

County New Hanover
Department of Social Services

Submitted By Leslie Smiley

Title Adult Services Program Manager

Address 
1650 Greenfield St
Wilmington, NC 28402
United States

Phone Number (910) 798-3719

Email lsmiley@nhcgov.com

Project Title Elder Protection Initiative

Category Profiles in Community Collaboration
(Please select one)

Project Description and Summary

What did you do?

Describe your program or project. What did you do? What is the history behind the program/project? What did you hope to accomplish? What was your timeline? Your budget? How did you identify your objectives? How well did you use available resources?

The Elder Protection Initiative is a joint effort involving collaboration with local Law Enforcement (LE) Agencies and Adult Protective Services (APS). The hope is to increase elder abuse, neglect and exploitation reporting, prevent elder abuse, neglect and exploitation in general, and successfully prosecute elder abuse, neglect and exploitation cases, making our county a safe place for our most vulnerable citizens. Our goals included:

1. Keep our aging and disabled citizens safe.
2. Educate the community about prevention, detection, and reporting of elder abuse, neglect and exploitation.
3. Carefully review cases of potential criminal elder abuse, neglect and exploitation.
4. Aggressively prosecute all criminal cases of elder abuse, neglect and exploitation.
5. Coordinate strong working relationships between LE, local community advocacy groups, businesses, and health care providers to combat elder abuse.
6. Assist and encourage individuals to create their own networks focused on the prevention and reporting of elder abuse, neglect and exploitation and the assistance of elders in general.

A brief history will help to explain how we arrived at the Memorandum of Understanding between the Department of Social Services (DSS), the District Attorney's (DA) Office and the Law Enforcement Department with the county and each municipality. In January of 2012, a meeting was held between our Assistant Director of Social Work (ADSW), the Adult Services Program Manager (PM), the Adult Services Supervisor, the District Attorney (DA) and Assistant District Attorney (ADA) to discuss establishing a protocol for Adult Protective Services Referrals to LE and/or the DA as required by G.S. 180A-109. Though DSS had been in compliance with this requirement, we felt having a specific protocol in place, with identified contacts in the DA's Office and with LE, would assist us in protecting our most vulnerable adults by avoiding the loss of valuable investigation time and evidentiary information. It was agreed upon by all parties that a protocol would be beneficial and a subsequent meeting with the ADA and DSS was held in March, 2012. At that point, a verbal protocol was put in place on how referrals would be made to the DA and LE and a contact at the DA's Office, the Sheriff's Department and the city Police Department were identified. Internally, DSS determined that there was a need for a clear internal protocol on what constitutes a need for LE and a verbal protocol was established. In May of 2013, the protocol regarding screened out reports was identified by the ADA as a potential concern. The ADA was concerned that potential criminal cases were only being sent to the ADA and the ADA

did not have the authority or ability to conduct an investigation. In this particular case, the individual did not meet the criteria for APS, however due to her age alone, it could meet the criminal definition of exploitation of an elderly person. Based on these concerns, it was agreed that APS would benefit from a protocol similar to that of our Child Protective Services Section, whose procedure for referrals is based on a MOU between DSS, the DA and LE. In January of 2014, the ADA started work on a written protocol/MOU. In November of 2014, a written internal DSS Protocol was put in place for APS referrals to LE/DA, to include screened out reports at Intake, cases in which evidence of abuse, neglect or exploitation had been found and procedures for requesting LE assistance during the evaluation. Over the next year and ½, the procedures and protocols were hammered out for the MOU by the agencies involved. On September 22, 2016 the Elder Protection Initiative Memorandum of Understanding was introduced by our DA at a local elder abuse awareness event. Community resources and agencies, such as the Senior Resource Center and the Area Agency on Aging were consulted, as well as the Division of Aging and Adult Services Adult Protective Services manual. Though there is no budget attached to the initiative, the manpower resources of all the agencies involved is substantial and continues to grow as additional community.

Project Success and Impact

What was the outcome?

Was your program/project a success? What was the impact? How did you measure the impact? How widespread is the impact of your program/project? How were you able to overcome obstacles and challenges? Did your program/project meet your established objectives?

Though still in its infancy, we have seen positive impacts since establishing the Elder Protection Initiative. In February, 2017 we held the first quarterly meeting between DSS, the DA's Office and local LE agencies. Invited to the meeting and in attendance were representatives from the Area Agency on Aging, the Public Guardian of the Estate for our county and the Clerk of Court's Office. At that first meeting we identified other community partners and businesses that we felt needed to be at the table: The Senior Resource Center (SRC), the regional hospital, local banking institutions, our local Legal Aid Office and our local LME/MCO. At

that meeting we also discussed a case that DSS, the DA and LE worked simultaneously in January 2017. An APS report was made to DSS that involved allegations of caretaker neglect. Upon arrival at the home, the social worker found the condition of the victim so deplorable, that EMS was immediately contacted and the victim was transported to the hospital. The victim later died during our evaluation. LE was notified that day as well, however there was a breakdown in communication between all parties. The breakdown in communication and notification to LE was discussed to insure steps are taken by both DSS and LE to protect the potential crime scene and any evidentiary evidence. Fortunately, in this case, the social worker took pictures before the perpetrators could clean up the home and critical evidence was gathered by LE. At this point, the ADA has filed felony charges against the caretaker and is awaiting a trial date. Though the collaboration between DSS and LE was successful overall, it did allow us the opportunity to look at our procedures and learn from any mistakes and address areas that we could see needed improvement. At this first meeting, LE asked that we send over every report that we screen in or out with allegations of abuse, caretaker neglect or exploitation, at the time the report is received, so that they can determine if it needs a criminal investigation. Due to the volume, we have since tweaked that policy. If a report is screened in, the social worker assigned will initiate the report, staff with their supervisor and if they determine there is a need for LE to review it for a potential criminal investigation, the supervisor tasked with sending the referrals to the DA and LE will send the initial notice. Having one supervisor send the referrals has helped to streamline the process and decreased the number of initial referrals for LE to review. However, the referrals that are sent have additional information that was found during the initiation of the report and makes the referral more viable. At any time during the evaluation the social worker and supervisor determine a referral needs to be made, one will be sent. Protocol still dictates that if DSS determines they need an immediate response from LE, then contact will be made with the appropriate LE agency for that jurisdiction and/or a call will be placed to 911. We still continue to send every referral that is screened in or out to the ADA, as the ADA is maintaining a spreadsheet for the purpose of tracking repeat perpetrators and victims. Once LE receives the referral, it will be assigned to an officer, who will then make contact with the

assigned social worker. They will work together during the investigation/evaluation. Though we may find evidence of abuse, neglect or exploitation under APS policy, it does not always mean it will result in criminal charges, but we have found that working together simultaneously helps to protect evidence and insure a thorough evaluation/investigation is conducted. It also affords DSS and LE the opportunity to educate victims and at risk victims on ways to protect themselves. Since our first meeting, the SRC and regional hospital have joined our team and we are currently working on identifying local banking institutions that may be interested in joining our collaboration or at a minimum, willing to be educated further about identifying potential abuse, neglect or exploitation and the information needed when making a report to the local DSS. We are also in the early stages of establishing Multi-Disciplinary Teams as an off shoot of the initiative, to look at Elder Fatalities, our APS recidivism rate and Financial Exploitation. We are using the tool kit established by the Elder Justice Initiative of the Department of Justice to establish our teams. As we move forward with this initiative, we hope to continue to use our quarterly meetings to discuss procedural issues, identify and include additional community partners and maintain a connection between all parties. We hope the establishment of MDT's will help us identify policies or procedures that will in turn reduce our recidivism rate and prevent the abuse, neglect and exploitation of our elderly and disabled population. Our DA's Office also covers a neighboring county and we will be reaching out to them as well. We are very fortunate to have the support of our Director, the District Attorney and the heads of the local law Enforcement Agencies. Because of the Elder Protection Initiative, one of our most vulnerable populations are receiving the attention they deserve to help ensure their safety and well-being.
