Commonwealth of Pennsylvania

DEPARTMENT OF AGING

The Older Adults Protective Services Annual Report

2007

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Protective Services Annual Report Objective

The Older Adults Protective Services Annual Report is developed to inform the General Assembly, state government officials and the general public about the various types and frequency of abuse and neglect perpetrated on older Pennsylvanians, as well as the steps taken by the statewide aging network to prevent abuse and protect older victims. Reports are available by visiting the Department of Aging's web site at www.aging.state.pa.us. The Department of Aging (the Department) incorporates internet-based and technology to assure that its publications and forms are accessible, available, and distributed in a cost-effective manner. If you have any questions about this annual report or require additional information, please contact us at (717) 783-8975.

Laws Governing Protective Services in Pennsylvania 35 P.S. §10225-101-708 and Title 6 PA Code, Chapter 15

The Older Adults Protective Services Act (OAPSA) became effective on July 1, 1988. The Department completed program regulations on November 26, 1988. OAPSA reinforced Pennsylvania's commitment to:

- Providing access to services necessary to protect the health, safety and welfare of older adults (age 60 or older) who lack the capacity to protect themselves and who are at imminent risk of abuse, neglect, exploitation or abandonment;
- Safeguarding older adult's rights while providing the protective services needed;
- Providing for the detection, reduction, correction or elimination of abuse, neglect, exploitation and abandonment;
- Establishing a program of protective services for older adults who need them; and
- Educating the public as to the availability of services and create an awareness of elder abuse issues.

Amendments to OAPSA

In 1996, OAPSA was amended with Criminal History for Employees (Act 169) providing criminal history background checks for persons who are employed in a capacity where they will have direct contact or unsupervised access to the personal living quarters of a person who receives care, services or treatments from a facility (details on pg. 4). In addition, Reporting Suspected Abuse by Employees (Act 13) was signed into law in 1997 (details on pg. 6). This act ***mandates*** that administrators and/or employees of certain facilities report any suspected abuse of a recipient of care to their local Area Agency on Aging (AAA). If the suspected abuse involves sexual abuse, serious physical injury, serious bodily injury or a suspicious death, a mandatory report must also be made to law enforcement and to the Department (see 35 P.S. §10225.701 for more details).

The Department later proposed amendments to the protective services regulations. In 2001, a final rulemaking was submitted to the Independent Regulatory Review Commission (IRRC) and the legislative oversight committees. IRRC approved and amended regulations at its public meeting on January 24, 2002, and published them on May 18, 2002. These amendments more effectively safeguard the rights and protections of incapacitated older adults and care recipients of any age in specified facilities. The provisions for the mandatory submission of criminal history record information and mandatory reporting of suspected abuse enhanced the system of activities, resources and supports, which prevent, reduce or eliminate abuse, neglect, exploitation and abandonment.

Criminal Background Checks for Employees (Act 169 of 1996)

This Act defines a facility as a: domiciliary care home, home health care agency, long-term care nursing facility, older adult daily living center or personal care home. A facility is also defined to include public or private agencies that provide care to care-dependent individuals in their place of residence which has been determined to include hospices, birth centers, community residential rehabilitation services, long term structured residences, community homes for individuals with mental retardation, family living homes, ICF-MR (private and state), state mental hospitals and nursing facilities. In 2006, Act 69, required any home care agencies and registries to comply with criminal history background checks as required by OAPSA. A conviction from the following list of offenses prohibits any persons from working in a facility:

> "criminal homicide, aggravated assault, kidnapping, unlawful restraint, rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, arson and related offenses, burglary, robbery, theft (1 felony or 2 misdemeanors), forgery, securing execution of documents by deception, incest, concealing the death of a child, endangering welfare of children, dealing in infant children, victim/witness intimidation or retaliation, a felony offense relating to prostitution and related offenses, obscene or other sexual materials, corruption of minors, sexual abuse of children, an offense designated as a felony under the act known as the Controlled Substance, Drug, Device and Cosmetic Act"

The Department is responsible for administering the federal criminal history background checks statewide. **Since its implementation, applications received by the Department have continued to increase annually; 579 applicants have been prohibited from employment and nearly 58,000 applicants have been provided employment clearances.**

***Nixon v. Commonwealth of PA, et al*, 576 Pa. 385, 839 A.2d 277 (2003)**

The Supreme Court of Pennsylvania issued its decision in the Nixon case on December 30, 2003, following the Commonwealth Court's decision, 789 A.2d 376 (2001), which in effect held the criminal history background check prohibitive hire provisions of the OAPSA unconstitutional "as applied to the individual plaintiffs." The court only granted specific relief to the individual plaintiffs and not to all persons affected by the criminal history background check provisions.

The Department anticipates future legislative action to address the court's decision. In the interim, the Department issued the following guidance for all facilities required to comply with OAPSA as follows:

- Criminal history reports are required for all applicants.
- The Pennsylvania State Police will continue to process applications for state criminal history reports and provide such information to the entity requesting the criminal history report.
- The Department will continue to process FBI criminal history reports.
- Notifications from the Department will continue to indicate "clear" or "prohibited", based on FBI criminal history background check information.
- Effective February 4, 2004, facilities will not be sanctioned for hiring or continuing to employ individuals who demonstrate rehabilitation by evidence of a minimum five-year aggregate work history in care-dependent services, without incident, from either the date of conviction or release from incarceration, whichever is later. Applicants are responsible for providing official verification of such dates. Care-dependent services include healthcare, eldercare, childcare, mental health, mental retardation or care of the disabled. Facilities must reasonably investigate the character of an individual with a previously disqualifying criminal offense by means of interviews, references and evidence of work history. Facilities that hire such an individual are required to obtain specific employer-provided documentation of that individual's employment in care-dependent services and retain it in the individual's personnel file.
- The court's ruling in no way prohibits a facility from refusing to employ an individual, even one who has a clean aggregate five-year work history, based on information obtained in a criminal history report. Pennsylvania law, 18 Pa. C.S. § 9125, provides that an employer may consider criminal history felonies and misdemeanors, to the extent they relate to the applicant's suitability for employment in the position sought. The employer is required to notify the applicant, in writing, if the decision not to hire the applicant is based, in whole or in part, on the applicant's criminal history.

Mandatory Abuse Reporting (Act 13 of 1997)

Administrators and/or employees of certain facilities are mandated by Act 13 to report any suspected abuse of a recipient of care to the Area Agency on Aging (AAA). If the suspected abuse involves sexual abuse, serious physical injury, serious bodily injury or a suspicious death, a mandatory report must be made to law enforcement and to the Department. Facilities mandated to report any suspected abuse include: domiciliary care homes (DC), home health care agencies[1], long-term care nursing facilities, older adult daily living centers (ADLC) and personal care homes (PCH). The Department of Health has defined a home health care organization to include hospices and birth centers. Additionally, the Department of Public Welfare (DPW) has concluded that all DPW-licensed and DPW-operated residential facilities for adults are facilities under this Act. These DPW facilities include community residential rehabilitation services (CRRS), 55 Pa. Code Ch. 5310; long term structured residences (LTSR) 55 Pa. Code Ch. 5320; community home for individuals with mental retardation (Group Home), 55 Pa. Code Ch. 6400; family living homes (FLH), 55 Pa. Code Ch. 6500; Intermediate Care Facilities – Mental Retardation (ICF-MR) (private and state), 55 Pa. Code Ch. 6600; state mental hospitals; and nursing facilities.

Chart 1
Act 13 Reports (2006 & 2007 Comparison)

Type of Reporting Facility	*Serious Bodily Injury*		*Serious Physical Injury*		*Sexual Abuse*		*Suspicious Death*		*Under Age 60*		*Unknown*		Totals		% of Total	
	05'06	06'07	05'06	06'07	05'06	06'07	05'06	06'07	05'06	06'07	05'06	06'07	05'06	06'07	05'-06	06'07
ADLC	0	0	2	2	0	0	0	0	0	0	0	0	2	2	0.8	0.9
CRRS	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0.4	0.0
DC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0
FLH	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0.4	0.0
Group Home	0	0	0	2	1	1	0	1	0	0	0	0	1	4	0.4	1.9
Home Health	0	2	2	2	3	4	0	0	7	3	0	0	12	11	4.5	5.2
Hospice	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0.0	0.5
Hospital	0	0	2	1	1	1	1	0	0	1	0	0	4	3	1.5	1.4
ICF/MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0
LTSR	0	0	0	0	2	0	0	0	0	0	0	0	2	0	0.8	0.0
Nursing Home	11	6	56	38	78	74	4	4	44	20	0	0	193	142	72.6	67.3
PCH	3	3	6	8	31	25	1	2	9	10	0	0	50	48	18.8	22.7
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0
Total Number	14	11	68	53	118	106	6	7	60	34	0	0	266	211	100.0	100.0
Abuse By % of Total	5.3	5.2	25.6	25.1	44.4	50.2	2.3	3.3	22.6	16.1	0.0	0.0	100.0	100.0	-	-

(Facility Abbreviations: ADLC - Adult Daily Living Cntr; CRRS - Community Residential Rehab Svcs; DC - Domicillary Care Home; FLH - Family Living Home; LTSR - DPW/Long Term Structured Residence; PCH - Personal Care Home)

1 A home health care agency is defined to include those agencies licensed by the Department of Health and any public or private organization that provides care to care-dependent individuals in their place of residence.

Who is in Need of Protective Services under OAPSA?

Pennsylvania has the third-largest proportion of seniors 60 years old and over in the country and ranks fourth in age 85 and over. According to a study by the National Center on Elder Abuse, it is estimated that for every case of elder abuse reported, there are five that go unreported. Elder abuse is a problem that will continue to grow as Pennsylvania's older population increases.

Under OAPSA, an older adult in need of protective services is defined as "an incapacitated person in the Commonwealth over the age of 60 who is unable to obtain or perform services necessary to maintain physical or mental health, for whom there is no responsible caretaker and who is at imminent risk of his person or property." In the context of OAPSA, incapacity relates to a person's need for assistance because of functional limitation(s) and has no direct reference to the term "incapacitated person" as defined in the Incapacitated Persons Act (P.L. 508, No. 164) (20 P.S. §5501-5537) as amended.

The protective services law and subsequent regulations established the following:

(a) ***standards*** for reporting cases of elder abuse, investigating the cases, providing services to older adults and other areas;

(b) ***responsibilities*** of the Area Agencies on Aging (AAAs), as the agencies designated to implement the program, and;

(c) ***education*** and training of all protective services workers, other professionals and the general public on the mistreatment of older adults.

What are Protective Services?

Protective services are defined as those activities, resources or supports provided to older adults under OAPSA to detect, reduce, prevent or eliminate abuse, neglect, exploitation and abandonment. The law and regulations delineate the responsibilities of the AAAs, which are designated by the Department to be the local providers of protective services. Each AAA chooses to provide protective services directly by using its own staff or to purchase the services from a subcontractor. Regardless of the method, every AAA is responsible for the following:

Protective Services Plan – to submit an annual protective services plan to the Department for approval. The plan outlines the local implementation of OAPSA, provision of protective services, financing of services, protection of confidential information and other contractual obligations.

Receive Reports – to maintain a 24-hour a day, 365 days per year, toll-free telephone system to receive reports of older adults who are suspected of being abused, neglected, exploited or abandoned.

Investigate Reports – to have qualified staff to fully investigate all protective services reports, conduct comprehensive client assessments and develop service plans for persons found to need protective services.

Provide Services – to offer a written service plan to every older person who is found to need protective services. In some cases, the services prescribed would be provided by an AAA; in others, the services would be provided by another agency and the AAA would serve as the focal point for coordination of the services; in still others, the client might refuse to accept services.

Public Awareness – to raise public awareness of the existence of abuse, neglect, exploitation and abandonment of older adults within their planning and service area. Information must be publicized telling people how to recognize when a person needs protective services and how to report that need to the local protective services agency. These local activities are intended to supplement statewide public and professional education and/or information activities conducted by the Department.

Program Oversight

The Older Adults Protective Services Act provides for the reporting of abuse, neglect, abandonment or exploitation of older adults. In Pennsylvania, the Department of Aging works closely with the 52 Area Agencies on Aging (AAAs) serving older adults by implementing the protective services program at the local level. Abuse reports can be made on behalf of an older adult whether the person lives in the community or in a care facility such as a nursing home, personal care home, domiciliary care home, assisted living facility or hospital. Reporters may remain anonymous and they have legal protection against retaliation, discrimination and civil or criminal prosecution. Any person who believes that an older adult is being abused in any way may file a report 24 hours a day, seven days a week with any AAA or call the statewide elder abuse hotline number at **1 (800) 490-8505**.

The Department also continues to conduct systematic monitoring and evaluation of the quality of protective services provided by the AAAs while providing the administrative and clinical technical assistance needed to maintain program and service quality. We continue to renew our focus on protective services and assisting the aging network with providing services of the highest quality in accordance with OAPSA, the regulations and other guidelines. The Department expanded its Consumer Protection Division, and enhanced the quality oversight for all local programs. The Consumer Protection Division, under the Bureau for Advocacy, Protection and Education, is responsible for monitoring and conducting two yearly on-site reviews of protective services programs, and providing ongoing technical assistance to the local agencies. Additionally, the Department will continue to make efforts to improve the delivery of services to abused and neglected older adults, by developing strong working relationships with other community agencies and care providers.

The Department has continued to support the aging network by providing basic, advanced and annual trainings related to protective services. These trainings are offered through a contractual agreement between the Department and Temple University's Institute on Protective Services. This partnership also provides assistance to the aging network on building stronger working relationships with other community agencies and care providers in an effort to improve the delivery of protective services to abused and neglected older adults.

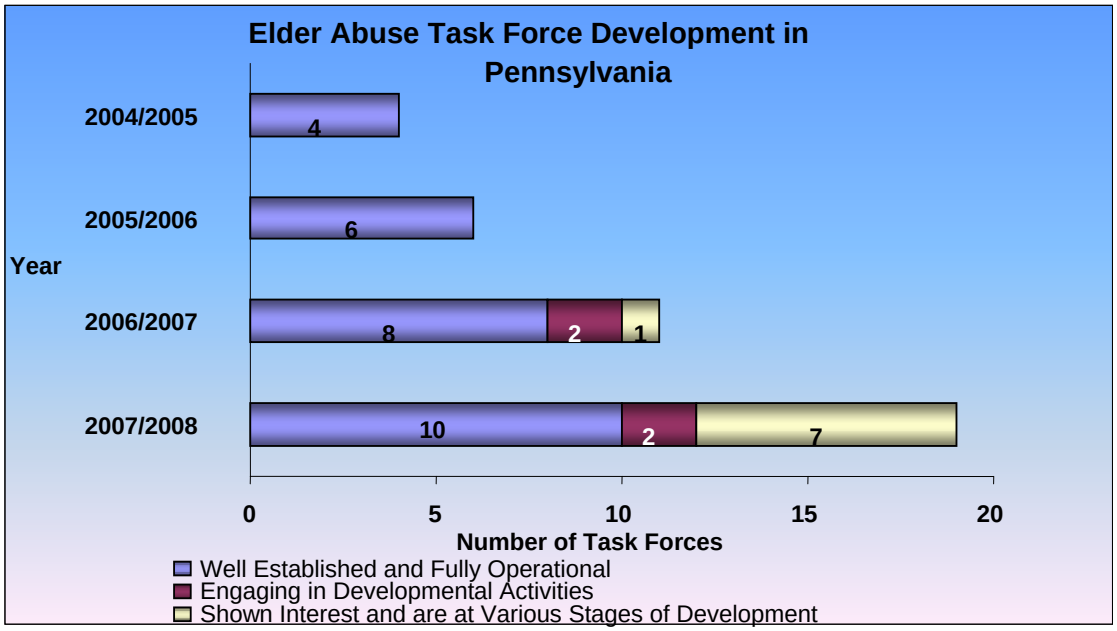
Partnership with Temple University

The Department of Aging, in partnership with Temple University's Institute on Protective Services, provides support, resources, and expert consultation to the AAAs, criminal investigators and prosecutors, and other community agencies. These entities work together to uncover, investigate, and prosecute crimes against the elderly.

The Institute was established to assist the Department of Aging and the AAA network to enhance the protective services delivered to Pennsylvania's older citizens. One area of assistance is the training of protective services personnel who investigate allegations of abuse, neglect, financial exploitation and abandonment of Pennsylvanians 60 years of age or older. This includes the bi-annual basic protective services training program for new employees and ongoing enrichment and advanced trainings (held at least two (2) times each year) for investigators already employed within the aging network. The second component includes consulting with protective services investigators, police, district attorneys, coroners and others, who are involved in the investigation and resolution of allegations of elder mistreatment, many of which involve alleged violations of the Commonwealth's Crimes Code. This work takes the form of assisting in planning investigative strategies; analyzing legal and factual issues; assisting in the development of local elder abuse task forces; and providing legal, forensic accounting and nursing expertise to investigators involved with specific cases.

During this fiscal year, the most significant areas of work involve the hundreds of Pennsylvania protective services, police and district attorney personnel, along with employees of financial institutions who have been trained to understand and identify elder victimization. And more importantly, these trainees have been given tools for notifying protective services and law enforcement of any elder victimization they uncover.

Chart 2
Task Force Bar Graph



Additionally, new county task forces were developed and put into operation. These include Indiana, Somerset, Adams, Lehigh, Chester, Cumberland and Montgomery counties. These are in addition to the ones that have been operating for some years, including Washington (with Fayette working from the same task force), Bucks, Berks, and Schuylkill counties. Progress has also been made in establishing task forces in Fulton, Greene, Columbia, Montour, Lebanon, Warren, Beaver and Butler Counties. The importance of these task forces is that in most counties, for the first time during the years that the older adult protective services system has been in place, the protective services investigators now have access to and credibility with law enforcement. Those who have been victimizing the elderly are now not just prevented from continuing with that mistreatment through protective services intervention, but the criminal justice system, in appropriate cases, is now actively involved in responding to what the protective services system has uncovered and effectively investigated. This is probably the single most important long term accomplishment, as it begins the development of ongoing working relationships at the local level to ensure that community resources are available for on-going protection of the elderly.

There are many documented cases, which police and protective services personnel have resolved, through the cooperative efforts of the Department, protective services staff and law enforcement. These sorts of criminal and human services cooperative endeavors would not have happened five years ago, and now they are becoming routine.

During this fiscal period, many cases reflecting the collaboration between the Department, the Institute on Protective Services and the AAA network have undertaken a significant rise. There are three cases in this report, and the first involves a daughter who stole the life savings of her elderly, disabled mother and spent the money for her exclusive benefit—leaving her mother often without the necessities of life. A protective services investigator from a multi-county and rural AAA was called to this older woman's home by a neighbor. When the investigator realized the systemic fashion in which the daughter had victimized her mother, she was determined to put an end to the theft and see to it that the mother recovered her assets and the daughter was held criminally accountable. These goals were also supported by the older adult.

Collaboratively, the worker and staff representing the Department and the Institute on Protective Services worked to organize records and determine what evidence was needed. They also collaborated with the district attorney to ultimately have it transferred to the Pennsylvania Attorney General's Office for further investigation and ultimately the arrest of the perpetrator. Late in the year the perpetrator, following pleading guilty to theft and other crimes, was ordered to make full restitution to her mother and was sentenced to up to three years incarceration with follow up parole to ensure that she no longer victimizes her mother.

The second case involves an insurance agent in central Pennsylvania who came to the attention of the local protective services agency through a neighbor's complaint. The complaint was that an older man was being victimized by this insurance agent, who had become his agent under a power of attorney agreement. Through collaborative efforts with the local police and district attorney, it was clear that the power of attorney document held by the insurance agent did not prevent him/her from being prosecuted for the thefts he/she was committing. Ultimately the case was successfully investigated and the criminal matter was referred to Pennsylvania Attorney General's Office. The two defendants, a husband and wife duo, were arrested late in the year, for a host of charges associated with stealing at least $84,000 from the older adult. The case continues with the likelihood that the defendants will be convicted.

The third and final example, involves local police and protective services investigators working together to resolve a daughter's abandonment and further victimization of her elderly, frail and very ill father. The father had been in a long term care facility following a hip fracture. While at the facility he injured his hip again and was transferred to the hospital for acute care. The hospital stabilized the older adult and recommended that he be transferred back to the long term care setting. The daughter and her husband insisted that it cost too much for him to be there, and indicated that they would take him to their home and care for him. The hospital made plans for him to be transferred to the daughter's home and for home health services to be delivered in the home. The daughter was given a series of prescriptions which she needed to have filled in order to deal with her father's illnesses.

On the day of discharge, the daughter cancelled the home health services and when the ambulance arrived to take the father from the hospital, the ambulance was redirected by the daughter to take her father to his home. He was placed in his own bed by ambulance personnel and the daughter assured them she would care for him. Four days after this occurred, the daughter called her sister who lived outside of Pennsylvania and requested she attend to her father's funeral arrangements, as he had passed away. The out-of-state daughter drove to Pennsylvania and went, as directed by her sister, to their father's home to go inside to identify what she believed to be her dead father. She asked the Pennsylvania sister to call the police to accompany her into the father's home. When the police arrived and went inside of the home, believing that a deceased elderly man would be found inside, they were surprised to find an older man screaming for help and asking why he had been abandoned for four days with no food, medicine, water or any way to get to the bathroom. The older gentleman, rather than being dead, was angered that he had been treated so poorly and wanted to know what he had done to be mistreated.

The local police asked the Institute for assistance in the investigation of this matter. Working together, staff representing the Department, along with a police office, and the protective services agency serving that county, conducted a comprehensive investigation of all aspects of the case, resulting in the daughter being charged with criminal attempt to commit homicide and neglect of a care dependent person. The daughter has been arrested, and bound over to the Court of Common Pleas for trial on these charges. All agencies involved in this investigation, continue to monitor this case in the hopes that the daughter will most likely be convicted.

Program Implementation

Prior to passage of OAPSA, each county set its own standards for providing protective services to older adults. Such a system allowed vast inconsistencies among the counties in addressing protective services cases. OAPSA and the regulations written by the Department established standards to ensure that uniform protective services are provided throughout the Commonwealth and include the following:

Education & Training

The law and regulations address the importance of ongoing protective services education and training. The Department's strategy for education and training provides for training of three distinct populations. These populations are local protective services staff, practitioners/other professionals who come into regular contact with older adults and the general public, and are defined as follows:

> ***Protective Services Staff*** - must undergo a criminal history background check. All caseworker, supervisory or intake worker training as set forth in the protective services regulations (6 Pa. Code §15.121) must be completed by protective services employees. The Department provides a minimum of six regularly scheduled trainings each year to protective services supervisors and caseworkers on investigative techniques and casework skills.

Practitioners/Other Professionals - The Department has, since the beginning of the program, undertaken various activities to educate practitioners/other professional groups having frequent contact with older adults. The educational activities have been designed to maximize the ability to recognize the symptoms of abuse, neglect, exploitation and abandonment so that accurate reporting of the potential need for protective services can occur. Educational materials have been created for professionals such as emergency room physicians, home health care providers, law enforcement officers, domestic violence workers, victim services workers and sexual abuse workers.

General Public - Activities concerning the statewide public education and information campaign have included development of programs and public service announcements for television, radio and newspapers; pamphlets, posters, information posted on the Department's website, and participation at local and statewide conferences.

Voluntary & Mandatory Reporting

Any person who reasonably believes that an older adult is being abused, neglected, exploited or abandoned can file a report with the local area agency on aging. Individuals reporting voluntarily may choose to remain anonymous and still be assured that their report will be investigated. Mandatory reporting is required of administrators and employees of facilities. Individuals who choose to file a report are given protection from retaliation or discrimination. Reporters are also given immunity from civil or criminal prosecution unless they act in bad faith or with malicious purpose. Each AAA must have a toll-free telephone number available in order to report abuse 24 hours a day, 365 days a year. A report can be filed on behalf of an older adult whether the person lives in the community or in a state-licensed facility such as a nursing home, personal care home or hospital.

Investigations

Every report that an agency receives must be investigated to determine if the older person named in the report (victim) is in need of protective services (substantiated report) or is not in need of protective services (unsubstantiated report). Investigations can be conducted only by protective services workers who have received training in investigative practices and procedures. Every report received by an agency is classified either as an emergency, a priority, or a non-priority case. The investigation of an emergency case must begin immediately; a priority case within 24 hours; and a non-priority case within 72 hours. If the investigation substantiates that the older person needs protective services, a written client needs assessment must be completed and protective services must be offered. The older person has the right to refuse services.

Access to Persons and Records

OAPSA gives protective services workers the authority to interview victims and to see records kept by other agencies concerning the victim. If anyone interferes with a protective services worker's access to the victim or to pertinent records, the local AAA can request a court order requiring that access be provided.

Involuntary Emergency Intervention

In an emergency situation, the AAAs can request a court order to provide protective services without the consent of the older adult. In order for a situation to be deemed an emergency, there must be clear and convincing evidence that the older adult is in imminent risk of death or serious bodily harm if protective services are not provided. Only the protective services agency can petition the court for an emergency involuntary intervention order. The emergency order must request that services be provided for no longer than 72 hours. A hearing should then be held by the court to determine if the older person is in need of continued protective services or other court involvement. The agencies must do everything possible to give older people the opportunity to receive legal counsel at every stage of involuntary proceedings. The agencies must take reasonable steps to protect the dependents and property of any older person who is receiving protective services under an involuntary emergency court order. An emergency court order can authorize police to use forcible entry to gain access to an older person.

Individual Rights

Those individuals who have been reported to be in need of protective services (victims) are guaranteed certain rights by OAPSA. These rights include:

> ***the right*** to be notified that someone has reported that they might be the victim of abuse and need protective services to ensure their safety and security;
>
> ***the right to refuse*** services offered by an AAA and also appeal to the Department of Aging any denial of services by the agency;
>
> ***the right to*** consult legal counsel when an AAA attempts to provide services under an emergency court order;
>
> ***the right*** to have all information held by an AAA concerning their case be kept confidential except for limited situations as described in more detail on the next page.

Individuals who have been accused of abuse, neglect, exploitation or abandonment (alleged perpetrators/abusers) are also guaranteed rights by OAPSA in certain situations, and they include:

- If an AAA's investigation reveals that the allegations about the alleged abuser are substantiated and an AAA has provided services to remove or reduce the risk to the older adult, the alleged abuser is then entitled to be notified and given a summary of the allegations made against him/her.
- In unsubstantiated cases, the identities of the reporter and alleged perpetrator are immediately deleted from the AAA's record. If, during the next six months no further reports are received, the AAA's entire file is destroyed.
- An alleged abuser has the right to file an appeal to challenge the findings of an AAA's investigation by filing an appeal with the Department of Aging under 1 Pa. Code Part II.

An area agency on aging must obtain the older person's informed consent before providing protective services unless the services are ordered by a court, requested by a court-appointed guardian or provided under an involuntary emergency intervention court order. Services provided to a protective services client must be based on a comprehensive client needs assessment and prescribed in a written service plan. A comprehensive written client re-assessment must be completed prior to termination and/or change in condition.

Confidentiality

The protective services file, which includes the report of need for protective services, completed investigation forms, client assessment, service plan and any other information collected during the investigation must be kept locked and separated from other agency files. Only protective services supervisors, caseworkers and assigned clerical staff have access to these files. This protected information may not be disclosed to anyone except the following:

- a court of competent jurisdiction or pursuant to a court order;
- law enforcement, if AAA investigation results in a report to police;
- service providers, to initiate service delivery;
- the older person reported to need protective services (information contained in the report of need only unless the matter is an Act 13 report);
- the alleged abuser/perpetrator in certain circumstances;
- the Department staff involved in hearing appeals or in program monitoring; and
- local administrators involved in program monitoring.

The name of the reporter may not be disclosed except in reports to law enforcement under Act 13 or as otherwise directed by the Secretary of Aging.

Data Collection

In 2006, the National Center on Elder Abuse Fact Sheet indicated that accurate, uniform, and detailed collection of elder abuse records is crucial in determining the efficacy of the protective services program. The Department gathers and reviews statistical information submitted by the AAAs. The protective services data on reports received and reports substantiated are integrated into the Department's OMNIA Interviewer and Social Assistance Management System (SAMS) databases. These databases contain real-time data allowing us to perform up to the minute reviews and analysis, and identify trends and make projections concerning the scope of problems, its victims and appropriate resource utilization.

The total number of reports of need for protective services reported by the AAAs during this fiscal year was 11,962. Of these 11,962 reports of need, 2,484 (21%) cases were substantiated as needing protective services (refer to **Appendix B**). This figure is higher than FY 2005-06 (11,597).

Data Analysis

As previously stated, the Department works closely with 52 Area Agencies on Aging serving older adults by implementing the protective services program at the local level. Reports are received and investigated by the AAAs. The following section outlines the types of reportable concerns, how to report these concerns, and how the reports are classified and investigated. In reviewing the following charts that illustrate the data and statistics, the reader will notice some variations from prior years. These variations are a result of changes made to the Department's data collection methods. A new database system (OMNIA Interviewer and SAMS) was put into place during FY 2005-2006 and this new system resulted in a complete reformation of the way protective service data had been collected over the preceding years. As with the implementation of any new system, there are periods of acclimation, conversion and modification. Revisions to the new system were made during this fiscal year and these modifications now provide for better collection methods. The Department continues to work with the reporting system to achieve optimum utility and accuracy.

Types of Reportable Concerns

In Pennsylvania, OAPSA has set forth the following specific definitions of ***abuse***, ***neglect***, ***exploitation*** and ***abandonment***, and are defined as follow:

Abuse is defined as the occurrence of one or more of the following acts:

- The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish;
- The willful deprivation by a caregiver of goods or services, which are necessary to maintain physical or mental health;

- Sexual harassment, rape or abuse, as defined in the Protection From Abuse Act (23 Pa. C.S.A., Sections 6101-6117).

No older adult will be found to be abused solely on the grounds of environmental factors which are beyond the control of the older adult or the caregiver, such as inadequate housing, furnishings, income, clothing or medical care.

The analysis of data indicates that of the types of abuse (physical, emotional and sexual) “physical” abuse is the primary type of abuse followed by “emotional” and “sexual” abuse. These findings are consistent with data from prior years.

Neglect is defined as the failure to provide for oneself or the failure of a caregiver to provide goods or services essential to avoid a clear and serious threat to physical or mental health.

For this report, in the majority of the reported cases in which the specific nature of the report was identified, neglect was the primary nature of the reports. Statistics continue to follow the trend of past years with self-neglect identified as the leading cause of neglect followed by caregiver neglect.

Exploitation is defined as an act or course of conduct by a caregiver or other person against an older adult or an older adult's resources, without the informed consent of the older adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the older adult. The data reveals that financial exploitation ranks closely above physical abuse.

Abandonment is defined as the desertion of an older adult by a caregiver. Abandonment continues to account for less than one percent of the reports received.

The Department will continue to assess and analyze all types of abuse for the purposes of identification, prevention, trending, educational planning and quality assurance.

Filing a Report

There are two types of reporting under OAPSA, voluntary reporting and mandatory reporting. Under the provisions of voluntary reporting, any person who has reasonable cause to believe that an older adult needs protective services may report that need to the local AAA or to by calling the **statewide elder abuse hotline number at 1 (800) 490-8505**. Voluntary reporters may choose to remain anonymous and still be assured that their report will be thoroughly investigated. A report can be filed on behalf of an older adult whether the person lives in the community or in a state-licensed facility such as a nursing home,

personal care home or hospital. Administrators and/or employees of certain facilities[2] are mandated reporters. Under the provisions of OAPSA, administrators and/or employees are required to report any suspected abuse of a recipient of care to the AAA. Additionally if the suspected abuse involves sexual abuse, serious physical injury, serious bodily injury or a suspicious death, a mandatory report must be made to law enforcement, the Department of Aging, and their local AAA.

When filing a report, a reporter contacts the AAA serving the geographic location where the alleged victim is at the time the report is made. Reports made to the AAA in an area other than where the older person is located will be promptly referred by an intake staff to the appropriate AAA. Reporters who act in good faith and without malicious purpose are protected from retaliation and are immune from liability unless they have perpetrated the acts of abuse, neglect, exploitation or abandonment that they are reporting.

The chart on the following page (**Chart 3**) reveals the source of reports filed from July 2005 through June 2006 and July 2006 through June 2007. This chart also provides data collected from all reports made to the AAAs. In reviewing the chart, one will notice that of the reports received by the AAAs, the most frequent reporting source was classified as "other". This classification includes persons such as neighbors, clergy, friends and members of the general public. The second largest reporting source is that of care facilities (agency).

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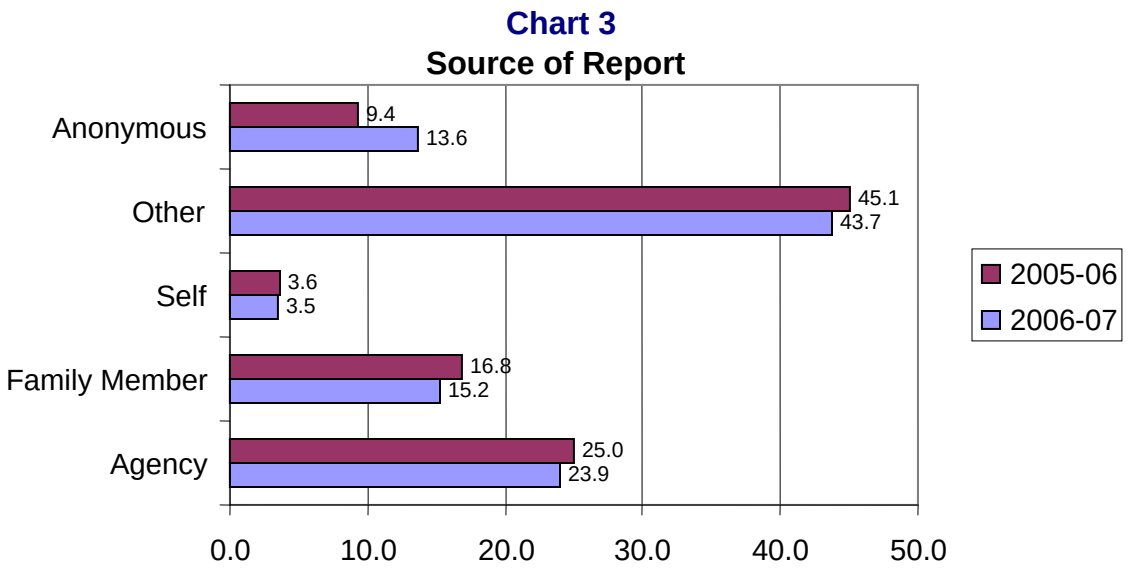
[2] Facilities mandated by OAPSA include: domiciliary care home, home health care agency, long-term care nursing facility, older adult daily living center and personal care home. A home health care agency includes those agencies licensed by the Department of Health (DOH) and any public or private organization that provides care to a care-dependent individual in his or her place of residence. Department of Health has defined a home health care organization to include hospices and birth centers. The Department of Public Welfare (DPW) concluded that all DPW-licensed and DPW-operated residential facilities for adults are facilities under this Act. These DPW facilities include: Community Residential Rehabilitation Services, 55 Pa. Code Ch. 5310; Long Term Structured Residences, 55 Pa. Code Ch. 5320; Community Home for Individuals with Mental Retardation, 55 Pa. Code Ch. 6400; Family Living Homes, 55 Pa. Code Ch. 6500; ICF-MR (private and state), 55 Pa. Code Ch. 6600; state mental hospitals; and nursing facilities.



In this FY, there were 11,962 reports of need for protective services reported by the AAAs. While care facilities (24%) and family members (15%) continue to make up a large group of reporting sources, the general public (44%) was identified as the single largest group of reporters. There were minimal changes in the reporting sources during FYs 2005-2006 and 2006-2007.

AAA Receipt of a Report and Assignment of Priority for Investigation

A report is classified into one of five (5) categories: emergency, priority, non-priority, another planning and service area, and no need for protective services. This categorization determines the timetable for beginning the investigation. Additionally, when it is reported that the alleged abuser is an employee of the county, the AAA, or a subcontractor, notification to the Department of Aging is required. The Department monitors the progress of the local investigation to ensure that the conflict of interest has no negative impact on the health and safety of the older person named in the report. Each report is assigned to one of the following priorities:

Emergency -- Immediate response

An emergency case requires immediate attention due to the possibility of imminent risk of death or serious physical harm to the older person. These reports are immediately referred to a protective services caseworker. The investigation of an emergency report is initiated immediately following the referral. The investigator makes every attempt to ensure the immediate safety of the older adult and to immediately conduct a face-to-face visit.

Priority – Response within 24 hours

A priority case is one in which the need for protective services is serious enough to require early, but not immediate intervention. The person receiving a priority report immediately refers it to a protective services caseworker. The investigation of a priority report is initiated as soon as possible. Reasonable attempts are made to initiate the investigation within 24 hours after the report is received. The investigation of a priority report can only be initiated by contact with the older adult reported to need protective services. The agency's investigator makes every attempt to visit the older adult face-to-face within 24 hours.

Non-priority – Response within 72 hours

A non-priority case does not require immediate or early intervention by the agency. Reports in this category are referred to a protective services caseworker within the normal hours of the agency's current or next day of business. The investigation of a non-priority report is initiated in a timely manner but never later than 72 hours after the report is received. At the discretion of the agency, the initiation of an investigation of a non-priority report includes a visit to the older adult reported to need protective services when details in the report indicate a need to see and talk with the older adult face-to-face in order to secure or verify facts essential to the ongoing investigation. The investigation of a non-priority report includes at least one visit to the older adult reported to need protective services.

Another Planning and Service Area (PSA)

A case placed in this category is one in which the older person reported to need protective services is located in another Planning and Service Area (PSA) at the time of the report. A report in this category also meets the criteria for placement in the emergency, priority or non-priority category and is referred to the PSA where the victim is located in accordance with those categorical requirements.

No Need for Protective Services

A report shall be placed in this category when the person reported to be in need of protective services meets one or more of the following criteria:

- a person within the jurisdiction of the Commonwealth who is not 60 years of age or older (PDA has no authority, under OAPSA, to investigate reports concerning adult consumers under 60);
- has the capacity to perform or obtain without help the services necessary to maintain physical or mental health; or
- has a responsible caretaker; or has no imminent risk to his/her person or property.

This type of report is referred to a protective services caseworker during the normal hours of the current or next day of business. The protective services caseworker reviews the details of the report and confirms or rejects the categorization. If the caseworker confirms the screening categorization, appropriate referrals are made to the AAA care management system. Adults under 60 years of age are referred to an appropriate agency. If the caseworker rejects the categorization, the report is placed in the appropriate category and handled accordingly.

Of the reports received from July 2006 through June 2007, “Non-Priority” reports were the most prevalent followed by “Priority” then “Emergency". A small number of the reported cases were referred to another PSA for investigation and follow-up.

Investigation

The purpose of the investigation is to determine if the older person (victim) named in the report is in need of protective services (substantiated report) or is not in need of protective services (unsubstantiated report). Of the 11,962 reports received and investigated by the AAAs, 2,484 (21%) cases were substantiated. Appendix A provides county-by-county data on reports and substantiation rates. This report focuses on the reports that were determined to be substantiated following investigation.

Reports classified under a specific identifier (self-neglect, caregiver neglect, physical abuse, financial exploitation, emotional abuse, sexual abuse and abandonment), remain reasonably consistent with the data collected in past fiscal years. The continued primary reasons an individual is assessed as needing protective services is as a result of self-neglect, followed by caregiver neglect. Financial exploitation, physical abuse, emotional abuse, sexual abuse and abandonment complete the ranking, respectively.

Characteristics

Throughout the course of a protective services investigation, information is gathered concerning the characteristics of individuals reported to need protective services (victim) and alleged abusers (perpetrator). A description for each is described as follows:

The Victims

In Pennsylvania, elder abuse is most concentrated among the very old. The age group most often found to need protective services (32%) is over the age of 85. Since those over age 85 comprise 12% of Pennsylvania's age 60+ population, they are being abused at a rate more than twice as high as their proportion of the general aging population. This seems to validate the findings across the nation that elder abuse is essentially a problem affecting the very old (Fact Sheet: National Center on Elder Abuse, February 2006). The next highest age group, 80-84, accounts for 22% of those reported to need protective services. Additionally, the majority of older adults found to need protective services are females (68%) and dependent on their abusers. Females represent 58% of all Pennsylvanians over 60 years of age. This data follows national statistics suggesting that females are abused more often than males.

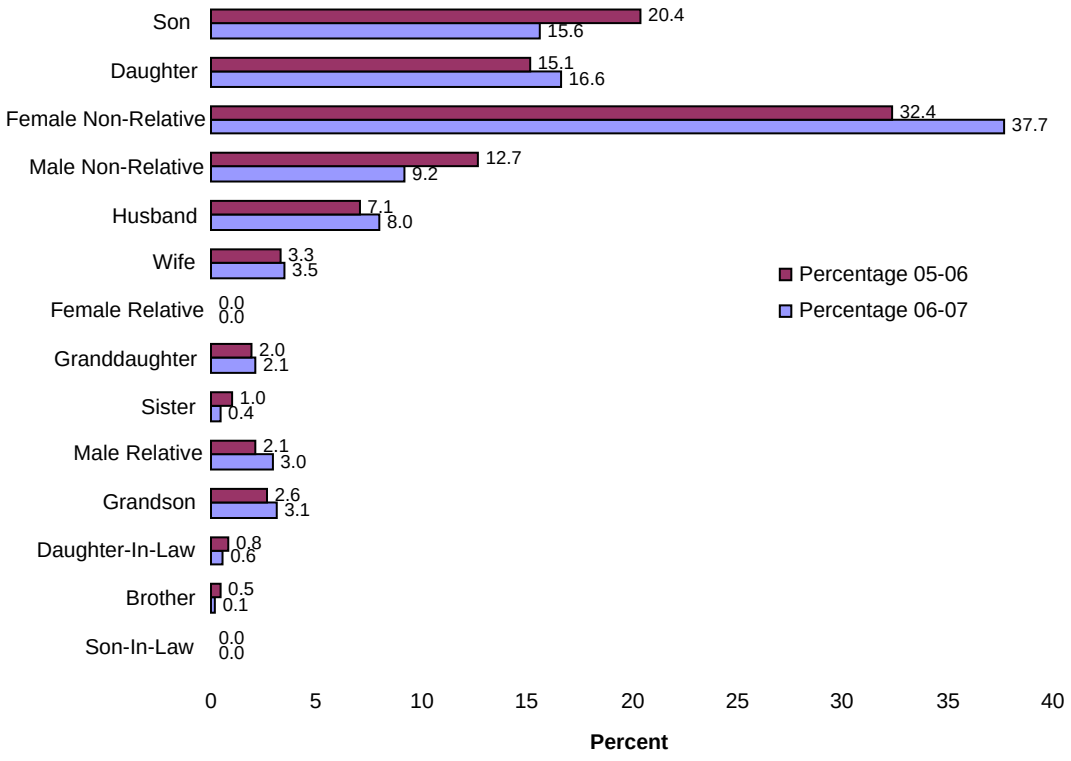
The ethnic and racial background of those found to need protective services is relatively proportional to the overall population. Non-minorities (75%) represented the highest group with the second highest being African-Americans (18%). The remaining groups, Hispanics, Asian/Pacific Islanders and American Indian/Alaskans, each accounted for one percent or less of those needing protective services.

The Alleged Perpetrator

Our data reveals that of the perpetrators over age 21, the age group 31-60 represents 46% of alleged perpetrators. The distribution of perpetrators by sex shows 58% of them to be female. At first glance, this may appear significant, but based on the fact that our data reveals that most caregivers are female suggests that the number of male abusers (42%) may actually be more noteworthy. **Chart 4** below illustrates that female non-relatives (37.7%), daughters (16.6%), sons (15.6%), and male non-relatives (9.2%) were the most frequent perpetrators of abuse. When the abuser was a spouse, husbands were more likely to be the abuser.

Chart 4

Perpetrator Characteristics



The data suggest that the characteristics of victims and abusers in Pennsylvania are not significantly different from the characteristics reported elsewhere. Based on national elder abuse statistics (Fact Sheet - National Center on Elder Abuse, February 2006), women are far more likely than men to suffer from abuse and neglect. In addition, the majority of all victims were reported to be Caucasian. The current Pennsylvania data is similar to national data. With regard to abusers, national data identifies females under age 60 as the primary perpetrators of abuse. In addition, national data indicates adult children or other family members accounted for the largest group of abusers. Pennsylvania data is similar to national data in that the largest group of abusers is that of adult children (32.2%). Pennsylvania's second largest group is that of non-relative females (37.7%).

While it is true that most victims of elder abuse live in the community when abuse occurs, residents of long-term care facilities seem to face a great risk of abuse. This is disturbing when we consider that a state-licensed facility is a professionally-staffed setting intended to provide for the health, safety and security of its residents. Institutional abuse is therefore a high priority issue for the Department of Aging.

Provision of Services

The purpose of the Older Adults Protective Services Act (OAPSA) is to provide a uniform, statewide system offering older people access to a core group of protective services which include receiving reports, conducting investigations, developing service plans and coordinating the provision of other services (i.e., meals, transportation and day care). OAPSA also provides AAAs with the ability to purchase other necessary services for protective services clients on a temporary basis when there is no other way to provide services. The philosophy of Pennsylvania's protective services intervention strategy is to move quickly to stabilize and protect the abused victim and then offer services geared toward reduction or removal of any risk to the person or his/her property. OAPSA mandates that the local provider of protective services offer protective services when:

- an older adult requests the services;
- an interested person requests the services on behalf of an older adult; or
- the agency determines through investigation that the services are needed.

Protective services are generally provided after the client has given informed consent, and services can be provided without client consent <u>only</u> when:

- client cannot consent;
- ordered by a court;
- requested by the client's court-appointed guardian; or
- provided as part of a court-ordered emergency involuntary intervention.

OAPSA has defined protective services as "those activities, resources and supports provided to older adults under the Act to detect, prevent, reduce or eliminate abuse, neglect, exploitation, and abandonment." Protective services activities include, but are not limited to the following:

- administering protective services plans;
- receiving and maintaining records of reports of abuse;
- conducting investigations of reported abuse;
- conducting client assessments and developing service plans;
- petitioning the court for access, involuntary intervention or guardianship;
- providing emergency involuntary intervention;
- arranging for available services needed to fulfill service plans which may include, when appropriate, arranging for services for other household members in order to reduce, correct or eliminate abuse, neglect, exploitation, or abandonment of an older adult; and
- purchasing services on a temporary basis determined by a service plan to be necessary to reduce, correct, or eliminate abuse, neglect, exploitation or abandonment of an older adult when the services are not available within the existing resources of the agency or other appropriate provider.

As seen on the following chart (**Chart 5** on pg 25), services most often provided to protective services clients include, in rank order by number of persons served: guardianship, personal care, home delivered meals, overnight shelter, home support, legal assistance, transportation, PAS-personal assistance services, personal emergency response system, environmental modifications, home health, medical equipment and supplies, attendance care and day care. When comparing last fiscal year's data, guardianship now ranks first for the number of consumers served—verses fifth.

Chart 5

Rank Order of Services Provided to Protective Services Clients

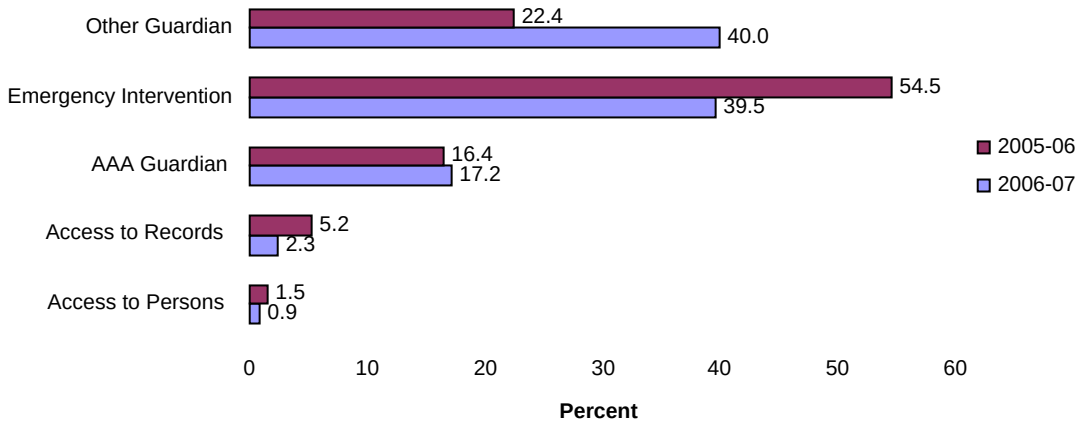
Rank	By Cost	Rank	By Persons Served
1	Personal Care	1	Guardianship
2	Overnight Shelter	2	Personal Care
3	Guardianship	3	Home Delivered Meals
4	Home Support	4	Overnight Shelter
5	Home Delivered Meals	5	Home Support
6	PAS-Personal Assistance Services	6	Legal Assistance
7	Legal Assistance	7	Transportation
8	Day Care	8	PAS-Personal Assistance Services
9	Home Health	9	Personal Emergency Response System
10	Environmental Modifications	10	Environmental Modifications
11	Transportation	11	Home Health
12	Attendant Care	12	Medical Equipment & Supplies
13	Medical Equipment and Supplies	13	Attendance Care
14	Personal Emergency Response System	14	Day Care
15	Other	15	Other

Court Actions

Another element of service delivery reported separately by the agencies is court action initiated by the AAA network in relation to protective services cases (**Chart 6**). This past fiscal year, 215 petitions were filed and 190 were granted. Guardian petitions were filed more than any other kind (57.20%) with Other as Guardian representing 40% of the petitions and 17.2% being AAA Guardian. Emergency Intervention was the second highest at 39.5%. Access to victims or records petitions accounted for 3.20% of all petitions filed.

Chart 6

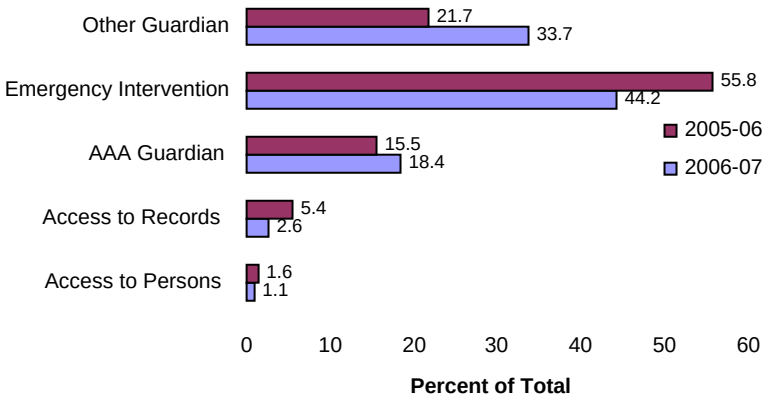
Petitions Filed



Prior to the implementation of OAPSA, there were concerns that AAAs would be spending excessive time in court and using emergency involuntary intervention orders to force services on competent, non-consenting adults. In reviewing **Chart 7** below, it illustrates that such concerns were unjustified. Roughly 8% (190) of the 2,484 substantiated cases involved the approval of petitions filed by the AAA network.

Chart 7

Petitions Approved



The total number of reports of need for protective services reported by the AAAs during this fiscal year was 11,962. Of these 11,962 reports of need, 2,484 (21%) cases were substantiated as needing protective services (refer to **Appendix B**). This figure is higher than last fiscal year (11,597).

Service Utilization and Expenditure Patterns

The AAAs report their service provision and associated financial expenditures for protective services separate from other services provided to protective services clients. During this year, AAAs expended a total of almost $8.5 million to ensure that the protective services network carried out a comprehensive protective services program. These monies are used to carry out mandated responsibilities to receive reports, conduct protective services investigations, provide comprehensive client assessments, develop service plans for each protective services client, and provide an array of supportive services to protect vulnerable older persons against abuse, neglect, exploitation and abandonment.

Reasons for Termination of Protective Services

A major objective of the protective services delivery system is to utilize the services authorized under the law to remove the risk to the older person, stabilize the situation and allow for termination of protective services. Following the stabilization of the protective service consumer the protective service case is terminated. Stabilization and termination can occur through a variety of means which include: provision of services which are transferred to care management, nursing facility placement, personal care home

placement, transfer and/or referral to other agencies for services (such as Mental Health/Mental Retardation, adult daily living centers, community resources and others). At times, protective services are also able to solve the identified problem at the time of the investigation and no further intervention is required.

Service Provision Analysis

Prior to OAPSA, the AAAs set aside a portion of their standard budget for those activities, which they defined as protective services, and when a client received one of those services, the cost of providing the service was charged to the protective services cost center. Some agencies considered protective services to include the actual services (i.e., meals, transportation, personal care) provided to the client.

Under OAPSA, funding is provided and appropriated for the implementation of the act to area agencies on aging to administer local protective services plans. With this funding, each agency is required to receive abuse reports, conduct investigations, conduct client assessments and develop service plans. These activities and the infrastructure required to maintain them are considered to be the core protective services component required by the law. The funds provided in this fiscal year were earmarked for use by the AAAs to provide 24-hour availability of core protective services. Under OAPSA, AAAs with a protective services client who needs such services as meals, attendant care, transportation or other services, normally provide these services through other funding sources such as the aging block grant or local funds. Protective services funding may also be used to fund emergency care for consumers in need. The Department's fiscal data shows that the AAAs are utilizing OAPSA allocations to support the core services as mandated while utilizing the regular aging block grant and other funding sources to provide other services to protective services clients.

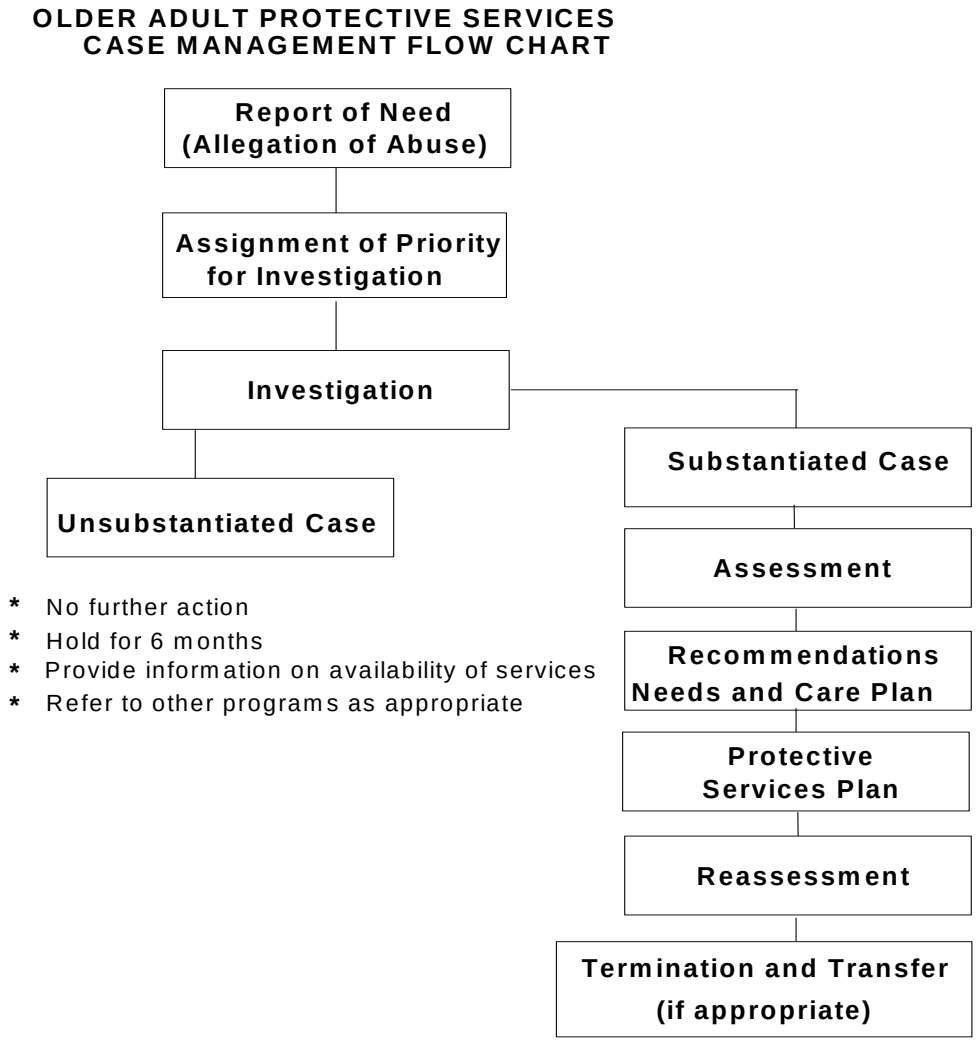
A concern of the aging network is the adequacy of service availability to meet the needs of protective services clients as prescribed by mandated client assessments. The law, by requiring the identification of protective services needs, but directing the use of protective services allocation funds to reporting, investigation and assessment activities, places an increasing burden on all other sources of service funding and service availability. As previously stated, the data shows (**Chart 5** on pg. 24) that prescribed services are most often those that provide direct personal support and assistance to the abused person in his or her own home. Services such as personal care, counseling, legal assistance and guardianship, are not only some of the most frequently required—they are often some of the most expensive. It is quite clear that steps must be taken to ensure that sufficient resources remain available to offer abuse victims those services that have been deemed necessary to ensure their safety and security.

Flow Chart of a Report of Need for Protective Services

In summary, after an allegation of abuse is reported to an AAA, the allegations are investigated to determine if the older person needs protective services. If protective services are needed, a comprehensive client needs assessment is conducted and

protective services are offered. The flow chart (**Chart 8**) details the flow of a case in the protective services program, from receipt of the report through termination of protective services.

Chart 8



Ongoing Outreach

The Pennsylvania Department of Aging continues to provide statewide and local public educational activities on how to identify and report abuse and obtain services for the older population. Training and education of professional staff at the local area agencies on aging continues with the provision of mandatory basic and annual enrichment trainings. The Department has dedicated a division for protective services which will continue to focus on comprehensive monitoring of local protective services programs. The Division's quality assurance activities will ensure that administrative and clinical practices meet or exceed the Department's expectations of quality. We will also continue to work with the legislature to amend the law to address the constitutional issues set forth by the Pennsylvania Supreme Court in *Nixon v. Commonwealth of PA, et al*, 576 Pa. 385, 839 A.2d 277 (2003) decision. Once legislation to amend the law has been passed, the Department will promulgate and amend its regulations.

APPENDIX A – FREQUENCY REPORT

County	2004-2005 Reports	2004-2005 Substan. Reports	2005-2006 Reports	2005-2006 Substan. Reports	2006-2007 Reports	2006-2007 Substan. Reports
Adams	3	1	3	1	12	-
Allegheny	1,210	245	1143	218	1,143	218
Armstrong	71	28	76	26	96	36
Beaver	512	40	194	40	499	29
Bedford	106	45	110	45	81	29
Berks	333	47	202	22	263	31
Blair	23	4	20	9	16	4
Bradford (See Tioga)	*	*	*	*		
Bucks	159	33	146	19	163	31
Butler	413	16	418	30	330	21
Cambria	98	-	123	14	144	15
Cameron	27	6	60	6	54	-
Carbon	11	-	17	2	36	8
Centre	79	19	47	24	41	22
Chester	337	18	265	56	205	19
Clarion	32	6	19	10	10	5
Clearfield	386	123	365	63	248	127
Clinton	41	15	35	10	41	17
Columbia	271	67	241	60	248	75
Crawford	66	16	61	26	44	11
Cumberland	171	26	115	24	134	40
Dauphin	201	63	210	75	181	56
Delaware	300	44	368	49	377	79
Elk (See Cameron)	*	*	*	*	*	*
Erie	136	18	106	14	157	38
Fayette (See Washington)	*	*	*	*	*	*
Forest	12	4	22	11	29	6
Franklin	62	6	38	6	31	7
Fulton (See Bedford)	*	*	*	*	*	*
Greene (See Washington)	*	*	*	*	*	*
Huntingdon (See Bedford)	*	*	*	*	*	*
Indiana	17	4	24	3	24	5
Jefferson	140	56	113	34	88	27
Juniata (See Mifflin)	*	*	*	*	*	*
Lackawanna	117	36	128	32	154	49
Lancaster	759	257	704	241	737	235
Lawrence	180	61	96	51	57	28
Lebanon	63	27	45	7	42	16
Lehigh	71	12	60	16	82	16
Luzerne	523	188	525	194	683	146
Lycoming (See Clinton)	*	*	*	*	*	*
McKean (See Cameron)	*	*	*	*	*	*
Mercer	13	3	16	3	7	1
Mifflin	107	5	79	10	117	10
Monroe	27	8	27	14	33	7
Montgomery	265	22	246	42	272	55
Montour (See Columbia)	*	*	*	*-	*	*
Northampton	132	35	113	22	92	32
Northumberland	68	17	58	12	93	28
Perry	51	9	29	3	18	2
Philadelphia	2,396	291	2,330	-	2,127	295
Pike	14	2	5	-	7	*
Potter	17	2	19	-	13	4
Schuylkill	210	7	230	11	228	12
Snyder (See Union)	*	*	*	*		
Somerset	150	44	53	7	63	13
Sullivan (See Tioga)	*	*	*	*	*	
Susquehanna (See Tioga)	*	*	*	*	*	
Tioga	146	37	131	18	111	23
Union	71	27	47	29	63	22
Venango	96	17	114	34	113	10
Warren (See Forest)	*	*	*	*	*	*
Washington	1,200	492	893	-	1,202	407
Wayne	10	3	22	2	15	3
Westmoreland	606	40	575	17	493	16
Wyoming (See Luzerne)	*	*	*	*		
York	497	123	488	129	445	98
STATEWIDE TOTAL	13,006	2,715	11,574	1,791	**11,962**	**2,484**

APPENDIX B – Protective Services Reports Received in FY 2006-2007

County	Number of Reports	Number of Substantiated Reports	Percent of Reports Substantiated	2000 Population Age 60 & Older	Rate/10,000 Protective Service	Rate/10,000 Substantiated Reports
Adams	12	-	-	16,418	7.3	-
Allegheny	1,143	218	19.1	282,694	40.4	7.7
Armstrong	96	36	37.5	16,421	58.5	21.9
Beaver	499	29	5.8	41,933	119.0	6.9
Bedford	81	29	35.8	22,469	36.0	12.9
Berks	263	31	11.8	71,056	37.0	4.4
Blair	16	4	25.0	28,215	5.7	1.4
Bradford (See Tioga)			*	*	*	*
Bucks	163	31	19.0	97,613	16.7	3.2
Butler	330	21	6.4	31,646	104.3	6.6
Cambria	144	15	10.4	36,884	39.0	4.1
Cameron	54	-	-	18,960	28.5	-
Carbon	36	8	22.2	13,618	26.4	5.9
Centre	41	22	53.7	18,570	22.1	11.8
Chester	205	19	9.3	66,888	30.6	2.8
Clarion	10	5	50.0	8,287	12.1	6.0
Clearfield	248	127	51.2	18,038	137.5	70.4
Clinton	41	17	41.5	32,515	12.6	5.2
Columbia	248	75	30.2	16,970	146.1	44.2
Crawford	44	11	25.0	18,019	24.4	6.1
Cumberland	134	40	29.9	40,654	33.0	9.8
Dauphin	181	56	30.9	45,988	39.4	12.2
Delaware	377	79	21.0	106,288	35.5	7.4
Elk (See Cameron)	*	*	*	*	*	*
Erie	157	38	24.2	50,958	30.8	7.5
Fayette (See Washington)	*	*	*	*	*	*
Forest	29	6	20.7	10,866	26.7	5.5
Franklin	31	7	22.6	26,568	11.7	2.6
Fulton (See Bedford)	*	*	*	*	*	*
Greene (See Washington)	*	*	*	*	*	*
Huntingdon (See Bedford)	*	*	*	*	*	*
Indiana	24	5	20.8	17,069	14.1	2.9
Jefferson	88	27	30.7	10,466	84.1	25.8
Juniata (See Mifflin)	*	*	*	*	*	*
Lackawanna	154	49	31.8	51,069	30.2	9.6
Lancaster	737	235	31.9	84,204	87.5	27.9
Lawrence	57	28	49.1	22,471	25.4	12.5
Lebanon	42	16	38.1	24,855	16.9	6.4
Lehigh	82	16	19.5	61,908	13.2	2.6
Luzerne	683	146	21.4	82,345	82.9	17.7
Lycoming (See Clinton)	*	*	*	*	*	*
Mckean (See Cameron)	*	*	*	*	*	*
Mercer	7	1	14.3	27,167	2.6	0.4
Mifflin	117	10	8.5	14,725	79.5	6.8
Monroe	33	7	21.2	22,747	14.5	3.1
Montgomery	272	55	20.2	141,815	19.2	3.9
Montour (See Columbia)	*	*	*	*	*	*
Northampton	92	32	34.8	52,652	17.5	6.1
Northumberland	93	28	30.1	22,633	41.1	12.4
Perry	18	2	11.1	7,121	25.3	2.8
Philadelphia	2,127	295	13.9	271,658	78.3	10.9
Pike	7	-	-	9,412	7.4	-
Potter	13	4	30.8	3,902	33.3	10.3
Schuylkill	228	12	5.3	36,655	62.2	3.3
Snyder (See Union)			*	*	*	*
Somerset	63	13	20.6	18,242	34.5	7.1
Sullivan (See Tioga)	*		*	*	*	*
Susquehanna (See Tioga)	*		*	*	*	*
Tioga	111	23	20.7	32,108	34.6	7.2
Union	63	22	34.9	14,140	44.6	15.6
Venango	113	10	8.8	12,437	90.9	8.0
Warren (See Forest)	*	*	*	*	*	*
Washington	1,202	407	33.9	87,147	137.9	46.7
Wayne	15	3	20.0	10,841	13.8	2.8
Westmoreland	493	16	3.2	85,270	57.8	1.9
Wyoming (See Luzerne)			*	*	*	*
York	445	98	22.0	67,226	66.2	14.6
STATEWIDE TOTAL	**11,962**	**2,484**	**20.8**	**2,430,821**	**49.2**	**10.2**

Statewide Elder Abuse Hotline
1 (800) 490-8505

PENNSYLVANIA
DEPARTMENT OF
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