OAAPI

Annual Report 2014

Prepared by
Office of Adult Abuse
Prevention and Investigations

July 2015

DHS
Oregon Department
of Human Services

Oregon Health Authority

2014 Director's Message

We invite you to review the 2014 Office of Adult Abuse Prevention and Investigations (OAAPI) annual data report. This is the **third report** combining abuse information for all the populations we serve---elders, adults with intellectual and developmental disabilities, adults with physical disabilities, people receiving mental health services, and children in licensed settings---in one report, providing a comprehensive overview of the safety of all Oregonians.

The concept of creating this report originated from the Adult Safety and Protection Team (ASPT) in 2011. The ASPT was created by Department of Human Services Director Erinn Kelley-Siel and was comprised of individuals from around Oregon with expertise in the area of adult protective services. Their main focus: making recommendations to improve the safety and protection of all vulnerable adults. The team focused its work on these three main questions:

- How can Oregon better protect abuse victims?
- How can Oregon keep abusers out of the system?
- How can Oregon prevent harm, reduce risk, and ensure quality of care in licensed long-term care settings?

The ASPT team worked together to develop a master list of recommendations to strengthen the adult protective services system. We are pleased to say that many of the recommendations have either been completed or are in process. We are very proud of the hard work and dedication that has gone into this work. There is a special section at the end of this report spotlighting the recommendations that have been completed. I encourage you to review them.

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

- Abuse is costly and increases health care costs, costs to the long-term care system, and costs to economic institutions. In many cases, the price to pay is also a life cut short due to injuries, poverty and loss of independence.

- When we build service delivery systems, we simultaneously build appropriate safety and adult protection systems in lock step with one another so we truly invest in people we serve. This means providing the right resources and support as an integrated system.

- Adult abuse investigators have dedicated their careers to serving others. Still they remain some of the most unrecognized service workers in our nation. Here is what just two of our outstanding investigators had to say when asked why they do what they do:
    - ***"When an elderly person holds my hand and looks me in the eye and says thank you, words cannot express how meaningful that is to have made a difference in someone's life. It's why I get up in the morning."***
      --Mandy Trippett, Klamath Falls APS
    - ***"I want to help and advocate for vulnerable adults. After my grandmother died, my grandfather remarried very quickly to a woman who ultimately took him for $1.5 million dollars. He became isolated and depressed. It was a very sad situation. That has always stuck with me, which is why I wanted a career where I could help and advocate for vulnerable people."***
      --Stacey White, APS, Northwest Seniors and People with Disabilities

We are also pleased to share with you some of the major highlights and accomplishments of 2014:

- **OAAPI chaired a highly successful National Adult Protective Services Association (NAPSA) conference**, held for the first time ever in the State of Oregon. It was a great accomplishment for the host State of Oregon and received a lot of positive media coverage across the state. ***There is more about this conference and its highlights within this report.***

- **Oregon also hosted the Financial Exploitation Summit the day after the NAPSA conference**. Senator Ron Wyden attended and was a keynote speaker.

- OAAPI's **second financial exploitation study was published and released**, providing further information and data about financial exploitation, which continues to be the most frequently investigated form of abuse in Oregon. The study showed, among other things, that our recent, focused outreach to financial services staff has been effective. For the first time ever, non-mandatory reporters (bankers and financial services workers) outnumbered mandatory reporters. This study also helps us to better define and explain the cost of abuse, to focus on regional trends and to enhance community engagement efforts.

- **OAAPI Investigations Unit began a joint project with the Oregon State Hospital** (OSH) to develop positive relationships between OSH staff and investigators assigned to conduct OSH investigations. During 2014, OAAPI and OSH partnered in presenting approximately 30 classes during New Employee Orientation (NEO), reaching over 500 new employees. The employees learned about the role of OAAPI, the investigations process, what to expect if they are asked for an interview and what happens at the conclusion of the investigation. These presentations have had a positive impact on our OSH investigations, and the cooperation we receive from staff. Plans are currently underway to develop a concurrent training for senior staff that will supplement and enhance their annual Mandatory Abuse Report refresher training.

- **Safe Line*:** OAAPI houses Oregon's new abuse reporting hotline for children and adults, (855) 503-SAFE [855-503-7233]. It provides callers from anywhere in the state the ability to report suspected child abuse, elder abuse, abuse of people with physical or developmental disabilities, and abuse of people with mental illness or those experiencing a mental health crisis. Staff members connect callers with local resources, including abuse investigators and screeners in their local areas.

* Adult Safety and Protection Team recommendation

- **Statewide Abuse Database and Report Writing Project:** With support from the Legislature, OAAPI is leading a critical project that began in the fall of 2014, to research the needs around the state for a uniform statewide abuse database and report-writing system. A centralized system will enable local offices and OAAPI to better collect and analyze data and share screenings and reports, in order to better see the full picture of abuse in real time statewide and better protect vulnerable adults at risk. This would include data collection from the time of the screening through report-writing, case closure and referral. This would help us better protect the public and more accurately and efficiently provide meaningful abuse data and outcomes for those we serve. ***(*ASPT Recommendation).***

- **OAAPI staff members now serve on national committees** through NAPSA (Policy, Research, Education, and Abuse Prevention) in order to bring standards set by NAPSA to our work and to share Oregon innovations.

We invite you to review this report, learn more about adult abuse and join our effort in raising awareness to keep vulnerable adults safe.

In closing we would like to thank Erinn Kelley-Siel and Jim Scherzinger for their commitment to the protection of vulnerable adults. They have been strong champions, dedicated to the safety of vulnerable Oregonians. And special thanks to all of the men and women who are working so hard and are committed to protecting vulnerable adults. Lastly, we would like to thank Oregon citizens, communities, and community partners for reaching out to us with the purpose of keeping Oregonians safe.

Marie Cervantes, Director and John Thompson, Deputy Director
Office of Adult Abuse Prevention and Investigations
Department of Human Services/Oregon Health Authority

2014 Spotlight: The NAPSA Conference

In 2014, the adult abuse community from throughout Oregon, the nation and the world came together for three days in Portland, all sharing a common thread: a commitment to making lives better for victims of abuse, finding more effective ways to hold perpetrators accountable and learning new ways to prevent abuse from happening in the first place.

Oregon's first ever National Adult Protective Services Association conference, **Stronger Together**, created many new partnerships. Professionals from 43 different states and three foreign countries used the opportunity to exchange business cards, have in-depth conversations about their work and learn from one-another. District attorneys and prosecutors from 20 jurisdictions in 12 states, as well as investigators from the APS, developmental disabilities and mental health fields, ombudsman, police, attorneys, nursing staff, the Office of Licensing and Regulatory Oversight attended, breaking all previous NAPSA attendance records.

Newspaper, radio and television coverage of the conference was extensive and included articles such as this excerpt from the Statesman Journal.

Reports of elder abuse on the rise

Carol McAlice Currie, Statesman Journal 5:59 a.m. PDT October 31, 2014

PORTLAND — Millennials weren't represented, and there might have been one or two members of Gen X.

But just about every other generation turned out en masse as the largest crowd ever registered by the National Adult Protective Services Association gathered in Portland this week to learn about the growing problem of vulnerable-adult abuse and neglect.

The sell-out crowd of more than 600 people attending the National Adult Protection Conference on Thursday at the Portland Waterfront Marriott Hotel, are getting an earful on the need for more and greater protections for older and vulnerable adults.

The message is coming from local, state and federal agencies, law enforcement and judicial professionals and workers, the people seeing daily the profound toll elder abuse is having on Oregon's communities.

The NAPSA Conference

Here are some of the conference highlights:

- Columbia Sportswear executive, Oregon icon and author of *One Tough Mother*, 90-year old Gert Boyle's engaging keynote presentation highlighted the power of our elders through her own personal life experiences. "Don't mess with little old ladies," she said. "Last one who did got sixteen years."
- US Health and Human Services Administrator and Assistant Secretary for Aging, Kathy Greenlee said in her keynote speech that Oregon's vision of a more unified response to the abuse of all vulnerable adults, regardless of age or program eligibility, is very much in line with the direction being charted by our national partners.
- Thirteen year old Rayanna Blair from Lakeview, Oregon was honored for her bravery in reporting abuse of a 90 year old woman. NAPSA recognized her at the conference with a special award accompanied by a video that showcased Rayanna's actions. She is pictured here with OAAPI Director Marie Cervantes, Adults and People with Disability Deputy Director Ashley Carson, Cottingham, and US Health and Human Services Administrator and Assistant Secretary for Aging, Kathy Greenlee.

The impact of this conference will extend well beyond those few days in Portland and will have a strong impact back in all of the attendees' home communities. And the legacy that Oregon left its many visitors will long remain.

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2014 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

All populations served by OAAPI and the county/local offices are vulnerable, but it's important to understand these vulnerabilities are often expressed in different ways. The support and care needs may be quite different:

- Older adults with little or no family support may be at much higher risk for self-neglect or financial exploitation
- Adults with autism or who have limited verbal capacity may not recognize the signs of abuse and/or may not be able to communicate that something is wrong
- An adult with a mental illness may need assistance adhering to prescribed medication and counseling in order to remain safe and independent
- Children in residential programs need higher levels of supervision and patient, consistent staff who are trained to protect them
- Children with mental health or emotional problems often have challenging behaviors that make them more vulnerable to abuse

2014 Executive Summary

In 2014, OAAPI, county and local offices received:

- Over **38,000 reports** of possible abuse or neglect of vulnerable Oregonians
- **18,185 allegations** were assigned for investigation to determine if abuse, neglect or self-neglect had occurred:
  - 9,198 allegations investigated for older adults and people with physical disabilities living in the community,
    - 2,538 adults were determined to have been abused
  - 4,364 allegations for older adults and people with physical disabilities living in licensed facility settings,
    - 1,000 adults were determined to have been abused
  - 1,442 allegations for adults with intellectual/developmental disabilities,
    - 477 adults were determined to have been abused
  - 482 allegations for adults in mental health treatment or case management services,
    - 142 adults were determined to have been abused
  - 216 allegations for children in licensed care settings,
    - 51 children were determined to have been abused
  - 2,483 assessments for possible self neglect,
    - 540 adults were determined to be self-neglecting

2014 Executive Summary

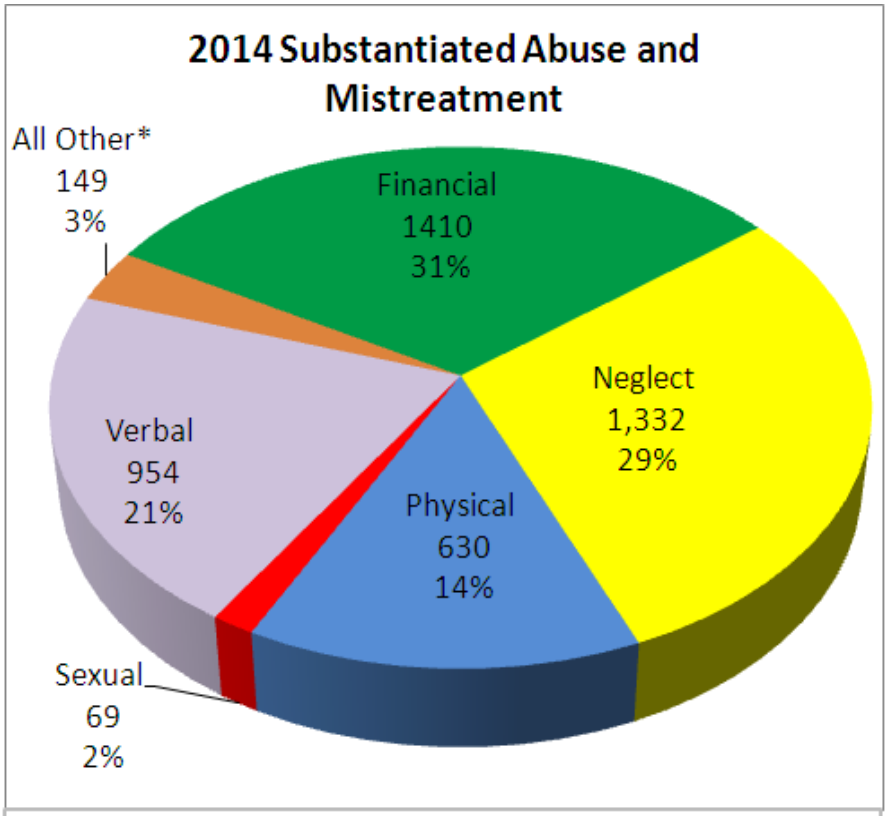
Substantiated Abuse by Type

In 2014:

4,544 allegations were substantiated, or 23% of all allegations investigated.

4,208 people were determined to have been abused.*

*Some victims experience multiple abuses or multiple incidents.



*Other includes Abandonment, Maltreatment, Restraint, and Seclusion.

Does not include 540 substantiated Self Neglect incidents (see pg 19)

Trends for 2014:

In 2014, there was a 10% overall increase in the number of investigations conducted (compared to 2013). This increase was mainly driven by a 15% increase in programs that serve older adults. These programs represent over 80% of all screening and investigation activity.

The increase is due to Oregonians living longer and healthier lives. Since 2010, over 50,000 Oregonians turned 65 each year, and will continue to for the next 10 years. Over the next five years (thru 2020) this will add nearly 300,000 older adults to Oregon's population over 65. This is consistent with known trends related to the "baby boomer"

2014 Executive Summary

Trends for 2014 (cont.):

generation. Community Adult Protective Serviced (APS) will likely see ongoing increases in the demand for protective services over the next few years as the first wave of this population begins to access services.

Investigations for other vulnerable adults include those with intellectual/developmental disabilities and those with a mental illness. Investigations in these programs were consistent with last year, and represent nearly 13% of all investigations.

As in 2013, Financial abuse (31%) and Neglect (29%) continue to be the most prevalent forms of substantiated abuse. Together these represent nearly 60% of all substantiated abuse in Oregon for vulnerable populations.

Financial abuse tends to be more prevalent in non-licensed or community settings and has a big impact on older adults and those who may be isolated or lack social support systems.

Neglect is much more prevalent in licensed or facility settings and has a big impact on vulnerable adults who are either unable to care for themselves, or are limited in their capacity to do so. Neglect also impacts those with limited mobility, have medical, physical or cognitive limitations and rely on others for a portion of their care needs.

In community settings (non-licensed), physical abuse and verbal abuse continue to be the fastest growing types of abuse reported. This may reflect better outreach and education to law enforcement, family/support systems, and vulnerable populations to increase reporting of incidents that may be abusive. An increase in reporting enables investigators to implement protective services for incidents that would otherwise have gone unreported.

2014 Executive Summary

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 the accused person was more likely to be a family member of the victim:

- 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 family member or intimate partner of the victim. Physical and verbal abuse were 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 the more likely abuse to occur.

Setting	Abuse Type
Older adults and people with physical disabilities in licensed settings:	**Neglect**
Older adults living in the community (in their own home or with relatives):	**Financial**
Adults with I/DD in licensed settings:	**Neglect**
Adults with I/DD not in licensed settings (in relative's or own home):	**Verbal abuse**
Adults with mental illness living in licensed settings:	**Verbal mistreatment**
Adults with mental illness not living in licensed settings:	**Physical abuse**
Children in licensed or therapeutic settings:	**Neglect**

Older Adults and People with Physical Disabilities

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:

- Being dependent on others for one or more daily needs.
- An increased incidence of dementia, stroke, or other cognitively and physically disabling events that can reduce a person's ability to fully manage medical care and/or financial matters.
- A general decline in physical strength and overall health that may increase a person's vulnerability to abuse and neglect.

All of these factors tend to reduce a person's level of independence, causing increased reliance on others to assist with or provide a basic level of care for health and safety. Similarly, individuals with physical disabilities often need the support of caregivers, family or others to meet daily needs.

The Right To Self-Determination

Although the primary focus of Adult Protective Services 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 consequences of their choices and actions, and providing they are not being subject to the undue influence of others, they retain the authority and right to make those choices.*

Older Adults and People with Physical Disabilities

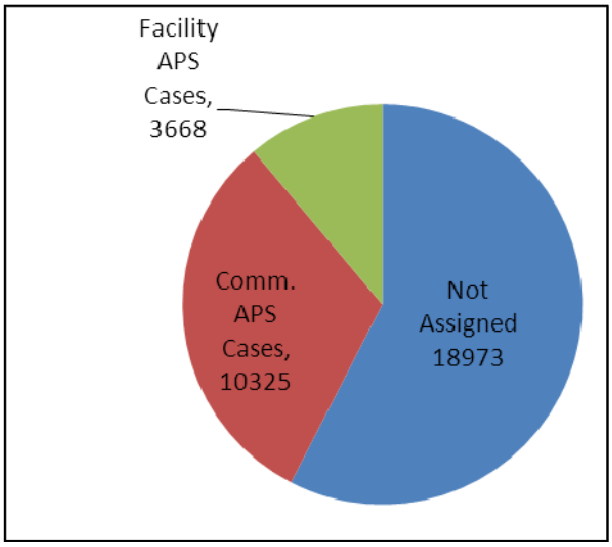
What are the functions of APS?

The APS functions occur in local offices throughout the state and consists of a standard series of activities that are described in the following sections.

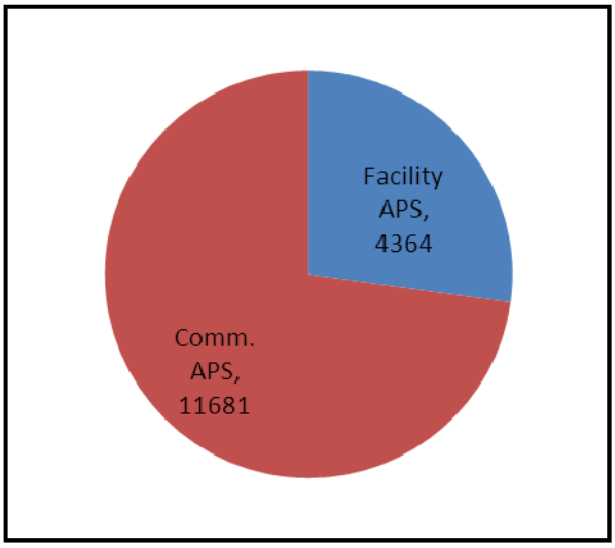
Screening

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 abuse or self neglect definitions.

- ***Screening is the basis for all subsequent APS activities and is critical. OAAPI conducts annual quality assurance reviews of screening decisions made by the local offices to assure that they are being made in accordance with OAR requirements. The 2014 review showed a 95% statewide compliance rate.***
- ***In 2014, APS screened 32,966 reports of possible abuse, neglect or self neglect. Of those, 13,993 were screened in for investigation.***



Calls Received



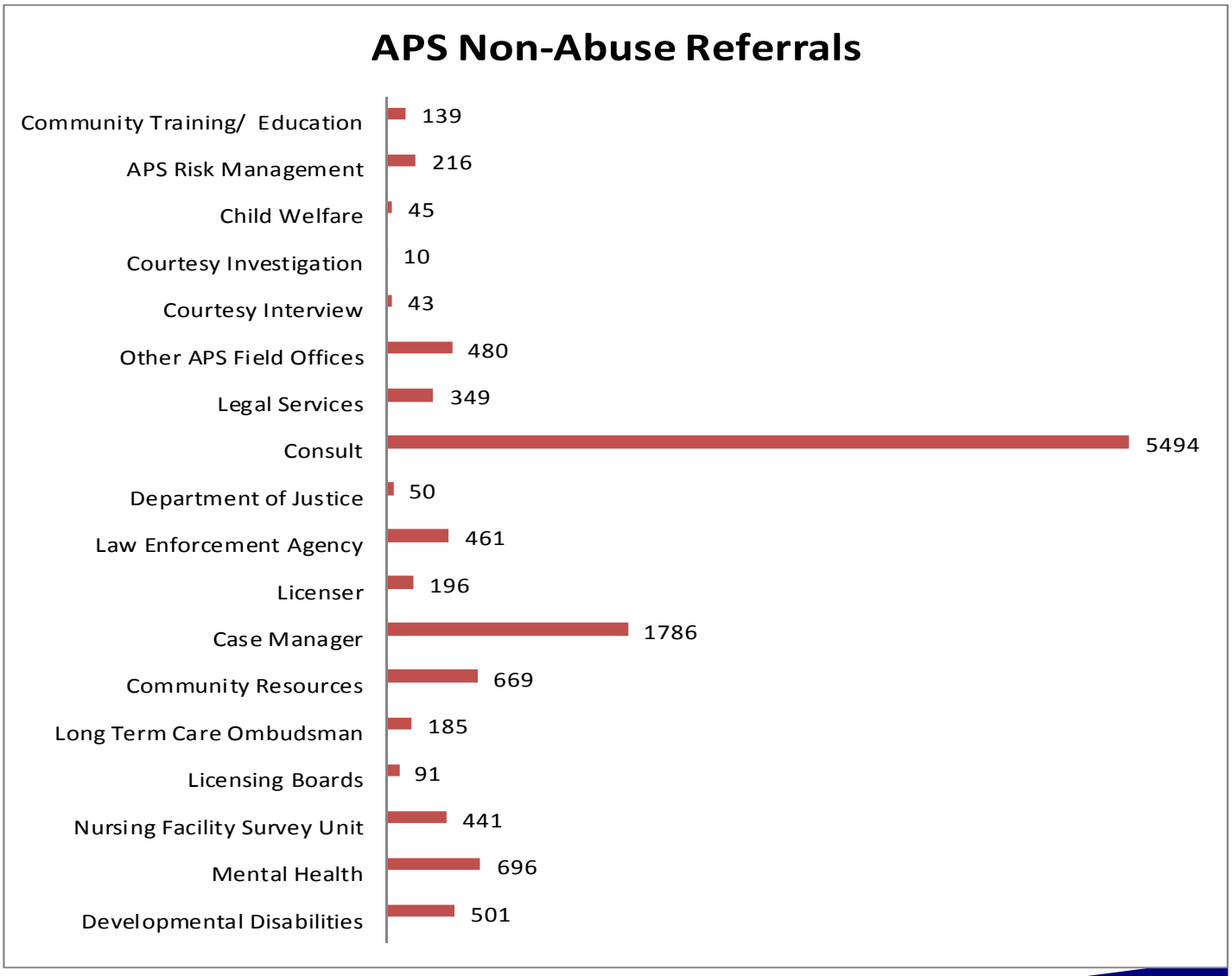
Investigations Conducted

Older Adults and People with Physical Disabilities

Consultation

Consultation is defined by the Oregon Administrative Rule 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.



Older Adults and People with Physical Disabilities

Triage

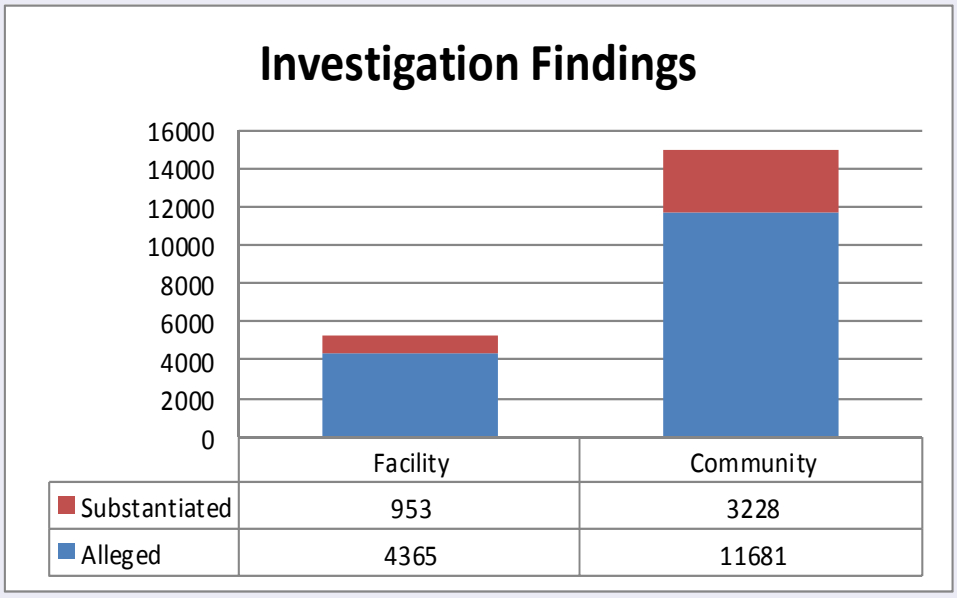
For the cases that are screened in for investigation, a response time by which the investigator must visit with the reported victim is assigned. This is a critical aspect of assuring the safety of the victim and APS performance in this area is measured quarterly and reported to DHS Executive Management.

- ***In 2014, Adult Protective Services Specialists investigating allegations of abuse in community settings met the assigned triage time in 93% of their investigations, while facility based settings had a compliance rate of 98%.***

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.

- ***In 2014, conclusions of Community and Facility based cases were as follows.***



	Facility	Community
Substantiated	953	3228
Alleged	4365	11681

Older Adults and People with Physical Disabilities

Intervention

Otherwise known as protective services, 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 APS process.

Documentation

The investigation process, witness statements, summary of evidence, and findings are written in a standardized report format at the conclusion of the investigation. Once an allegation of abuse is substantiated as having occurred, APS may refer the results of their investigations to a number of partner agencies. Who receives a report may vary based on the involved parties, where the abuse occurred, or whether there was reason to believe a crime occurred:

- Background Check Unit: Responsible for background checks of DHS/OHA employees and providers of care. http://www.oregon.gov/dhs/chc/Pages/index.aspx ***In 2014, the results of over 1500 Community APS investigation reports were forwarded to the Background Check Unit. Facility APS investigation results are forwarded by the Office of Licensing and Regulatory Oversight (OLRO).***
- Office of Licensing and Regulatory Oversight (OLRO): 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. http://www.oregon.gov/OSBN/pages/index.aspx
- 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 2014, 892 cases were referred from local APS offices to law enforcement in their area.***

Risk Management

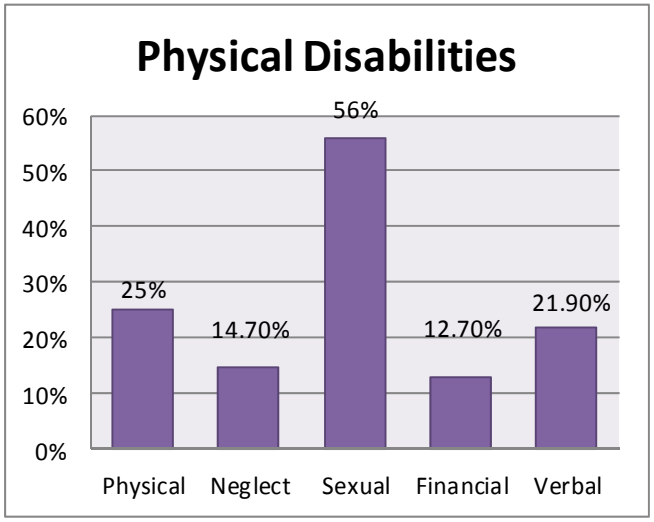
In some cases, APS may continue to provide active reassessment and intervention for up to six months once the initial investigation has been completed to assure the ongoing safety of the victim.

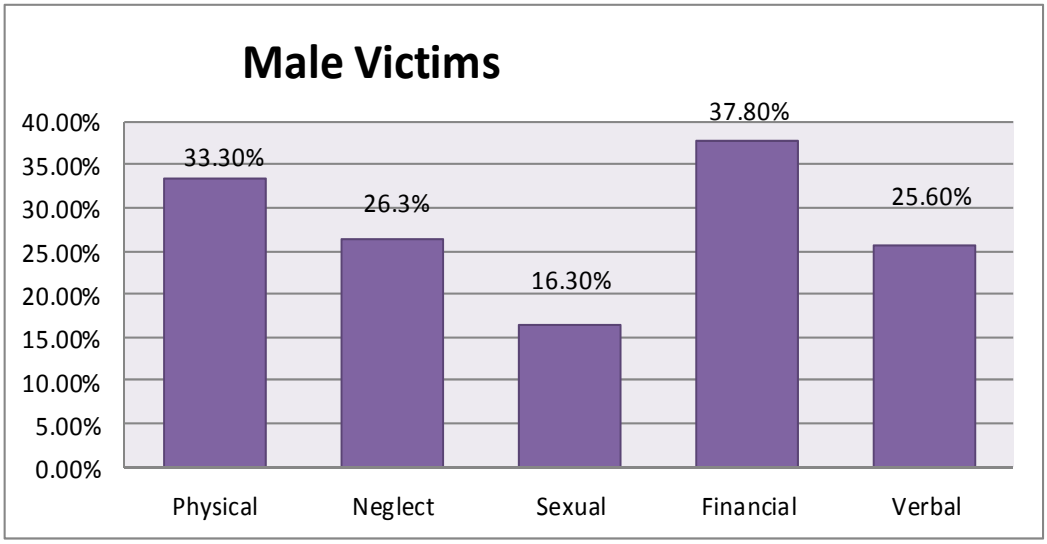
Older Adults and People with Physical Disabilities

Abuse Investigations in the Community

What you need to know:

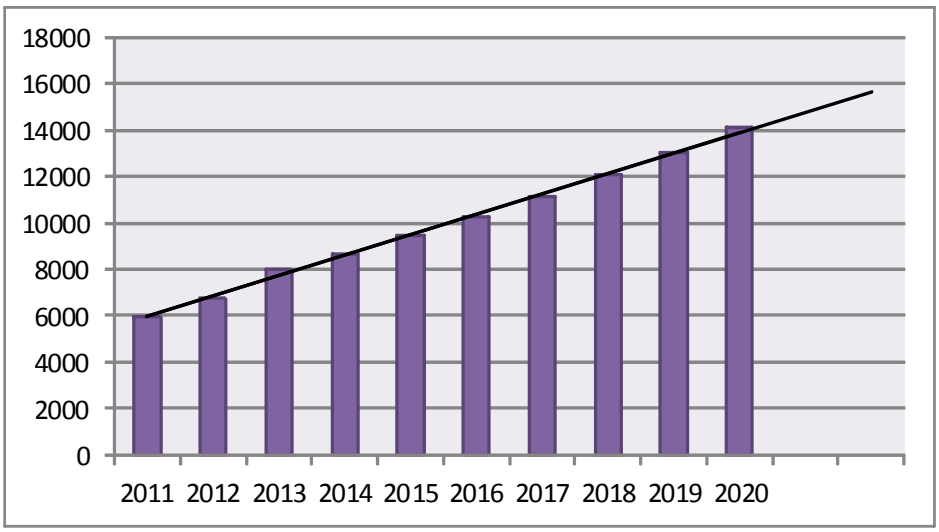
- Adult Protective Services are available to anyone over the age of 65 or anyone aged 18-64 with a physical disability. There is no income, asset, or other eligibility criteria. Individuals with physical disabilities generally make up 25% of all investigations but this varies by abuse type.





- Gender representation also varies by abuse type.

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



Older Adults and People with Physical Disabilities

Abuse Investigations in the Community Continued

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 9 for more information about self neglect).

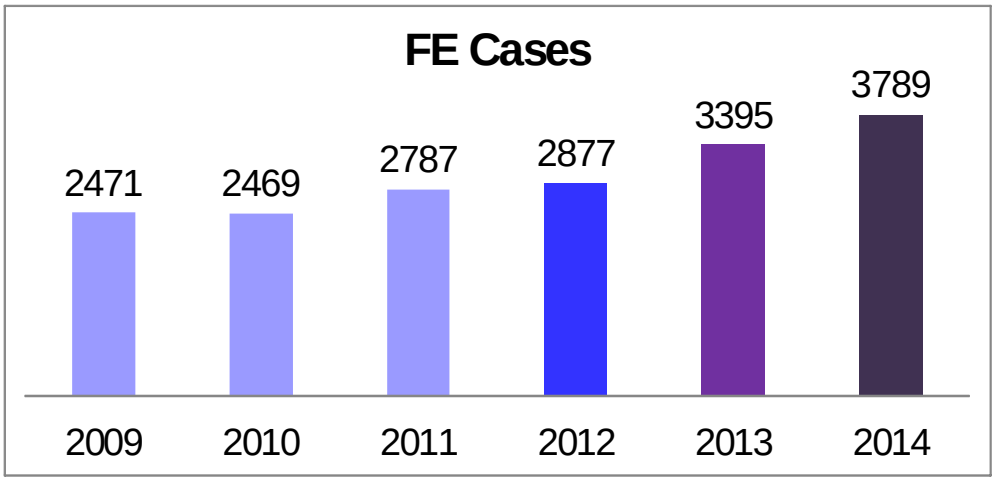
In 2014 Physical Abuse was the most frequently substantiated abuse allegation (39.5%) while neglect was the least (19.9%).

	2012		2013		2014	
Abuse Type	Complaints	Subst.	Complaints	Subst.	Complaints	Subst.
Abandonment	63	23	74	24	84	26
Financial Exploitation	2,877	831	3,398	969	3,789	1,059
Neglect	1,567	275	1,739	337	1,989	396
Other	186	44	227	40	156	37
Physical Abuse	735	292	907	353	1,101	435
Sexual Abuse	87	26	100	15	128	28
Verbal Abuse	1,229	493	1,576	568	1,951	707
Total	**6,744**	**1,984**	**8,021**	**2,306**	**9,198**	**2,688**

Physical abuse substantiations increased by 21.4% between 2013 and 2014 while verbal abuse allegations increased more than any other category at 23.8%.

Older Adults and People with Physical Disabilities

Abuse Investigations in the Community: A Closer Look at Financial Exploitation (FE)



What you need to know: Financial exploitation remains the largest portion of both reported and substantiated abuse in Community APS. It increased by 11.5% over last year.

In 2014, OAAPI conducted a retrospective study of 2013 financial exploitation cases and found the following:

- 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.
- See the Reporting section of this report for more information about the professions dedicated to stopping this form of abuse.

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.

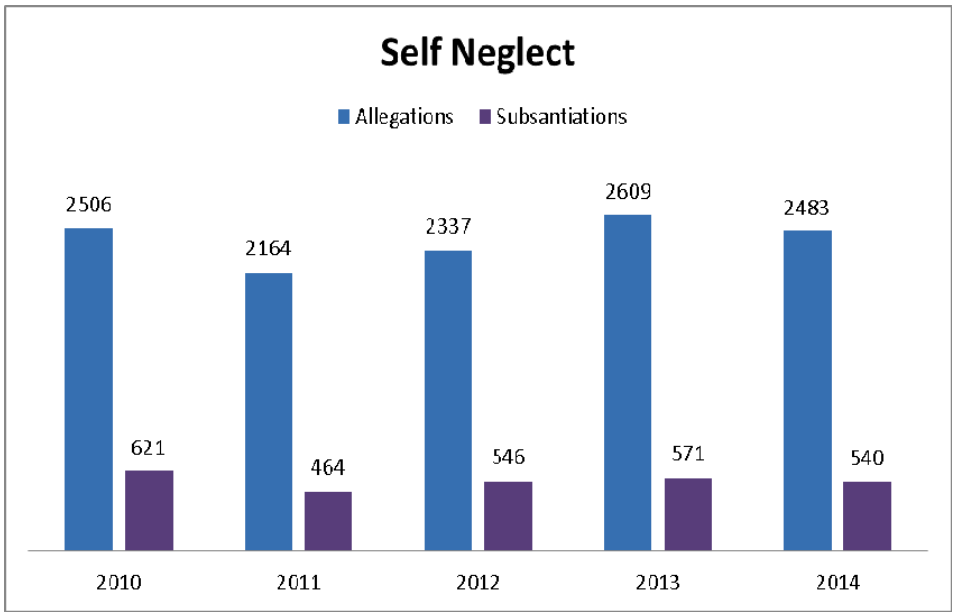
Self-neglect means the inability of an adult to understand the consequences of his or her actions or inactions when that inability leads to or may lead to harm or endangerment to self or others.

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 (1) there is harm or risk of serious harm AND (2) the reported victim lacks the ability to understand the actual (or potential) harm.
- Self-neglect is not substantiated when an individual makes choices others may not make or may not be comfortable with, as long as he or she recognizes the risk and understands the potential consequences of his or her choices.

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, the high incidence of dementia, and other factors that might contribute to the occurrence of SN, numbers of substantiations have remained relatively constant over the years and in fact are lower than they were in 2010.

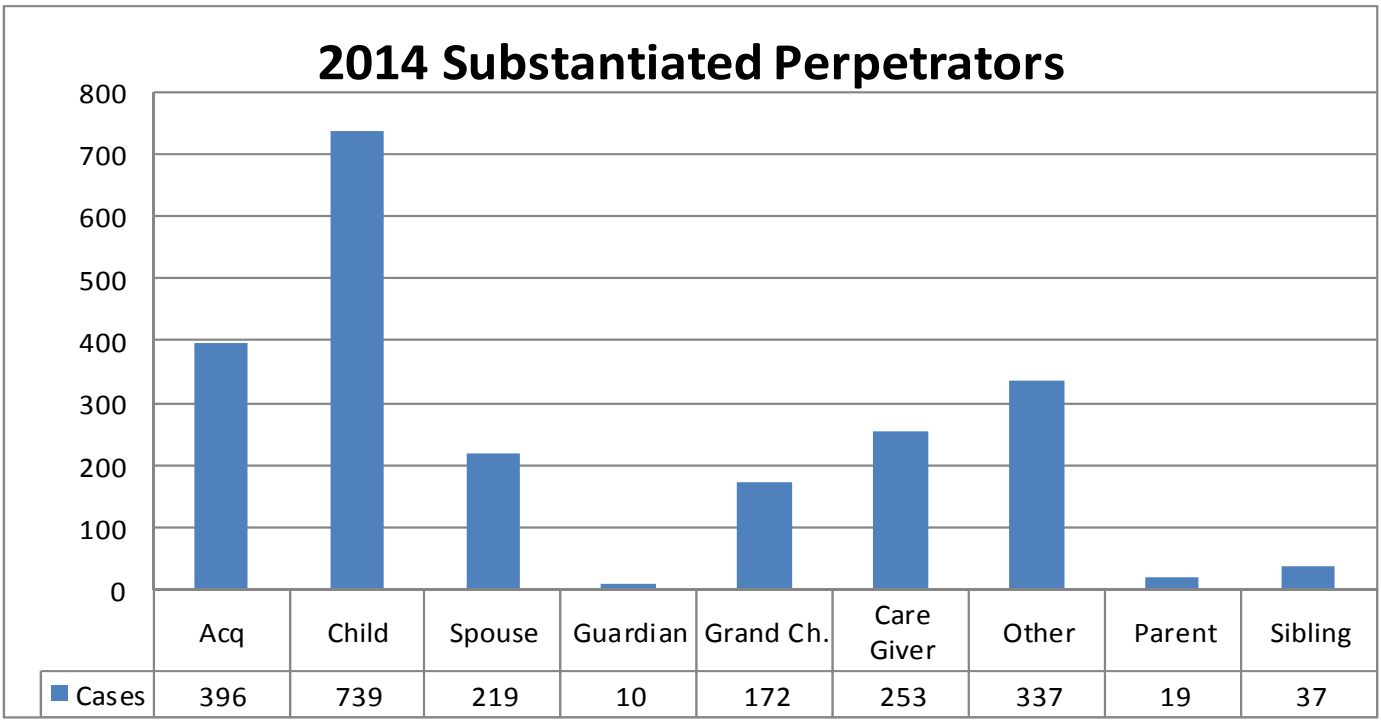


Older Adults and People with Physical Disabilities

Abuse Investigations in the Community: A Closer Look At Perpetrators of Abuse

Who are the substantiated perpetrators of abuse in community investigations? 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 2014, the following was true of substantiated perpetrators of abuse:

- When combined, individuals with a familial or spousal relationship to their victim make up 54% of all perpetrators. This is a very slight reduction from prior years.
- 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 close friend or neighbor, although 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.



	Acq	Child	Spouse	Guardian	Grand Ch.	Care Giver	Other	Parent	Sibling
Cases	396	739	219	10	172	253	337	19	37

Older Adults and People with Physical Disabilities

Abuse Investigations in Facilities

What you need to know:

- 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 also conducts a portion of the abuse investigations in Nursing Facilities.
- In 2014, there were 4364 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. A rule violation is not abuse, but a violation of regulatory standards. These determinations are not made by APS, but rather by OLRO and are reflected below.

Abuse Type	Total Allegations	Total Substantia-tions	Substantiated Rule Violation	Substantiated Abuse
Financial Exploitation	341	238	25	213
Involuntary Seclusion	17	9	1	8
Neglect	3516	1351	724	627
Physical Abuse	156	59	21	38
Restraint	6	6	2	4
Sexual Abuse	102	25	8	17
Verbal/ Mental Abuse	226	125	79	46
Total	**4364**	**1813**	**860**	**953**

Older Adults and People with Physical Disabilities

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:

Abuse Type	Substantiated Abuse	Assisted Living Facility	Residential Care Facility	Adult Foster Home	Nursing Facility
Financial Exploitation	213	118	31	44	20
Involuntary Seclusion	8	0	4	4	0
Neglect	627	151	221	116	139
Physical Abuse	38	2	19	11	6
Restraint	4	1	1	2	0
Sexual Abuse	17	2	7	7	1
Verbal/ Mental Abuse	46	4	7	29	6
Total	**953**	**278**	**290**	**213**	**172**

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 2014 the average combined bed count for all types of facilities was 45,669.

	% of Bed Capacity	%of Substantiated Abuse	Abuse Rate per Bed
Assisted Living	32.0%	29.2%	1.9%
Residential Care	23.6%	30.4%	2.7%
Adult Foster Home	17.1%	22.4%	2.7%
Nursing Facility	27.3%	18.0%	1.4%

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

	Facility APD		Community APD		Total	
County	Allegations Investigated	Substantiated Abuse	Allegations Investigated	Substantiated Allegations	Allegations Investigated	Substantiated Allegations
Baker	84	31	88	32	172	63
Clackamas	220	51	977	329	1197	380
Clatsop	58	19	115	25	173	44
Columbia	77	23	116	28	193	51
Coos	152	38	328	64	480	102
Crook	N/A	N/A	51	13	51	13
Curry	55	12	115	31	170	43
Deschutes	225	52	384	94	609	146
Douglas	138	35	535	166	673	201
Grant	11	2	32	15	43	17
Harney	27	4	38	23	65	27
Jackson	337	84	709	183	1046	267
Jefferson	N/A	N/A	34	13	34	13
Josephine	145	27	440	113	585	140
Klamath-Lake	59	26	281	116	340	142
Lane	508	121	1767	452	2615	573
Lincoln	11	5	54	17	65	22
Linn-Benton	94	20	302	78	396	98
Malheur	34	2	259	84	293	86
Marion	374	90	860	169	1234	259
Morrow	N/A	N/A	10	1	10	1
Multnomah	328	56	2594	757	2922	813
OLRO	649	67	N/A	N/A	649	67
Polk	78	30	185	52	263	82
Tillamook	8	1	94	15	102	16
Umatilla	82	16	303	45	385	61
Union	69	13	165	50	234	63
Wallowa	17	1	78	23	95	24
Wasco	89	13	130	42	219	55
Washington	295	79	400	138	695	217
Yamhill	140	35	237	60	377	95
Total	4364	953	11681	3228	16045	4181

Mental Health Programs

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, information and referrals, and outpatient services, while others need significant assistance to remain independent in the community, including assistance with housing, medication or money management, and 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.

In 2014:

- **482** allegations of abuse were investigated
- **159** allegations of abuse were substantiated
- **385** adults were reported as victims of abuse
- **142** adults were determined to have been abused

When an individual with a mental illness is experiencing symptoms that impact their functioning, they may be more vulnerable to the illegal, abusive, and exploitive behavior of others that may impact their health and safety. 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.

Mental Health Programs

How are individuals with a mental illness who are vulnerable to abuse served by OAAPI and Community Mental Health Programs?

Community Mental Health Programs 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, Salem, and (until its closure) Portland. OAAPI also investigates allegations of abuse at a small number of licensed MH facilities 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 it is determined that a report could possibly meet 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.

Mental Health Programs

How are individuals with a mental illness who are vulnerable to abuse served by OAAPI and Community Mental Health Programs? (continued)

If an investigation is substantiated, OAAPI may refer the investigation documentation 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 facilities.
- 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.

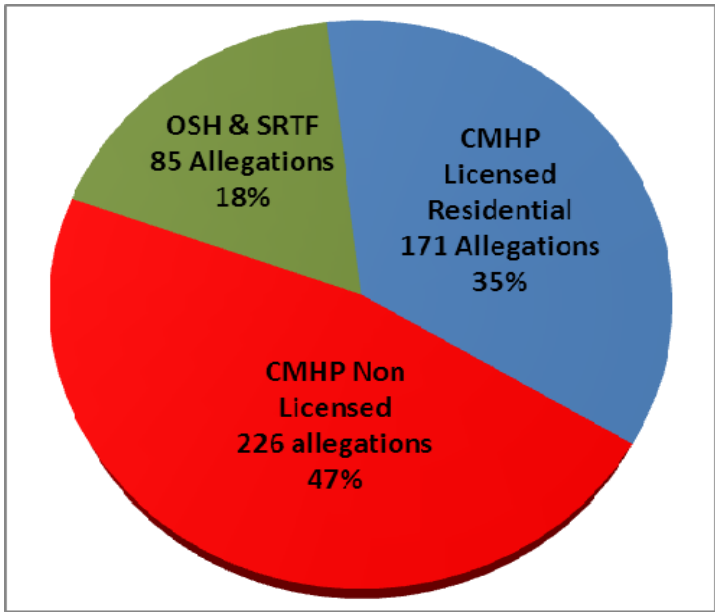
Who do we serve?

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 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 direct contract residential facility.

Mental Health Programs

In 2014, over 57,000 adults were enrolled in Mental Health Services including residents living in Licensed Settings and those who live independently in their community.

Oregon State Hospital (OSH) served over 1,300 patients in 2014, and a small number of residents who reside in other licensed facilities.



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

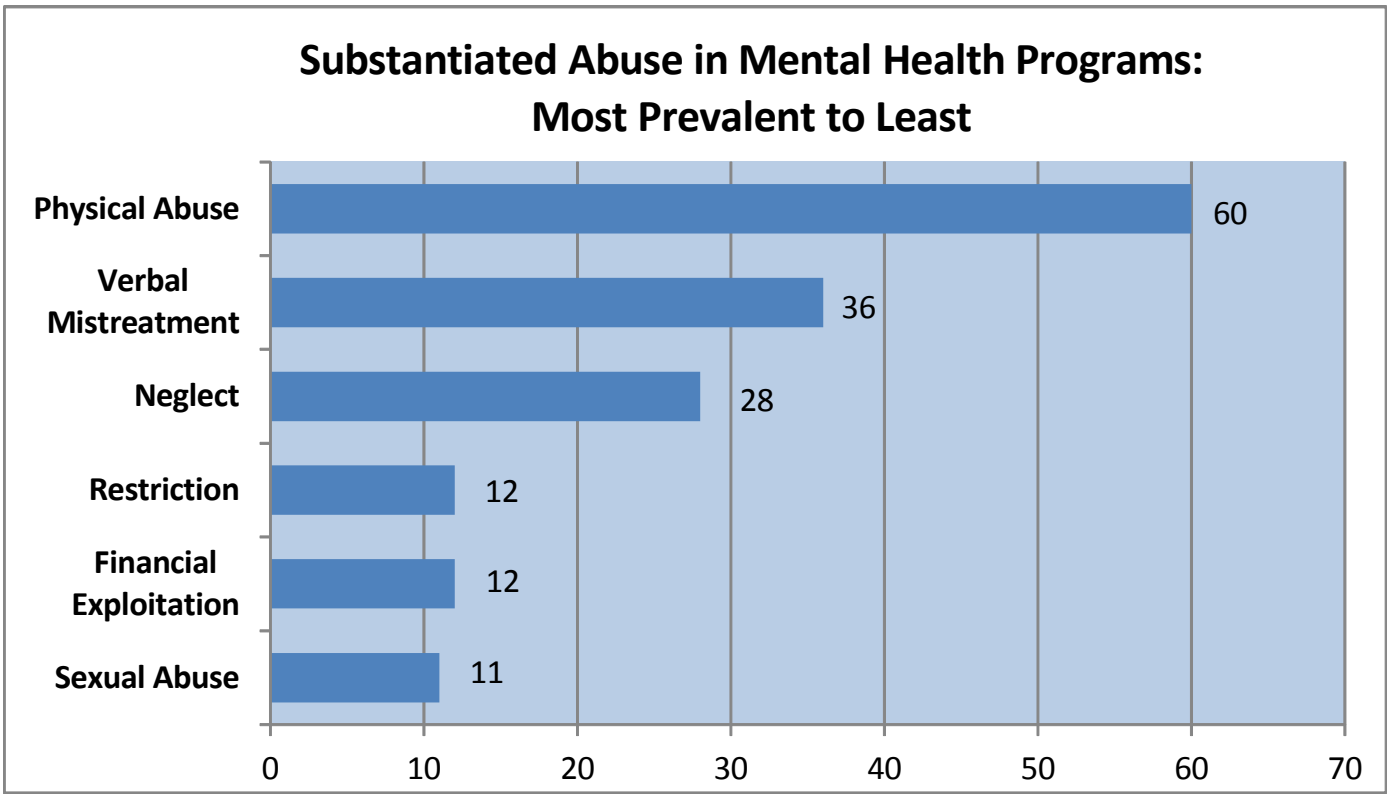
When a report of abuse or mistreatment of a person enrolled in mental health services is made, the service that the reported victim was receiving at the time the alleged abuse or mistreatment occurred determines whether or not the report will be investigated:

All adults enrolled in MH programs (Adults in non-licensed settings)	Adults living in a MH-licensed residential facility	Adults living in Oregon State Hospital
Neglect leading to physical harm	Neglect which creates a significant risk of harm or results in significant mental injury	Neglect
Physical Abuse	Physical Abuse	Physical Abuse
Sexual Abuse	Sexual Abuse	Sexual Abuse
	Verbal Mistreatment	Verbal Abuse
	Abandonment	Condoning Abuse
	Financial Exploitation	
	Involuntary Restriction	
	Wrongful Restraint	

2014 Allegations Investigated in Adult Mental Health Programs

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

Abuse/ Mistreatment Type	Investigated Allegations	Substantiated Allegations	Substantiation Rate
Abandonment	0	0	NA
Condoning Abuse (OSH)	2	0	0%
Financial Exploitation	18	12	67%
Neglect	100	28	28%
Physical Abuse	189	60	32%
Restraint	2	0	0%
Restriction	20	12	60%
Sexual Abuse	68	11	16%
Verbal Mistreatment	83	36	43%
Total	**482**	**159**	**33%**



Mental Health Programs

Allegations in CMHP Licensed and Non-licensed Settings

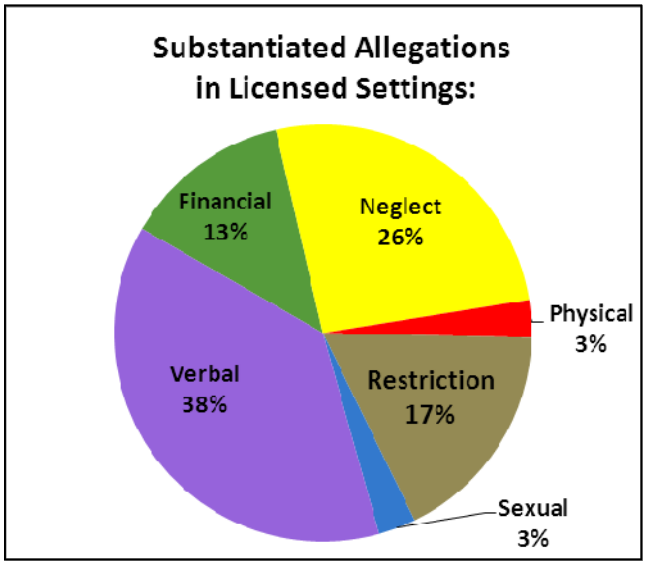
Individuals may receive services in licensed settings such as adult foster homes and residential treatment homes and facilities including secure residential facilities, or they may receive services in non-licensed settings such as outpatient services, psychiatric acute care, or hold rooms in hospitals.

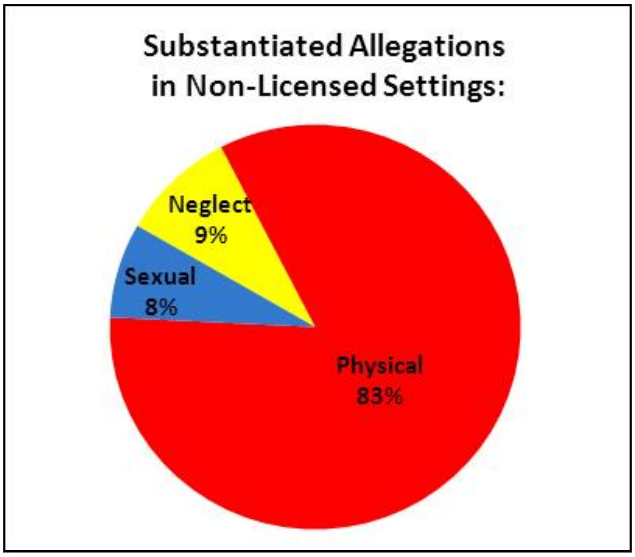
Abuse/ Mistreatment Type	Licensed Setting		Non-licensed Setting	
	Investigated	Substantiated	Investigated	Substantiated
Abandonment	0	0	0	0
Financial Exploitation	15	9	0	0
Neglect	49	18	19	6
Physical	15	2	162	55
Restraint	2	0	0	0
Restriction	20	12	0	0
Sexual	14	2	45	5
Verbal Mistreatment	56	26	0	0
Total (excluding OSH p23)	**171**	**69**	**226**	**66**

*In 2011, the definitions of abuse were changed in the 943-045-0250 MH Community Abuse Rule; at that time, mistreatment definitions were added to the AMH residential rules. The investigation of these allegations was initiated prior to the rule changes.

In 2014, **51%** of all substantiated abuse allegations occurred in licensed settings. **Neglect and Verbal Mistreatment** were the most prevalent abuse types for adults with mental illness in licensed settings, accounting for 64% of substantiated abuse.

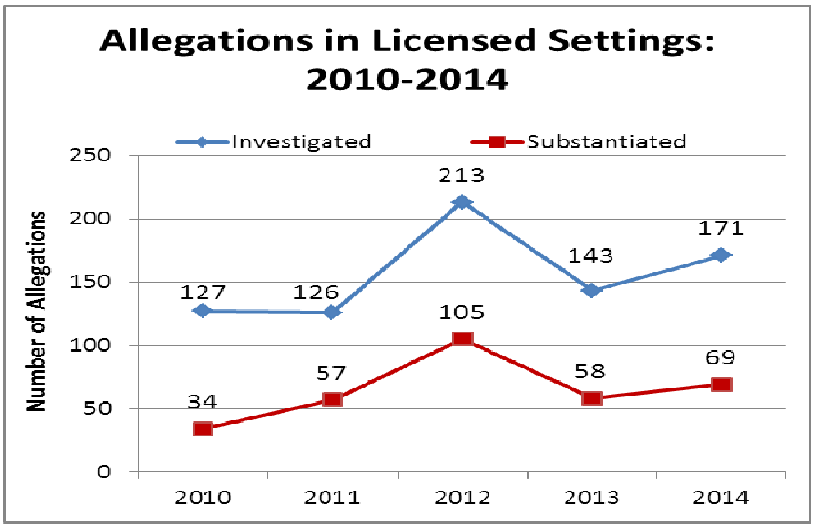
Physical Abuse was the most prevalent abuse type for adults with mental illness in non-licensed settings, accounting for 83% of substantiated allegations.



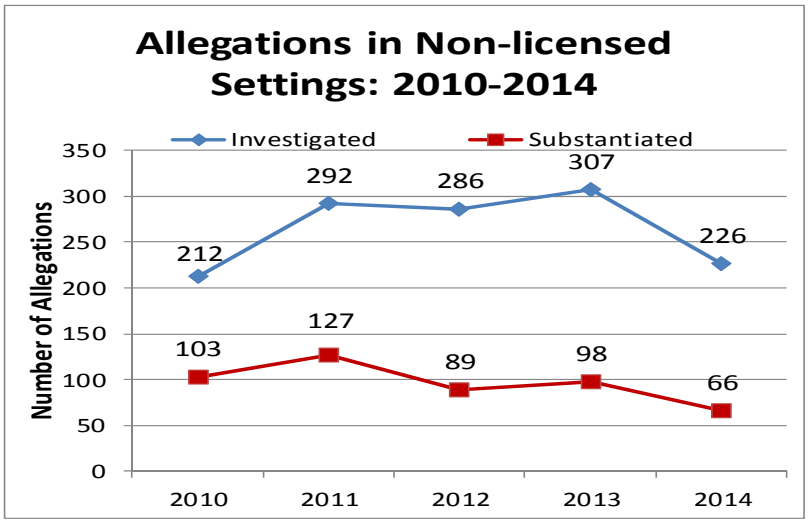


Mental Health Programs

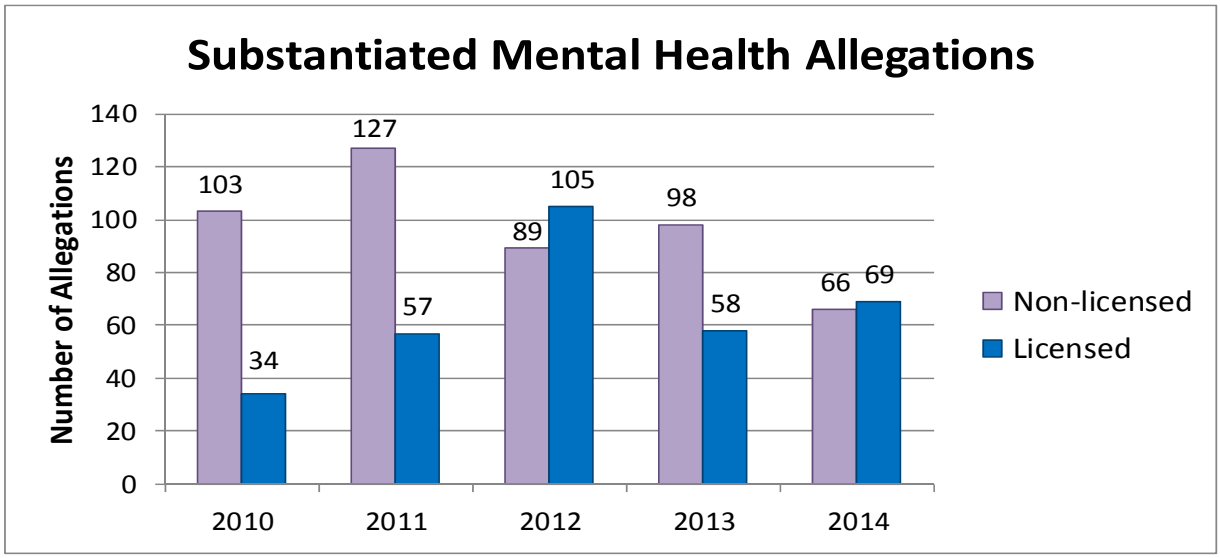
Abuse in Mental Health Settings from 2010-2014



In licensed settings the accused person is more likely to be a paid caregiver or staff of the facility. Verbal mistreatment and neglect represent over 60% of all investigations.



In Non-licensed settings the accused person is more likely to be an intimate partner or family member. Physical abuse represents over 70% of all investigations.



Mental Health Programs

For allegations where abuse of an adult with mental illness was substantiated:

- The **victim** was female in 53% and male in 47% of substantiated allegations.
- The **accused person** was female in 44% and male in 56% of substantiated allegations.

In **licensed residential** settings:

- 80% of accused persons substantiated for abuse were a care provider of the victim or other employee of the facility. Verbal mistreatment and neglect were the most prevalent abuse types substantiated.

In **non-licensed** settings:

- 48% of the accused persons for substantiated allegations were an intimate partner of the victim and 20% were a family member of the victim. Physical abuse was the most prevalent abuse type substantiated at over 80% of all abuse.

Reviews of Deaths of Adults with Mental Illness

In 2014, Mental Health investigators reviewed the deaths of 287 individuals enrolled in mental health services. The review is conducted to determine if neglect or abuse was a factor.

245 of these deaths were due either to natural causes—most frequently related to heart disease or heart attacks, cancer, liver disease, or COPD—or to accidental causes—most frequently drug misuse or overdose.

- The average age at death was **56 years**.

42 of these deaths were not due to natural causes, nor were accidental, but due primarily to suicide and homicide. In some cases there were associated allegations of Neglect. The investigations of these allegations were included in the data on page 17.

- The average age at death was **41 years.**

Law Enforcement Referrals

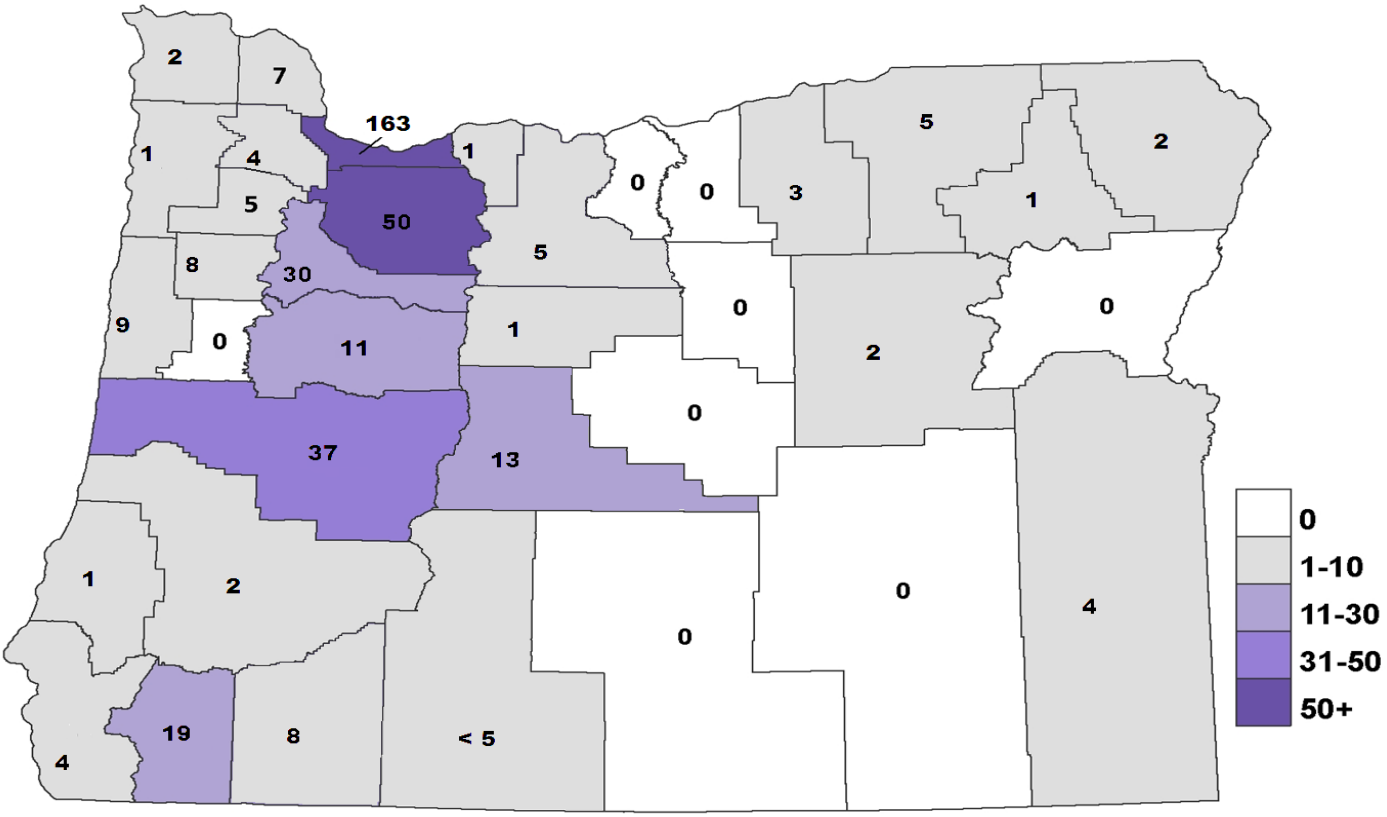
Physical Abuse and Sexual Abuse allegations were the most likely to be referred to law enforcement agencies.

Allegations Referred to Law Enforcement Agencies (LEA) in 2014

Abuse/ Mistreatment Type	Substantiated Allegations	Allegations Referred to LEA	Rate of LEA Referrals or Involvement
Financial Exploitation	12	4	33%
Neglect	25	5	20%
Physical Abuse	57	52	91%
Restraint	0	0	NA
Restriction	12	0	0%
Sexual Abuse	7	6	86%
Verbal Mistreatment	27	0	0%

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 2014:



Mental Health Programs

County	Adults Enrolled in MH Services	Total Allegations	Substantiated Allegations	LEA Referral or Involvement
Baker	139	0	0	0
Benton	766	0	0	0
Clackamas	3,105	50	25	11
Clatsop	765	2	0	0
Columbia	984	7	2	2
Coos	1,024	1	0	0
Crook	462	0	0	0
Curry	311	4	Less than 5	Less than 5
Deschutes	1,902	13	0	0
Douglas	1,799	2	0	0
Gilliam/Morrow/ Wheeler	241	3	0	0
Grant	169	2	Less than 5	Less than 5
Harney	146	0	0	0
Jackson	1,484	8	1	1
Jefferson	568	1	0	0
Josephine	1,444	19	7	2
Klamath	1,259	Less than 5	Less than 5	Less than 5
Lake	144	0	0	0
Lane	6,687	37	13	9
Lincoln	923	9	7	4
Linn	2,057	11	4	3
Malheur	804	4	0	0
Marion	5,278	30	14	6
Mid-Columbia*	798	6	3	3
Multnomah	13,926	163	44	24
Polk	1,231	8	4	1
Tillamook	426	1	0	0
Umatilla	1,350	4	0	0
Union	609	1	0	0
Wallowa	80	2	Less than 5	0
Warm Springs	122	0	0	0
Washington	5,270	3	0	0
Yamhill	1,096	5	0	0
State (OSH & Direct Contract	NA	85	24	6
Total	**57,217**	**482**	**159**	**71**

*Mid-Columbia: Hood River, Sherman, and Wasco Counties

Oregon State Hospital Investigations

How does OAAPI serve patients at the Oregon State Hospital (OSH)?

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, a finding of substantiated, not substantiated or inconclusive is made and the report is sent to OSH for review and possible further action, as appropriate.

In 2014 at OSH:

- **651 reports** of abuse or neglect were made
- **589 reports** were screened out as not meeting the definition of abuse
- **62 reports** were investigated (with **78 allegations**)
- **19 allegations** were substantiated for abuse or neglect

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

- In 2014, 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.
- 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.

Mental Health Programs

Oregon State Hospital (OSH) Investigation Demographics

- Annually, OSH serves over **1,200 patients**, the majority at the Salem campus and a small number at the Portland and Junction City campuses. The average number of patients served each day in the hospital was 581.

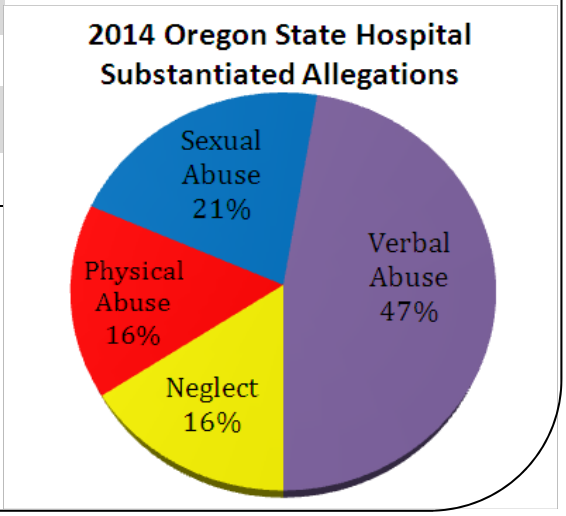
- Allegations of possible abuse against **55 patients** were investigated; **17 patients** were determined to have been abused or neglected. Some patients have multiple investigations and in a few cases were abused multiple times.

- The average gender make-up of OSH each day is 22% female patients and 78% male. Of the 55 patients who had an investigation, 17 (31%) were females. Of the 17 patients determined to have been abused, 6 (35%) were females.

- OSH employs more than 1900 staff; approximately 1600 staff work with patients in a clinical setting. In 2014, 16 staff were substantiated for abuse or neglect: 12 were mental health technicians, 1 was a doctor, 1 was a transportation staff, 1 was an agency nurse and 1 was a temporary staff.

Allegations of Abuse or Neglect at OSH in 2014

Type of Abuse	Investigated	Substantiated	Substantiation Rate
Neglect	30	3	10%
Physical Abuse	12	3	25%
Sexual Abuse	8	4	50%
Verbal Abuse	26	9	35%
Total	**78**	**19**	**24%**



Children's Programs

Children's Care Providers (CCP)

CCPs are made up of Residential Care Agencies, Day Treatment Programs, Foster Care Agencies, Residential Boarding Schools, and Outdoor Youth Programs. The agencies and providers that comprise CCPs vary greatly in their focus, level of care and variety of services. These organizations are licensed to provide treatment services thru OHA Mental Health services, DHS children's DD services or through Child Welfare. A child may have a short term placement as their treatment options are evaluated and adjusted, or may have a longer term placement in a residential children's treatment facility, or a therapeutic foster home. Many of the children in these programs have experienced physical and emotional trauma, have a history of substance abuse, or have other risk factors that make them more vulnerable.

In 2014, approximately 3,500 children received care in CCP programs and 150 children received I/DD residential care. 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 13.5 years, with 58% males and 42% females. However the average age of boys is 12.9 years and the average age of girls is 14.3 years.

Intellectual/Developmental Disabilities Programs

Children in I/DD programs live in 24-hour residential care programs that specialize in the care of children who have developmental disabilities. These homes are intended to provide all the basic care and support the child would normally receive in a family home. Children in these programs have direct support staff or proctor parents who assist the child with their daily needs, provide appropriate supervision, and ensure their safety. Many of these children lack a family support system, or the family is no longer able to provide the level of care, supervision and support necessary to keep the child safe and support the child's development.

Children's Programs

Why are children in these programs vulnerable to abuse?

Children receiving therapeutic treatment services through a Children's Care Provider (CCP) and children with intellectual/developmental disabilities (I/DD) have a wide variety of medical, emotional, behavioral, and intellectual disabilities. When a child receives services from a CCP or I/DD program, a behavioral support plan or an individual support plan is created that outlines the child's unique history, mental health, behavioral, and medical needs and the expectations of how the program/staff will ensure the child's unique needs are appropriately monitored and managed. Caregivers and staff are required to know these plans and follow all requirements to ensure the child receives individualized care, help the child develop the necessary tools to successfully complete the program and to ensure the child's safety.

In 2014

- **216** allegations of abuse were investigated
- **70** allegations of abuse were substantiated
- **154** children were reported as victims of abuse
- **36** children were determined to have been abused

Due to their unique vulnerabilities, many of these children require heightened levels of supervision to reduce the risk of harm at their residence and out in the community. Some children may require increased levels of supervision to reduce the risk of both intentional and unintentional self-harm. Children with specific medical or behavioral needs may have individualized protocols for a staff or caregiver to follow to address medication administration, aspiration, food preparation, and other medical conditions or known risks.

Some children with significant intellectual disabilities may have limited communication skills leaving them unable to self-report concerns of abuse or neglect making them a uniquely vulnerable population. This means abuse and neglect reporting is critical to our ability to safeguard our most vulnerable children.

Children's Programs

How are children in CCP or I/DD programs are served by OAAPI?

Allegations of abuse and/or neglect regarding a CCP or I/DD program are reported to Child Welfare and referred to OAAPI for screening. Many factors are taken into account during screening that will determine whether an investigation will occur. These include an initial evaluation to determine if the reported information meets a definition of abuse, as well as an evaluation of the child's care plan.

When an allegation is screened out, the report is "closed at screening" and information is documented regarding why the allegation does not meet the definition under the OAR.

When an allegation is assigned for investigation, an investigator will gather all facts pertaining to the incident through interviews of witnesses, including the reported victim and the reported perpetrator. Relevant documentation such as the child's care plan, staff training logs and medication records are gathered and reviewed as part of the investigation. The investigator writes a detailed investigation report and makes a determination about whether the allegation is substantiated, not substantiated or inconclusive.

In some circumstances investigators may include "required actions" for the program or organization to implement. Required actions are meant to address concerns that include staff training, documentation of financial or medical information and other record keeping practices, or address other policies and practices to reduce and prevent future abuse and neglect.

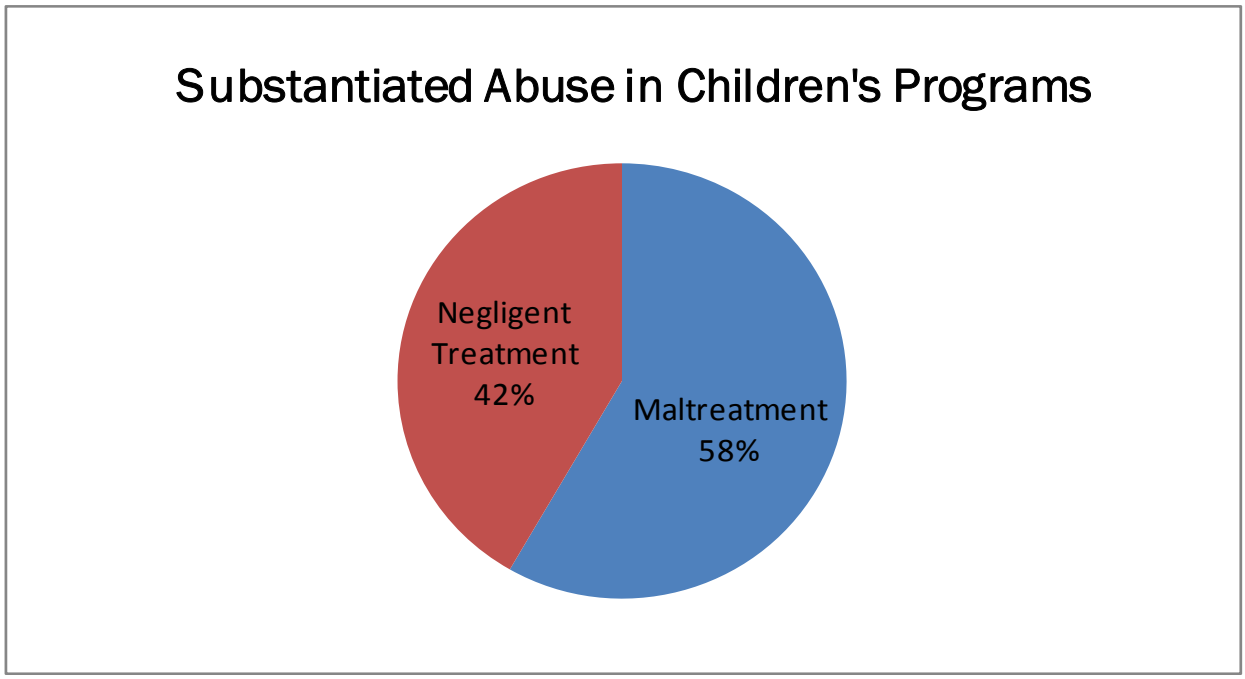
OAAPI received nearly 750 allegations of possible abuse in 2014 and assigned over 200 allegations for investigation in these program areas. OAAPI evaluates all reported incidents to determine if it meets the definition of abuse; and make a determination as to whether to investigate the incident.

Children's Care Providers

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

- **131** allegations of abuse were investigated
- **24** allegations of abuse were substantiated
- **107**children were reported as victims of abuse
- **18** children were determined to have been abused

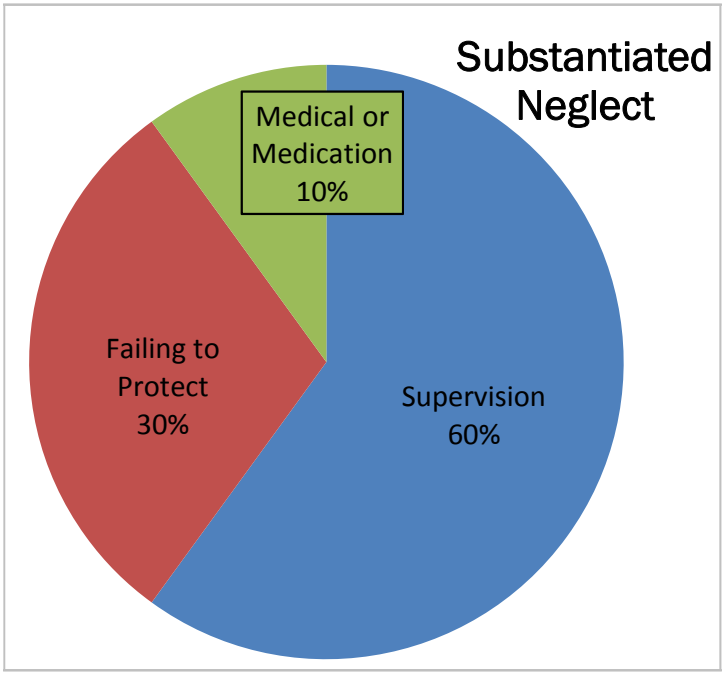
Allegations By Abuse Type	Total Allegations	Substantiated Allegations	Substantiation Rate
Maltreatment	54	14	25.9%
Negligent Treatment	67	10	14.9%
Sexual Abuse	10	0	0.0%
Threat of Harm	0	0	0.0%
Total	**131**	**24**	**18.3%**

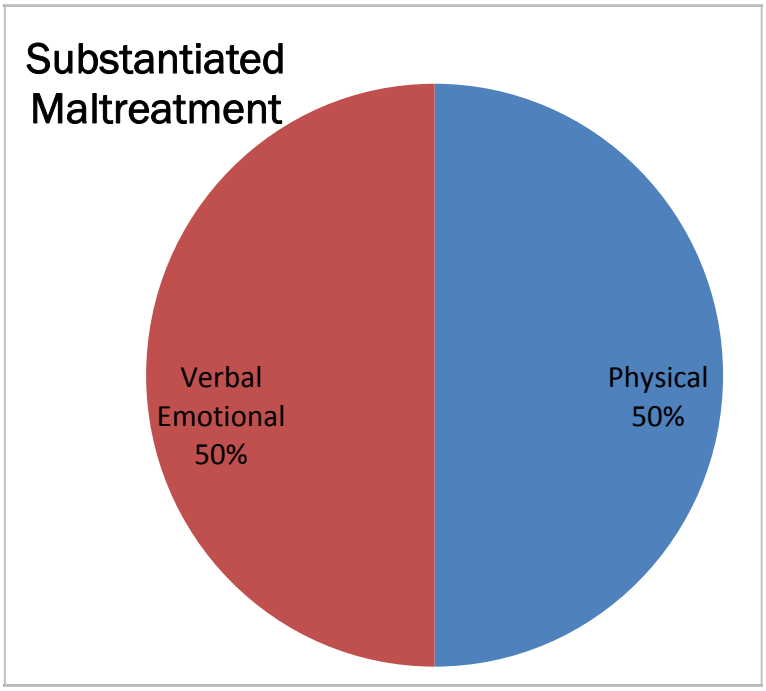


Children's Programs

Negligent Treatment

Negligent treatment is the most prevalent form (51%) of abuse in Children's Care Provider (CCP) settings based on the number of reports and substantiations. Negligent treatment occurs when basic or specialized care is not provided, such as failing to provide appropriate supervision (60%) and failing to protect from harm (30%) of substantiated neglect.





Maltreatment

Abuse by maltreatment was the second most prevalent (41%) of all abuse types, but had the highest substantiation rate.

Maltreatment includes a range of abusive treatment that can involve physical contact, verbal interaction, restriction/seclusion and the use of coercion or intimidation.

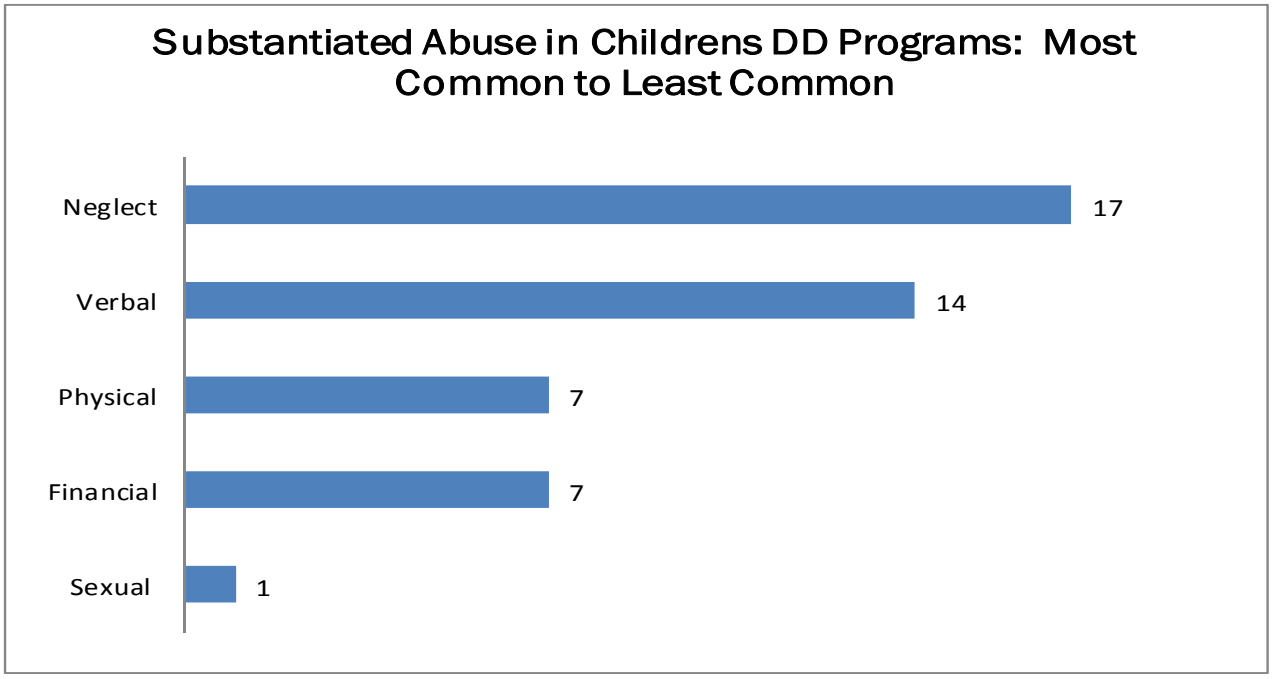
In 2014 abuse by maltreatment involved either some form of physical contact such as hitting, kicking, or pushing; or verbal/non-verbal interaction that resulted in emotional harm.

Children's I/DD Programs

Children's I/DD Programs provide residential care for children with an I/DD diagnosis. The children are served by proctor homes or 24-hour residential care programs.

- **85** allegations of abuse were investigated
- **46** allegations of abuse were substantiated
- **47** children were reported as victims of abuse
- **18** children were determined to have been abused

Allegations By Abuse Type	Total Allegations	Substantiated Allegations	Substantiation Rate
Financial Abuse	16	7	43.8%
Neglect	27	17	63.0%
Physical Abuse	17	7	41.2%
Restraint	1	0	0.0%
Sexual Abuse	3	1	33.3%
Verbal Abuse	21	14	66.7%
Total	**85**	**46**	**54.1%**



Intellectual/Developmental Disability Programs

Why are individuals with intellectual/developmental disabilities (I/DD) vulnerable to abuse?

Individuals with I/DD are a diverse group of people with different vulnerabilities. Cognitive challenges, dependence on the care provided by other people, difficulty communicating needs, challenging behaviors and poor memory or recall are some of the factors that contribute to the increased vulnerability of people with I/DD. Many adults with I/DD are unable to recognize danger, understand their rights and protect themselves against actions or inactions that are illegal, abusive, or in any way threatening to their health and emotional, financial and physical well-being. Historically, people with I/DD have lived with discrimination because of their disabilities, separated from their communities and denied opportunities for education and other life experiences.

Misperceptions and stereotypes about people with disabilities put people with I/DD at an increased risk to experience abuse. Many people with I/DD have limited social contacts and activities and experience negative attitudes from other people or social stigma. They are often not believed or listened to by immediate contacts and sometimes not seen as credible with law enforcement or in court. In addition, the desire to please people in authority positions or peers and the desire to be included may influence these individuals' decision-making. As a result, many individuals do not report abuse. In other cases, they are not aware that what is occurring is abusive, or choose to continue a relationship or not change living arrangements, which they ultimately have the right to do if they understand the risks and possible consequences of their choices.

In 2014:

- **1,442** allegations of abuse were investigated
- **684** allegations of abuse were substantiated
- **830** adults were reported as victims of abuse
- **477** adults were determined to have been abused

Intellectual/Developmental Disability Programs

How are individuals with I/DD served by OAAPI and Community Developmental Disability Programs (CDDPs)?

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.

- An **abuse investigator/screener** 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**.
- Once it is determined that a complaint meets the definition of abuse, the case is screened in and an investigator is assigned. The investigator assures a mandatory report 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**: substantiated, not substantiated or inconclusive based on the preponderance of the evidence.

2014 Allegations of Abuse in Adult I/DD Programs

Abuse Type	Investigated Allegations	Substantiated Allegations	Substantiation Rate
Abandonment	0	n/a	n/a
Financial	225	119	53%
Neglect	452	264	58%
Physical	250	90	36%
Restraint	44	24	55%
Seclusion	45	24	53%
Sexual	72	12	17%
Verbal	354	151	43%
Total	**1,442**	**684**	**47%**

Intellectual/Developmental Disability Programs

How are individuals with I/DD served by OAAPI and Community Developmental Disability Programs? (continued)

- 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 interactions.

Who do we serve?

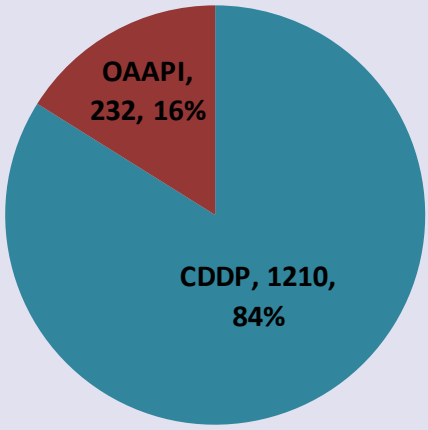
OAAPI and its partners provide supports and services to adults who meet eligibility criteria. Intellectual disability is characterized by below-average mental capacity (reasoning, learning, problem solving) and significant limitations in adaptive behavior skills (social, conceptual, practical). This disability is evidenced before the age of 18. "Developmental disabilities" is an umbrella term that includes intellectual disability, but also includes other disabilities that are apparent before the age of 22 and are lifelong. Some developmental disabilities occur largely due to medical conditions or brain injury that affect a child'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, for example Down syndrome or fetal alcohol syndrome. Some people with developmental disabilities may also have significant medical or mental health needs, or challenges related to aging.

In 2014, over 16,300 adults were enrolled in I/DD Services. State and county agencies will also investigate allegations of abuse and provide protective services to all adults previously determined eligible for I/DD Services, even if not currently enrolled.

Who investigated allegations of abuse in I/DD programs in 2014?

CDDPs (Community Developmental Disability Programs):

- Investigated the majority of allegations
- Operate in specific geographic areas
- Under a contract with the Department or other entity contracted by the Department



OAAPI investigated:

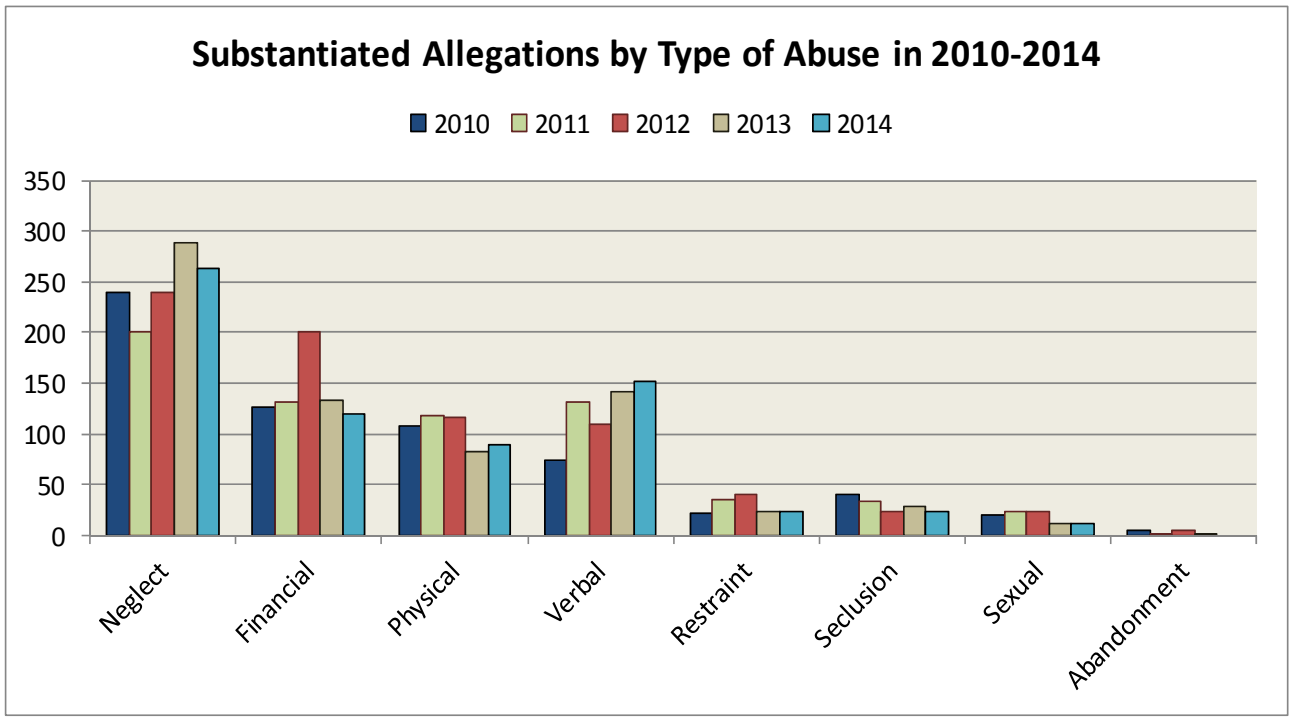
- Allegations in Stabilization and Crisis Unit (previously SOCP)
- Allegations in Umatilla county
- Some CDDP cases due to complexity or conflict of interests

Intellectual/Developmental Disability Programs

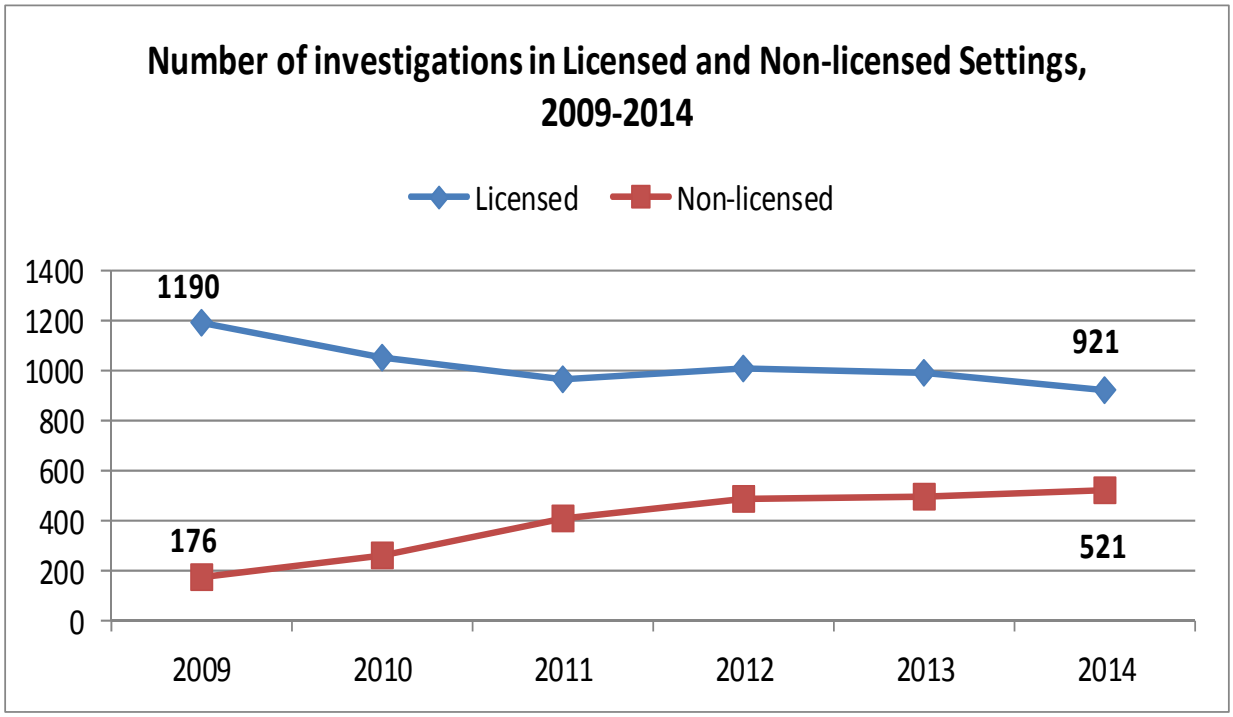
Investigated and Substantiated Allegations, 2010-2014

	2010	2011	2012	2013	2014
Allegations Investigated	1308	1372	1496	1,480	1,442
Allegations Substantiated	635	675	758	711	684
Substanitation Rate	49%	49%	51%	48%	47%

In 2010-2014, the overall substantiation rate has remained at the 47-51 percent level. In 2014, the number of investigated and substantiated verbal abuse allegations continued to grow and almost doubled in comparison with the 2010 level. This is likely due to the increase in the number of investigations in non-licensed settings, where verbal abuse is the most prevalent investigated and substantiated type of abuse.



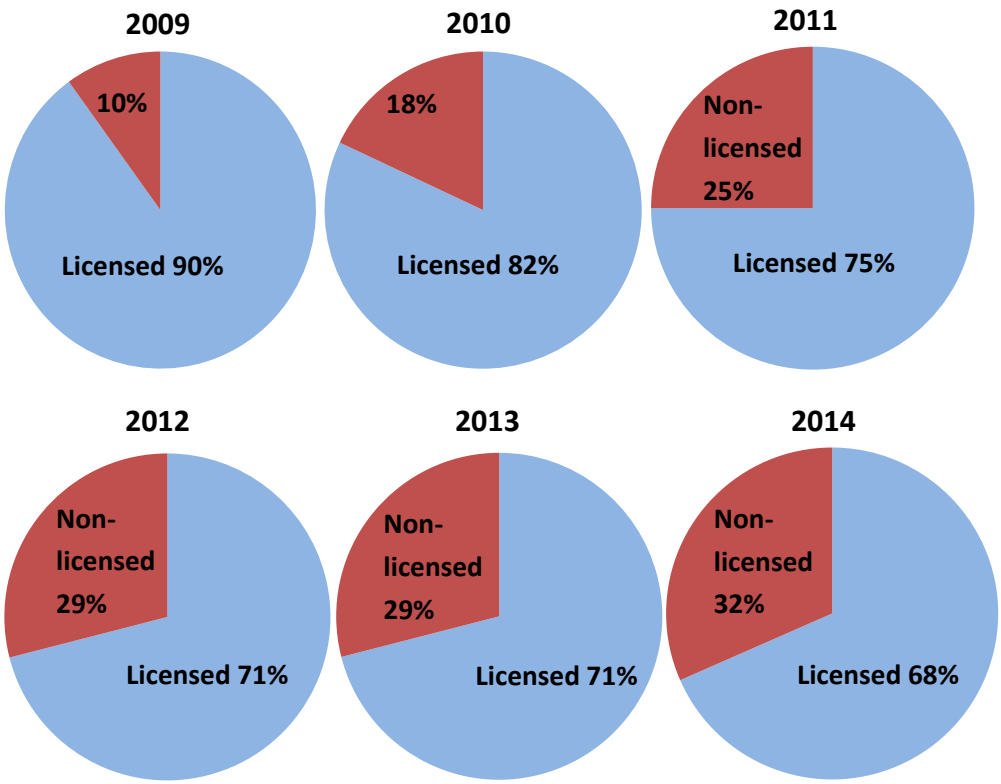
Intellectual/Developmental Disability Programs



The trend of the increase in the number of investigations in non-licensed settings continues in 2014. There has been a **nearly threefold** increase in the number of investigations in non-licensed settings since 2009 (from 176 to 521 allegations). Several factors likely played a role in this trend. They 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 stake-holders due to education programs and the work of multi-disciplinary teams, as well as continued training and mentoring of abuse investigators. The enrollment in the Brokerage Support Services continues to rise. According to the DHS Office of Business Intelligence, **5,602 adults** were enrolled in Brokerage Services in December of 2008, while by mid-2014 the number of enrolled adults was **7,638**. Investigations in non-licensed settings bring additional challenges to the investigators, such as complex family dynamics, fewer witnesses to alleged incidents and less documentation available for review.

Intellectual/Developmental Disability Programs

Substantiated Allegations of Abuse in Licensed and Non-licensed Settings in 2009-2014

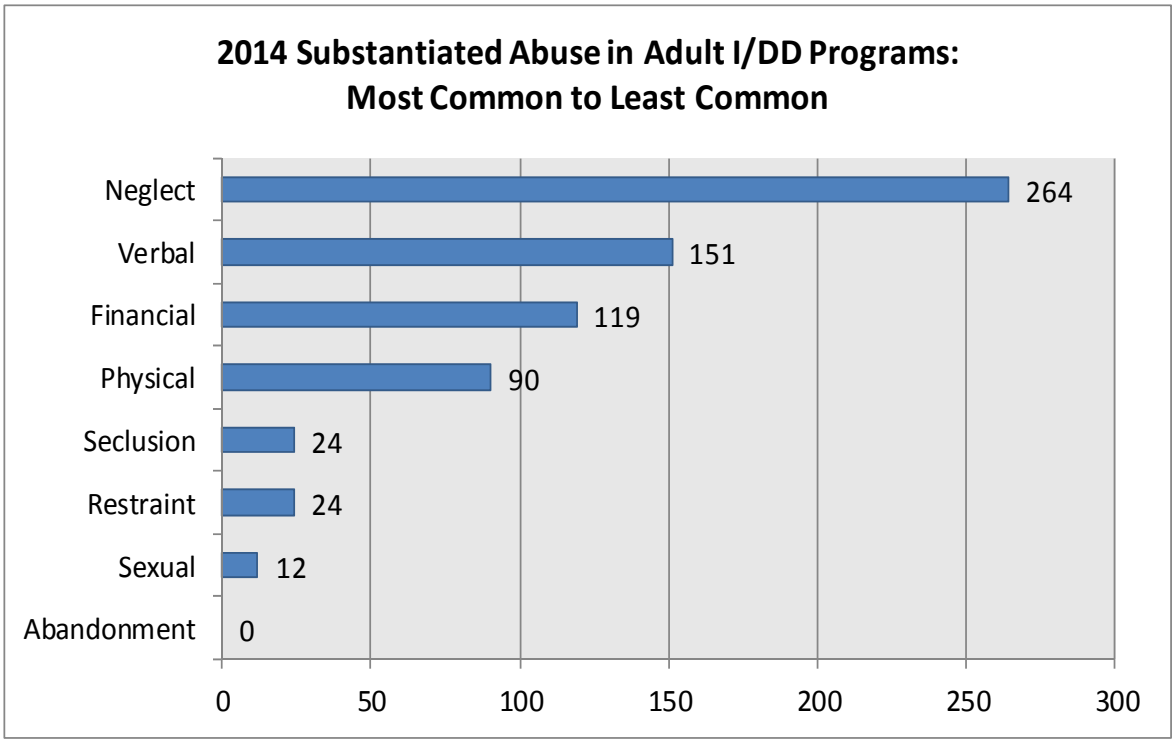


	2009	2010	2011	2012	2013	2014
Licensed	644	521	503	539	503	468
Non-licensed	75	114	172	219	208	216
Total Substantiated	**719**	**635**	**675**	**758**	**711**	**684**

The need for protective services is assessed in all types of settings and regardless of investigation finding. Some examples of protective services include:

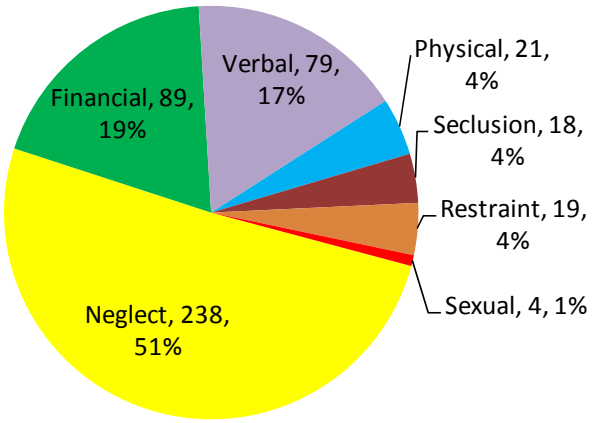
- Advocacy
- Alternative living arrangement
- Counseling
- Legal services
- Medical services
- Mental state examination
- Physical state examination
- Removal of staff involved

Intellectual/Developmental Disability Programs



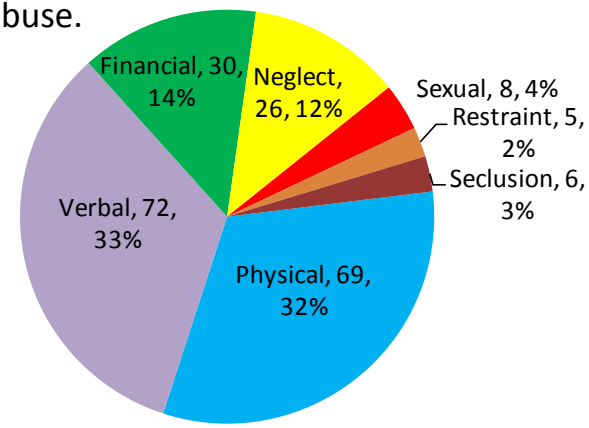
Substantiated Abuse in Licensed Settings in 2014

Neglect was the most prevalent abuse type in **licensed settings**. It accounted for 51% (238 allegations) of all substantiated abuse.



Substantiated Abuse in Non-licensed Settings in 2014

Verbal and physical abuse were the most prevalent abuse types in **non-licensed settings**, accounting for 65% (141 allegations) of all substantiated abuse.



Intellectual/Developmental Disability Programs

Investigations in group homes for people with I/DD are the largest portion of investigations in **licensed/certified settings**. The number of investigations in adult foster homes has been increasing in the past four years from 15 to 24 percent of all investigations in licensed settings. "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.

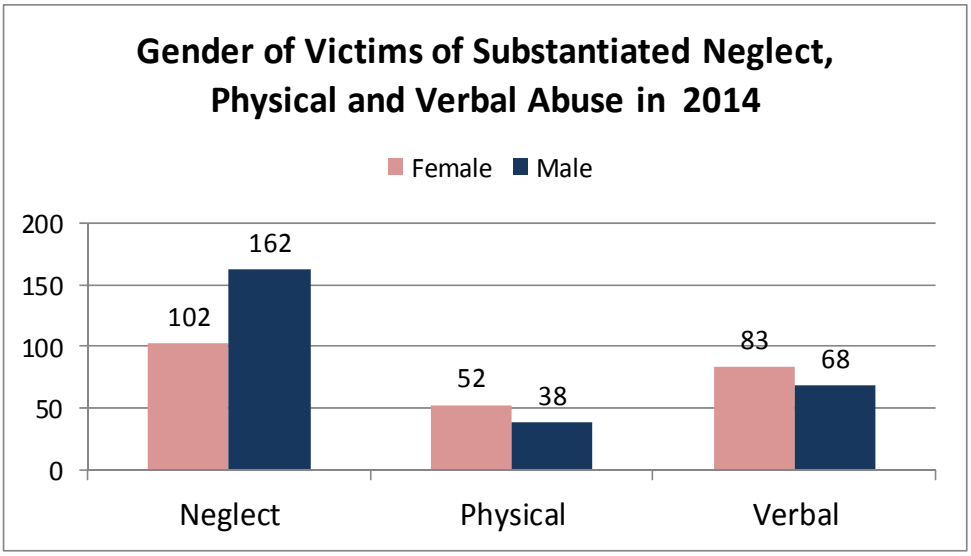
Investigated Allegations in Licensed Settings

Licensed/Certified Settings	2010	2011	2012	2013	2014
Employment & Day	96	89	94	75	92
Group Home	733	698	734	691	575
Adult Foster Home	187	142	163	191	219
Supported Living	33	35	20	31	35
Total	**1049**	**964**	**1011**	**988**	**921**

Substantiated Allegations in Licensed Settings

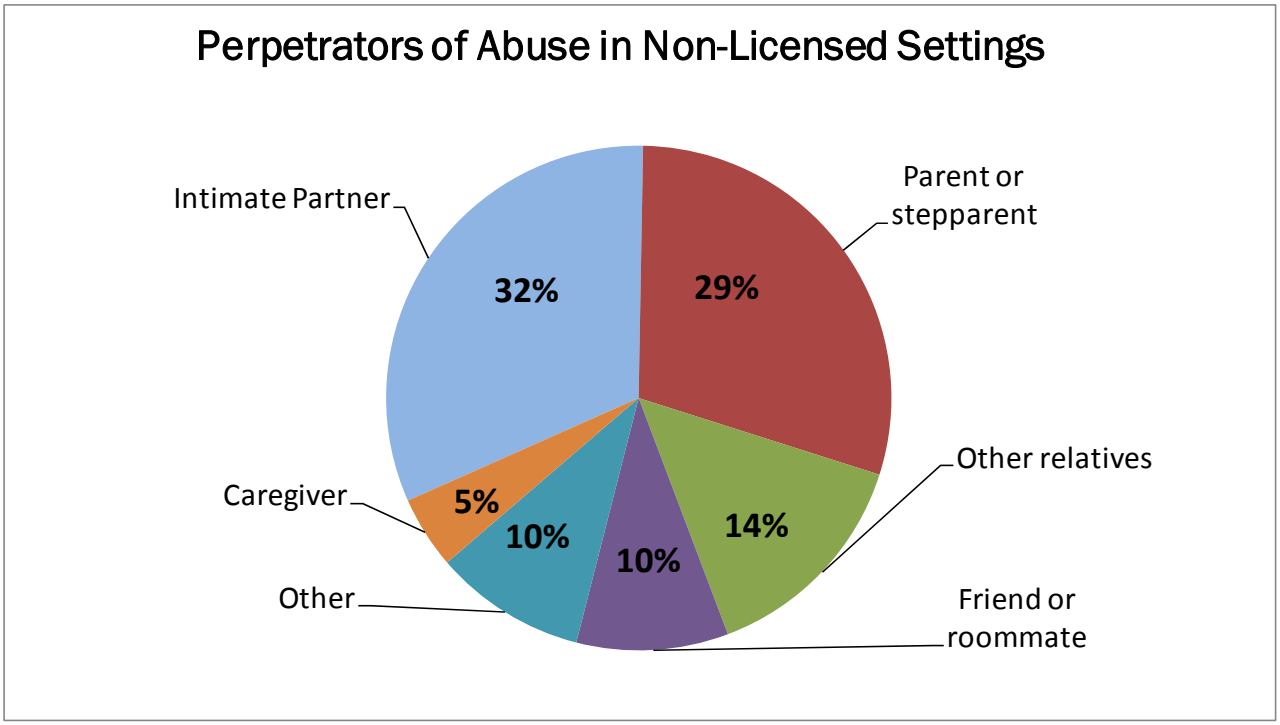
Licensed/Certified Settings	2010	2011	2012	2013	2014
Employment & Day	59	47	51	28	58
Group Home	377	373	394	360	307
Adult Foster Home	69	63	82	100	82
Supported Living	16	20	12	15	21
Total	**521**	**503**	**539**	**503**	**468**

While males and females were equally likely to become victims of substantiated abuse overall, in 2014 more females were victims of verbal and physical abuse, and more males were victims of neglect.



Intellectual/Developmental Disability Programs

In 2014, in **non-licensed settings**, parents and intimate partners were responsible for **61 percent (133 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 2014

Perpetrator of abuse	Financial	Neglect	Physical	Restraint	Seclusion	Sexual	Verbal	Total
Intimate partner	2	0	40	0	1	0	26	69
Parent or stepparent	11	19	11	4	3	4	12	64
Other relatives	3	2	6	1	1	1	17	31
Friend or roommate	2	0	7	0	1	2	9	21
Other people in trust relationships	7	2	4	0	0	1	7	21
Caregiver	5	3	1	0	0	0	1	10
Grand Total	**30**	**26**	**69**	**5**	**6**	**8**	**72**	**216**

The "other people in trust relationships" category includes friends and family of victim's partners and relatives (for example, a sister's boyfriend or a girlfriend's mother), representative payees, neighbors, landlords and other people who come in frequent contact with the person with I/DD.

Intellectual/Developmental Disability Programs

Referrals to Law Enforcement and Other Agencies

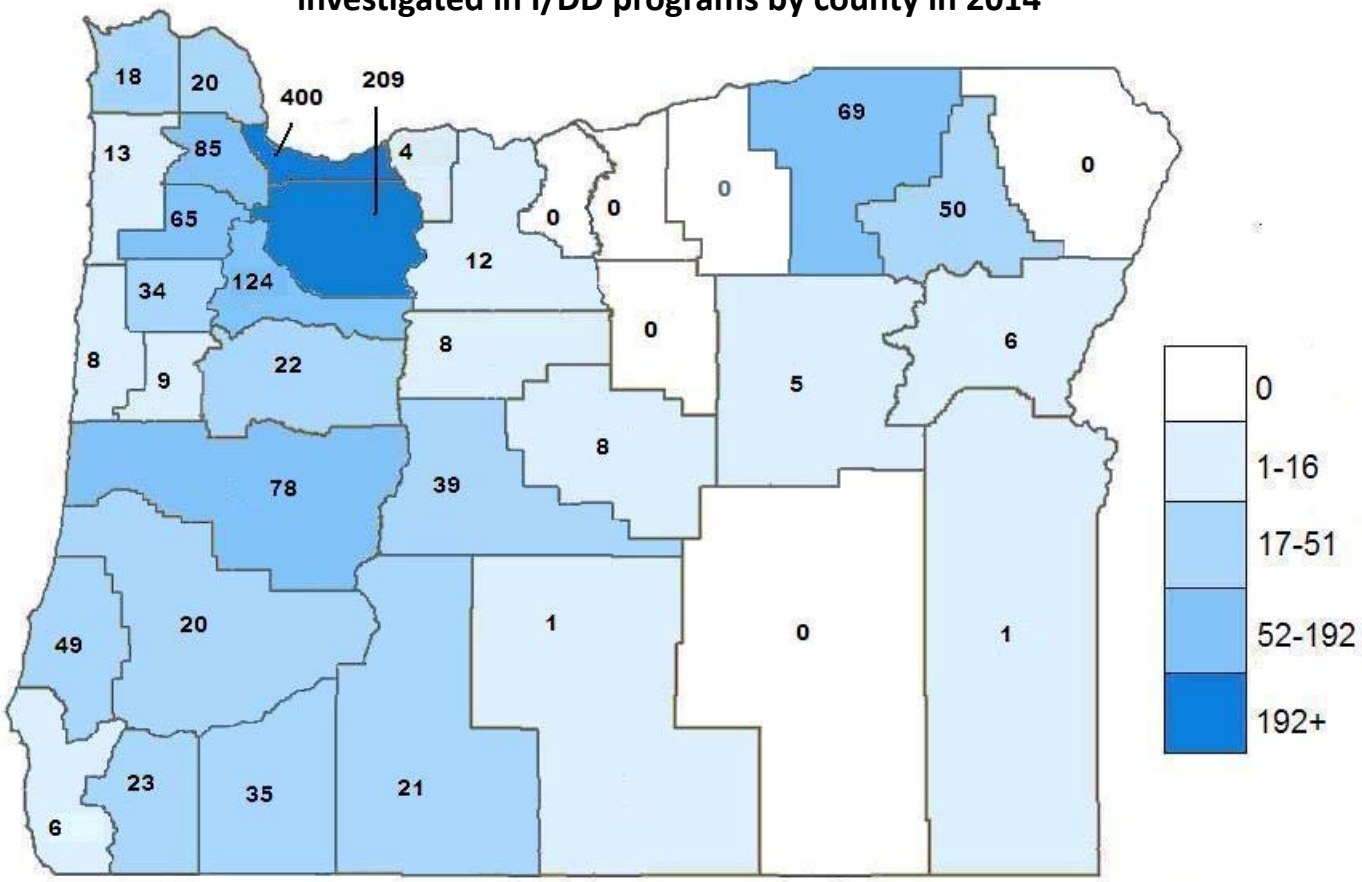
Type of Abuse	Substantiated Allegations	LEA Referral or Involvement	Rate of LEA Referral or Involvement
Financial	119	67	56%
Neglect	264	25	9%
Physical	90	56	62%
Restraint	24	0	0%
Seclusion	24	3	13%
Sexual	12	8	67%
Verbal	151	32	21%
Grand Total	**684**	**191**	**28%**

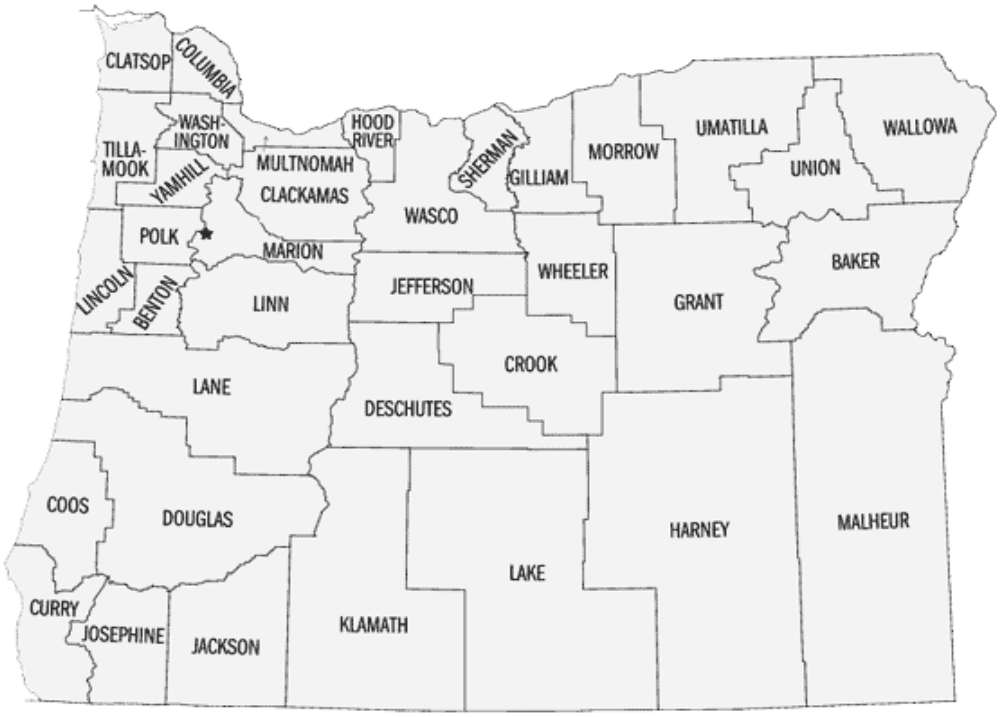
If an investigation is **substantiated**, OAAPI or CDDP may refer the investigation documentation to:

- 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 2014 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: Also 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.

Intellectual/Developmental Disability Programs

The map below shows the number of abuse allegations investigated in I/DD programs by county in 2014





Intellectual/Developmental Disability Programs

County	Adults with I/DD Enrolled in Services	Allegations Investigated	Allegations Substantiated	LEA Referrals or Involvement
Baker	89	6	4	<5
Benton	386	9	5	0
Clackamas	1,388	209	112	11
Clatsop	158	18	13	2
Columbia	228	20	16	5
Coos	252	49	25	2
Crook	70	8	7	0
Curry	96	6	6	0
Deschutes	483	39	22	3
Douglas	515	20	15	8
Gilliam	4	0	0	0
Grant	34	5	<5	0
Harney	18	0	0	0
Jackson	735	35	14	1
Jefferson	73	8	4	<5
Josephine	401	23	16	4
Klamath	365	21	18	3
Lake	25	1	0	0
Lane	1,695	78	46	14
Lincoln	204	8	4	0
Linn	565	22	11	5
Malheur	140	1	0	0
Marion	1,582	124	32	9
Mid-Columbia	220	16	12	7
Morrow	20	0	0	0
Multnomah	3,440	400	121	79
Polk	453	34	21	2
Tillamook	124	13	4	0
Umatilla	319	69	42	18
Union	144	50	26	1
Wallowa	34	0	0	0
Washington	1,542	85	45	10
Wheeler	3	0	0	0
Yamhill	510	65	37	2
Total	**16,315**	**1,442**	**684**	**191**

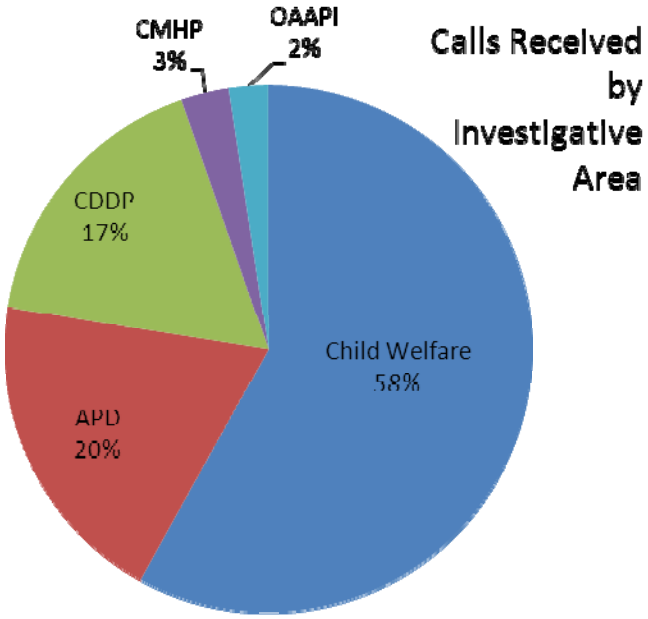
Program enrollment data was provided by the DHS Office of Business Intelligence. An individual

2014 Spotlight: How To Report Abuse

The suspicion that abuse 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 reported **44** go unreported.

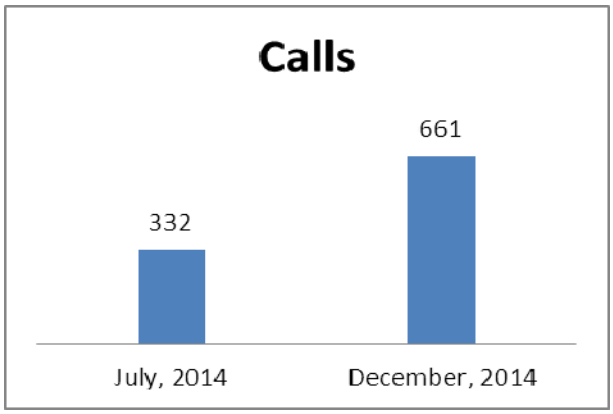
Anyone may report the suspicion of abuse of a vulnerable individual! It is not necessary that a reporter know with certainty that abuse is taking place. The investigation will determine if abuse is occurring.



In 2014, DHS made the reporting of abuse easier by launching an abuse reporting hotline for all vulnerable populations. The toll free number is 1-855-503-SAFE.

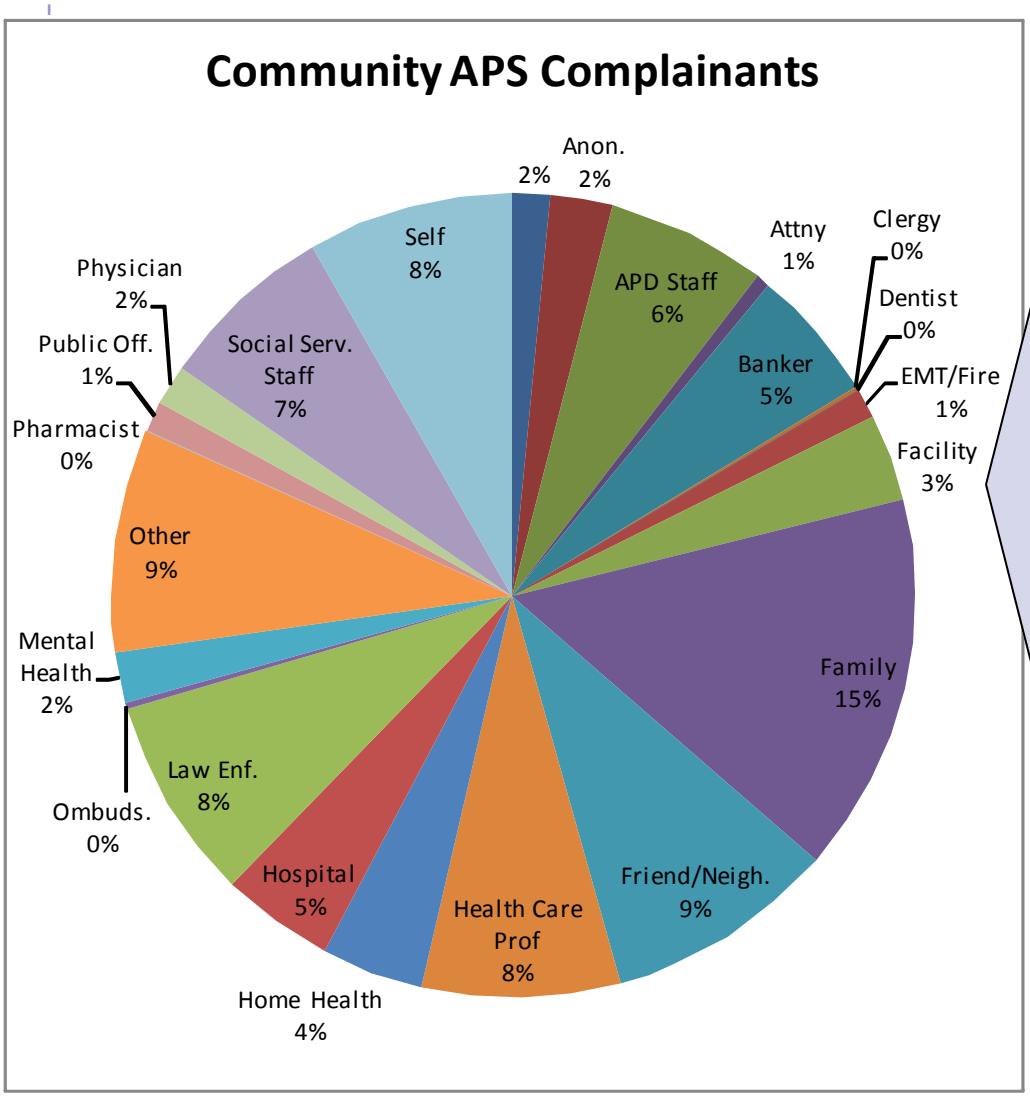
The SAFE line was launched in July, 2014 and immediately began receiving calls. Over 300 people reported possible abuse in the first month of operation and by the end of 2014 that number had more than doubled.

Callers may use the SAFE line to report the possible abuse of **any** vulnerable individual, including children. The approximate break down of calls received via the SAFE line in 2014 is reflected in the above pie chart.



Who is Reporting Abuse?

Data from our Adult Protective Services programs and investigations suggests that over 50% of the cases that were investigated in 2014 were reported by friends, family, and other concerned individuals who reported on a voluntary basis.



Bankers are one of the most active groups of voluntary reporters. The **Oregon Bankers Association**, in cooperation with DHS developed a training program for all bank staff to encourage the identification and reporting of possible abuse. Now the agencies overseeing **notaries**, and **escrow officers** are working on, or have launched, similar tools.

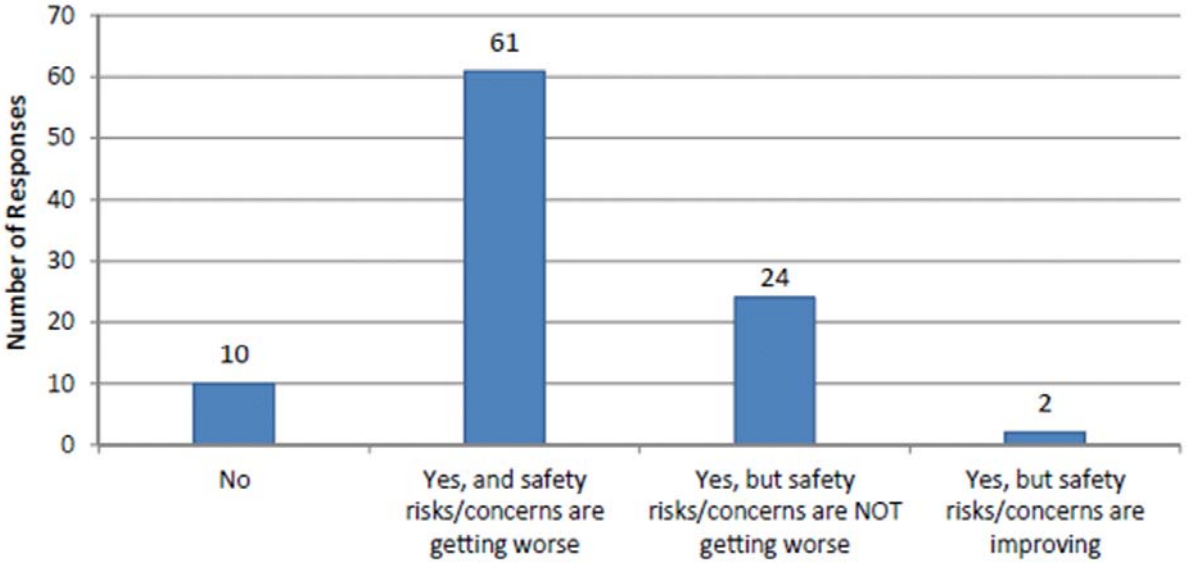
In addition to voluntary reporters, Oregon has many groups of individuals who are mandatory reporters of abuse. Are you one of them? It may depend on the program area that would investigate the allegation of abuse or whether you become aware of the possibility of abuse in the course of your work day or on your private non-professional time. The chart on the next page compares mandatory reporter categories across program area.

Mandatory Reporters of Abuse

-	Adults Over 65	Children	I/DD	MH
Attorney	X	X	X	X
Chiropractor	X	X	X	X
Clergy	X	X	X	X
DHS/OHA, CDDP, CMHP, AAA et. al	X	X	X	X
EMT	X	X	X	X
Firefighter	X	X	X	X
Home Health Aide/Employees	X	X	X	X
Licensed Counselor or Family Therapist	X	X	X	X
LPN	X	X	X	X
Naturopath	X	X	X	X
Nurses Aide	X	X	X	X
Osteopath	X	X	X	X
Occupational Therapist	X	X	X	X
Physician	X	X	X	X
Podiatrist	X	X	X	X
Peace Officer/Law Enforcement	X	X	X	X
Psychologist	X	X	X	X
Physical Therapist	X	X	X	X
RN	X	X	X	X
Speech Therapist or Pathologist	X	X	X	X
LCSW or Other Regulated Social Worker	X	X (regulated SW)	X	X
Foster Care Home Licensee or Staff	X	X		
Audiologist	X	X		
Dentist	X	X		
Legislative Assembly	X	X		
Nurse Practitioner	X	X		
Optometrist	X	X		
Physician Assistant	X	X		
Information, Outreach, Crisis Worker	X		X	X
Nursing Facility Staff, Contractor, or Counsel	X			
Psychiatrist	X			
Senior Center Employee	X			
Surgeon	X			
Alcohol and Drug Treatment Emp.		X		
CASA		X		
Child Care Agency		X		
Pharmacist		X		
Preschool, school age recorded program		X		
Respite Provider		X		
School Employee		X		
Teacher		X		
Public Official			X	X

2014 Spotlight: Increasing Investigator Safety

Investigators and protective service workers throughout our state are committed to ensuring the safety of our most vulnerable populations. A 2013 survey of investigators and protective service workers revealed that most had encountered at least one of the above scenarios in the course of their work.



As a result of survey responses and feedback from the field, OAAPI hired a Safety Coordinator in 2014. The individual in this position has visited numerous field offices to assess level of risk and the current status of safety procedures, developed and piloted a basic safety training curriculum for workers and supervisors, and is beginning a data collection process to both document and measure the success of efforts to reduce safety related incidents.

A data collection process to both document and measure the success of efforts to reduce safety related incidents is in the process of development and implementation.

2014 Spotlight: Multi-Disciplinary Teams

In 2010 the Oregon State Legislature introduced and passed legislation that required each county to form a Multi-Disciplinary Team (MDT). Much like the OAAPI office itself, MDTs are intended to bring all parties responsible for the protection of vulnerable individuals together in one place. The goal in forming MDTs was also to increase the number of abuse cases being prosecuted throughout the state.

32 of 36 Counties in Oregon have an Active MDT.

Formation, longevity and membership of MDTs varies throughout the state and may be driven by resources of both time and money. However, those that are fully operational report success in fulfilling the intent and vision of the legislature.

For example, one Oregon county used their MDT format to accomplish the following:

Local APS investigators were contacted by a hospital concerned about the welfare of Ms. A. Ms. A was in her early 20's and was reported to have moderate intellectual and developmental delays. Ms. A had recently given birth to a child that reportedly was conceived as the result of a sexual relationship with her father, and hospital staff were concerned about the nature of the relationship between Ms. A and her father. Ms. A and her father did not appear to have a permanent address and lived a transitory lifestyle. Hospital staff were additionally concerned about the ability of Ms. A and her father to care for the newborn, who had significant medical complications and care needs.

Rather than any one of the multiple agencies involved investigating the case independently, the MDT process was utilized to engage law enforcement, the District Attorney, the CDDP representative and child welfare. Working together, Ms. A was able to be located, offered both protective and ongoing services, her father was arrested and charged with a variety of sexual abuse related crimes, and the child received the medical attention and care that was necessary. Without an established MDT, it is unlikely that such a comprehensive and successful approach would have been possible.

2014 Spotlight: Adult Safety and Protection Team Recommendations and Status

As noted in the Director's message, we would like to share with you some of the recommendations from the ASPT that have been completed. Their recommendations were specifically to improve the safety and protection of all vulnerable adults. Special thanks to all who worked so hard to make these important outcomes happen.

Recommendation: A Statewide or locally-based Call Center should be established to handle the wide variety of calls now handled by the local offices.

Outcome: The statewide 1-800 number, called the SAFE line is up and running. It provides callers from anywhere in the state the ability to report suspected child abuse, elder abuse, abuse of people with physical or developmental disabilities, and abuse of people with mental illness or those experiencing a mental health crisis.

Recommendation: The state should develop an abuse screening, prevention/early detection training program utilizing a variety of modalities appropriate for the following audiences: employees, residents, and their families.

Outcome: An online, interactive abuse recognition and reporting training accessible to all was launched by the OAAPI Training Unit. (This module meets requirements for the annual training of DD and MH providers, in addition to providing comprehensive information on the abuse system and the investigative process for all participants.)

Recommendation: Improved relationship with law enforcement: The State should establish a phase-in goal for an adult Multi-Disciplinary Team in each county along the lines of the Clackamas protocol, and in small counties explore a combined child and adult MDT that can do both.

Outcome: Following an enhanced effort to promote the formation of Adult Abuse Multi-Disciplinary Teams, at least 32 of Oregon's 36 counties now have adult MDTs. These MDTs provide the established relationship and point of contact called for in this ASPT recommendation. (See previous page on MDT's in this report).

2014 Spotlight: Adult Safety and Protection Team Recommendations and Status Continued

Recommendation: The State should create a basic two week training course taught at DPSST to include interviewing, report writing, evidence collection, and sexual assault investigations.

Outcome: As a first step toward fulfilling this recommendation, OAAPI's financial exploitation specialist recently presented a four hour elder abuse training at the state police training academy and has been invited to present at all future academy sessions. In addition, OAAPI has a structured, comprehensive one week training course that is mandatory for all abuse investigators.

Recommendation: The State should assure an established relationship in each county and point of contact and regular communication between local APS staff, the police/sheriff, and the DAs office, and others as appropriate.

Outcome: OAAPI is enhancing its relationship with law enforcement in many ways, from presenting at their academy classes to presenting at the Chiefs of Police conference. In addition, law enforcement was a key partner and presenter at the recent NAPSA conference. OAAPI partnered with the Oregon State Sheriff's Association (OSSA) and the Oregon Association of Chiefs of Police (OACP) to give a presentation at the conference on how law enforcement and Adult Protective Service can work closer together. The presentation touched on subjects such as, local initiatives for closer working relationships, joint LEA/APS investigations, the safety of APS workers, and access to financial records when exploitation is alleged.

Recommendation: The State should take steps to encourage a partnership between volunteer long-term care ombudsmen in coordination with the facility and engage residents to help educate about resident safety and abuse prevention.

Outcome: There are monthly meetings that take place between OLRO, OAAPI and LTCO. In addition, OAAPI has engaged in a number of Partnership Forums to strengthen relationships with all partners to educate others about safety and abuse prevention and develop collaborative partnerships with those who serve vulnerable adults.

2014 Spotlight: Adult Safety and Protection Team Recommendations and Status Continued

Recommendation: DHS should conduct an overall review of its resource utilization for abuse investigations and oversight/reviews of local APS Offices.

Outcome: There are staff at the Office of Licensing and Regulatory Oversight (OLRO) exclusively for the purpose of reviewing facility based investigative reports and providing feedback and technical assistance. In addition, OAAPI now has two new staff members specifically designated to assist the field with complex cases.

The Office of the Long-Term Care Ombudsman

OAAPI Directors Note: The Long Term Care Ombudsman's Office is a key partner with The Office of Adult Abuse Prevention and Investigations, being a resource for and helping to protect the over 50,000 vulnerable adults living in residential facilities in Oregon. This page highlights some of the work they do.

The **Office of the Long-Term Care Ombudsman (LTCO)** is a state agency charged with three interrelated missions.

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

Second, the LTCO 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 LTCO houses the Oregon Public Guardianship Program, which 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 the Long-Term Care Ombudsman

What services are provided by LTCO?

The focus of LTCO's professional and volunteer ombudsmen is on ensuring that the voices of residents are heard, and their interests acknowledged and addressed. The LTCO 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 LTCO office investigates such problems as:

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

At the close of an investigation, the LTCO 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 5,000 requests for assistance** during the last year.
- The long-term care ombudsman, deputy ombudsmen and support staff train, assist and provide

The Office of the Long-Term Care Ombudsman

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 LTCO's advocacy partners, including Disability Rights Oregon and the Oregon Council on Developmental Disabilities. The LTCO and it's 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.

What is done if abuse of a resident is suspected?

If a deputy or volunteer ombudsman has reason to believe abuse of a resident has occurred, with the resident's permission, the situation is referred to Adult Protective Services (APS). The office remains involved in the APS process, ensuring the resident understands and is satisfied with the outcome of the process. However, OAAPI and APS are responsible for addressing abuse and not the LTCO.

How to contact LTCO:

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

Submitted by David Berger

Interim 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:
www.oregon.gov/DHS/abuse/pages/index.aspx

Oregon's Bankers Kit
www.oregonbankers.com/community/elder-exploitation-prevention/

AARP —Stealing from Grandma Awareness tool
www.aarp.org/money/scams-fraud/news-06-2011/stealing-from-grandparents.html

National Center on Elder Abuse:
http://www.ncea.aoa.gov/

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

National Adult Protective Services Association (NAPSA)
www.napsa-now.org

Disability Rights Oregon
https://droregon.org

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

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 a 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.