



MARCH 1, 2020

DPHHS/SLTC/APS

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Annual Report State Fiscal Year 2019



Annual Montana Adult Protective Services Report

Montana Adult Protective Services

Adult Protective Services (APS) is a bureau within Senior and Long Term-Care (SLTC); a Division of the Montana Department of Public Health and Human Services (DPHHS) to reduce or remove the risk of physical or mental harm that has occurred or is occurring to a person because of abuse, neglect, or exploitation. These services are provided to any person age 18 or older whose ability to perform the life activities of daily living or to provide for his or her own care or protection is impaired due to incapacity, mental, medical, emotional, physical, intellectual, or infirmities of aging; hereinafter referred to as a vulnerable adult.

Adult Protective Services Act establishes a program designed to meet the needs of vulnerable adults who have been abused, neglected, or exploited. The Act authorizes and requires the least restriction possible in the exercise of personal and civil rights consistent with the person's need for services.

The objective of APS is to prevent and reduce the harm to vulnerable adults from abuse, neglect, and exploitation, while supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Montana APS operates with 41.5 FTE; 6 FTE for management and supervision, 3 FTE for APS intake and 32.5 FTE for APS investigators. APS covers all 56 counties in Montana including some tribal areas. APS staff are mobile and have the tools and technology to work remotely.

APS programs are based on the most current and credible evidence-based research available. APS subscribes to and relies on the NAPSA-ACL Research Committee: Guiding Principles for Research in APS, Guidelines for Evaluating and Applying Research in Adult Protective Services, and Stages of Research Collaboration with Adult Protective Services (APS) Organizations. These documents can be accessed at: www.napsa-now.org/resource-center/research/

Adult Protective Services

Guiding Values

- Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.
- All individuals regardless of age or disability who are victims of mistreatment should be treated with respect, integrity and dignity.

Practice Guidelines

The APS program is guided by practice guidelines that emphasize the APSI need to:

- Recognize that the interests of the adult are the first concern of any intervention
- Avoid imposing personal values on others
- Respect the adult's right to keep personal information confidential
- Recognize individual differences such as cultural, historical and personal values
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand
- The adult has a right to participate in their own service plan development
- Focus on service planning that maximizes the adult's independence and choice based on the adult's capacity and strengths
- Use the least restrictive services first; community-based services rather than institutionally based services whenever possible
- Use of family and informal support systems above all others when this is in the best interest of the adult
- Maintain clear and appropriate professional boundaries
- Use Supportive Decision Making (SDM) in service planning when historical knowledge of the adult's values is available
- Do no harm. A guiding principle that, whatever the intervention, the vulnerable adult's well-being is the primary consideration; Inadequate or inappropriate intervention for the sake of intervention is doing harm

Principles

Montana APS adheres to the Principles for APS developed by the National Adult Protective Services Association. The principles are as follows:

- Adults have the right to be safe
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter contracts, marry, etc. unless a court adjudicates otherwise
- Adults have the right to make decisions that do not conform with societal norms if these decisions do not harm others
- Adults have the right to accept or refuse services

Mission Statements

Department of Public Health and Human Services Mission Statement:

Promote and protect the health, safety, well-being and self-reliance of all Montanans.

Senior & Long-Term Care Mission Statement:

To advocate and promote dignity and independence for older Montanans and Montanans with disabilities by providing information, education, and assistance planning, developing and providing for quality long-term care services and operating within a cost-effective service delivery system.

Adult Protective Services Mission Statement:

To provide protection of Montana's older person and adults with disabilities from abuse, neglect or exploitation, while supporting the person's safety, freedom, and the right to self-determination using the least restrictive approach.

National Adult Protective Services Association (NAPSA):

The national adult protective services association mission is to strengthen APS programs to improve the safety and independence of older persons and adults with disabilities who are victims of abuse, neglect, self-neglect, or financial exploitation.

National Voluntary Consensus Guidelines for State Adult Protective Services systems

September 2016 Administration for Community Living

The following information is from The Administration for Community Living (ACL) and can be read in its full context at www.acl.gov. The ACL has provided Consensus Guidelines for State Adult Protective Services systems to promote an effective Adult Protective Services (APS) response across the country so that all older adults and adults with disabilities, regardless of the state or jurisdiction in which they live, have similar protections and service delivery from APS systems. These guidelines were developed by subject matter experts in the field of APS and abuse, neglect, and exploitation of older adults and adults with disabilities. These guidelines are informational in content and are intended to assist states in developing efficient and effective APS systems.

The Administration for Community Living (ACL) and the State of Montana envisions a comprehensive, multidisciplinary system that effectively supports older adults and adults with disabilities, so they can exercise their right to live where they choose, with the people they choose and fully participate in their communities without threat of abuse, neglect, self-neglect, or financial exploitation.

Adult Protective Services (APS) agencies are a critically important component of this comprehensive system to address abuse, neglect, self-neglect or financial exploitation of older adults and adults with disabilities (hereinafter referred to as “adult maltreatment”). APS is an investigative services program provided by the State of Montana serving older adults and adults with disabilities who need assistance because of adult maltreatment. In all states, APS is charged with receiving, responding and investigating reports of maltreatment while working closely with individuals and a wide variety of allied professionals to maximize clients’ safety and independence.

ACL engaged in the development of National Voluntary Consensus Guidelines for State APS Systems (hereinafter “the Guidelines”) by first performing an environmental scan of available literature and research produced by scholars. There was a paucity of peer-reviewed research found on APS practices.

Consequently, the environmental scan was broadened to include a review of a national survey of APS practices, a review of minimum practice standards promulgated by an APS membership organization, as well as a review of practices of analogous systems (e.g., Child Welfare System). The environmental scan resulted in a list of preliminary topics for consideration. After that, ACL convened the first of two expert working groups; each one consisted of various professionals and experts from the field of protective services, and related fields (e.g., disability rights).

The first expert working used the previously identified topics as an evidence base to ultimately create the draft guidelines. They based the initial draft guidelines on their identification of seven domains related to efficient and effective APS practice. These seven domains included:

1. Program administration
2. Time frames
3. Receiving reports of maltreatment
4. Conducting the investigation
5. Service Planning and Intervention
6. Training

Overall, the Guidelines were designed to provide State APS Administrators with recommendations from the field about quality APS practice.

The Administration for Community Living's (ACL's) goal was to facilitate the development of field-driven and consensus-informed national guidelines to provide a core set of principles and common expectations to encourage consistency in the policies and practices of adult protective services (APS) across the country.

The ACL seeks to help ensure that older adults and adults with disabilities are afforded similar protections and service delivery, regardless of which state or jurisdiction they are in. This consistent approach will also be beneficial to supporting interdisciplinary and interagency coordination, as partners from other agencies and disciplines better understand both APS' responsibilities and limitations.

The goals of this consistent approach are for the enhancement of partnerships and effective, efficient, and culturally competent delivery both of services to victims and responses to perpetrators. Most importantly, a consistent approach for APS systems displays the value this nation places on its older adults and adults with disabilities as contributing members of society.

Development of the Guidelines officially began in 2014 but was based on previous research performed by APS agencies and affiliated organizations. Overall, the process involved:

1. An environmental scan
2. Convening the first expert working group to draft an initial set of guidelines
3. A stakeholder engagement process through a public notice-and-comment period
4. A quantitative and qualitative data analysis of the public comments, and
5. Convening a second expert working group to refine and build consensus around the Guidelines based on the comments received.

Governments have long recognized the principle of individual dignity and rights. These basic rights are found in both national and international human rights doctrines, advocating the values of self-determination in decision making, equal access to resources, full participation in all aspects of society, and the value of a dignified quality of life. Abuse, neglect, and exploitation of older adults and of adults with disabilities violate these inherent rights.

Adult maltreatment is a significant public health and human rights problem. The most recent data available on the prevalence of adult maltreatment suggests that at least 10% of older Americans—approximately 5 million persons—experienced emotional, physical, sexual abuse, financial exploitation or neglect each year, with many of them experience it in multiple forms.

Adults with disabilities are 4 to 10 times more likely to become a victim of maltreatment than persons without disabilities. In 2010, the age-adjusted, serious violent crime (e.g. rape, robbery, assault) victimization rate for persons with disabilities was three times the rate of adults without disabilities.

In addition, data from state APS agencies show an increasing trend in reports of adult maltreatment. These increases are concerning as other research estimates that as few as 1 in 23 cases of elder abuse, and 1 in 44 cases of financial exploitation, ever come to the attention of authorities.

There are significant and serious health consequences of experiencing adult maltreatment. Older adults who experience even modest forms have dramatically higher (300%) morbidity and mortality rates than those who have not experienced maltreatment. Victims of elder abuse are four times more likely to be admitted to a nursing home and three times more likely to be admitted to a hospital. Older adults who are victims of violence have more health care problems than other older adults, including increased bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems.

Victims of maltreatment have significantly higher levels of psychological distress and lower perceived self-efficacy than older adults who have not been victimized. For older victims of sexual violence, the negative health impacts of abuse are even more pronounced.

As with older adults, research shows that maltreatment of adults with disabilities increases the risk and rates of depression, anxiety, and other emotional and psychological problems, in addition to increased medical problems. It is important to note that many of these conditions are already prevalent in adults with disabilities, thereby making it more likely that the abuse will go unnoticed, untreated, and unaddressed. In fact, for those with mental illness, exposure to interpersonal violence decreases psychosocial functioning and is correlated with more frequent hospitalizations, longer hospital stays, and more emergency room visits.

Adult maltreatment takes a sizeable toll on the health and well-being of our nation's economy as well. It is estimated that older adults throughout the U.S. lose a minimum of \$2.6 billion annually due to elder financial abuse and exploitation. The actual losses are likely higher, as that estimate does not account for the resources lost by adults with disabilities age 18–64.

In a 2012 report, the Agency for Healthcare Research and Quality estimated from the most recent available data that \$1.9 trillion, or 16% of the U.S. gross domestic product, was spent on health care. Of all conditions, trauma ranked as the second most expensive in terms of total health care spending.

There is a personal cost as well that must not be forgotten. Adult maltreatment threatens a person's independence, undermines one's dignity, and imperils physical and financial safety. Considering these factors together—the threat to human dignity and safety, higher rates of chronic conditions for victims of abuse, and higher costs of trauma associated with adult maltreatment—we are faced with a human rights, public health, and economic imperative to prevent and intervene in these cases.

In 1965 the Older American Act (OAA) was passed.

APS was recognized by federal law in 1975 under Title XX of the Social Security Act via the Social Services Block Grant (SSBG). SSBG provides states with funding to support social service programs, as well as flexibility in deciding how to spend the SSBG funding. Since then, all 50 states and the District of Columbia have developed APS programs in accordance with local needs, structures, and laws. Today, SSBG remains the only federally appropriated funding available for state APS operations.

In 1975 Montana Code Annotated 52-3- Part 2 "Protective Services Act for Aged Persons or Disabled Adults". To ensure that aged persons or disabled adults in the state be afforded the opportunity to receive protective services and to implement certain provisions of the federal government's Title XX, Social Services Amendments of 1972, this legislature declares the department to be recognized as the public agency responsible for providing those services.

In 1983 Montana Code Annotated 52-3- Part 8 also provided the "Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act". The legislature finds that a need exists to provide for cooperation among law enforcement officials and agencies, courts, and state and county agencies providing human services in preventing the abuse, sexual abuse, neglect, and exploitation of Montana's elderly persons and

persons with developmental disabilities through the identification, reporting, and prosecution of acts of abuse, sexual abuse, neglect, and exploitation.

In 1987 Omnibus Budget Reconciliation Act provides for nursing home reform in the areas of nurse aide training, survey and certification procedures, pre-admission screening an annual review for persons with mental illness. Reauthorization of the Older Americans Act (OAA) added six additional distinct authorization of appropriations for services: in-home services for the frail elderly; long-term care ombudsman; assistance for special needs; health education and promotion; prevention of elder abuse, neglect, and exploitation; and outreach activities for persons who may be eligible for benefits under supplemental security income (SSI), Medicaid, and food stamps. Additional emphasis was given to serving those in the greatest economic and social need, including low-income minorities.

The Nursing Home Reform Act (Omnibus Budget Reconciliation Act) mandated that nursing facility residents have "direct and immediate access to ombudspersons when protection and advocacy services become necessary." Simultaneously, the OAA reauthorization charged states to guarantee ombudsman access to facilities and patient records, provided important legal protections, authorized state ombudsmen to designate local ombudsman programs and required that ombudsman programs have adequate legal counsel.

In 1987 Montana Code Annotated 52-3-Part 2 - Montana Amendment Substituted "department of family services" for "department of social and rehabilitation services". To ensure that aged persons or disabled adults in the state be afforded the opportunity to receive protective services and to implement certain provisions of the federal government's Title XX, Social Services Amendments of 1972, this legislature declares the department to be recognized as the public agency responsible for providing those services.

In 1992 Reauthorization of the Older Americans Act (OAA) places increased focus on caregivers, intergenerational programs, protection of elder rights and calls for a 1995 White House Conference on Aging.

The elevation of Commissioner on Aging to Assistant Secretary for Aging. OAA amendments added a new Title VII “Vulnerable Elder Rights Activities” which included the long-term care ombudsman; prevention of elder abuse, neglect and exploitation; elder rights and legal assistance development; and benefits outreach, counseling and assistance programs. The legislation emphasized the value of the four programs coordinating their efforts. The amendments highlighted the role of local ombudsman programs and the state ombudsman’s role as leader of the statewide program and advocate and agent for systemwide change.

1993 Coordination between Long-Term Care Ombudsman and Adult Protective Services – Administration on Aging. The Long-Term Care Ombudsman Program, which is charged under the Older Americans Act (OAA) with advocating on behalf of older residents of long-term care facilities, and Adult Protective Services (APS) programs, charged under State mandates with protecting vulnerable adults of any age, living in any setting.

2010 Federal Elder Justice Laws - Enacted as part of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, the Elder Justice Act (EJA) was the first piece of federal legislation passed to authorize a specific source of federal funds to address elder abuse, neglect and exploitation.

In 2012 Administration for Community Living established on April 18, 2012, bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities.

In 2016 in response to concern by policymakers about a lack of community social services for older persons. The original legislation established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The legislation created the Administration on Aging (AoA) at ACL to manage grant programs and to serve as the federal focal point on matters concerning older adults.

Although older individuals may receive services under many other federal programs, today the OAA is a major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers. It authorizes a wide array of service programs through a national network of 56 state agencies on aging, 629 area agencies on aging, nearly 20,000 service providers, 244 Tribal organizations, and 2 Native Hawaiian organizations representing 400 Tribes. The OAA also includes community service employment for low-income older Americans; training, research, and demonstration activities in the field of aging; and vulnerable elder rights protection activities.

The 2016 OAA Act reauthorizes programs includes provisions that aim to protect vulnerable elders by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts. It also promotes the delivery of evidence-based programs, such as fall prevention and chronic disease self-management programs.

The 2016 law included a provision that required the Assistant Secretary for Aging to issue guidance to states about serving Holocaust survivors, including guidance on promising practices for conducting outreach to that population. Updates definitions of “Adult Protective Services,” “abuse,” “exploitation and financial exploitation,” and “elder justice” to be consistent with the Elder Justice Act. Promotes best practices for responding to elder abuse, neglect, and exploitation in long-term care facilities through the Administration on Aging. Promotes states’ submission of data concerning elder abuse. Directs the Administration on Aging to include, as appropriate, training on elder justice, including abuse prevention and screening, for states, area agencies on aging, and service providers. Requires area plans to include efforts to increase public awareness of elder abuse, neglect, and exploitation.

In 2013 the Montana Department of Public Health and Human Services (DPHHS) recognized the need to have a coordinated effort among DPHHS divisions, law enforcement and the prosecutor’s office to protect those individuals who are at risk for Abuse, Neglect or Exploitation.

This coordinated effort in accordance with the Elder Justice Act provide a coordinated effort in the investigation of reported Abuse, Neglect or Exploitation regardless were the individual lives and providing social justice for all citizens of Montana.

In 2014 Development of the National Adult Maltreatment Reporting System (NAMRS). Montana Adult Protective Services participated in the pilot program. First full year of reporting began with 54 of 56 states and territories contributed data to NAMRS in its first year

In 2016 NAPSA/Administration for Community Living APS Guidelines. - The Administration for Community Living (ACL) provided these Consensus Guidelines for State Adult Protective Services systems to promote an effective adult protective services (APS) response across the country so that all older adults and adults with disabilities, regardless of the state or jurisdiction in which they live, have similar protections and service delivery from APS systems. These guidelines were developed by subject matter experts in the field of APS and abuse, neglect, and exploitation of older adults and adults with disabilities.

These guidelines are informational in content and are intended to assist states in developing efficient and effective APS systems. Montana adopted these guidelines in 2016 and updated the operating desk manual for APS in accordance with these standards. The Administration for Community Living's (ACL's) goal was to facilitate the development of field-driven and consensus-informed national guidelines to provide a core set of principles and common expectations to encourage consistency in the policies and practices of Adult Protective Services (APS) across the country.

2017 The Department of Public Health & Human Services (DPHHS) has determined that there are 3 programs that should be notified when there is a report or suspicion of abuse, neglect or exploitation in a nursing home or assisted living facility. The programs are as follows: Quality Assurance Division, Adult Protective Services and the Ombudsman program. DPHHS obtained a system to make this easier for all reporting parties and the programs to make and receive these reports by putting in place a web based central reporting system.

2018 BOUNDS portal system for reports by nursing homes and assisted living providers was implemented to better coordinate reports to all required entities and provide a consistent reporting system and develop a system to track all reports of abuse, neglect and exploitation. The system is designed for all providers of services in the state of Montana. As the APS system is presently configured, APS programs are often the gateway for adult maltreatment victims who need additional community, social, health, behavioral health, and legal services to maintain independence in the settings in which they prefer to live, as well as the avenue through which their maltreatment is reported to police or other agencies of the criminal justice system. APS receives and responds to reports of adult maltreatment and works closely with individuals and a wide variety of allied professionals to maximize safety and independence. APS programs provide a range of services to the people they serve, including:

- receiving and investigating reports of adult maltreatment
- service planning, monitoring, evaluation; and
- arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.

SUMMARY

All 50 states, the District of Columbia, and the U.S. Territories (referred to as states or programs hereafter) provide Adult Protective Services (APS) to respond to reports of maltreatment of adults. Most state APS programs operate within the basic framework outlined in the nearby Elder Justice Act definition—receiving reports of alleged maltreatment, investigating the allegations, and planning and arranging or providing services and remedies to address the maltreatment. Within this framework, however, there is much diversity across APS programs in terms of population served, policy and practice, and available resources.

The Elder Justice Act

The Elder Justice Act defines APS as services that include:

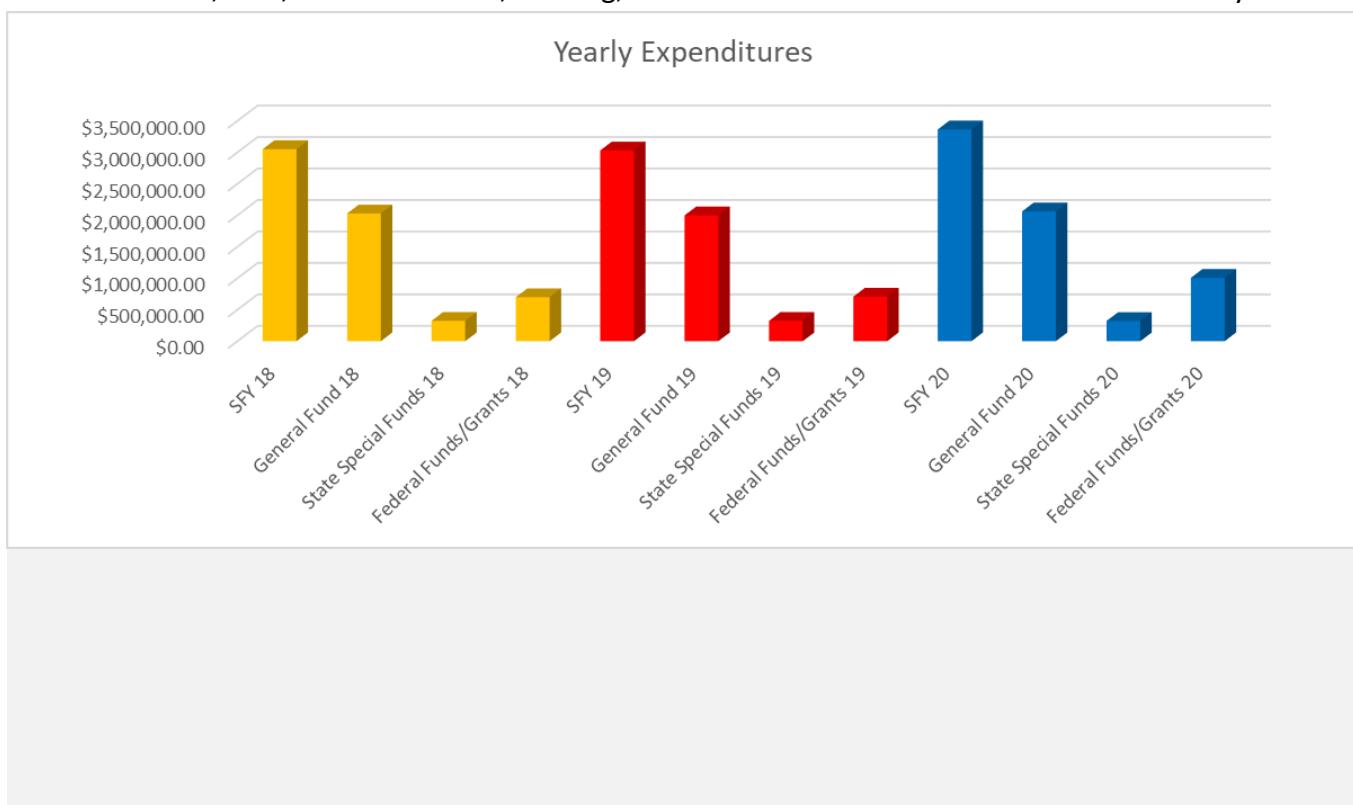
- A) Receiving reports of adult abuse, neglect, or exploitation;*
- B) Investigating the reports described in subparagraph (A);*
- C) Case planning, monitoring, evaluation, and other case work and services; and*
- D) Providing, arranging for, or facilitating the provision of medical, social services, economic, legal, housing, law enforcement, or other protective, emergency, or support services.*

APS Funding

In the 2011 report, The U.S. Government Accounting Office (GAO) stated that the increase in demand for APS services has not been met with an equivalent amount of resources to effectively respond. In fact, a lack of financial resources was rated as the largest hindrance met by APS programs. States do not receive any single source of funding for their Adult Protective Services programs. The Montana Adult Protective Services program is funded through General Funds, State Special Funds, Federal Funds and Grants. In State Fiscal Year 2019 the Montana APS program was appropriated approximately \$3.3 million, of which approximately \$2 million was from State General Funds, \$320 thousand from State Special Funds and the remaining \$1 million came from limited federal funds and grants from ACL, SSBG and Medicaid Administration funds. It is important to note that there are no dedicated sources of federal funding for APS programs.

Breakdown of expenditures is as follows:

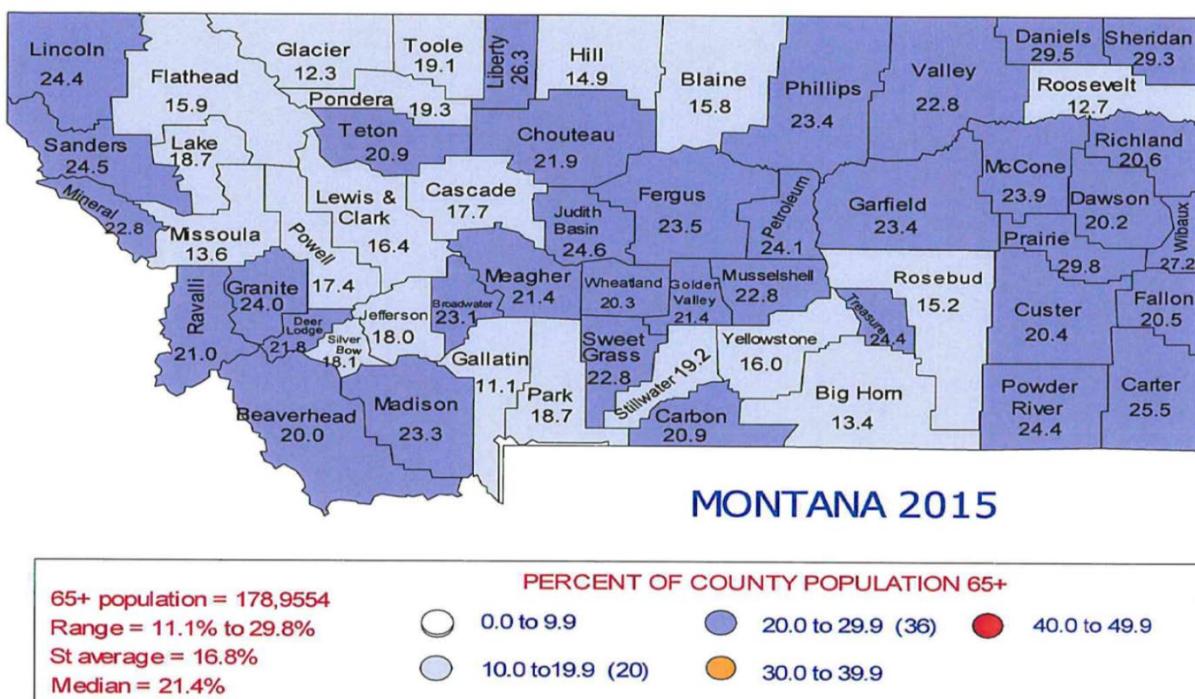
- Approximately \$2,648,000 for Personal Services - APS staff salary, benefits
- Approximately \$610,413 for operating expenses such as contracted services, travel, supplies, materials, rent, communication, training, and education for APS staff and the community



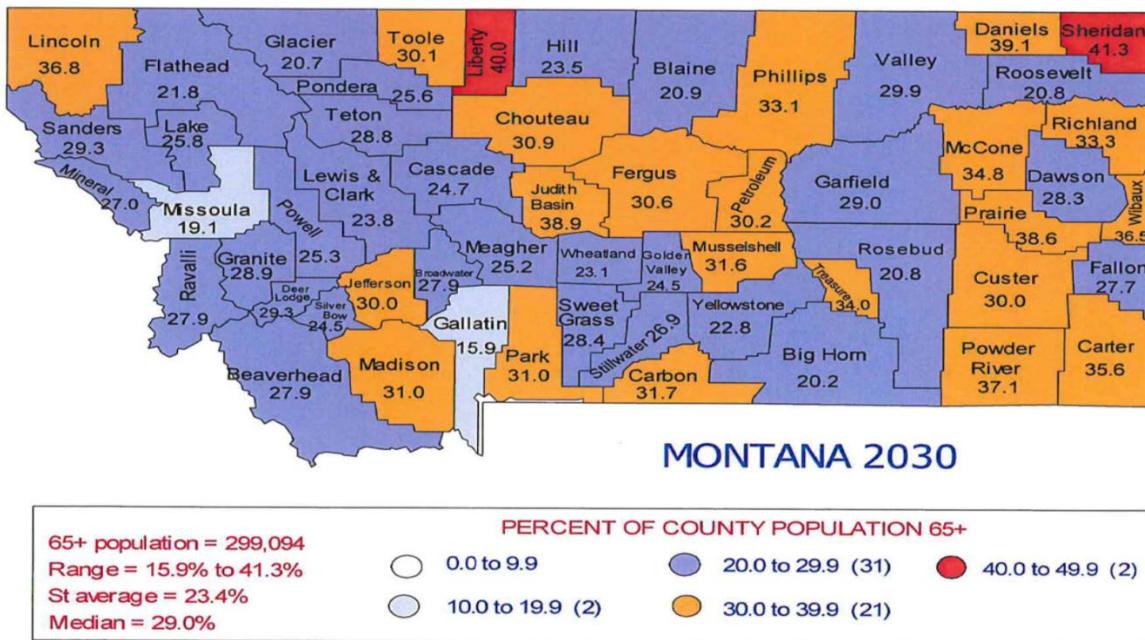
The Aging Population

With the aging Baby Boomer generation (people born between 1946 and 1964) and longer life expectancies, the number of people over the age of 60 is going to grow exponentially, particularly in Montana.

Montana Population – 1,074,532 (est. 20019) is the 4th largest state in land size in the Country where 94.8% of Montana's population speaks English, although there are many other languages spoken in the state, including Blackfoot, Assiniboine, Cheyenne, Plains Cree, Crow, Dakota and Kutenai. Montana has one of the highest Native American populations in the US, with about 66,000 people of Native American heritage. This is the result of many treaties and federal legislation, including one that recognizes the Little Shell Chippewa, a nation of "landless" people in Great Falls. About 63% of these people live off-reservation. The median age in Montana is approximately 39.8 years of age. The ratio of females to males is approximately 49.7% females to 50.3% males.



It's also estimated that by 2030, Montana will be one of ten states in the country to have more people over the age of 65 than under the age of 18, and it will be one of only six states to have 25% of its population aged 65 and older. Montana has a total of 56 counties. Forty-six of these counties have 6 or fewer people per square mile, so they are designated as "frontier counties.



While not every adult will be an “at-risk” adult or experience adult maltreatment, with this explosion of the elderly population and continued growth in population, the need for APS programs will become even more important in the years to come.

Montana Adult Protective Services Regions

Montana Adult Protective Services is divided into 4 regions. Region 1 Eastern part of the state, Region 2 the North-Central part of the state, Region 3 Western part of the state and Region 4 the South-Central part of the state. The following list is how each county fits into these regions:

Region 1:

Big Horn, Carbon, Carter, Custer, Daniels, Dawson, Fallon, Garfield, Golden Valley, McCone, Musselshell, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Valley, Stillwater, Sweetgrass, Treasure, Yellowstone, Wibaux

Region 2:

Blaine, Cascade, Chouteau, Fergus, Glacier, Hill, Judith Basin, Liberty, Pondera, Teton, Toole, Petroleum, Wheatland

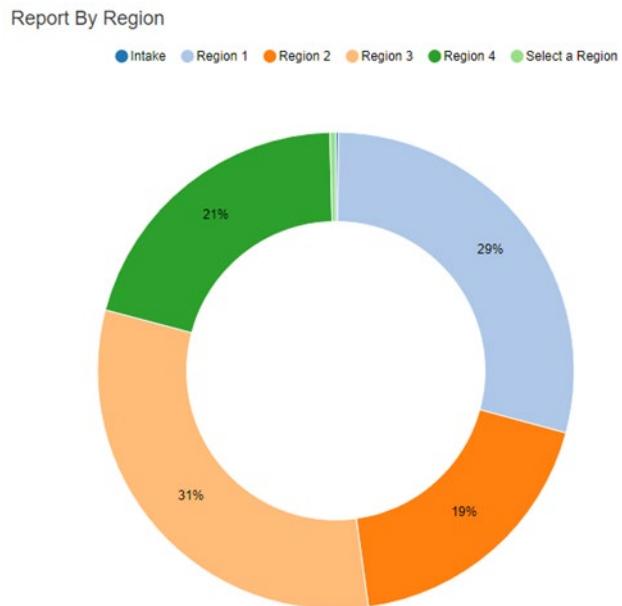
Region 3:

Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, Sanders,

Region 4:

Beaverhead, Broadwater, Deer Lodge, Gallatin, Jefferson, Lewis and Clark, Madison, Meagher, Park, Powell, Silver Bow

When looking at the distribution of reports to Adult Protective Services we have identified Region 1 having 29% of the reports, Region 2 having 19%, Region 3 having 31% and Region 4 having 21%.



Individual Characteristics Associated with Higher Rates of Mistreatment

One of the most widely recognized characteristics associated with mistreatment is low social support (Acierno et al., 2010; Cooper & Livingston, 2016; Lachs et al., 1997; Pillemer et al., 2011).

Furthermore, older adults are more likely to be experiencing social exclusion/isolation (De Donder, De Witte, Brosens, Dierckx, & Verté, 2014). Individuals with physical impairments (i.e., needing assistance with activities of daily living [ADLs]) and/or having poor physical health are associated with higher risk of being mistreated (Acierno et al., 2010; GAO, 2011; Lachs et al., 1997; Lachs & Pillemer, 2015; Peterson, et al., 2014). Similarly, individuals with intellectual or developmental disabilities, dementia, or cognitive impairments are also at a much higher risk of being abused and exploited (Cooper et al., 2009; Gunther, 2011; Lachs et al., 1997; Lachs & Pillemer, 2015; NCEA, n.d.; Petersilia, 2001; Pillemer et al., 2011; Wood, Rakela, Navarro, Bernatz, Wilbur, Allen, & Homier, 2014). Mental illness is also correlated with higher rates of mistreatment (GAO, 2011; Teaster, Stansbury, Nerenberg, & Stanis, 2009). Finally, past traumatic events are associated with higher rates of mistreatment (Acierno et al., 2010).

Specifically related to exploitation, certain risk factors become more predictive. Elders may be more susceptible to undue influence given that cognitive, physical, and health issues start arising with increased age; not to mention that they are more desirable targets for exploitation with the financial assets and savings that they have acquired over their lifetimes (Quinn, 2002). Undue influence involves the exertion of one person's will over another's. It often utilizes threats, deception, or fraud and is frequently present in instances of mistreatment, particularly, financial exploitation (Quinn, 2002). Castle et al. (2012) found that older adults may be more vulnerable to exploitation due to their decreased perception of untrustworthiness in other individuals. Additionally, studies have found that financial literacy of older adults declines with age, but confidence in managing personal finances and financial decision making does not drop with age (Finke, Howe, & Huston, 2011; Gamble, Boyle, Yu, and Bennett, 2015). This indicates that although the capacity to make these decisions may diminish with age, many older adults are not aware of the decline.

Adults who need help managing their finances are much more likely to be exploited (Choi & Mayer, 2000; Gunther, 2011). Perpetrators are also taking larger amounts of money from older adults with dementia or cognitive impairments compared to those older adults without these impairments (Gunter, 2011). Gunther (2011) points out that when older adults need help with their finances, they are more likely to be taken advantage of by a family member, but that often times, it is a family member or close friend who catches the exploitation. MetLife Mature Market Institute (MMI; 2011) found that there were three major reasons for the occurrence of elder financial abuse: (1) the older adult happened to be a barrier to what the perpetrator desired, (2) the perpetrator was desperate for money (often the perpetrator is dependent on the older adult for financial needs), (3) or the perpetrator formed a relationship with the adult solely for the purpose of exploitation. Furthermore, for elder financial abuse, most victims were living alone and required assistance with their healthcare or home maintenance (MetLife MMI; 2011).

APS Alleged Victim Demographics

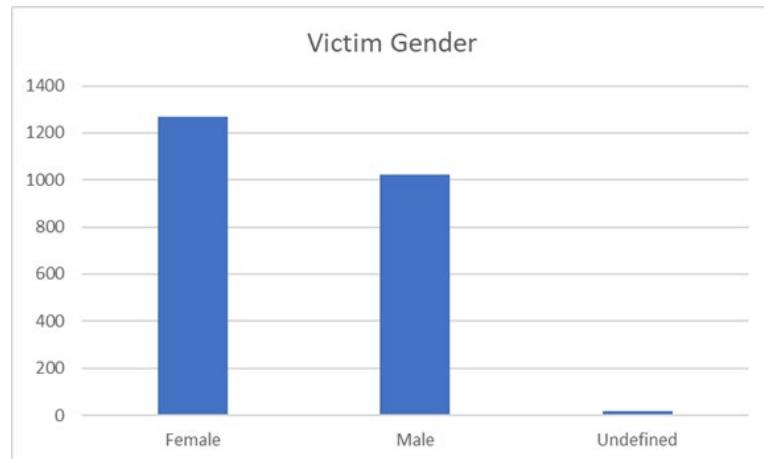
According to Montana Code Annotated (52-3- part 2 and 8.) the Protective Services Act for Aged Persons or Disabled Adults" meaning a person age 60 or older; or a person age 18 years of age or older who is defined by the department as disabled or who is a person with developmental disabilities. "Protective services" means assistance to an aged person or disabled adult in obtaining the services offered by the department. Duties of Adult Protective Services (department) shall be responsible for acting on requests for protective services from aged persons or disabled adults or from relatives, friends, or other reputable persons requesting those services on behalf of an aged person or disabled adult and Adult Protective Services (the department) shall investigate reports of abuse, sexual abuse, neglect, or exploitation received.

At-risk adults are defined as individuals age 18 or older who are susceptible to mistreatment or self-neglect because they are unable to perform or obtain services necessary for their health, safety, or welfare, or lack sufficient understanding or capacity to make or communicate responsible decisions. Examples of conditions that increase risk include dementia, physical or medical frailty, developmental disabilities, brain injury, neurological disorders, and major mental illness. Persons are not considered "at-risk" solely because of age and/or disability.

The following sections identify demographic information about individuals that are served by Adult Protective Services in Montana in State Fiscal Year 2019.

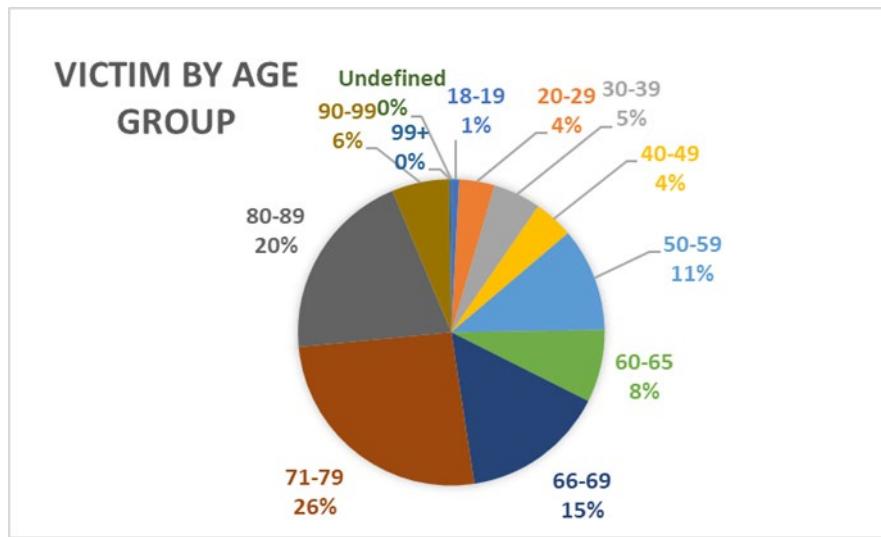
Gender

Most of the alleged victims were female (57%), which is consistent with statistics that show that women tend to experience greater instances of abuse in comparison to men (Laumann, Leitsch, & Waite, 2008). Less than 1 percent of APS clients in Fiscal Year 2018-19 were transgender.



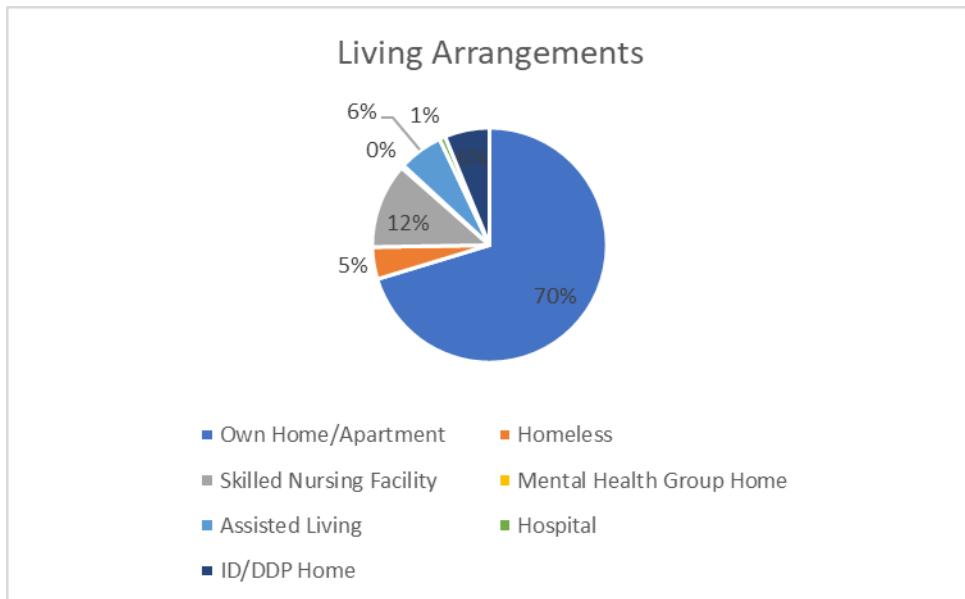
AGE

Most Alleged Victims were aged 70 years or older (52%) while those between age 60 – 69 made up 23% and those age 18-59 accounted for 25% of the overall cases with Adult Protective Services.



Living Arrangements

In Fiscal year 2019, approximately 70% of the alleged victims lived in a private setting such as their own home, apartment or home of others. While 24% lived in a facility such as a nursing home, assisted living or a group home. The remaining individuals 6% were either homeless or in the hospital.



Reports and cases

Montana has experienced an increase over the last 3 years, the number of cases open for investigation and provision of protective services has continued to rise. There has been an overall increase from SFY 2017 to SFY 2019. The outline below provides an overview of adult maltreatment as reported to Montana Adult Protective Services, (SFY) 2017, 2018 and 2019 data from the Montana APS Reporting system LEAPS.

	SFY17	SFY18	SFY19
Abuse Allegation	811	785	743
Neglect Allegation	2,380	2,223	2480
Exploitation Allegation	1,098	1,145	973
Information & Referrals	2,375	3,769	4672
Protective Services	389	127	154
Guardianship	155	122	122
Total APS Workload	7,208	10,658	11,605

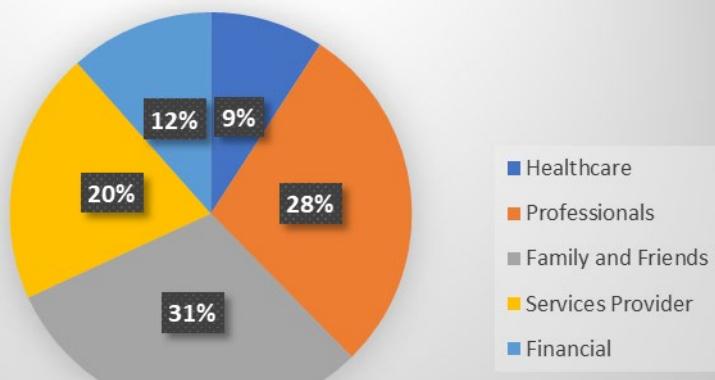
**Personal Degradation report were reviewed and are in-line with Psychological/Mental/Verbal Abuse – New law introduced to define Personal Degradation (Photographing/Recording).

As this table shows, not all reports are investigated. Approximately 53 percent of APS reports received in Fiscal Year 2019 were opened as information and referral as compared to Fiscal Year 2018 when approximately 48 percent were opened for information and referral. Some reasons that not all reports become a case for investigation are: the report was made as a precaution due to mandatory reporting but did not meet APS criteria, the report did not include an allegation of mistreatment or self-neglect as defined in APS criteria, the individual in the report did not meet the APS definition of an at-risk adult (or did not appear to meet that definition at the time of the report), etc. As noted earlier Adult Protective Services does not just consider age or disability to mean “at risk” or vulnerable.

Reporting Party Relationship to Client

Reports are made to APS by a variety of professionals who work with at-risk adults, family, friends, neighbors, and sometimes by the adult themselves. If the reporter chooses, he or she may remain anonymous when making a report to APS. In Fiscal Year 2019, most reporting parties were family/friends (31%). The most common reporting party apart from family and friend was other professionals in the community (28%), this group consisted primarily of counselors, case managers, law enforcement, EMT, practitioners and other professionals.

Intake by Reporting Type



Report Screening

Montana Adult Protective Services has a systematic process for screening all reports. When a report is made to the intake unit via web base reporting system (www.aps.mt.gov) or by phone to the toll free number (844-277-9300), the intake staff will review the information, gather as much detail as possible and evaluate the report to determine whether it meets eligibility criteria for investigation, request for services or information seeking. The APS staff will then refer the report to the appropriate regional office for further review by the regional supervisor. The report is further reviewed for meeting criteria based on age or disability as defined in the APS statute and (2) there is alleged or suspected mistreatment and/or self-neglect. Reports that do not meet criteria are screened out as information and referral (I&R) and are not investigated further.

Regardless of whether the report meets criteria for APS intervention, any report indicating a criminal act such as sexual assault or domestic violence, a cross report will be made with law enforcement immediately so that law enforcement can review the report for potential criminal activity. APS does not have access to Montana law enforcement records and therefore is not able to provide information on the number of these reports criminally investigated by law enforcement or prosecuted by district attorneys.

Once a report is determined to meet criteria for investigation/intervention by APS, the report is screened in, meaning it will be assigned to an investigator who will begin an investigation, and it is now considered a case. During the investigation the APS investigator will verify the person's age, disability and other qualifiers as well as complete a risk assessment to identify the issues that make the individual at risk for maltreatment by others and services they may benefit from within the community. APS investigator will continue the investigation, they may consult with other providers, medical staff, law enforcement and financial experts during the investigation to reach a conclusion. The investigator will inform the alleged victim and the alleged perpetrator of the outcome (if not criminal). If a criminal case is identified, the report is turned over to law enforcement or the county attorney's office.

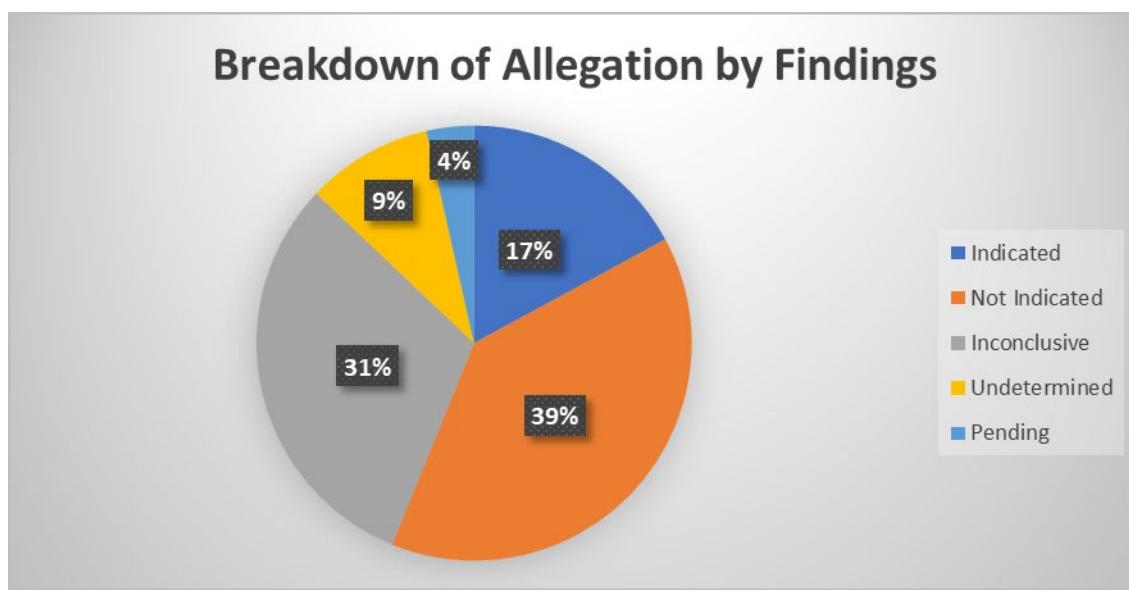
Investigation

Investigations and assessments are usually completed simultaneously. Investigations involve interviews with the alleged victim, witnesses and other persons who have knowledge of the alleged victim and/or allegation and the alleged perpetrator. Investigators collect evidence to review such as photographs of bruising, medical records, and/or bank statements. A review of the evidence is then completed to determine if the allegations are indicated, not indicated or inconclusive. An indicated finding means that the investigation established by a preponderance of evidence that maltreatment (or self-neglect) has occurred and the alleged perpetrator was responsible. In their 2016 report, the National Adult Maltreatment Reporting System (NAMRS) identified that 62 percent of State APS programs utilized preponderance of evidence as their standard of evidence in investigations.

A Not Indicated finding means the investigation did not establish by preponderance of the evidence that adult maltreatment or self-neglect has occurred.

An inconclusive finding means that some evidence of maltreatment or self-neglect may be present, but the investigation could not confirm the evidence to a level necessary to indicate the allegation. There are situations where an APS investigator was unable to complete an investigation, for example, APS investigator was unable to locate the adult and there were no other leads to follow for an investigation.

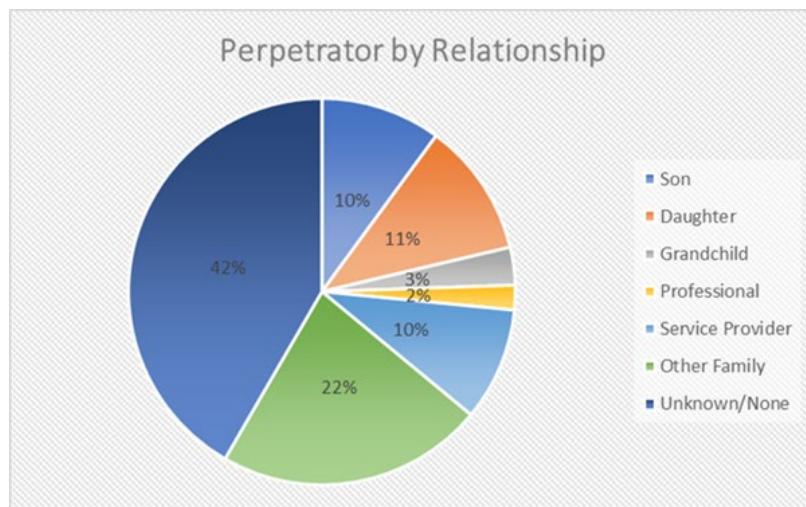
In Fiscal Year 2019, 17% of the investigations were indicated, 39% were not indicated and 31% were inconclusive for abuse, neglect or exploitation cases. The most common form of maltreatment reported was neglect at 48%. Exploitation cases were 38% and abuse came in at 18% of the cases investigated.



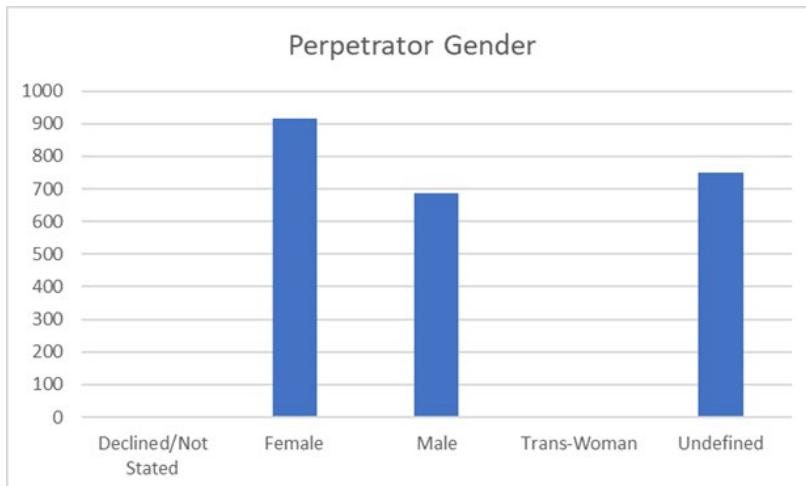
Due to the explosion of the elderly population (i.e., the aging baby boomer generation), financial exploitation of the elderly is likely to increase at a similar pace. Financial exploitation is recognized as one of the fastest growing areas in APS nationally (NAPSRC & NASUAD, 2012). The most common forms of financial exploitation range from scams, misuse of power of attorney, credit cards (misuse or identity theft), bank account withdrawals, and changes in house ownership (either through deeding property or through deception; Gunther, 2011; Gunther, 2012). Furthermore, many perpetrators use more than one method of exploitation (Gunther, 2011; Gunther, 2012; Thomas, 2014). The misuse of guardianships and conservatorship must remain in check and monitored by the courts or APS as appointed by the court for oversight.

Alleged Perpetrator Relationship to victim

Most of the perpetrators identified in reports to APS programs across the state in Fiscal Year 2019 (58%), were either a family member or person the victim knows, such as a neighbor, friend, or acquaintance. This estimate is in line with others found in research (Choi & Mayer, 2000; Gunther, 2011; Gunther, 2012; Lachs & Pillemer, 2015; Lachs et al., 1997; Peterson et al., 2014).



Alleged Perpetrator Gender



Joint Investigations

Investigations may be conducted jointly with a partnering agency that has statutory authority to investigate mistreatment (i.e., a collaborative investigation). Typical agencies that conduct joint investigations with APS include:

- Local Police department
- Sheriff's Office
- County Attorney
- State Attorney General's Office
 - Medicaid Fraud Control Unit
 - Prosecution Bureau
 - Office Consumer Protection
- Montana Department of Public Health and Human Services Quality Assurance Division
- Commissioner Securities and Insurance
- U.S. Attorney's Office
- Social Security Investigation Office
- Long-term care ombudsmen
 - Long-term care ombudsman - advocates for residents of nursing homes, assisted living residences, and similar licensed adult long-term care facilities.

Other partners Adult Protective Services works with:

- Financial Institutions
- Addictive and Mental Disorder Division
- Developmental Disability Division
- Senior & Long-Term Care Division – State Unit on Aging, Community Services, Nursing facilities

Service Planning

Service planning refers to the process of using the information obtained from the investigation and assessment to identify, arrange, and coordinate protective services in order to reduce the individual's risk and improve safety. Unless it has been determined that the individual does not have enough understanding or capacity to make responsible decisions, services may only be implemented with the individual's consent. (See the Involuntary Case Planning and Alternative Decision Makers section below for more details when the individual does not have enough understanding or capacity.) APS investigators strive to involve the individuals in the service planning whenever possible, in keeping with the APS principles of consent, self-determination, and least restrictive intervention. The Administration for Community Living (2016) also recommends involving the individual when service planning, utilizing a person-centered approach (self-determination). APS will attempt to identify and implement services that will allow individuals to remain safely in their home if it is their wish.

A move to a family member's home, an assisted living residence, or a nursing home may be the best option if the individual's level of care is so great that safety cannot be maintained by in-home services. Unless the individual has been determined to lack capacity by the Court, the client may refuse some or all services. As a result, APS investigators will attempt to identify additional alternative services that the individual may be more open to implementing.

Montana Adult Protective Services does not have funding or resources to provide direct care, services or case management to any individual. All services identified are referred to local community programs such as area agencies, state programs such as the State unit on Aging, community services bureau, Addictive Mental Disorder Division, Developmental Disability Programs.

Involuntary Case Planning and Alternative Decision Makers.

APS may need to implement services without an individual's consent when there are circumstances that prevent an individual from being able to provide consent, when a client is at imminent risk of serious injury or death, or when a law is being violated. For example, for emergency medical or behavioral health treatment, or when the individual may be in violation of a law or municipal code, such as hoarding, or vermin clean up requirements.

Occasionally, the individual may have cognitive deficits that are so great that they are unable to consent to or refuse protective services. In these cases, the only option to ensuring the individual's health and safety might be to petition the court to have a guardian appointed, to assist with decision making for the individual. Only the court can declare a person to be incapacitated. A person who is unable to manage his/her finances because of cognitive limitations may need a conservator; a representative payee may be a less restrictive option for some individuals who need assistance with managing finances but who otherwise are not incapacitated. However, a representative payee is only an option for individuals who receive Social Security benefits (including SSI or SSDI) or who are receiving a pension from another company that offers a representative payee option. APS would work with their county attorney whenever a legal intervention, such as guardianship or conservatorship is necessary.

Case Closure

As NAPSRC and NASUAD (2012) pointed out in their review of APS programs, due to the complexity of cases, 40 percent of APS programs across the country do not have a specific timeframe for closing cases. Montana is not one of those states by policy. For Montana APS, even though there is no specified timeframe by which a case must be closed in statute; Montana APS has established time frames for all report to be closed except for those cases that are exceptionally complex. Montana APS policy requires all investigations to be completed in 30 days, but no more than 60 days. It is the expectation that investigations should be completed within 30 days.

APS Staff Training

Every new Montana APS investigator and supervisor must complete background checks, fingerprint checks and the National Adult Protective Services 23 Core Competency models. In addition, all APS investigators and Supervisors are required to participate in monthly regional education, and training and quarterly statewide training. This in-depth training includes the rules and regulations, investigation practice, client populations, client strength and needs assessment, and investigation certification.

Quarterly Training Meetings are provided in-person at various locations across the state and are available to the rest of the APS staff via webinar. Topics cover case planning, joint investigations, confidentiality, findings, appeals, updated rules/statutes, and other investigative related topics. APS also provides training in the community to the public, professionals and service providers. APS has provided training on topics such as Safe Banking for Seniors, age related behaviors, competency, consent; Person Centered Trauma Informed Care, Abuse, Neglect and Exploitation in nursing homes, mandated reporter training and recognizing the signs of abuse.

Montana Adult Protective Services is also a training partner and advocate with the Elder Abuse Task Force, Montana Elder Justice Coalition, Eastern Montana Elder Justice Council, Senior Financial Defense group, and the Montana Financial Education Coalition.

Strategies for Improving Future Outcomes

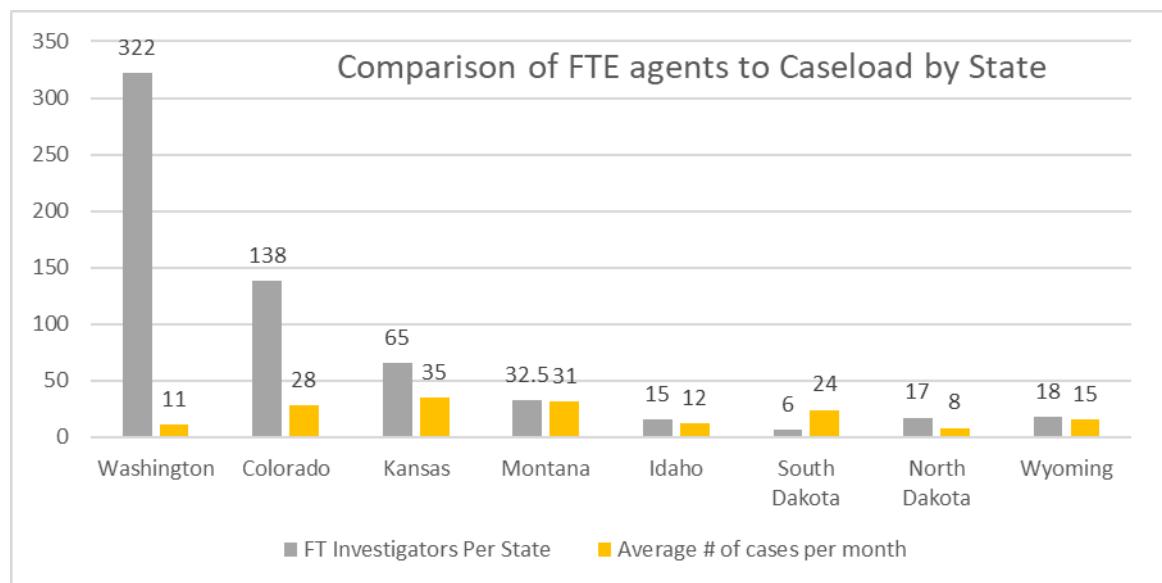
Montana APS Data System (LEAPS)

In 2017, Montana APS acquired a new data system through a grant with the Administration for Community Living referred to as APS Enhancement. Over the past 3 years Montana APS has worked to implement the new data system and upgrade all APS personnel equipment to increase mobility and reduce cost in rent/lease space. The Montana APS' data system known as LEAPS, has enabled the State APS program to better identify victim and program needs and track the progress of cases. Montana APS is in the process of completing an outcome study to measure the effectiveness of the services being offered to adults in the community who have been abused, neglect or exploited. LEAPS provide the ability to have every part of a case documented electronically. This allows the investigator/supervisor to access the case no matter their location. As a result, LEAPS has facilitated a more efficient method of evaluating the quality of casework and any areas of improvement identified during quality assurance analyses.

APS Caseload Ratios

Past research and practice have identified a recommendation for caseload average for the APS program of 25:1 or less. Caseload average is calculated by adding the number of investigations as well as the number of self-neglect, guardianship and the protective services cases for the year. Take the sum and divide by 12 and then divide that number by the total number of investigators (FTE). In Fiscal Year 2019, the caseload average for the APS program was 31:1 statewide. This was an increase over the statewide caseload average of 27:1 in SFY 2018. As mentioned in the funding section, the high caseload and lack of resources to fund APS program needs, such as training, new staff, etc., were noted in the Government Accountability Office (GAO) survey as major challenges experienced in state APS programs across the country. Based on the current data from Montana APS, Adult Protective Services would need to add a minimum of 4 FTE investigators to keep up with the increase in calls experienced over the last year.

Boarding State Statistics



Comparison of Population to Caseload by State



	Population	Number of Cases per year
Washington	7,500,000	45,086
Colorado	5,700,000	9,479
Kansas	2,900,000	10,404
Montana	1,062,000	11,605
Idaho	1,750,000	2,121
South Dakota	880,000	917
North Dakota	760,000	1,627
Wyoming	580,000	2,038

APS Successes for 2019

- Montana elder Justice Coalition is in the beginning stages of development
- Abuse, Neglect or Exploitation Training for nursing homes and other community Programs
- Increased collaboration with Montana Attorney General's office for review and prosecution of cases
- Increased recognition by County Attorneys for charging abuse, neglect or exploitation
- Notable changes involving cases that have been prosecuted; to include jail time and restitution
- Involvement with FBI, DCI, county and local law enforcement for support and guidance on cases
- Increased training on ANE for APS Investigators; including 86% of APS investigators have completed the national core competency for investigators.
- Montana APS recognized as leader in Adult Protective Services nationally as expert in abuse, neglect and exploitation
- Montana APS recognized and is now a part of the Montana Law Enforcement Academy for training new cadets
- Created electronic cross reporting system for state agencies

APS Contacts

For more information visit the APS website (www.aps.mt.gov)

If you have questions concerning the APS program, please email me at mhagenlock@mt.gov or apsintake@mt.gov

Please do not email a report of maltreatment or self-neglect of an at-risk adult. If you are a mandatory reporter and need to make a report of abuse, neglect, or exploitation of an at-risk elder (aged 60 years or older) or at-risk adult with a disability (aged 18 and older) go to www.aps.mt.gov and fill out the report form.

If this is an emergency and there is serious risk to life or possibly of death, please call 911 immediately; then make a report to APS.

