



## Study of Best Practices for Reporting and Identification of Abuse, Neglect, Exploitation and Abandonment of Older Adults

Submitted to the Connecticut General Assembly  
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Connecticut's Legislative Commission on Aging is a nonpartisan public policy and research office of the Connecticut General Assembly. It has been improving the quality of life for older adults of today and tomorrow for 22 years. With just 4 employees and 21 volunteer members from across the state, we shape innovative public policies, promote government accountability, establish diverse partnerships and coalitions, and analyze demographic trends to prepare Connecticut for a longer-lived, rapidly growing older adult population. To learn more, visit [www.coa.cga.ct.gov](http://www.coa.cga.ct.gov).

## Executive Summary

Connecticut's Legislative Commission on Aging is a nonpartisan public policy and research office of the Connecticut General Assembly, improving the quality of life for older adults of today and tomorrow for 22 years. Pursuant to Public Act 15-236, the Commission on Aging was charged with conducting a study concerning best practices for reporting and identification of the abuse, neglect, exploitation and abandonment of older adults.

**Elder abuse is a significant human rights, public health and social justice issue that transcends race, ethnicity, religious affiliation, income and education levels.**

Though precise definitions of elder abuse vary widely across jurisdictions, conceptually elder abuse is any form of mistreatment that results in harm or loss to an older person. Estimates of the prevalence and severity of elder abuse can vary significantly, though collectively, the literature suggests that at least 10 percent of adults age 60 and older have suffered at least one form of elder abuse. Underreporting and the difficulties of capturing mistreatment in older adults with dementia and other cognitive challenges probably render the number even higher. Further, that number is set to rise given the rapid growth in the aging population.

Strong federal leadership and coordination across agencies is critical to addressing the prevention, detection and treatment of elder abuse. Accordingly, several promising initiatives are in progress, including implementation of the Elder Justice Act of 2009; development of national voluntary consensus guidelines, a national elder abuse reporting system, and standardized definitions of elder abuse; and creation of maintenance and several resources on elder abuse. However, all of these federal efforts continue to be chronically underfunded. Though these national systems change efforts are in the early stages, Connecticut should ready for their adoption and implementation, which will involve comprehensive planning, coordination and commitment to adequate resources.

This reports further describes the roles and relationships among the many Connecticut intervention partners—most struggling with capacity issues—who work to address elder abuse, offer protective services, promote the rights of older adults, conduct investigations, prosecute crimes, collect data and develop promising practices. The report also includes recommendations to further efforts to prevent, detect and intervene on issues of abuse, neglect and exploitation among older adults and persons with disabilities.

Organized around the three areas of inquiry framed in Public Act 15-236, those recommendations are:

To emulate national models for reporting abuse, neglect, exploitation or abandonment:

1. Establish parameters for reasonable caseload standards for the Connecticut Department of Social Services Protective Services for the Elderly program (PSE);
2. Establish an elder abuse resource prosecutor in the Office of the Chief State's Attorney;
3. Conduct a Connecticut-specific cost assessment to better understand the personal and state costs of financial exploitation; and
4. Evaluate moving to an adult protective services model, for adults ages 18 and older, rather than a model only for adults ages 60 and older, balancing the import of retaining choice and control with ensuring that access to protective services is not restricted by age.

To advance standardization and uniformity in definitions, measurements and reporting mechanisms:

5. Conduct a definitional crosswalk among and between state agencies and national guidelines and assess where legal, policy and practice changes can enhance alignment;
6. Have Connecticut PSE develop a strategic plan to develop national voluntary consensus guidelines that have been developed nationally;
7. Have Connecticut PSE modify its data collection process and explore predictive analytics modeling to improve outcomes and quality, to align with the dataset to be collected nationally, and to develop more targeted interventions; and in the interim, have PSE submit a more detailed report to the Connecticut General Assembly;
8. Require Connecticut PSE to develop an online training module for mandated reports on the role of PSE, elder abuse red flags and reporting procedures to PSE; and
9. Develop training and resources for law enforcement.

To promote and coordinate reporting communication among local and state government entities:

10. Have Connecticut PSE formalize a system for consistent and uniform follow-up with all reporters of elder abuse;
11. Enhance training for Connecticut PSE social workers and utilize consultants with specific subject matter expertise to provide guidance on investigation in certain highly specialized areas;
12. Explore promising evidenced-based assessment tools and service models to make informed policy and practice decisions about how to direct and utilize limited resources on behalf of adults who need them most;
13. Pursue federal funding for enhanced training and services to end abuse later in life program.
14. Empower and support multidisciplinary teams (groups of regularly-meeting professionals to handle complex cases of elder abuse), as well as specialized teams such as financial abuse specialist teams, elder fatality review teams, and an elder abuse forensic center; and
15. Support continued development of Connecticut's criminal justice information system.

The Legislative Commission on Aging respectfully submits this report in the spirit of working to prevent, detect and intervene on issues of elder abuse, while promoting the values of choice and self-determination for older adults, as well as addressing abuse across the lifespan.

## Values as Guiding Principles

**Thought leaders have been challenging traditional ways of thinking about quality of life for older adults—and retaining control and choice.**

Thought leaders, including Connecticut's Legislative Commission on Aging, have been challenging traditional ways of thinking about quality of life for older adults—and retaining control and choice. Associations of frailty, enhanced protection, and overly paternalistic regulation had once dominated aging rhetoric, policies and programmatic structures. Increasingly, aging policy supports the notion that older adults should be empowered to live the life they choose. Major initiatives have emerged which promote “person-centeredness” and “self-direction” for people of all ages, including older adults – even those with dementia. Further, control, flexibility, productivity and meaningful engagement are all concepts and aspirations previously not ascribed to our later years.

The aging paradigm has been shifted in large part due to the historical advocacy and legacy of the disability community. They led the empowerment movement with a banner “nothing about me, without me.” This value is at the core of services and supports for people with disabilities and increasingly so for older adults.

Still, balancing self-determination with the need to protect is also of great importance. The Adult Protective Services (APS) and Protective Services for the Elderly (PSE) models strive to ensure the safety and well-being of older adults and adults with disabilities who are in danger of being or have been mistreated or neglected, or are unable to take care of themselves or protect themselves from harm.

In order to help strike that balance of ensuring rights and safety, the National Center on Elder Abuse developed guiding, ethical principles, stating that older adults have the right to:

- Be safe;
- Retain their civil and constitutional rights (including but not limited to living their lives as they wish, managing their own finances, entering into contracts, and marrying), unless a court adjudicates otherwise;
- Make decisions that do not conform with societal norms as long as these decisions do not harm others;
- Be presumed to have decision-making capacity unless a court adjudicates otherwise; and
- Accept or refuse services.<sup>1</sup>



Utilizing a lifespan approach in policy development and programmatic construct is also a key value. To collectively and effectively address abuse, its cycle and influencing conditions, the lens should transcend age. Older adults (including persons with disabilities) may enter the protective service system as previously abused children, survivors of domestic violence, or otherwise abused. It is critical that the state's age-siloed programs and policies coordinate to ensure systemic solutions, interventions and prevention, regardless of age.

## Statutory Charge for this Study

Pursuant to Public Act 15-236, Connecticut's Legislative Commission on Aging was charged with conducting a study concerning best practices for reporting and identification of the abuse, neglect, exploitation and abandonment of older adults. Specifically, the Public Act states that the study shall review: (1) national models for reporting abuse, neglect, exploitation or abandonment, (2) standardized definitions, measurements and uniform reporting mechanisms to accurately capture the nature and scope of such abuse, neglect exploitation or abandonment in the state, and (3) methods to promote and coordinate communication about such reporting among local and state governmental entities, including law enforcement.

**The Connecticut General Assembly charged the Legislative Commission with conducting a study on best practices for reporting and identifying abuse, neglect, exploitation and abandonment of older adults.**

Further pursuant to the Public Act, the study was to be conducted in consultation with the Elder Justice Coalition Coordinating Council, the Department of Social Services, the Department on Aging, the Office of the Long-Term Care Ombudsman and the Chief State's Attorney. The roles of these stakeholders are as follows:

- *The Elder Justice Coalition* is a multidisciplinary group of public and private stakeholders, working together to prevent elder abuse and protect the rights and promote the independence, security and well-being of older adults. The Coalition was spearheaded by the State Department on Aging and further supported by Governor Malloy's Executive Order No. 42 in July 2014. Its appointed Coordinating Council consists of twenty-two partner organizations, including the Legislative Commission on Aging, from within and outside of state government.
- *The Department of Social Services (DSS)*, as the state Medicaid agency, administers and delivers wide-ranging services, including health care coverage and long-term care and supports, among many other programmatic areas, and administers additional

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programs under federal legislation. It also includes the state's Protective Services for the Elderly (PSE), a program designed to safeguard people 60 years and older from physical, mental and emotional abuse, neglect and abandonment, or financial abuse and exploitation. DSS administers approximately one-third of the total state budget.

- *The State Department on Aging (SDA)* is comprised of the State Unit on Aging and the *Connecticut Long-Term Care Ombudsman Program (LTCOP)*. SDA primarily administers federally-funded Older Americans Act (OAA) programs and services for older adults including congregate and home-delivered meals and respite care for caregivers. Authorized by the OAA, the LTCOP provides individual consultation and complaint resolution for residents of skilled nursing facilities, residential care homes and assisted living facilities.
- The *Chief State's Attorney* is responsible for the statewide administrative functions of the Division of Criminal Justice and investigates and prosecutes all criminal matters in Connecticut. It also has specialized units for the investigation and prosecution of certain criminal matters and for representing the state in appellate and other legal matters which are the Appellate Bureau, Asset Forfeiture Bureau, Civil Litigation Bureau, Cold Case/Shooting Task Force Bureau, Statewide Prosecution Bureau, Medicaid Fraud Control Unit, Nuisance Abatement, Witness Protection Program and Workers' Compensation Fraud Control Unit. In the past, there was a specialized unit for Elder Abuse.

Finally, the Legislative Commission on Aging was charged with submitting this report not later than January 1, 2016, to the joint standing committee of the General Assembly having cognizance of matters related to aging. This report meets the various statutory obligations outlined above. Public Act 15-236 also places Connecticut among 33 states that addressed financial exploitation of older or vulnerable adults during the 2015 legislative session.<sup>2</sup>

## Defining Elder Abuse

Though precise definitions of elder abuse vary widely across jurisdictions, conceptually, elder abuse is any form of mistreatment that results in harm or loss to an older person.<sup>3</sup> It can be physical, financial, psychological, or include neglect or abandonment and it may take place in a home or institutional setting. Though often a hidden phenomenon, elder abuse is a significant human rights, public health and social justice issue that transcends race, ethnicity, religious affiliation, income and education levels.

Still, the lack of a uniform definition of elder abuse within and across states and between states and the federal government remains highly problematic. Illustrative, differing definitions of elder abuse are provided in Table 1 below.

**Table 1. Illustrative Differing Definitions of Elder Abuse**

Terms	Definitions	Statutes and Agencies
<b>Abuse</b>	Includes, but not limited to, the wilful infliction of physical pain, injury or mental anguish, or the wilful deprivation by a caregiver of services which are necessary to maintain physical and mental health	State Department of Social Services, Protective Services for the Elderly, Section 17b-450(4) of the Connecticut General Statutes
	The wilful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish	State Department on Aging, Long-Term Care Ombudsman program, Title 42, Section 488.301 of the Code of Federal Regulations
	The knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm	National Elder Justice Act
	Use of physical force against an older adult that may result in bodily injury, physical pain or impairment (physical abuse); the infliction of anguish, pain, or distress on an older adult through verbal and nonverbal acts (psychological, verbal or emotional abuse); nonconsensual sexual contact of any kind with an older adult (sexual abuse)	National Center on Elder Abuse

**Elder abuse is any form of mistreatment that results in harm or loss to an older person.**

**Table 1 (continued). Illustrative Differing Definitions of Elder Abuse**

Terms	Definitions	Statutes and Agencies
<b>Neglect</b>	The failure or inability of an elderly person to provide for himself or herself the services which are necessary to maintain physical and mental health or failure to provide or arrange for provisions of such necessary services by a caregiver	State Department of Social Services, Protective Services for the Elderly, Section 17b-450(4) of the Connecticut General Statutes
	Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness	State Department on Aging, Long-Term Care Ombudsman program, Title 42, Section 488.301 of the Code of Federal Regulation
	The failure or a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an elder, or self-neglect, which means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs	National Elder Justice Act
	Refusal or failure to fulfill any part of a person's obligation or duties to an older adult	National Center on Elder Abuse
<b>Exploitation</b>	The act or process of taking advantage of an elderly person by another person or caregiver whether for monetary, personal or other benefit, gain or profit	State Department of Social Services, Protective Services for the Elderly, Section 17b-450(4) of the Connecticut General Statutes
	Fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belonging, or assets	National Elder Justice Act
	The illegal or improper use of an older adults' funds, property or assets	National Center on Elder Abuse
<b>Misappropriation of resident property</b>	Deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent	State Department on Aging, Long-Term Care Ombudsman program, Title 42, Section 488.301 of the Code of Federal Regulation
<b>Abandonment</b>	Desertion or wilful forsaking of an elderly person by a caregiver or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caregiver or other person	State Department of Social Services, Protective Services for the Elderly, Section 17b-450(4) of the Connecticut General Statutes

**Note:** In both making arrests and in the prosecution of elder abuse, the criminal justice system has no definition of elder abuse per se. Rather, they categorize crimes according to the penal code definitions in Section 53a-24 through 53a-323, inclusive, of the Connecticut General Statutes. For example, financial exploitation may be prosecuted as "larceny," defined as "with intent to deprive another of property or to appropriate the same to himself or a third person, he wrongfully takes, obtains or withholds such property from an owner."<sup>4</sup>



## Scope of the Problem and Implications

Data on the prevalence and severity of elder abuse is limited, owing largely to two factors. First, the lack of uniformity in both definitions of elder abuse and data collection methods (including the lack of a national reporting mechanism) makes extrapolation difficult, especially in generating national estimates. Second, the vast majority of elder abuse cases go unreported, leaving researchers to extrapolate prevalence from reported cases. Consequently, estimates of the prevalence of elder abuse can vary significantly.

According to a study sponsored by the U.S. Department of Justice, 12.4 percent of adults age 60 and older reported at least one form of emotional, physical or sexual abuse or potential neglect and 11.7 percent reported financial exploitation by a family member or stranger.<sup>5</sup> A 2011 New York State study, estimated that 7.6 percent of people age 60 and older are abused annually, an incident rate 24 times greater than the number of cases reported to authorities.<sup>6</sup> Neither of these studies adequately capture the extent of mistreatment in older adults with dementia and other cognitive challenges.

**Though cases of elder abuse remain vastly underreported, the number of reports and investigations has been increasing steadily in recent years.**

Though cases of elder abuse remain vastly underreported, the number of reports and investigations has been increasing steadily in recent years. There are no national data on the trends in the number of elder abuse cases reported. But according to a survey administered by the U.S. Government Accountability Office (GAO) in 2009, 31 responding states collectively received 357,000 reports of elder abuse, and 33 responding states collectively conducted 292,000 investigations. Based on projected population growth among older adults alone, elder abuse investigations in states studied may increase by 28 percent by 2020 and 50 percent by 2030.<sup>7</sup>

These estimates are likely conservative for Connecticut, where the growth of the older adult population is occurring more rapidly than in the rest of the country. Connecticut is the 7<sup>th</sup> oldest state in the nation, based on median age. It also has the third longest-lived constituency, with an average life expectancy of 80.8 years for residents born in Connecticut today. More than one-third of Connecticut's population is over the age of 50, and that proportion continues to rise. Between 2010 and 2040, Connecticut's population of people age 65 and older is projected to grow by 57%, with less than 2% growth for people age 20 to 64 during the same period.<sup>8</sup>

**Older adults lose at least \$2.9 billion nationally due to financial abuse and exploitation.**

The GAO estimates also do not account for potential policy changes that could increase reporting further, such as the expansion of those who are mandated to report and mandated training for financial agents. In Connecticut, the number of referrals to Connecticut's Protective Services for the Elderly Program (PSE) has increased by almost 28% between 2010 and 2014, and the number of investigations increased from 3,137 to 4,349 over the same time period.<sup>9</sup> In State Fiscal Year 2014 alone, the number of cases investigated by PSE increased by 18%.<sup>10</sup>

The vast scope of elder abuse is especially concerning in light of the significant adverse health consequences for victims. Depending on the type of abuse, the most immediate effects could include injuries (such as bruises, broken bones and lacerations), soreness, chronic pain, nutrition deficiencies, dehydration, sleep disturbances, increased susceptibility to new illnesses, exacerbation of preexisting health conditions, and high levels of distress and depression.<sup>11</sup> Abuse is also associated with shorter survival. One longitudinal study, comparing abused and non-abused, community-dwelling older adults in Connecticut found that only 9 percent of those abused at some point between 1982 and 1992 were still alive in 1995, compared to 40 percent of those who has not been investigated for abuse during that same period.<sup>12</sup> Moreover, victims of elder abuse are four more times more likely to be admitted to a nursing facility and three times more likely to be admitted to a hospital.<sup>13</sup>

In addition to these serious health consequences, a 2011 MetLife study estimated that older adults lose at least \$2.9 billion due to financial abuse and exploitation.<sup>14</sup> To underscore the importance and financial impact of financial exploitation at the state level, some states (Utah, Wyoming and Oregon) undertook research to estimate the state-specific costs of financial exploitation, as well as to assess how financial exploitation is occurring to better target prevention efforts.<sup>15</sup>

## Federal Elder Abuse Policies

Unified federal leadership is critical to addressing the prevention, detection and treatment of elder abuse. But historically, federal elder justice activities have been scattered across several different federal agencies, and with anemic federal funding. For example, in fiscal year 2009, spending on elder justice activities occurred in the Administration on Aging, the National Institute on Aging, and the Centers for Disease Control and Prevention within the Department of Health and Human

Services; and the Office of Violence Against Women, the National Institute of Justice, the Office for Victims of Crimes, and the Civil Division of the Department of Justice.<sup>16</sup> Collectively across these agencies, in fiscal year 2009, funding totaled less than \$12 million. This fragmentation and underfunding illustrates the lack of designated leadership and coordination on the federal level in elder justice.

Recognizing the need for greater federal leadership and coordination among states' adult and elderly protective services programs, Congress enacted the Elder Justice Act of 2009 as part of the Patient Protection and Affordable Care Act (ACA). The most comprehensive federal bill ever passed to combat elder abuse, neglect and exploitation, the ACA, among other provisions<sup>17</sup>:

- Establishes an Elder Justice Coordinating Council within the Department of Health and Human Services (DHHS);
- Establishes an advisory board on elder abuse, neglect and exploitation;
- Requires DHHS to promulgate guidelines for elder abuse researchers on human research subject protections;
- Provides for the establishment of forensic centers; and
- Established various grant programs.

**Several promising federal initiatives are underway to create the resources, standardized definitions and guidelines necessary to promote uniformity and excellence in elder justice across states.**

While funding hinges on appropriations, the ACA authorized nearly \$770 million in spending (2010-2014), with approximately \$500 million of that total earmarked for protective services.<sup>18</sup> The ACA represents the first potential for funds under Title XX of the Social Security Act to be made available exclusively for elder justice activities.<sup>19</sup> However, to date, little funding has actually been appropriated, limiting the federal government's ability to address elder abuse as envisioned by the ACA. Some activities have received limited mandatory funding through the ACA's Prevention and Public Health Fund,<sup>20</sup> and for the first time, in fiscal year 2015, the elder justice activities under ACA received a discretionary appropriation, though for only \$4 million.<sup>21</sup>

## **Federal Initiatives: Guidelines, Data Collection, Standard Definitions and Resources**

Responsive to the call for increased federal leadership on elder justice, several promising initiatives are underway to create the resources, standardized definitions and guidelines necessary to promote uniformity and excellence in elder justice across states. The major

federal initiatives are as follows:

**The federal government is currently developing a national reporting system, based on data from state adult protective services.**

**Voluntary Consensus Guidelines:** The Administration for Community Living (ACL) of the U.S. Department of Health and Human Services is facilitating the development of voluntary consensus guidelines for state adult protective service (APS) systems, with the goal of promoting an effective APS response across all states. To date, national guidelines for adult protective services do not exist while national child welfare guidelines informed by research and best practices have been in place for years. In July 2015, the ACL released draft guidelines<sup>22</sup>, on which stakeholders had the opportunity to comment through October 2015. Release of the final version of the guidelines is imminent, as of the time of the completion of this study.

**National Data Collection:** Recognizing the lack of consistent national data on adult maltreatment, the ACL, in partnership with Office of the Assistant Secretary for Planning and Evaluation, is further developing a national reporting system, based on data from state adult protective services.<sup>23</sup> The goal of this National Adult Maltreatment Reporting System (NAMRS) is to provide consistent, accurate data on the exploitation and abuse of older adults and persons with disabilities, across all states. Currently still in development, the system is being piloted by 11 states (Connecticut is not among them), with system testing due to be complete in October 2016. According to the current timeline, the first annual submission of data by states will be received by February 2017, and the first annual report of NAMRS data will be released in July 2017. Data submissions to NAMRS will be voluntary, but the ACL will provide technical assistance and support to participating states.

**Standardized Definitions and Data Elements:** The Division of Violence Prevention of the Centers for Disease Control and Prevention (CDC) has been working with their partners to develop standardized definitions and recommended data elements for use in elder abuse surveillance. As discussed above, consistent definitions of elder abuse are necessary to generate meaningful national estimates of elder abuse. Preliminary CDC definitions are available, with final definitions nearing completion.<sup>24</sup> The CDC is further integrating questions on elder abuse into one of its existing surveys, creating the framework for meaningful national surveillance of elder abuse.

**The Elder Justice Roadmap:** In 2014, an initiative funded by the U.S. Department of Justice, with support from the U.S. Department of

Health and Human Services, asked 750 stakeholders to describe what is needed to understand, prevent, identify or respond to elder abuse, neglect, or exploitation. Their responses provided the foundation for further dialogue with wide-ranging subject matter experts, which in turn created a strategic planning resource for community groups, governmental entities and other stakeholders in addressing elder justice. The roadmap includes recommendations, organized into five strategic priorities.<sup>25</sup>

**Highlighting Innovative and Cost-Saving Measures:** The National Adult Protective Services Resource Center (NAPSRC) was funded in 2013 by a two-year federal grant to serve professionals from Adult Protective Services agencies across the United States. The NASPRC is administered by the National Adult Protective Services Association. As part of their work, NAPSRC recently released a report which, through a considerable vetting process, highlights nine states' innovative practices for APS.<sup>26</sup>

**National Center on Elder Abuse:** The National Center on Elder Abuse (NCEA), first established by the U.S. Administration on Aging (AoA) in 1988, serves as a national resource center, dedicated to the prevention of elder mistreatment. The NCEA is one of 27 AoA resource centers and provides research, training, best practice, news and resources on elder abuse, neglect and exploitation.<sup>27</sup>

**Connecticut has three primary agencies that are charged with intervening when incidents of potential abuse of older adults arise.**

## Connecticut's Landscape: State Elder Abuse, Residents' Rights, and Protective Services and Investigations

From a state government perspective, Connecticut has three primary agencies that are charged with intervening when incidents of potential abuse of older adults arise: the Department of Social Services, which administers several protective-type services in response to complaints received from a wide variety of parties; the Office of the Long-Term Care Ombudsman at the State Department on Aging, which provides advocacy services in response to complaints regarding a long-term care facility received directly from long-term care facility residents, family members or other acting on behalf of residents; and the Department of Public Health (DPH), which investigates allegations of abuse of someone who is a patient or a resident of a facility that is regulated or certified by DPH. (See Figure 1). In the event of overlapping cases, there is some coordination and referrals among these entities. Each entity is discussed in greater detail below.



**Figure 1. Roles of Various State Entities in Addressing Elder Abuse**

State Entity	Function
Department of Social Services, Social Work Services Protective Services for the Elderly (PSE)	Investigates cases of abuse of those who reside in the community
Office of the Long-Term Care Ombudsman	Advocates for individuals who reside in an institutional facility on wide-ranging, quality-of-life issues that may rise to the level of abuse, with the goal of advocating for the individual at the facility level and/or bringing the concern to the attention of other oversight entities in order to continue investigation and provide resolution
Department of Public Health	Investigates allegations of abuse of patients and residents in health care facilities licensed by the Department of Public Health or certified for participation in the Medicare or Medicaid program, when deficiencies are identified and such facilities are required to submit and implement a plan of correction

**Connecticut is one of only very few states in the nation whose adult protective services supports adults who are age 60 and older, rather than adults age 18 and older.**

Note: Also within the Department of Social Services, Social Work Services is Long-Term Care Investigations and Interventions, who with overlapping staff from PSE, but pursuant to separate statutory authority, investigate cases of abuse, upon receipt from a mandatory institutional reporter, of those who reside in a facility.

## Department of Social Services

The Department of Social Services (DSS), as the state Medicaid agency, administers and delivers wide-ranging services, including health care coverage and long-term care and supports, among many other programmatic areas, and administers additional programs under federal legislation. DSS administers approximately one-third of the state budget.

Further DSS, administers several protective-type services, including: (1) the state's Protective Services for the Elderly (PSE), a program designed to safeguard people 60 years and older from physical, mental and emotional abuse, neglect and abandonment, or financial abuse and exploitation; (2) the Long-Term Care Investigations and Interventions Unit; and (3) assuming the role of Conservator of Estate or Conservator of Person. Each of these functions is described further.

**Protective Services for the Elderly:** Connecticut's Protective Services for the Elderly Program (PSE), administered by the Department of Social Services, was established in 1978 pursuant to Sections 17b-450 through 17b-461, inclusive, of the Connecticut General Statutes. Connecticut is one of only very few states in the nation that does not utilize an adult protective services (APS) model, which serves adults ages 18 and older.<sup>28</sup> Rather, PSE only serves those adults who are 60 years of age and older.

PSE is designed to safeguard older adults from physical, mental and emotional abuse, neglect (including self-neglect), abandonment and financial abuse and exploitation by investigating and responding appropriately to reports of elder abuse. Connecticut's PSE program promotes values that respect elders' rights to self-determination, dignity, confidentiality and independence, including the right of competent elders to refuse services and make their own decisions.<sup>29</sup>

**Connecticut PSE in a National Context:** Connecticut and every state in the nation individually designs, administers and funds its APS and PSE programs. The result is a highly fragmented system. The historic lack of a federal policy, programmatic and funding framework has not only made it difficult to estimate the prevalence of elder abuse nationally, but it has also resulted in a lack of vetted, evidence-based standards for practice, prevention and intervention.<sup>30</sup> For example, there is limited easily accessible, centrally available information on effective interventions, recommended caseload sizes and appropriate outcome measures for APS and PSE. Accordingly, across states, APS and PSE programs vary not only in age cohorts served, but also the types of services that are provided, and their relationships with other service providers and the criminal justice system.

**Mandated reporters are persons and entities that are required by state statute to report suspected incidents of elder abuse to relevant authorities.**

**PSE Reporting and Investigation:** Despite the profound importance of federal leadership, at its core, the investigation of reports of elder abuse, neglect and exploitation is a state endeavor. In Connecticut there are two types of reports to PSE, voluntary and mandatory. Connecticut, like many states, allows anyone with reasonable cause to believe that an older adult needs protective services to voluntarily report. These reports are made to PSE and can be anonymous.<sup>31</sup> Additionally, some investigations begin with reports from mandated reporters. Mandated reporters are persons and entities that are required by state statute to report suspected incidents of elder abuse to relevant authorities. There are 14 states that require everyone (often defined as "any person") to report suspected abuse; 32 states (including Connecticut) require only certain professionals to report; and 4 states with no mandatory reporting requirements.<sup>32</sup>

Mandatory reporters in Connecticut include health care professionals, police officers, clergy, social workers.<sup>33</sup> Persons employed by an agency, organization, institution, or facility that provides care for elderly persons (including employees of a community-based services provider, senior center, home-care agency, homemaker and

**If an older adult is deemed competent to make decisions, they have the right to refuse involvement from the state's protective services program.**

companion agency, adult day center, village-model community or congregate housing facility) and emergency medical service providers are also mandated reporters, added to Section 17b-451 (a) of the Connecticut General Statutes during the 2014 and 2015 legislative sessions as a result of the recommendations of the Aging in Place Task Force.<sup>34</sup>

The addition of new categories of individuals required to report greatly expanded the number of community-based mandated reporters. Connecticut is in the midst of a rebalancing movement of its long-term services and supports system (LTSS), which in part prioritizes funding and policy focus on home and community-based supports versus institutional settings. At its heart, rebalancing is about giving people meaningful choice in where and how they receive LTSS. With increasing numbers of Connecticut residents receiving LTSS in home and community-based settings, it became important to expand the list of mandated reporters to include community-based providers.

Since their addition as mandated reporters, the number of Protective Services for the Elderly cases has increased from 4,024 cases in 2013 to 5,679 cases in 2015. Multiple factors may have led to this increase, including changes to the mandated reporter statutes, increased training for mandated reporters and demographic shifts.

Upon receiving a report of potential abuse, neglect or exploitation, Connecticut's Protective Services for the Elderly program (PSE) is mandated to investigate an allegation.<sup>35</sup> Depending on the severity of the allegation, the report must be investigated within 24 hours to 5 days.<sup>36</sup> The investigation includes a visit to the named older adult, consultation with those individuals having knowledge of the facts of the particular case, and an interview alone with the older adult, subject to certain exceptions.<sup>37</sup> If an older adult is deemed competent to make decisions, they have the right to refuse PSE involvement.<sup>38</sup> In general, cases are prioritized according to the extent and immediacy of risk to the older adult, the availability of resources to provide assistance, and the ability and willingness of the older adult to accept assistance.<sup>39</sup> Once PSE completes its investigation of a complaint, the person who filed the report is notified of the findings, but under current law, only upon request.<sup>40</sup>

**Mandatory Elder Abuse Training:** Connecticut requires employers of mandated reporters to provide mandatory training on detecting

potential elder abuse and neglect and inform staff of their mandatory reporting requirements. However, formal training guidelines have not been defined in statute or by PSE. While PSE staff conducts some mandated reporter trainings across the state (PSE), PSE is not required to establish the training, provide guidance or conduct training.

Pursuant to Public Act 15-236, mandatory training to detect fraud, exploitation, and financial abuse of an older adult is required for financial agents (defined as any officer or employee of any trust company, bank, savings bank, credit union, savings and loan association, insurance company, investment company, mortgage banker, trustee, executor, pension fund, retirement fund or other fiduciary or private financial<sup>41</sup>) who has direct contact with an older adult (defined as age 60 or older) within the officer's or employee's scope of employment or professional practice, or reviews or approves an elderly person's financial documents, records or transactions. The Legislative Commission on Aging is mandated to provide training resources on a web portal for use by these financial agents. Financial agents must complete this training within 6 months of the availability of the training resources (which are due to be completed on January 1, 2016) or within 6 months of hire. Importantly, financial agents are not mandated reporters.

**The number of referrals to Connecticut's Protective Services for the Elderly Program increased by almost 28% between 2010 and 2014.**

**PSE Capacity:** Connecticut's challenge with an aging population and increasing caseloads is consistent with the experience of other states. The number of referrals to Connecticut's Protective Services for the Elderly Program (PSE) increased by almost 28% between 2010 and 2014, and the number of investigations increased from 3,529 to 4,764 over the same time period.<sup>42</sup> Importantly, PSE cases comprise just over 50% of social workers' caseloads in Social Work Services, which includes but is not limited to PSE.

Staff and Caseload	2011	2012	2013	2014	2015*
Social Workers	83	83	76	78	76
PSE Cases Served	3529	3604	4024	4764	5679

\*Through 12/28/15

Accordingly, there is concern about the current capacity of the PSE program to handle the investigation and the aforementioned increase in referrals to the program. Demographics alone will continue to cause

**There is concern about the current capacity to handle investigating cases as referrals to Connecticut Protective Services to the Elderly increase.**

an increase number of referrals to PSE. Effective caseload management is essential to prompt, thorough and effective response to referrals. The National Association of Adult Protective Services, based on an informal study of 11 states, concluded that caseloads focusing on investigations should be limited to 15.7 cases per month, ongoing caseloads be limited to 26.5 cases per month and mixed caseloads (investigation and on-going) be limited to 24.6 cases per month.<sup>43</sup>

As reports and caseloads increase, so does the complexity of the investigations, particularly related to financial abuse and exploitation. Additionally, statutory changes that have occurred in recent years have already resulted in increasing the number of referrals to the program. These statutory changes include: (1) significant additions to the list of those that are mandated to report to PSE, (2) training requirements of employers of mandated reporters to provide training on detecting potential elder abuse and neglect and inform staff of their mandatory reporting requirements, and (3) mandated training of financial agents.<sup>44</sup>

This rise in referrals to PSE coincides with an overall reduction in the state workforce due to retirements and various hiring freeze policies. Specifically, staffing levels of PSE social workers has declined over the years. Currently there are 76 generalist social workers at the Department of Social Services (DSS), Social Work Services Unit (which includes but is not limited to PSE) at 12 regional offices, managed by 2 centrally located managers, down from 83 social workers in 2011. However, this reduction is difficult to quantify because DSS restructuring has led to changes in staff responsibilities. For example, DSS recently transferred the administration of the personal care assistant waiver to the Home and Community-Based Services Unit, previously part of Social Work Services, allowing the social workers to focus more time on social work services (including PSE) cases.

Throughout the development of this study, it was often mentioned that due to limited staffing and resource, a prioritization of response is necessary and therefore, understandably, imminent physical danger takes priority over a case of financial abuse.

**PSE Processes and Training:** In order to help facilitate a more streamlined entry in the system, PSE implemented a significant restructuring in 2014 by centralizing intake of all PSE referrals. All PSE referrals go to centralized intake at the central office for initial review and triage. Once the report has been triaged, it is sent to regionally-based social workers for investigation. Prior to this change, calls would



go directly to social work staff in regional offices, and the individual social worker receiving the call would review and decide if further investigation was warranted.

Training and access to subject matter expertise is as important for PSE social workers as it is for mandated and voluntary reporters (see subsection above on Mandatory Elder Abuse Training). Presently, the training for the PSE workers reportedly involves a curriculum, provided by the Office of the Organizational Skill Development, a partnership with DSS and the University of Connecticut's School of Social Work. Specialized training and access to subject matter expertise is critical to ensure positive outcomes. For example, in situations of family violence, PSE social workers work with the family violence consultants at the Connecticut Coalition to Against Domestic Violence to help manage difficult family violence cases and provide specialized supports to elder victims of domestic violence.

**Training and access to subject matter experts is critical for Protective Services for the Elderly social workers.**

**Long-Term Care Investigations and Interventions (LTCI):** DSS's Long-Term Care Investigations and Intervention (LTCI) consists of social workers (the same workers who serve the PSE program) who receive reports of suspected abuse, neglect, exploitation or abandonment of a resident in a nursing facility.<sup>45</sup> Statutory definitions of abuse, neglect, exploitation and abandonment are the same as those used by PSE. The number of referrals is relatively small (approximately 60 referrals in 2015) and, like PSE, is focused on providing the potentially victimized individuals the support they need. This is distinct from the role of the Department of Public Health (discussed in greater detail below), which focuses its investigation on the facility in which the alleged abuse occurred.

### **Conservator of Estate (COE) and Conservator of Person (COP)**

**Programs:** A conservator of estate is a person or entity that supervises the financial affairs of a person found to be incapable of managing his or her own affairs, due to a mental, emotional or physical condition. A conservator of person is a person or entity that supervises the personal affairs of a person found to be incapable of caring for himself or herself, again, due to a mental, emotional or physical condition.<sup>46</sup> The DSS Commissioner or his designee may be appointed as the Conservator of Estate, Conservator of Person, or both, for persons sixty years of age or older, if the person is incapable of managing his or her own financial or personal affairs, if there is no other suitable person to serve as conservator, and if the person has no more than \$1,600 in

liquid assets, excluding burial insurance and certain prepaid funeral expenses.<sup>47</sup>

### **Office of the Long-Term Care Ombudsman at the State Department on Aging**

**The Connecticut Long-Term Care Ombudsman Program protects and promotes the rights and quality of life for residents of skilled nursing facilities, residential care homes and managed care residential care communities (also known as assisted living facilities).**

The State Department on Aging (SDA) is comprised of the State Unit on Aging and the Connecticut Long-Term Care Ombudsman Program (LTCOP). In contrast to protective services for the elderly, the framework and guidelines for the Long-Term Care Ombudsman Program (LTCOP) was established and is monitored and funded federally. Begun in 1972 as a demonstration program, all states and territories now have an Office of the State Long-Term Care Ombudsman.

The Connecticut LTCOP protects and promotes the rights and quality of life for residents of skilled nursing facilities, residential care homes and managed residential care communities (also known as assisted living facilities).<sup>48</sup> This charge is accomplished through individual consultation and complaint resolution and also through work with other state agencies and advocacy organizations. The LTCOP also recommends improvements in public policy. In 2014 in Connecticut, the LTCOP received and opened 1,460 cases which resulted in 2,381 complaints, pursued with 8 Regional Ombudsman, 30 certified Volunteer Resident Advocates and 4 administrative staff.<sup>49</sup> Total program expenditures from the federal government for Connecticut's LTCOP in 2014 were \$1,793,943.

At the national level, the functions of the Long-Term Care Ombudsman Program are delineated in the U.S. Older Americans Act (OAA). However, until now, regulations had not been promulgated that specifically focused on the States' implementation of the program. Accordingly, there has been significant variation in the interpretation and implementation of the provisions of the OAA, resulting in long-term care facility residents receiving inconsistent services from Ombudsman programs in some states compared to other states.

A culmination of several years of collaborative work with states and other partners, federal regulations, effective July 1, 2016, will guide the portion of the OAA governing grants to states for operation of LTCOP. Specifically, the regulations address responsibilities of key figures in LTCOP; criteria for establishing consistent, person-centered

approached to complaint resolution; and processes for identifying and remedying conflicts of interest.<sup>50</sup> Connecticut will need to ensure that it is well situated to adhere to these new regulations.

However, despite historical variation between states in these areas, federal reporting requirements have led to a wealth of uniformly collected data that can readily be compared between states and can inform national data information and trends. Each state collects complaint data and reports aggregate data annually to the U.S. Administration on Aging, through the National Ombudsman Reporting System, on a single form, with several domains.<sup>51</sup> De-identified, aggregate data on the number of cases received and opened, among other information, is publicly available online.

Currently, Connecticut does not have a community-based ombudsman to help handle quality of life complaints of individuals who receive long-term services and supports (LTSS) while living in community-based settings. Public Act 13-184 was passed in an effort to align with long-term services and supports rebalancing efforts and to provide long-term care ombudsman services to consumers receiving long-term care, regardless of the setting. It required the LTCOP to implement and administer a pilot program serving home and community-based care recipients in Hartford County and appropriated \$26,000 for the pilot. However, the funds were not released due to the state hiring freeze.

In 2014, the fiscal year 2015 budget adjustments eliminated funding for the pilot. Federal funds for the LTCOP are restricted and cannot be used for community-based ombudsman services. Efforts to expand services to the consumers in the community continue to be an important element of the state's rebalancing efforts. Moving forward, adequate financing must be provided through other funding streams if Ombudsman services are to be rendered to community-dwelling LTSS consumers in Connecticut.

## Department of Public Health

The Connecticut Department of Public Health (DPH) protects and improves the health and safety of the people of Connecticut by assuring the conditions in which people can be healthy; preventing disease, injury and disability; and promoting the equal enjoyment of the highest attainable standard of health. Among many other responsibilities, DPH actualizes this mission in part through regulatory

**Each state Ombudsman program collects complaint data and reports aggregate data annually to the U.S. Administration on Aging through the National Ombudsman Reporting System.**

**The Connecticut Department of Public Health's (DPH's) Facility Licensing and Investigations Section has the authority to investigate allegations of abuse of residents who reside in facilities licensed or certified by DPH for participation in the Medicare or Medicaid program or under state law.**

oversight of health care facilities and services. DPH's Facility Licensing and Investigations Section has the authority to investigate allegations of abuse of residents who reside in facilities licensed or certified by DPH for participation in the Medicare or Medicaid program or under state law. DPH conducts inspections and investigations to determine compliance with federal and state statutory and regulatory requirements.<sup>52</sup>

For example, federal regulations promulgated by the U.S. Department of Health and Human Services' (DHHS's) Centers for Medicare and Medicaid Services state explicitly that long-term care residents have "the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion."<sup>53</sup> Further, under federal guidelines for Medicare and Medicaid beneficiaries, states must review all reported allegations of resident neglect and abuse and misappropriation of resident property, regardless of the source of the complaint; investigate them if there is reason to believe that such abuse could have occurred; and have written procedures for the timely review and investigation of such allegations.<sup>54</sup> DPH has authority to carry out investigation of complaints alleging noncompliance with federal requirements as a result of an agreement with DHHS.

By way of a state regulatory example, a "reportable event," for nursing homes and certain other institutions includes "a complaint of patient abuse or an event that involves an abusive act to a patient by any person; for the purpose of this classification, abuse means a verbal, mental, sexual or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment."<sup>55</sup>

Inspections and investigations may result in the identification of violations, resulting in citations of state or federal deficiencies. Each such citation must be in writing and provide notice of the nature and scope of the alleged violation or violations. In response, the facility is required to develop a plan of correction that outlines how the facility will address the issues that have been cited, including developing a plan to ensure the safety of the victimized resident and to make any necessary systemic changes to ensure the safety of potentially similarly situated residents in the future. Depending on the outcome of the investigation and who perpetrated the abuse, DPH may also make an internal referral to its Practitioner Investigations Unit, which conducts investigations, and when appropriate, works with the DPH Office of Legal and Regulatory Services to seek disciplinary action against

relevant, licensed individual providers. Referrals are also made to other state agencies, including the Office of Chief State's Attorney, the Department of Social Services, the Drug Control Division of the Department of Consumer Protection, and the Office of the Inspector General.

Detailed information on each investigation of potential abuse in a facility is submitted to a federal database. However, unlike the National Ombudsman Reporting System, utilized by the Office of the Long-Term Care Ombudsman in Connecticut, de-identified aggregate data is not publicly available, though DPH may release specific statistics upon request. In 2014, DPH investigated more than 550 complaints (of which 386 allegations were substantiated) specific to 183 nursing homes.<sup>56</sup> There are approximately 229 nursing homes in Connecticut.<sup>57</sup>

DPH works closely with the Office of the Long-Term Care Ombudsman. As discussed above, the Long-Term Care Ombudsman Program (LTCOP) investigates a broad range of issues involving residents' rights. The LTCOP will notify DPH when it is potentially necessary to invoke DPH's regulatory authority to inspect and investigate to determine compliance with state and federal laws.

**A variety of state agencies in Connecticut perform protective services and investigations, each serving specific cohorts based on age, disability status and other factors.**

## **State Protective Services and Investigations of Other Cohorts**

A variety of state agencies in Connecticut perform protective services and investigations for other populations, each serving specific cohorts based on age, disability status and other factors. A list of these entities is discussed more fully below.

The interrelated nature of the work of these entities has led to some formal and informally established collaborative relationships. In illustration, the Connecticut Office of the Protection and Advocacy for Persons with Disabilities (OPA) shares information and communicates care concerns with the Office of the Child Advocate and the Department of Public Health. Additionally, there is a Memorandum of Understanding established between the Department of Developmental Services and OPA to delineate roles related to the investigation of abuse.

**The Connecticut Office of Protection and Advocacy for Persons with Disabilities:** The Connecticut Office of the Protection and Advocacy for



**The Abuse Investigations Division of the Connecticut Office of Protection and Advocacy for Persons with Disabilities investigates reports of alleged abuse or neglect of adults (ages 18-59) with intellectual disabilities.**

Persons with Disabilities (OPA) is an independent state agency, created to safeguard the rights of persons with disabilities in Connecticut.<sup>58</sup> OPA has two major protective services and investigative functions, conducted through its Abuse Investigations Division and Fatality Review Board, respectively. With respect to abuse investigations, OPA only has jurisdiction to investigate reports of abuse on a very specific and limited population, described in greater detail below.

**Abuse Investigations Division:** The Abuse Investigations Division (AID) of OPA conducts investigations of reports of alleged abuse or neglect of adults (ages 18-59) with intellectual disabilities, as defined in state statute (generally an IQ under 70). Importantly, OPA does not have the jurisdiction to handle any investigations outside of this narrow scope. “Abuse” is defined as the wilful infliction of physical pain or injury or the wilful deprivation by a caregiver of services which are necessary to the person’s health or safety.<sup>59</sup> “Neglect” includes both self-neglect and when a person with an intellectual disability is not receiving necessary services from his or her caregiver.<sup>60</sup> “Caregivers” are defined as persons with responsibility for the care of a person with intellectual disability as a result of a family relationship or who has assumed the responsibility for care by contract or by court order. Importantly, OPA does not investigate psychological, verbal, mental or emotional abuse. AID utilizes professionally trained investigators, rather than case managers or social workers, and their investigative products are similar to police reports. Investigators can investigate in private residences, and they notify law enforcement officials of alleged crimes.

**Fatality Review Board:** The Fatality Review Board for Persons with Disabilities (FRB) reviews the medical care and other circumstances surrounding untimely deaths, regardless of age, of individuals receiving services from the Department of Developmental Services, which in the opinion of the Executive Director of OPA warrant a full and independent investigation.<sup>61</sup> In addition to the Executive Director, the FRB consists of Governor-appointed members, who include a law enforcement professional with a background in forensic investigations, a developmental services professional, the Chief’s State’s Attorney (or designee), two medical professionals, and one person with expertise in teaching forensic investigation techniques.<sup>62</sup> Further, the deaths of all persons who are clients of the Department of Developmental Services (DDS) must be reported to OPA, whether or not abuse or neglect is suspected to have contributed to the client’s death, with information shared between OPA and DDS pursuant to a memorandum of understanding.

**Department of Developmental Services:** The Department of Developmental Services (DDS) is responsible for planning, developing and administering complete, comprehensive and integrated statewide services for persons with intellectual disability and persons medically diagnosed as having Prader-Willi Syndrome. DDS has a Division of Investigations (DOI) which investigates allegation of abuse and neglect by service providers of individuals receiving DDS-funded services, regardless of age and setting of the alleged abuse.<sup>63</sup> The DOI is composed of 15 professional investigators, some of whom historically have been retired law enforcement officers.

**Department of Children and Families:** The Department of Children and Families (DCF) was established to provide protective services to children who are being abused or neglected, in combination with behavioral health, juvenile justice and prevention services.<sup>64</sup> Child Protective Services carries out DCF's mandate to investigate all reports of alleged child maltreatment and provide protective services to children who have indeed suffered maltreatment.

**Office of the Child Advocate:** The Office of the Child Advocate monitors and evaluates public and private agencies that are charged with the protection of children, reviews state agency policies and procedures to ensure that they protect children's rights and promote their best interest, reviews individuals cases and may investigate complaints. The Office of the Child Advocate coordinates the operations of the Child Fatality Review Panel, a separate entity which is charged with reviewing unexplained or unexpected circumstances of the death of any child under the age of 18 who has received services from a state department or agency addressing child welfare, social or human services or juvenile justice.<sup>65</sup>

The long history of research and systems change in the child abuse system provides fertile ground for examination to inform potential policies and practices in addressing elder abuse on a national and state level, while recognizing the distinct differences of choice and self-determination for an older adult population. Further, it could provide the opportunity to align systems to determine correlation and ultimately prevent abuse across the lifespan.

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## Data Collection in Connecticut

**Based on recommendations of the Aging in Place Task Force, Connecticut now requires Protective Services for the Elderly to report basic data to the Connecticut General Assembly annually.**

As discussed above (see subsection on National Data Collection), there is a lack of consistent national data on elder abuse, to which the federal government is responding by developing a national reporting system. Additionally, the Center for Disease Control (CDC) is also formalizing elder abuse definitions which are expected to be part of the national reporting system. However, voluntary participation in this National Adult Maltreatment Reporting System will apply only to adult protective services (APS) and protective services for the elderly (PSE) programs and does not address the coordination of data from other entities. Each entity—such as Protective Services for the Elderly, the Office of the Long-Term Care Ombudsman, and law enforcement—requires and collects different types of information. These entities, which all operate under different mandates, may or may not collaborate.<sup>66</sup> In fact, definitions and standards across entities are extremely dissimilar (see Table 1 above). Until national definitions and standards are fully developed and adopted (through NAMRS and the CDC), aligning reporting would be very difficult and cost-prohibitive.

Connecticut recently increased its transparency with respect to reporting of elder abuse data from the Department of Social Services Protective Services for the Elderly (PSE) program. Based on recommendations of the Aging in Place Task Force<sup>67</sup>, Connecticut now requires PSE to report basic data detailing the number of complaints, disposition of complaints and whether the number of complaints have increased or decreased from the previous year to the General Assembly annually.<sup>68</sup> The most recent report was submitted to the General Assembly in July 2015. However, the data provided in their report is PSE data alone and does not reflect the scope of protection and investigations services provided by DSS beyond PSE. Data from other state entities that also handle elder abuse cases is not mandated to report to the Connecticut General Assembly.

The current data collection system at PSE has several limitations. Services provided to PSE clients, perpetrator demographics, and outcome data are all very difficult to access utilizing the current system. In 2015, DSS PSE submitted a grant proposal to the Administration for Community Living of the U.S. Department of Health and Human Services for a state grant that would help to build a more robust data collection infrastructure.<sup>69</sup> There were several elements to the proposal that would have helped to build a data collection system that allowed for a predictive analytics model that could potentially reduce the likelihood of abuse and implement more targeted interventions. Unfortunately, Connecticut did not receive the award.

## Criminal Justice System

Both nationally and in Connecticut, the criminal justice system has a critical role in investigating allegations of elder abuse, prosecuting abusers, and ensuring that victims receive supportive services.

**Law Enforcement Investigations:** Investigation of elder abuse crimes by police is a fundamental step in their successful prosecution. However, it is widely perceived that law enforcement has minimized the importance of cases involving older victims. Police officers may stereotype older victims, prosecutors may be reluctant (with or without reasonable basis) to allow older adults to testify, and judges may underestimate the impact of the crime of abuse upon the victim.<sup>70</sup> With the exception of a few municipalities, such as the town of Fairfield, little training has been done with police to identify and more fully investigate a potential crime of elder abuse. Without thorough investigation and collection of evidence, prosecution is difficult. Accordingly, the Federal Law Enforcement Training Institute has developed a train-the-trainer program that serves to increase the effectiveness of law enforcement trainers charged with training law enforcement staff on the abuse of older adults.

**The criminal justice system has a critical role in investigating allegations of elder abuse, prosecuting abusers, and ensuring that victims receive supportive services.**

In addition to providing investigation for prosecution, law enforcement also works with social service providers and other local resources to help protect the safety of community members. Examples include participation on multidisciplinary teams and the TRIADs. “TRIADs” as discussed here are partnerships with law enforcement, aging service providers and private sector businesses who agree to work together to reduce criminal victimization of older adults and enhance the delivery of law enforcement services to this population. There are currently over 40 local Triad programs in Connecticut.<sup>71</sup>

**Prosecution of Crimes:** Elder abuse cases are often difficult to prosecute because (1) victims—as a result of incapacity, fear, guilt or misplaced loyalty—may be unable or unwilling to testify against an abuser, who is usually a family member or other trusted individuals and (2) prosecutors and other law enforcement staff may lack sufficient training and resources to pursue these cases.<sup>72</sup>

Recognizing both the import of addressing elder abuse and also the challenges of prosecution, the Criminal Justice Section of the American Bar Association passed a resolution to enhance the justice system’s

**In Connecticut, the Office of the Chief State's Attorney investigates and prosecutes all criminal matters, including elder abuse crimes.**

response to elder abuse.<sup>73</sup> Specifically, the resolution calls, whenever practical, to create special elder abuse units within the prosecutor's office or to designate a specially trained prosecutor to handle elder cases; to provide training of prosecutors in the identification, investigation, and prosecution of elder abuse, neglect and financial exploitation; and to ensure that any victim services program within any prosecutors' office should develop policies, procedures and funding for providing specialized victim services to the older adult population, among other recommendations.

Further, for those cases that are being prosecuted, the National Center for State Courts recently proposed eight performance measures to be used by prosecutors' offices and individual prosecutors to increase effectiveness in handling elder abuse cases: (1) the use of an evidence collection checklist, (2) the use of expert consultants, (3) the time to case resolution, (4) prosecutor-initiated continuances, (5) victim satisfaction ratings, (6) early payment of restitution, (7) supervised sentences, and (8) contact restrictions. Their document also offers strategies for flagging elder abuse cases, among other tools.<sup>74</sup>

In Connecticut, the Office of the Chief State's Attorney (the "Office") investigates and prosecutes all criminal matters, including elder abuse crimes. With federal funding, the Office previously established and maintained a specialized unit for elder abuse, which included several inspectors with arrest authority, as well as two prosecutors. Ultimately, following the elimination of that funding, in combination with state employee retirements, the specialized elder abuse unit was consolidated back into the general functioning of the Office. Accordingly, prosecutors in the Office currently do not have specific training and expertise in the prosecution of elder abuse crimes, although have demonstrated interest. Data are not available on whether the consolidation of the elder abuse unit has led to a diminished number of prosecutions for elder abuse crimes.

**Role of the Court System:** Elder abuse cases enter the court system in various ways. For example, elder abuse might be an overt or underlying issue in criminal assault cases, fraud, civil cases, protective orders, guardianship and conservatorship cases, and institutional abuse or neglect cases. The court system plays a critical role in preventing future incidents of abuse and protecting the rights of older adults and people with disabilities.

Some courts have established specific court-based programs to serve



victims of elder abuse, which have been shown to enhance access to justice for victims, as well as offer benefits to courts and other agencies. As an example, the Elder Protection Court in Alameda County, California is a special civil and criminal docket for elder abuse cases, and Hillsborough County, Florida has established an “Elder Justice Center” that provides older adult assistance (but not legal advice) in completing court documents. They also serve as advocates for older adult crime victims.<sup>75</sup>

Additionally, elder abuse cases fall under a court's probate jurisdiction. One of the purposes of probate courts is to protect the safety and financial interests of older adults and persons with disabilities. Elder abuse and financial exploitation cases may be heard in probate courts related to amendments of wills and trusts, exercise of power of attorney, conservator of person (supervises personal affairs and ensures that a person's basic needs are met) and conservator of estate (supervises financial affairs).<sup>76</sup> As the proportion of older adults in Connecticut continues to increase, probate courts will need to develop new strategies and tools to handle expanding caseloads, consider remote access technology, and consider specialized training.<sup>77</sup>

Connecticut is pursuing establishment of a Criminal Justice Information System to allow for shared access to data between law enforcement agencies.

**Shared, Centralized Access to Criminal Data:** The Office of the Chief State's Attorney is part of the state's widely diverse criminal justice community. It consists of 11 justice agencies with over 23,000 members that utilize 52 information systems to support their business needs. Justice and public safety partners rely heavily on information exchange, which currently are predominantly manual, resulting in redundant data entry by multiple agencies and long wait periods to receive important information, if at all. Moreover, current information technology systems are outdated and require constant and continuous support.<sup>78</sup>

As part of a large criminal justice reform bill passed in 2008, the Connecticut General Assembly called for the establishment of a Criminal Justice Information System (CJIS) to allow for shared access to data between law enforcement agencies.<sup>79</sup> Development is being modeled on key national technology standards, such as the National Information Exchange Model, Justice Reference Architecture and Global Federated Identity and Privilege Management.<sup>80</sup> The information sharing system, which will allow Google-like searches, will be compiled by law enforcement and Judicial Branch agencies statewide. The system is scheduled to be rolled out in phases, with some users able to use the system imminently, and full completion set

for August 2017, accordingly to the most recently available timetables.<sup>81</sup>

Implementation of CJIS will reduce manual data entry, material and transportation costs, and time spent by agency personnel manually processing documents and collecting information. The criminal justice community will benefit holistically, but municipal law enforcement agencies will be assisted especially. Performance measures based on key indicators will be implemented to measure the health of justice processes. Relevant to this study, implementation will promote more coordinated communication about elder abuse among local and state governmental entities, especially law enforcement.

**Even though there are state and federal systems and policies in place to address elder abuse, local government and service providers sit on the front lines and are impactful players in addressing elder abuse as well.**

## The Role of Local Government and Service Providers

Local government and service providers offer wide-reaching services, including public health and social services, among others. Even though there are state and federal systems and policies in place to address elder abuse, local government and service providers sit on the front lines and can be impactful players in addressing elder abuse as well. Social workers, police officers, home and community-based services staff and senior center employees are among those who are mandated to report suspected cases of elder abuse to the Department of Social Services Protective Services for the Elderly (PSE).<sup>82</sup> In addition to identifying, monitoring and problem-solving in potential cases of elder abuse, service providers and towns are also uniquely situated to provide leadership in education and prevention. For example, as local health departments work to create and modify community health improvement plans, elder abuse could be elevated as a priority area. In addition, municipal local social services could consider working with partners to develop an elder abuse prevention policy.

## Promising Practices

Because there is no federal government entity that assumes responsibility and oversight for elder abuse, resulting in vast differences in state structure, there are no nationally recognized models regarding elder abuse systems change per se. However, there are several emerging promising practices, with respect to coordination, utilization of expert or specialized consultants, and utilization of research-based assessment tools. They are each highlighted as follows.

**Coordination:** In addition to the value of a statewide collaboration through the Elder Justice Coalition, to meaningfully address certain elder abuse cases, especially those that are complex and may involve more than one type of abuse, requires a local team approach. Multidisciplinary teams (MDTs) are groups of professionals who meet regularly to handle complex cases of elder abuse. MDT's acknowledge the critical importance of bringing together different professionals to address elder abuse. The disciplines represented are wide-ranging and may include adult protective services, aging services providers, mental health providers, law enforcement officials, prosecutors, medical professionals, civil attorneys, daily money managers, guardians or conservators, victim advocates, domestic violence advocates and professionals, and long-term care ombudsman program staff, among other potential team members.<sup>83</sup> Depending on the MDT, member participation may be either voluntary or mandatory, and the MDT may either be an advice-giving or action-oriented entity.<sup>84</sup>

**Multidisciplinary teams are groups of professionals who meet regularly to handle complex cases of elder abuse.**

The functions of MDTs are multi-faceted, though, according to one study of 31 MDT coordinators from across the country, most frequently performed functions are providing consultation to resolve difficult abuse cases, identifying services gaps and system problems, and updating members about new services, programs and legislation.<sup>85</sup>

Experts have articulated benefits to all parties.<sup>86</sup> Clients benefit from enhanced autonomy and choice, improved access to services, equity of care and reduced injury or loss. Members benefit from the opportunity to enhance skills and expertise; familiarity with the resources, approaches and perspective of multiple disciplines and service networks; up-to-date information on community services, resources and developments; and the development of community standards of care. Communities benefit from an improved service response and a system to balance the interests and perspectives of diverse parties. And the field of elder abuse prevention benefits by enhanced understandings of services, interventions and approaches to service delivery, as well as increase understanding about elder abuse holistically and its associated risk factors.

Despite the vast anecdotal evidence supporting MDTs, to date, there has been a paucity of research on the effectiveness of MDTs, but even the limited findings are encouraging. One recent analysis of the successes and challenges of seven multidisciplinary teams found that MDTs increase collaboration, promote efficiency in handling complex cases of elder abuse, and help educate the public.<sup>87</sup> Another recent

**Elder fatality review teams question whether an older person's death was caused by or related to elder abuse.**

study found that states with some sort of MDT legislation had significantly higher rates of domestic elder abuse than those without such legislation, though correlation does not imply causation.<sup>88</sup>

Elder justice experts note that new methodological models are necessary to evaluate MDTs, among other elder abuse interventions. Goal attainment scaling, which uses a standardized scale to measure a person's progress toward whatever outcomes are appropriate for that person, is a promising approach to measuring success, based on what the victim wants. National research leadership is also needed to undertake a nationwide descriptive study on MDTs, to conduct a nationally relevant cost-benefit analysis, to perform a rigorous multi-site evaluation to identify best practices and related outcomes, to conduct victim-centered studies that evaluate success based on what victims view as positive outcomes, and to form a national steering committee to advance these priorities.<sup>89</sup>

The emergence of increasingly specialized expertise in elder abuse has resulted in the emergence of newer, more specialized MDTs.

**Financial abuse specialist teams** (FASTs) focus on complex financial abuse cases and require experts familiar with financial institutions and complex financial transactions, distinguishing legitimate from fraudulent acts, and understanding financial professional licensing and regulation.<sup>90</sup> The Los Angeles County Fiduciary Specialist Team was one of the first FAST teams in the country.<sup>91</sup>

**Elder fatality review teams** question whether an older person's death was caused by or related to elder abuse, with the goal of identifying risk factors associated with deaths and promoting systemic improvements reforms to prevent similar deaths in the future.<sup>92</sup> The teams are modeled on long-established child and domestic violence fatality review teams. Their need is rooted in several factors, including: (1) high rates of erroneous and incomplete reporting on death certificates, (2) sometimes faulty reporting practices for cause of death and (3) fewer autopsies being performed on older adults.<sup>93</sup>

**Elder abuse forensic centers** are task-oriented, integrated, highly coordinated groups with a greater expertise in forensic assessment than traditional MDTs. They support collaborative efforts by legal, medical, social service and law enforcement agencies for the prevention and prosecution of crimes against older adults.<sup>94</sup> California has been a leader in the establishment of elder abuse forensic centers,

with established centers including the Los Angeles County, Elder Abuse Forensic Center, the San Francisco Elder Abuse Forensic Center, and the Elder Abuse Forensic Center in Orange County.<sup>95</sup>

Federal, state and local governments have increasingly empowered MDTs with statutory authority and financial resources, including through direct funding, demonstration projects and technical assistance.<sup>96</sup>

**Utilization of Expert (or Specialized) Consultants for Protective Services:** The adult protective services (APS) program in Virginia is housed within their Department of Family Services (DFS). This program employs a staff of 22 to serve Virginia's most populated county. To increase the efficiency and effectiveness of their APS staff, DFS has contracted with both an experienced nurse practitioner and a licensed psychologist to provide expert consultation and capacity assessments. Many APS cases involve complex and debilitating illnesses and conditions that affect not only an individual's physical condition but their cognitive capacity as well.<sup>97</sup>

Utilizing specialized consultants can efficiently bolster needed subject matter expertise.

APS professionals must often be a "jack-of- all-trades" in regard to the level of medical knowledge they need to have to do their jobs. A client diagnosed with Multiple Sclerosis may have very different issues compared to someone with a traumatic brain injury. Both require a modicum of understanding of the conditions, their outcomes and their treatments, at the very least. The nurse practitioner is available on an ongoing basis to answer questions and to refer the workers to sources of additional information or assistance for the client.

The accurate assessment of a vulnerable adult's physical and cognitive abilities is paramount in an APS investigation. Making a decision regarding a vulnerable adult's continued physical ability to live as they are, or the ability to make decisions for themselves, is one of the hardest decisions an APS professional faces. It is also one that must be made frequently. A multidisciplinary approach that includes high-level, professional expertise ensures accurate conclusions.

The aforementioned, contracted psychologist issued a report on his findings to DFS, for review by the caseworker and supervisor. The report helps guide APS staff toward intervention possibilities. The professional guidance provided by the psychologist lends a high degree of credibility and certainty to the APS decisions to pursue particularly significant interventions.



Research-based risk  
assessment instruments  
facilitates prioritization of  
limited resources in  
protective services.

APS staff also use the nurse practitioner to assess clients in the home. While the nurse practitioner cannot provide direct medical care, she is able to assess the client's medical condition and need for care, thus enabling the caseworker to bring in the appropriate clinicians. In addition to home visits, the nurse practitioner attends APS staff meetings where cases are discussed and medical conditions are explained. Further, the nurse practitioner is available to testify in court on behalf of APS as to what has been observed and to provide her expert opinion.

**Utilization of Research-Based Assessment Tools:** Research-based assessment tools, such as the Structured Decision Making (SDM) model for adult protective services, assists social workers in making decisions for and with older adults and helps to improve consistency and validity in decision making. The SDM model aims to reduce the potential for subsequent harm and improve the delivery of services through the use of four assessment tools: intake, safety, risk and strengths and needs assessments. SDM assists APS staff in performing intakes, investigations, and case planning by providing a consistent approach to obtaining and evaluating information.<sup>98</sup>

A central principle of the SDM model is identification and differentiation of decision points. APS workers make critical decisions based on limited information; they must decide whether the abuse reports they receive should be investigated and how quickly an investigation should be initiated. The goal of the SDM model is to increase consistency and accuracy when assessing older adults at critical decision points during APS involvement.

Using this approach can help workers accurately identify clients at highest risk and focus resources on them, increasing the efficiency of APS operations. Using a research-based risk assessment instrument that can validly classify investigated adults by their likelihood of future maltreatment enables APS agencies to make informed policy and practice decisions.<sup>99</sup> It also helps them prioritize limited resources in protective services.

Minnesota APS staff representatives in six counties worked collaboratively to develop and implement intake, safety, and strengths and needs assessments utilizing the SDM model. The goals of the project were to create greater clarity of criteria when screening and investigating reports of abuse and neglect of older adults and improve consistency in assessment practices across agencies. Based on the successful outcomes of structured decision making in the pilot counties, Minnesota implemented SDM statewide in January 2013.<sup>100</sup>

## Highlights of Recent Elder Abuse State Laws Enacted and Policies

In response to increased knowledge about the magnitude and impact of elder abuse, neglect and exploitation, both the legislative and executive branches of state government have implemented significant measures to help prevent, detect and intervene on issues of abuse among older adults and persons with disabilities. Highlights of recent elder abuse state laws enacted and policies implemented are described below.

### 2015

- PA 15-236 requires certain financial agents to receive training on elderly fraud, exploitation, and financial abuse.
- PA 15-236 requires the Legislative Commission on Aging to create a portal of training resources for financial institutions and agents.
- PA 15-236 requires the Legislative Commission on Aging to study best practices for measuring, reporting and identifying elderly abuse, neglect, exploitation, and abandonment and submit this report to the Connecticut General Assembly by January 1, 2016.
- PA 15-236 gives abused, neglected, exploited, or abandoned older adults a civil cause of action against perpetrators; and prohibits someone convicted of 1st or 2nd degree larceny or 1st degree abuse of an older adult, blind person, person with disability or a person with intellectual disabilities from inheriting, receiving insurance benefits or receiving property from a deceased victim.
- PA 15-236 makes Emergency Medical Services providers mandated reporters for elder abuse.
- PA 15-150 requires the Department of Social Services (DSS) after receiving a report of abuse, neglect or abandonment of an individual in a nursing facility or residential care home to notify the resident's guardian, conservator, legally liable relative or other responsible party of the report. DSS must provide the notice as soon as possible, but not later than 24 hours after receipt of the report.
- PA 15-233 allows the DSS Protective Services for the Elderly Program (PSE) to petition the probate court to enter an older adult's home to conduct an assessment if DSS has reasonable cause to believe the person needs the services of protective services and the individual has refused to allow DSS to enter.
- PA 15-233 changes the definition of neglect for purposes of DSS PSE investigations and services.

**In Connecticut, both the legislative and executive branches of state government have implemented significant measures to prevent, detect and intervene on issues of abuse among older adults and persons with disabilities.**

**Several laws enacted  
pertaining to elder abuse  
resulted from  
recommendations of the  
legislatively-mandated  
Aging in Place Task Force.**

- PA 15-240 makes significant updates and changes to the Power of Attorney (POA) statutes, aimed to prevent and detect POA abuses. Among other things, the Uniform Power of Attorney Act, upon which relevant portions of the Public Act was based, allows a principal to grant an agent authority over more subjects, with more specific powers for agents, makes a POA durable, and authorizes certain people to petition the probate courts to review a POA, among other changes.
- DSS PSE applies to the Administration for Community Living of the U.S. Department of Health and Human Services for a grant to improve the PSE information and reporting systems. The proposal was not selected for funding.

#### **2014**

- Governor Issues Executive Order 42, requiring state agency participation on the Connecticut Elder Justice Coalition.
- Fiscal year 2015 budget adjustments retract the Long-Term Care Ombudsman Community-Based Care Pilot program established in 2013 and eliminates funding.
- Department of Social Services reorganizes its Social Work Services and implements centralized intake for Protective Services referrals.

#### **2013**

- State Department on Aging establishes the Connecticut Elder Justice Coalition.
- PA 13-184 requires the state Long-Term Care Ombudsman Program to implement and administer a pilot program serving home and community-based care recipients in Hartford County and appropriated \$26,000 for the Pilot.
- PA 13-250 requires the Department of Social Services' (DSS's) Protective Services for the Elderly Program (PSE) to submit an annual report to the General Assembly detailing the number of elder abuse complaints and disposition of complaints from the previous calendar.
- PA 13-250 expands the list of mandated reporters to the PSE to include anyone paid by an institution, organization, agency, or facility to care for an elderly person, including employees of community-based services providers, senior centers, home care and homemaker-companion agencies, adult day care centers, village-model communities, and congregate housing facilities.
- PA 13-250 establishes new training requirements of employers of these individuals to provide mandatory training on detecting potential elder abuse and neglect and inform staff of their mandatory reporting requirements.

## Recommendations

Increased understanding of the scope and consequences of elder abuse, neglect and exploitation have led to considerable policy innovation and implementation in Connecticut (see “Highlights of Recent Elder Abuse State Laws Enacted and Policies” section above). Building on those successes, the Legislative Commission on Aging makes the following recommendations to further efforts to prevent, detect and intervene on issues of abuse, neglect and exploitation among older adults and persons with disabilities. They are framed around the three areas that provide the statutory scope for the Commission on Aging’s study in Public Act 15-236. All recommendations require comprehensive planning, coordination and a commitment to ensuring adequate resources and support.

**National Models for Reporting Abuse, Neglect, Exploitation or Abandonment.** Because there is no federal government entity that assumes responsibility and oversight for elder abuse, there are no recognized national models for reporting elder abuse. However, several states have developed their own unique models. The Legislative Commission on Aging makes the following recommendations to improve reporting, based on those models that have undergone some evidence-based analysis or other rigorous vetting process.

Successfully addressing elder abuse requires comprehensive planning, coordination and a commitment to ensuring adequate resources and support.

1. **Establish Parameters for Reasonable Caseload Standards for PSE.** Based on an informal study of 11 states, the National Adult Protective Services Resource Center, administered by the National Adult Protective Services Association (NAPSA), determined reasonable caseloads for investigations, ongoing intervention, and combinations (both investigations and ongoing). Connecticut should establish parameters for reasonable caseloads for Connecticut’s Protective Services for the Elderly Program (PSE), administered by the Department of Social Services (DSS), utilizing technical assistance from NAPSA.
2. **Establish an Elder Abuse Resource Prosecutor in the Office of the Chief State’s Attorney.** With federal funding, the Office of the Chief State’s Attorney previously established and maintained a specialized unit for elder abuse, which included several inspectors with arrest authority, as well as two prosecutors. Ultimately, the specialized elder abuse unit was consolidated back into the general functioning of the Office. In order to maximize efficiency, the Office should establish a resource prosecutor with specific expertise in elder abuse to provide consultation, specific training

National systems change efforts are in the early stages, making the time ripe for Connecticut to ready for their adoption and implementation.

and expertise to other prosecutors in the prosecution of elder abuse crimes.

3. **Conduct a Connecticut-Specific Cost Assessment.** Other states, like Utah<sup>101</sup>, Wyoming<sup>102</sup>, Oregon<sup>103</sup> and New York have studied the cost of financial exploitation in their respective states. Connecticut should conduct a Connecticut-specific cost assessment to better understand the personal and state cost of these financial crimes.
4. **Evaluate Moving to an Adult Protective-Services Model.** Connecticut is one of only very few states in the nation that does not utilize an adult protective services (APS) model, which serves adults ages 18 and older. Rather, PSE only serves those adults who are 60 years of age and older. Connecticut should evaluate the possibility of moving to the adult protective services model, balancing the import of retaining choice and control with ensuring that access to protective services is not restricted by age.

#### **Standardized Definitions, Measurements and Uniform Reporting**

**Mechanisms.** National systems change efforts are in the early stages, making the time ripe for Connecticut to ready for their adoption and implementation. Accordingly, the Legislative Commission on Aging makes the following recommendations to advance standardization and uniformity in definitions, measurements and reporting mechanisms.

5. **Conduct Crosswalk of Definitions Across Programs.** Precise definitions of elder abuse vary widely within the state, between states, and between states and the federal government. Connecticut should conduct a comprehensive definitional crosswalk among agencies and with national guidelines and assess whether changes to statutes, regulations, policies, procedures and practices are possible to enhance alignment.
6. **Adopt National Consensus Guidelines.** The Administration for Community Living (ACL) of the U.S. Department of Health and Human Services is facilitating the development of voluntary consensus guidelines for state adult protective service (APS) systems, with the goal of promoting an effective APS response across all states. The Connecticut Department of Social Services (DSS's) Protective Services for the Elderly (PSE) should develop a strategic plan to adopt these national, voluntary consensus guidelines.
7. **Modify Connecticut's PSE Data Collection Process.** The Administration for Community Living is further developing a voluntary National Adult Maltreatment Reporting System (NAMRS). Connecticut's PSE should restructure its PSE data collection and reporting system to improve information and outcomes for persons



served by PSE; to enhance quality improvement; and to align with the recommended dataset used by the NAMRS. In the interim, DSS should submit a more detailed report.

8. **Formalize Training of Mandated Reporters.** Require PSE to develop an online training module for mandated reporters on the role of PSE, elder abuse red flags and reporting procedures to PSE.
9. **Develop Training and Resources for Law Enforcement.** Understanding the significance of elder abuse and a thorough investigation and collection of evidence is a necessary prerequisite to successful prosecution. Connecticut's Police Officers and Training Standards Council (POST) should develop mandated training and resources for police departments and other law enforcement partners for identifying and investigating abuse.

**Methods to Promote and Coordinate Reporting Communication Among Local and State Government Entities.** Elder abuse is addressed by a complex system of stakeholders, all operating under different mandates and often collecting different types of information. The Legislative Commission on Aging makes these final recommendations to promote and coordinate reporting communication among local and state government entities.

Elder abuse is addressed by a complex system of stakeholders, all operating under different mandates and often collecting different types of information.

10. **Formalize a System for Follow-up with Reporters.** Once PSE completes its investigation of a complaint, the person who filed the report is notified of the findings, but under current law, only upon request. PSE should formalize a system to ensure that post-investigative follow-up occurs consistently and uniformly for all reporters.
11. **Enhance Training for PSE Social Workers and Utilize Consultative Expertise.** PSE should establish a formal consultative relationship with subject matter experts to provide guidance on investigation and training in certain highly specialized areas, such as forensic accounting and family violence. Further, PSE should review and redevelop elements of its training curriculum to align with emerging national evidenced-based promising practices and implement training specifically on elder financial exploitation.
12. **Identify and Implement Evidenced-Based Assessment Tools and Service Models.** Using a research-based risk assessment instrument that can validly classify investigated adults by their likelihood of future abuse enables APS and PSE agencies to make informed decisions. This information can inform prioritization of limited resources. PSE should use these promising evidenced-based models, such as the Structured Decision Making (SDM) model that has been successfully implemented in Minnesota, as

**These recommendations are made in the spirit of working to prevent, detect and intervene on issues of elder abuse, while promoting values of choice and self-determination for older adults, as well as addressing abuse across the lifespan.**

well as other predictive analytic models.

13. **Pursue Federal Funding for Enhanced Training and Services to End Abuse Later in Life Program.** Encourage the Department of Social Services in collaboration with the Elder Justice Coalition to seek federal funding through the U.S State Department of Justice, Office on Violence Against Women's Enhanced Training and Services to End Abuse in Later Life Program. These funding opportunities are offered annually to enhance a coordinated community response to violence against older adults, develop services for older victims, organize training and cross-training for professionals and conduct outreach activities and public awareness.
14. **Empower Multidisciplinary Teams.** Multidisciplinary teams (MDTs) are groups of professionals who meet regularly to handle complex cases of elder abuse. The state should empower multi-disciplinary teams regionally across the state and explore federal funding opportunities to provide direct funding and technical assistance to those MDTs. The state should also consider establishing the following specialized MDTs:
  - a. **Financial abuse specialist teams.** Financial abuse specialist teams focus on complex financial abuse cases.
  - b. **Elder fatality review teams.** Similar to the legislatively-mandated Fatality Review Board at the Office of Protection and Advocacy for Persons with Disabilities and the Child Fatality Review Panel coordinated through the Office of the Child Advocate, elder fatality review teams question whether an older person's death was caused by or related to elder abuse, with the goal of identifying risk factors associated with deaths and promoting systemic improvement reforms to prevent similar deaths in the future.
  - c. **Elder abuse forensic center.** More task-oriented than traditional MDTs, elder abuse forensic centers are integrated, highly coordinated collaborative efforts with strong expertise in forensic assessment.

Local government should also facilitate the development of such teams, as appropriate, modeled on existing local successes.
15. **Support Continued Development of the Criminal Justice Information System.** As part of a large criminal justice reform bill passed in 2008, the General Assembly called for the establishment of a Criminal Justice Information System (CJIS) to allow for shared access to data between law enforcement agencies.<sup>104</sup> Implementation will promote more coordinated communication about elder abuse among local and state governmental entities, especially law enforcement. Connecticut should continue to prioritize this effort.

## Resources Consulted

In order to fulfill the objectives of this study, the staff of the Legislative Commission on Aging reviewed dozens of documents and online sources (see References section below for a comprehensive listing of written sources cited) and held meetings and ongoing consultative discussions with key national and in-state experts. Below is a non-exhaustive list of the national and in-state experts with whom we consulted, many of which informed our research but were not specifically cited in the report.

- State Department on Aging / Elder Justice Coalition in Connecticut: Commissioner Elizabeth Ritter; Nancy Shaffer, Office of the Long-Term Care Ombudsman and Mimi Peck-Llewellyn, Legal Services Developer
- Department of Social Services, Protective Services for the Elderly Program: Dorian Long, Manager of Social Work Services
- Jewish Senior Services' Center for Elder Abuse Prevention: Laura Snow, Program Director, Institute on Aging, and Erin Burk-Leaver
- Office of the Chief State's Attorney: Brian Austin, Executive Assistant State's Attorney
- Office of Protection and Advocacy for Persons with Disabilities: Beth Leslie, Legislative and Regulations Specialist
- Department of Public Health: Barbara Yard, Health Program Supervisor, Facility Licensing and Investigations Section
- United States Department of Health and Human Services, Administration for Community Living: Stephanie Whittier Eliason, Elder Rights Team Lead
- Elder Abuse Prosecution Unit, San Diego District Attorney's Office: Paul Greenwood, Deputy District Attorney
- Candace Heisler, Assistant Professor of Law, University of California Hastings College of Law. Previously, Assistant District Attorney San Francisco
- Connecticut Elder Action Network (CEAN)
- Connecticut's Legislative Commission on Aging board

**Connecticut's Legislative  
Commission on Aging  
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many national and in-state  
experts who informed the  
research in this report.**

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