



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

JAMES W. GILLAN
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
DEPUTY DIRECTOR

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

DEC 30 2014
32-14-2345
Office of the Speaker
Judith T. Won Pat, Ed.D

Date: 12/30/14

Time: 10:24am

Received By: [Signature]

Dear Speaker Won Pat:

Hafa Adai! In accordance with Public Law 31-278, enclosed please find the Bureau of Adult Protective Services' Annual Legislative Report for Fiscal Year 2014.

Should you have any questions, you may contact Mr. Arthur U. San Agustin, MHR, Senior Citizens Administrator or Ms. Jocelynn DR Cruz, Social Services Supervisor, Division of Senior Citizens at 735-7421.

Senseramente,

JAMES W. GILLAN
Director

Enclosure

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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF SENIOR CITIZENS



BUREAU OF ADULT PROTECTIVE SERVICES
ANNUAL LEGISLATIVE REPORT
FISCAL YEAR 2014

PERIOD COVERED: OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

PREPARED BY: JOCELYNN DR CRUZ
SOCIAL SERVICES SUPERVISOR I

I. DESCRIPTION OF THE ACTIVITIES OF THE BUREAU AND ALL DESIGNATED AGENCIES DURING THE PRECEDING YEAR

The Bureau of Adult Protective Services (BAPS) is responsible for receiving and investigating all suspected reports of elderly or adults with a disability abuse or neglect. *Elderly* refers to a person age sixty (60) years or older. *Adult with a disability* is any person eighteen (18) years or older who has a physical or mental impairment which limits one or more major life activities; or has a history of, or has been classified as having, an impairment which substantially limits one (1) or more major life activities. Major Life Activities include, but are not limited to: caring for oneself, performing manual tasks, standing, walking, seeing, hearing, eating, sleeping, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking and working.

The mission of the BAPS is to provide services to the elderly and adults with a disability in a manner least restrictive with respect to their dignity and in consideration of the values and practices of their culture.

The BAPS administers an Emergency Receiving Home (ERH) and Crisis Intervention Hotline (CIH) through a contract agreement with Catholic Social Service (CSS), to provide shelter and support to our elderly and adults with a disability who are in immediate or imminent danger and require shelter to protect them from further abuse or neglect. The ERH/CIH receives and responds to reports of suspected elderly or adults with disabilities abuse and neglect on from 5:00 p.m. to 8:00 a.m. and twenty-four hours on weekends and holidays.

On December 28, 2012, Public Law (P.L.) 31-278 updated Guam's Adult Protective Services (APS) mandates (P.L. 19-54 and P.L. 21-33). The updates of P.L. 31-278 refined the definitions for the types of abuse reported to APS; expanded the list of Mandated Reporters to include Emergency Medical Service (EMS) providers, non-emergency medical transport providers, medical and allied health providers, banking or financial institutions personnel, pension providers and practicum students in the health and human services; defines the organizational and personnel structure of the Bureau of Adult Protective Services (BAPS); and in Sub-Section 2954, a new provision was added and created the BAPS Fund which provides for all fines collected from in any person required by Subsections (a) and (b) of §2952 to report a case of suspected elderly or adult with a disability abuse and fails to make a report to APS, to be deposited into the Fund and shall be expended exclusively for purposes used to support the operations of the BAPS.



A primary function of the BAPS social workers is case investigation. Upon receiving a referral of alleged abuse or neglect, a social worker meets with the client to assess the situation and proceeds with investigating the allegation(s) of abuse or neglect and develops a case plan which addresses the client's needs in order to intervene if not resolve the abusive situation. Intervention strategies

used by the social workers include: crisis intervention, education, protective shelter, multi-disciplinary team meetings, individual and family sessions, and networking with other government and private agencies to provide formal supportive services. A secondary function is outreach and prevention efforts. Outreach presentations are provided to educate and inform government, private and non-profit entities and the general public of the services available through the BAPS for the prevention of elderly and adults with a disability abuse and neglect.

The BAPS also administers the Office of the Long Term Care Ombudsman and activities related to Elder Abuse Prevention, Title VII programs. The Office of the Ombudsman services elderly residents in long term care facilities such as the St. Dominic's Senior Care Home and elderly receiving services at the Guam Memorial Hospital Authority, Skilled Nursing Unit (GMHA, SNU) and the two Adult Day Care Centers. The Ombudsman visits elderly at nursing and long term care homes to meet with them and their family members to address, advocate, and resolve concerns for the protection of the resident's health, safety, and welfare while ensuring the rights of residents are safeguarded.

OUTREACH AND ADVOCACY:

In Fiscal Year 2014, the BAPS participated at various outreach activities in local shopping malls, health fairs, at the 12 Senior Citizen' Centers, proclamation signing events, and during the 3rd Annual Guam Conference on Aging held at the Pacific Star Resort and Spa on May 22, 2014. BAPS also conducted APS presentations to heighten community awareness in the prevention and reporting of abuse and neglect of the elderly and adults with a disability, to include monthly APS and Ombudsman presentations at the St. Dominic's Senior Care Home, Guam Memorial Hospital Skilled Nursing Unit, and the two Adult Day Care Centers.

BAPS also conducted a presentation on APS' Role and Mandated Reporters during the Guam Coalition Against Sexual Assault and Family Violence Regional Summit held at the Westin Hotel on October 24, 2013, the 2014 Point-In-Time Homeless Count Volunteers Training held on January 8 - 15, 2014, for staff of the Karidad II Group Home Program on January 23, 2014, for local and federal law enforcement personnel and community service providers attending the "Responding to Victims of Crime" Workshop coordinated by the United States Attorney's Office on February 28, 2014, for nurses and social services staff of the Guam Memorial Hospital on March 4, 2014, the University of Guam (UOG) Inter-Community Services class on January 7, 2014 and Social Work Family Violence class on April 7, 2014, and the Case Management Services Program staff on July 22, 2014.

BAPS staff participated in the following Council, Board, Coalitions, and Committees: (1) Healing Hearts Sexual Assault Response Team (SART) Steering Committee meetings held monthly, (2) Guam Homeless Coalition meetings held monthly, (3) 2014 Senior Citizen's Central Planning Committee meetings held in January to June, (4) Guam Developmental Disabilities Council meetings held monthly, (5) Guam Public Guardian Review Board, (6) Guam Coalition Against Sexual Assault and Family Violence meetings, and the (7) Judiciary of Guam

Criminal Sexual Conduct Management Committee with the latter three groups meeting as scheduled.

BUILDING STAFF CAPACITY:

In a continual effort to build the Bureau's capacity and professional development of its employees, the BAPS staff received training and/or attended the following workshops and presentations in FY 2014:

1. October 4, 2013: Social Worker (SW) Evelyn Cruz attended the Medicare Part D Presentation conducted by Mr. Romolo Pellacani, Volunteer for the Senior Medicare Patrol Project and State Health Insurance Program (SHIP).
2. October 23 & 25, 2013: Social Service Supervisor (SSS) Jocelynn Cruz and SW Evelyn Cruz attended the mandatory HIPPA Training conducted by Dr. Susan Kaneshiro.
3. April 7, 2014: SSS Jocelynn Cruz and SW Evelyn Cruz BAPS staff attended a mandatory Active Shooters Training provided to DPHSS employees by Sgt. Anthony Chaco and Sgt. John Aguon, Guam Police Department

HIGHLIGHT OF FY 2014:

RIBBON CUTTING CEREMONY FOR EMERGENCY RECEIVING HOME PROGRAM FACILITY - GUMA SERENIDA:

A highlight for the BAPS in FY 2014 was the July 1, 2014 ceremonial ribbon-cutting for the newly built Emergency Receiving Home - GUMA SERENIDAD. In July 2012, the Guam Housing and Urban Renewal Authority (GHURA) awarded an estimated \$1.3M of U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) funds for this project. The design and construction of GUMA SERENIDAD was administered by GHURA in partnership with the DPHSS, DSC, with Orion Construction Corporation as the contractors, to construct a 24-hour temporary shelter for victims of abuse who are elderly, 60 years and above, and for adults with a disability, 18 years and older.

The multi-functional facility has 6,000 square feet of interior space, six-bedrooms, a living/sitting room, three large activity rooms (television room, arts room, and music room), a dedicated dining area, open kitchen, and locker/storage. The outdoor space is landscaped with a raised flower bed/therapeutic garden, gazebo, a color-coordinated circulation and walking path, and fully fenced wall with an automatic entrance/exit gates. The structure has the capacity to provide for 10 clients at any given time and complies with ADA accessibility requirements.



GUMA SERENIDAD will be maintained and managed by the Department of Public Health and Social Services, Division of Senior Citizens (DSC) in partnership with Catholic Social Service through a bid contract agreement to administer the ERH Program. The ERH project meets one of GHURA’s 2010-2014 Consolidated Plan priorities: to construct or rehabilitate Emergency and Transitional Shelters for victims of abuse and neglect. It is also a goal outlined in Guam’s State Plan on Aging for Fiscal Years 2012-2015 to promote, maintain, and protect the total well-being of senior citizens age 60 years and older, safeguarding their dignity, integrity, independence, values, and cultures.

II. STATISTICAL INFORMATION ON THE NUMBER AND TYPES OF REPORTS RECEIVED DURING THE YEAR FOR BAPS

BUREAU OF ADULT PROTECTIVE SERVICES (BAPS): In FY 2014, the BAPS responded to 252 Unduplicated Referrals/Intakes, averaging 21 cases per month. The months with the highest number of Referrals/Intakes received were June 2014 with 29 or 12% and August 2014 with 27 or 11% and the lowest being November 2013 with 13 Referrals/Intakes or approximately 5%. Of the 252 Referrals/Intakes received, 250 were determined to be appropriate and 2 were determined to be inappropriate. The client profile of the 250 appropriate Referrals/Intakes investigated by the BAPS is illustrated below in Table 1. Client Profile.

Table 1. Client Profile.

Client Ethnicity	Elderly		Adult With a Disability		Elderly With a Disability (Dual)		YTD by Ethnic Group
	Male	Female	Male	Female	Male	Female	
American Indian	-	-	1	-	-	-	1
Black	-	-	4	-	-	-	4
Chamorro	12	30	19	38	28	41	168
Chuukese	-	-	1	2	4	1	8
Filipino	5	10	5	1	9	10	40

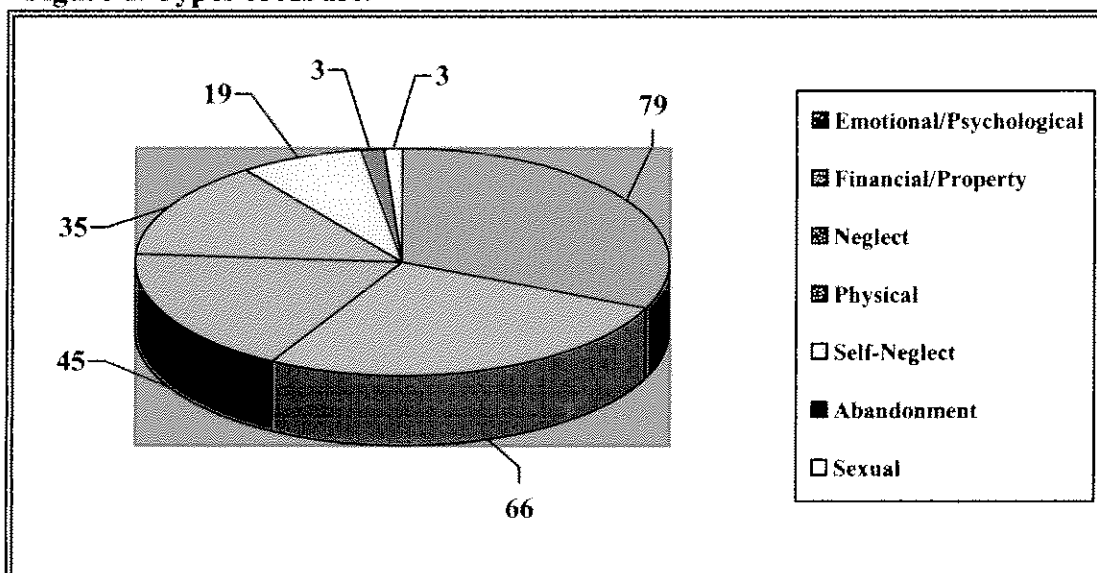
Japanese	-	1	-	3	-	3	7
Korean	-	-	-	1	-	-	1
Marshallese	-	-	-	1	-	-	1
White	3	5	1	-	7	4	20
YTD by Gender	20	46	31	46	48	59	250

- Of the 250 appropriate Referrals/Intakes received, 173 or 69% were elderly [comprised of Elderly and Elderly with a Disability (Dual)] and 77 or 31% were for Adults with Disabilities.
 - Of the 173 Elderly Referrals/Intakes investigated, 66 or approximately 38% were elderly and 107 or approximately 62% were elderly with a disability.
- Of the 250 appropriate Referrals/Intakes received, 151 or 60% were females and 99 or approximately 40% were males.
- Of the 250 appropriate Referrals/Intakes received, the three highest ethnic groups are Chamorro at 168 or 67%, followed by Filipino at 40 or 16%, and White at 20 or 8%. The remaining 22 or 9% were comprised of American Indian, Black, Chuukese, Japanese, Korean and Marshallese.



A review of the 250 appropriate Referrals/Intakes received revealed the BAPS staff had responded to a range of abuses against the elderly and adults with a disability. The 250 appropriate Referrals/Intakes as categorized by type of abuse are illustrated in *Figure 1. Types of Abuse*. Of the 250 case investigations conducted by BAPS, 8 or 3% of the Referrals/Intakes received were substantiated and 242 or 97% were unsubstantiated.

Figure 1. Types of Abuse.



The compilation of BAPS Units of Service resulted in a total of 4,956 Units of Services performed by the BAPS this Fiscal Year. As illustrated in Table 2. BAPS Units of Service, BAPS provided: 252 Unduplicated Referrals/Intakes Received, 2,160 Phone Calls, 118 Office Visits, 594 Home Visits, 322 Information and Assistance, 1,487 Collateral Contacts and 23 Outreach Activities.

Table 2. BAPS Units of Service.

Fiscal Year 2014	YTD Total
Unduplicated Referrals/Intakes Received	252
Phone Calls	2,160
Office Visits	118
Home Visits	594
Information and Assistance	322
Collateral Contacts	1,487
Outreach/Presentations	23
Total Units of Services Performed	4,956

EMERGENCY RECEIVING HOME (ERH): In FY 2014, the contracted ERH program staff responded to 46 Unduplicated Referrals/Intakes, averaging 3.8 cases per month. The months of November 2013 and February 2014 received the highest number of Referrals/Intakes with six (6) or approximately 13% each month, and the month of August 2014 received the lowest number of Referrals/Intakes with one (1) or 2% Referral/Intake received by the ERH. Table 3. Client Profile illustrates the client profile of the 46 appropriate Referrals/Intakes investigated by ERH:

Table 3. Client Profile.

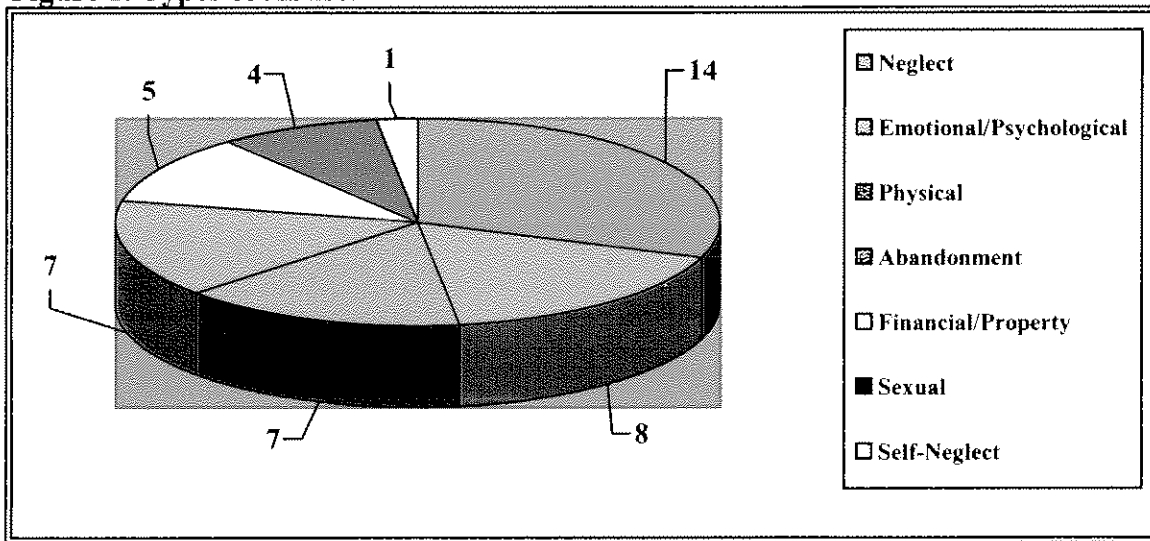
Client Ethnicity	Elderly		Adult With a Disability		Elderly With a Disability (Dual)		YTD by Ethnic Group
	Male	Female	Male	Female	Male	Female	
Black	-	-	-	1	-	-	1
Chamorro	2	3	6	9	5	6	31
Chuukese	1	1	-	1	-	-	3
Filipino	1	1	-	-	2	-	4
Japanese	-	-	-	-	-	1	1
Korean	1	1	-	1	-	-	3
Palauan	-	-	-	1	-	-	1
Pohnpean	-	-	1	-	-	-	1
White	-	1	-	-	-	-	1
YTD by Gender	5	7	7	13	7	7	46

- Of the 46 appropriate Referrals/Intakes received, 26 or approximately 57% were Elderly and 20 or approximately 43% were Adults with Disabilities.
 - Of the 26 elderly referrals investigated, 12 or approximately 46% were elderly and 14

- or 54% were elderly with a disability.
- Of the 46 appropriate referrals/intakes received, 27 or approximately 59% of the appropriate referrals/intakes were females and 19 or approximately 41% were males.
- Of the 46 appropriate Referrals/Intakes received, 31 or approximately 68% were Chamorro, followed by Filipino at 4 or 9%, Chuukese and Korean at 3 each or a combined 13%, and Black, Japanese, Palauan, Pohnpean and White at 1 each for a combined 10%.

The 46 appropriate referrals/intakes as categorized by Types of Abuse are illustrated below in Figure 2.

Figure 2. Types of Abuse.



As a result of case investigations, 2 or approximately 4% of the appropriate referrals/intakes received and investigated by ERH Social Workers were substantiated and 44 or approximately 96% were unsubstantiated.

Table 4. Clients Admitted to the ERH in FY 2014 illustrates the profile of clients admitted to the ERH in FY 2014. For this reporting year, there were five (5) unduplicated elderly clients who required admission to the ERH: three (3) females and two (2) males.

Table 4. Clients Admitted to the ERH in FY 2014.

Client Ethnicity	Elderly		Adult With a Disability		Elderly With a Disability (Dual)		YTD by Ethnic Group
	Male	Female	Male	Female	Male	Female	
Chamorro	1	2	-	-	-	1	4
Filipino	-	-	-	-	1	-	1
YTD by Gender	1	2	0	0	1	1	5

In FY 2014, the staff of the ERH conducted a total of 7,886 Units of Services as follows: 5 admissions, 43 Unduplicated Referrals/Intakes Received, 852 hours of Information and Assistance, provided clients with 2,571 hours of Case Management, 2,696 hours of Personal Care, served a total of 1,718 Meals, and participated in six (6) outreach activities as illustrated in Table 5. ERH Units of Service.

Table 5. ERH Units of Service.

Fiscal Year 2014	YTD Total
Admissions at ERH	5
Unduplicated Referrals/Intakes Received	46
Information and Assistance	852
Case Management	2,571
Personal Care Provided	2,696
Meals Provided	1,718
Outreach Activities	6
Total Units of Services Performed	7,894

Three Year Review of Three Highest Types of Abuse Referred: A review of statistical data on the three (3) highest Types of Abuse received and investigated by the BAPS within the past three (3) fiscal years to include FY 2014 is illustrated in Table 6. Three Highest Types of Abuse Referred.

Table 6. Three Highest Types of Abuse Referred.

Fiscal Year	1st Highest Type	2nd Highest Type	3rd Highest Type
FY 2014	87 Emotional/Psychological	71 Financial/Property	59 Neglect
FY 2013	74 Emotional/Psychological	71 Financial/Property	56 Neglect
FY 2012	67 Neglect	65 Financial/Property	46 Emotional/Psychological

- In FY 2014, Emotional/Psychological ranked the highest in all types of abuse received by the BAPS and the ERH with 87 referrals, an increase of 13 or 17% from Emotional/Psychological referrals received in FY 2013, which ranked highest for referrals received for that Fiscal Year.
- Financial/Property Exploitation ranked second with 71 referrals received in FY 2014 and FY 2013.
- Neglect which ranked the highest in Fiscal Year 2012 with 67 referrals received ranked as third highest in FY 2014 with 59 referrals, a 5% increase from FY 2013.
- For all the three (3) years in review, Neglect, Financial/Property and Emotional/Psychological remain as ranking within the top three types of abuse reported and investigated by BAPS.

III. BUDGET INFORMATION

Expenditures for FY 2014 totaled \$565,377.11. A breakdown of FY 2014 expenditures is provided in Table 7.

Table 7. Expenditures.

Item	Expenditure	Percentage
Salaries	\$86,868.77	15.36%
Benefits	\$30,445.73	5.38%
Contractual Service	\$446,363.21	78.94%
Supplies	\$25.00	0.004%
Telephone	\$1,674.40	0.29%
TOTAL	\$565,377.11	

IV. INFORMATION ON THE QUALITY OF SERVICES PROVIDED AND THE RESULTS OF SUCH SERVICE IN TERMS OF ALLEVIATING ABUSE

Currently, the BAPS continues to meet the mandates of Public Law 31-278 by providing intervention in abusive situations and assisting clients and their families in obtaining supportive social services, as practicably available on island. Oftentimes, the BAPS serves as the entry point into Guam's social service system for elderly or adults with disabilities. It is the experience of the BAPS social workers that abuse and neglect are not always intentional, but rather caused by caregiver stress and a lack of knowledge on how to care for elderly (parents) or adults with disabilities. Through BAPS intervention, caregivers are provided with information on caregiving and linkage to relevant support systems. In most instances, the needs of the APS clients are met thus, alleviating the abusive situation. Cases which have been determined by BAPS that the elderly or adult with a disability had suffered serious abuse are forwarded to the Attorney General's Office for their review and disposition; however, none of the cases investigated in FY 2014 merited being forwarded to the Attorney General for further disposition.

The BAPS addresses abuse from a social service as opposed to a law enforcement perspective. This allows clients to make informed decisions as to how they can help themselves alleviate their abusive situation. The clients' basic right to self-determination is promoted while maintaining their integrity and dignity. Without the BAPS, the only recourse for elderly and adults with disabilities would be assistance from the Guam Police Department. Many incidences of abuse would not be addressed as BAPS clients are reluctant to use police enforcement as a means of resolution, especially when many cases involve family members. Successful intervention is a continual learning experience of family dynamics, available community resources and how the BAPS can most effectively serve their clients.

An important component of the BAPS is the Emergency Receiving Home/Crisis Intervention Hotline program. Through the BAPS Crisis Intervention Hotline, protective services are

available seven days a week, twenty-four hours a day, ensuring that elderly and adults with disabilities have access to BAPS services at all times. Availability of the Emergency Receiving Home has proven essential to the safety of victims of serious abuse and neglect. The shelter affords a safe haven during a crisis. Without the shelter, clients of BAPS would probably remain in the abusive home environment until alternate living arrangements are made.

Although APS has been in existence since 1989, continued work is being done in clarifying the roles and responsibilities of BAPS social workers as protective service workers. The BAPS continues to collaborate with other government and private agency personnel to clarify their role as mandated reporters, and the responsibilities and boundaries of protective service workers.

V. IDENTIFICATION OF PROBLEMS THAT MAY ARISE IN THE IMPLEMENTATION OF THIS ARTICLE

1. Public Law 31-278 provides for mandated reporting of suspected elderly or adults with disabilities abuse or neglect for professionals who in the course of their employment come into contact with elderly and persons with disabilities. The law further provides immunity from liability for those individuals who make reports in good faith. However, the law does not provide sanctions for the falsifying of reports. During the course of case investigations, it has been determined by APS social workers that certain case referrals were not made in good faith. Absent any provision for penalties for falsifying reports under this provision, there does not appear to be any means to discourage this action on the part of individuals committing such an act.
2. Public Law 31-278 does not address alleged perpetrators who refuse to cooperate in an APS investigation. Further, APS does not possess the authority to require alleged perpetrators to cooperate with APS investigations which is a contributing variable resulting in higher percentage of inconclusive investigations.
3. Although P.L. 31-278 defines several types of abuses in its mandate, it does not provide penalties for substantiated cases of abuse or neglect specific to elders or adults with disabilities. Substantiated cases of physical or sexual abuse are criminal in nature and are forwarded to the Attorney General's Office for their disposition. The Attorney General may investigate and decide whether to initiate criminal proceedings. Cases of substantiated financial or property exploitation can be referred to other legal avenues for possible recourse; however, substantiated cases of abandonment, emotional abuse and neglect do not appear to fall under any laws and as such, carry no penalties.
4. Expansion of Services. During the investigations, especially of alleged neglect situations, it has been determined that the neglect of APS clients was not intentional but rather due to lack of services to support family members in their role as caregivers or to assist an adult individual living in the community requiring some level of formal support that cannot be

readily provided by family or friends, either due to competing demands the family is managing or the local resource is non-existent.

5. Long Term Care. Long term care needs for the elderly and adults with disabilities is a major issue for APS clients and their families; clients who do not have family members to care for them on a long term basis. Additionally, as most families require to be gainfully employed to maintain their household and the elderly and adults with disabilities often require supervised care, families are constantly challenged with providing care for them in their homes. The ERH has also noted concerns in transitioning clients out of the shelter due to the lack of long term care facilities or family support. Although the maximum stay for clients is 45 days, some individuals have been in the shelter for more than 90 days while remaining on a waitlist for transition to St. Dominic's or other home and community based program. Given the current trend of clients admitted to the shelter, clients will probably exceed the 45 day limit due to a weakened (or non-existent) family support or due to the absence (lack) of community-based service programs that would support the individual to be reintegrated into their former setting or an alternate appropriate setting. The need for long term housing of clients may result in clients being rotated among shelter residential type programs with the client(s) being admitted to the existing array of shelter services multiple times. This situation requires a permanent and responsive solution to this growing need in our community, such as assisted living facilities.

VI. RECOMMENDATIONS FOR ACTION ON THE PART OF THE LEGISLATURE WHENEVER DEEMED VITAL FOR THE PROTECTION OF THE ELDERLY AND ADULTS WITH A DISABILITY

As recommended in prior year reports, legislation needs to be enacted to expand and fund programs for independent living and alternative/transitional homes to address the needs of clients who are initially admitted into the Emergency Receiving Home during crisis, but due to limited resources and services in our community, are difficult to transition out of the shelter when protective care is no longer the primary basis for shelter services.

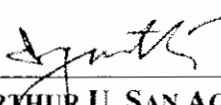
During the past year, clients requiring such services were placed at the shelter while awaiting transition into St. Dominic's or to another non-emergency community based residential housing/shelter program.

PREPARED BY:

REVIEWED BY:

 12-29-14

JOCELYNN DR CRUZ
SOCIAL SERVICES SUPERVISOR I



ARTHUR U. SAN AGUSTIN, MHR
SENIOR CITIZENS ADMINISTRATOR