



Adult Protective Services

ANNUAL REPORT

Fiscal Year 2025

(October 2024 - September 2025)



Division of Adult Services,
Economic Stability Administration

NOTE FROM DIRECTOR

Division of Adult Services

Dear Colleagues,

I am excited to share this year's Adult Protective Services (APS) annual report for Fiscal Year (FY) 2025. The Division of Adult Services has been busy equipping adult services staff in local offices with resource materials and special APS funding to provide goods and services to vulnerable adults in Michigan.

The APS program received 61,914 referrals concerning allegations of abuse, neglect or exploitation for FY 2025. The dedicated APS staff investigated 23,879 referrals and determined 40% were substantiated for abuse, neglect or exploitation.

A significant highlight in FY 2025 is the APS audit from the Office of Auditor General (OAG) that found **MDHHS APS was compliant in all four areas reviewed**. This was a huge success for the MDHHS APS program made possible by the collaboration between APS policy office, Centralized Intake and the local county APS staff. Kudos to all involved. See information and link later in report.



This year saw the launch of the APS PSA campaign across the state from January through April. The PSA campaign encompassed broadcast TV, over-the-top streaming, YouTube, Facebook/Instagram, doctor office/pharmacy videos and outdoor digital bulletin boards. The PSA campaign directed people to the MDHHS website and the toll-free number to report abuse, neglect and exploitation. See information later in report.

Ongoing collaboration with community partners offered multiple opportunities for the APS 101 and Mandatory Reporter presentations to be shared increasing awareness. The Elder Justice conference held in September 2025, offered the opportunity for a keynote message "It Takes A Village" highlighting the need for cooperation and coordination among community partners to work together. Michigan had a national impact at the National Adult Protective Services Association (NAPSA) conference where two local APS staff members presented on a pioneering mentoring program developed and piloted here in Michigan. Several states have reached out to learn more about the Mentoring Program.

Technology improvements included collaboration with the Consolidated Print Center to allow documents and forms to be sent to them for processing, which increases efficiency for staff and decreases mail costs. Concurrently, the documents and forms were updated to American Disability Act (ADA) standards.

It is imperative to acknowledge that abuse, neglect and exploitation are public health crises that necessitate collaboration among all community partners to develop effective solutions for prevention and resolution. Together we can continue this momentum to keep adults safe. Please read the full report for a greater understanding of APS.

With deepest appreciation,

Cynthia G. Farrell, *director, Division of Adult Services*

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 supportive 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 goods and services 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

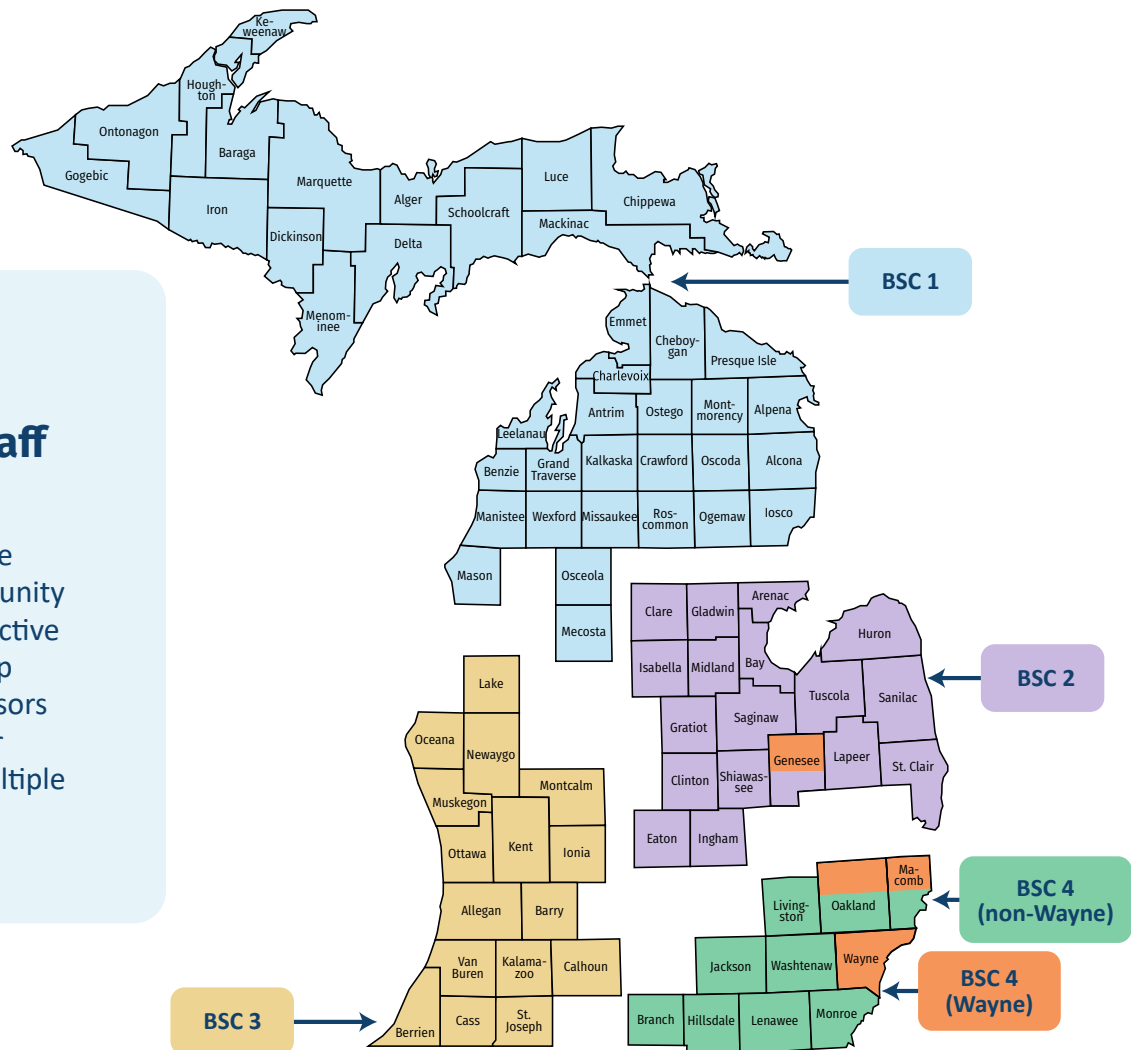
Business Service Center map

Program Office

Michigan's APS program is statewide and present in all 83 counties. 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

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 400.11b

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 400.11a
(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 750.145n

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

Financial Exploitation Prevention Act

MCL 487.2081 to 487.2091

Mandates bank and credit union employees in Michigan to report suspected financial exploitation of a vulnerable adult to law enforcement or APS.

Uniform Securities Act

*MCL 451.2531
to 451.2543*

Amended in March 2024 to mandate broker-dealer and investment advisers to report suspected financial exploitation to law enforcement or APS. Broker dealers and investment advisors are not bound by the borders of the state and can be located anywhere in the country.

REQUIREMENTS UNDER THE LAW

Vulnerability and mandated reporters

Vulnerability defined in law

Michigan Compiled Laws (MCL) 400.11 to 400.11f

In Michigan, for APS to investigate, the law requires the client must be 18 years of age or older and must be “vulnerable.” A vulnerable adult is someone who is unable to protect themselves due to their age, mental or physical impairment, or advanced age. Vulnerability is unique for each adult APS works with and must be continually assessed during the investigation and goes beyond a diagnosis or disability.

Some signs that an adult may be vulnerable include:

- Being isolated or withdrawn from family and friends.
- Having difficulty meeting basic needs.
- Showing signs of depression, fear or withdrawal.
- Having changes in eating or sleeping habits.
- Showing mood swings or personality changes.

Mandated reporters

Social Welfare Act MCL 400.11a

Financial Exploitation Prevention Act MCL 487.2081 to 487.2091

Uniformed Security Act MCL 451.2531 to 451.2543

If you are a part of any of the professions listed below, you may have a legal obligation to report any suspicions regarding vulnerable adults who you believe have been harmed or are at risk of harm from abuse, neglect or exploitation.

- Physicians.
- Nurses.
- Psychologists.
- Hospital administrators and staff.
- Investment advisors.
- Teachers.
- Social workers.
- Law enforcement officers.
- Michigan bank and credit union staff.
- Broker-dealers.



Why are mandated reporters required to report?

Mandated reporters, together with APS, play an important role in helping vulnerable adults live free of abuse, neglect and exploitation. For that reason, mandated reporters are required to report incidents to APS. Failure to report may lead to fines or other consequences.

What if I'm not sure?

Do you just have a “feeling” about a situation but can't verify the details? APS staff are trained to handle such a situation. Based on your report, the department will assess the situation and determine how best to respond.



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	Risk factors
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Family crisis or increased stress.• History of domestic violence.• Loneliness and isolation.• Financial issues and/or dependency.• Substance use.

Financial Exploitation

Signs	Risk factors
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Excessive spending or financial donations.• No oversight of finances.• Limited knowledge of technology or modern payment methods.• Cognitive impairment or dementia.

Self-Neglect

Signs	Risk factors
<ul style="list-style-type: none">• Not going to the doctor.• Not taking medication as needed.• Lack of food, inadequate nutrition.• Unsafe housing conditions.• Poor personal hygiene.• Unpaid bills.	<ul style="list-style-type: none">• Recent loss of loved one.• Unintended medical concerns.• Decline in health.• Lack of outside contact, isolated from friends and family.• Lack of a caregiver.• 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.

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 self-determination; 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.

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 concerns.

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.

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.

APS STATISTICAL OVERVIEW

Snapshot of the APS program

61,914

new referrals received.

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

23,879

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.

38,035

new referrals denied for investigation.

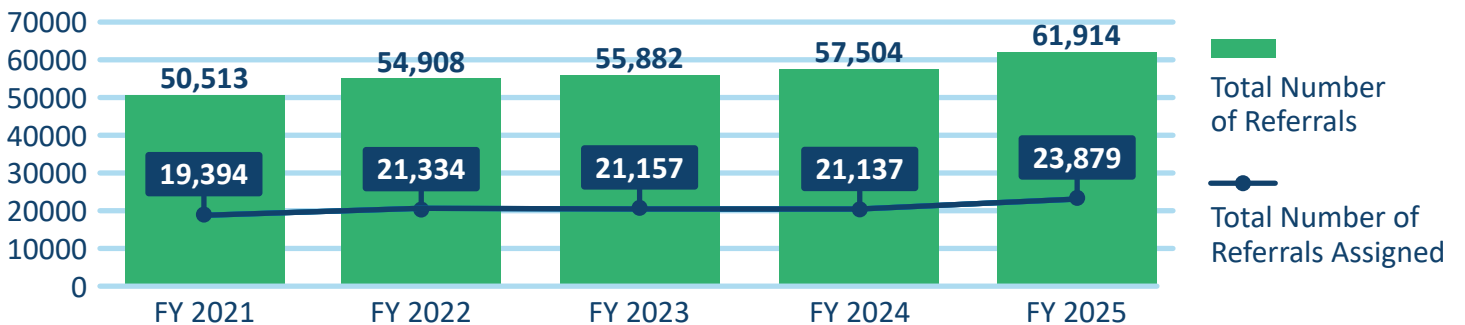
A referral is denied if any of the three components are not present: the individual is not an adult, if the individual is not vulnerable or if the referral does not report abuse, neglect or exploitation.

9,492

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



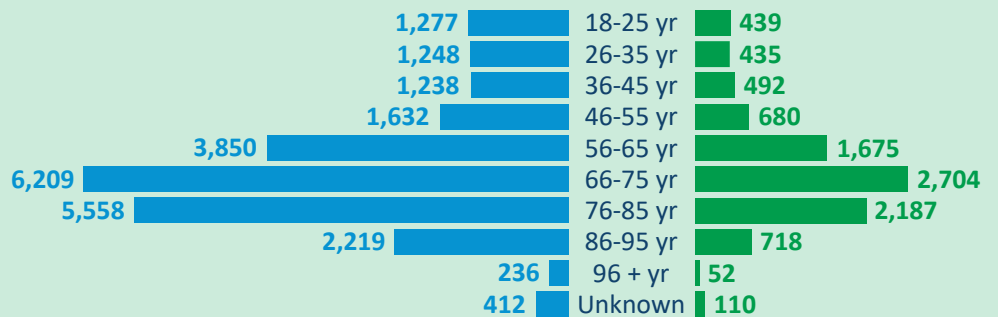
DEMOGRAPHICS

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).

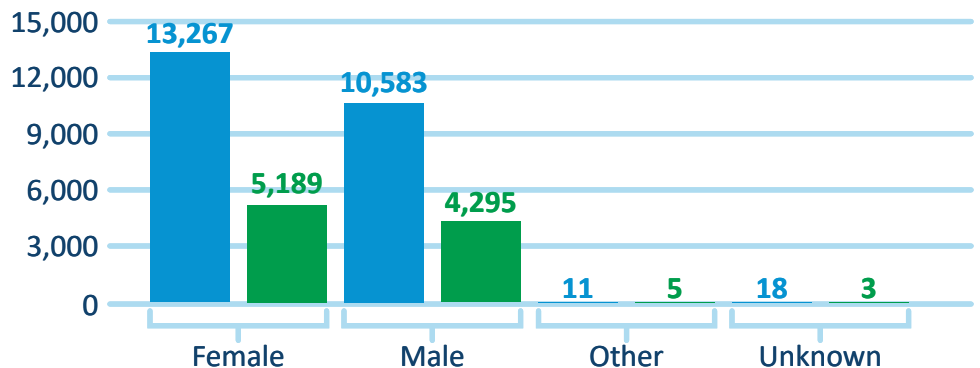
Age

- All Investigations
- Substantiated Investigations



Gender

- All Investigations
- Substantiated Investigations



Race	African American/ Black	Alaskan Native	American Indian	Asian	White	Hawaiian/ Other Pacific Islander	Hispanic/ Latino	Other	Two or more races	Unknown
All Investigations	4,109	2	84	101	14,915	5	295	162	101	4,105
Substantiated Investigations	1,671	0	39	43	5,981	2	102	64	38	1,552

INVESTIGATION DETAILS

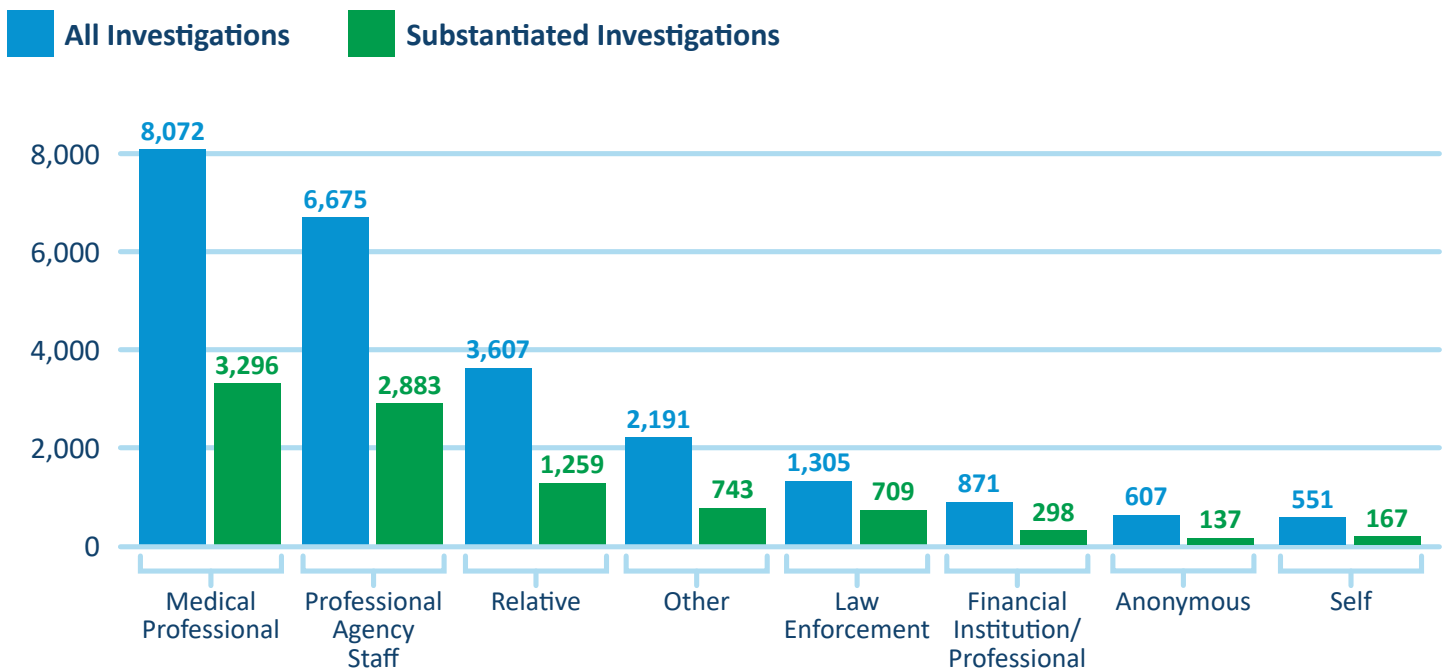
Referral source and harm types

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.



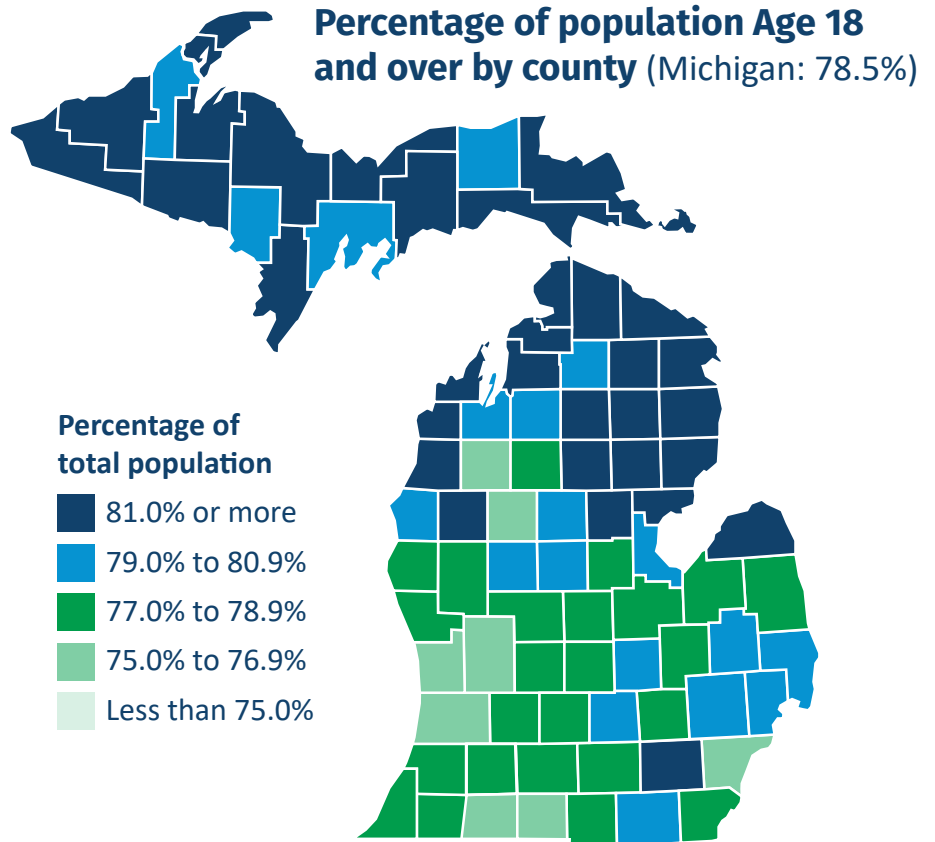
Referral Source: All Investigations and Substantiated Investigations



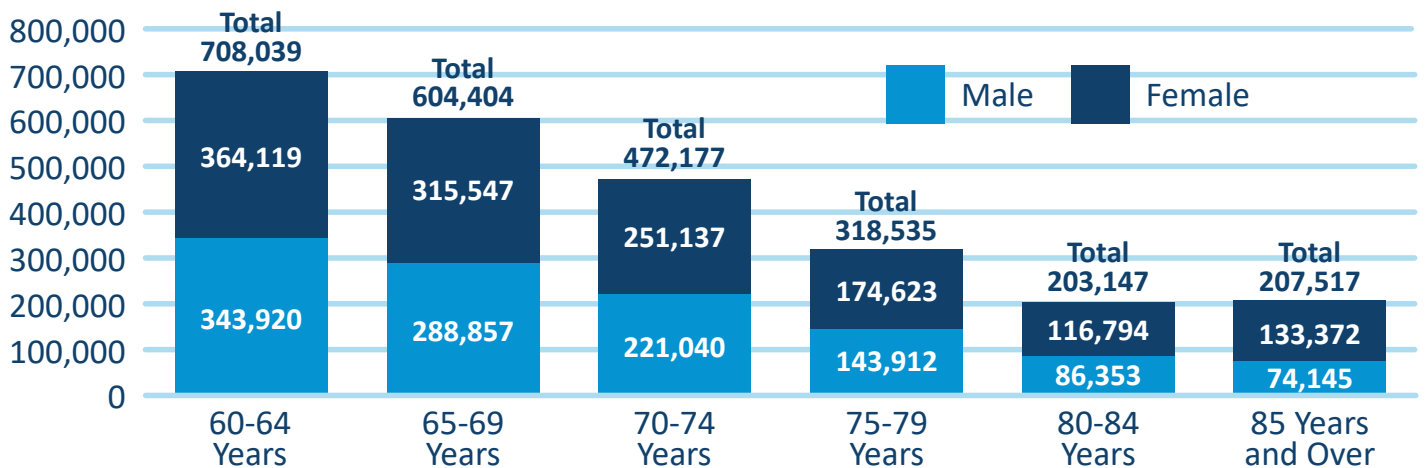
MICHIGAN'S AGING POPULATION

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. According to Michigan Center on Data and Analytics, 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 population over the age of 60: 2020



2025 ACCOMPLISHMENTS

Project updates



APS Five-Year Strategic Plan

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.

FY 2025 Accomplishments:

- Improved technology through the implementation of consolidated print and updating forms to be compliant with the American Disabilities Act.
- Supported the workforce by utilizing American Rescue Plan (ARPA) funds.
- Increased visibility of the APS program through ad campaigns.

2020 Audit findings conclusion

In 2020, the Office of Auditor General (OAG) identified non-compliance and listed four material findings for MDHHS’ APS program. **In FY 2025 APS successfully reached compliance in all four areas.**

[Click for APS audit follow-up report](#)

APS audit follow-up	2022	2025
Referrals made to law enforcement	73%	97%
Supervisor case reviews	63%	100%
24-Hour collateral contact met	77%	99%
Annual training for CI	59%	98%



APS Effectiveness Plan

Michigan’s APS program recognizes that measuring a program’s effectiveness is critical at determining if the program meets the needs of their clients. In FY 2024, an APS effectiveness plan was established.

FY 2025 accomplishments:

- APS completed the first statewide client survey.
- Two targeted statewide APS case reads were completed to look at policy compliance regarding referral assignments.
- ARPA funds were used to provide client goods and services needed to promote safety and independence.

2025 HIGHLIGHTS

Activities to support awareness

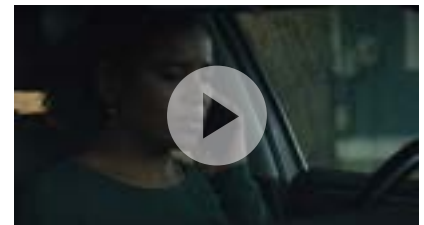
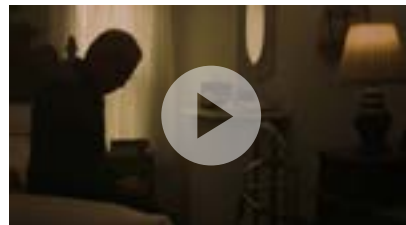
Adult Protective Services PSA campaign

In FY 2025, APS made it a program mission to increase program visibility and awareness statewide. Through billboard campaigns, which have been displayed throughout the state of Michigan, and published ad videos, APS's public website has seen a 26% increase in web traffic.

Picture below: one of three billboards that were displayed throughout Michigan.



PSA Videos



World Elder Abuse Awareness Day (WEAAD)

In recognition of World Elder Abuse Awareness Day, adult services staff across the state engaged in various activities during the week of June 9 to raise awareness about elder abuse.

On June 12, adult services staff from central office participated in a 5K walk through downtown Lansing, starting at the grand tower and ending at the state capitol.

Ode to the WEAAD 5K

“We had a beautiful day for the WEAAD 5K, as our group headed out on the river walkway.

With the sun shining bright to start the day right, we walked down the street with an important goal to meet.

The purple we wore stood for so much more — to support and reflect on ending abuse and neglect.

At the end of the route was the capitol lawn with a tent to greet guests while we were gone.

The event showed our dedication to the aged population as there is no excuse for elder abuse.”



— Kelly Neve (APS supervisor)

2025 ANNUAL REPORT

In closing

“We can’t help everyone, but everyone can help someone.”

- Ronald Reagan



Visit the APS webpage

[Visit the APS webpage here.](#)

Statewide abuse and neglect phone number

855-444-3911

World Elder Abuse Awareness Day

World Elder Abuse Awareness Day is June 15.

MDHHS-Pub-1829 (Rev. 1-26)

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.