

OLDER ADULT PROTECTIVE SERVICES

2018-19 ANNUAL **REPORT**



INTRODUCTION

PENNSYLVANIA'S OLDER ADULTS PROTECTIVE SERVICES ACT (OAPSA)

The Pennsylvania Department of Aging (PDA) is responsible to establish and maintain a statewide system of protective services for individuals 60 years of age and older who need them. The investigative and protective activities of Pennsylvania's system are governed by Act 79 of 1987, known as the Older Adults Protective Services Act (OAPSA), 35. P.S. 10225.101 *et seq.* For the past 31 years, OAPSA has served as the cornerstone for Pennsylvania's system for protecting and providing the protective services necessary to protect the health, safety, and welfare of older adults who lack the capacity to protect themselves and who are at imminent risk of abuse, neglect, exploitation, and/or abandonment (collectively referred to as "elder abuse" or simply "abuse"). OAPSA is victim-oriented and aims to safeguard the rights of older adults while providing for the detection, reduction, correction or elimination of abuse, neglect, exploitation, and abandonment. PDA continues to be fully committed to providing quality protective services to older adults.

Under OAPSA, PDA also educates the public as to the availability of protective services and creates an awareness of issues impacting older adults in the area of elder abuse and elder justice. Reports of Need (RONs) may be made on behalf of an older adult, whether the individual lives in the community or in a licensed care facility, such as a personal care home or nursing home. PDA works closely with the network of 52 local Area Agencies on Aging (AAAs) who administer the Older Adults Protective Services program across all 67 counties in Pennsylvania. Under OAPSA, the local AAAs develop and submit an annual protective services plan to the PA Department of Aging. This plan describes how their local program is administered and maintains regulatory and statutory requirements. On behalf of PDA, the AAAs receive reports of elder abuse, conduct investigations, make case dispositions, and when determined necessary, provide protective services to older adults in order to reduce or eliminate abuse.

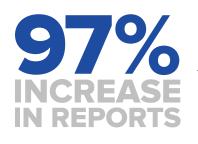
In order to ensure compliance with federal and state requirements, the PDA's Protective Services Office provides quality assurance oversight to the local protective service programs to ensure the AAAs are in compliance with OAPSA and their approved local protective services annual plan. Based on the results of these quality assurance reviews and ongoing collaboration, PDA provides technical assistance and training to the local AAA to ensure quality protective services are provided to older Pennsylvanians in need of them.

For more information regarding various programs available to older Pennsylvanians, including the law and regulations governing the prevention and protection from elder abuse, neglect, exploitation, and abandonment, please visit PDA's website at <u>aging.pa.gov</u>.



EXECUTIVE SUMMARY

A BRIEF STATISTICAL OVERVIEW OF OLDER ADULT PROTECTIVE SERVICES



Statewide reports of elder abuse have increased by 97% over the past five years.



80% -

Self-neglect is the most commonly substantiated allegation (38%), followed by caretaker neglect (21%).

The majority of victims were Caucasian (80%).

22%

The most commonly identified perpetrator is a female caretaker (22%).



The Institute on Protective Services (Temple University) collaborated with AAAs in 15 cases of financial exploitation, resulting in protecting 4.6 million dollars in assets.

28,552 INVESTIGATIONS 79% of all reports are investigated. This is a 21% increase from last fiscal year.



The average percentage of substantiated cases remains consistent year-to-year (34%).



Females are the most commonly abused, neglected, exploited victims (64%)

PDA 2018 - 2019 • PA DEPARTMENT OF AGING PROTECTIVE SERVICES REPORT



OAPSA & APS REPORTS OF NEED

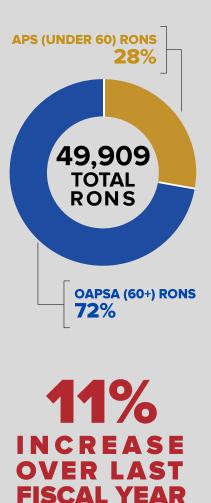
OVERVIEW OF ADULT AND OLDER ADULT ABUSE REPORTS

Due to a rapidly aging population, along with ongoing efforts focused on building collaborations and enhancing education regarding the recognition and reporting of elder abuse, the number of elder abuse reports continue to grow each year. When combined with the impact of the opioid crisis and the enhanced sophistication of tactics used by scammers and con artists who prey upon the elderly across the commonwealth, the number and complexity of financial exploitation investigations have created challenges that require a multifaceted approach to the provision of protective services. PDA recognizes the need to continue to serve as a visible and effective advocate for Pennsylvania seniors and is committed to engaging in efforts that are focused on building stronger collaboration among providers, community-based organizations, state agencies, law enforcement, the judicial system, and other systems that help older adults live, age well, and be free from all types of abuse.

Reports of Need for adult or older adult abuse, neglect, exploitation, and/or abandonment received by the AAAs are taken regardless of age and handled appropriately. When a report of abuse is received for an individual between the ages of 18-59 (referred to as an APS RON), the report of need is taken and immediately referred to the appropriate investigative agency, which is identified by the Pennsylvania Department of Human Services (DHS), authorized by the Adult Protective Services Law, Act 70 of 2010. Reports for an individual under the age of 18 are immediately referred to the Department of Human Services, Office of Children, Youth and Families. All reports received for individuals aged 60 years and older (referred to as an OAPSA RON) are handled completely by the Area Agency on Aging. These reports are screened and assigned a category with a response time based on the information provided by the reporter.

There are two types of reporting under OAPSA: voluntary and mandatory. Under the voluntary reporting provisions, any person who has reasonable cause to believe that an older adult is in need of protective services may report that need to the local AAA directly, or call the statewide elder abuse hotline number at: 1-800-490-8505, 24-hours a day, 7 days a week. Voluntary reporters may choose to remain anonymous, and they have legal protection against retaliation, discrimination, and civil or criminal prosecution under the law. Mandatory reporters include any employee or administrator of a facility, who has reasonable cause to suspect that a recipient of care is a victim of abuse. These reporters must immediately report the suspected abuse to their local Area Agency on Aging. The definition of a facility under OAPSA includes: a long-term care nursing facility, personal care home, home health agency, domiciliary care home, and an adult daily living center. Other state agencies such as the Department of Health (DOH) and the Department of Human Services (DHS) have created and implemented policy requiring additional types of facilities that they oversee to also be in compliance with the Older Adult Protective Services Act. In addition to reporting to the local AAA, if the abuse that the mandatory reporter (employee or administrator of a facility) is reporting involves sexual abuse, serious physical injury, serious bodily injury, or suspicious death, they are also required to make an immediate report to law enforcement and to the PA Department of Aging.

ALL ADULT REPORTS



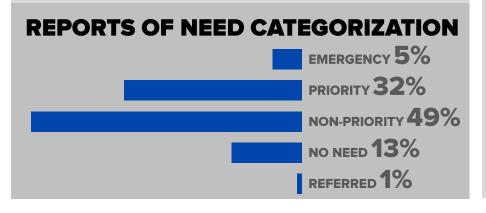


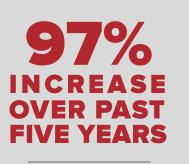
STATEWIDE OAPSA REPORTS

STATE POPULATION • 12,807,060 // POPULATION OVER 59 • 3,223,640 (25.2%) Source: Penn State University 2018 Census Data

HISTORICAL REPORTS OF NEED







RON CATEGORIZATION

The category responsetime initiates the investigation by the local Area Agency on Aging, leading to a case disposition, which determines if the allegations are true or the older adult (alleged victim) named in the report is in need of protective services (substantiated report) or is not in need of protective services (unsubstantiated report).

RON CATEGORIES

Emergency:

Requires an immediate response and face-to-face visit with the older adult as soon as possible

Priority:

Requires a response as soon as possible, but no later than 24 hours, and a face-to-face visit with the older adult within 24 hours

Non-Priority:

Requires a response in a timely manner, but no later than 72 hours, and a face-to face with the older adult at an appropriate time in the investigation

No Need:

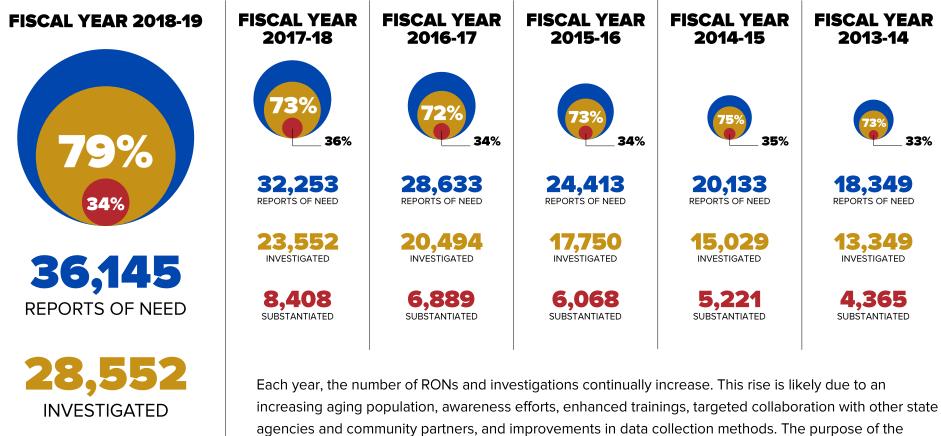
Based on the information contained in the Report of Need (RON), there is no need for investigation. However, it may require a referral for other resources to an appropriate community entity. All APS RONs are categorized as No Need and referred to DHS for investigation.

Referred:

Although there is no need for an OAPSA investigation, the case was referred to another agency for potential assistance.



STATEWIDE OAPSA RONS INVESTIGATED AND SUBSTANTIATED





increasing aging population, awareness efforts, enhanced trainings, targeted collaboration with other state agencies and community partners, and improvements in data collection methods. The purpose of the investigation is to determine if allegations made in a report of need for protective services can be substantiated or whether the older adult is in need of protective services, or both. The following page details RONs, RONs investigated, and investigations substantiated by each Area Agency on Aging. Statewide, for every 10,000 older adults, 112 RONs are received and 89 are investigated.



AGENCY DETAIL: RONS INVESTIGATED AND SUBSTANTIATED

REPORTS · INVESTIGATED · SUBSTANTIATED

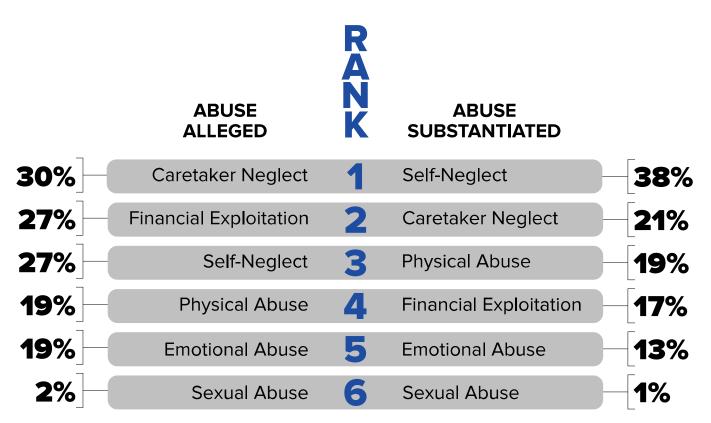
ADAMS				1	CHESTE	R					WANNA			1	PERRY				
182	186	102%	71	38%	1,044	720	69%	306	43%	1,055	871	83%	366	42%	114	128	112%	31	24%
ALLEGHENY				CLARION					LANCAS	LANCASTER					PHILADELPHIA				
4,545	3,050	67 %	590	19%	68	57	84%	36	63%	2,236	1,755	78%	1,001	57%	5,165	4,361	84%	1,098	25%
ARMSTRONG				CLEARFIELD					LAWRE	LAWRENCE					PIKE				
164	144	88%	52	36%	389	312	80%	112	36 %	206	187	91%	63	34%	323	270	84%	175	65%
BEAVER				COLUMBIA/MONTOUR					LEBANG	LEBANON					POTTER				
570	542	95%	230	42%	373	327	88%	138	42%	226	223	99%	127	57%	28	20	71%	2	10%
BERKS				CRAWFORD					LEHIGH	LEHIGH					SCHUYLKILL				
997	898	90%	359	40%	164	163	99%	53	33%	755	630	83%	257	41%	680	580	85%	226	39%
BLAIR				CUMBERLAND					LUZER	LUZERNE/WYOMING					SOMERSET				
240	182	76 %	86	47%	670	580	87 %	268	46%	350	272	78%	44	16 %	168	166	99%	36	22%
BRADFORD/SUSQUEHANNA/SULLIVAN/TIOGA				DAUPHIN					LYCOM	LYCOMING/CLINTON					UNION-SNYDER				
196	150	77%	74	49%	1,248	763	61%	218	29%	294	263	89%	79	30%	451	219	49%	90	41%
BUCKS				DELAWARE					MERCE	MERCER					VENANGO				
1,400	856	61%	346	40%	731	552	76%	203	37 %	70	60	86%	23	38%	187	125	67%	59	47%
BUTLER				ERIE					MIFFLIN	MIFFLIN/JUNIATA					WARREN/FOREST				
536	427	80%	93	22%	851	566	67 %	158	28%	313	272	87 %	149	55%	76	65	86%	10	15%
CAMBRIA				FRANKLIN					MONRO	MONROE					WASHINGTON/FAYETTE/GREENE				
290	217	75%	80	37%	379	297	78%	76	26%	324	289	89%	114	39%	1,912	1,615	84%	537	33%
CAMERON/ELK/MCKEAN				HUNTINGDON/BEDFORD/FULTON					MONTG	MONTGOMERY					WAYNE				
238	191	80%	86	45%	268	241	90%	150	62%	935	675	72%	247	37%	98	63	64%	20	32%
CARBON				INDIANA					NORTH	NORTHAMPTON					WESTMORELAND				
243	185	76%	40	22%	127	118	93%	63	53%	626	610	97%	202	33%	1,393	1,234	89%	285	23%
			JEFFERSON					NORTH	NORTHUMBERLAND					YORK					
193	161	83%	64	40%	186	143	77%	51	36%	542	454	84%	152	33%	1,188	1,065	90%	264	25%

Investigations may exceed 100% due to documentation errors and/or timing with the end/start of the fiscal year.



STATEWIDE ABUSE TYPES (ALLEGED VS. SUBSTANTIATED)

As part of the safeguards in place to protect older adults, the AAA protective services program also investigates all areas of abuse when investigating the allegation(s) in a Report of Need. There are times when the comprehensive investigation may identify substantiated abuse, neglect, exploitation or abandonment that was not originally alleged in the Report of Need. The below chart displays the types of abuse originally reported (alleged) versus types of abuse that were substantiated. They are ranked with the most common abuse type at the top.



SOME RISK FACTORS FOR ABUSE, NEGLECT, & EXPLOITATION

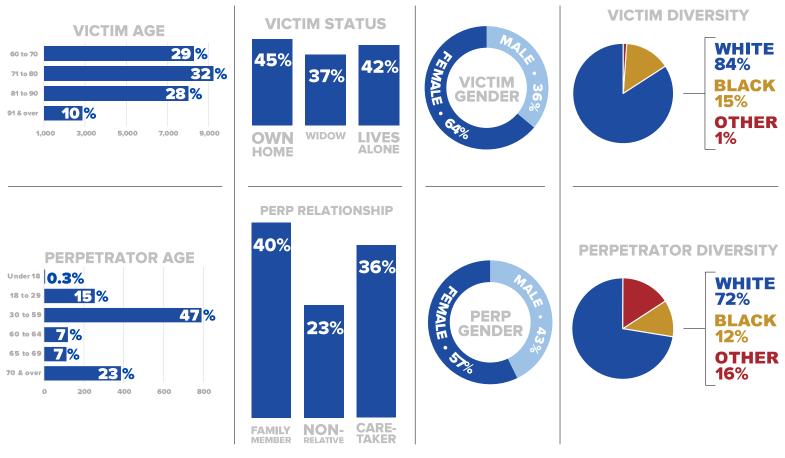
- Lives alone
- Lives in own home
- Socially isolated
- Incapacitated (physically and/or cognitively)
- Lack of formal or informal support
- Dependence on others for assistance

Percentages may not foot to 100% due to rounding.



VICTIMS & PERPETRATORS

CHARACTERISTICS OF ALLEGED VICTIMS AND SUBSTANTIATED PERPETRATORS



Throughout the course of a protective services investigation, information is gathered concerning the characteristics of an individual reported to need protective services (alleged victim) and the abuser (perpetrator). Tracking this data will help inform public outreach efforts.

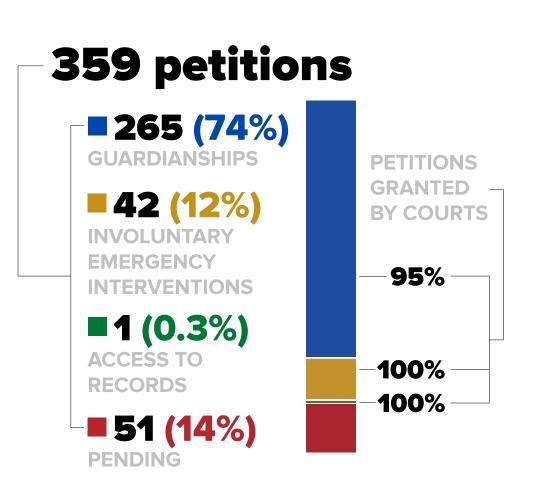
An individual may be designated a perpetrator where there is a substantially significant amount of evidence the individual was responsible for the abuse of the older adult. If a criminal act was committed, law enforcement may be contacted as part of the protective services service plan.

Data does not include unknown or unanswered.



COURT ORDERS

Through OAPSA, a AAA has the authority to use several legal interventions to assist in their investigation and to ensure that the older adult is protected from abusive and/or exploitative situations. When determined necessary under OAPSA, a AAA may petition the court for access to records or to persons. They may seek, through petitioning the court, an emergency involuntary intervention for an older adult at risk of death or serious physical harm in order to provide necessary services. If a person interferes with the provision of services, the AAA may petition the court for an order enjoining the interference. Moreover, there are other legal tools available to protect the older adult, such as helping the older adult petition for a protection from abuse order or petitioning for guardianship of person and/or estate. During this fiscal year, 359 total petitions were filed requesting any of the following: Access to Records, Involuntary Emergency Intervention, Agency as Guardian, or Other as Guardian.





PROVISION OF Services

LAW ENFORCEMENT REFERRALS

The AAA may refer a case to law enforcement when a protective services caseworker is witnessing a crime in progress; an older adult requests a referral as part of the service plan or their guardian or power of attorney requests or agrees to a referral when the older adult lacks the capability to consent.



SERVICES PROVIDED TO REDUCE OR ELIMINATE RISK

Following the substantiation of a report of need for protective services, an assessment is conducted that results in the development of a service plan, which must describe the older adult's identified needs, goals to be achieved, and the specific services needed in order to reduce or eliminate risk. The AAA develops the service plan cooperatively with the older adult, their guardian and other family members, when appropriate. The AAA strives to advocate for the older adult, who has a right to selfdetermination. The plan reflects the least restrictive alternatives to reduce or eliminate the imminent risk to the older adult's person or property. The chart below details the most frequent services provided to older adults during this fiscal year. Personal care continues to be the most frequently provided service under protective services based on both cost and units served.

Top 10 Services Provided to Protective Services Clients





QUALITY ASSURANCE MONITORING

PDA continues to uphold its responsibility to monitor the local protective services programs for compliance with the law and regulations. Through the Protective Services Office, protective services quality assurance monitoring protocol is adhered to; training and technical assistance is provided, when appropriate; and educational opportunities to the AAAs are offered.

As part of the quality assurance monitoring protocol, compliance with the statutory and regulatory requirements is examined by sampling and reviewing cases to ensure consistent and quality services are offered by the program across the commonwealth. In 2017, PDA revised and enhanced its quality assurance monitoring processes by adding timeframes for corrective action plans, required training, and follow-up visits. Additional support is provided to the AAAs by conducting onsite visits and offering consultation as needed. PDA also supports the aging network by providing basic, advanced, and annual training related to protective services. Training is made available through

PDA's partnership with and financial support to the Institute on Protective Services (PS) at Temple University, Harrisburg.

INSTITUTE ON PROTECTIVE SERVICES, TEMPLE UNIVERSITY

For over sixteen years, PDA has funded and partnered with the Institute on PS at Temple University, Harrisburg, With a mission to prevent, respond, and when necessary, obtain justice for victimized elders and other vulnerable adults, the Institute on PS works with PDA to provide required protective services training to our local Area Agencies on Aging. Moreover, through this collaborative effort, PDA and the Institute on PS work to provide education and consultation to human services and law enforcement professionals on identifying, investigating, and resolving cases of elder abuse and victimization of vulnerable adults.

During fiscal year 2018-19, the Department's Institute on PS offered thirty-seven Protective Services classroom-based educational opportunities and trained a total of 811 AAA Protective

Services caseworkers. In addition to training AAA staff, educational trainings were provided to older adults, banks, law enforcement, professionals, and the public. An estimated 618 attendees received training on preventing elder abuse during this fiscal year. The Institute on PS provided case consultation to the aging network and law enforcement agencies on fifteen elder abuse or financial exploitation cases. Working with the AAAs and law enforcement, four arrests were made, and four prosecutions were secured. The Institute on PS's work in these cases helped to facilitate \$4.6 million in older adult's assets being protected.



PENNSYLVANIA ELDER ABUSE TASK FORCES AND COLLABORATION WITH LAW ENFORCEMENT

Similar to other states and organizations, Pennsylvania recognizes that elder abuse teams or task forces serve as a way to more effectively address elder abuse, neglect, and exploitation. Considering the complexity of certain elder abuse cases, which involve medical, psychiatric, legal, housing, personal care, financial, and family violence issues, and the many diverse programs and disciplines involved, the National Adult Protective Services Association (NAPSA) and the National Center for State Courts (NCSC) have endorsed the formation of multidisciplinary teams or task forces. Such task forces may include mental and physical health providers, domestic violence and sexual assault programs, aging and disability networks, substance abuse providers, financial institutions. law enforcement agencies, community health nurses and the courts. Through PDA's partnership with the Institute on PS at Temple University, Harrisburg, support is available to counties that desire to develop an elder abuse

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task force in their planning and service area. This work is funded through a contract with PDA in an effort to bring elder justice to the communities of the commonwealth.

Currently in Pennsylvania, there are 46 counties involved in some level of task force work: 38 active task forces and 8 law enforcement collaborations. Sixty-nine percent of the commonwealth is currently covered by some form of task force. Successful task forces are built on the premise that to effectively protect older adults, the aging services network and law enforcement must work cooperatively in identifying and responding to elder victimization. Whether it's physical or emotional abuse, financial exploitation, caregiver neglect, or self-neglect, the symptoms and treatment of elder abuse are complex. The multidisciplinary approach allows for counties to bring together experts from numerous disciplines to evaluate, address, and resolve victimization.



AMENDMENTS TO OAPSA CRIMINAL HISTORY

BACKGROUND CHECKS

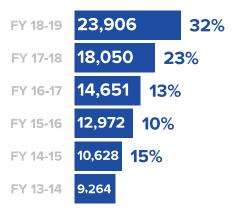
OAPSA was amended in 1996 to mandate that all prospective employees of long-term care facilities submit to a criminal history background check and be free of convictions for offenses designated under the Older Adult Protective Services Act. The conviction of certain "prohibitive offenses" serve to disgualify a person from being hired by a facility. Some of these offenses disqualified a person from working in a facility for life. These "lifetime" bans were listed in the legislation, but the legislation did not provide for the subject of a lifetime ban the opportunity to appeal the ban. Consequently, through litigation challenging the use of lifetime bans without the opportunity to appeal (Nixon I, Nixon II and Peake), the Commonwealth Court found the use of lifetime bans without the opportunity to appeal unconstitutional.

Currently, all prospective employees must obtain a Pennsylvania State Police criminal history background check, and individuals who have not resided within the commonwealth for the past two consecutive years must

also obtain a federal criminal history record check. PDA is responsible for the federal criminal history background checks, by processing the results and sending the final results to the applicant. A letter is sent to the employer advising them that the results were sent to the applicant. If the employer conditions employment upon the provision of the criminal history background check, the applicant is responsible for providing the results to the employer. The employer analyzes the results and makes an employment determination. See chart at right for the total number of applications by fiscal year. The total chart no longer contains a "total number of prohibited." The following was posted on PDA's website on January 6, 2016 in regards to Peake v. Commonwealth of Pennsylvania, et al., 216 M.D. 2015: "On December 30, 2015, the Commonwealth Court held in Peake v. Commonwealth of Pennsylvania et al., 216 M.D. 2015, that the "lifetime employment ban" contained in Section 503(a) of the **Older Adults Protective Services** Act ("OAPSA"), 35 P.S. 10225.503 (a), violates due process guarantees under the Pennsylvania Constitution and is therefore not enforceable."

Please note that criminal history background checks are still required for all applicants. PDA is advocating for legislative action to remedy the constitutional deficiencies found by the courts.

ANNUAL BACKGROUND CHECKS



158% INCREASE OVER PAST 5 YEARS



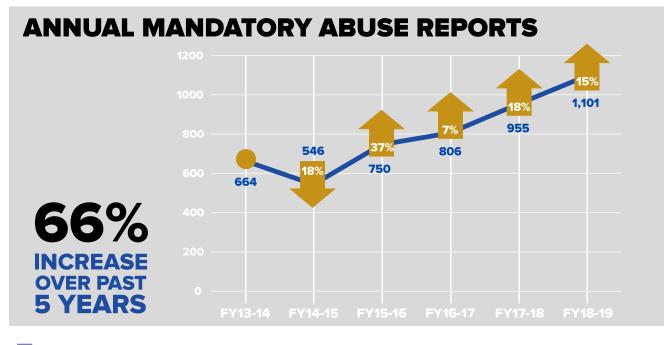
MANDATORY ABUSE REPORTING

OVERVIEW

In 1997, there was another amendment to OAPSA, which required mandatory abuse reporting for administrators and employees of facilities, as defined by the Older Adult Protective Services Act. The law and regulations require that an employee or an administrator that suspects abuse must immediately report the abuse to their local Area Agency on Aging.

While mandatory abuse reports may have increased due to the dual reporting requirements required by the new Adult Protective Services law for adults ages 18-59, enhanced collaboration with the PA Departments of Health and Human Services has occurred to enforce mandated reporting requirements under Older Adult Protective Services Act.

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A P S I M P A C T ON MANDATORY ABUSE REPORTS

The passage of the Adult Protective Services (APS) Law (Act 70 of 2010) required the PA Department of Human Services (DHS) to establish a program of protective services for adults aged 18-59 who have a physical or mental impairment that substantially limits one or more major life activities. With the implementation of Act 70 in April 2014, investigations for individuals between the ages 18-59 have been separated from the total number of investigations for individuals 60 years of age and over shown throughout this report. Mandatory abuse reporting data collected during this fiscal year may include duplicate reports due to the statutory requirement to report to both PDA and the Department of Human Services.



MANDATORY ABUSE REPORTING

CONTINUED

If the abuse being reported involves one of the four serious abuse types (serious physical injury, serious bodily injury, sexual abuse or suspicious death), the facility must report to law enforcement and PDA, in addition to reporting to the Area Agency on Aging. OAPSA definitions of these four serious abuses are as follows:

SEXUAL ABUSE

Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest.

SERIOUS PHYSICAL INJURY

An injury that causes a person severe pain; or significantly impairs a person's physical functioning, either temporarily or permanently.

SERIOUS BODILY INJURY

Injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

SUSPICIOUS DEATH

There is no OAPSA definition for the term "suspicious death," however, a general definition for suspicious death is a death that is unexpected, and its circumstances or cause is medically or legally unexplained. It is important, when applying the term within OAPSA, to conduct a very close and thorough review of the circumstances surrounding the death.





Press Option 2

For Adults Over 59 For Adults Under 60 **Press Option 3**

MANDATORY ABUSE REPORTING TRAINING COURSE

In response to and in recognition of Governor Wolf's Executive Order on Vulnerable Populations, the Pennsylvania Department of Aging has created a free, online Mandatory Abuse Reporting training module on its PDA-LMS Website to help aging and human services providers recognize and report elder abuse.

The training is available, but not limited, to providers, employees and administrators of long-term care facilities; personal care homes, home health care agencies; adult day centers, domiciliary care residences and collaborative partners. Although the training is intended for mandated reporters, anyone who is interested in protecting older adults from abuse can take the training.

To request access to the training, go to: www.pda-lms.org/registration/ welcome-new-user



COLLABORATION HIGHLIGHTS

Administration on Community Living (ACL) Grant: In 2018, PDA was awarded a three-year grant through ACL titled, State Grants to Enhance Adult Protective Services. The primary purpose of this project is to address gaps and challenges in protective services programs by implementing innovations to services, data collection, and data reporting. PDA, with its grant partnership, DOH's Bureau of Community Health Systems, have implemented enhancements to include increased public education on elder abuse, development of new and supplementation of existing elder abuse task forces, and a focus on service provision for self-neglecting older adults in the community. During the 2018-19 fiscal year, PDA trained a total of 123 Community Health Nurses on elder abuse and the protective services program. Over 230 protective services presentations were offered to the community and older adults under this grant during this fiscal year.

PS SUPREME COURT ADVISORY COUNCIL

Pennsylvania Supreme Court Advisory Council on Elder Justice in the Courts: The Advisory Council on Elder Justice in the Courts was created by the Supreme Court of Pennsylvania in response to a recommendation from the Elder Law Task Force. Chaired by Pennsylvania Supreme Court Justice Debra Todd in April 2013, the Elder Law Task Force was comprised of experts within and outside of the court system. It was charged with reviewing current practices and problems in the areas of quardianship, elder abuse and neglect, and access to justice. In November 2014, the Supreme Court of Pennsylvania published the Elder Law Task Force's Report and Recommendations. It is a 284page report with 130 recommendations to enhance Pennsylvania elders' interaction with the state court system and protection in cases involving abuse, neglect, guardianship, and other matters. The recommendations are intended to inspire government and community leaders to implement best practices. The Advisory Council on Elder Justice

advises the Office of Elder Justice in the Courts regarding the implementation of the Task Force's 130 recommendations. The Advisory Council held its inaugural meeting in January of 2015. Senior Judge Paula Francisco Ott serves as the chair. Pennsylvania Supreme Court Justice Debra Todd is the Supreme Court Liaison. Leadership of the Pennsylvania Department of Aging and representatives from The Institute on Protective Services at Temple University, Harrisburg, served on the original Task Force. Leadership of the Pennsylvania Department of Aging continues to serve as appointed members of the Advisory Council.

A most significant accomplishment was the creation and implementation of the Guardianship Tracking System. Courts are better able to monitor active guardianships through a statewide, uniform reporting process. New Orphans' Court Procedural Rules crafted in response to the Elder Law Task Force's recommendations became effective in June 2019. An Elder Abuse Bench Book for judges was published and distributed to all common pleas' judges. Numerous training sessions and educational programs were conducted statewide for judges, court staff, and attorneys. Free training for family/lay guardians about their duties, responsibilities, and powers was presented in a number of counties.

Elder Investment Fraud and Financial Exploitation Prevention Program Medical (EIFFE): PDA and PA Department of Banking and Securities have continued their collaboration on delivering this groundbreaking program that trains medical professionals, social workers, senior service providers, and other partners to recognize and report potential financial abuse of their clients, especially those suffering from mild cognitive impairment. Pennsylvania was the first state to participate in EIFFE Medical. Participants receive continuing medical education credits. Presentations focus on three areas: 1. Financial scams and how con artists target seniors with cognitive impairment. 2. Dementia and the many forms of

cognitive impairment.

3. Where to report, how to work with APS for those seeking assistance or suspecting abuse.

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In addition, a Clinician's Pocket Guide, a Patient Brochure, and an Elder Abuse Prevention Brochure are distributed during the trainings. The EIFFE Clinician's Guide became a part of the PDA's PACE Academic Detailing Program, reaching thousands of health care professionals through outreach education. In the past, presentations were made to residents and medical students at Lankenau Hospital, to members of the PA Pharmacists Association at their annual conference, PA Medical Directors Annual Conference, as well as financial planners, funeral directors, lawyers, social services providers, and nurses. During this fiscal year, a total of 28 elder abuse prevention presentations were provided to medical and legal professionals, social workers, accountants, cosmetologists, and pharmacists.

OSIG REPORT AND RECOMMENDATIONS

In May of 2017, the Office of Inspector General (OSIG) began an investigation to determine whether PDA properly monitors the AAAs and whether or not regulations are enforced by the PA Department of Aging. As their methods of review, the OSIG reviewed PDA's documentation from monitoring reviews from various Area Agencies on Aging. The OSIG also interviewed individuals who had knowledge of the protective services program from PDA, DHS, Temple University, and former employees of AAA protective services departments. Additionally, PDA's statewide record database was reviewed. The OSIG provided a summary of their investigation to PDA in January of 2019 which identified six specific areas to address, as well as twelve recommendations.

The OSIG's findings and recommendations—many of which had already been identified by PDA and had been or are in the process of being implemented—will further enhance our efforts and capacities to provide and implement quality training to protective services staff and consistent monitoring protocols, as well as timely and consistent protective services to older adults.

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