



DARS

VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

*Providing resources and services to
improve the independence of older Virginians*



APS During COVID: What Did We Learn and Where Do We Go Now?

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May 27, 2022**

APS Division Programs Mission

- Protect older adults and incapacitated adults from abuse, neglect, and exploitation.
- Prevent the abuse, neglect, or exploitation of older adults and incapacitated adults.
- Prevent the inappropriate institutionalization of older adults and impaired adults.
- Assist when necessary with appropriate alternate living placement.
- Maximize self-sufficiency.

APS May Include...

- 🎀 Legal Intervention
- 🎀 Monitoring Visits
- 🎀 Case Management
- 🎀 Companion/Chore/Homemaker
- 🎀 Transportation
- 🎀 Environment repair/cleaning
- 🎀 Adult Foster Care
- 🎀 Facility Placement
- 🎀 Medicaid long term services & supports screening
- 🎀 Service Collaboration (public assistance, medical care, AAA, CSB, DRS, Housing, etc.)
- 🎀 Advocacy

The COVID Pandemic



What Did We Learn?



APS Not Prepared for COVID

- APS was mostly not prepared for the disruption but has learned a lot.
- APS was hardly alone in not being prepared. APS programs had to make many adjustments on the fly – adjustments they had not planned for prior.

PPE

- Resources for personal protective equipment (PPE) were lacking for all professions, including APS.
- Until COVID, APS received no federal funding, and state funding is limited, so no resources to purchase PPE.
- APS programs often not given priority in receiving PPE within their states.

PPE Continued

- Administration Community Living (ACL) & APS TARC (Technical Assistance Resource Center) conducted a study that the results were posted in September 2020 where an overwhelming majority (94%) of respondents in APS stated that they had the PPE they needed.
- Link
[https://apstarc.acl.gov/getattachment/Information-Research/COVID-19/LRC COVID 19 Final Report 508.pdf.aspx?lang=en-US](https://apstarc.acl.gov/getattachment/Information-Research/COVID-19/LRC_COVID_19_Final_Report_508.pdf.aspx?lang=en-US)

Lack of Consistent Policy

- Since APS is not funded by federal dollars there are no federal requirements and policies that apply to APS programs.
- When the pandemic hit, each state and their APS program was on their own. States developed their own COVID-19 policies, and the lack of federal guidance ensured inconsistency in policies across the country.

Safety Concerns

- The pandemic highlighted additional safety concerns to APS.
- Workers are worried about being infected, infecting clients, or infecting other staff members and family members as a result of face-to-face investigations.
- Workers have been infected and cannot work in the field.

Safety Concerns Continued

- In the Final Report of the Adult Protective Services Study on the Impact of COVID-19 Findings from State Administrator Survey and Interviews with Local APS Staff
 - 89% were concerned with being infected during a Face to Face interview with a client/caregiver
 - 80% were concerned with infecting clients during a Face to Face interview

APS Workers At Risk

- All APS programs investigate abuse allegations in the client's home or in a private residence. In 38 states, APS programs also investigate abuse allegations in some types of residential care facilities, such as nursing homes or assisted living facilities.

APS as First Responders

- APS was treated like “first responders” when it came to the work in responding to COVID even though APS often did not qualify for the resources available to “first responders.”
- Time and time again, APS staff were called upon to do vital front-line work in the community, often outside the scope of their regular jobs, without the protective resources that other “first responders” had.
- Anecdotally, one positive result of COVID is that there seems to be a better understanding in local communities and state agencies about the role of APS

Learning New Technology

- Challenges in conducting investigations through mobile devices were quickly discovered, given that many among this client population were not accustomed to using technology or did not have it available.

Remote Work

- This caused immediate stress but also resulted in staff that ultimately were better equipped with technology and enhanced work flexibility through remote work.
- Remote work may become the norm for many programs. A few states were already doing some telework.
- Onboarding new staff was difficult for some states/localities to adjust from their “normal” ways of onboarding & training new staff



Training

- In Virginia, all training through the Virginia Learning Center (VLC) was transferred from in-person training to Virtual Learning/Webinars
 - Many other states have switched to this as well

Other Agencies Limited in Scope

- Many community-based organizations, such as senior centers and home care agencies, were temporarily closed to prevent the spread of COVID-19. Some service providers, especially those in healthcare, have focused on providing telemedicine to create physical distancing.
- Collaborating agencies, such as law enforcement and emergency medical services, have been limited in their ability to work with APS due to COVID-19, civil unrest, as well as natural disasters in different parts of the country.

APS as Default Agency

- “When things get tough, everyone leaves it to APS.”
- Some APS programs started taking on cases involving homelessness and mental illnesses because others were not.
- APS programs received calls from other service providers to provide access to food and healthcare, and to serve as the referral hub to find resources for older and dependent adults.

Virtual Investigations

- Virtual investigation is not best practice and should only be considered when the risk to the worker and client outweighs the benefit of face-to-face investigation.
- However, it was the only way to investigate safely at the beginning of the pandemic.

Face-to-Face Requirements

- Critical conundrum in the early days of the pandemic: how do you meet face-to-face requirements when you can't do face-to-face visits? Face-to-face visits are one of the practices that positively distinguishes APS from other social service providers.
- APS programs figured out creative solutions to this question, some of which will result in positive change in policy and improvements in practice.
- For example, caseworkers had to get creative in the way they interact with clients to do a comprehensive assessment, such as taking pictures, use of technology for communication, and making better interaction/use of collateral contacts.

More Complex Cases

- As social isolation increased and other community providers were often limited in their ability to meet needs or unable to provide services, APS ended up with referrals that previously would not have been so severe.
- Not only were the situations more severe, but the ability to address them was limited by pandemic restrictions on access to clients and collaterals and availability of community partners.
- For example, NAMRS data showed a dip in referrals from health professionals, presumably caused by the lockdown, resulting in APS clients whose condition continued to get worse before a referral was made to APS post lockdown.

Isolation and Abuse Potential

- Nationally and in Virginia, it has been discovered through a variety of studies, that the number of reports dropped significantly in the beginning of the pandemic
 - Less people were seeing the people we serve
 - Service coordinators, doctors, nurses, day programs, etc. were not seeing the older adults and incapacitated adults with the precautions in place at the early stages of the pandemic

Isolation as Risk Factor

- Preventive measures, such as self-quarantining, aim to decrease the risk of COVID-19 infection. However, being isolated is a risk factor of abuse, creating a catch-22 for this population.
- Many older and dependent adults subject to abuse require home-based long-term services and supports, which in itself is a risk factor during COVID-19 with decreased staffing and resources.

Financial Exploitation/Crimes

- The Department of Justice Elder Fraud and the FBI released the 2021 Elder Fraud Report with data from the Internet Crime Complaint Center for Victims of the age of 60.
- 2021 saw \$1.7 billion in losses, which was a 74% increase from 2020
- Virginia had between \$50M-\$100M in losses

Financial Exploitation Continued

- Virginia ranked the 12th highest in victims over 60 years old
 - #1 – CA, #2 – FL, #3 – TX, #4 – NY, #5 – OH
- Virginia ranked the 7th highest with \$60, 833, 277 in losses
 - #1 – CA, #2 – FL, #3 – NY, #4 – TX, #5 – NJ

Federal Funding Arrived!

- For the first time in the history of APS, Federal Funding was given to each state.
- Coronavirus Response & Relief Supplemental Appropriations Act of 2021: Grants to Enhance APS to Respond to COVID-19
 - Must be spent by September 30, 2022
 - Known as BL896 in Virginia
- American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services (ARPA)
 - 2 rounds
 - Both rounds must be spent by September, 2023
 - Known as BL898 in Virginia

APS's Role Recognized

- APS's unique role as vital community partners was recognized, which may have long-term benefits.
- Lots of people could not do their jobs like they had been (hospital discharge planner, AAA's, mental health). Some are still not doing face-to-face. In many communities, APS is picking up these pieces.
- There is greater recognition in their communities about the importance of APS.

APS Staff Are Heroes

- APS staff are heroes, and they are now more widely recognized for the heroic work they do.
- While recognition matters, certainly, more resources are a better reward. The new federal funding recognizes the importance of APS and is crucial to continued program improvement, but we all need to work together to reward those that deserve it most: APS investigators and supervisors.
- Again, anecdotally, based on discussions, the new recognition of the vital work of APS staff is resulting in increased pay and improved work conditions for some APS staff, while others are better able to make the case for it in their communities and agencies.

Where Do We Go From Here?



PHE to Expire soon (7/15/22)

- When the federal declaration of a public health emergency (PHE) expires, many of the flexibilities initiated during the PHE will be rolled back.
- This return to pre-pandemic operations will have far-reaching impacts for older adults and people with disabilities.

What Will Stay?

- Remote work in some places to continue?
- More recognition/funding for APS?
- Continued use of new technology?
- More consistent policy for APS nationwide?
- Better planning for public emergencies in the future?

Additional Outcomes

- In the Study of Impact of COVID-19 on APS from ACL-APS TARC (released September 2020)
 - Well over 64% of APS staff nationwide reported that they had the Technical Support they needed, this has increased over time
 - 77% of staff had reported increased communication with their supervisors
 - Over half at 62% had reported an increase in Peer discussions and support

APS Workers Are Heroes!

- One of the most important things that won't change is the recognition of our APS workers as heroes!!!

Group Discussion

- What have LDSS' and other agencies changed as practice since the beginning of COVID-19?
- What will you keep doing?
- What would you like to see change because of what you have learned over the past 2 years?

Where to Report Adult Abuse



Report suspected abuse, neglect, or exploitation of adults to Adult Protective Services at your local department of social services or to the 24-hour, toll-free hotline at: **(888) 832-3858 (888-83ADULT)**

Link to Local DSS Directory:

<https://www.dss.virginia.gov/localagency/index.cgi>

APS Division Contacts

<https://vadars.org/aps>

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THANK YOU!!