Mandatory Training for Financial Institutions. Public Act 96-1103 was passed during the 2010 legislative session and mandated that the Illinois Department on Aging and the Illinois Department of Financial and Professional Regulation jointly develop rules requiring financial institutions to train staff on elder financial exploitation. The rules require that each financial institution in the state train its staff, who have direct customer contact, on how to recognize and report financial exploitation.

FY 2011 Accomplishments

B*SAFE (Bankers and Seniors Against Financial Exploitation). As a result of PA 96-1103, B*SAFE training increased in FY 2011. Eighty-eight trainings were conducted by elder abuse provider agencies to 1,630 bank personnel. Financial institutions conducted six B*SAFE trainings to 37 bank employees. Ten trainings were conducted to 190 seniors. The Department also conducted 41 train-the-trainer sessions to certify 274 trainers.

24th Annual Elder Rights Conference. The Department sponsored its 24th annual Elder Rights Conference in conjunction with the 14th annual Illinois Triad Conference July 14-16, 2010 in Schaumburg. The Keynote Speaker was Dr. Bennett Blum, an acclaimed physician who specializes in both forensic and geriatric psychiatry. Dr. Blum spoke on the concept of manipulating someone for personal gain. He also conducted a workshop on undue influence and financial abuse. Candace Heisler, J.D., a trainer and consultant from San Bruno, CA, and Dr. Dean Hawley, M.D., a Forensic Pathologist with the Indiana University School of Medicine, were among the other nationally-known speakers. The combined conference was attended by 600 participants from law enforcement, legal services, social services and long term care ombudsman.

Supervisor's Retreat. The Elder Abuse and Neglect Program hosted a Supervisor's Retreat October 27-28, 2010 at the Crowne Plaza in Springfield. Christiana Bratiotis, PhD, director of the Hoarding Research Project at the Boston University School of Social Work presented on "Hoarding Disorder: From Understanding to Intervention." Objectives of the presentation included defining hoarding, understanding the demographics, prevalence and manifestations of hoarding, and intervening and addressing hoarding. Shirley Paceley, Director of Blue Tower Training and Stephanie Campbell, self advocate, provided a powerful insight on the daily life of persons with a disability and how they wish to be perceived.

How does a person make an elder abuse report?

Anyone who suspects that an older adult is being mistreated should call the Illinois Department on Aging Elder Abuse Hotline:

1-866-800-1409

TTY: 1-888-206-1327

All calls are confidential.

State of Illinois
Department on Aging
One Natural Resources Way, #100
Springfield, Illinois 62702-1271
Senior HelpLine: 1-800-252-8966
www.state.il.us/aging

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

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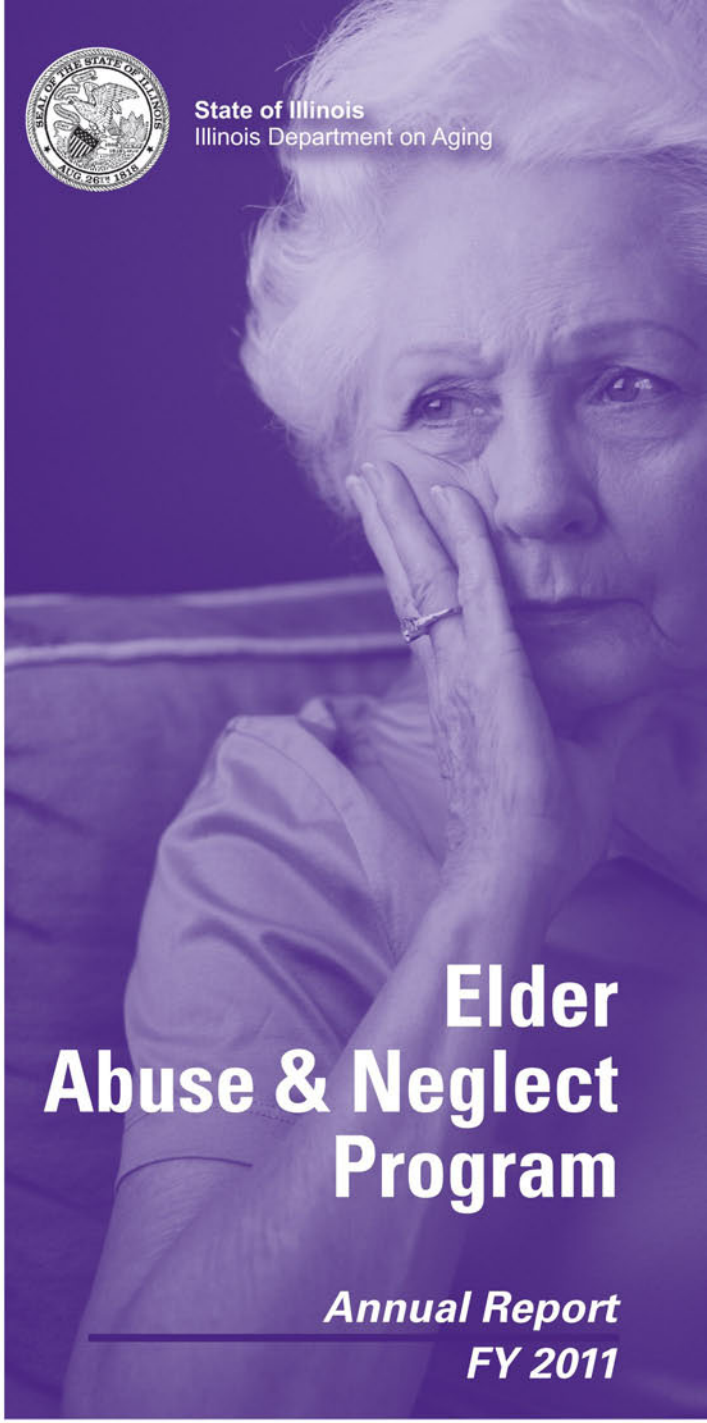

State of Illinois
Illinois Department on Aging

Elder Abuse & Neglect Program

Annual Report FY 2011

Illinois Department on Aging

Elder Abuse and Neglect FISCAL YEAR 2011 ANNUAL REPORT

How many reports of elder abuse were received?

During the period of July 1, 2010, through June 30, 2011, there were **10,949** reports of elder abuse received by the program (includes case transfers).

What is elder abuse?

Elder abuse refers to the following types of mistreatment of any Illinois resident 60 years of age or older who lives in the community and is abused by another person.

Physical Abuse — causing the infliction of physical pain or injury to an older adult.

Sexual Abuse — touching, fondling, or any other sexual activity with an older adult when the older adult is unable to understand, unwilling to consent, threatened, or physically forced.

Emotional Abuse — verbal assaults, threats of abuse, harassment, or intimidation so as to compel the older adult to engage in conduct from which s/he has a right to abstain or to refrain from conduct in which the older adult has a right to engage.

Confinement — restraining or isolating an older adult for other than medical reasons.

Passive Neglect — the failure by a caregiver to provide an older adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of failure to understand the older adult's needs, lack of awareness of services to help meet needs, or lack of capacity to care for the older adult.

Willful Deprivation — willfully denying assistance to an older adult who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.

Financial Exploitation — the misuse or withholding of an older adult's resources to the disadvantage of the elderly person and/or the profit or advantage of another person.

Illinois Law

The Illinois Department on Aging administers the statewide Elder Abuse and Neglect Program (EANP), under the authority of the Elder Abuse and Neglect Act (320ILCS 20/1 et seq.) to respond to reports of alleged mistreatment of any Illinois citizen 60 years or older who lives in the community at the time of the report.

The EANP is locally coordinated through 41 provider agencies, which are designated by the Regional Administrative Agencies (RAAs) and the Department on Aging. All Elder Abuse Caseworkers are trained and certified by the Department, which promulgates the Program's policies and procedures and oversees the monitoring of services through the RAAs.

Depending on the nature and seriousness of the allegations, a trained caseworker will make a face-to-face contact with the victim within the following time frames: 24 hours for life threatening situations, 72 hours for most neglect and non life threatening physical abuse reports, and seven calendar days for most financial exploitation and emotional abuse reports.

The caseworker has 30 days to do a comprehensive assessment, both to determine if the client has been mistreated and to determine his/her need for services and interventions. If the abuse is substantiated, the caseworker involves the older adult in the development of a case plan to alleviate the situation. The caseworker always attempts to utilize the least restrictive alternatives that will allow the older adult to remain independent to the degree possible.

Limited Mandatory Reporting. Applies to persons delivering professional services to older adults in the following fields: social services, adult day care, law enforcement, education, medicine, state service to seniors, and social work. The requirements for limited mandatory reporting apply when the reporter believes that the older adult is not capable of reporting the abuse himself/herself. The law also encourages any person to report voluntarily for an older adult, and provides immunity from liability and professional disciplinary action for anyone making such an elder abuse report in good faith.

Self-Neglect. Effective January 1, 2007 the Elder Abuse and Neglect Act (EANA) was amended to include self-neglect. The amendment established that responding to such cases would be contingent upon sufficient funding. In the absence of sufficient funding for statewide implementation, elder abuse provider agencies began receiving reports of self-neglect and refer the reports on to the appropriate agency(s) for follow-up. The EANP received 1,144 self-neglect reports in Fiscal Year 2011.

Elder Abuse Fatality Review Team. Effective June 1, 2009 the EANA was amended to include provisions for the Department, or any other State or county agency with Department approval, the right to establish regional interagency elder abuse fatality review teams. The purpose of an Elder Abuse Fatality Review Team (EAFRT) is to review suspicious deaths of persons 60 years of age or older who reside in a domestic living situation. The counties of Boone, Winnebago, Kane, DuPage, and Madison each have an EAFRT. The passage of P.A. 96-526, effective January 1, 2010, gave provider agencies the right to share information with coroners.