ISSUE BRIEF

Adult Protective Services and Multidisciplinary Partnerships

Elder maltreatment is a widespread social, public health, medical, economic, and justice concern that impacts an estimated 1 in 10 older adults each year. It is widely believed that reports of maltreatment are significantly underreported. Types of maltreatment include physical abuse, neglect, psychological or emotional abuse, sexual abuse, and financial exploitation. Polyvictimization, or experiencing multiple forms of abuse either at different times or concurrently, is common, and the consequences for older people can be severe and life-altering.

Adult Protective Services (APS) is the most widely used intervention to address elder maltreatment. APS agencies investigate allegations of abuse, neglect, and exploitation and facilitate a range of person-centered remedies for older clients. Services include conducting needs assessments, developing and implementing care plans, providing services, and offering referrals. Given the multifactorial nature of elder maltreatment, an effective response requires input across disciplines to assist APS in identifying and facilitating tailored, best practice remedies for clients.

Elder abuse multidisciplinary teams (MDTs) gather interagency expertise to evaluate and offer remedies to address complex cases of maltreatment. APS is a core member of many MDTs. APS caseworkers are the primary referral resource to MDTs. MDT members may include health care practitioners, mental health services, victim services, civil legal aid, prosecutors, long-term care ombudsmen, and financial services providers. Cross-sector partnerships between APS and MDT allies are critical to client-centered, coordinated, and comprehensive case resolution and improved outcomes for APS clients.

APS + MDT Collaborations

Though the structure and function of MDTs differ depending upon community need, available resources, and team focus, frequent APS collaborators on MDTs include:





Law Enforcement

Law enforcement officers receive and respond to reports of elder abuse. They can assist APS in offering protection or supports to clients experiencing maltreatment in several ways, such as conducting welfare checks, initiating investigations, making arrests, enforcing protective orders, and accompanying caseworkers on visits where safety concerns are present. Officers can also offer expertise regarding laws pertaining to abuse. Some APS programs are required by statute to cross-report complaints of abuse to law enforcement.

For additional information on how APS partners with law enforcement, visit the **Elder Abuse Guide for Law Enforcement (EAGLE)**, a resource to aid professionals in the identification and investigation of abuse.



Prosecutors

Based upon the evidence gathered by APS, law enforcement, and other sources, prosecutors decide whether to bring criminal charges against alleged offenders. APS caseworkers can help prosecutors build cases and provide guidance on remedies including restitution or diversion. Prosecutors can advise APS and other MDT members about the criminal justice process, the relevant law and charges, and the benefits and risks of prosecution.

Additional information on prosecuting elder justice cases is available through the **U.S. Department of Justice's Elder Justice Initiative**.



Geriatricians

Geriatricians provide outpatient care, conduct house calls and virtual visits, screen for elder maltreatment, and perform mental capacity assessments. They can advise APS caseworkers on a client's medical conditions, history, and medications. These specialists can assist APS by reviewing medical charts and identifying forensic markers of abuse and neglect, including suspicious pressure ulcers and intentional injuries. Geriatricians may also be able to recommend medical resources and home health services.



Geropsychologists and Geriatric Psychiatrists

Geropsychologists and geriatric psychiatrists conduct capacity assessments to evaluate a client's decisional capacity. Their expertise is often essential to the provision of APS services when a client refuses assistance. Geropsychologists and geriatric psychiatrists determine if a client has capacity, namely the ability to make a decision or perform a specific task. Capacity assessments are nuanced, complex, and consequential. Clients with capacity may reject APS services, while a client who lacks capacity may not. The foundation of APS services lies in self-determination and autonomy so oftentimes capacity evaluations support the adult's right to refuse services.



Mental Health Professionals

Mental health professionals, including psychologists, psychiatrists, therapists, and social workers, may assist APS caseworkers by examining clients, sharing mental health diagnoses and information, and providing recommendations for appropriate interventions. They can also assist APS by helping to stabilize a client experiencing a mental health crisis and reducing potential risk or harm.



Civil Attorneys

Civil attorneys can offer APS clients legal guidance and representation on a range of issues. For example, they can help secure protective orders, preserve client rights, and prepare powers of attorney. Civil attorneys may offer advice on guardianships, eligibility for public benefits, and housing rights, among other legal issues.

To access legal help in your area, visit the Legal Services Corporation.



APS often works collaboratively with long-term care ombudsmen on behalf of residents in long-term care facilities. With resident consent, ombudsmen help resolve complaints, protect resident rights, and work to improve the quality of care for those living in facilities. Ombudsmen act at the resident's behest and direction. Both APS and ombudsmen elicit resident preferences and values when working to resolve complaints.

For additional information about the long-term care ombudsman program, visit the National Consumer Voice for Quality Long-term Care.



Victim Advocates

Victim advocates, also known as victim service providers, support APS clients in multiple ways. Community-based and/or justice system-based victim advocates are available in many counties. Depending on their role, they can advise APS clients about the criminal justice process, accompany them to court, assist with case management, and work with clients to preserve their independence and safety. Advocates can also help with transportation and provide access to local services and programs, such as Meals on Wheels.



In some states, public guardians are appointed by the court as substitute decision makers for clients who are deemed incapacitated. Guardians may be either public or private. They may be appointed after a client has been maltreated. In some instances, they can exceed the scope of their authority and cause abuse.



Forensic Accountants

Many APS programs employ forensic accountants who specialize in investigating cases of financial exploitation or fraud. Forensic accountants assist APS caseworkers and their clients by analyzing and synthesizing complex cases of financial abuse and exploitation. As part of MDTs, forensic accountants may contribute to civil legal and criminal justice case resolution.



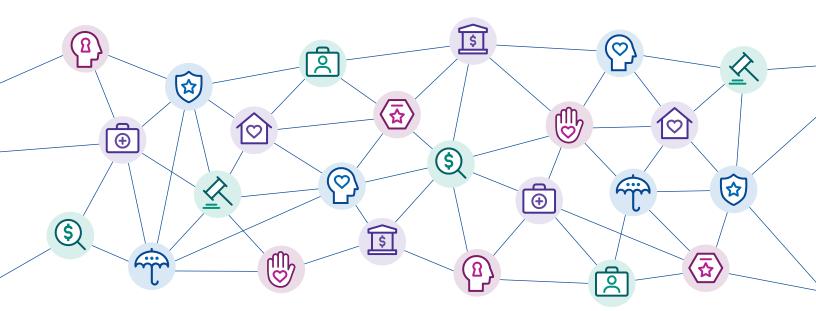
Financial Institution Representatives

Financial institution representatives such as bank tellers are not traditionally members of MDTs, but they may assist APS caseworkers to help address and resolve cases of financial abuse. The National Adult Protective Services Association (NAPSA) developed the <u>National</u> <u>Guidelines for Financial Institutions</u> to promote clarity and standardization between APS and financial institutions. Using <u>this form</u>, APS caseworkers may request records from financial institutions. For additional information on APS's relationship with banks, see the American Bankers Association's <u>Protecting Seniors Guide</u>.



Veterans Administration

The Veterans Administration (VA) has not historically been a part of case review MDTs, but they may be able to provide assistance to APS clients. NAPSA held a webinar series in 2022, **Collaboration with the VA**, designed to increase collaboration, understanding, and accessibility of APS services offered to veterans.









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