

NAPSA Reacts to Announcement of Restructuring from HHS

The National Adult Protective Services Association (NAPSA) is deeply concerned by the just announced restructuring plan for the U.S. Department of Health and Human Services (HHS) and deep cuts to staff supporting older adults and people with disabilities. We are especially troubled by the dismantling of the Administration for Community Living (ACL), a primary support and advocate for older adults and people with disabilities.

Upon enactment of the Elder Justice Act (EJA) in 2010, ACL established a statutorily required office to support the nation's adult protective services (APS). ACL's Office of Elder Justice and Adult Protective Services has been essential to efforts to strengthen states' APS programs, to create and expand tribal elder justice programs, to support consistent outcomes for victims, and to collect the first-ever national data about the abuse, neglect, and exploitation of older adults and adults with disabilities reported to states' APS programs.

ACL is the source of the first guidelines for APS and subsequent regulations, the APS Technical Assistance Resource Center, the National APS Training Center, the first grants to tribes to develop APS programs, and most importantly the first dedicated funding to states to support their APS programs amid soaring reports of abuse, especially related to financial abuse.

Across the nation APS serves both older adults and people with disabilities experiencing abuse, neglect, exploitation, and self-neglect. Americans cannot be healthy if they experience abuse, neglect, or exploitation, as far too many do. Researchers estimate that one in ten older adults experiences some form of abuse annually, with many never receiving help. The evidence is clear: abuse, neglect, and exploitation lead to increased morbidity and premature death.

NAPSA's concerns about the dismantling of ACL extend well beyond its impact on APS. APS's principal role is to investigate a report of abuse, end or mitigate the current or further risk of harm and stabilize the victim through short-term interventions. Other services provided through ACL, however, are crucial to the long-term safety and security of older and disabled abuse victims, such as meals, transportation, access to health care services, and more. Separating APS from other ACL services will make collaboration that much more difficult and inefficient.

State, local, and tribal APS workers cannot effectively do their jobs without support and collaboration. To truly make America healthy we must support older adults and people with disabilities by sustaining collaborative and cost-saving infrastructure made possible through the constellation of programs and services available through the ACL.

We stand ready to work constructively with HHS and ACL leadership to ensure the needs of APS and the older adults and people with disabilities they serve remain a priority.

We urge members to contact Congress on these important supports to APS.

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