



GOVERNMENT OF GUAM  
 DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
 DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



**EDDIE BAZA CALVO**  
 GOVERNOR

**RAY TENORIO**  
 LIEUTENANT GOVERNOR

**JAMES W. GILLAN**  
 DIRECTOR

**LEO G. CASIL**  
 DEPUTY DIRECTOR

DEC 30 2013

Honorable Judith T. Won Pat, Ed.D.  
 Speaker  
 I Mina'trentai Dos Na Liheslaturan Guåhan  
 155 Hesler Street  
 Hagåtña, Guam 96910

32-13-1116  
 Office of the Speaker  
 Judith T. Won Pat, Ed. D.  
 Date 12/30/13  
 Time 2:22 PM  
 Received by [Signature]

Dear Speaker Won Pat:

**Hafa Adai!** In accordance with Public Law 31-278, enclosed please find the Bureau of Adult Protective Services' Annual Legislative Report for Fiscal Year 2013.

Should you have any questions, you may contact Mr. Arthur U. San Agustin, MHR, Senior Citizens Administrator or Ms. Jocelynn D.R. Cruz, Social Services Supervisor, Division of Senior Citizens at 735-7421.

Senseramente,  
  
**JAMES W. GILLAN**  
 Director

Enclosure

2013 DEC 30 PM 2: 57

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**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR CITIZENS**



**BUREAU OF ADULT PROTECTIVE SERVICES  
ANNUAL LEGISLATIVE REPORT  
FISCAL YEAR 2013**

**PERIOD COVERED:           OCTOBER 1, 2012 THROUGH SEPTEMBER 30, 2013**

**PREPARED BY:               JOCELYNN D.R. CRUZ  
SOCIAL SERVICES SUPERVISOR I**

## I. DESCRIPTION OF THE ACTIVITIES OF THE BUREAU AND ALL DESIGNATED AGENCIES DURING THE PRECEDING YEAR

The enactment of Public Law (P.L.) 31-278 on December 28, 2012 updated the Adult Protective Services mandates of P.L. 19-54 and P.L. 21-33. The Bureau of Adult Protective Services (BAPS) is responsible for receiving and investigating all suspected reports of elderly or adults with a disability abuse or neglect. *Elderly* refers to a person age sixty (60) years or older. *Adult with a disability* is any person eighteen (18) years or older who has a physical or mental impairment which limits one or more major life activities; or has a history of, or has been classified as having, an impairment which substantially limits one (1) or more major life activities. Major Life Activities include, but are not limited to: caring for oneself, performing manual tasks, standing, walking, seeing, hearing, eating, sleeping, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking and working.

*The mission of the BAPS is to provide services to the elderly and adults with a disability in a manner least restrictive with respect to their dignity and in consideration of the values and practices of their culture.*

The BAPS administers an Emergency Receiving Home (ERH) and Crisis Intervention Hotline (CIH) through a contract agreement with Catholic Social Service (CSS), to provide shelter and support to our elderly and adults with a disability who are in immediate or imminent danger and require shelter to protect them from further abuse or neglect. The CIH receives and responds to reports of suspected elderly or adults with disabilities abuse and neglect on from 5:00 p.m. to 8:00 a.m. and twenty-four hours on weekends and holidays.



A primary function of the BAPS social workers is case investigation. Upon receiving a referral of alleged abuse or neglect, a social worker meets with the client to assess the situation and proceeds with investigating the allegation(s) of abuse or neglect and develops a case plan which addresses the client's needs in order to address if not resolve the abusive situation. Intervention strategies used by the social workers include: crisis intervention, education, protective shelter, multi-disciplinary team meetings, individual and family sessions, and networking with other government and private agencies to provide formal supportive services. A secondary function is outreach and prevention efforts. Outreach presentations are provided to educate and inform government, private and non-profit entities and the general public of the services available through the BAPS for the prevention of elderly and adults with a disability abuse and neglect.

The BAPS also administers the Office of the Long Term Care Ombudsman and activities related to Elder Abuse Prevention, Title VII programs. The Office of the Ombudsman services elderly residents in long term care facilities such as the St. Dominic's Senior Care Home and elderly receiving services at the Guam Memorial Hospital Authority, Skilled Nursing Unit (GMHA,

SNU) and the two Adult Day Care Centers. The Ombudsman visits elderly at nursing and long term care homes to meet with them and their family members to address, advocate, and resolve concerns for the protection of the resident's health, safety, and welfare while ensuring the rights of residents are safeguarded.

#### **OUTREACH AND ADVOCACY:**

In Fiscal Year 2013, the BAPS participated at various outreach activities in local shopping malls, health fairs, proclamation signing events, and at the 12 Senior Citizen' Centers. In total, BAPS conducted 68 APS presentations to heighten community awareness in preventing and reporting abuse and neglect of the elderly and adults with a disability, to include monthly APS and Ombudsman presentations at the St. Dominic's Senior Care Home, Guam Memorial Hospital Skilled Nursing Unit, and the two Adult Day Care Centers. An APS presentation was also conducted for the employees of Citibank on November 20, 2012, the 2013 Point-In-Time Homeless Count Volunteers Training on January 11, 14 and 17, 2013, the University of Guam Social Work Family Violence Class on April 10, 2013, and during the National Family Caregivers Support Program Workshop on June 15, 2013.

Additionally, BAPS staff participated in the following Council, Board, Coalitions, and Committees: (1) Healing Hearts Sexual Assault Response Team (SART) Steering Committee meetings held monthly, (2) Guam Homeless Coalition meetings held monthly, (3) 2013 Senior Citizen's Central Planning Committee meetings held in January to June, (4) Guam Developmental Disabilities Council meetings held monthly, (5) Guam Public Guardian Review Board, and the (6) Guam Coalition Against Sexual Assault and Family Violence meetings, with the latter two groups meeting as scheduled.

#### **BUILDING STAFF CAPACITY:**

In a continual effort to build the Bureau's capacity and professional development of its employees, the BAPS staff received training and/or attended the following workshops and conferences in FY 2013:

1. October 5, 2012: BAPS staff attended a Medicare Training conducted by Mrs. Geraldine Gumataotao.
2. January 8, 2013: BAPS staff attended an Active Shooters Training provided to Division of Senior Citizens staff by Mr. Patrick Lujan, Program Coordinator, DPHSS.
3. July 27-31, 2013: Senior Citizens Administrator Arthur San Agustin and Social Worker Francisco Limtiaco attended the 2013 National Association of Area Agencies on Aging 38<sup>th</sup> Annual Conference and Tradeshow in Louisville, Kentucky.
4. October 2-4, 2013, Senior Citizens Administrator Arthur San Agustin and Social Services Supervisor Jocelynn Cruz attended the 2013 National Adult Protective Services Association (NAPSA) Conference and 4<sup>th</sup> Annual Summit on Elder Financial Exploitation in St. Paul, Minnesota.

## HIGHLIGHTS OF FY 2013:

### PUBLIC LAW 31-278:

A highlight in FY 2013 for the BAPS includes the enactment of Public Law (P.L.) 31-278 on December 28, 2012, updating Guam's APS mandates. The enactment of P.L.31-278 includes updating of definitions for the types of abuse; expanding the list of Mandated Reporters by position titles to include Emergency Medical Service providers, non-emergency Medical Transport providers, medical and allied health providers, banking or financial institutions personnel, pension providers and practicum students in the health and human services; amending the identification of the disabled adult throughout the Act from disabled adult to *adult with a disability*; and the reference in the previous mandates of Adult Protective Services Unit was changed to Bureau of Adult Protective Services (BAPS).

In Sub-Section 2954, there is an amendment to have the fines imposed for failing to report maintained in a separate account in order for funds to be used exclusively in support of the operations of the BAPS. In Sub-Section 2956, the organizational and personnel structure of the BAPS' is amended and defined to ensure the BAPS is properly staff. Additionally, in Sub-Section 2956, there is amendment for the members who serve on the Multi-Disciplinary Team (MDT) to serve with no compensation. The basis of this approach is that most, if not all of the members of the MDT would have a vested interest in the stabilization of the client, as most would be involved in some way with the case of the client being reviewed by the team. In Sub-Section 2957, previously the investigating agency could act only with the consent of the victim or alleged victim, however, the amendment to this sub-section requires the Bureau to investigate all complaints of abuse and shall document their investigative efforts without the consent of the victim. In Sub-Section 2958, an amendment provides for those cases the Bureau is not able to determine within ninety (90) days of the date of initial report as being substantiated or unsubstantiated to be classified as an inconclusive finding.

### COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDING TO CONSTRUCT AN EMERGENCY RECEIVING HOME FACILITY:

Another BAPS highlight for FY 2013 is the approval by the GHURA Board of Commissioners on July 11, 2013, for the \$1.2 million project, with the Orion Construction Corporation as the contractors, to construct an Emergency Receiving Home facility. In March of FY 2012, the DSC, BAPS' submitted an application to GHURA for funding assistance through the Community Block Grant (CDBG) Public Facilities and Improvements to acquire, rehabilitate or construct an Emergency Receiving Home (ERH) facility. Shortly thereafter, in May 2012, the DSC was informed by GHURA that the grant proposal submitted by the DSC has been short listed as a proposed project for GHURA's Program Year 2012 Annual Action Plan. A meeting was held on May 21, 2012, between representatives from the DSC and GHURA to discuss alternate sites for the proposed project.

The construction of this facility will provide a permanent home for the clients of the Emergency Receiving Home Program, which provides temporary emergency shelter for elderly (60 and above) and adults (18-59) with a disability who are victims of abuse, as well as an Adult Day Care respite program for elderly who are unable to function at home without support services and who do not need 24 hour care. In addition, the home's design will be compliant with the provisions of the Americans with Disabilities Act and provide opportunity for program funds that would otherwise be used for rental to be used for ERH Program services. The project is currently in the first phase of construction which began in August 2013. According to Mr. Albert Santos of GHURA, the anticipated date of completion on the construction of the Emergency Receiving Home facility is in May 2014.

#### NAPSA 2013 COLLABORATION AWARD:

On August 16, 2013, a nomination was submitted by Senior Citizen Administrator Arthur U. San Agustin to the National Adult Protective Services Association (NAPSA) awards committee on behalf of a 15 member "work group" who put forth the amendments to the Adult Protective Services Act which eventually became Public Law 31-278, effectuated December 28, 2012 by Governor Eddie Baza Calvo. On August 21, 2013, Senior Citizens Administrator Arthur U. San Agustin was notified by the NAPSA Awards Committee that the "work group" was selected as the recipient of the NAPSA 2013 Collaboration Award in recognition of significant contribution to the growth and development to the filed of abuse of elders and persons with disabilities or protective services through collaborative efforts.

Through the leadership of Senior Citizens Administrator Arthur U. San Agustin, on April 12, 2012 an Adult Protective Services (APS) Work Group was formed simply through invitation to work collaboratively to review and refine the Adult Protective services mandate enacted twenty years ago. The APS Work Group met for fourteen (14) consecutive weeks, two (2) hours each week, to review and cross-reference the Guam APS mandate with that of five (5) other state APS mandates, from the state of California, Texas, Tennessee, Florida and Hawaii. Through the section-by-section review of Guam's existing APS mandate, comparing the sections to the five (5) other states and incorporating practice experiences and professional considerations into the discussions, resulted in the necessary and appropriate amendments to the existing APS mandate to strengthen the law which protects two of our islands' most vulnerable populations, our seniors and adults with a disability.

The work group was comprised of Social Service Supervisor Jocelynn Cruz, Social Workers Francisco Limtiaco, Evelyn Cruz and Claire Virata staff from the BAPS, DSC and representatives from fifteen (15) community partners, which include: Executive Director Diana Calvo and Deputy Director Jesse Catahay of Catholic Social Service, Director Benito Servino of the Department of Integrated Services for Individuals with Disabilities, Social Worker Marilyn Miral from the Guam Behavioral Health and Wellness Center, Executive Director Cynthia Cabot and Project Director PeterJohn Camacho of the Guam Coalition Against Sexual Assault and Family Violence, Captain Daren Burrier of the Guam Fire Department, Program Coordinator Yvonne Flores of Guam Housing and Urban Renewal Authority, Program Coordinator Carol

Cabiles of Guam Legal Services Corporation Disability Law Center, Case Manager Jared Ada of Guam Medical Transport, Social Worker Timothy Santos of Guam Memorial Hospital, Executive Director Bernadita Grajek of Guma' Mami Incorporated, then Vice Mayor Louise Rivera on behalf of the Mayor's Council of Guam, Chief Deputy Attorney General Phil Tydingco of the Office of the Attorney General, Public Guardian Marcelene Santos, Senator Aline A. Yamashita, Ph.D., Family Liason Evelyn Claros of the Office of Senator Yamashita, and Crew Chief Brian Torres of Saint Joseph's Medical Transport.

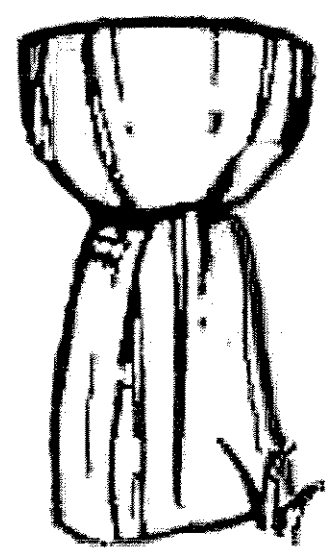
**II. STATISTICAL INFORMATION ON THE NUMBER AND TYPES OF REPORTS RECEIVED DURING THE YEAR FOR BAPS**

**BUREAU OF ADULT PROTECTIVE SERVICES (BAPS):** In FY 2013, the BAPS responded to 238 Unduplicated Referrals/Intakes, averaging 19 cases per month. The months with the highest number of Referrals/Intakes received were February and August 2013 with 25 or approximately 10% each and the lowest being November 2012 with 12 Referrals/Intakes or approximately 5%. Of the 238 Referrals/Intakes received, 235 were determined to be appropriate and 3 were determined to be inappropriate. The client profile of the 235 appropriate Referrals/Intakes investigated by the BAPS is illustrated below in Table 1. Client Profile.

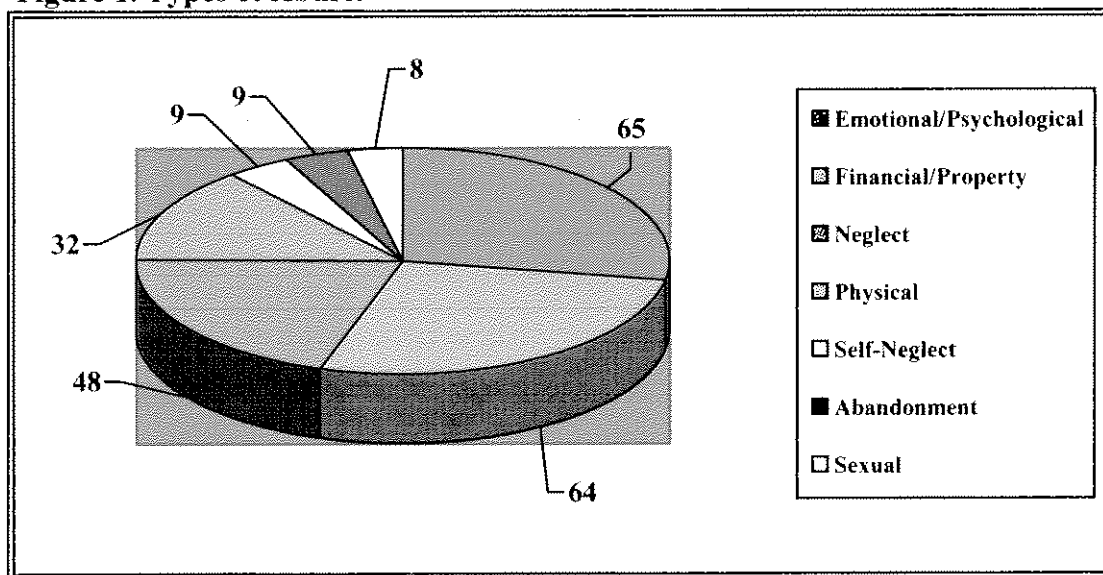
**Table 1. Client Profile.**

Client Ethnicity	Elderly		Adults With a Disability		Elderly With a Disability (Dual)		YTD by Ethnic Group
	Male	Female	Male	Female	Male	Female	
Black	0	0	0	1	0	0	1
Chamorro	8	33	15	27	30	34	147
Chuukese	1	0	1	3	0	0	5
Filipino	1	15	9	2	4	14	45
Hispanic	0	0	0	0	1	0	1
Indian	0	0	0	0	1	0	1
Japanese	0	0	0	0	0	4	4
Korean	0	0	0	1	0	0	1
Palauan	0	0	0	2	2	0	4
Pohnpeian	0	0	0	0	0	2	2
Vietnamese	1	0	0	0	0	1	2
Yapese	0	0	0	1	0	1	2
White	2	4	2	2	1	9	20
<b>YTD by Gender</b>	13	52	27	39	39	65	<b>235</b>

- Of the 235 appropriate Referrals/Intakes received, 169 or 72% were elderly [comprised of Elderly and Elderly With a Disability (Dual)] and 66 or 28% were for Adults with Disabilities.
- Of the 169 Elderly Referrals/Intakes investigated, 65 or approximately 38% were elderly and 104 or approximately 62% were elderly with a disability.
- Of the 235 appropriate Referrals/Intakes received, 156 or 66% were females and 79 or approximately 34% were males.
- Of the 235 appropriate Referrals/Intakes received, the three highest ethnic groups are Chamorro at 147 or 62%, followed by Filipino at 45 or 19%, and White at 20 or 9%. The remaining 23 or 10% were comprised of 10 other ethnic groups.



**Figure 1. Types of Abuse.**



A

review of the 235 appropriate Referrals/Intakes received revealed the BAPS staff had responded to a range of abuses against the elderly and adults with a disability. The 235 appropriate Referrals/Intakes as categorized by type of abuse are illustrated in *Figure 1. Types of Abuse*. Of the 235 case investigations conducted by BAPS, 21 or 9% of the Referrals/Intakes received were substantiated and 214 or 91% were unsubstantiated.

**Table 2. BAPS Units of Service.**

Fiscal Year 2013	YTD Total
Unduplicated Referrals/Intakes Received	238
Phone Calls	750



Office Visits	31
Home Visits	281
Information and Assistance	93
Collateral Contacts	584
Outreach/Presentations	16
<b>Total Units of Services Performed</b>	<b>1,993</b>

The compilation of BAPS Units of Service resulted in a total of 1,993 Units of Services performed by the BAPS this Fiscal Year. The Units of Service are as follows: 238 Unduplicated Referrals/Intakes Received, 750 Phone Calls, 31 Office Visits, 281 Home Visits, 93 Information and Assistance, 584 Collateral Contacts and 16 Outreach Activities.

**EMERGENCY RECEIVING HOME (ERH):** In FY 2013, the contracted ERH program staff responded to 45 Unduplicated Referrals/Intakes, averaging 3 cases per month. The month with the highest number of Referrals/Intakes received was September 2013 with 9 or approximately 20% and the lowest was in June 2013 were no referrals received by the ERH. Of the 45 Referrals/Intakes received, 39 were determined to be appropriate and 6 were determined to be inappropriate.

Table 3. Client Profile illustrates the client profile of the 39 appropriate Referrals/Intakes investigated by ERH:

**Table 3. Client Profile.**

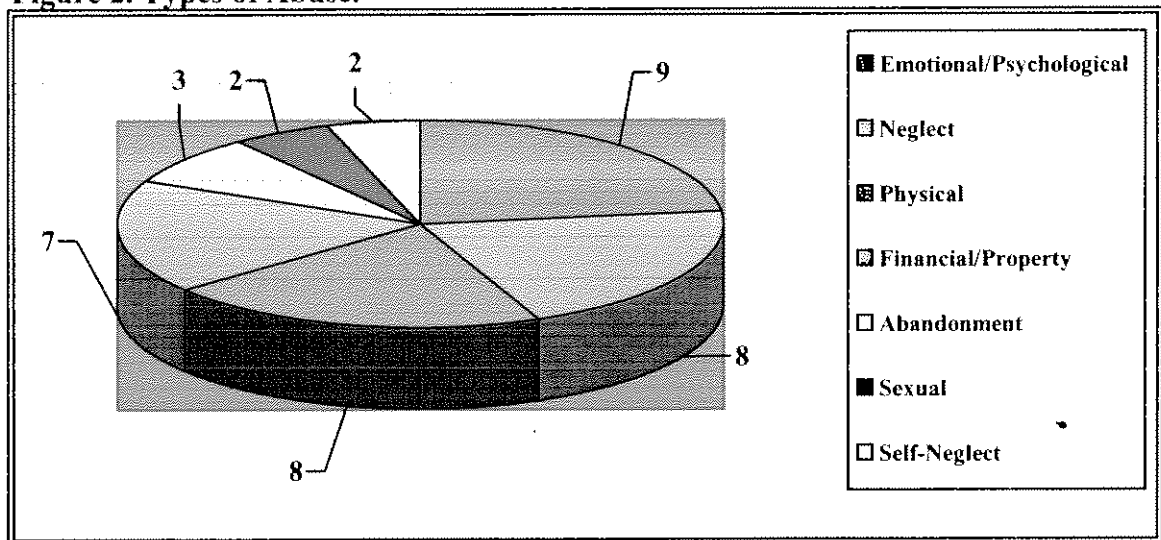
Client Ethnicity	Elderly		Adult With a Disability		Elderly With a Disability (Dual)		YTD by Ethnic Group
	Male	Female	Male	Female	Male	Female	
Chamorro	2	7	4	3	6	5	27
Chinese	0	0	0	0	0	1	1
Filipino	3	1	0	0	1	0	5
Japanese	0	0	0	0	0	1	1
Korean	0	1	0	0	0	0	1
Palauan	0	0	0	1	0	0	1
White	0	0	1	0	2	0	3
<b>YTD by Gender</b>	5	9	5	4	9	7	<b>39</b>

- Of the 39 appropriate Referrals/Intakes received, 30 or approximately 77% were Elderly and 9 or approximately 23% were Adults with Disabilities.
- Of the 30 elderly referrals investigated, 14 or approximately 47% were elderly and 16 or 53% were elderly with a disability.
- Of the 39 appropriate referrals/intakes received, 20 or approximately 51% of the appropriate referrals/intakes were females and 19 or approximately 49% were males.

- Of the 39 appropriate Referrals/Intakes received, 27 or approximately 69% were Chamorro, followed by Filipino at 5 or 13%, White at 3 or 8%, and Chinese, Japanese, Korean, and Palauan at 1 each for a combined 10%.

The 39 appropriate referrals/intakes as categorized by Types of Abuse are illustrated in Figure 2.

**Figure 2. Types of Abuse.**



As a result of case investigations, 11 or approximately 28% of the appropriate referrals/intakes received and investigated by ERH Social Workers were substantiated and 28 or approximately 72% were unsubstantiated.

Table 4. Clients Admitted to the ERH in FY 2013 illustrates the profile of clients admitted to the ERH in FY 2013. There were an unduplicated total of fifteen (15) clients admitted to the ERH: fourteen (14) elderly and one (1) adult with a disability for this reporting year.

**Table 4. Clients Admitted to the ERH in FY 2013.**

Client Ethnicity	Elderly		Adult With a Disability		Elderly With a Disability (Dual)		YTD by Ethnic Group
	Male	Female	Male	Female	Male	Female	
Chamorro	0	0	1	0	2	6	9
Filipino	3	0	0	0	0	0	3
Japanese	0	0	0	0	0	1	1
White	1	0	0	0	0	1	2
<b>YTD by Gender</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>15</b>

In FY 2013, the staff of the ERH conducted a total of 14,780 Units of Services as follows: 15 admissions, 45 Unduplicated Referrals/Intakes Received, 3,047 hours of Information and Assistance, provided clients with 3,955 hours of Case Management, 3,807 hours of Personal Care, served a total of 3,908 Meals, and conducted three (3) outreach activities as illustrated in Table 5. ERH Units of Service.

**Table 5. ERH Units of Service.**

<b>Fiscal Year 2013</b>	<b>YTD Total</b>
Admissions at ERH	15
Unduplicated Referrals/Intakes Received	45
Information and Assistance	3,047
Case Management	3,955
Personal Care Provided	3,807
Meals Provided	3,908
Outreach Activities	3
<b>Total Units of Services Performed</b>	<b>14,780</b>

**Three Year Review of Three Highest Types of Abuse Referred:** A review of statistical data on the three (3) highest Types of Abuse received and investigated by the BAPS within the past three (3) fiscal years to include FY 2013 is illustrated below in Table 6. Three Highest Types of Abuse Referred.

**Table 6. Three Highest Types of Abuse Referred.**

<b>Fiscal Year</b>	<b>1<sup>st</sup> Highest Type</b>	<b>2<sup>nd</sup> Highest Type</b>	<b>3<sup>rd</sup> Highest Type</b>
FY 2013	74 Emotional/Psychological	71 Financial/Property	56 Neglect
FY 2012	67 Neglect	65 Financial/Property	46 Emotional/Psychological
FY 2011	72 Neglect	62 Emotional/Psychological	54 Financial/Property

- In FY 2013, Emotional/Psychological ranked the highest in all types of abuse received by the BAPS and the ERH with 74 referrals, an increase of 28 or 60% from Emotional/Psychological referrals received in FY 2012, which ranked third highest for referrals received for that Fiscal Year.
- Financial/Property Exploitation ranked second with 71 referrals received in FY 2013, a 9% increase from FY 2012 with 65 referrals received.
- Neglect which ranked the highest in the prior two Fiscal Years dropped by 30% or 19 to third highest in FY 2013.
- For all the three (3) years in review, Neglect, Financial/Property and Emotional/Psychological remain as ranking within the top three types of abuse reported and investigated by BAPS.

### III. BUDGET INFORMATION

Expenditures for FY 2013 totaled \$635,954.98. A breakdown of FY 2013 expenditures is provided in Table 7.

**Table 7. Expenditures.**

Item	Expenditure	Percentage
Salaries	\$141,252.59	22.21%
Benefits	\$55,569.23	8.74%
Contractual Service	\$437,579.11	68.81%
Supplies	\$1,554.05	0.24%
<b>TOTAL</b>	<b>\$635,954.98</b>	

### IV. INFORMATION ON THE QUALITY OF SERVICES PROVIDED AND THE RESULTS OF SUCH SERVICE IN TERMS OF ALLEVIATING ABUSE

Currently, the BAPS continues to meet the mandates of Public Law 31-278 by providing intervention in abusive situations and assisting clients and their families in obtaining supportive social services, as practicably available on island. Oftentimes, the BAPS serves as the entry point into Guam's social service system for elderly or adults with disabilities. It is the experience of the BAPS social workers that abuse and neglect are not always intentional, but rather caused by caregiver stress and a lack of knowledge on how to care for elderly (parents) or adults with disabilities. Through BAPS intervention, caregivers are provided with information on caregiving and linkage to relevant support systems. In most instances, the needs of the APS clients are met thus, alleviating the abusive situation. Cases which have been determined by BAPS that the elderly or adult with a disability had suffered serious abuse are forwarded to the Attorney General's Office for their review and disposition; however, none of the cases investigated in FY 2013 merited being forwarded to the Attorney General for further disposition.

The BAPS addresses abuse from a social service as opposed to a law enforcement perspective. This allows clients to make informed decisions as to how they can help themselves alleviate their abusive situation, as practicable. The clients' basic right to self-determination is promoted while maintaining their integrity and dignity. Without the BAPS, the only recourse for elderly and adults with disabilities would be assistance from the Guam Police Department. Many incidences of abuse would not be addressed as BAPS clients are reluctant to use police enforcement as a means of resolution, especially when many cases involve family members. Successful intervention is a continual learning experience of family dynamics, available community resources and how the BAPS can most effectively serve their clients.

An important component of the BAPS is the Emergency Receiving Home/Crisis Intervention Hotline program. Through the BAPS Crisis Intervention Hotline, protective services are available seven days a week, twenty-four hours a day, ensuring that elderly and adults with

disabilities have access to BAPS services at all times. Availability of the Emergency Receiving Home has proven essential to the safety of victims of serious abuse and neglect. The shelter affords a safe haven during a crisis. Without the shelter, clients of BAPS would probably remain in the abusive home environment until alternate living arrangements are made.

Although APS has been in existence since 1989, continued work is being done in clarifying the roles and responsibilities of BAPS social workers as protective service workers. The BAPS continues to collaborate with other government and private agency personnel to clarify their role as mandated reporters, and the responsibilities and boundaries of protective service workers.

## **V. IDENTIFICATION OF PROBLEMS THAT MAY ARISE IN THE IMPLEMENTATION OF THIS ARTICLE**

1. Public Law 31-278 provides for mandated reporting of suspected elderly or adults with disabilities abuse or neglect for professionals who in the course of their employment come into contact with elderly and persons with disabilities. The law further provides immunity from liability for those individuals who make reports in good faith. However, the law does not provide sanctions for the falsifying of reports. During the course of case investigations, it has been determined by APS social workers that certain case referrals were not made in good faith. Absent any provision for penalties for falsifying reports under this provision, there does not appear to be any means to discourage this action on the part of individuals committing such an act.
2. Public Law 31-278 does not address alleged perpetrators who refuse to cooperate in an APS investigation. APS does not possess the authority to require alleged perpetrators to be investigated by Social Workers, thus, a contributing variable resulting in inconclusive investigations.
3. Although P.L. 31-278 defines several types of abuses in its mandate, it does not provide penalties for substantiated cases of abuse or neglect specific to elders or adults with disabilities. Substantiated cases of physical or sexual abuse are criminal in nature, and therefore, are forwarded to the Attorney General's Office. The Attorney General may investigate and decide whether to initiate criminal proceedings. Cases of substantiated material/financial abuse can be referred to other legal avenues for possible recourse; however, substantiated cases of abandonment, emotional abuse and neglect do not appear to fall under any laws and as such, carry no penalties.
4. Expansion of Services. During the investigations, especially of alleged neglect situations, it has been determined that the neglect of APS clients was not intentional but rather due to lack of services to support family members in their role as caregivers or to assist an adult individual living in the community requiring some level of formal support that cannot be readily provided by family or friends, either due to competing demands the family is managing or the resource is non-existent.


5. Long Term Care. Long term care needs for the elderly and adults with disabilities is a major issue for APS clients and their families; clients who do not have family members to care for them on a long term basis. Additionally, as most families require to be gainfully employed to maintain their household and the elderly and adults with disabilities often require supervised care, families are constantly challenged with caring for these people in their homes. The ERH has also noted concerns in transitioning clients out of the shelter due to the lack of long term care facilities or family support. Although the maximum stay for clients is 45 days, some individuals have been in the shelter for more than 90 days while remaining on a waitlist for transition to St. Dominic's or other home and community based program. Given the current trend of clients admitted to the shelter, clients will probably exceed the 45 day limit due to a weakened (or non-existent) family support or due to the absence (lack) of community-based service programs that would support the individual to be reintegrated into their former setting or an alternate appropriate setting. The need for long term housing of clients may result in clients being rotated among shelter residential type programs with the client(s) being admitted to the existing array of shelter services multiple times. This situation requires a permanent and responsive solution to this growing need in our community.

**VI. RECOMMENDATIONS FOR ACTION ON THE PART OF THE LEGISLATURE WHENEVER DEEMED VITAL FOR THE PROTECTION OF THE ELDERLY AND ADULTS WITH A DISABILITY**

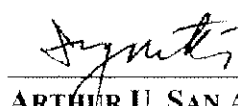
Legislation needs to be enacted to expand and fund needed programs for independent living and alternative/transitional housing so as to address the needs of clients who are initially admitted into the Emergency Receiving Home during crisis, but due to limited resources and services in our community, are difficult to transition out of the shelter when protective care is no longer the primary basis for shelter services.

During the past year, three (3) clients requiring such services were placed at the shelter while awaiting transition into St. Dominic's or to another non-emergency community based residential housing/shelter program.

PREPARED BY:

  
JOCELYNN D.R. CRUZ  
SOCIAL SERVICES SUPERVISOR I

REVIEWED BY:

  
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SENIOR CITIZENS ADMINISTRATOR