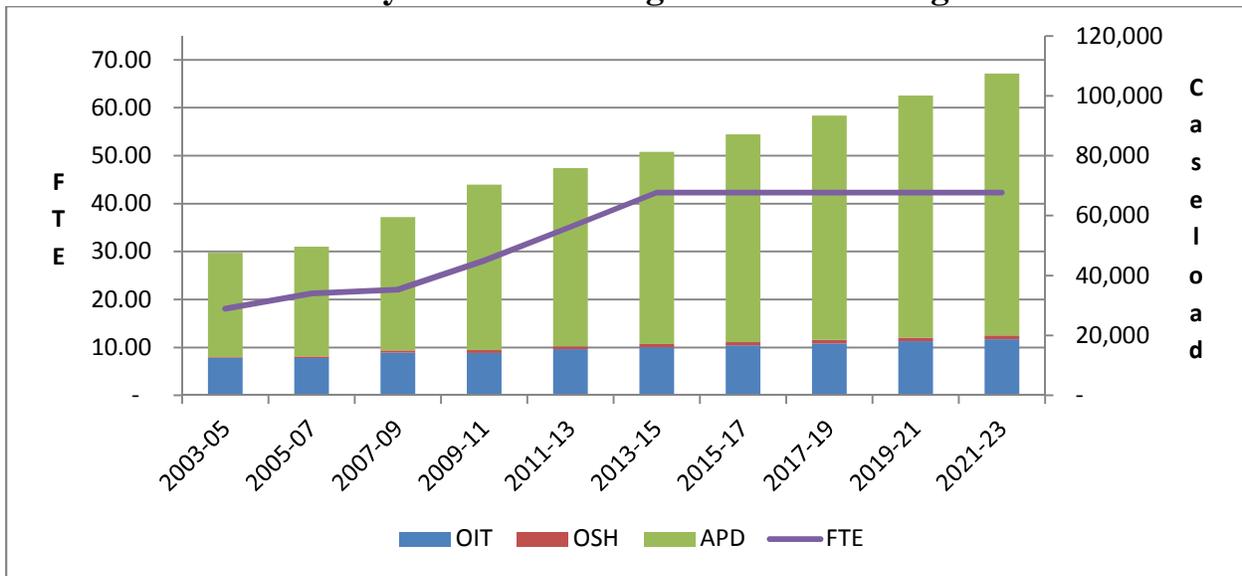


Department of Human Services: Office of Adult Abuse Prevention and Investigations

Primary Outcome Area: Safety
 Secondary Outcome Area: Healthy People
 Program Contact: Marie Cervantes, 503-945-9491

Caseloads by Area of Investigation and Staffing Levels



Note: This chart shows caseloads by area of investigation compared to staffing levels with a 60% increase in caseload growth between 2003 through 2013.

Executive Summary

The Office of Adult Abuse Prevention and Investigations (OAAPI) protect the most vulnerable citizens through protective services and trainings with integrity, fairness, quality, service and cultural equity. A key part of our goal is to make sure perpetrators of abuse are held accountable for their actions through quality, timely and comprehensive reporting. We focus our training to be proactive and preventative, and aimed at eliminating abuse or neglect. We collaborate with communities and value those who do the work.

OAAPI conducts investigations and provides protective services in response to reported abuse and neglect of seniors and people with physical disabilities; adults with developmental disabilities or mental illness; and children receiving residential treatment services. The types of abuse we investigate may include physical, sexual, verbal and financial abuse, neglect, involuntary seclusion, and wrongful restraint.

Program Funding Request

Office of Adult Abuse Prevention and Investigations Total						
	GF	OF	FF	TF	Pos	FTE
LAB	811,932	6,494,019	604,556	7,910,507	37	35.13
ARB	1,406,050	6,581,480	1,270,643	9,258,173	44	41
Difference	594,118	87,461	666,087	1,347,666	7	6.16
Percent Change	73.2%	1.3%	110.2%	17.0%	18.9%	17.5%

Significant Proposed Program Changes from 2011-13

Office of Adult Abuse Prevention and Investigations						
OAAPI Investments/Reductions	GF	OF	FF	TF	Pos	FTE
Add Adult Protective Service staff to be more responsive to reports of abuse	0.55	0.09	0.63	1.26	7	6.16

(\$ millions)

This proposal provides additional resources for training, grant writing and quality assurance strengthening the quality of our response to reports of abuse and neglect and enhance capacity to prevent abuse.

Program Description

OAAPI has responsibility for safety and protection of some of Oregon’s most vulnerable citizens. This includes:

- Approximately 140,000 people who receive mental health, developmental disability or children’s therapeutic services.
- Approximately 468,500 seniors and people with disabilities who receive medical coverage, Supplemental Nutrition Assistance Program (SNAP) benefits, and services related to activities of daily living or through Oregon Project Independence or The Older Americans Act.
- Members of protected populations that do not receive direct benefits or services from DHS. This includes an estimated 14 percent of Oregonians who are over the age of 65.

Adults we serve are especially vulnerable to abuse, neglect or exploitation because of age, physical or developmental disabilities, or mental illness. Children are more vulnerable because of significant mental health, emotional or behavioral health issues. Members of both groups often require residential treatment settings or other significant supports in their communities. In the case of many of the individuals we serve, illness, grief or isolation from family and community are significant factors which contribute to increased vulnerability. This is especially true in cases involving elders and children because perpetrators are known to actively seek out those populations because they may not be able to self-report abuse or neglect.

Critical functions of central office staff include core competency training, program oversight for the provision of protective services, and investigation responses for nearly 280 field staff in counties and local offices throughout Oregon. We provide standards, policy, data and research analysis; program coordination, and legislative, administrative and legal activities. Ongoing discussions with other work units within DHS are held to review policies, practices and procedures and to discuss system improvement and staff performance aimed at improving the safety and protection of the clients served. This includes: Licensing, program delivery and design, and support services such as information technology or staff training. These prevention aspects guide our continuous improvement efforts to maximize the value of our services.

Investigations and screening for abuse and neglect are conducted in more than 6,053 licensed, certified or registered facilities. We have staff stationed throughout the State in field offices so they can be available to respond locally. In 2010, OAAPI responded to 29,600 reports of abuse or neglect and provided oversight for 1,400 county developmental disabled investigations and 450 county mental health investigations. It also responded to an estimated 200 accidental death reports.

OAAPI directly screens reports of abuse for State-provided facilities. This includes: Blue Mountain Recovery Center, Children's 24-Hour Residential Developmental Disability (DD) programs, Children's Care Providers, Oregon State Hospital, State Operated Community Programs (DD) and State Operated Secure Residential Facilities. In these settings in 2010, approximately 1,500 reports of abuse occurred and approximately 600 allegations of abuse.

OAAPI collaborates and partners with the Oregon Health Authority, Oregon State Hospital, Addictions and Mental Health programs, providers, consumers, Long-Term Care Ombudsman, SEIU, advocacy groups, multiple community entities and all DHS programs that deliver services. In particular, OAAPI works with the DHS Office of Licensing and Regulatory Oversight (ORLO) which is responsible for the licensing, certification, regulatory and corrective action functions for facilities and providers serving DHS clients. When ORLO investigates health or safety complaints and discovers possible abuse or neglect of clients, it brings in OAAPI.

The program costs are driven by:

- The number of Oregonians approaching or over the age of 65.
- Demand for service due to statutory changes related to protection.
- An increase in legally and medically complex cases.

National data shows elder abuse as vastly under-reported with only one in 23.5 cases reported. Financial abuse is one in 44, and neglect one in 57 (Cornell University, 2011¹). A 2009 study by MetLife reported a "\$2.9 billion dollar annual loss" as a result of elder financial abuse, which is a 12 percent increase from 2008. In 2010, financial exploitation comprised 41 percent of all substantiated abuse in Oregon. Ultimately, all of these factors combined with increasingly legal and medically complex cases drive up requests for service and costs.

Statutorily, these services are a public health and safety responsibility of the State. Here are some examples of the types of services we provide:

- An adult child with mental illness was providing unpaid care to an elderly parent. The adult child was verbally abusive and the parent became isolated in her own home. The situation escalated and the adult child began destroying property and threatening physical harm. A call to OAPPI resulted in a family-based response that helped the parent obtain a court-issued protective order, arrange for alternative care and mental health assistance for the adult child.
- An immobile resident was being moved in a licensed care facility by use of a device not approved by the manufacturer of the device nor the care plan. The resident was dropped during an attempted move, resulting in serious physical injury. OAPPI provided protective services for the individual in addition to facilitating acute medical care services. OAPPI

¹ Testimony by Mark Lachs, Senate Special Committee on Aging, March 2, 2011 Washington, D.C.
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ensured the safety of the other facility residents by reviewing service standards and providing training.

- An investigation of neglect in a secure psychiatric facility was conducted after a suicide death of a child. The child was admitted with severe depression and self-esteem issues, and had a documented history of previous suicidal motives. The child was moved throughout various levels of supervision and was the subject of several suicide risk assessments. The investigation identified that the agency's policies and procedures around supervision, client monitoring, safety checks and suicide assessments were vague and confusing. In addition, its staff had not been trained on many policies and procedures. This investigation disclosed systemic issues and once corrected, improved safety and other risk to the populations served.

Program Justification and Link to 10-Year Outcome

OAAPI is inextricably linked to the outcome goal of Safety for all Oregonians, and particularly for vulnerable adults and children. Individuals we serve are at the highest risk of abuse or neglect. National research shows that more than half of people with mental illness or developmental disabilities will experience repeated physical or sexual abuse in their lifetime. Freedom from abuse is critical to benefiting from services. Through this program, victims of abuse are offered and provided protective services such as counseling, prevention and reporting.

The link between the 10-Year Outcome and the office is demonstrated by research provided by The National Adult Protective Services Association (NAPSA). Here are some of the facts:

- Abused seniors are three times more likely to die².
- Elder abuse victims are four times more likely to go to a nursing home³.
- Victims of abuse use healthcare services at higher rates⁴.
- 90 percent of abusers are family members or trusted others⁵.
- Almost one in 10 financial abuse victims will turn to Medicaid as a direct result of their own monies being stolen from them⁶.

Oregon is a national leader in core competencies and best practices for training abuse investigators and our curriculum has been shared with other states. We maintain detailed data in several program areas to assist us in identifying frequency and types of abuse, or locations or programs where abuse has occurred. This helps us target corrective or protective actions.

Secondary outcomes of this program are linked to the Healthy People 10-Year Outcome. When people live free from abuse, their medical, physical and psychological treatment needs are reduced, allowing them to live independent, productive lives in their communities. Considering the direct link between robust abuse prevention efforts and potential reductions in health care services, Medicaid resources and nursing home placements, the human services needed to respond quickly and thoroughly to reports of abuse is not only critical, but a wise investment in the safety of vulnerable Oregonians.

² Journal of American Medical Association, Vol. 280, No. 5, 428-432.

³ Testimony by Mark Lachs, Senate Special Committee on Aging, March 2, 2011 Washington, D.C.

⁴ Archives of Family Medicine, 1992 (1), 53-59,

⁵ National Center on Elder Abuse, 1994.

⁶ The Utah Cost of Financial Exploitation, March 2011, Utah Division of Aging and Adult Services.
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When criminal interventions such as prosecutions are not an option, this program is able to use substantiated reports of abuse as a primary line of defense against perpetrators who actively seek out our vulnerable populations.

Program Performance

Some of our important measures include the timeliness of the initial response to an abuse report, the timely completion of an investigation, the rate of re-abuse within one year, the abuse rate and the rate of inconclusive findings. All of these measures help us understand the outcomes of our key goals related to safety and protection.

# of referrals – beside investigations	2003-05	2005-07	2007-09	2009-11
Other calls requiring action+	22,198	22,316	31,591	43,469

Investigations	2003-05	2005-07	2007-09	2009-11
Number completed	25,444	27,309	27,906	26,901

+ Specialized consultation, referral to another agency or source, enhanced screening

OAAPI is in the initial phase of a strategic re-design to leverage resources, expertise and engage in enterprise-wide continuous quality improvement activities. The series of design activities are outcome and results oriented, and work to achieve accountable, well-supported programs that focus on customer service and client outcomes. The strategies center on integration, innovation and a future perspective that is community and business partner focused.

Enabling Legislation/Program Authorization

The Federal Americans with Disabilities Act, Elder Justice Act of 2009, the Older Americans Act, and the Adoption and Safe Families Act, all authorize the States to protect vulnerable adults and children from abuse and neglect. In addition, Oregon statutes authorize the Department of Human Services to provide protection from abuse and training for individuals who conduct abuse investigations. Statutory authorization for investigating abuse of seniors and people with disabilities is found at ORS 124.005 *et seq.* For people with developmental disabilities or mental illness, authorization is at ORS 430.735 *et seq.* and for children, authorization is at ORS 419b.005 *et seq.*

Funding Streams

OAAPI is a newly created office resulting from the merger of the Adult Protective Services Program and the DHS Office of Investigations and Training. Funding streams for those previously separate programs are not the same. Currently the new Office’s investigative and training functions are funded as a shared service, with costs allocated on a monthly basis among OHA/AMH, DHS/DD and DHS/Child Welfare, expressed as a percentage of total workload. The Adult Protective Services Program receives 100 percent funding from the General Fund. The Office is seeking revenue generating strategies such as grant applications and is consulting with our Federal partners regarding federal funds that may be available.