We invite you to review the 2015 Office of Adult Abuse Prevention and Investigations (OAAPI) annual data report. This report combines abuse information for all the populations we serve: older adults, adults with physical disabilities, adults with intellectual and developmental disabilities, people receiving mental health treatment services and children in licensed care settings.

OAAPI’s role is to support DHS/OHA programs and ensure that vulnerable Oregonians are safe where they live, work and play and our work is based on four key values:

1. Safety and protection of the state’s most vulnerable citizens;
2. Timely, thorough and consistent response to abuse or neglect allegations;
3. Holding perpetrators accountable and preventing or reducing the risk of harm to vulnerable citizens;
4. Commitment to partnerships to ensure a systems approach in addressing abuse and enhancing prevention efforts.

Some points we would like for you to consider when reviewing this report:

- Abuse is costly both financially and emotionally. Increases in health care costs, costs to long-term care systems and costs to financial institutions impact us all. However, in many cases, the price is to a person’s quality of life. This maybe a life cut short due to injuries, poverty or loss of independence or a child’s emotional and physical development impacted due to abuse or neglect.

- There is one risk factor that makes Oregonians who need protection from abuse and neglect even more vulnerable: not knowing who they are. National data indicates that only 1 in 24 cases of abuse are reported to any agency. For financial abuse it is estimated that 1 in 44 cases are reported and for neglect it is estimated that only 1 in every 57 cases are reported. Understanding and reporting abuse is the key to being able to protect vulnerable Oregonians. This is why OAAPI has made outreach and education a priority.
Abuse is not always visible and can affect a victim in many ways that we may not be aware of.

Abuse may not be reported for many reasons. Risk factors such as isolation, depression or cognitive impairments may compromise a person's ability to report, making them more vulnerable to abuse and neglect.

When people live free from abuse, their health, psychological, emotional and physical treatment needs are reduced. When people are safe, healthy and free of abuse and neglect they are more likely to live independent and productive lives in their communities.

Abuse investigators have dedicated their careers to serving others. Still they remain some of the most unrecognized service workers in our nation. Their work often goes unnoticed but makes a real difference in the lives of others.

In 2015 OAAPI participated in four SCAM Jams across Oregon, providing information on how to avoid being the victim of a scam or financially exploited. Scam Jams are sponsored by AARP and the Oregon Attorney General’s Office.
In 2015 OAAPI was able to be a voice for DHS/OHA on the national stage for implementing best practices and sharing measured results for client outcomes. In the last year OAAPI and DHS Aging and People with Disabilities had the opportunity to represent Oregon at two major national events. The first was the White House Conference on Aging in Seattle. The second was Meeting in the Middle: The Vital Partnerships of Financial Institutions and Aging Advocates to Prevent Exploitation, held in Washington, D.C. and sponsored by AARP. At this conference Oregon was recognized for its close collaboration with the Oregon Bankers Association and other key partners in preventing financial exploitation. Oregon’s outreach and education in this area are now recognized as a national model that other states.

Please learn more about abuse of vulnerable people and join our effort in raising awareness to keep people safe.

Special thanks to all of the men and women who are working so hard and are committed to serving and protecting vulnerable people.

We would also like to thank Oregon citizens, communities and community partners for reaching out and working with us in our mission to keep Oregonians safe.

*Justin Hopkins, Director*

Office of Adult Abuse Prevention and Investigations

Department of Human Services/Oregon Health Authority
# Table of Contents

**Director’s Message**

---

**Executive Summary** ................................................................. page 6

---

**Training and Outreach** ........................................................................................................ page 11

---

**Older Adults and People with Physical Disabilities** ................................................ page 15

---

**Adult Intellectual/Developmental Disability Programs (I/DD)** ................................ page 27

---

**Adult Mental Health Programs** ....................................................................................... page 38

---

**Children’s Programs** ........................................................................................................... page 50

---

**Spotlights and Conclusions** ............................................................................................... page 57
2015 Executive Summary

OAAPI, along with its county and local office partners are responsible for abuse investigations and providing protective services for some of Oregon’s most vulnerable citizens, including:

- Approximately 619,000 adults over age 65 and people with physical disabilities who may be vulnerable to abuse;
- Over 16,300 adults enrolled in intellectual and developmental disabilities (I/DD) services;
- Over 57,200 adults enrolled in community mental health services.
- Over 3,600 children who reside in licensed settings that provide therapeutic treatment, or children enrolled in I/DD services.

Synopsis:

You will see by the numbers and graphs outlined in the following pages that the reports of abuse in Oregon rose from 38,000 in 2014 to nearly 43,000 in 2015. It is speculated this increase is a result of heightened awareness of abuse and the need to report. Also, in 2015 the list of mandatory abuse reporters in Oregon was expanded.

Oregon’s Safeline (1-855-503-SAFE), became available to the public in 2014 and made it easier for people anywhere in Oregon to report abuse. In addition, a stronger emphasis on education, combined with the accessibility of the Safeline could be factors in the increase of reports.
Of the nearly 43,000 reports in 2015, there were 19,041 investigations conducted. Reports that did not meet the abuse definition were referred to community agencies and local organizations for follow up. Of those reports investigated, 4,215 people were determined to have been abused.

As in both 2013 and 2014, financial exploitation (30%) and neglect (29%) continue to be the most prevalent forms of substantiated abuse.

As in 2014, financial abuse is more prevalent in community (non-licensed) settings and has a big impact on individuals who may lack support systems. Neglect is more prevalent in licensed/facility settings and impacts vulnerable people with limited capacity to care for themselves or depend upon others for their care.

In 2015, there were a number of events generating public concern for the safety of children living in licensed care settings. This public concern initiated legislative action that focused on the practices of abuse reporting for children. As a result, there was an increase in reporting of possible abuse in these settings and the number of substantiations rose from 51 in 2014 to 84 in 2015.

Both DHS and OHA are committed to the safety of vulnerable people and identifying prevention opportunities. Through the DHS/OHA Quarterly Business Reviews (QBRs), we continue to develop metrics which will provide meaningful, actionable measures to lead toward the safety and protection of vulnerable people. The QBRs help us to use data to make informed decisions around where to place resources to protect vulnerable Oregonians from abuse.
In 2015, OAAPI, county and local offices received:

Nearly 43,000 reports of possible abuse or neglect of vulnerable Oregonians

19,041 allegations were assigned for investigation to determine if abuse, neglect or self-neglect had occurred:

- 12,470 allegations investigated for older adults and people with physical disabilities living in the community
  - 3048 allegations were substantiated as abuse
  - 2551 adults were determined to have been abused

- 4258 allegations investigated for older adults and people with physical disabilities living in licensed facility settings
  - 1100 allegations were substantiated as abuse
  - 921 adults were determined to have been abused

- 1,499 allegations investigated for adults with intellectual/developmental disabilities
  - 701 allegations were substantiated as abuse
  - 483 adults were determined to have been abused

- 543 allegations investigated for adults in mental health treatment or case management services
  - 191 allegations were substantiated as abuse
  - 164 adults were determined to have been abused

- 271 allegations investigated for children in licensed care settings
  - 117 allegations were substantiated as abuse
  - 84 children were determined to have been abused

- 2329 assessments for possible self-neglect
  - 487 allegations were substantiated as abuse
  - 487 adults were determined to be self-neglecting
Of the 19,141 allegations investigated:

5497 allegations were substantiated
4215 people were determined to have been abused*

*Some victims experience multiple types of abuse or multiple incidents.

*Other: Includes abandonment, maltreatment, restraint, and seclusion. Excludes 340 substantiated self neglect incidents. See page 22
Most Prevalent Types of Substantiated Abuse by Setting and Accused:

In licensed and certified settings the accused person was more likely to be a direct care staff or other employee of the facility/program:

- For direct care staff such as paid caregivers, nurses and other direct support staff, the more likely abuse to occur was neglect.
- For non-direct care employees such as managers, payees, and program staff, the more likely abuse to occur was financial abuse/exploitation.

In Community (non-licensed) settings:

- In Community APS, the accused person was more likely to be the adult child of the victim and financial abuse was more likely to occur.
- In I/DD non-licensed settings the accused person was more likely to be a parent or stepparent of the victim and verbal and physical abuse was more likely to occur.
- For adults with mental illness living in non-licensed settings, the accused person was more likely to be an intimate partner of the victim and physical abuse was more likely to occur.

### Synopsis

<table>
<thead>
<tr>
<th>Setting</th>
<th>Abuse Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults and people with physical disabilities in licensed settings:</td>
<td>Neglect</td>
</tr>
<tr>
<td>Older adults living in the community:</td>
<td>Financial</td>
</tr>
<tr>
<td>Adults with I/DD in licensed settings:</td>
<td>Neglect</td>
</tr>
<tr>
<td>Adults with I/DD not in licensed settings (in relative’s or own home):</td>
<td>Verbal &amp; Physical abuse</td>
</tr>
<tr>
<td>Adults with mental illness living in licensed settings:</td>
<td>Verbal mistreatment</td>
</tr>
<tr>
<td>Adults with mental illness not living in licensed settings:</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>Children in licensed or therapeutic settings:</td>
<td>Neglect</td>
</tr>
</tbody>
</table>
Training and Outreach

In 2015, OAAPI participated in making 31 outreach presentations in public venues throughout the state, painting a picture about what abuse looks like in Oregon and educating citizens about abuse prevention. We also participated in a number of community events, providing critical information to the public on what abuse is and how to report it.

Some of these activities in 2015 included:

- Oregon Legislative Staff - Protecting Oregonians from Abuse and Financial Exploitation
- Oregon State University Lifelong Learning Institute - Elder Abuse: What is it?
- Oregon Alliance - Vulnerable Adult Abuse
- Disability Rights Oregon - Overview of OAAPI
- Salem Chapter of Internal Investigative Association - Fraud and Exploitation
- Governor’s Commission on Senior Services - Overview of OAAPI
- Oregon Cascades West Council of Governments Elder Abuse Awareness Day - Vulnerable Adult Abuse Prevention
- World Elder Abuse Awareness Recognition Day - Vulnerable Adult Abuse Prevention
- Oregon State District Attorneys Association - Elder Financial Abuse
- Office of Developmental Disability Services’ Personal Agents Conference - OAAPI and Vulnerable adult abuse
- Oregon Bankers Association Operation and Compliance Officers - Financial Exploitation
- Adult Care Homes Association - Working with OAAPI to Prevent Abuse
- NAPSA Annual Conference - Investigator/Worker Safety
- Certified Public Accountants - Signs of Financial Exploitation and how to Recognize Them
- Oregon Financial Institution Security Task Force - Financial Exploitation
- PSU School of Social Work - Investigator Safety
- Annual Oregon Sheriff’s Association— Elder Abuse: What is it?
- Child Abuse and Family Violence Summit— Overview of OAAPI
- Four statewide Scam Jams (with AARP, DOJ and DCBS) - Overview of OAAPI
In addition to community outreach OAAPI’s training unit is responsible to ensure that abuse investigators across the state are educated and trained to consistent and measureable best practices that are in alignment with national standards for protective services investigators. This is achieved through the Core Competencies training provided by OAAPI.

In 2015, 75 individuals from adult protective services, developmental disabilities and mental health agencies were trained in the Core Competencies program for investigators. In addition to Core Competencies OAAPI’s two training staff coordinated and facilitated providing training courses on technical report writing, investigator safety, domestic violence and vicarious trauma. A total of 233 participants statewide received direct training through OAAPI.
The Aging and People with Physical Disabilities Program (APD) at DHS serves Oregon’s adults age 65 and older and adults 18-59 with physical disabilities who are unable to care for or protect themselves. APD is responsible for ensuring safety and providing protection and intervention to those they serve through Adult Protective Services (APS). Many adults served by APD live in their own home or with family members. Services are often based on the person’s desire to live as independent as possible. Older adults and people with physical disabilities may also live in licensed facilities such as nursing homes, adult foster care homes, residential care facilities, assisted living facilities, and endorsed memory care communities.

**Why are people over the age of 65 or those with a physical disability vulnerable to abuse?**

Age and disability alone do not make an individual vulnerable. However, there are related challenges and characteristics that may increase a person’s likelihood of becoming a victim of abuse or neglect, such as:

- Isolation and limited contact with family or friends.
- Being dependent on others for one or more daily needs.
- Declining physical and/or cognitive health.
- Stress and inadequate coping skills.

These factors tend to reduce a person’s level of independence and increase reliance on others.

**The Right To Self-Determination**

Although the primary focus of Adult Protective Services (APS) is on the health and safety of the reported victim, this must be balanced with the duty to protect the victim’s right to self-determination. While APS is required to complete all steps of the investigative process described in the following pages, the reported victim may refuse to participate in the process and also may refuse interventions. As long as an individual has the cognitive capacity to understand the impact of their choices and actions and they are not subject to the undue influence of others, they retain the authority and right to make those choices.
How are older adults and people with physical disabilities served by OAAPI and APS?

The APS functions occur in DHS, APD, and AAA local offices throughout the state and consist of a standard series of activities that are described in the following sections.

Screening

Local offices throughout the state, as well as OAAPI, receive calls from a variety of sources reporting suspected abuse. It is the job of the screener to determine if the reported victim is over the age of 65 or physically disabled and whether the concern being reported meets one of the definitions of either abuse or self neglect.

- Screening is the basis for all subsequent APS activities and is critical.
- In 2015, APS screened 32,497 reports of possible abuse, neglect or self neglect. Of those, 13,065 cases were screened in for investigation.
- While the number of calls received decreased from 2014 to 2015 by 1.4%, the number of calls for 2015 remains 14.2% higher than the 28,449 calls in 2013.
Consultation

Consultation is defined by the Oregon Administrative Rule (OAR) as the process by which APS provides specialized information or assistance to the complainant to assist in harm reduction.

Calls that meet the criteria are screened in and investigated. The remainder are “screened out” for investigation. However, in those instances local office or OAAPI staff provide consultation, referral, or technical assistance to the caller in an effort to address their concerns. A caller may be referred to multiple different providers based on the situation.

- In 2015, the 19,432 cases that were closed at screening received consultation or referral as reflected in the chart below.

### APS Non-Abuse Referrals

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Training/ Education</td>
<td>117</td>
</tr>
<tr>
<td>APS Risk Management</td>
<td>250</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>195</td>
</tr>
<tr>
<td>Courtesy Investigation</td>
<td>40</td>
</tr>
<tr>
<td>Courtesy Interview</td>
<td>72</td>
</tr>
<tr>
<td>Other APS Field Offices</td>
<td>862</td>
</tr>
<tr>
<td>Legal Services</td>
<td>345</td>
</tr>
<tr>
<td>Consult</td>
<td>5088</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>86</td>
</tr>
<tr>
<td>Law Enforcement Agency</td>
<td>452</td>
</tr>
<tr>
<td>Licenser</td>
<td>260</td>
</tr>
<tr>
<td>Eligibility Unit/ Determination</td>
<td>19</td>
</tr>
<tr>
<td>Case Manager</td>
<td>2962</td>
</tr>
<tr>
<td>Community Resources</td>
<td>1036</td>
</tr>
<tr>
<td>ADRC</td>
<td>159</td>
</tr>
<tr>
<td>Long Term Care Ombudsman</td>
<td>247</td>
</tr>
<tr>
<td>Licensing Boards</td>
<td>152</td>
</tr>
<tr>
<td>LCU</td>
<td>49</td>
</tr>
<tr>
<td>Nursing Facility Survey Unit</td>
<td>445</td>
</tr>
<tr>
<td>Mental Health</td>
<td>712</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>540</td>
</tr>
</tbody>
</table>
Triage

For cases that are investigated, a response time by which the investigator must visit with the reported victim is assigned. This is a critical aspect of assuring the safety of the victim. This is a significant measure for APS and it is measured quarterly for the department and DHS Executive Management.

- In 2015, Adult Protective Services Specialists investigating allegations of abuse in community settings met the assigned triage time in 96% of their investigations, while facility based settings had a compliance rate of 91%.

Investigation

Local investigators complete the process of determining whether the alleged wrongdoing, abuse or neglect occurred and ultimately reach a finding of substantiated, unsubstantiated, or inconclusive. The conclusion is based on the preponderance (over 50%) of the evidence available to the investigator.

Investigation Findings

<table>
<thead>
<tr>
<th></th>
<th>Facility</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleged</td>
<td>4,258</td>
<td>12,470</td>
</tr>
<tr>
<td>Substantiated</td>
<td>1,100</td>
<td>3,388</td>
</tr>
</tbody>
</table>
Intervention

APS assists the victim to reduce or remove the threat of harm and/or risk. The process of intervention can occur at any point during an investigation and may often occur throughout the entire process. Interventions can include helping the adult access necessary services, providing information and referrals, or accessing the legal system for items such as restraining orders or criminal reports.

Report Findings

Once an allegation of abuse is substantiated, APS may refer the results of their investigations to a number of partner agencies. Who receives a report varies based on the involved parties, where the abuse occurred, and whether there was reason to believe a crime occurred:

- Background Check Unit (BCU): Responsible for background checks of DHS/OHA employees and providers. In 2015, the results of over 2,100 Community APS abuse allegations were forwarded to the Background Check Unit.  
  http://www.oregon.gov/dhs/chc/Pages/index.aspx
- APD Safety Oversight and Quality Unit: Responsible for issuing sanctions, fines and other corrective action to licensed facilities. http://www.oregon.gov/dhs/licensing/Pages/index.aspx
- Board of Nursing: Responsible for issuing sanctions, fines and other corrective action to licensed nursing professionals.  
- Law Enforcement: APS notifies law enforcement any time there is reasonable cause to believe that a crime has been committed. This may occur before the conclusion of the case. In 2015, over 700 cases were referred from local APS offices to law enforcement.

Risk Management

In some cases, APS may continue to provide active reassessment and intervention for up to six months after a completed investigation to assure the ongoing safety of the victim.
Abuse Investigations in the Community

Adult Protective Services are available to anyone over the age of 65 or anyone aged 18-64 with a physical disability. There is no income, asset, or other eligibility criteria. Individuals with physical disabilities generally make up 25% of all investigations by APD.

Adults with Physical Disabilities vs Older Adult
Distribution Ratio by Abuse Type

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Older Adult</th>
<th>Physical Dis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandon.</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Financial</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>Isolation</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Neglect</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Physical</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Restraint</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Sexual</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>Verbal</td>
<td>70%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Substantiated Abuses by Population Type

<table>
<thead>
<tr>
<th>Population</th>
<th>Abandonment</th>
<th>Financial</th>
<th>Isolation</th>
<th>Neglect</th>
<th>Physical</th>
<th>Restraint</th>
<th>Sexual</th>
<th>Verbal</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Adult</td>
<td>29</td>
<td>988</td>
<td>23</td>
<td>304</td>
<td>321</td>
<td>8</td>
<td>14</td>
<td>609</td>
<td>2296</td>
</tr>
<tr>
<td>Disabled</td>
<td>4</td>
<td>200</td>
<td>1</td>
<td>85</td>
<td>158</td>
<td>0</td>
<td>15</td>
<td>264</td>
<td>727</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>1188</td>
<td>24</td>
<td>389</td>
<td>479</td>
<td>8</td>
<td>29</td>
<td>873</td>
<td>3023</td>
</tr>
</tbody>
</table>

*Total excludes abuse type: Other

Because the portion of the population 65 and older continues to grow, so do the number of APS investigations.
Abuse Investigations in the Community

Gender representation also varies by abuse type. In 2015, females made up 66% of all investigations.

### Gender Differences: Older Adults

#### Distribution Ratio by Abuse Type

<table>
<thead>
<tr>
<th></th>
<th>Abandon.</th>
<th>Financial</th>
<th>Isolation</th>
<th>Neglect</th>
<th>Physical</th>
<th>Restraint</th>
<th>Sexual</th>
<th>Verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>48%</td>
<td>61%</td>
<td>65%</td>
<td>59%</td>
<td>66%</td>
<td>75%</td>
<td>86%</td>
<td>74%</td>
</tr>
<tr>
<td>M</td>
<td>52%</td>
<td>37%</td>
<td>35%</td>
<td>39%</td>
<td>32%</td>
<td>13%</td>
<td>14%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Substantiated Abuses by Gender: Older Adults

<table>
<thead>
<tr>
<th>Gender</th>
<th>Abandonment</th>
<th>Financial</th>
<th>Isolation</th>
<th>Neglect</th>
<th>Physical</th>
<th>Restraint</th>
<th>Sexual</th>
<th>Verbal</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>14</td>
<td>603</td>
<td>15</td>
<td>180</td>
<td>211</td>
<td>6</td>
<td>12</td>
<td>451</td>
<td>1492</td>
</tr>
<tr>
<td>Male</td>
<td>15</td>
<td>363</td>
<td>8</td>
<td>120</td>
<td>104</td>
<td>1</td>
<td>2</td>
<td>150</td>
<td>763</td>
</tr>
<tr>
<td>Undisclosed</td>
<td>0</td>
<td>22</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>41</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>988</td>
<td>23</td>
<td>304</td>
<td>321</td>
<td>8</td>
<td>14</td>
<td>609</td>
<td>2296</td>
</tr>
</tbody>
</table>

*Total excludes abuse type: Other and self neglect

### Gender Differences: Adults with Physical Disabilities

#### Distribution Ratio by Abuse Type

<table>
<thead>
<tr>
<th></th>
<th>Abandon.</th>
<th>Financial</th>
<th>Isolation</th>
<th>Neglect</th>
<th>Physical</th>
<th>Sexual</th>
<th>Verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>100%</td>
<td>63%</td>
<td>100%</td>
<td>60%</td>
<td>63%</td>
<td>93%</td>
<td>72%</td>
</tr>
<tr>
<td>M</td>
<td>0%</td>
<td>36%</td>
<td>0%</td>
<td>40%</td>
<td>36%</td>
<td>7%</td>
<td>28%</td>
</tr>
</tbody>
</table>

### Substantiated Abuses by Gender: Adults with Physical Disabilities

<table>
<thead>
<tr>
<th>Gender</th>
<th>Abandonment</th>
<th>Financial</th>
<th>Isolation</th>
<th>Neglect</th>
<th>Physical</th>
<th>Sexual</th>
<th>Verbal</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>4</td>
<td>126</td>
<td>1</td>
<td>51</td>
<td>100</td>
<td>14</td>
<td>189</td>
<td>485</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>72</td>
<td>0</td>
<td>34</td>
<td>57</td>
<td>1</td>
<td>75</td>
<td>239</td>
</tr>
<tr>
<td>Undisclosed</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>200</td>
<td>1</td>
<td>85</td>
<td>158</td>
<td>15</td>
<td>264</td>
<td>727</td>
</tr>
</tbody>
</table>

*Total excludes abuse type: Other
Abuse Investigations in the Community

What you need to know:

- Community APS investigations may involve a reported victim living in a licensed facility. These are still considered community cases if the reported perpetrator is not a staff member or volunteer of the facility in which they live.
- Community investigations are conducted for the same types of abuse as facility investigations, but also include the category of self neglect. (See Page 10 for more information about self neglect).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>74</td>
<td>24</td>
<td>84</td>
<td>26</td>
<td>97</td>
<td>33</td>
</tr>
<tr>
<td>Financial Exploitation</td>
<td>3,398</td>
<td>969</td>
<td>3,789</td>
<td>1,059</td>
<td>4,533</td>
<td>1,188</td>
</tr>
<tr>
<td>Neglect</td>
<td>1,739</td>
<td>337</td>
<td>1,989</td>
<td>396</td>
<td>1,840</td>
<td>389</td>
</tr>
<tr>
<td>Other</td>
<td>227</td>
<td>40</td>
<td>156</td>
<td>37</td>
<td>230</td>
<td>49</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>907</td>
<td>353</td>
<td>1,101</td>
<td>435</td>
<td>1,347</td>
<td>479</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>100</td>
<td>15</td>
<td>128</td>
<td>28</td>
<td>151</td>
<td>29</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>1,576</td>
<td>568</td>
<td>1,951</td>
<td>707</td>
<td>2,505</td>
<td>873</td>
</tr>
<tr>
<td>Total</td>
<td>8,021</td>
<td>2,306</td>
<td>9,198</td>
<td>2,688</td>
<td>10,727</td>
<td>3,048</td>
</tr>
</tbody>
</table>

In 2015 physical abuse was the most frequently substantiated abuse type (35.6%) while sexual abuse was the least (19.2%).

Physical abuse substantiations increased by 35.7% between 2013 and 2015 while verbal abuse allegations increased more than any other category at 58.9%.
Abuse Investigations in the Community: A Closer Look at Financial Exploitation (FE)

- 37% of financial exploitation victims are male. While this sounds low, males are more likely to be victims of financial exploitation than any other type of abuse that APS investigates.

- 46% of the victims of financial exploitation were abused by a family member, which includes spouses, children, nieces, siblings and other relatives. While this sounds high, it is actually lower than other types of abuse that APS investigates where 59% of victims are related to their abuser.

- The average dollar amount lost by a victim of financial exploitation is $24,915. However, money is not all that is taken. Personal property, real estate, vehicles, medication, food stamps, and other belongings may be lost by victims of financial exploitation. The estimated cost to our Medicaid and other government funded programs in Oregon in a single year is close to $2 million.
Older Adults and People with Physical Disabilities

Abuse Investigations in the Community: A Closer Look at Self Neglect (SN)

Not all investigations involved a reported or substantiated perpetrator of abuse. Community APS includes the category of self neglect.

Self neglect refers to the inability of an adult to understand the consequences of his or her actions or inactions when that inability leads to or may lead to harm or endangerment to self or others.

Rather than an investigation, APS conducts an assessment of the individual to determine whether an allegation of SN is substantiated:

- Self neglect is substantiated when there is harm or risk of serious harm AND the reported victim lacks the ability to understand the risk of harm.
- Self neglect is not substantiated when an individual makes choices that may result in personal harm, as long as he or she recognizes the risk and understands the potential consequences of the choices made.

In either case, interventions are offered to resolve any immediate crisis, reduce risk and establish long term stability. Individuals making informed choices may refuse any or all offered interventions. Despite the increase in the 65+ population and issues that might contribute to the occurrence of SN, the numbers of substantiated cases have remained relatively constant over the past 5 years with 2015 cases being the lowest.
While in facility investigations it is the staff, volunteers or the license holder that are named as perpetrators, in the community, it could be almost anyone. In 2015, the following was true of substantiated perpetrators of abuse:

- When combined, individuals with a familial or spousal relationship to their victim make up 57% of all perpetrators.
- Very few victims in Adult Protective Services cases are abused by individuals who are truly strangers to them. Even when it is not a family member, it is often a friend or neighbor. Some may have been acquaintances for a very short period of time and may be “befriending” the victim based on a perceived or actual vulnerability.

### 2015 Substantiated Perpetrators

<table>
<thead>
<tr>
<th>Identity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquaintance</td>
<td>518</td>
</tr>
<tr>
<td>Child</td>
<td>1,059</td>
</tr>
<tr>
<td>Spouse</td>
<td>297</td>
</tr>
<tr>
<td>Guardian</td>
<td>18</td>
</tr>
<tr>
<td>Grandchild</td>
<td>191</td>
</tr>
<tr>
<td>Care Giver</td>
<td>306</td>
</tr>
<tr>
<td>Other</td>
<td>380</td>
</tr>
<tr>
<td>Parent</td>
<td>15</td>
</tr>
<tr>
<td>Sibling</td>
<td>76</td>
</tr>
</tbody>
</table>
Abuse Investigations in Facilities

An APS investigation is considered a facility case when the reported victim lives in a licensed residential setting and the reported perpetrator is the licensee, an employee (including individuals contracted for services such as hairdressing), or a volunteer of that facility. If the reported perpetrator is not the licensee, a facility employee or volunteer, it is considered a community APS case.

APS investigates allegations of abuse and neglect in Assisted Living, Residential Care, Adult Foster Homes, Room and Board houses, and Nursing Facilities. However, the Office of Licensing and Regulatory Oversight (OLRO) also conducts a portion of the abuse investigations in Nursing Facilities.

In 2015, there were 4258 allegations of abuse investigated by APS and OLRO combined.

A complaint investigation may result in a finding of substantiated abuse and/or of a substantiated licensing rule violation, leading to the possibility of more substantiations than total allegations. A rule violation is not abuse, but rather a violation of regulatory standards. Determination of compliance with regulatory standards are made by OLRO instead of APS, and are reflected below.

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Total Allegations</th>
<th>Total</th>
<th>Substantiated Rule Violation</th>
<th>Substantiated Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Exploitation</td>
<td>351</td>
<td>425</td>
<td>204</td>
<td>221</td>
</tr>
<tr>
<td>Involuntary Seclusion</td>
<td>16</td>
<td>13</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Neglect</td>
<td>3186</td>
<td>1069</td>
<td>309</td>
<td>760</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>431</td>
<td>83</td>
<td>45</td>
<td>38</td>
</tr>
<tr>
<td>Restraint</td>
<td>9</td>
<td>14</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>109</td>
<td>20</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Verbal/ Mental Abuse</td>
<td>153</td>
<td>106</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4258</strong></td>
<td><strong>1730</strong></td>
<td><strong>630</strong></td>
<td><strong>1100</strong></td>
</tr>
</tbody>
</table>
Licensing Violations and Substantiated Abuse by Facility Type

The information from the prior page can further be divided into facility types. When we look only at the Substantiated Allegations of Abuse (not rule violations) they occurred in the following settings:

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Substantiated Abuse</th>
<th>Assisted Living Facility</th>
<th>Residential Care Facility</th>
<th>Adult Foster Home</th>
<th>Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Exploitation</td>
<td>221</td>
<td>112</td>
<td>52</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>Involuntary Seclusion</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Neglect</td>
<td>760</td>
<td>163</td>
<td>356</td>
<td>143</td>
<td>98</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>38</td>
<td>8</td>
<td>17</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Restraint</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>12</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Verbal/ Mental Abuse</td>
<td>54</td>
<td>7</td>
<td>15</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1100</strong></td>
<td><strong>292</strong></td>
<td><strong>452</strong></td>
<td><strong>218</strong></td>
<td><strong>138</strong></td>
</tr>
</tbody>
</table>

It is helpful to balance the number of substantiated abuse allegations with the number of licensed beds in each of these settings. Bed capacity is a number that changes frequently, but does not have dramatic variations. It is also important to remember that a single licensed bed may have several different individuals utilizing it over the course of a year, while others may have only one. In 2015 the average combined bed count for all types of facilities was 43,520.

<table>
<thead>
<tr>
<th></th>
<th>% of Bed Capacity</th>
<th>% of Substantiated Abuse</th>
<th>Abuse Rate per Bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living</td>
<td>32.9%</td>
<td>19.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Residential Care</td>
<td>24.2%</td>
<td>26.5%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Adult Foster Home</td>
<td>17.2%</td>
<td>12.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>25.7%</td>
<td>41.1%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

The abuse rate in licensed settings is an important quality and performance measure that is reported to DHS Executive Management quarterly and to the State Legislature annually.
### Older Adults and People with Physical Disabilities

<table>
<thead>
<tr>
<th>County</th>
<th>Facility APD</th>
<th>Community APD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Allegations Investigated</td>
<td>Substantiated Abuse</td>
<td>Allegations Investigated</td>
</tr>
<tr>
<td><strong>Baker</strong></td>
<td>79</td>
<td>11</td>
<td>99</td>
</tr>
<tr>
<td><strong>Clackamas</strong></td>
<td>160</td>
<td>40</td>
<td>811</td>
</tr>
<tr>
<td><strong>Clatsop</strong></td>
<td>38</td>
<td>13</td>
<td>88</td>
</tr>
<tr>
<td><strong>Columbia</strong></td>
<td>80</td>
<td>31</td>
<td>145</td>
</tr>
<tr>
<td><strong>Coos</strong></td>
<td>204</td>
<td>75</td>
<td>513</td>
</tr>
<tr>
<td><strong>Crook</strong></td>
<td>0</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td><strong>Curry</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Deschutes</strong></td>
<td>227</td>
<td>58</td>
<td>347</td>
</tr>
<tr>
<td><strong>Douglas</strong></td>
<td>162</td>
<td>27</td>
<td>566</td>
</tr>
<tr>
<td><strong>Grant</strong></td>
<td>7</td>
<td>&lt;5</td>
<td>22</td>
</tr>
<tr>
<td><strong>Harney</strong></td>
<td>19</td>
<td>&lt;5</td>
<td>44</td>
</tr>
<tr>
<td><strong>Jackson</strong></td>
<td>356</td>
<td>142</td>
<td>767</td>
</tr>
<tr>
<td><strong>Jefferson</strong></td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td><strong>Josephine</strong></td>
<td>119</td>
<td>29</td>
<td>456</td>
</tr>
<tr>
<td><strong>Klamath-Lake</strong></td>
<td>92</td>
<td>32</td>
<td>286</td>
</tr>
<tr>
<td><strong>Lane</strong></td>
<td>716</td>
<td>168</td>
<td>1492</td>
</tr>
<tr>
<td><strong>Lincoln</strong></td>
<td>45</td>
<td>26</td>
<td>53</td>
</tr>
<tr>
<td><strong>Linn-Benton</strong></td>
<td>89</td>
<td>21</td>
<td>443</td>
</tr>
<tr>
<td><strong>Malheur</strong></td>
<td>36</td>
<td>6</td>
<td>184</td>
</tr>
<tr>
<td><strong>Marion</strong></td>
<td>346</td>
<td>87</td>
<td>1107</td>
</tr>
<tr>
<td><strong>Morrow</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Multnomah</strong></td>
<td>506</td>
<td>100</td>
<td>2996</td>
</tr>
<tr>
<td><strong>Polk</strong></td>
<td>110</td>
<td>31</td>
<td>361</td>
</tr>
<tr>
<td><strong>Tillamook</strong></td>
<td>15</td>
<td>9</td>
<td>123</td>
</tr>
<tr>
<td><strong>Umatilla</strong></td>
<td>115</td>
<td>32</td>
<td>415</td>
</tr>
<tr>
<td><strong>Union</strong></td>
<td>31</td>
<td>6</td>
<td>151</td>
</tr>
<tr>
<td><strong>Wallowa</strong></td>
<td>7</td>
<td>&lt;5</td>
<td>45</td>
</tr>
<tr>
<td><strong>Wasco</strong></td>
<td>59</td>
<td>14</td>
<td>117</td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td>335</td>
<td>75</td>
<td>440</td>
</tr>
<tr>
<td><strong>Yamhill</strong></td>
<td>144</td>
<td>37</td>
<td>336</td>
</tr>
<tr>
<td>**OLRO *</td>
<td>161</td>
<td>22</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4258</td>
<td>1100</td>
<td>12470</td>
</tr>
</tbody>
</table>

* 161 cases investigated by OLRO the county could not be determined
Adult Intellectual/Developmental Disability Programs

Who do we serve?

Adult I/DD services and its partners provide supports and services to adults who meet eligibility criteria. In 2015, over 18,000 adults were enrolled in I/DD services. Intellectual disability is characterized by below-average mental capacity (reasoning, learning, problem solving) and significant limitations in adaptive behavior skills (social, conceptual, practical). “Developmental disabilities” is an umbrella term that includes intellectual disability but also includes other disabilities. Some developmental disabilities occur largely due to medical conditions or brain injury that affect a person’s development and may or may not include limitations in cognition, such as cerebral palsy or epilepsy. Some individuals may have a condition that occurs genetically or during gestation that affects physical and intellectual development such as Down syndrome or fetal alcohol syndrome. People with developmental disabilities may also have significant medical or mental health needs, or challenges related to aging.

In 2015:

- **1,499** allegations of abuse were investigated
- **701** allegations of abuse were substantiated
- **843** adults were reported as victims of abuse
- **483** adults were determined to have been abused
OAAPI and CDDPs serve individuals with I/DD through the assessment for and provision of protective services in community programs and community facilities, and by investigating allegations of abuse. Most people who work with individuals with I/DD are mandatory reporters of abuse. Family, friends or neighbors can report abuse, and reports can come from law enforcement, medical providers and other sources.

- When an allegation of abuse is made, a screener/abuse investigator gathers preliminary information to assess the need for protective services and determine if a situation meets the relevant definition of abuse. The screener/investigator provides notification to specific individuals and entities, including the case manager or personal agent for the individual, who works with the investigator to provide protective services. The need for protective services is assessed in all types of settings, regardless of investigation finding. Some examples of protective services include: advocacy, alternative living arrangements, counseling, legal services, medical services, mental or physical state examinations, and removal of staff involved.

- Once the screener/investigator determines that a complaint meets the definition of abuse, the case is screened in and an investigator is assigned. The investigator assures a mandatory report is made to law enforcement if they believe a crime has been committed. The investigator will begin an investigation into the nature and cause of the abuse, while continuing to assess the need for protective services.

- When an investigation is complete, the investigator determines a finding of substantiated, not substantiated or inconclusive, based on the preponderance of the evidence.

- Next, the investigator works with program and licensing staff to determine what required actions will be taken to ensure the individual remains safe, regardless of whether or not abuse occurred. Examples of required actions include: developing new protocols for appropriate behavior supports, mandatory training on safe physical intervention for program staff, or developing a safety plan in handling family
Adult Intellectual/Developmental Disability Programs

Who investigates allegations of abuse or neglect in I/DD programs?

Community Developmental Disability Programs (CDDPs) investigated the majority of allegations in 2015. CDDPs operate in specific geographic areas and are under a contract with the Department of Human Services (DHS) or with an entity contracted by DHS.

OAAPI investigated allegations of abuse in state-operated Stabilization and Crisis Units. OAAPI also investigated some allegations of abuse in Umatilla County. Some allegations of abuse normally under the jurisdiction of the CDDPs were investigated by OAAPI due to their complexity, or to potential conflicts of interest.

### Allegations of Abuse Investigated in Adult I/DD Programs in 2015

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Investigated Allegations</th>
<th>Substantiated Allegations</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Financial</td>
<td>195</td>
<td>103</td>
<td>53%</td>
</tr>
<tr>
<td>Neglect</td>
<td>560</td>
<td>316</td>
<td>56%</td>
</tr>
<tr>
<td>Physical</td>
<td>221</td>
<td>69</td>
<td>31%</td>
</tr>
<tr>
<td>Restraint</td>
<td>70</td>
<td>34</td>
<td>49%</td>
</tr>
<tr>
<td>Seclusion</td>
<td>58</td>
<td>30</td>
<td>52%</td>
</tr>
<tr>
<td>Sexual</td>
<td>70</td>
<td>20</td>
<td>29%</td>
</tr>
<tr>
<td>Verbal</td>
<td>324</td>
<td>128</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,499</strong></td>
<td><strong>701</strong></td>
<td><strong>47%</strong></td>
</tr>
</tbody>
</table>
Investigated and Substantiated Allegations 2011-2015

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegations Investigated</td>
<td>1,367</td>
<td>1,503</td>
<td>1,486</td>
<td>1,442</td>
<td>1,499</td>
</tr>
<tr>
<td>Allegations Substantiated</td>
<td>670</td>
<td>764</td>
<td>707</td>
<td>685</td>
<td>701</td>
</tr>
<tr>
<td>Substantiation Rate</td>
<td>49%</td>
<td>51%</td>
<td>48%</td>
<td>48%</td>
<td>47%</td>
</tr>
</tbody>
</table>

In 2011-2015, the overall substantiation rate has remained at the 47-51 percent level. In 2015, the number of investigated and substantiated neglect allegations continued to grow, with substantiated neglect allegations increasing 60% from 2011 (from 198 to 316 substantiated allegations). Overall, there has been a decline in the number of investigated and substantiated financial and physical abuse allegations in 2011-2015, with the number of substantiated financial abuse allegations dropping over 20% (from 131 to 103 substantiated allegations), and the number of substantiated physical abuse allegations dropping over 40% (from 117 to 69 substantiated allegations).
There has been a 25% increase in the number of allegations investigated in non-licensed settings since 2011 (from 406 to 509 allegations). “Non-licensed settings” in this report include case management services, brokerage support services, and in-home support.

Factors playing a role in this trend could include:

- Strengthening the community integration of people with developmental disabilities
- Raised awareness of prevention
- Recognition of the signs of abuse among adults, families, partners and stakeholders due to education programs and the work of multi-disciplinary teams
- Continued training and mentoring of abuse investigators
- More adults with I/DD accessing services in non-licensed settings as a result of the Staley Settlement Agreement

In 2011-2015, the number of allegations investigated in licensed settings has comprised 30-36% of all investigated allegations. “Licensed setting” in this report means a licensed or certified/endorsed I/DD program, including 24-hour residential programs (group homes, non-profit, private and state-operated), adult foster homes, supported living programs, and employment and day support programs.
In 2011-2015, there has also been an increase in the number of substantiated allegations in non-licensed settings. In 2011, substantiated allegations in non-licensed settings made up 25% of all substantiated allegations. In 2015, substantiated allegations in non-licensed settings made up 33% of all substantiated allegations.

**Substantiated Abuse in Licensed Settings in 2015**

Neglect was the most prevalent abuse type in licensed settings. It accounted for 58% (273 allegations) of all substantiated abuse.

**Substantiated Abuse in Non-licensed Settings in 2015**

In non-licensed settings, the most prevalent abuse types were verbal abuse, accounting for 23% (53 allegations) of all substantiated abuse, and physical abuse, accounting for 22% (51 allegations) of all substantiated abuse.
Investigations in group homes for people with I/DD are the largest portion of investigations in licensed/certified settings, accounting for 62 to 74 percent of all investigated allegations and 66 to 75 percent of all substantiated allegations in licensed settings from 2011 to 2015.

**Investigated Allegations in Licensed Settings**

<table>
<thead>
<tr>
<th>Licensed/Certified Settings</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment &amp; Day Support</td>
<td>87</td>
<td>96</td>
<td>75</td>
<td>92</td>
<td>66</td>
</tr>
<tr>
<td>Group Home</td>
<td>697</td>
<td>742</td>
<td>692</td>
<td>576</td>
<td>730</td>
</tr>
<tr>
<td>Adult Foster Home</td>
<td>142</td>
<td>163</td>
<td>191</td>
<td>217</td>
<td>166</td>
</tr>
<tr>
<td>Supported Living</td>
<td>35</td>
<td>21</td>
<td>38</td>
<td>37</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>961</td>
<td>1022</td>
<td>996</td>
<td>922</td>
<td>989*</td>
</tr>
</tbody>
</table>

*This number does not include 1 additional allegation where the investigator was unable to determine if the AFH or Employment & Day Support Service was the provider at the time the abuse occurred.

**Substantiated Allegations in Licensed Settings**

<table>
<thead>
<tr>
<th>Licensed/Certified Settings</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment &amp; Day Support</td>
<td>45</td>
<td>53</td>
<td>28</td>
<td>58</td>
<td>36</td>
</tr>
<tr>
<td>Group Home</td>
<td>372</td>
<td>399</td>
<td>361</td>
<td>307</td>
<td>327</td>
</tr>
<tr>
<td>Adult Foster Home</td>
<td>62</td>
<td>82</td>
<td>94</td>
<td>82</td>
<td>83</td>
</tr>
<tr>
<td>Supported Living</td>
<td>20</td>
<td>12</td>
<td>17</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>499</td>
<td>546</td>
<td>500</td>
<td>468</td>
<td>465*</td>
</tr>
</tbody>
</table>

**Gender of Victims of Substantiated Abuse in Licensed and Non-licensed Settings in 2015**

Substantiated allegations of abuse involved more male victims than female victims. In addition, male victims accounted for more of the total substantiated allegations of neglect, verbal abuse and financial abuse than female victims.

In 2015, 272 males and 211 females had at least one allegation of abuse substantiated against them.
In 2015, in non-licensed settings, parents and intimate partners were responsible for nearly 50 percent (115 allegations) of substantiated abuse. Intimate partners were most often substantiated for physical and verbal abuse, and parents or stepparents were responsible for the majority of substantiated neglect.

**Perpetrators of Abuse in Non-licensed Settings by Abuse Type in 2015**

<table>
<thead>
<tr>
<th>Perpetrator of abuse</th>
<th>Financial</th>
<th>Neglect</th>
<th>Physical</th>
<th>Restraint</th>
<th>Seclusion</th>
<th>Sexual</th>
<th>Verbal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent or stepparent</td>
<td>21</td>
<td>24</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>1</td>
<td>13</td>
<td>78</td>
</tr>
<tr>
<td>Intimate partner</td>
<td>2</td>
<td>1</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Sibling</td>
<td>5</td>
<td>8</td>
<td>7</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>35</td>
</tr>
<tr>
<td>Other *</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Friend or roommate</td>
<td>4</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Other relatives</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Non-Relative Caregiver</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>43</strong></td>
<td><strong>51</strong></td>
<td><strong>11</strong></td>
<td><strong>18</strong></td>
<td><strong>15</strong></td>
<td><strong>53</strong></td>
<td><strong>234</strong></td>
</tr>
</tbody>
</table>

* Other includes friends and family of victim’s partners and relatives, representative payees, neighbors, landlords and other people who come in frequent contact with the victim.
Referrals to Law Enforcement and Other Agencies

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Substantiated Allegations</th>
<th>LEA Referral or Involvement</th>
<th>Rate of LEA Referral or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Financial</td>
<td>103</td>
<td>65</td>
<td>63%</td>
</tr>
<tr>
<td>Neglect</td>
<td>316</td>
<td>33</td>
<td>10%</td>
</tr>
<tr>
<td>Physical</td>
<td>69</td>
<td>43</td>
<td>62%</td>
</tr>
<tr>
<td>Restraint</td>
<td>34</td>
<td>7</td>
<td>21%</td>
</tr>
<tr>
<td>Seclusion</td>
<td>30</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>Sexual</td>
<td>20</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>Verbal</td>
<td>128</td>
<td>24</td>
<td>20%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>701</td>
<td>190</td>
<td>27%</td>
</tr>
</tbody>
</table>

If an investigation is substantiated, OAAPI or CDDP may refer the investigation findings to:

- Law Enforcement: Notified any time there is reasonable cause to believe that a crime has been committed. This often occurs at the beginning of an investigation. In 2015 law enforcement agencies (LEA) were most likely to get involved in substantiated sexual, financial and physical abuse allegations.
- DD Licensing Unit of the DHS Office of Licensing and Regulatory Oversight (OLRO) or Multnomah County Adult Care Home Licensing Program: Responsible for the licensing, certification, regulatory and corrective action functions for providers of services to individuals with developmental disabilities.
- Licensing Boards: Responsible for issuing sanctions, fines and other corrective action to licensed professionals (e.g. Nurses, Licensed Counselors, Social Workers, Physicians and Dentists).
- Medicaid Fraud Unit: Investigates and prosecutes physical, sexual, or financial abuse of clients whose services are paid for with Medicaid funds.
- Background Check Unit: Responsible for background checks of DHS/OHA employees and providers of care.
The map below shows the number of abuse allegations investigated in I/DD programs by county in 2015.
## Adult Intellectual/Developmental Disability Programs

<table>
<thead>
<tr>
<th>County</th>
<th>Adults with I/DD Enrolled in Services</th>
<th>Allegations Investigated</th>
<th>Allegations Substantiated</th>
<th>LEA Referrals or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>90</td>
<td>34</td>
<td>18</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Benton</td>
<td>400</td>
<td>7</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Clackamas</td>
<td>1,516</td>
<td>165</td>
<td>79</td>
<td>16</td>
</tr>
<tr>
<td>Clatsop</td>
<td>173</td>
<td>40</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Columbia</td>
<td>245</td>
<td>18</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Coos</td>
<td>281</td>
<td>53</td>
<td>27</td>
<td>13</td>
</tr>
<tr>
<td>Crook</td>
<td>74</td>
<td>12</td>
<td>Less than 5</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Curry</td>
<td>100</td>
<td>14</td>
<td>5</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Deschutes</td>
<td>545</td>
<td>27</td>
<td>11</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Douglas</td>
<td>560</td>
<td>22</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Gilliam/Wheeler</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grant</td>
<td>34</td>
<td>7</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Harney</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jackson</td>
<td>808</td>
<td>47</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>Jefferson</td>
<td>89</td>
<td>12</td>
<td>5</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Josephine</td>
<td>452</td>
<td>20</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Klamath</td>
<td>421</td>
<td>23</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Lake</td>
<td>24</td>
<td>Less than 5</td>
<td>Less than 5</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Lane</td>
<td>1,873</td>
<td>103</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td>Lincoln</td>
<td>213</td>
<td>12</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Linn</td>
<td>622</td>
<td>38</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Malheur</td>
<td>160</td>
<td>26</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Marion</td>
<td>1,767</td>
<td>119</td>
<td>36</td>
<td>11</td>
</tr>
<tr>
<td>Mid-Columbia</td>
<td>239</td>
<td>14</td>
<td>14</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Morrow</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multnomah</td>
<td>3,793</td>
<td>341</td>
<td>106</td>
<td>47</td>
</tr>
<tr>
<td>Polk</td>
<td>496</td>
<td>47</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Tillamook</td>
<td>145</td>
<td>6</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Umatilla</td>
<td>361</td>
<td>49</td>
<td>25</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Union</td>
<td>156</td>
<td>94</td>
<td>66</td>
<td>5</td>
</tr>
<tr>
<td>Wallowa</td>
<td>36</td>
<td>Less than 5</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Washington</td>
<td>1,738</td>
<td>85</td>
<td>42</td>
<td>17</td>
</tr>
<tr>
<td>Yamhill</td>
<td>575</td>
<td>58</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,036</strong></td>
<td><strong>1,499</strong></td>
<td><strong>701</strong></td>
<td><strong>190</strong></td>
</tr>
</tbody>
</table>

Program enrollment data was provided by the DHS Office of Business Intelligence.

An individual may be involved in more than one investigated or substantiated allegation.
**Adult Mental Health Programs**

**Who do we serve?**

OHA Health Systems Division provides supports and services to adults enrolled in mental health services through a Community Mental Health Program (CMHP) or with an entity that contracts with or is certified by the State or by a CMHP, and to individuals receiving acute care in a psychiatric placement in a hospital (Psychiatric Units/Hold Rooms). Individuals enrolled in mental health services include those who meet criteria standards set forth by the Oregon Health Authority (OHA) and Oregon Health Plan. This also includes individuals who have been civilly or forensically committed to the Oregon State Hospital (OSH) or a direct contract residential facility.

**Why are individuals with a mental illness vulnerable to abuse?**

Within the diverse population of individuals with a mental illness, there is a broad range of both abilities and vulnerabilities. Some people live independently, requiring minimal services such as medication management, case management, information and referrals, and outpatient services. Others need significant assistance to remain independent in the community, including assistance with housing, medication administration, money management, and intensive ongoing case management. Some are unable to live independently and require supports provided in licensed residential programs or commitment to the Oregon State Hospital to assure their health and safety.

Adults enrolled in mental health services access these services based on their needs to live with as much independence as possible. When an individual with a mental illness is experiencing symptoms that impact their functioning, they may be more vulnerable to illegal, abusive, and exploitive behavior of others. Other factors contributing to the increased vulnerability of this population may include difficulty in managing challenging symptoms or communicating needs, a limited number of social opportunities and contacts, and claims of abuse that are ignored or not believed. Discrimination and stigmatization may further exacerbate the difficulties faced by adults with a mental illness.

---

**In 2015:**

- **543** allegations of abuse were investigated
- **191** allegations of abuse were substantiated
- **415** adults were reported as victims of abuse
- **164** adults were determined to have been abused

---
Community Mental Health Programs (CMHPs) are designees of the Health Systems Division of the Oregon Health Authority (OHA) to provide protective services for adults with a mental illness and to conduct abuse investigations. They operate in specific geographic service areas (generally by county) under a contract with the OHA, or with another entity as contracted by the OHA.

OAAPI investigates allegations of abuse at the Oregon State Hospital campuses in Junction City and Salem. OAAPI also investigates allegations of abuse at a small number of licensed secure residential treatment facilities (SRTFs) that have a direct contract with the OHA. Some allegations of abuse normally under the jurisdiction of the CMHP are investigated by OAAPI due to their complexity or to potential conflicts of interest.

- Screening: CMHPs or OAAPI receive reports of alleged abuse, neglect or mistreatment from various sources. The screener will determine whether:
  1) the reported victim was enrolled in mental health services at the time of the incident, and
  2) the concern being reported meets one of the definitions of abuse, neglect, or mistreatment. This may depend on whether or not the reported victim lives in the community or in a licensed facility. If the report does not meet these criteria, it is “screened out”. In instances where a report is screened out, CMHP staff may provide information, assistance, or referrals for the alleged victim.

- Protective Services: CMHPs assist the victim to reduce or remove the threat of harm and/or risk.

- Investigation: If the screener determines that a report meets the definition of abuse, neglect, or mistreatment, CMHP or OAAPI investigators conduct an investigation to determine if the alleged abuse, neglect or mistreatment occurred, ultimately reaching a finding of substantiated, not substantiated, or inconclusive.
If an investigation is substantiated, OAAPI may refer the investigation findings to:

- Law Enforcement: Notified any time there is reasonable cause to believe that a crime has been committed. This often occurs at the beginning of an investigation.
- OHA Health Systems Division: Responsible for issuing sanctions, fines and other corrective action to licensed residential facilities and Community Mental Health Programs (CMHPs).
- Licensing Boards: Responsible for issuing sanctions, fines and other corrective action to licensed professionals (e.g. Nurses, Licensed Counselors, Social Workers, Physicians and Dentists).
- Medicaid Fraud Unit: Also investigates and prosecutes physical, sexual, or financial abuse or neglect of clients who receive Medicaid funding.
- Background Check Unit: Responsible for background checks of DHS/OHA employees and providers of care.
- Health Care Regulation & Quality Improvement: Regulates healthcare facilities, providers, and suppliers in acute-care and community-based programs.
In 2015, over 104,000 adults were enrolled in Mental Health Services including residents living in licensed residential settings and adults living independently in their community. In 2015, Oregon State Hospital (OSH) served 1,426 patients and a small number of residents who reside in other licensed facilities.

**What types of abuse and mistreatment are investigated in Mental Health Programs?**

Which types of abuse are investigated depends upon the level of care a person is in:

<table>
<thead>
<tr>
<th>All adults enrolled in MH programs (Adults in non-licensed settings)</th>
<th>Adults living in a MH-licensed residential facility</th>
<th>Adults living in Oregon State Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect leading to physical harm</td>
<td>Neglect which creates a significant risk of harm or results in significant mental injury</td>
<td>Neglect</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Physical Abuse</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Sexual Abuse</td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td></td>
<td>Verbal Mistreatment</td>
<td>Verbal Abuse</td>
</tr>
<tr>
<td></td>
<td>Abandonment</td>
<td>Condoning Abuse</td>
</tr>
<tr>
<td></td>
<td>Financial Exploitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Involuntary Restriction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wrongful Restraint</td>
<td></td>
</tr>
</tbody>
</table>
# Allegations Investigated in Adult Mental Health Programs in 2015

(including County Mental Health, Oregon State Hospital and Secure facilities)

<table>
<thead>
<tr>
<th>Abuse/ Mistreatment Type</th>
<th>Investigated Allegations</th>
<th>Substantiated Allegations</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Condoning Abuse (OSH)</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Financial Exploitation</td>
<td>20</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>Neglect</td>
<td>91</td>
<td>19</td>
<td>21%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>235</td>
<td>90</td>
<td>38%</td>
</tr>
<tr>
<td>Restraint</td>
<td>6</td>
<td>2</td>
<td>33%</td>
</tr>
<tr>
<td>Restriction</td>
<td>4</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>77</td>
<td>16</td>
<td>20%</td>
</tr>
<tr>
<td>Verbal Mistreatment</td>
<td>110</td>
<td>51</td>
<td>47%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>543</strong></td>
<td><strong>191</strong></td>
<td><strong>35%</strong></td>
</tr>
</tbody>
</table>

### Substantiated Abuse/Mistreatment in Mental Health Programs: Most Prevalent to Least Prevalent

<table>
<thead>
<tr>
<th>Abuse/ Mistreatment Type</th>
<th>Community</th>
<th>Secure Facilities</th>
<th>OSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Mistreatment</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Exploitation</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involuntary Restraint</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrongful Restriction</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Allegations in CMHP Licensed and Non-Licensed Settings

Individuals may receive services in licensed settings such as adult foster homes and residential treatment homes and facilities including secure residential facilities, or they may receive services in non-licensed settings such as outpatient services, psychiatric acute care, or hold rooms in hospitals.

<table>
<thead>
<tr>
<th>Abuse/ Mistreatment Type</th>
<th>Licensed Setting</th>
<th>Non-licensed Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investigated</td>
<td>Substantiated</td>
</tr>
<tr>
<td>Abandonment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Financial Exploitation</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Neglect</td>
<td>54</td>
<td>12</td>
</tr>
<tr>
<td>Physical</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Restraint</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Restriction</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Sexual</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Verbal Mistreatment</td>
<td>66</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total</strong> (excluding OSH p23)</td>
<td><strong>161</strong></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

In 2015, 39% of all substantiated abuse or mistreatment allegations occurred in licensed settings. **Verbal mistreatment** was the most prevalent type of abuse or mistreatment for adults with mental illness in licensed settings, accounting for 57% of substantiated allegations.

**Physical abuse** was the most prevalent type of abuse or mistreatment for adults with mental illness in non-licensed settings, accounting for 84% of substantiated allegations.
Abuse in Mental Health Setting from 2010-2014

In licensed settings, the accused person is more likely to be a paid caregiver or staff of the facility or the residential provider. Verbal mistreatment and neglect represent over 65% of all investigations since 2011.

In non-licensed settings, the accused person is more likely to be an intimate partner or family member. Physical abuse represents 70% of all investigations since 2011.
Adult Mental Health Programs

For allegations of abuse or mistreatment of an adult with mental illness:

- The **victim** was female in 69% and male in 31% of substantiated allegations.
- The **accused person** was female in 36% and male in 64% of substantiated allegations.

In **licensed residential** settings in 2015:

- 74% of accused persons substantiated for abuse were a care provider of the victim or other employee of the facility. Verbal mistreatment was the most prevalent abuse type substantiated.

In **non-licensed** settings in 2015:

- 44% of the accused persons for substantiated allegations were an intimate partner of the victim and 26% were a family member of the victim. Physical abuse was the most prevalent abuse type substantiated.

Reviews of Deaths of Adults with Mental Illness

In 2015, Mental Health investigators reviewed the deaths of 311 individuals enrolled in mental health services. These reviews are conducted to determine if neglect or abuse was a factor in the death.

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental/Natural</td>
<td>257</td>
</tr>
<tr>
<td>Suicide/Homicide</td>
<td>54</td>
</tr>
</tbody>
</table>

**Natural causes**—most frequently heart disease or cancer

**Accidental causes**—most frequently drug misuse or overdose.
### Law Enforcement Referrals

Physical abuse and sexual abuse allegations were the most likely to be referred to law enforcement agencies.

<table>
<thead>
<tr>
<th>Abuse/ Mistreatment Type</th>
<th>Substantiated Allegations</th>
<th>Substantiated Allegations Referred to LEA</th>
<th>Rate of LEA Referrals or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Exploitation</td>
<td>11</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>Neglect</td>
<td>14</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>89</td>
<td>74</td>
<td>83%</td>
</tr>
<tr>
<td>Restraining</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Restriction</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>14</td>
<td>11</td>
<td>79%</td>
</tr>
<tr>
<td>Verbal Mistreatment</td>
<td>38</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Investigations of Abuse and Neglect by County

The map below shows the number of abuse allegations investigated in adult mental health programs by county in 2015:
### Adult Mental Health Programs

<table>
<thead>
<tr>
<th>County</th>
<th>Adults Enrolled in MH Services</th>
<th>Total Allegations</th>
<th>Substantiated Allegations</th>
<th>LEA Referral or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>576</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Benton</td>
<td>1,556</td>
<td>Less than 5</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Clackamas</td>
<td>12,715</td>
<td>86</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Clatsop</td>
<td>767</td>
<td>Less than 5</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Columbia</td>
<td>1,112</td>
<td>6</td>
<td>Less than 5</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Coos</td>
<td>1,865</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Crook</td>
<td>791</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Curry</td>
<td>625</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deschutes</td>
<td>4,093</td>
<td>Less than 5</td>
<td>Less than 5</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Douglas</td>
<td>2,801</td>
<td>Less than 5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gilliam/Morrow/Wheeler</td>
<td>361</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grant</td>
<td>280</td>
<td>Less than 5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Harney</td>
<td>251</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jackson</td>
<td>3,819</td>
<td>15</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Jefferson</td>
<td>490</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Josephine</td>
<td>2,608</td>
<td>11</td>
<td>9</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Klamath</td>
<td>2,307</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lake</td>
<td>144</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lane</td>
<td>10,619</td>
<td>15</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Lincoln</td>
<td>1,077</td>
<td>10</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Linn</td>
<td>3,750</td>
<td>12</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Malheur</td>
<td>1,988</td>
<td>9</td>
<td>Less than 5</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Marion</td>
<td>14,363</td>
<td>12</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Mid-Columbia*</td>
<td>1,192</td>
<td>3</td>
<td>3</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Multnomah</td>
<td>16,005</td>
<td>215</td>
<td>65</td>
<td>48</td>
</tr>
<tr>
<td>Polk</td>
<td>3,137</td>
<td>Less than 5</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Tillamook</td>
<td>537</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Umatilla</td>
<td>337</td>
<td>Less than 5</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>Union</td>
<td>426</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wallowa</td>
<td>261</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Washington</td>
<td>11,445</td>
<td>12</td>
<td>6</td>
<td>Less than 5</td>
</tr>
<tr>
<td>Yamhill</td>
<td>2,424</td>
<td>8</td>
<td>Less than 5</td>
<td>0</td>
</tr>
<tr>
<td>State (OSH &amp; Direct Contract)</td>
<td>NA</td>
<td>88</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>104,722</strong></td>
<td><strong>543</strong></td>
<td><strong>191</strong></td>
<td><strong>93</strong></td>
</tr>
</tbody>
</table>

*Mid-Columbia: Hood River, Sherman, and Wasco Counties*
OAAPI receives reports of suspected abuse or neglect through phone calls, e-mails, grievances and other notifications from patients, staff and family.

OAAPI has 24 hours to determine if the incident reported meets the definition of abuse in the Administrative Rules, and may conduct limited interviews, view surveillance video or examine other documentation in making a screening decision.

When OAAPI determines a report of alleged abuse does not meet the definition of abuse, it is closed and the screening decision letter is forwarded to OSH Human Resources.

When OAAPI determines that an allegation meets OAR criteria for an investigation, it is assigned to determine what occurred. At the conclusion of the investigation, the investigator determines a finding of substantiated, not substantiated or inconclusive, and the report is sent to OSH for review and possible further action, as appropriate.

How do OAAPI and OSH collaborate to protect patients at OSH?

- In 2015, OSH funded three full time OAAPI investigators.
- In addition to monthly meetings to review cases, the chief investigator at OAAPI meets quarterly with the Superintendent of OSH to discuss issues of mutual interest.
- Four times each month, OAAPI presents a one-hour training session to OSH staff during New Employee Orientation, in which incoming staff learn about the purpose of OAAPI, the investigation process, and how interviews are scheduled. Staff receive data on the number of investigations OAAPI conducts annually, the number of substantiations and other trends around prevalent abuse types.
Oregon State Hospital (OSH) Investigation Demographics

- In 2015, OSH served 1,426 patients, the majority at the Salem campus and a small number at the Junction City campus. The average number of patients served each day in the hospital was 595.

- Allegations of possible abuse against 62 patients were investigated; 18 patients were determined to have been abused or neglected, including patients involved in multiple investigations.

- The average gender make-up of OSH each day is 26% female patients and 74% male. Of the 62 patients who had an investigation, 8 (13%) were females. Of the 18 patients determined to have been abused, 3 (17%) were females.

- OSH employs more than 2000 staff; approximately 1600 staff work with patients in a clinical setting. In 2015, 21 staff were substantiated for abuse or neglect; 18 of those substantiated for abuse or neglect were mental health technicians or RNs.

### Allegations of Abuse or Neglect at OSH in 2015

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Investigated</th>
<th>Substantiated</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>21</td>
<td>5</td>
<td>24%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>8</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>44</td>
<td>13</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83</strong></td>
<td><strong>21</strong></td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>
The agencies and providers that comprise CCP and I/DD programs vary greatly in their focus, level of care, population served and variety of services. CCP and I/DD programs are comprised of Residential Care Agencies, Day Treatment Programs, Foster Care Agencies, Residential Boarding Schools, and Outdoor Youth Programs.

The licensing of these providers occurs through OHA Mental Health, DHS children’s DD or DHS Child Welfare, but the providers contract and provide services to a variety of child caring agencies. Children placed in these programs have often experienced physical, sexual, and/or emotional trauma, in addition to other risk factors that make them vulnerable to abuse.

The length of time spent in a placement is determined by the individual needs of the child and may be a short term placement as treatment options are evaluated and adjusted, or may be a long term placement in a residential children’s treatment facility, or a therapeutic foster home.

In 2015, more than 320 children per day received services in CCP programs and roughly 150 children received services through I/DD programs. While these children receive treatment and care services from a variety of licensed providers, OAAPI has the authority to investigate when allegations of abuse and neglect are reported.

The average age of the children was 13.6 years, with 67% males and 33% females. However the average age of boys is 13.2 years and the average age of girls is 14.5 years.
Children’s Programs

Why are children in these programs vulnerable to abuse?

Children receiving services through a Children’s Care Provider (CCP) or an Intellectual/Developmental Disabilities program (I/DD) have a wide range of intellectual capability and a variety of medical, emotional, behavioral, and therapeutic treatment needs.

Some children may require increased levels of supervision to reduce the risk of both intentional and unintentional self-harm, while others with specific medical and/or behavioral needs may have individualized protocols for a staff or caregiver to follow such as administering medication, preventing aspiration, assisting with food preparation, or other conditions or known risks.

Due to these unique needs, many children in these programs require heightened levels of supervision to reduce their risk of harm at their residence and out in the community.

In 2015

♦ 271 allegations of abuse were investigated
♦ 117 allegations of abuse were substantiated
♦ 192 children were reported as victims of abuse
♦ 84 children were determined to have been abused

In addition, some children with significant intellectual disabilities may have limited communication skills which increases their risk of harm due to being unable to self-report abuse or neglect.

For this uniquely vulnerable population, abuse and neglect reporting by mandatory reporters plays a critical part of ensuring our ability to keep them safe.
How are children in CCP or I/DD programs served by OAAPI?

Allegations of abuse and/or neglect regarding a CCP or I/DD program or staff member are often reported through Child Welfare protective services and then referred to OAAPI for screening. However, referrals to OAAPI can also come through the agencies who contract with and monitor the services of providers.

During a screening process, OAAPI reviews multiple factors to determine if an investigation is warranted. These factors include but are not limited to an initial determination if the reported information meets a definition of abuse, relevant program history, and an evaluation of the child’s care plan.

When an allegation does not meet the definition of abuse according to Oregon Revised Statute and Oregon Administrative Rule the report is “closed at screening”. Information concerning this screening is documented regarding why the allegation did not meet the definition of abuse.

When there is evidence that an allegation meets the definition of abuse it is assigned for investigation. An investigator gathers information pertaining to the incident through interviews with witnesses, including the reported victim and the reported perpetrator, and relevant documentation such as incident reports, the child’s care plan, medication records, program policy and procedure and staff training logs.

With this information, the investigator makes a determination if the allegation is substantiated, not substantiated, or inconclusive.

In some circumstances investigators may include required actions or recommendations to be implement based on their findings. The purpose is to address concerns that arose during the investigations. Examples may include recommendations for staff training, improved documentation or record keeping practices, or changes to policies and practices to reduce and prevent future abuse and neglect.

OAAPI received roughly 1,700 allegations of possible abuse in 2015, and assigned 271 allegations for investigation in these program areas. OAAPI evaluates all reported incidents of possible abuse to determine if it meets the definition of abuse, and if it will be investigated.
Children’s Programs — Children’s Care Providers

Children’s Care Providers provide out-of-home therapeutic treatment for children, primarily in residential settings, including therapeutic foster care, children’s facilities and outdoor youth programs.

In 2015 there was a 31% increase in the rate of substantiated abuse allegations for Children Care Providers from 2014. Negligent treatment was the most prevalent abuse type in 2015 compared to maltreatment in 2014.

<table>
<thead>
<tr>
<th>Substantiated Allegations by Abuse Type</th>
<th>Total Allegations</th>
<th>Substantiated Allegations</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreatment</td>
<td>64</td>
<td>21</td>
<td>33%</td>
</tr>
<tr>
<td>Negligent Treatment</td>
<td>97</td>
<td>39</td>
<td>40%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>10</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>Threat of Harm</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>171</td>
<td>65</td>
<td>38%</td>
</tr>
</tbody>
</table>

♦ 171 allegations of abuse were investigated
♦ 65 allegations of abuse were substantiated
♦ 136 children were reported as victims of abuse
♦ 48 children were determined to have been abused

CCP Allegations by Abuse Type

- Maltreatment: 37%
- Negligent Treatment: 57%
- Sexual Abuse: 6%
Abuse by type

While negligent treatment was the most prevalent (57%) of all abuse types, it had the second highest substantiation rate (40%). Negligent treatment occurs when basic or specialized care is not provided, such as failing to provide appropriate supervision and failing to protect from harm of substantiated neglect.

Maltreatment is the second highest type (37%) of abuse for Children’s Care Providers programs but has the lowest substantiation rate (33%). Maltreatment includes a range of abusive treatment that can involve physical contact, verbal interaction, restriction/seclusion and the use of coercion or intimidation.

Sexual abuse was least reported type (6%) of abuse but had the highest substantiation rate (50%). Sexual abuse includes sexual offenses as defined in Oregon Revised Statute (ORS) Chapter 163 and includes but is not limited to rape, sodomy, sexual abuse, unlawful sexual penetration, contributing to sexual delinquency and involving a child in prostitution.
Children’s Intellectual/Developmental Disabilities Programs

Children’s I/DD programs provide residential care for children with an I/DD diagnosis. The children served in I/DD programs live in specialized proctor homes or 24-hour residential care programs.

- **100** allegations of abuse were investigated
- **52** allegations of abuse were substantiated
- **54** children were reported as victims of abuse
- **36** children were determined to have been abused

Children served by I/DD programs may have family that are no longer able to provide the level of care, supervision and support necessary to keep the child safe and support the child’s development. These homes specialize in meetings the needs of children who have developmental disabilities and are intended to provide care that the child would normally receive in a family home. This care is provided by direct care staff or proctor parents who assist the child with their daily needs, provide appropriate supervision, and ensure their safety. Children in I/DD programs have a specialized care plan that addresses individualized behavioral interventions and treatment needs.
In 2015 Children’s I/DD Programs had an 18% increase in investigated allegations and a 13% increase in substantiated abuse findings.

<table>
<thead>
<tr>
<th>Allegations By Abuse Type</th>
<th>Investigated Allegations</th>
<th>Substantiated Allegations</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Abuse</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Neglect</td>
<td>52</td>
<td>29</td>
<td>56%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>16</td>
<td>7</td>
<td>44%</td>
</tr>
<tr>
<td>Restraint</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Restriction</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>4</td>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>Unauthorized Restraint</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>21</td>
<td>8</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>51</strong></td>
<td><strong>52%</strong></td>
</tr>
</tbody>
</table>

Neglect was the most prevalent type of abuse reported (52%) with verbal abuse second (21%).
The suspicion that abuse or self-neglect (if an older adult or person with disabilities) may be occurring is the first step in protecting vulnerable individuals and preventing future abuse. All DHS and OHA programs rely on individuals throughout the state to make someone aware when they believe that a vulnerable person may be at risk.

The New York State Elder Abuse Prevalence Study found that for every case that is reported, 23.5 went unreported. When applied to financial abuse, for every case that is reported, 44 go unreported.

**Anyone may report the suspicion of abuse of a vulnerable individual! It is not necessary that a reporter know with certainty that abuse is taking place. The investigation will determine if abuse is occurring.**

In 2014, DHS made the reporting of abuse easier by launching an abuse reporting hotline for all vulnerable populations. The toll free number is:

Callers to the Safe Line have the option of using the auto attendant to direct their calls to the Child Welfare screening line, the appropriate county programs or to speak to an OAAPI screener. The calls received by screeners are then referred as appropriate. Referrals may also go to other agencies such as Oregon State Department of Justice and the Social Security Administration.
Office of Adult Abuse Prevention and Investigations  2015 Annual Report

Who is Reporting Abuse of Older Adults & People with Physical Disabilities?

Data from our Adult Protective Services programs and investigations suggest that in 2015 community APS reports were made by mandatory and voluntary reporters in nearly equal amounts—50.1% of reports were made by mandatory reporters and 47.9% of reports were made by voluntary reporters!

<table>
<thead>
<tr>
<th>Mandatory Reporters (New in 2015)</th>
<th>Number of Cases Reported</th>
<th>Percentage of Cases Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Agency on Aging or Adults and Persons with Disability Staff</td>
<td>801</td>
<td>9.1%</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>686</td>
<td>7.8%</td>
</tr>
<tr>
<td>Hospital</td>
<td>442</td>
<td>5.0%</td>
</tr>
<tr>
<td>LCSW/MSW</td>
<td>413</td>
<td>4.7%</td>
</tr>
<tr>
<td>Hospital</td>
<td>442</td>
<td>5.0%</td>
</tr>
<tr>
<td>LCSW/MSW</td>
<td>413</td>
<td>4.7%</td>
</tr>
<tr>
<td>Home Health Personnel</td>
<td>404</td>
<td>4.6%</td>
</tr>
<tr>
<td>Assisted Living Facility or Residential Care Facility Staff</td>
<td>234</td>
<td>2.7%</td>
</tr>
<tr>
<td>Health Care Professional or Physician Assistants</td>
<td>229</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nursing Professional</td>
<td>186</td>
<td>2.1%</td>
</tr>
<tr>
<td>Physician</td>
<td>148</td>
<td>1.7%</td>
</tr>
<tr>
<td>Home Care Worker or Personal Support Worker</td>
<td>132</td>
<td>1.5%</td>
</tr>
<tr>
<td>EMT/Fire</td>
<td>115</td>
<td>1.3%</td>
</tr>
<tr>
<td>Mental Health Worker</td>
<td>107</td>
<td>1.2%</td>
</tr>
<tr>
<td>Attorney</td>
<td>104</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nursing Facility Staff, Contractor, or Counsel</td>
<td>58</td>
<td>0.7%</td>
</tr>
<tr>
<td>Public Official or Legislator (Legislators are new in 2015)</td>
<td>56</td>
<td>0.6%</td>
</tr>
<tr>
<td>Information and Outreach Worker</td>
<td>54</td>
<td>0.6%</td>
</tr>
<tr>
<td>ADRC Staff</td>
<td>48</td>
<td>0.5%</td>
</tr>
<tr>
<td>Senior Center Employee</td>
<td>38</td>
<td>0.4%</td>
</tr>
<tr>
<td>Adult Foster Home Owner or Staff</td>
<td>34</td>
<td>0.4%</td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>28</td>
<td>0.3%</td>
</tr>
<tr>
<td>Ombudsman</td>
<td>16</td>
<td>0.2%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>15</td>
<td>0.2%</td>
</tr>
<tr>
<td>Clergy</td>
<td>15</td>
<td>0.2%</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>11</td>
<td>0.1%</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>7</td>
<td>0.1%</td>
</tr>
<tr>
<td>Licensed Marriage and Family Therapist</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>Dentist</td>
<td>3</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td>Speech Therapist/Pathologist</td>
<td>1</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
In 2015, mandatory reporters of abuse of elderly and disabled persons increased. The new mandatory reporters are highlighted in the table. In addition to these groups, members of the Legislative Assembly (included with the Public Officials) and Chiropractors were also added as mandatory reporters beginning on January 1, 2015.

Bankers continue to be one of the most active groups of voluntary reporters. The Oregon Bankers Association, in association with DHS developed a training program for all bank staff to encourage the identification and reporting of possible abuse. Inspired by this example, the agencies that oversee notaries and escrow officers have launched similar tools. In Multnomah County, the Financial Abuse Specialist Team and the County Sherriff have actively been training real estate agents and escrow officers to recognize possible financial exploitation. OAAPI staff also participate in the Scam Jams sponsored by AARP and the Department of Justice in an effort to educate people about financial exploitation.

Obtaining bank records for investigation of financial abuse continues to be a significant barrier, even when the bank is the reporter and access is allowed by Oregon law.
The Office of the Long-Term Care Ombudsman (LTCO) is a state agency comprised of three interrelated programs.

First, the LTCO investigates and resolves complaints brought by or on behalf of residents of licensed long-term care facilities.

Second, the Residential Facilities Program (RFO) investigates and acts to resolve issues and complaints for persons with intellectual and developmental disabilities or mental health conditions who live in residential care facilities.

Third, the Oregon Public Guardianship Program (OPG), provides guardianship and conservatorship services to at risk adults who lack the capacity to make decisions about their lives and have no one else to serve as a court appointed guardian or conservator for them.

The federal Older Americans Act requires that each state have a long-term care ombudsman program and provides guidelines for how these programs are to operate and provide services. In addition, the Oregon legislature passed legislation in 2014 that expands the original mission of the agency.

The LTCO serves both a consumer protection and a quality assurance function for the vulnerable population of the 50,000-plus Oregonians living in licensed long-term care facilities, including persons with disabilities. Certified volunteer ombudsman regularly visit long-term care and residential facilities and investigate complaints made by or for residents.
The Office of Long-Term Care Ombudsman

What services are provided by LTCO?

The focus of the LTCO’s professional and volunteer ombudsmen is on ensuring that the voices of residents are heard, and their interests acknowledged and addressed. The Ombudsman supports the “expressed preferences” of residents, which may not always be what others believe is in their “best interest”. The LTCO is an advocacy program, not a regulatory agency.

The Ombudsman investigates such problems as:

- Food complaints
- Billing disputes
- Lost property
- Evictions
- Other residents’ rights and concerns

At the close of an investigation, the Ombudsman shares the results with the resident. If the resident does not believe the issue has been resolved, the ombudsman reviews possible courses of action with the resident, and continues to advocate for resolution of the problem in accord with the resident’s wishes.

The LTCO does not make official findings of fact or produce detailed public reports of the cases it investigates. The office cannot release the name of the resident or complainant without their expressed consent. Nor can it investigate or attempt to resolve a problem without a resident’s permission.

The LTCO also provides information and answer questions about Social Security and Veteran’s benefits, programs and services for the elderly and people with disabilities, and guardianship and alternatives to guardianship.

Fast Facts:

- LTCO serves 50,000 residents in licensed long-term care facilities.
- LTCO volunteers investigated over 3,500 complaints during the last year.
- The long-term care ombudsman, deputy ombudsmen and support staff train, assist and provide direction to certified volunteer
In carrying out its mission and responsibilities to Oregonians who reside in long-term care and residential care facilities, the LTCO works closely with OAAPI, the Office of Licensing and Regulatory Oversight, local APS programs and advocacy partners, including Disability Rights Oregon and the Oregon Council on Developmental Disabilities. The LTCO and its partners collaborate to ensure that residents are safe and healthy, they receive the services they need and to which they are legally entitled, their rights are upheld, and their perspectives and interests are heard.

How to contact LTCO:

For more information about LTCO, please visit oregon.gov/LTCO or call 800-522-2602.

Submitted by Fred Steele
Long Term Care State Ombudsman
Office of the Long-Term Care Ombudsman
Conclusion and Additional Information

For more information on adult abuse, we encourage you to visit these websites:

Oregon DHS:
http://www.oregon.gov/dhs/abuse/Pages/index.aspx

Oregon’s Bankers Kit:

National Center for Elder Abuse:
https://ncea.acl.gov/

National Committee for the Prevention of Elder Abuse (NCPEA):
http://www.preventelderabuse.org/

National Alliance on Mental Illness, Oregon Chapter:
http://www.namior.org/

Disability Rights Oregon:
https://droregon.org/

….and follow us on Facebook: www.facebook.com/OregonOAAP

If you become aware of a vulnerable person who may be in an abusive situation or suspect abuse, neglect or financial exploitation has occurred:

SAFE Line: Call 1-555-503-SAFE (7233). This toll free number uses zip code driven menu to put you in contact with a local office representative who can answer your questions and follow up on your concerns.