



**Monroe County**  
**Department of Human Services**

# **Adult Protective Services**

## **2025 Annual Report**



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**MONROE COUNTY  
DEPARTMENT OF HUMAN SERVICES**

**Mission**

The Department of Human Services delivers strengths-based, comprehensive, responsive, and coordinated services guided by measurable results.

**Vision**

The Department of Human Services empowers residents to achieve their highest level of self-sufficiency and independence and promotes safety, and physical and emotional well-being.

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Requested by: Lynn White, Administrative Caseworker  
To support: MCDHS Adult Protective Services  
Prepared by: Martin Williams, Senior Human Services Planner  
Data sources: ASAP.Net  
Data as of: December 2025

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## Introduction to Adult Protective Services

Adult Protective Services (APS) is a mandated service provided by local social services districts in New York State. It involves intake, investigation, and assessment of referrals of abuse, neglect, and financial exploitation of adults who live in the community and are impaired or vulnerable.

APS serves adults ages 18 and older who, due to physical or mental impairments, are unable to protect themselves from abuse, neglect, financial exploitation, or other harm and have no one available who is willing and able to assist responsibly. Services provided by APS include:

- Investigation and assessment of adults' needs and risk of self-harm or harm by others
- Counseling for victimized adults and their family members
- Case management, including locating and arranging medical and mental health assessments and services, home health care, home-delivered meals, and homemaker or housekeeper chore services and monitoring of these services to ensure that the services continue to be necessary and appropriate
- Advocacy to assist in obtaining benefits and services
- Assistance with locating alternative living arrangements
- Money management, which can range from assisting with paying bills to arranging much more formal financial management services, to support adults who are unable to manage their own resources on their own behalf or to protect themselves from exploitation
- Crisis interventions, including short-term involuntary protective services orders, orders of protection, admission to a psychiatric facility, or admission to a developmental center if the person, because of an impairment, is incapable of making the choices necessary to mitigate the endangering condition
- Long-term involuntary interventions, such as seeking guardianship for individuals who lack capacity or who need protection to care for their person, their property, or both.

Throughout 2025, Monroe County APS has continued its work with the New York State Office of Children and Family Services (OCFS) and local service providers to promote the safety and well-being of vulnerable adults in the community.

## Referrals to Adult Protective Services

### Referral and Intake

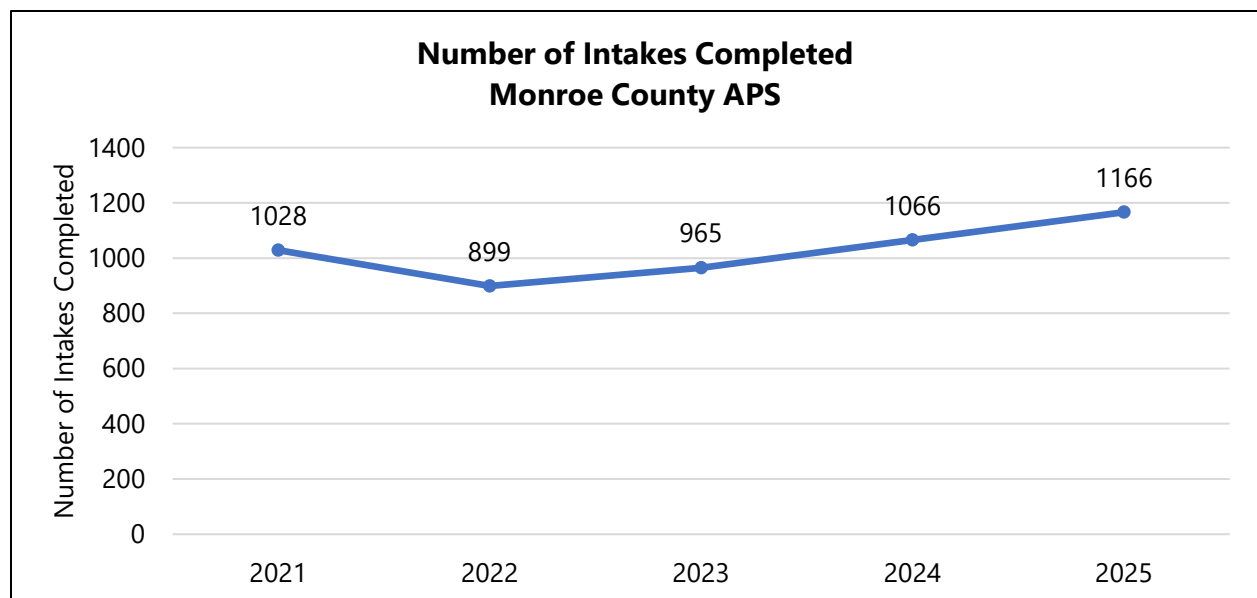
Referrals to APS come from a variety of sources, including family members, friends, neighbors, agency representatives, health professionals, financial institutions, faith leaders, and first responders. Everyone who makes a referral to APS is concerned about the health and safety of a community member and may not know where else to turn. In many instances, their familiarity with APS is very limited, but they know and trust that making this contact will hopefully mean a positive change in someone's life.



After receiving a referral, APS conducts an intake within three business days to determine if an individual is eligible for APS services or what other services may be necessary. Monroe County received 1,166 APS referrals in 2025. Each received a thorough evaluation during intake to determine if and how APS could assist with the situation.

After the intake has been completed, caseworkers and their supervisors decide if each reported situation meets the criteria for APS intervention. This includes a state-mandated evaluation of the level of an individual's impairment, the individual's ability or inability to meet their essential needs, the risk of harm that may result without intervention, and the availability and willingness of others to assist. Cases that meet APS criteria will move on to assessments; in situations that do not rise to the level of direct APS involvement, APS staff discuss with referral sources the community resources available to assist with their situations.

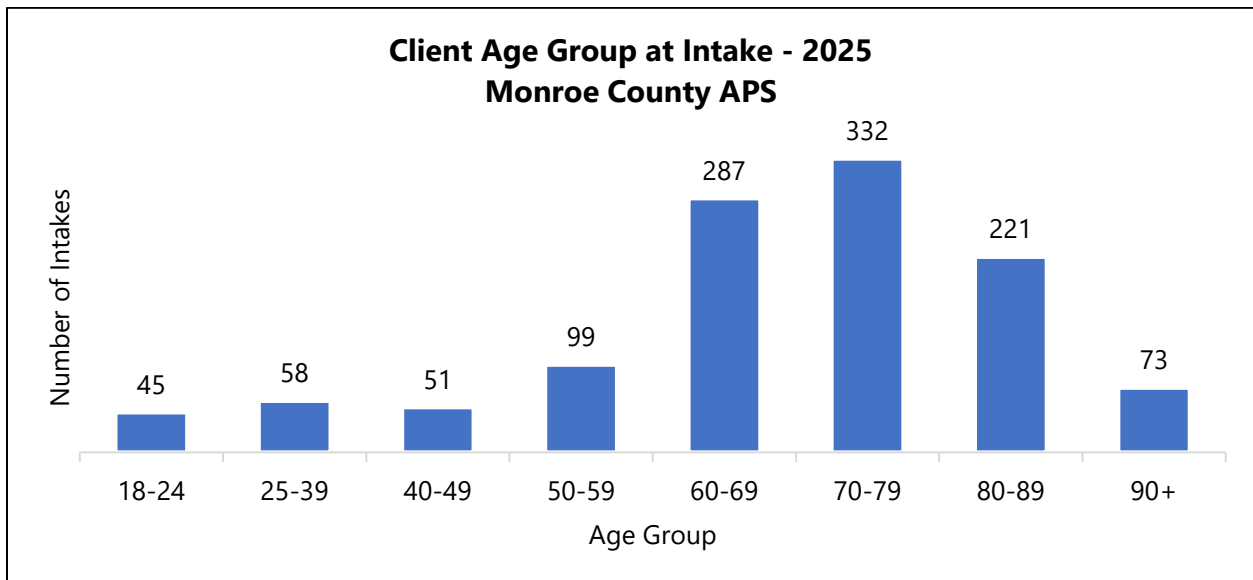
Figure 1. Five-year trend: Number of intakes completed



## Demographics

Approximately 80% of intakes in 2025 involved individuals aged 60 and older, the age group traditionally thought of as receiving APS services. It is common, though, for APS to receive referrals for individuals younger than 60 and in 2025, caseworkers completed the intake process for 253 individuals from age 18 to age 59. As in previous years, approximately 60% of referrals were for females and 40% were for males.

Figure 2. Client age group distribution at intake, 2025



## Risk Factors

During referral and intake, caseworkers gather information about risk factors. Several changes were made to categories of risk factors in 2025, which, in some cases, makes comparisons to previous years difficult. Mental illness/health, for example, previously a single general category, now exists as several more descriptive categories. Likewise, eviction and homeless are now two separate categories while previously they were one. Individuals who are referred can be assigned more than one risk factor.

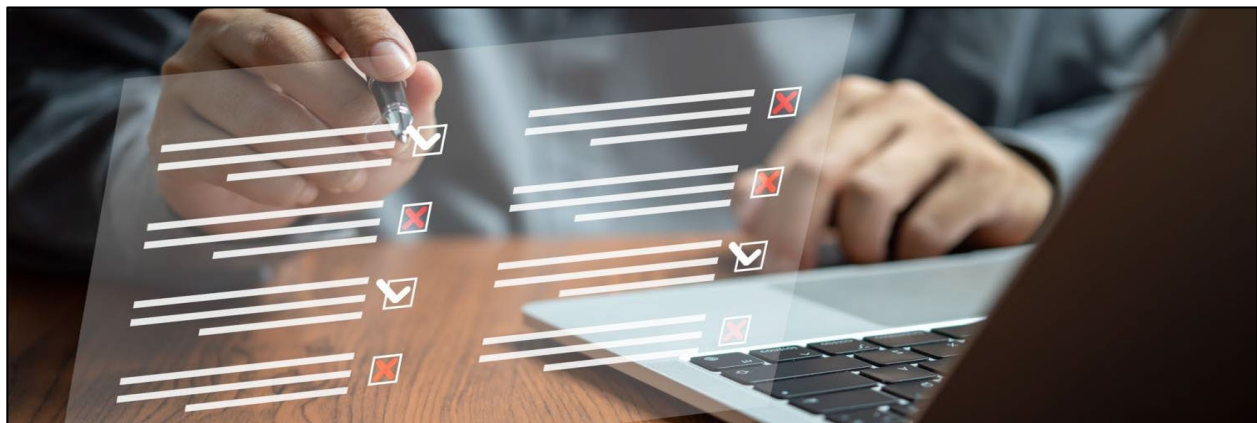
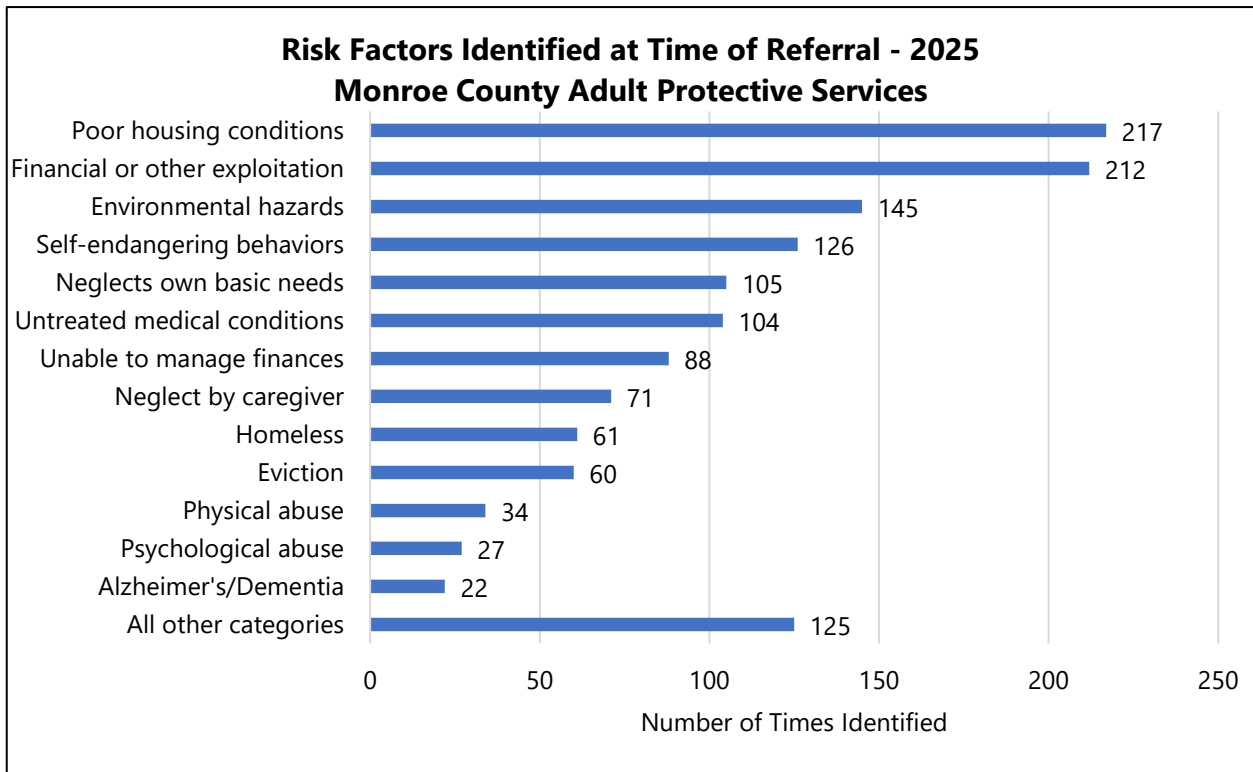


Figure 3. Risk factors identified at time of referral, 2025



## Assessment



In 2025, 137 referrals met the criteria for APS intervention, and these were assigned to caseworkers for further investigation and support. An individual eligible for APS services receives a comprehensive assessment within 60 days by a caseworker, who visits the client and speaks with family members, providers, and other agencies and individuals who may be involved in the individual's life. The caseworker assesses the risks that person is facing, his or her ability to manage the situation, and the willingness to accept assistance from others, if available.

Using all available information and input from the client, the caseworker develops a service plan to address any unmet, essential needs. Receiving services is voluntary and if an individual agrees with the plan for services proposed by the caseworker, the plan is put into place.

It is important to remember that a competent adult has the right to exercise free choice in decision-making and, without clear evidence of risk, APS staff cannot compel someone to accept assistance. If a person is capable of understanding the risks and consequences of their choices or behaviors, APS will respect those choices and will also attempt to help the individual reduce the possibility of harm.

If APS *must* intervene, the interventions are limited to the actions required to address specific dangers. In addition to the right to self-determination, vulnerable adults have the right to live in the least restrictive environment possible unless the individual is determined to be medically incompetent or legally incapacitated by a court ruling. APS has no legal authority on its own to remove any person from their home or other setting or to take any involuntary action. APS must request action from the court or some other official authorized to take such action.

### **APS Partnership with Lifespan**

Some individuals, up to 100 per year, are referred to Lifespan through the Elder Justice program. This program co-locates a Lifespan social worker with APS and is utilized when individuals age 60 and older could benefit from services to stabilize their situation, prevent recurrence of harm, and improve functioning and quality of life.



During the intake or assessment phases, APS identifies individuals who are at risk of continued mistreatment or self-neglect beyond the period of crisis intervention provided by APS. One or more of the following risk factors triggers a referral from APS to Lifespan for longer-term follow-up:

- Neglect by caretaker
- Neglecting own basic needs
- Untreated medical conditions
- Self-endangering behaviors
- Financial or other exploitation
- Inability to manage finances
- Dementia
- Sexual, physical, or psychological abuse
- Poor housing conditions
- Eviction or homelessness
- Mental health needs
- Substance abuse
- Requires ADL/IADL support at home

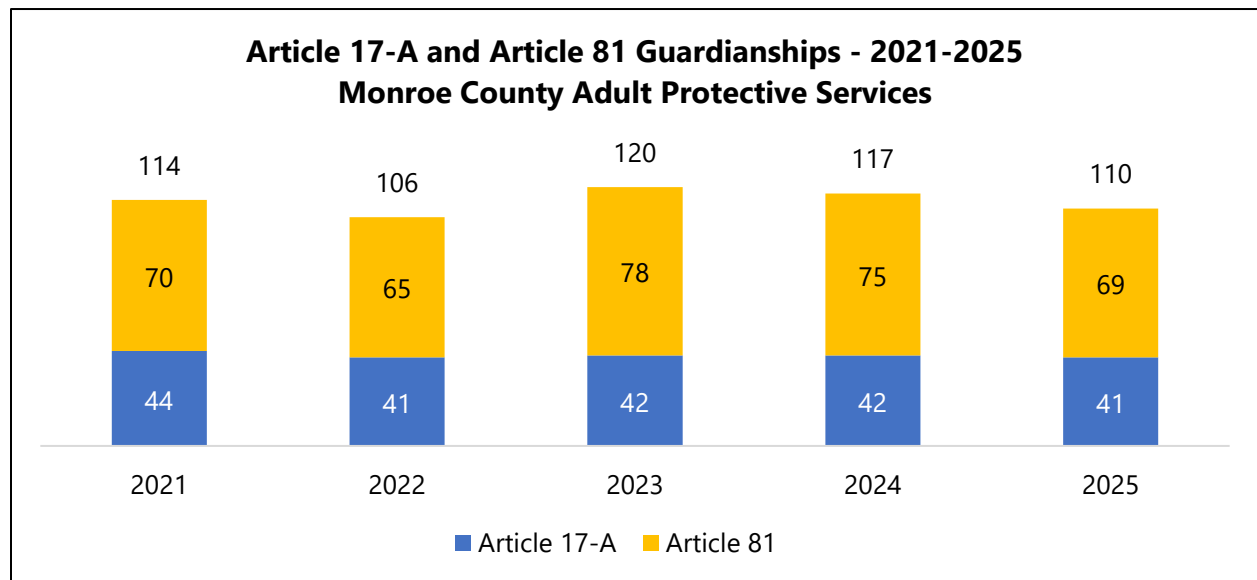
## Other Services Provided by APS

### Guardianship

Adult guardianship is a legal process used to assist individuals who are unable to make decisions or manage affairs for themselves. Guardians are appointed by judges and in New York State there are two types of adult guardianships:

- Article 17-A of the Surrogate’s Court Procedure Act governs guardianships for adults age 18 or over who have intellectual or developmental disabilities
- Article 81 of the Mental Hygiene Law governs guardianships for adults who have been determined to be incapacitated, which means they are unable to care for their own property and/or personal needs, and likely to suffer harm because they cannot understand the consequences of not being able to care for their property and/or personal needs.

Figure 4. Five-year trend: Annual active Article 17-A and Article 81 guardianships



### Representative Payee Services

APS also serves as representative payee for individuals who have difficulty managing their finances with their Social Security or Supplemental Security Income benefits. The appointment of DHS as a representative payee occurs when all other options are exhausted. In 2025, APS assisted 94 individuals with representative payee services: 36 with APS staff or the APS contractor, Balanced Care, as representative payee and 58 where APS assumed guardianship but the client’s nursing home, group home, family member, or other relation acted as representative payee.

## Utility Referrals

The Home Energy Fair Practices Act of 1981 extends protection to residential utility customers faced with termination of service due to non-payment, theft of service, or meter tampering. In Monroe County, DHS is designated to receive and respond to referrals made by utility companies regarding customers facing service termination who are aged, blind, disabled, have a suspected serious impairment, or are in a neglectful or hazardous living situation. APS staff received 48 referrals from utility companies in 2025 and took steps to resolve non-payment situations and prevent termination of utility services.

## Oversight of Family-Type Homes for Adults

A family-type home for adults (FTHA) is an adult care facility in which an operator provides residential care, personal care, or supervision services in his or her own home to up to four adults who are not related to the operator. An FTHA offers a home-like living environment that is a supportive alternative to adults who are unable to live alone any longer but who do not require the considerably more costly and comprehensive care offered in a nursing home.

New York State's OCFS Bureau of Adult Services is responsible for licensing family-type homes, but designates the oversight, inspection, and enforcement functions to counties. Monroe County's last licensed family-type home closed in 2025, but as in previous years, APS staff investigated several unlicensed family-type homes. These came to the attention of APS through advertisements or referrals by municipal officials. Caseworkers visit these homes and educate the owners about the licensing process and related requirements.

## 2025 Highlights and Accomplishments

**Promoting APS Services in the Community:** APS staff attended a variety of public events in 2025 to connect with the community and increase the public's knowledge of APS services.



Events included the Senior Expo in the Town of Irondequoit and Salute to Seniors, hosted by the Monroe County Office for the Aging at Ontario Beach Park. APS reached approximately 1,500 people through these efforts. APS staff were also invited to speak throughout the year on APS-related topics and provide general information to community groups and organizations. APS participated in the quarterly CFS 101, a live, online introductory presentation about the Department of Human Services' Child and Family Services programs. The program reached 183 attendees from 26 local organizations.

**Presenting at the Adult Abuse Training Institute:** In October 2025, two Monroe County APS staff partnered with Erie County APS to present a workshop on the “Ins and Outs of Guardianships” at the Adult Abuse Training Institute annual conference in Albany. Presenters hosted a panel discussion and participants learned about innovative and successful guardianship practices in both counties.

**Raising Awareness of Elder Abuse:** World Elder Abuse Awareness Day (WEAAD) is commemorated each year on June 15 to raise awareness of and promote a better understanding of abuse, neglect, and exploitation of older persons. Elder abuse is any act that causes harm to an older person and is often carried out by someone they know and trust, such as a family member or friend. The abuse may be physical, social, financial, psychological, or sexual and can include mistreatment and neglect. In 2025, APS representatives shared information at the Rochester Public Market and Monroe County Executive Adam Bello joined DHS staff at Lifespan to recognize and promote current efforts to educate the public about elder abuse prevention.



### **APS Impact: “Eddie’s” Journey to Stability and Wellness**

Following the death of his father, Eddie’s family home was sold. Eddie had been living in the second-floor apartment, but now faced eviction due to severe hoarding, pest infestation, and overall unsafe living conditions. He was apprehensive about leaving his childhood home and was concerned about the difficulty of being able to locate safe, accessible, and affordable housing.

Eddie’s situation was compounded by significant health and behavioral challenges. He had not seen a physician in fifteen years, reported a fear of falling, and had recently sustained a head injury during a fall in the bathroom. His APS caseworker noted poor mobility, reliance on an ill-fitting cane, and untreated anxiety. Eddie also disclosed an unknown, long-term growth on his shoulder; periodic vertigo; and excessive consumption of alcohol.

APS intervention and collaboration began immediately. Lifespan mobilized a multidisciplinary team—Care Manager, Recovery and Wellness Counselor, and Health Care

Coordinator/LPN—forming “Team Eddie.” This team provided intensive, coordinated support with Eddie’s input and agreement that helped to:

- **Fulfill basic needs:** Secured SNAP benefits and a new rollator walker
- **Create housing stability:** Submitted applications for appropriate housing options and facilitated relocation to a multi-family apartment near essential amenities
- **Improve behavioral health:** Engaged recovery and wellness services to address substance use and anxiety
- **Obtain and utilize medical services:** Eddie reported that the growth on his shoulder had appeared approximately fifteen years earlier, around the same time he last visited a medical provider. After discussing his fear with the Care Manager that the tumor might be cancerous, Eddie agreed to be connected with a primary care physician. A biopsy confirmed a cancer diagnosis. Although overwhelmed at times throughout diagnosis and treatment, Eddie had the support of his care team and his Health Care Coordinator/LPN accompanied him to specialist consultations and medical appointments.

Eddie successfully transitioned to safe, accessible housing which reduced his risk of falling and improved his quality of life. He reports he no longer uses marijuana, has reduced his alcohol intake significantly, and no longer experiences vertigo. Ongoing engagement with “Team Eddie” ensures continuity of care and sustained progress. Eddie frequently expresses gratitude for the comprehensive support that transformed his life and APS caseworkers and other team members are extremely proud of his accomplishments.

## Conclusion

“Eddie’s” case is just one example of the outstanding work the dedicated professionals of APS do every day to help support the medical, social, economic, legal, housing, and many other needs of some of Monroe County’s most vulnerable residents. Caseworkers and staff are well prepared to assist the growing number of older adults in Monroe County, carry out the required duties of guardianships and act as representative payees, and provide information and guidance to community members and referral sources.

Of course, this work cannot be accomplished by APS alone. Numerous community partners such as the Monroe County Office for the Aging, the Monroe County Office of Mental Health, the New York State Office for People with Developmental Disabilities, and Lifespan provide invaluable and specialized services to complement the work APS performs.

Family members, concerned neighbors, and agency representatives who make referrals to APS are perhaps the most important part of system. These are the individuals in the community who observe unmet needs and unsafe situations and want to make a positive difference in someone’s life. Their concern for adults in need is to be commended.

## **Adult Protective Services Staffing**

as of December 31, 2025

### **Administration**

Thalia Wright, Commissioner, Department of Human Services

Amy Natale-McConnell, Director of Child and Family Services

Karen Gomez, DHS Finance Administrator

Lynn White, Administrative Caseworker

### **APS Intake and Assessment**

Amy Herring, Casework Supervisor

Lynda Backus, Senior Caseworker

Mara Engel, Senior Caseworker

Lashaun Myers-Scott, Senior Caseworker

Joelle Kerns, Caseworker

Amanda Tomino, Caseworker

Bernadette Wallace, Caseworker

### **APS Guardianship**

Tshana Cooper, Casework Supervisor

Kerri DeLuca, Senior Caseworker

Elisa Ianniello, Caseworker

Heather Larson, Caseworker

Monica Locke, Caseworker

Marcia Rivera, Caseworker

Teena Keokanya, Caseworker (per diem)

### **APS Guardianship Finance**

Kerry Frear-Caliri, Supervisor of Claims and Accounts

Maretta Phillips, Assistant Supervisor of Claims and Accounts