Executive Office of Elder Affairs

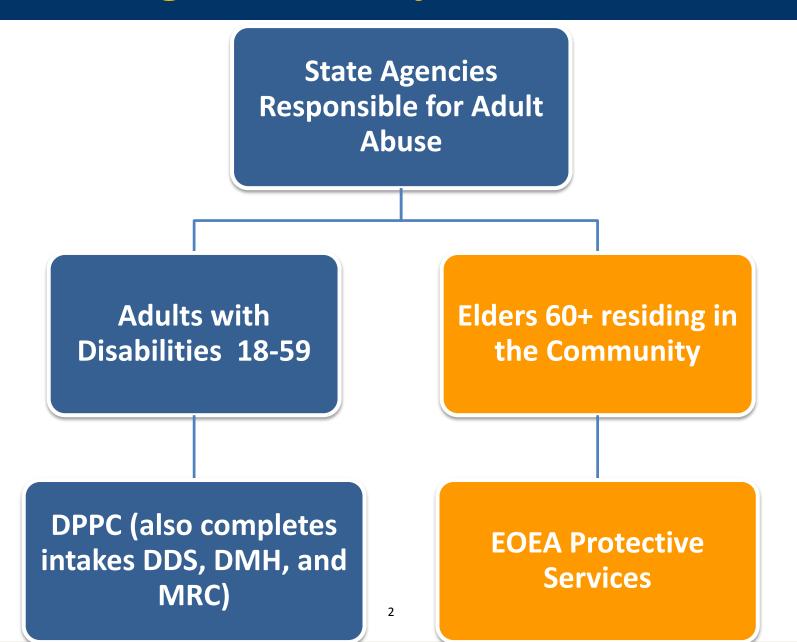


March, 2019 Massachusetts Elder Protective Services Program Updates



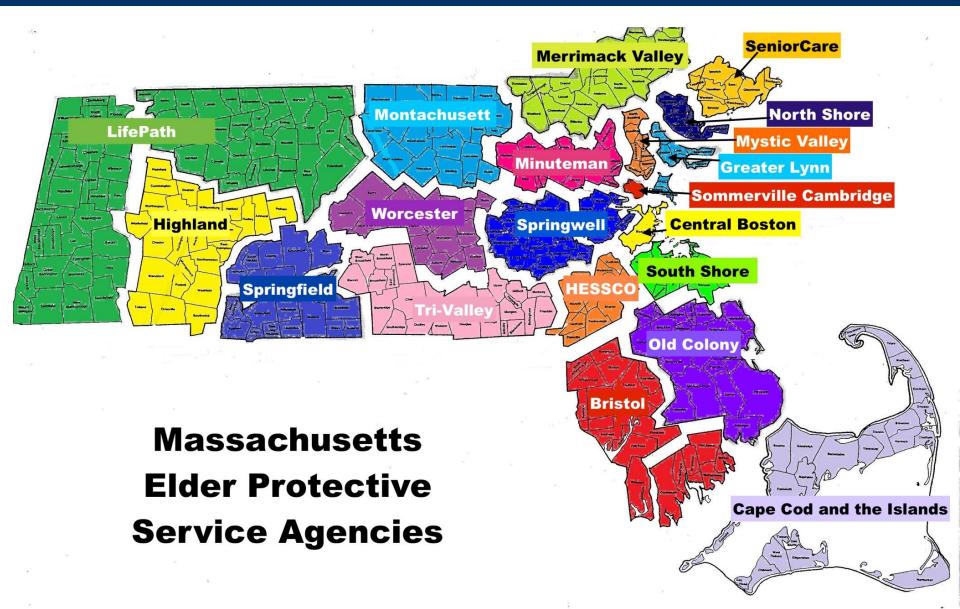


State Agencies Responsible for Abuse





Elder Protective Service Agencies



Physical Abuse

Sexual Abuse **Emotional Abuse**

Financial Exploitation

Neglect

Self-neglect

Physical Abuse

Intentional infliction of serious physical injury or threat to inflict serious injury and reasonable cause to believe the person has the intent and ability to carry out the threat

- ☐ Elder's physical condition
- Type, size, number and location of injuries
- Circumstances under which the injury occurred, including potential for serious injury
- Emotional impact
- Potential for escalation

Emotional Abuse

- □ Intentional act or omission -verbal abuse, confinement, isolation, humiliation, intimidation, or other acts that
- Results in significant harm to emotional state, decisional or functional capacity of an elder or
- □ Creates risk of significant harm

- □ Name calling
- Ignoring the feelings
- Mental health or selfesteem declines or changes
- Fear or anxiety when around others
- Physiological changes
- □ Isolation

Sexual Abuse

- Sexual assault, rape, sexual misuse or sexual exploitation or threats of sexual abuse where the person has the intent and ability to carry out the threat.
 - □ Elder forced to engage in sexual activities they don't want to
 - □ Elder forced to watch pornography
- □ Harmful genital practices
 - □ Unneeded perineal care
 - ☐ Insertion of suppositories, etc. without a medical reason

- □ Frequent Urinary Tract Infections (UTIs)
- Injury to face, chest, abdomen, thighs or buttocks
- Unnecessary, intrusive, not medically prescribed treatments
- Human bite marks or burn marks
- Evidence of being tied and/or restrained
- Presence of a sexually transmitted disease
- 'Acting out' or other dramatic changes in behavior away from the individual's norm
- Inappropriate, or sexualized, comments, behaviors and/or gestures



Financial Exploitation

- Intentional act or omission by another person, without the consent of the elder, results in substantial monetary or property loss to the elder or gain to the other person.
- May also result from consent obtained through misrepresentation, undue influence, coercion, or threat of force.

- ☐ Financial activity inconsistent with usual patterns
- Unusual changes in transaction patterns
- □ Withdrawals, trades, deposits
- Lack of knowledge regarding where the money is going
- Not receiving financial information
- Co-signers added
- □ Mailing address changes
- Request to change and/or release password
- □ Inappropriate influence by third party

Care Taker Neglect

□ Failure or refusal by a caretaker to provide one or more basic necessities essential for physical well-being, which has caused, or will immediately result in, serious physical injury to the elder.

- Malnourished or dehydrated
- Poor personal hygiene
- Inappropriate clothing
- Untreated injuries or medical conditions
- Mismanagement of medications
- □ Infestation- insects, rodents, or other pests
- □ Extreme clutter
- Inappropriate facilities
- Unsafe environment
- □ Lack of utilities
- Lack of appropriate services
- ☐ Financial mismanagement
- □ Lack of appropriate supervision



Self Neglect

- □ Failure, refusal, inability, or resistance by an elder to meet one or more basic necessities essential for physical or emotional wellbeing, which has resulted in, or has the immanent risk of, serious physical injury or emotional harm.
- □ Factors and signs the same as CGN

Financial scam

- Offered deal that is to good to be true
 - □ Send money to receive money
 - □ Cashier's checks
 - □ Requests to wire money or send cash
 - □ Usually request a hurried response
- Receiving unsolicited calls/requests for personal information
 - □ Requests for Social Security #, account numbers, PIN numbers, mother's maiden name



Self Neglect vs. Caretaker Neglect

Self Neglect

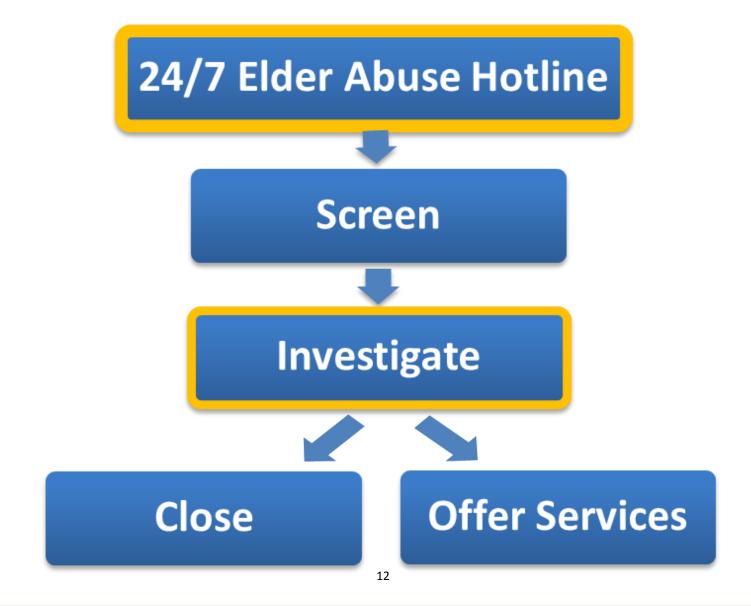
- 2017- 9,180 completed investigations
 - □ 6,417 substantiated
- □ https://www.youtube.com
 /watch?v=q3a7DlOjgYc (play
 from 2mins to 5:40mins)

Care Taker Neglect

- □ FY2017 5,301 completed investigations
 - □ 2,934 substantiated
- □ https://www.youtube.com /watch?v=OEGhbbpel30 (play from 3:07min - 4:45min)

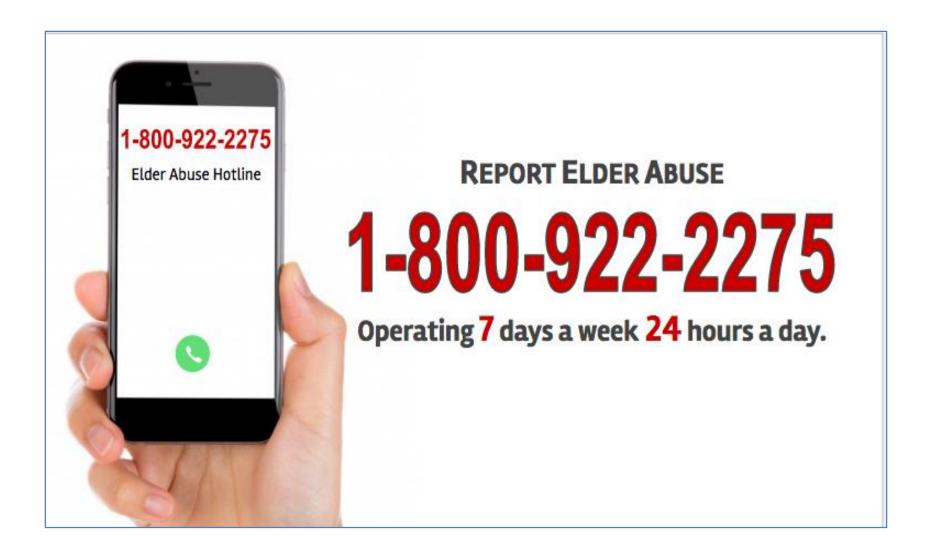


Addressing Elder Abuse





Report by Phone



Report Online

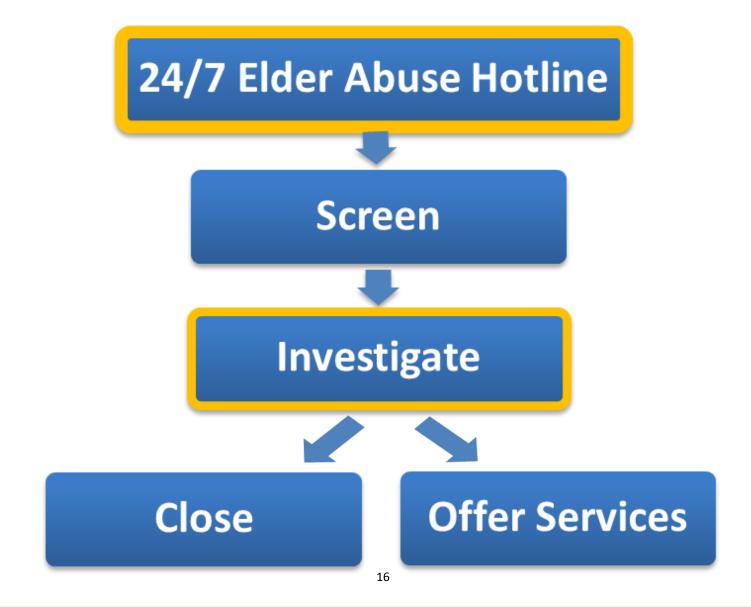
https://www.mass.gov/reporting-elder-abuse-neglect



- ☐ Be as detailed as possible, include all involved parties, injuries and examples
- ☐ Describe risk as much as possible
 - Names, addresses and age(s)
 - Extent of abuse, including examples
 - Caretakers if applicable
 - Medical treatment received or needed
 - Medications
 - Risk to elder and worker
 - Any other pertinent information



Addressing Elder Abuse





2016 National Investigation Guidelines



- 1. Conduct unannounced initial home visits
- 2. Elder has right to refuse participation in investigation but investigation should continue
- 3. Communication and coordination with Collaterals



2017 MA Regulations Update

	2017 REGULATIONS
Home Visits	 Reasonable efforts to conduct 1 home visit even if the elder refuses
Elder Refusal	 Elder may refuse to participate in an investigation. Elders with decisional capacity may refuse services.
Communication with Collaterals	 PS Agency may release information in effort to protect the safety of elders Limitations: Balance privacy and safety of elders Limited to what is necessary to satisfy the safety of elders.

Communication with Collaterals

CASE BY CASE BASIS

- ☐ Is there a connection?
- **□** What is the risk to the elder?
- **□** Balance **SAFETY** and **PRIVACY**

- ☐ If the elder **has the capacity** to consent to services:
 - Protective Service worker presents variety of options
 - least restrictive, most appropriate interventions

Offering Services

- Casework Intervention: Information, Support, Referrals and Advocacy
- Home Care Services: Homemaker, Home Health Aide, Home Delivered Meals, Adult Day Health, Lifeline, Emergency Shelter, Money Management, Respite Care, Caregiver Support
- Assistance to Apply for Benefits: Food Stamps, Supplemental Security Income, MA Health Insurance, Fuel Assistance, Subsidized Housing
- Referrals and Advocacy: Legal Services, Mental Health and Substance Abuse Services, Medical Services and Therapies, Alternative Housing Arrangements, Medical/ Neurological/Capacity Evaluations



Home Care Referral Process

- 1. Referral is made
- 2. Referral processed by an Intake specialist
- 3. Referral is assigned to a case manager
- 4. Case manager calls to assure acceptance of services and schedules a home visit
- 5. Case manager works with team RN to schedule home visit
- 6. Case manager searches for available vendor to provide services

An Elder may choose to accept or reject any or all of services offered by Protective Services

☐ If the Elder **lacks capacity** to consent:

- Family member may agree to services to which elder does not object
- Protective Order may be sought from Probate
 Court
- Protective Services may petition court for an appointment of a conservator or a guardian
- Open for up to 6 months with exception of Court cases

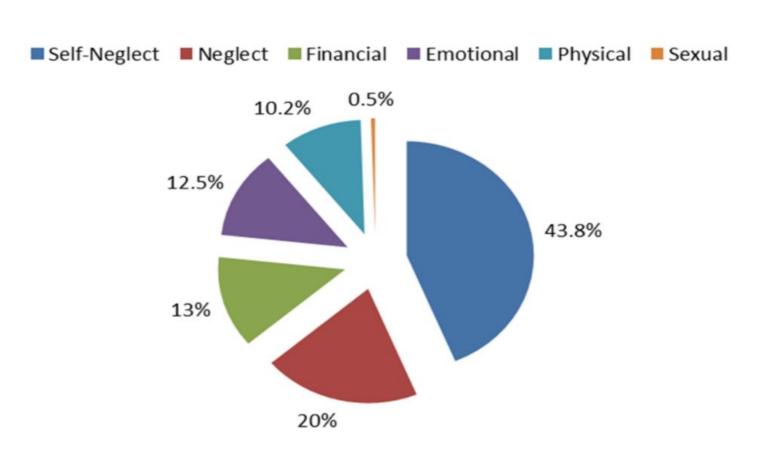
- □ Ability to understand and appreciate the nature and consequences of decisions, including
- ☐ Benefits and risks of and alternatives to any proposed protective services
- □ Ability to reach an informed decision while free from any apparent duress, intimidation, coercion, use of force, or threat of force by another



State Wide Trends Since 2011

- 68% in reports
- 115% in confirmed allegations
- 1 in 10 reports were repeated within a year

Category breakdown for confirmed abuse and neglect allegations for FY 2017:





	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	7 Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Completed reports	223	286	242	304	264	245	301	222	269	263	325	282	3434
Screened in	143	166	148	165	137	133	143	112	182	151	184	173	1953
Completed investigations	150	138	136	131	130) 142	301			119		142 (? Compare to EOEA report	1339
Substantiated	93	88	96	93	79	89	110			83			790
Homeless	14	19	17	20	17	7 14	19	14	23	23	17	27	238
Suicide ideation	4	6	7	0	g	9	4	5	7	4	5	11	73
Substance Abuse	12	22	11	22	19	18	19	23	22	19	21	. 28	254
Average cases per worker	21.33	21.08	21.33	24.87	26.31	23.90	24.66	21.56	22.05	22.48	23.95	23.76	24.5003
Total number of PSWs	19.5	19.5	19.5	19.5	19.5 (2 vacancies though)	19.5 (vacancie)	19	20.5	20.5	20.5	20.5	20.5	18.25
Total number of cases used for calculation	416	411	416	485	513	3 466	481	442	452	461	491	. 487	5847
Total cases in dept on 1 st of the month	253	278	318	346	353	3 334	323	294	350	335	359	375	4159



	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Completed reports	277	281	261	269	274	223	273	235				
Screened in	167	157	137	151	157	138	154	142				
Screened Out	110	124	124	118	117	85	119	93	0	0	0	0
Completed investigations	158	156	119	143	121	107	122					
Substantiated	115	103	81	122	87	68	85					
Active Investigations at end of month						139	148					
Ongoing cases at end of month	163	209	201			116	239 (187 units paid)	225				
Budgeted FTEs			20.5	20.5	20.5	20.5	20.5	20.5				
Actual FTEs			16	16.5	17.5	18.5	20.5	20.5				
Homeless	28	35	40	35	16	13	30	28				
Suicide ideation	7	11	6	6	8	7	6	7				
Substance Abuse	21	18	15	21	21							
Average cases per worker	24.29	25.85	23.66 (29)	23.56 (29.27)	24.35 (27.83)	23.46 (26)	25.02	23.12				
Total number of cases used for calculation	498	530	485	483	487	481	513	474				
Total cases in dept on 1 st of the month	414	402	370	345	364	365	370	344				



Elder Protective Services

Any Questions?

