

Adult Protective Services

ANNUAL REPORT

Fiscal Year 2024

(October 2023 - September 2024)



Division of Adult Services, Economic Stability Administration

NOTE FROM DIRECTOR

Division of Adult Services

Dear colleagues,

I am pleased to present the Adult Protective Services (APS) annual report, which spans Fiscal Year 2024. The Division of Adult Services has compiled important data highlighting our commitment to safeguarding adults who are vulnerable in Michigan.

In Fiscal Year 2024, the APS program received a total of 57,504 referrals concerning allegations of abuse, neglect or exploitation. Our dedicated APS staff investigated 21,137 of these cases, concluding that 41% were substantiated. Each referral underscores the critical need to protect Michigan's most vulnerable adults from these harmful situations.

This year has seen an increase in awareness and visibility for APS within the Michigan Department of Health and Human Services (MDHHS) and the broader

community. We have finalized the APS 101 Basic Understanding presentation, which will be used by local MDHHS offices and policy staff for community outreach, delivering a clear and consistent message about APS in Michigan. Additionally, the Division of Adult Services and various local offices organized events to commemorate World Elder Abuse Awareness Day, furthering our efforts to raise awareness about abuse, neglect and exploitation.



We have successfully completed three technology projects aimed at enhancing compliance with APS federal regulations and improving efficiency within the Michigan Adult Integrated Management System (MiAIMS), used by our APS staff.

This year's report also incorporates census data from Michigan, offering insights into our state's demographic shifts as one of the top 10 states with the highest aging population. Given the increasing aging population, it is crucial to protect Michigan's most vulnerable adults from abuse, neglect or exploitation. Additional information can be found in this report.

It is imperative to recognize that abuse, neglect, and exploitation are public health crises that necessitate collaboration among all community partners to develop effective solutions for prevention and resolution. The protection of Michigan's vulnerable adults relies on the innovative and relentless collaboration between APS staff and community partners through education and advocacy.

The report contains comprehensive details that I cannot convey in this brief message, and I encourage everyone to read it in full to gain a deeper understanding of APS in Michigan.

Let us continue to build on our successes together.

With deepest appreciation,

Cynthia G. Farrell, Director



Compassion. Advocacy. Responsibility. Effectiveness.

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INTRODUCTION

Michigan Adult Protective Services

What is APS?

APS is a statutorily mandated program to investigate allegations of abuse, neglect and exploitation of vulnerable adults in Michigan. APS will determine the nature and cause of the maltreatment and take action to attempt to mitigate the current or future risk of harm in the most supporting setting possible.

Whom Does APS Serve?

APS provides protection to vulnerable adults who are at risk of harm due to the presence or threat of any of the following:

- Abuse.
- Neglect.
- Exploitation.

Developing a Caring Community

A caring community is concerned for and aware of the needs of vulnerable adults. It accepts and embraces the responsibility to notify APS when it is aware of a vulnerable person in need of protection.





APS Assists with Services to Adults

APS makes available the most appropriate supportive setting, directly or through the purchase of goods and services from other agencies and professions. The department collaborates with law enforcement, probate courts and other community partners to identify and resolve adult abuse, neglect or exploitation.

APS PROGRAM

Mission, Vision and Program Goals

Mission

Michigan APS ensures vulnerable adults and their families receive supports through assessment, referral and provision of services to live in the least restrictive setting with a sense of dignity, safety and well-being.

Vision

Michigan recognizes the value of empowering vulnerable adults by facilitating supportive services and sustainable solutions for individuals to live with a sense of dignity, safety and well-being.

Goal

APS workers protect vulnerable adults from abuse, neglect and exploitation, while promoting respect, safety, independence and freedom of choice by delivering quality services, protection, intervention and resources to the client.

APS Does:



Help vulnerable adults remain safe.



Provide investigation services.



Make referrals to other community partners.



Purchase services and goods with APS funds.



Work with vulnerable adults' chosen support system.



Pursue legal intervention as needed (last resort).

APS Does Not:



Remove anyone from their home.



Make people work with APS.



Make people accept services.



Place a person in a nursing home.



Release private information.



Identify referral source name.



Investigate nursing home staff.



Investigate in prisons and state hospitals.

MICHIGAN'S APS PROGRAM

Business Service Center Map

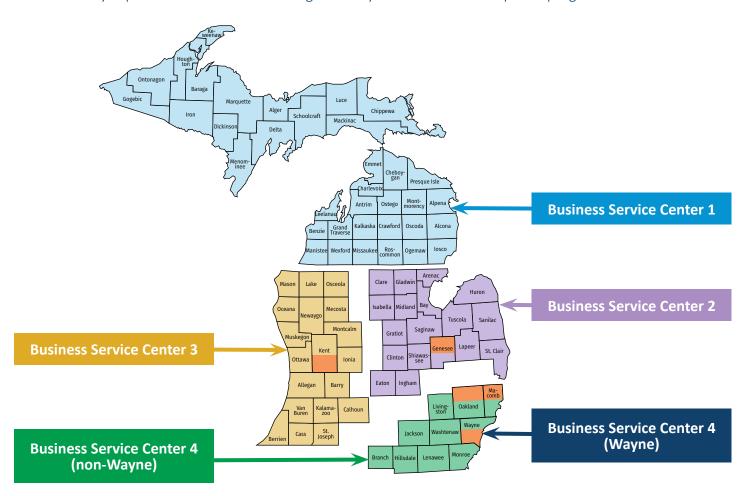
Program Office

Michigan's APS program is statewide and present in all 83 countries. Each county is a part of a larger regional section, which is referred to as a Business Service Center (BSC). Michigan's APS program has four larger regional BSC sections, with a director in each BSC. Due to the large population density of Wayne County, it is often referred to as its own section within BSC 4.

Michigan Adult Services (AS) Staff Statewide

Total Adult Services Staff: 541, Total Adult Services Supervisors: 68

AS is comprised of three programs, Adult Community Placement, Adult Protective Services and Home Help Services. Many supervisors and workers manage or carry a caseload for multiple AS programs.



MICHIGAN APS REGULATIONS

Statutory Requirements

Social Welfare Act, MCL 400.11

Gives MDHHS the authority to provide APS to vulnerable adults at risk of harm. MDHHS is required to "... commence an investigation to determine whether the person suspected of being or believed to be abused, neglected or exploited is an adult in need of protective services."

Social Welfare Act, MCL 400.11b (Mandated Reporter)

Certain professions have a legal obligation under the Social Welfare Act to report any suspicions regarding vulnerable adults who they believe have been harmed or are at risk of harm from abuse, neglect or exploitation. This includes a person who is employed, licensed, registered or certified to provide health care, educational, social welfare, mental health or other human services; an employee of an agency licensed to provide health care, educational, social welfare, mental health or other human services; a law enforcement officer; or an employee of the office of the county medical examiner.

Michigan Penal Code, MCL 750.145 et seq.

Prohibits harm of a vulnerable adult by a caregiver or other person with authority over the adult and establishes penalties for a caregiver.

Michigan Financial Exploitation Prevention Act, MCL 750.174

Prohibits and provides penalties for the financial exploitation of a vulnerable adult. Mandates bank and credit union employees in Michigan to report suspected financial exploitation of a vulnerable adult to law enforcement or APS and enables them to assist in those investigations.

Uniform Securities Act, MCL 451.2351 to 451.2543

The Michigan Uniform Securities Act (MUSA), 2008 PA 551, provides for the regulation of the securities industry in Michigan. The Securities & Audit Division oversees the registration of individuals and entities that provide investment-related advice to Michigan residents, the registration and exemption of products, and investigates complaints related to securities.

Amended in March 2023 to mandate broker-dealer and investment advisers to report suspected financial exploitation to law enforcement or APS and enables them to assist in those investigations.

Vulnerability Defined in Law

Michigan Complied Laws (MCL), 400.11

In Michigan, for APS to investigate, the law requires the client to be 18 years of age or older and must be "vulnerable." A vulnerable adult is someone who is unable to protect themselves due to a mental or physical impairment or because of advanced age. Vulnerability is unique for each adult and goes beyond a specific diagnosis or disability, which the APS worker continuously assesses during the investigation.

Adult Services in the United States

Administration for Community Living (ACL)

APS programs across the country support older adults and adults with disabilities who experience, or who are risk of, abuse, neglect, self-neglect or financial exploitation. Through initiatives and recommendations, ACL has led federal efforts to support and guide the critical work of APS.

On May 7, 2024, ACL published a final rule to establish the first-ever federal regulations for adult protective services. The regulations took effect on June 7, 2024, but regulated entities have until May 8, 2028 to fully comply.



ACL Rule Highlights:

- Establishes a set of national standards for the operation of APS programs.
- Establishes definitions for terms that are foundational to APS practice to improve information sharing, data collection, and program standardization between and within states.
- Creates a tiered assessment system to differentiate between cases that represent immediate risk (defined as those that are life-threatening or likely to cause irreparable harm or significant loss of income, assets, or resources) and those that do not, and establishes response timelines for each.
- Requires APS programs to provide at least two ways for reports of adult maltreatment and self-neglect to be made 24 hours per day, seven days per week. At least one must be an online method, such as a secure email inbox.
- Emphasizes person-directedness and least-restrictive alternatives as core values in APS practice.
- Requires robust conflict of interest policies to support ethical APS practice.
- Promotes coordination and collaboration with other entities, such as state Medicaid agencies, long-term care ombudsmen, tribal APS and law enforcement.
- Requires state APS entities to create state plans at least every five years and to submit annual program performance data.

APS HARM DEFINITIONS

Harm Types

Abuse

Harm or threatened harm to an adult's health or welfare caused by another person. Abuse may be physical, sexual or emotional.

Neglect

Harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation (self-neglect) or the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare.

Exploitation

Misuse of an adult's funds, property or personal dignity by another person.

Harm Subtypes

Abandonment

An individual who has duties or obligations that arise through contract, law, or the voluntary assumption of responsibility to provide care, supervision or services to a vulnerable adult, and who unreasonably deserts or withdraws their duties or obligations to the vulnerable adult, resulting in serious harm or serious risk of harm to that vulnerable adult.

Emotional Abuse Unreasonable verbal or nonverbal behaviors, or any other unreasonable conduct that inflicts unwarranted anguish, mental pain, fear, or distress of a vulnerable adult.

Financial Exploitation

A fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual who uses or attempts to use the financial resources of another individual for monetary or personal benefit, profit or gain.

Physical Abuse

The use of non-accidental contact that results in bodily injury, physical pain or suffering.

Self-Neglect

A vulnerable adult's refusal of or inability to understand the necessity of or arrange for care, goods or services essential to maintain their health, safety or welfare and prevent harm or an unreasonable risk of harm.

Sexual Abuse

Any unwanted sexual contact, exposure, behavior or conduct.

IDENTIFYING HARM

Signs and Risks

Abuse

Signs of abuse:

- Unexplained bruising.
- Threats.
- Harassment.
- Insults.
- Bed sores.
- Fractures.
- Burns.
- Actions that could confuse, frighten or isolate.
- Improper use of medication.
- Controlling access to or the movements of an individual.

Risk factors of abuse:

- Family crisis or increase stress.
- History of domestic violence.
- Loneliness and isolation.
- Financial issues and/or dependency.
- Substance use.

Self-Neglect

Signs of self-neglect:

- Not going to the doctor.
- Not taking medication as needed.
- Lack of food, inadequate nutrition.
- Unsafe housing conditions.
- Poor personal hygiene.
- Unpaid bills.

Risk factors of self-neglect:

- Recent loss of loved one.
- Unattended medical concerns.
- Decline in health.
- Lack of outside contact, isolated from friends and family.
- Lack of a caregiver.
- Cognitive impairment or dementia.

Financial Exploitation

Signs of financial exploitation:

- Unusual financial activity (e.g., large bank withdrawal or use of ATMs or credit cards not normally used).
- Missing checks or missing bank statements/records.
- Address or names have been changed on accounts.
- Purchases made without the individual's knowledge or consent.
- Newly authorized signatures on accounts or forged signatures.
- Evidence that the person fell victim to a scam.
- Missing belongings.
- Change to a financial power of attorney.
- Change of ownership of bank accounts or the deed to a physical property such as a home.

Risk factors of financial exploitation:

- Excessive spending or financial donations.
- No oversight of finances.
- Limited knowledge of technology or modern payment methods.
- Cognitive impairment or dementia.

APS OVERVIEW

APS Investigation Process: Start to Conclusion



Department Receives Referral

What happens when the department receives a referral of suspected abuse, neglect or exploitation of a vulnerable adult?

Referrals are evaluated by Centralized Intake and go through a review process to ensure they meet criteria outlined in law and policy prior to assignment. Through this review process referrals are assigned, transferred to other agencies or denied for investigation.



Referral is Assigned to Worker

What happens if a referral gets assigned?

The referral is sent to a local MDHHS office in the county where the client resides or is located. The APS worker has 24 hours to commence the investigation by contacting someone who can provide information about the client. If that cannot be completed, the APS worker must attempt to contact the client within 24 hours either in person or by phone.



(3) Worker Investigates

What happens during the investigation?

An APS worker will investigate the suspected abuse, neglect or exploitation, and connect the individual with support services if they choose to receive them.

APS understands that every adult has the right to selfdetermination; APS cannot make anyone accept help if they do not wish to receive it. APS also cannot control whether law enforcement opens an investigation. Due to APS investigations being confidential, APS may be limited in their ability to provide details of the investigation.



(4) Services or Interventions

What happens if APS determines that a service or intervention is needed?

An APS worker works with the client to assess any safety concerns present. Often safety can be improved through direct intervention by MDHHS or referrals to community services, such as house cleaning, counseling, shelter, food assistance, etc. If this is the case, the worker will connect the client, if they choose, with the needed service(s).

Some cases require court intervention to improve client safety and stability, which may involve the APS worker filing petitions to request a guardian or conservator be appointed. This is done only when all less restrictive measures will not resolve the

There are no income-related eligibility requirements for services provided or referred by APS and will be different for every situation with the overall goal of enhanced safety and well-being of a vulnerable adult.



(5) Case Resolution

How long is an investigation open?

APS investigations are open as long as necessary to gather information, determine what must be done to mitigate risk, and determine who is responsible for the harm to the vulnerable adult. This is dependent on factors, including coordination with other investigative agencies, court involvement and availability of services. There is no hard deadline to close an APS investigation.

Average length of an investigation:

63 Days

Investigations completed in less then 30 days:

Investigations completed in more than 90 days:

20%

APS REFERRALS

Overview and Volume

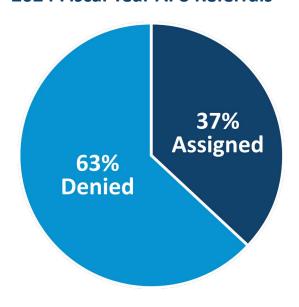
Michigan's APS program uses Centralized Intake (CI), a statewide call center designed to receive referrals of abuse, neglect and exploitation for vulnerable adults.

Currently, CI has operation centers in Grand Rapids and Detroit. These offices operate as one unit and perform the same duties statewide.

The intent of centralizing the intake process is to ensure that referrals are evaluated with a consistent interpretation of law and policy. Through this process, assignments to the local office, transfer to other agencies, or denials are consistent across all counties throughout Michigan.

CI staff are available to take APS referrals 24 hours a day, seven days a week, including holidays. To make a referral, call Michigan's Centralized Intake at **855-444-3911**.

2024 Fiscal Year APS Referrals





APS STATISTICAL OVERVIEW

Snapshot of the APS Program

57,504

new referrals received.

A referral is an allegation, report or other communication which contains information about known or suspected abuse, neglect or exploitation of vulnerable adults.

21,137

new referrals assigned for an investigation.

During the course of an APS investigation, an APS worker will determine if the adult was abused, neglected or exploited.

36,367

new referrals denied for investigation.

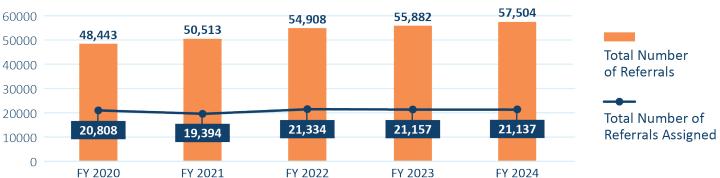
A referral is denied if any of the three components are not present: the individual is not an adult, if the individual is not vulnerable, or if the referral does not report abuse, neglect or exploitation.

8,596

(41%) investigations resulted in a substantiation.

A substantiated investigation is a situation in which the worker determines the vulnerable adult is at risk or has been harmed due to abuse, neglect or exploitation.

Five-Year Comparison



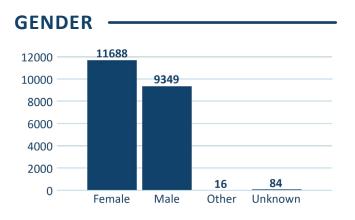
DEMOGRAPHICS

Client Information

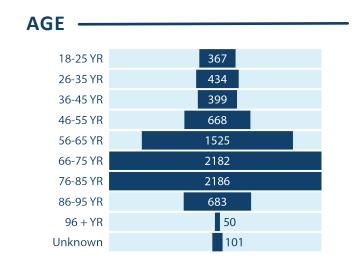
Michigan tracks important demographic information on APS clients including age, gender and race. Information is documented in Michigan's APS case management system, Michigan Adult Integrated Management System (MiAIMS).

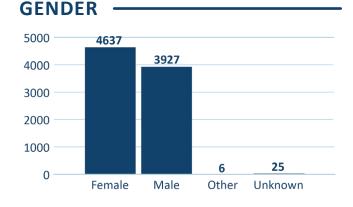
ALL INVESTIGATIONS

AGE -1088 18-25 YR 1130 26-35 YR 1032 36-45 YR 1486 46-55 YR 3372 56-65 YR 4774 66-75 YR 5461 76-85 YR 86-95 YR 2142 96 + YR 215 437 Unknown



SUBSTANTIATED INVESTIGATIONS





RACE

Race	Alaskan/ Hawaiian/Other Pac. Islander	American Indian	Asian	African American/ Black	White	Other/ unable to determine	Hispanic/ Latino	Two or more races	Unknown
All Investigations	11	81	80	3,653	14,259	1,242	254	35	1,522
Substantiated Investigations	2	34	31	1,604	5,752	505	89	12	566

INVESTIGATION DETAILS

Referral Source and Harm Types

Referral Source

A referral from any source must be documented and reviewed to determine if it meets requirements for investigation. Certain persons are required by law to make an oral report regarding suspected abuse, neglect or exploitation of adults.

Required persons include:

- Individuals employed, licensed, registered, certified to provide or an employee of an agency licensed to provide health care, educational services, social welfare services, mental health services, or other human services.
- Law enforcement officers.
- Employee of a county medical examiner.
- Physicians.
- Banks and credit unions with a physical location in Michigan.
- Broker-dealer.
- Investment advisor.

Reporting Source: All Investigations



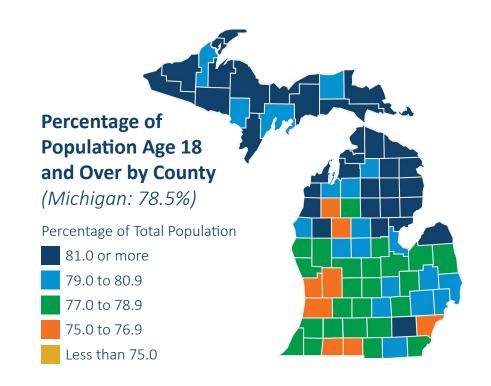
Reporting Source: Substantiated Investigations



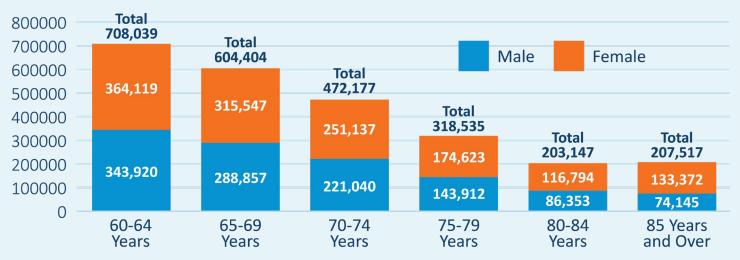
MICHIGAN'S AGING POPULATION

2020 Census Data

According to the 2020 census data, Michigan has 2,513,819 adults over the age of 60, representing approximately 25% of the state's population and 39% being over the age of 50. 18% of Michigan's population is age 65 and older, which ranks Michigan among the top 15 aging states in the U.S. It is projected that by 2050, the median age in Michigan will be over the age of 40 (Michigan Center on Data and Analytics).



Michigan Population Over the Age of 60 by Age: 2020



APS STRATEGIC PLAN

Organizational Activities

In 2021, a five-year strategic plan was developed for Michigan's APS program. APS immediately started implementing goals and tasks outlined in the Strategic Plan.

Five-Year Strategic Plan Objectives

- 1 Develop state-of-the-art technology through enhancement and usability.
- (2) Create accessible systems that provide timely and accurate data that drives APS effectiveness.
- (3) Enhance the workforce through training, development, supports and appropriate staffing.
- (4) Enhance access to funding and resources.
- (5) Improve visibility and understanding of the APS program.
- (6) Foster partnerships through education and engagement for improved client outcomes.

FY 2024 Strategic Plan Accomplishments

Fostering

Partnerships

Technology	APS launched an online portal within the Michigan Online Reporting System (MORS), which allows mandated reporters to file APS referrals online. Michigan updated its case management system's data fields to be more consistent with the National Adult Maltreatment Reporting System (NAMRS). Payment portal created in MiAIMS for Adult Community Placement (ACP) and APS payments.
Timely and Accurate Data	Developed reports and made them available to APS managers, analysts and Central Office staff. APS managers completed a two-part training on available reports and how to effectively use them.
Funding and Resources	Allocated funding to provide goods and services to APS clients in need.

Delivered presentations to community partners about abuse, neglect, and

exploitation and the launch of the online portal for submission of APS referrals.

FY 2024 Strategic Plan Accomplishments, Continued

Training,
Development,
Support and
Appropriate
Staffing

APS staff completed an online survey to identify training and technology needs.

Annual CI APS refresher training developed.

New Supervisor Institute Core Training was piloted for Adult Service managers and is now offered quarterly.

Hired two program managers at the local county office level for additional staff support.

Updated the APS policy manual.

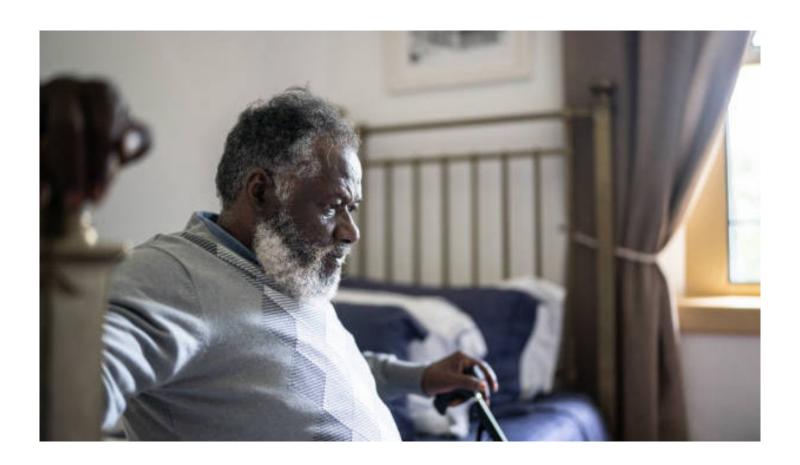
Visibility and Understanding

Developed an APS Public Service Awareness Campaign to spread awareness about abuse, neglect and exploitation.

Enhanced federal relationships by having staff participate on committees for the National Adult Protective Services Association (NAPSA).

Built national partnerships and increased networking with other state APS programs by sending staff to the NAPSA and Texas APS conferences.

Updates were made to Adult Services home page to provide more visibility and accessibility.



APS EFFECTIVENESS PLAN

Review and Measure Program Effectiveness

Michigan's APS program recognizes that measuring a program's effectiveness is critical to determining if the program meets the needs of their clients.

In Fiscal Year 2024, to ensure the department's objectives were being achieved and ensuring the objectives aligned with clients needs, APS developed an effectiveness plan. The APS Effectiveness Plan identifies seven key components of the APS process to determine program effectiveness. The plan defines success and how it will be monitored.



Seven Key Components

- **Referrals:** Ensuring all available information has been obtained to make an informed decision to dispose of referrals appropriately and timely to protect vulnerable adults.
- **Investigations:** Following policy and statute to determine if the allegations of abuse, neglect or exploitation of a vulnerable adult are supported by evidence.
- (3) **Client Outcomes:** Client's situation was assessed for safety with the goal of risk reduction and elimination of barriers in the least restrictive manner by offering resources and/or providing services when needed or requested.
- **Client Experience:** Taking into account the client's perspective of whether they were offered the opportunity to partner with APS during the investigative process and the impact on their life.
- **Services:** Offering client-centered resources that can provide immediate and long-term protective solutions, while recognizing the client's freedom of choice.
- **Funding:** Appropriately using all available resources, internal and/or external, to address the client's unmet needs, reducing risk and improving the client's safety and well-being.
- 7 APS Staff Resource: Providing staff with adequate support and tools necessary to address the client's circumstances while honoring the client's perspective of choice.

Effectiveness Plan FY 2024 Highlights and Accomplishments

- Conducted an APS client survey to gather program effectiveness from the viewpoint of those served.
- Conducted an APS worker/supervisor survey to gather information on the needs and perspective of those first line employees and supervisors.
- Added additional funding resources to purchase goods and services for clients when needed.
- Completed statewide targeted case reads to understand effectiveness in APS assignments, investigations, client outcomes, and services offered.
- Supervisors used the APS Pre-Closure Case Review online tool to monitor key elements of the investigative process.
- Collected and monitored ongoing data trends on key investigative components for quality assurance purposes.
- Routinely reviewed policy and educational needs based on targeted case reads and data collection.

2024 ANNUAL REPORT

In Closing



"We can't help everyone, but everyone can help someone."

- Ronald Reagan



Click here to visit the APS webpage.

Statewide Abuse and Neglect Phone Number **855-444-3911**

World Elder Abuse Awareness Day is June 15.

MDHHS-Pub-1829 (Rev. 4-25)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.