COORDINATED RESPONSE TO ELDER ABUSE (CREA)
A Major Initiative of The Plough Foundation
It is hardly an exaggeration to say that the Coordinated Response to Elder Abuse (CREA) has changed everything about the response to elder abuse in Shelby County, Tennessee. Beginning in 2014, some two dozen public and nonprofit partners came together in order to build a community-wide strategy to end elder abuse, and support elder abuse victims in our community. Today, we recognize that partnership as CREA.

Since its beginning, CREA has provided support and needed services to more than 690 senior victims of abuse - helping them to escape abuse and begin a new chapter in their lives. In the process, CREA partners have developed something new: A set of policies, procedures, and a framework for working together that provides strong support to senior victims of abuse. The result is a strong, aligned, and enduring safety-net for seniors.

CREA has broken new ground in caring for elder abuse victims. As part of its multi-disciplinary-team based approach, CREA has developed a victim-centered and trauma-informed model of help. This model is focused on understanding what success means for a senior who had been victimized. With guidance from their case manager, senior victims review their ability to live as they choose, their health, safety, and security, their relationships with loved ones, and establish a set of goals for improvement in these areas.

In addition to changing the way in which care teams respond to elder abuse victims, CREA also led to recognition at the state level that there was much more that could be done through public policy to protect senior victims. That recognition, in turn, led to passage of VAPIT (Vulnerable Adult Protective Intervention Team) legislation, by the Tennessee State Legislature. VAPIT extends CREA protections state-wide, and provides the District Attorney with a mandate to protect vulnerable adults.

The Plough Foundation honors the hard work and the many successes of the CREA partnership in building a powerful and effective community response to elder abuse, both in Memphis and across Tennessee.

Rick Masson
Executive Director
The Plough Foundation
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The Coordinated Response to Elder Abuse (CREA) is an innovative effort in Memphis and Shelby County, Tennessee, to bring together an entire community in order to put a stop to elder abuse. CREA links together partners from the public and nonprofit sectors in support of seniors who are victims of Financial, Physical, Sexual, and Emotional Abuse or Neglect. As a multi-disciplinary-team, CREA partners provide senior victims with much needed emergency protection, health care, legal aid, and housing assistance. As a coordinated community response, CREA partners work to raise awareness of elder abuse across the community, work to increase the likelihood that instances of suspected abuse are reported, and train community partners in how to recognize and respond to elder abuse, all with the goal of expanding the safety net for seniors across Memphis and Shelby County. Meanwhile, in close collaboration with the District Attorney’s VAPIT (Vulnerable Adult Protective Investigative Team), CREA partners work to make sure that abuse doesn’t happen again and that perpetrators of abuse are pursued and punished. Launched in January 2015, CREA is made possible by a three-year (2015-2017), $3.45 million grant from the Plough Foundation. CREA represents a core component of the Plough Foundation’s Aging Initiative, a set of linked funding streams designed to improve the quality of life for the growing share of the Memphis and Shelby County population who are seniors. Today, 25 partner organizations actively participate in CREA. These partners share case management responsibilities and align their efforts in support of victims. Partners come from state, county, and municipal governments, as well as from the nonprofit sector. They represent legal aid, law enforcement, emergency medical services, health care providers, and victim services, and provide case management, emergency and long-term housing, home health care, and legal aid.
The Centers for Disease Control and Prevention (CDC) define elder abuse as "any knowing, intentional, or negligent act that causes harm or creates a serious risk of harm to an older person by a family member, caregiver, or other person in a trust relationship."

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<th>WHAT IS ELDER ABUSE?</th>
<th>EXAMPLES</th>
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<tr>
<td><strong>NEGLIGENCE</strong></td>
<td>Leaving a senior alone for an extended period of time, not providing the senior with basic amenities/necessities, such as cleaning, assistance with preparing/eating food, and using the restroom</td>
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<td><strong>PHYSICAL ABUSE</strong></td>
<td>Striking, beating, hitting, slapping, pushing, pinching, shaking, kicking, shoving, and/or burning, force-feeding, or inappropriate use of drugs and physical restraints</td>
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<tr>
<td><strong>FINANCIAL EXPLOITATION</strong></td>
<td>Unauthorized check cashing, forgery, theft or misuse of possessions/money, coercion or deception relating to obtaining the senior’s signature on legal or financial documents</td>
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<tr>
<td><strong>EMOTIONAL ABUSE</strong></td>
<td>Intimidation, threats, verbal assaults, humiliation, and/or any verbal or nonverbal harassment</td>
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<tr>
<td><strong>SEXUAL ABUSE</strong></td>
<td>Unwarranted touching, forced/coerced nudity, sexual assault, rape, sodomy, and/or sexually explicit photographing</td>
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*Hall, JE; Karch DL; Crosby, AE. Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements, Version 1.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control & Prevention, 2016.*
Estimates suggest that as many as one in 10 Americans aged 60 and older have experienced some form of abuse (LACHS & PILLEMER, 2015), and that close to five million seniors are abused each year (BONNIE & WALLACE, 2009). Only a small share of these instances of abuse (perhaps as few as one in 14) are ever reported to the authorities (CONNOLLY, BRANDL, & BRECKMAN, 2014; LACHS & PILLEMER, 2015).

Elder abuse takes many forms. Nationally, financial exploitation is the most frequently reported form of elder abuse, followed by neglect (ACIERNO ET AL., 2010; LIFESPAN OF GREATER ROCHESTER ET AL., 2011). These types of abuse are followed by psychological and emotional abuse (LAUMANN ET AL., 2008).

Elder abuse undermines the wellbeing of seniors, their families, and society as a whole. Beyond the human suffering involved, it is estimated that elder financial abuse alone accounts for $2.6 billion in stolen assets every year (PETERTON ET AL., 2016). Meanwhile, $5.3 billion is spent each year on health expenditures related to physical injuries of the elderly (DONG, 2009). Seniors who have been subject to abuse are three times more likely to be admitted to a hospital, and have three times the mortality rate of seniors shielded from abuse (DONG ET AL., 2009).

Recognizing that elder abuse takes many forms and affects many aspects of a senior’s life, a best-practice in responding to elder abuse is the multi-disciplinary team (MDT) approach. A multi-disciplinary team brings together organizations and professionals to address the full range of components of the abuse and the needs of the client and holds the potential to reduce the level of trauma experienced by a senior suffering from abuse (JANETZBERGER ET AL., 2005; LACHS & PILLEMER, 2015; CONNOLLY, BRANDL, & BRECKMAN, 2014).
As CREA has matured, the collaborative has grown to include additional public, nonprofit, and private sector partners.
CREA has evolved over the last three years, adapting to strengthen the response to better meet the needs of senior victims of abuse.

The CREA response is managed by a team of care coordinators and victims advocates. The multi-disciplinary-team partners developed a set of protocols to align their efforts on behalf of victims of elder abuse.

The process of developing the workflow was driven by several considerations, including:

» Attending to a senior’s physical safety.
» Addressing their emotional and mental wellbeing.
» Developing a multi-faceted care and treatment plan that responds to a senior’s need for shelter, nourishment, financial protection, and other forms of care and support.

The CC manages long-term planning to make sure that the individual leaves the CREA system in better condition, and has access to the range of legal, housing, medical, and social services they need.
CREA CASES
BY THE NUMBERS
Between 2015 and 2017, CREA provided support services to 631 victims of elder abuse in Memphis and Shelby County, Tennessee.*

In 2017, CREA focused on strengthening a victim-centered and trauma-informed model for case management and closure. CREA worked with a team from the Department of Anthropology at the University of Memphis to think about how best to respond to victims’ needs and to be responsive to their goals for their lives once free of abuse.

That effort led to the development of a process through which care coordinators work with victims to identify a set of goals for their engagement with CREA and afterwards. In broad terms, goals are clustered into the following categories: economic security, environment and safety, financial management, health improvement and access to health care, household necessities and housekeeping, housing needs, legal aid, mental health care, transportation and mobility, social connectedness, and relationship support.

The development and implementation of goal-oriented treatment planning and case closure led to several improvements in CREA’s ability to best support victims of elder abuse. Positive results include:

- A reduction in the number of days required to resolve a CREA case, reducing the level of trauma and disruption potentially experienced by victims of abuse.
- Leading, in turn, to an increase in the total number of cases closed (double the closure rate seen in 2016).

*Until September 2016, CREA responded to cases of self-neglect as well as cases of elder abuse and neglect. Since October 2016, CREA has narrowed its focus to provide needed services to seniors who have been victims of abuse and neglect. Excluding self-neglect cases from eligibility for CREA services led to a reduction in the total number of cases entering the system each month, and allowed CREA to focus on providing trauma-informed care to elder abuse victims and resolve these cases more quickly.

**Fewer than 1% of clients have been re-admitted to CREA.
CREA data indicates that a senior’s likelihood of being a victim of abuse increases with age, and a senior aged 80 or older is four times more likely to be abused than a senior aged 60 to 69.

CREA's case records indicate that women are at greater risk of being a victim of elder abuse than than men. 62% of CREA clients in 2017 were female. (Since its inception in January 2015, 66% of CREA's clients have been female.)

CREA clients are more likely to be Black or African American than to be from other racial or ethnic groups. In 2017, 57% of clients were African American and 41% were White.

CREA's case records also suggest that, as they age, seniors in Shelby County are at greater risk of becoming a victim of abuse. While seniors between the ages of 60 and 69 account for 58% of the Shelby County population aged 60 and over, they represent 30% of CREA cases. Conversely, seniors aged 80 and above account for 17% of the Shelby County population aged 60 and over. By comparison, this age demographic accounts for 41% of abuse cases served by CREA.
Between 2015 and 2017, CREA responded to 631 cases of elder abuse, neglect, and self-neglect.

The largest share of CREA clients in the past 3 years have suffered from neglect, physical abuse, or financial exploitation. Together these three categories account for 88.7% of elder abuse cases that have been served by CREA, excluding self-neglect.

In 2017...
» Neglect accounted for 38% of all cases of abuse seen by CREA.
» Neglect, Financial Exploitation, and Physical Abuse combined made up 84% of intakes.
» Eleven cases were initially thought to be instances of elder abuse before, on review, they were determined actually to be instances of self-neglect.
Over the past three years, CREA care coordinators have noted several differences in patterns of elder abuse experienced by men as compared to women.

Scholars note that gender is a significant factor in elder abuse. Large scale, cross-national studies of the incidence of elder abuse find that women are significantly more likely to have experienced mistreatment than men. Moreover, the literature identifies gender differences in the form of abuse experienced. Divergent patterns have been identified in neglect, financial, and interpersonal abuse.

We identify similar gender-based differences in patterns of elder abuse seen by CREA.

» Three in four victims of emotional abuse have been female.
» To date, all cases of sexual abuse reported to CREA have involved female victims.
» Females were also more likely to be victims of physical abuse than men.
» In comparison, men are more likely to be victims of neglect and financial exploitation.
  • Neglect is a factor in 30% of all abuse cases where the victim is male.
  • Financial abuse is present in 25% of cases involving men.

There are many pathways by which seniors who are victims of abuse make their way to and through CREA.

In 2017...

» A third of referrals (33%) came from law enforcement organizations.
» One in four (25%) came from friends and family members.
» Nearly one-fifth (18%) were made by social services agencies.

CREA partners work as a multi-disciplinary-team to support senior victims of abuse. CREA's care is coordinated through the Family Safety Center. The CREA team works together to respond to the unique needs of each victim. At the same time, patterns of need, and services required for each case are recorded in the shared data system, allowing CREA partners to learn from experience how best to respond to specific situations. By recording how often certain types of abuse are seen, and the needs of victims of each type of abuse, the CREA team is able to anticipate need, and provide services more quickly. In turn, tracking rates of abuse over time allows CREA to project the level of support that will be needed in the coming months.
As part of CREA’s response to elder abuse, senior victims work with their care coordinators to set goals for their recovery and life post-abuse.

As the table suggests, senior victims of abuse were most likely to set goals related to housing (34% of seniors) and concerning legal (27%) and health (25% of seniors) matters.

The types of goals that seniors establish also vary by the type of abuse they have experienced. Housing and health goals are most common among seniors suffering from neglect.

By comparison, some 40% of seniors who have been victims of emotional, financial, and physical abuse set goals involving legal issues. Specific goals ranged from securing divorces and Orders of Protection, to establishing conservatorships, Powers of Attorney, severing payee relationships, requesting checks be reissued, or seeking damages in court.

Overall, we see that seniors successfully completed over half (54.5%) of all goals established through CREA. Their success rates ranged from a high of 64% for housing and household maintenance goals, to a low of 48% for goals requiring legal assistance.

As expected, the length of time required to close a case varies with the degree of complication of the case, the number of issues that need to be resolved, the presence of supportive family members, and the cognitive capacity of the client.
CREA
SCOPE OF SERVICES
Too often, CREA victims are found to be suffering from more than one form of abuse at the same time.

Researchers refer to this situation as polyvictimization, and tell us that seniors who are victims of more than one type of abuse are at higher risk for adverse outcomes, including physical, psychological, and cognitive decline. These seniors face an increased risk of mortality, when compared to seniors who have experienced a single type of abuse.

Over the last three years, 43% of CREA clients have been victims of more than one form of abuse. The most common pattern of polyvictimization for CREA clients has included neglect and financial exploitation. This combination accounts for close to a third (29%) of all cases of polyvictimization (and 12% of all elder abuse cases served by CREA).

Responding to a case in which a senior is experiencing multiple forms of abuse can be particularly complicated and resource intensive. These cases require the involvement of more partners and take more time to resolve.

Consider the case of Mr. Smith*, a 70 year old man who had been living for 15 months in an unlicensed care home, which was infested with bed bugs and lacked heat.

When he was found by Memphis police investigators, the victim was unable to complete any Activities of Daily Living (ADL) beyond feeding himself. In addition, Mr. Smith was diagnosed with Bipolar Disorder, Nutritional Disorder, and Failure to Thrive. The operator of the care home in which Mr. Smith was housed had been cashing Mr. Smith’s social security checks and using his debit card.

The detectives investigating the case, together with the CREA care coordinators and Adult Protective Services, worked to determine the best course of action to pursue in responding to the complicated nature of Mr. Smith’s case, which included multiple forms of abuse (including neglect, financial abuse, and - likely - physical abuse).

* Not his real name.
Mr. Smith received a wide range of services through CREA.

Immediately, the care team worked to support Mr. Smith’s physical and mental health needs, and to find him a safe and healthy place to live where his needs could be addressed and accommodated.

CREA partners helped to navigate the complicated process of securing a placement in a long-term care facility that was able to address his needs. Mr. Smith’s care coordinator conducted site visits to inspect the facilities and selected a suitable placement.

CREA partners also worked to improve Mr. Smith’s health and well-being. Their support included assistance in applying for the TennCare CHOICES program, completing Mr. Smith’s application for Medicaid, and securing needed medical and mental health appointments.

Meanwhile, Mr. Smith received legal assistance from CREA in helping to sever his payee relationship with his former care home operator, moving to ensure that lost checks were re-issued, initiating an investigation of bank statements from the previous six months, assisting prosecution efforts to build a criminal case against the perpetrator, and finding funds to pay the client’s first month of rent at his new residence.

As his health and physical environment improved, so did Mr. Smith’s mood and outlook on life. In his care coordinator’s words, Mr. Smith “…hugged my neck and told me how happy he was to be able to being able to manage his own life and funds, and to live safe and not in fear.”
CREA’s multi-disciplinary, team-based approach makes it possible to offer a wide range of services to improve the quality of life for senior victims.

- Case management, facilitated by care coordinators, forms the core of CREA’s response to elder abuse.
- The care coordinators work with victims and their families to develop a pathway to a life free of abuse.
- Victims are likely to receive some combination of law enforcement assistance, housing assistance, health care support and legal services.

» Emergency housing
» Placement in facilities that provide long-term care
  - Independent living
  - Assisted living
  - Senior housing
  - Nursing home
  - Skilled nursing

» In-home health care
» Medical assessments
» Scheduling appointments
» Homemaker services
» Mental health counseling
» Hot meals (delivered to client)

» Orders of Protection
» Divorce
» Conservatorship / Guardianship
» Power of Attorney
» Mortgage issues
» Bankruptcy
» Foreclosure
» Eviction
» Severing payee relationships
BUILDING AND SUSTAINING
A CULTURE OF PROTECTION FOR SENIORS
IN MEMPHIS AND SHELBY COUNTY
The Vulnerable Adult Protective Investigative Team (VAPIT) serves all vulnerable adults aged 18 and over.

2017 also was the first year of operations for the Vulnerable Adult Protective Investigative Team (VAPIT). The focus of VAPIT is broader than CREA and serves all vulnerable adults aged 18 and over.

The VAPIT in Shelby County, Tennessee is divided into two units: a prosecutorial team and a victim-support team. The District Attorney oversees the staffing of both VAPIT teams. Team members are selected to best support the following objectives:

» All partners active in a case should be represented on the care team.
» The team should be staffed in such a way as to ensure that the response is as rapid and effective as possible.
» The assembled team should be small enough to be nimble and responsive.
» The privacy and safety of victims is the primary guiding principle of the team’s efforts.

Between January 1 and October 31, 2017, VAPIT received 1,477 reports of suspected abuse of vulnerable adults from Adult Protective Services (APS). VAPIT screened these reports and selected 830 APS reports (documenting over 1,000 allegations of abuse or neglect, concerning approximately 700 vulnerable adults) for review by the VAPIT team. In 2017, nearly two-thirds of all victims reported to VAPIT were individuals aged 60 and over.

Looking at the type of abuse suffered by victims in each age group, several patterns emerge. First, physical abuse was more likely to be experienced among all age groups than any other type of abuse. Second, two in three reports involving neglect and three in four cases (73%) of financial abuse involved victims aged 60 and older.
The Senior Protection Coalition was formed in order to build and sustain a culture of protection for seniors in Memphis and Shelby County.

In January 2017, the Senior Protection Coalition was formed to oversee the joint efforts of CREA and VAPIT. Co-chaired by Plough Foundation Executive Director Rick Masson and Meritan President and CEO Melanie Keller, the coalition offers leadership and alignment between CREA and VAPIT.

The Senior Protection Coalition works to establish and review policies of CREA and VAPIT, works to expand the community commitment to supporting the elder abuse response effort, focuses on securing resources to help sustain the effort, and raises public awareness of CREA and VAPIT.

(A list of Senior Protection Coalition members is included in the appendix.)
Baptist Memorial Hospital Emergency Department (ED) employees developed a curriculum designed to help ED personnel identify and respond to elder abuse on the front lines.

With funding from the Plough Foundation, Baptist Memorial Hospital Emergency Department (ED) employees Laura Riker (LCSW) and Ferrell Moore (RN) developed a curriculum to help ED personnel identify, assess, and respond to elder abuse. Working with community partners and nationally-renowned elder abuse expert Dr. Laura Mosqueda*, Laura and Ferrell developed an evidence-based elder abuse training curriculum focused on a hospital system. The program includes a continuous improvement and evaluation component.

To date, the training has been delivered to 100 full-time ED employees, including pharmacists, nurses, physicians, and social workers. Laura and Ferrell have received national recognition for their efforts and have shared their work across the US, including the following settings:

- John A. Hartford Foundation Convenerg, May 16-17, 2017 in San Antonio, TX
- Washington State 14th Annual Conference on Abuse of Elders and Adults with Disabilities, November 1, 2017 in Seattle, WA
- University of Southern California Judith C. Tamkin Second Annual International Symposium on Elder Abuse, March 1-2, 2018 in Pasadena, CA**

The curriculum will be introduced to all Baptist facilities in Shelby County. Following this, the training will be shared with all hospitals in the community, and eventually across the state and nation.

*Dr. Mosqueda is the founder and chief principal of the University of Southern California Keck School of Medicine Center on Elder Mistreatment
** Laura and Ferrell received the Georgia Anetzberger award for their efforts to raise awareness of and improve the response to elder abuse.
## Senior Protection Coalition (SPC) Key Members

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<th>MEMBER NAME</th>
<th>TITLE</th>
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<td>Rick Masson</td>
<td>Executive Director</td>
<td>Plough Foundation</td>
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<tr>
<td>Melanie Keller</td>
<td>President &amp; CEO</td>
<td>Meritan</td>
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<td>Sen. Mark Norris</td>
<td>State Senate Majority Leader</td>
<td>Tennessee General Assembly</td>
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<td>Mark Luttrell</td>
<td>Mayor</td>
<td>Shelby County Government</td>
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<td>Mark Billingsley</td>
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<td>Amy Weirich</td>
<td>District Attorney General</td>
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<td>Mike Ryall</td>
<td>Deputy Director</td>
<td>Memphis Police Department</td>
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<td>Gina Sweat</td>
<td>Director</td>
<td>Memphis Fire Department</td>
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<td>Renee Bouchillon</td>
<td>Program Director</td>
<td>Adult Protective Services of Tennessee</td>
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<td>Jason Little</td>
<td>Chief Executive Officer</td>
<td>Baptist Health Care Systems</td>
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<td>Anne Mathes</td>
<td>Executive Director</td>
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<td>Harrison McIver</td>
<td>Executive Director</td>
<td>Memphis Area Legal Services</td>
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<td>Dr. Paul Benson</td>
<td>Assistant Medical Examiner</td>
<td>West Tennessee Regional Forensic Center</td>
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<tr>
<td>Dr. Donna Harkness</td>
<td>Professor of Clinical Law &amp;</td>
<td>Cecil C. Humphreys School of Law (University of Memphis)</td>
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<td>Olliette Murry-Drobot County</td>
<td>Executive Director</td>
<td>Family Safety Center of Memphis and Shelby</td>
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<td>Jim Shulman</td>
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<td>Linda Williams</td>
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<td>RISE Foundation</td>
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<tr>
<td>Christy Gilmour</td>
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<td>Gilmour Consulting</td>
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<tr>
<td>Tripp Thompson</td>
<td>Director of Wealth Management</td>
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Research Cited


