once the APS is accepted, evaluated and substantiated—there are few resources to address the problems. This is especially true in rural areas. Exploitation is also increasing and that is the hardest of all to case manage when you have a parent who will give their grocery money to an adult child so the child’s family will not suffer. The reduction in the Medicaid rate for reimbursement of residential care and the break-down in the mental health system have added an extra burden to case management to substantiated APS cases.”

“Our agency only has 2 social workers who provide all of adult services (APS, Guardianship, Adult Homes Specialist (8 facilities), certify and monitor 2 adult day care centers, [manage] the State Adult Day Care Fund, Special In-Home Program, and everything else. It is difficult to spend the time that needs to be spent with each client and in each area. Our county has one of the largest populations (percentage-wise) if not the largest of people who are [age] 65+ in North Carolina. Our caseloads have increased in the past 2 months in APS reports. The economy makes elderly more vulnerable when relatives, caregivers, etc. want money, medicine, or just plain steal from them. We have seen more exploitation cases recently. We expect the number of neglect, self-neglect, and abuse cases to go up as well.”

“Over the last six years (since 2003), APS in our county has almost tripled; both reports received and those accepted for evaluation. While this is not entirely due to [the] economic climate, our inability to be able to secure additional staff due to limited county resources has hindered us and we’re almost at a breaking point with regard to staffing resources. In the 07/08 [fiscal year] we had 100% turnover in APS staff (all 3 staff left) and we feel the high caseloads and reconfigured workloads greatly contributed.”

Abuse, Neglect, and Exploitation on the Rise

- ◆ “[There is] greater intensity/demand on APS intake.”
- ◆ “Mainly we have seen an increase in a certain type of mistreatment and that is exploitation of assets.”
- ◆ “We are getting a few more calls from siblings who are bickering over the handling of their parents’ money.”
- ◆ “[We are seeing] less help available within families.”
- ◆ “We have a 14% unemployment rate in [the] county. We are receiving more reports on intergenerational households.”
- ◆ “[We are seeing] increased mental health referrals [and] reduced funding for assistance with winter utility bills.”
- ◆ “We are receiving more exploitation and neglect cases as a result of the economy due to caretakers taking client’s money or [being] unable to afford services. Personal Care, CAP, and other services to help our APS population stay at home have been cut and we are seeing the negative effects because of this.”
- ◆ “Reduction in mental health services now, and the impact of community support going away, are beginning to directly [impact] our services, particularly increased calls for needed services, which come through APS.”
- ◆ “More adult children are removing frail parents from facilities and attempting to care for them at home which increases the income of the family. However proper care is almost impossible without adequate services in the home. More adult children are moving their parents into their homes from other states. They are very surprised to find adequate services are not available. More adult children have lost jobs and are no longer able to assist parents. More churches are finding it impossible to provide for elderly or disabled members. Churches have fewer funds to assist their members. We never have sufficient funds to meet all demands for in-home aide services. The community is always hoping for an increase in funding in this area. We are

responding to the best of our ability to each situation. We offer guidance and supports as possible and make as many referrals as possible. Our community has never had sufficient services or supports, and we have never had sufficient staff to meet the demand for APS.”

Additional Perspectives on Budget and Staffing Shortage and Stresses

- ◆ “We are trying to use [Medicaid] At Risk more to bring in more funds but the clients do not always qualify. Social Services Block Grant (SSBG) is our main resource for APS and with the cuts in it, it is going to be a problem. The county is just going to have to support us more.”
- ◆ “It had been recommended to eliminate an APS position due to this being paid for with county funds. However, we were able to avoid this scenario for the time being. [We] are concerned that if future economic conditions worsen and revenues continue to be low or decrease, this could be an area where this may be re-introduced as a budget reduction item.”
- ◆ “We will continue to provide APS to the best of our abilities. We are mandated. It may mean more county money to support APS worker salary and more comp[ensation] time provided to the 2 workers.”
- ◆ “Overall caseload size has increased with no additional funding to hire more direct service staff.”

Other Comments about APS and Needed Services and Supports

- ◆ “Transportation continues to plague this county, and low-income clients who do not qualify for Medicaid are left out. The Rural Operating Assistance Program (ROAP) and similar grants are questionable, and many of our disabled and aging clients have relied on those grants to go to work, school and other non-Medicaid activities.”
- ◆ “Resources available to our clients have been drastically reduced to the point that some services are no longer accessible in this remote area (e.g., mental health).”
- ◆ “With CAP-DA and CAP MR/DD slots being frozen, we are going to have to do more placements to Skilled Nursing Facilities due to the lack of available supports in the community. Furthermore, we are seeing a SIGNIFICANT increase in persons with moderate to advanced dementia, who need supportive care or a memory care unit, yet these units stay full and it is difficult to get the level of

care for these persons in their own community. . . . Additionally, our guardianship caseload has increased because many of these persons either have no family or family lives out of state and there is no one to oversee their care or make decisions.”

- ◆ Services through the Mental Health, CAP/DD and DA as well as personal care services through our Personal Care providers have decreased. The decrease in these programs has had a huge impact on the services many of our APS clients need to maintain in their community. As these services continue to decrease, this will continue to add to the repeat [APS] reports as well as an increase for placement. Many of these placements will be inappropriate due to the client’s mental needs. The full effect of the economic decline will not be known until much later as these clients will decline over a period of time. DSS will not be able to meet the demand of services these clients need. This does not reflect DSS lack of capabilities but services beyond our area of expertise.”
- ◆ “Our agency is taking it one [APS] evaluation at a time to stay afloat. My biggest concern is training needs for APS. APS training really needs to be mandatory. The intake worker should be required to take at least Module 1 because a good report is key to screening. Currently the supervisor trains the intake worker who is mainly intake for Children Services. I am concerned about the unavailability of training for APS. It really needs to be at least twice a year to give new staff an opportunity to attend. I am of course sensitive to the fact that there isn’t funding for it and that the Division of Aging and Adult Services is sold on the necessity of training.”

Searching for Solutions

- ◆ “[We are] working to develop community partnerships to develop more community awareness of APS issues.”
- ◆ “[We] are planning to apply for [the] county’s Maintenance of Effort funds for Mental Health Services to cover the cost of a Mental Health person on staff to assist with case services and recommendations for service.”
- ◆ “[We] will utilize student interns to assist in other areas so some of our other social workers can assist with APS.”
- ◆ “At this point the only thing that may need to happen is that our child care or work first worker may need to start and/or complete an APS evaluation.”