



The Illinois  
Department  
on Aging

James R. Thompson,  
Governor

Janet S. Otwell,  
Director

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# ELDER ABUSE

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The Illinois Department on Aging's  
Final Report on the  
Elder Abuse Demonstration Program Act



STATE OF ILLINOIS  
**DEPARTMENT ON AGING**  
421 EAST CAPITOL AVENUE  
SPRINGFIELD 62701

JANET S. OTWELL  
DIRECTOR

The Honorable James R. Thompson  
Governor, State of Illinois  
and  
Members of the 84th General Assembly  
State House  
Springfield, Illinois 62706

Dear Governor Thompson and Members of the General Assembly:

I am pleased to submit the Final Report of the Elder Abuse Demonstration Program, Public Acts 83-1259 and 83-1432.

This report represents information on over 640 reports of abuse and neglect received by the four demonstration projects during the three year project period. This type of demonstration program allowed the Department to investigate the issues of providing services to abused elderly before passing statewide legislation.

Identifying and serving this last group of the older population, the vulnerable elderly, who are abused, neglected, and financially exploited, in four areas of the State, has strengthened our commitment to strive towards the development of a statewide elder abuse and neglect intervention program.

We appreciate the opportunity to identify this disgraceful problem...now we must confront the issue.

Sincerely,

A handwritten signature in cursive script that reads "Janet S. Otwell".

Janet S. Otwell  
Director

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ELDER ABUSE DEMONSTRATION PROGRAM

Public Acts 83-1259 and 83-1432

FINAL REPORT

Prepared for the  
Illinois Department on Aging

by

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## DEDICATION

Elder abuse. This phrase represents a shocking and still largely hidden problem affecting thousands of Illinois' most helpless and vulnerable citizens. The average citizen would find it hard to believe how widespread and frequent this problem is -- how it cuts across all classes of society, how it occurs in bustling metropolises and small towns, in suburbs and on farms. More importantly, most would prefer not to acknowledge that such abuse exists (U.S. Subcommittee on Health and Long Term Care, 1985).

This report is dedicated to the victims of elder abuse, neglect and exploitation. It is our sincere hope that it will serve to heighten the public's awareness of your condition, the intervention services needed to assist you, and the necessity to prevent its occurrence in the future.

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FINAL REPORT  
EVALUATION OF FOUR ELDER  
ABUSE DEMONSTRATION  
PROGRAMS

INTRODUCTION

History of the Elder Abuse  
Demonstration Act

Over the past ten years, state and national attention focused on the issue of abuse and neglect of the elderly, resulting in many states passing elder abuse reporting legislation. According to Traxler (1986), in 1986 over 40 states had reporting laws, by far the majority of which mandated the reporting of elder abuse by professionals. Common among these laws has been the failure to establish a comprehensive system for managing cases of elder abuse and providing resources for assisting victims and their families once abuse is found.

The state of Illinois has been unique in its approach to statewide elder abuse legislation and programming. Instead of adopting legislation patterned after other states, Illinois decided to first gather critical information about the extent, cost and effectiveness of providing for community elderly who are victims of abuse, neglect and/or financial exploitation (State of Illinois, PA 83-1259 and PA 83-1432). Between March, 1985 and July, 1987, an evaluation of four state-funded elder abuse demonstration projects provided information to the legislature and the Illinois Department of Aging (IDoA) on the characteristics of elder abuse victims and abusers, issues addressed by program staff, and the differences among three different models of elder abuse intervention. This report describes how the information about elder abuse cases and model programs was obtained. It describes the results from the data collection endeavors, suggests the implications of the findings for the implementation of a statewide program, and proposes directions for future research on elder abuse in Illinois.

Goal of the Elder Abuse  
Demonstration Program Act

The goal of the Illinois Act was to develop four different demonstration projects for the purpose of providing information to the state. According to the Illinois Public Act 83-1259 signed by the Governor on August 16, 1984 the projects were funded in order to:

- \* Identify the number of elderly in each project area who are abused and in need of protective services,
- \* Identify the basic core and emergency services that will be required to respond to cases of elder abuse and to develop service models,
- \* Identify services from all sources in each project area that are currently available to meet the needs of elderly individuals who are abused,
- \* Identify service gaps that are common across project areas,
- \* Determine the most effective approach to reporting cases of abuse,
- \* Develop cost estimates for a statewide program.

Definition of Elder Abuse

Several types of abuse were included in the definition of victims eligible to receive services under the demonstration programs. The definitions of abuse came from the legislation, and were further defined by the Illinois Administrative Code. Specifically, the following definitions of elder abuse were used:

PHYSICAL ABUSE: The infliction of physical pain.

CONFINEMENT: Confinement for other than medical reasons.

**SEXUAL ABUSE:** Touching, fondling or penetration by the elderly person or suspected abuser either directly or indirectly or through clothing of the sex organs, anus or breast of the elderly person or suspected abuser for the purpose of sexual gratification or arousal of the elderly person or suspected abuser when the elderly person is unable to understand to give consent or when the threat or use of physical force is applied.

**DEPRIVATION:** Of services or medical treatment necessary to maintain physical health.

**FINANCIAL EXPLOITATION:** The use of an elderly person's resources by the caretaker or family member to the disadvantage of the elderly person or the profit or advantage of a person other than the elderly person.

Two types of neglect were also identified among the elderly clients: **PASSIVE NEGLECT** and **SELF-NEGLECT**. They were included in order to differentiate between deprivation of services perpetrated by the elderly themselves, and deprivation perpetrated by the omission of needed services by an individual responsible for providing care to the elderly. The delineation of this difference in neglect of the elderly could have important implications for understanding the nature of neglect and in determining the types of services needed to alleviate this problem.

Differentiating between these types of neglect is also important because clients fitting within the definition of self-neglect can be served by the statewide case management program in Illinois. Therefore, separate tracking of self-abuse clients could provide information about the impact of an elder abuse program on the state's case management program.

## Models of Intervention

One intent of the elder abuse legislation was to determine the relative effectiveness of three different models of intervention that could be used with elder abuse victims. The Administrative Code describes the following three models that were used to deliver services:

**CHILD ABUSE (MANDATORY REPORTING) MODEL:** This model, eventually implemented at the Egyptian area site, is characterized by the mandatory reporting of elder abuse by professionals. It is perceived to be the intervention that is the most intrusive to the alleged victim. It also requires the notification of the reporting requirements to the mandated reporters, and their education about issues of elder abuse. Finally, the model mandates contact with the elderly person within twenty-four hours of the report.

**LEGAL INTERVENTION MODEL:** This model, eventually implemented at the North Suburban Cook site, is characterized by the focus on the legal system as the primary mode of services to victims. It promotes the use of restraining orders when necessary, the filing of complaints with the police and applicable courts, and keeping case information to assist in prosecution.

**ADVOCACY MODEL:** This model, eventually implemented by the Rockford and Kankakee sites, assumes that the lowest level of intervention will be used in assisting victims of abuse, neglect and exploitation. This model defines the role of the service provider as an advocate assisting the abused elderly to reach agreed upon goals. It also supports the use of the most varied and broad services, both formal and informal.

## Selection of Elder Abuse Demonstration Project Sites

The four demonstration projects were selected through a competitive request for proposal (RFP) process. Each site was selected to

demonstrate a specific model of intervention. The RFP evaluation process examined the proposals along the following dimensions:

- \* Program approach
- \* Community involvement
- \* Capacity for service delivery
- \* Projected budget
- \* Evaluation component

Based on a ten-member interagency review team recommendation, the IDoA Director designated the following Area Agencies on Aging (AAAs) to implement a demonstration site:

AAA	Geographic Area	Model of Intervention	Main Subcontractor
Northwestern Ill. AAA	Winnebago County (Metro Statistical Area)	Advocacy	Phase/Wave Visiting Nurses Assoc.
Region Two AAA	Kankakee County (Part of Metro Stat Area)	Advocacy	Catholic Charities
Suburban Cook County AAA	Evanston, Nile, Maine Twnsps (Part of Metro Stat Area)	Legal	<ul style="list-style-type: none"> <li>•NW Service</li> <li>•Coord•Metro Chicago Coal. on Aging</li> <li>•Family Counseling Serv. of Evanston &amp; Skokie Valley</li> <li>•Northshore Senior Center</li> </ul>
Egyptian AAA	Franklin, Williamson, Jackson & Perry Cos (Rural)	Mandatory	Shawnee Alliance for Seniors

Each AAA contracted with an existing direct social service agency or agencies within their planning and service area (PSA) that was most appropriate to receive intake reports and to respond accordingly to reported cases of elder abuse and neglect. Appendix A provides demographic information about each of the demonstration sites.

Each demonstration project received financial assistance from the State General Revenue Funds. In addition, each AAA was required to match each general revenue dollar with two dollars of their Title III Older American Act funding. The Suburban Cook AAA also received a grant from the Retirement Research Foundation to support their demonstration project. The following tables illustrate the funding amounts allocated to the elder abuse demonstration projects and to other organizations associated with the project.

FUNDING BY SITE AND FUNDING SOURCE

SITE	(GRF)	Title III (Federal)	Other	Total
NW AAA	Yr 1: \$15,000	\$30,000		\$45,000
	Yr 2: \$15,000	\$30,000		\$45,000
	Yr 3: \$15,000	\$30,000		\$45,000
Region 2 AAA	Yr 1: \$13,376	\$26,752		\$40,128
	Yr 2: \$16,110	\$32,221		\$48,331
	Yr 3: \$21,500	\$43,000		\$64,500
Egyptian AAA	Yr 1: \$19,263	\$38,526		\$58,089
	Yr 2: \$26,611	\$53,222	\$7,500*	\$87,333
	Yr 3: \$35,495	\$84,690		\$120,185
Sub. Cook AAA	Yr 1: \$13,192	\$26,384		\$39,576
	Yr 2: \$18,741	\$40,988		\$59,729
	Yr 3: \$25,000	\$66,802	\$12,589**	\$104,391

\* Illinois Farmers' Union

\*\* Retirement Research Foundation

OTHER FUNDING RELATED TO THE DEMONSTRATION PROJECTS

RECIPIENT	AMOUNT	PURPOSE
SPEC Associates	Yr 1: \$15,708	Program Evaluation
	Yr 2: \$20,612	Program Evaluation
	Yr 3: \$21,614	Program Evaluation
Terra Nova Films	Yr 1: \$15,000	Partial support for film on elder abuse

Demonstration Project  
Services

The four demonstration projects were responsible for providing the following basic group of functions and services:

- \* A 24-hour hotline available to receive reports of elder abuse,
- \* A face-to-face interview with the alleged victim in all situations (when possible),
- \* An investigation to determine whether the older person was abused, neglected, both or neither,
- \* An assessment of the older person's needs and service options,
- \* Planning and arranging for appropriate services,
- \* Case monitoring and appropriate follow through,
- \* Cooperation with IDoA and the evaluation consultant in the data collection efforts.

Each AAA was given the opportunity to designate a single agency or multiple agencies to provide the designated services. In two areas, the Egyptian and Kankakee areas, a single agency received the initial report, assessed the case, arranged for and monitored service delivery. In the Egyptian area, all elder abuse designated services were provided through the Shawnee Alliance for Seniors. In Kankakee, these services were provided through Catholic Charities of Kankakee.

In the Rockford and North Suburban Cook sites, the designated services were shared among more than one agency. In Rockford, a domestic violence agency, PHASE/WAVE, received all reports of abuse. Assessment and service delivery/monitoring were provided through the local Case Coordination Unit. In North Suburban Cook, Family Counseling Services of Evanston and Skokie Valley and

Northshore Senior Center were each responsible for all elder abuse service provisions, but served different geographic areas within the demonstration site.

IDoA convened an Elder Abuse Management Team on an on-going basis to discuss implementation strategies, common problems, etc. in the demonstration projects. Representatives of the management team included staff from IDoA, the AAAs, the main subcontractors and the program evaluator. The Elder Abuse Management Team was useful in providing mutual support in facing the difficulties of program development. The team approach also provided a convenient mechanism for gathering together key project representatives for learning about any legislative developments affecting the projects, discussing data collection methodology, brainstorming solutions to common problems and determining common training needs.

## DESCRIPTION OF THE EVALUATION PROCESS

### Goal & Objectives of the Program Evaluation

Because of the importance of providing information to the state legislature, a major effort undertaken through the Elder Abuse Demonstration Act was to design a system for collecting, analyzing, reporting and interpreting data from the individual projects. The goal of the evaluation plan was to provide data which addressed the aforementioned purposes of the Act. To meet this goal, two separate data collection systems were developed.

### Management Information System

Using the questions raised by the elder abuse legislation, a complex system of data collection forms was designed, pretested and revised. One goal in designing the forms was to provide data for the information system. A second goal in the design of these forms was

to assist the service providers in assessing each case. The final system included the following data collection instruments:

**REPORT INTAKE FORM:** This instrument was used to collect preliminary information about the alleged victim and the alleged abuser(s). It was used to obtain some demographic information about the alleged victim and abuser(s), the severity or immediacy of the situation, the nature of the allegations, the source(s) of the initial report, and the type(s) of abuse substantiated after the assessment was completed. The form also allowed for the service provider to document other information that assisted in the assessment process. Examples of this information include people who accompanied the service provider on the initial visit with the victim, barriers to the assessment process and general comments about the case.

**HWALEK-SENGSTOCK RISK ASSESSMENT QUESTIONNAIRE:** This is an instrument being developed for predicting the risk of elder abuse. The questionnaire was used in this evaluation to provide data for its further development. When completed, it can provide a means for screening community elderly for the presence of abuse or neglect. In its present form, the questionnaire provides data describing the psychosocial characteristics of clients. The current state of research on this form can be found in Hwalek and Sengstock (1986) and Neale, Hwalek, Sengstock & Stahl (1987).

**VICTIM ABUSER REPORT:** This form provided additional demographic information about the alleged victim and alleged abuser(s). In addition it was used to record data on: the abuse history of both the victim and abuser(s), the presence of alcohol abuse and mental problems in the victim and abuser(s), Determination of Need scores for the victim (to determine their functional limitations and resources available to offset these limitations),

and the extent to which the abuser was financially dependent on the victim.

**SERVICE PLAN CALENDAR:** This form was to be completed on each open case every month. It is the form which provided data on the types, cost and amount of services provided to elderly clients through the demonstration programs. Specifically, this form reported the services needed by the victim, the provider of the services, referral date for each service, the outcome of the attempt to provide the service, the service which was eventually put in place, the date the service began, monthly volume of the service, unit cost of the service, source of payment for the service, whether the client was already receiving the service, and date(s) and reason(s) for any change in services. Finally, the form documented the date the case was closed and the disposition of the client when the case was closed.

**SERVICE PLAN II:** This instrument was used to document the needs of the client as determined by the service provider, and that the client understands his/her needs and the services s/he was to receive under the program. The client signed this form as an indication of his/her agreement to receive the services. This instrument was primarily for the use of the service providers, and completed Service Plan IIs were not analyzed by the evaluation team.

**ACTIVITIES ON BEHALF OF THE CLIENT:** This instrument documented the types of activities the demonstration projects undertook on behalf of each client. The activities were divided into four types: receipt of reports, investigation, planning for service provision and case management. Data from this form was used to determine how the elder abuse direct service project staff spent their time.

**EVALUATION OF SERVICES:** This form was to be provided to the client after services

under the program were terminated. It was to obtain the client's opinions about the quality of the services provided under this program. The form was to be given to the clients on the visit which terminated them from the program. A stamped envelope addressed to SPEC Associates was also provided. The client was to be asked to complete the form and return it in the attached envelope. An insufficient number of these forms were received during the first 17 months of the study to warrant their analysis. Therefore, the management team decided to stop using this form.

**ACTIVITIES NOT SPECIFICALLY ON BEHALF OF AN INDIVIDUAL CLIENT:** This instrument was used to record additional activities undertaken by the projects in the development and implementation of the programs. Six types of activities were coded: public education, administration, program development, group advocacy, coordination and other.

**SENGSTOCK-HWALEK COMPREHENSIVE INDEX OF ELDER ABUSE:** This index was developed for use by service providers when assessing cases of elder abuse and neglect. It provides a systematic method for documenting evidence gathered during the assessment process. It defines six types of elder abuse: physical abuse, physical neglect, psychological abuse, psychological neglect, material abuse (exploitation) and violation of personal rights. While these definitions are somewhat different from those provided in the Illinois legislation, it was anticipated that the service providers would need assistance in how to assess elder abuse cases, and this tool was the most comprehensive instrument available. Also, within the categories of abuse documented in this index, individual items are present which tapped the types of abuse defined in this program. Because of its redundancy with other forms in the evaluation, and the large number of other forms completed by project staff, the use of this index was discontinued after the first nine months of this project.

## Qualitative Evaluation of Program Implementation

The second data collection system provided qualitative information about program implementation. Because of the complexity of establishing elder abuse projects, IDoA was interested in obtaining information about the process and problems involved in the development of the four demonstration sites. This implementation evaluation also provided important information about problems that could be expected during the statewide development of this program.

SPEC Associates and IDoA jointly designed a series of questions to address the implementation issues. Between December, 1985 and March, 1986, monthly telephone interviews were conducted with all project staff involved in the elder abuse programs. The interviews were designed to obtain information about how service providers defined elder abuse clients, how they defined an emergency case, procedures followed in investigating and assisting clients, how cases were closed, strategies used to publicize the program, and specific problems encountered.

## Program Evaluation Activities

The evaluation began in July, 1985. Over a two and one-half year period, the following activities were undertaken by the program evaluation staff:

**INSTRUMENT DESIGN:** For several months, the evaluation team worked with the Elder Abuse Project Manager to design the most effective and efficient instruments for obtaining necessary information. Forms and interview schedules were designed, pretested and redesigned.

**TRAINING IN DATA COLLECTION:** Once the forms were completed, the service

providers at each project were trained in their use. The Research Administrator of SPEC Associates and the Elder Abuse Project Manager provided initial training at each demonstration site. The training served to instruct the project staff on the purpose behind the data collection, the importance of their roles in providing accurate and reliable data, and the specific details of completing each form. Because of staff turnover, another data collection training session was provided to new project staff during the spring of 1986.

**DEVELOPMENT OF A DATA ANALYSIS SYSTEM:** This was an ongoing monthly activity of the evaluation team. SPEC Associates provided data entry, data analysis, data tables and periodic interpretations of the results. A system was established for efficiently entering the data from the Intake Form, Victim/Abuser Report, Risk Assessment Questionnaire, Service Plan Calendar, Activities Not Specifically on Behalf of an Individual Client Form, and Activities on Behalf of Client Form. Also, a system was developed to provide data tables important for decision making. This system was continually revised with the assistance of the Illinois Department on Aging to assure that the most appropriate analyses were reported.

Monthly management reports provided a summary of data collected using the Intake Form. On a quarterly basis, more detailed reports were provided to IDoA from the forms mentioned above.

**TELEPHONE INTERVIEWS WITH PROJECT STAFF:** Between December, 1985 and March, 1986, a series of telephone interviews were conducted with 20 key staff of the four demonstration projects. The staff were from both the Area Agency on Aging offices and the agencies subcontracted to implement the projects. The interviews were analyzed on a monthly basis to answer key questions about the

Implementation process. The monthly surveys were terminated in March, 1986 due to cost constraints on this evaluation.

FINAL DATA ANALYSES: Data collection under this evaluation was terminated on June 30, 1987. Two separate data bases resulted from the evaluation: one for clients who entered the program during the first 17 months, and one for clients entering the program during Year 3. In the final data analyses, these two data bases were combined to allow for a description of all of the clients in the program.

### Limitations of the Data and Program Evaluation

The data collected through the demonstration projects were unique for elder abuse programs nationwide. This evaluation was a state-of-the-art development for determining essential information about the process and costs of providing services to abused, neglected and exploited elderly. The system can serve as a model for other states interested in obtaining data for planning future elder abuse service delivery systems.

The complexity of issues addressed in this evaluation and the issues involved in the development and implementation of the projects limit the extent to which definitive information can be provided to answer the questions raised by the legislation. These limitations must be addressed in order to provide the proper perspective for interpreting the results of the evaluation.

In this evaluation, an attempt was made to provide information that could substantiate the relative effectiveness of the various models of intervention. However, two issues are raised from the implementation of the models that questions the extent to which conclusive evidence can be provided for determining the most effective intervention model.

The first issue of concern is that each model is located in a different geographic region. Because the services available in each geographic region are likely to differ, differences in effectiveness may be due to different availability of services rather than differences among the models of intervention. It is not possible to statistically separate geographic differences from differences in intervention models.

A second issue of concern is that the service providers were ethically obligated to provide the least restrictive and most appropriate services to their clients. Data from this evaluation indicates that the needs of the alleged victims were more important than the intervention model in determining the services to be provided. While the needs-based determination of services is realistically most appropriate for serving the elderly, this overriding factor clouds the distinction among intervention models.

These concerns should serve to warn the reader that any differences found between models must be interpreted cautiously.

Another obstacle in the evaluation was the use of three different versions of data collection forms, as the system was being refined. This resulted in extremely slow data entry because the order of the items changed, new items were added, and the coding of responses differed among various versions of the forms. Another problem in data entry was the result of the complexity of the data collection process. Different forms were completed by different individuals within each project. Also, with staff turnover, new staff had to be trained in the use of the forms. This resulted in the return and clarification of data on forms that were inaccurate and/or incomplete.

Another limitation of the data involved the estimation of unit costs. Unit costs are difficult to estimate for services provided by volunteers or services underwritten by the elder abuse projects. In this study, service providers were asked to give their best

estimates of the unit costs of services. In many cases these estimates differ substantially from site to site. Therefore, the Department on Aging substituted its own data on average cost of services. IDoA's data on average costs provided more reliable estimates of the cost of a statewide elder abuse program.

Although the barriers to accurate data collection were substantial, over time, most were resolved. Larger conceptual issues continually provided barriers to the types of interpretations that could be made from this evaluation. An underlying problem of all information obtained from elder abuse projects is that data can only be gathered from victims who are reported to the agencies. Nothing can be said about the characteristics of elderly victims who are never reported to agencies. Because of the inherent difficulties involved in accurately identifying elder abuse cases in the community, no accurate estimates have ever been provided of the true rate of elder abuse among community elderly. Although estimates of 4 percent have been publicized in federal reports on the topic (United States Senate and Select Committee on Aging 1980, 1981, 1985), they are nothing more than "guesstimates" based neither on objective data nor on any representative sample of elderly. More recently, a random sample telephone survey was done which estimated the prevalence rate of elder abuse to be 32 per 1000 (Pillemer and Finkelhor, 1988). However, these data are limited in the types of abuse assessed and because only urban elderly were sampled. Because the true rate of elder abuse in Illinois cannot be derived, the relative accuracy of the model projects in identifying all victims in their communities is impossible to determine.

Another limitation in the analysis of this data is that the number of elderly clients who received services under this program is not the same as the number of cases of abuse substantiated. Services were provided to more elderly clients than substantiated cases of elder abuse. The most likely reason for

this is that the substantiation of abuse often takes considerable time and requires data from a number of sources. By the time the determination was made that abuse was not present, services were already provided to the clients, particularly emergency and assessment services.

While this presents a limitation to determining only those services needed by substantiated victims, data from the projects provide information on the services provided to all clients entering the system. Given the assumption that other projects would have similar problems substantiating abuse, and that services are often needed by clients before the substantiation decision is made, the estimates made from all clients may be a more accurate estimate of the service needs and costs that would impact on a statewide system than using data on only substantiated cases of abuse.

Finally, it has been difficult for the service providers to report data on service gaps. It may be a natural phenomenon that case workers think of service needs in terms of the specific services available in their community. Thus, they are not likely to report needs of clients that do not have corresponding available services. This phenomenon makes it difficult to determine service gaps that are common across projects. However, if the assumption can be made that elderly victims have similar needs across projects, an analysis of service gaps can be made by comparing the types of services provided in all projects and those services that are provided only at specific sites.

## PRESENTATION OF RESULTS

The following sections describe the results from this evaluation of the four demonstration projects. When possible, tables are provided for the combined data from both the first 17 months and for Year 3. Appendix B presents the data tables for the first 17 months. Appendix C presents the data tables for Year 3. When tables are displayed in the body of this report, the

table number coincides with the data tables listed in the appendices, in order to facilitate comparisons. Consequently, there is no Table 10 or Table 11 in the narrative. These tables were not combined into a single table because they are best represented separately for the two reporting periods.

Whenever possible, statistical tests were used to examine differences among subgroups (eg. among the four sites; or, between substantiated versus unsubstantiated cases reported to the programs). Only those differences that are statistically significant are reported. If comparisons are made when the data are not amenable to statistical testing, this is also noted.

## RESULTS: DESCRIPTION OF ALLEGED VICTIMS AND ABUSERS

### Demographic Characteristics of Elderly Clients

Table 1 shows some of the demographic characteristics of those individuals on whom an Intake Form was completed during the project. As the table shows, about three-quarters of the clients are female. Figure 1 shows a graphic illustration of these data.

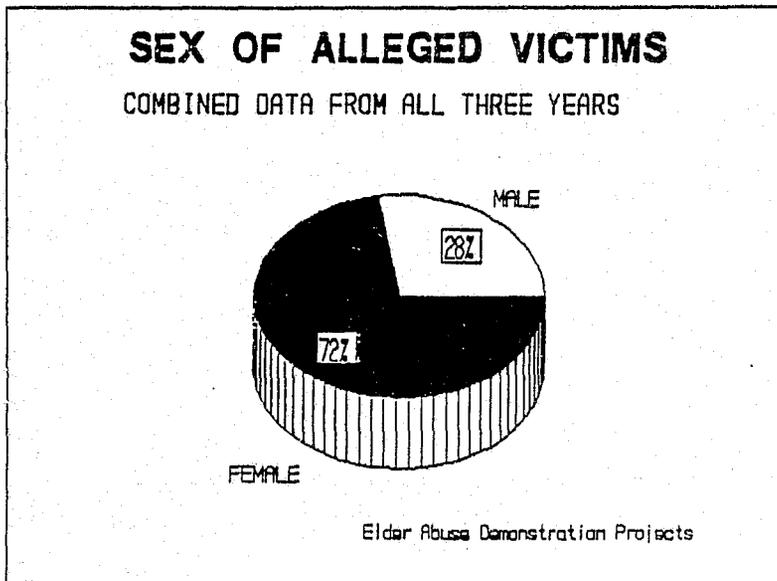


FIGURE 1

The sites appear to differ slightly in the gender composition of their clients, with a greater percentage of females in the Rockford and Egyptian areas. However, these differences are not statistically significant (Chi-square = 5.29,  $p \leq .15$ ).

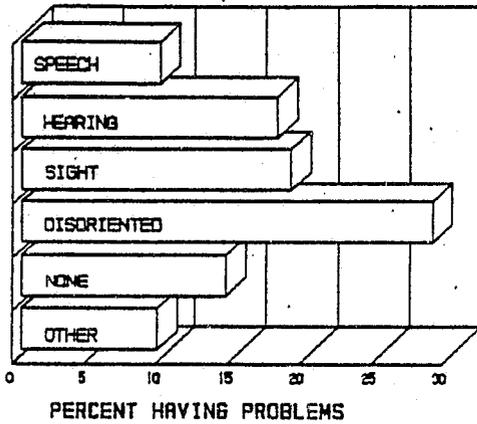
Almost all (90%) of the clients in the system are White. A smaller percent of those served in Rockford and Egyptian areas were Black, compared with the North Suburban Cook and Kankakee areas (Chi-square = 30.23,  $p \leq .0004$ ). These differences probably reflect the different

racial compositions of the areas served by the demonstration projects.

Table 1 also shows the extent of communication limitations among the alleged victims. In this study, these limitations were defined as any problem with speech, hearing, eyesight and disorientation that impaired the alleged victim's ability to communicate. Disorientation is the most frequent communication problem among clients. As Figure 2 illustrates, about 29% of the clients seen by the projects over the three year period were assessed by the case workers as being disoriented.

Disorientation appears to vary among the sites, with Kankakee and Rockford areas having a greater percentage of disoriented clients than Egyptian and North Suburban Cook areas. However, these differences are not statistically significant (Chi-square = 10.41,  $p \leq .11$ ).

### COMMUNICATION PROBLEMS OF ALLEGED VICTIMS COMBINED DATA FROM ALL THREE YEARS



Elder Abuse Demonstration Projects

FIGURE 2

Only 14 of the clients were reported to have no communication problems. These data suggest that the service providers may have some difficulties gathering information directly from the elderly clients due to communication limitations. Substantiating abuse and assisting alleged victims could be particularly difficult when the service provider has problems obtaining accurate information from hearing impaired or disoriented elderly.

Additional information about the health status of clients can be found in Table 7. According to this table, when asked by the case worker, almost two-thirds of the Year 3 clients reported having some chronic condition. Chronic conditions included health impairments that require long term care and that had no cure, such as heart disease, arthritis and diabetes.

TABLE ONE  
DEMOGRAPHIC DATA ON VICTIMS - COMBINED DATA FROM ENTIRE PROGRAM

VARIABLE	ROCKFORD COUNTY N= 97	KANKAKEE COUNTY N= 120	EGYPTIAN AREA N= 245	N. SUB. COOK AREA N= 180	TOTALS: N= 642 FREQ. PCT.
# REPORTS BET. 3-1-85 TO 6-30-87	97	120	245	180	642
# CASES OPEN AS OF JULY, 1987	37	51	66	74	228 35.5
AGE OF VICTIM: AGE RANGE MEAN AGE	58 TO 100 78 YRS	60 TO 98 78 YRS	60 TO 99 76 YRS	53 TO 98 76 YRS	53 - 100 77 YRS
SEX OF VICTIM: MALE FEMALE MISSING	21 74 2	41 79 0	61 184 0	53 127 0	176 27.4 464 72.3 2 0.3
RACE OF VICTIM WHITE BLACK HISPANIC NATIVE AMERICAN ASIAN OTHER UNKNOWN MISSING	77 7 1 0 0 0 6 6	98 21 0 0 1 0 0 0	235 10 0 0 0 0 0 0	145 22 0 0 0 0 0 13	555 86.4 60 9.3 1 0.3 0 0.0 1 0.3 0 0.0 6 0.9 19 3.0
COMMUNICATION PROBLEMS SPEECH HEARING SIGHT DISORIENTED NONE OTHER TYPE	11 17 19 31 15 8	12 24 34 40 11 22	23 56 58 82 10 15	16 18 10 31 56 16	62 9.7 115 17.9 121 18.8 184 28.7 92 14.3 61 9.5

TABLE TWO  
DEMOGRAPHIC DATA ON ABUSERS - COMBINED DATA FROM ENTIRE PROGRAM

VARIABLE	ROCKFORD COUNTY N= 108	KANKAKEE COUNTY N= 150	EGYPTIAN AREA N= 337	N. SUB. COOK AREA N= 202	TOTALS: N= 797 FREQ. PCT.
AGE OF ABUSER: AGE RANGE MEAN AGE	5 TO 90 47 YRS	14 TO 87 44 YRS	11 TO 98 48 YRS	8 TO 98 56 YRS	5 - 98 50 YRS
SEX OF ABUSER: MALE FEMALE MISSING	45 54 9	69 76 5	166 170 1	102 96 4	382 47.9 396 49.7 19 2.4
RACE OF ABUSER: WHITE BLACK HISPANIC NATIVE AMERICAN ASIAN OTHER UNKNOWN MISSING	73 7 2 0 0 0 6 19	120 24 0 0 0 0 0 6	317 15 0 0 0 0 0 2	161 20 2 0 1 0 0 15	671 84.2 66 8.3 4 0.5 0 0.0 1 0.2 0 0.0 6 0.8 42 5.3
RELATIONSHIP TO VICTIM: SPOUSE FORMER SPOUSE PARENT CHILD OTHER RELATIVE CARETAKER ROOMMATE FORMER ROOMMATE LEGAL GUARDIAN OTHER UNKNOWN MISSING	12 0 0 48 17 21 27 1 2 17 1 3	7 0 0 59 43 39 14 2 3 25 0 2	32 0 0 109 94 81 60 5 2 80 0 4	54 4 0 59 42 28 30 2 2 23 0 9	105 13.2 4 0.5 0 0.0 275 34.5 196 24.6 169 21.2 131 16.4 10 1.3 9 1.1 145 18.2 1 0.1 18 2.3

TABLE THREE  
CHARACTERISTICS OF THE SITUATION -- COMBINED DATA FROM ENTIRE PROGRAM

VARIABLE	ROCKFORD COUNTY N= 97	KANKAKEE COUNTY N= 120	EGYPTIAN AREA N= 245	N. SUB. COCK AREA N= 180	TOTALS: N= 642 FREQ. PCT.	
PLACE OF ABUSE INCIDENT:						
OWN HOME, ALONE	21	31	82	26	160	24.9%
OWN HOME, WITH OTHERS	44	38	93	108	283	44.1%
RELATIVE'S HOME	14	28	32	13	87	13.6%
FRIEND'S HOME	0	0	3	2	5	0.8%
CARETAKER'S HOME	6	11	11	9	37	5.8%
UNLICENSED FACILITY	2	6	2	0	10	1.6%
OTHER	7	11	27	9	54	8.4%
MISSING DATA	5	4	2	24	35	5.5%
UNKNOWN	3	0	0	0	3	0.5%
TYPE OF ABUSE SUSPECTED:						
PHYSICAL	31	30	50	76	187	29.1%
CONFINEMENT	12	9	26	14	61	9.5%
SEXUAL	2	2	2	2	8	1.2%
DEPRIV. OF SERVICES	17	40	39	40	136	21.2%
OTHER ABUSE	29	45	84	93	251	39.1%
FINANCIAL EXPLOITATION	38	69	142	63	312	48.6%
PASSIVE NEGLECT	24	17	54	41	136	21.2%
SELF NEGLECT	5	14	55	28	102	15.9%
VICTIM IN DANGER						
YES	9	15	10	5	39	6.1%
NO	82	100	227	169	578	90.0%
MISSING	6	5	8	6	25	3.9%
VICTIM INJURED						
YES	11	11	20	10	52	8.1%
NO	81	103	220	162	566	88.2%
MISSING	5	6	5	8	24	3.7%
NO FOOD/SHELTER						
YES	5	10	8	3	26	4.0%
NO	85	108	232	172	597	93.0%
MISSING	7	2	5	5	19	3.0%

TABLE FOUR  
AGENCY CHARACTERISTICS OF THE SITUATION -- COMBINED DATA FROM ENTIRE PROGRAM

VARIABLE	ROCKFORD COUNTY N= 97	KANKAKEE COUNTY N= 120	EGYPTIAN AREA N= 245	N. SUB. COCK AREA N= 180	TOTALS: N= 642 FREQ. PCT.	
REPORT SOURCE:						
ALLEGED VICTIM	16	20	9	28	73	11.4%
SPOUSE	2	2	3	3	10	1.6%
PARENT	0	0	0	0	0	0.0%
CHILD	9	13	7	11	40	6.2%
OTHER RELATIVE	10	9	19	12	50	7.8%
CARETAKER	2	2	2	2	8	1.2%
ROOMMATE	0	0	0	0	1	0.2%
LEGAL GUARDIAN	0	0	0	0	0	0.0%
PHYSICIAN	0	4	3	1	8	1.2%
DENTIST	0	0	0	0	0	0.0%
CHRISTIAN SCIENTIST	0	0	0	0	0	0.0%
SOCIAL WORKER	9	18	72	52	151	23.5%
NURSE	11	20	18	33	82	12.8%
DoA EMPLOYEE	0	0	1	1	2	0.3%
NH/OTHER INSTITUTION	2	12	8	1	23	3.6%
PARAPROFESSIONAL	8	8	58	8	82	12.8%
ANONYMOUS	5	11	12	4	32	5.0%
OTHER	6	3	28	15	52	8.1%
MISSING DATA	22	113	0	0	135	21.0%
SERVICES OFFERED:						
CLIENT ACCEPTED ALL	20	29	34	90	173	26.9%
CLIENT ACCEPTED SOME	13	40	86	77	216	33.6%
LEGAL REMEDIES	9	21	24	33	87	13.6%
REFUSED	16	10	38	11	75	11.7%
GUARDIANSHIP PURSUED	1	22	7	12	42	6.5%
NO NEED	14	24	24	9	71	11.1%
REFERRED ELSEWHERE	12	14	42	23	91	14.2%
OTHER	6	2	21	6	35	5.5%

TABLE FIVE - COMBINED DATA FROM ENTIRE PROGRAM  
 DEMOGRAPHIC DATA ABOUT VICTIMS FROM VICTIM/ABUSER REPORT

VARIABLE	ROCKFORD COUNTY	KANKAKEE COUNTY	EGYPTIAN AREA	N. SUB. COOK AREA	TOTALS	557
	N= 55	N= 133	N= 266	N= 103	FREQ	PERCENT
MARITAL STATUS OF VICTIM:						
MARRIED	16	28	50	47	141	25%
DIVORCED	2	5	8	7	22	4%
SEPARATED	0	2	3	2	7	1%
WIDOWED	30	70	141	36	277	50%
NEVER MARRIED	2	10	9	10	31	6%
MISSING	5	12	52	1	70	13%
MONTHLY INCOME OF VICTIM:					MIN	MAX
RANGE	\$80 TO \$1,300	\$130 TO \$2,000	\$0 TO \$1,621	\$160 TO \$2,800	\$0	\$2,800
AVERAGE	\$520	\$592	\$478	\$760	AVG=	\$561
EMPLOYMENT STATUS OF VICTIM:						
CURRENTLY EMPLOYED	0	2	10	2	14	3%
UNEMPLOYED	5	10	31	4	50	9%
RETIRED	40	98	145	87	370	66%
NEVER EMPLOYED	3	4	26	6	39	7%
DISABLED	2	0	0	1	3	1%
MISSING DATA	5	13	57	3	78	14%
LIVING ARRANGEMENTS:						
APARTMENT	5	15	24	19	63	11%
HOME	28	59	116	64	267	48%
HOME OF RELATIVE	13	23	33	8	77	14%
BOARDING HOUSE	1	7	2	0	10	2%
PUBLIC HOUSING	1	1	18	1	21	4%
OTHER	3	10	19	10	42	8%
MISSING DATA	4	10	51	1	66	12%
VICTIM IS VETERAN:						
YES	4	9	17	10	40	7%
NO	21	78	173	76	348	62%
UNKNOWN/MISSING DATA	30	40	71	17	158	28%

TABLE SIX  
 DEMOGRAPHIC DATA ABOUT ABUSERS FROM VICTIM/ABUSER REPORT -- COMBINED DATA FROM ENTIRE PROGRAM

VARIABLE	ROCKFORD COUNTY		KANKAKEE COUNTY		EGYPTIAN AREA		N. SUB. COOK AREA		TOTALS 557	
	N= 55		N= 133		N= 266		N= 103		FREQ	PERCENT
MONTHLY INCOME OF ABUSER:									MIN	MAX
RANGE	\$236	TO	\$750	\$0	TO	\$2,000	\$0	TO	\$2,800	\$2,800
AVERAGE	\$403			\$556			\$452		\$832	\$542
EMPLOYMENT STATUS OF ABUSER:										
CURRENTLY EMPLOYED	17			57			80		26	180 32%
UNEMPLOYED	14			43			76		16	149 27%
RETIRED	15			14			49		48	126 23%
NEVER EMPLOYED	4			4			14		5	27 5%
DISABLED	0			0			1		0	1 0%
MISSING DATA	5			13			44		8	70 13%
MENTAL STATUS:										
JUDGMENT IMPAIRED:										
YES	9			7			21		25	62 11%
NO	21			84			156		44	305 55%
UNKNOWN/MISSING	25			41			85		34	185 33%

TABLE SEVEN  
HEALTH AND LEGAL STATUS OF VICTIM - COMBINED DATA FROM ENTIRE PROGRAM

VARIABLE	ROCKFORD COUNTY	KANKAKEE COUNTY	EGYPTIAN AREA	N. SUB. COOK AREA	TOTALS	557
	N= 55	N= 133	N= 266	N= 103	FREQ	PERCENT
CHRONIC CONDITIONS:						
YES	41	97	152	67	357	64%
NO	6	14	39	25	84	22%
DON'T KNOW/MISSING DATA	8	16	75	11	110	11%
DON PART A SCORES:					MIN	MAX
RANGE	0 TO 48	0 TO 48	0 TO 48	0 TO 48	0	48
AVERAGE	27.69	26.9	25.9	20.9	AVG=	25.44
DON PART B SCORES:					MIN	MAX
RANGE	0 TO 32	0 TO 46	0 TO 43	0 TO 48	0	48
AVERAGE	14.75	12.9	18.3	12.3	AVG=	15.60
LEGAL STATUS						
NO GUARDIAN	32	94	176	92	394	75%
TEMPORARY GUARDIAN	2	1	1	0	4	1%
PLENARY GUARDIAN	4	5	1	0	10	2%
GUARDIAN OF PERSON	0	1	3	1	5	2%
GUARDIAN OF ESTATE	0	0	1	0	1	0%
POWER OF ATTORNEY	1	8	16	2	27	4%
OTHER	0	1	3	3	7	2%
MISSING DATA	16	17	60	5	98	8%

Information about client functioning was obtained by completing the Determination of Need (DON) scale on the clients. The DON scores measure the client's ability to perform activities needed to maintain independent household living and to care for personal physical needs with available resources. It has two parts. Part A assesses functional ability and Part B assesses the availability of resources to offset the limitations. The higher the score on Part A, the more functionally impaired is the client. High scores on Part B indicate that the client rarely has particular functional needs met. Client scores can range from 0 to 48 on both parts A and B. DON scores of alleged victims ranged from 0 to 48 on Part A, and 0 to 48 on Part B. Average scores for clients served were 25 on Part A and 16 on Part B. Table 7 for Year 3 (see Appendix C) shows that 153 clients (50%) have total scores greater than or equal to 28, qualifying them for case management services. These data are not available for the first 17 months. The fact that one-half of the clients may not be severely impaired implies that the elder abuse clients are often different from those older persons served through the state case management system. Often, elder abuse clients can function more independently than those in the case management program, all of whom need assistance with one or more activities of daily living, such as shopping, cooking, cleaning, etc.

One caveat should be noted about the data from the DON. As Table 7 shows, in Year 3, DON assessments were completed on about 73% of the elder abuse clients. DONs may not have been completed on some clients because it was immediately apparent that the client had no functional impairments. Or, some case workers may not be qualified to administer the DON and therefore DON scores for their clients were not available to be entered into the elder abuse data base. The absence of DON scores on 25% of the Year 3 clients has implications for the interpretation of the data. Since no assumption can be made as to the probable DON scores on clients with

missing data, high DON scores may be present in between 50% and 75% of the clients.

Table 5 provides additional demographic information about clients as assessed by the Victim/Abuser Report. This report was filed on fewer clients than the Intake Report because of the difficulties case workers encounter when attempting to obtain information about abusers. It should be noted that in cases of self-neglect, the Victim/Abuser Report reflected the victim as the abuser.

Table 5 shows that clients are most frequently widowed. This would be expected for women in their mid-seventies. One-quarter of the clients are married. Very few of the clients are divorced, separated or never married.

Data on income level is difficult to obtain from any population. Among the clients on whom data was collected, monthly income ranged from \$0 to \$2,800 with an average income of \$561 per month (see Table 5).

As would be expected, a large percent of the clients (about 63%) were retired. In all projects, the largest number of clients indicated that they were retired. An additional 9% were unemployed at the time the Victim/Abuser report was completed. Only about 3% of the alleged victims were currently employed. Given the average client age of about 77 years, this distribution of employment status would be expected.

For the majority of the clients, the abuse or neglect occurred in their own homes either living alone (25%) or living with others (44%) (see Table 3). Living with "others" included living with either relatives or non-relatives, as long as the alleged victim owned the residence. For an additional 14%, the abuse occurred in the home of a relative. Relatives included spouses, children, siblings, grandchildren, etc.

As indicated in Table 7, prior to the face-to-face assessment, most of the clients

had no legal guardians appointed (75%). In only 4% of the cases, the client had granted power of attorney to someone. In 2% of the cases, the client had a plenary guardian, and in about 1%, the clients had temporary guardians. Guardian of the person had been appointed in 2% of the cases.

### Demographic Characteristics of Abusers

Tables 2 and 6 present the data obtained about abusers. As Table 2 indicates, abusers are as likely to be male as female, with an average age of 50 years. Most of the abusers are white (84%) and are likely to be the child (35%), another relative (not including spouse) (25%), the caretaker (22%) and/or the roommate (29%) of the victim. About one-fifth (18%) of the abusers are "another" type of relative of the victim. These data confirm the hypotheses that alleged abusers reported to the program are likely to be related to and/or living with the alleged victims.

Abusers' income levels ranged from \$0 to \$2,800 per month (see Table 6) with an average income of \$542 per month. More than one-quarter of the abusers are unemployed and almost one-quarter are retired. Only one-third of the abusers were currently employed. Most (55%) of the abusers were not considered to have judgment impairments, meaning that during the assessment process the case worker felt that the alleged victim was capable of making decisions about their lives. Eleven percent were felt by the case workers to be judgment-impaired.

### Psychosocial Characteristics of Clients

Table 8 contains information from the third version of the Hwalek-Sengstock Risk Assessment Questionnaire. It provides a profile of the psychosocial characteristics of elderly clients referred to the program. These data are for all clients who entered the program during either time period, on whom the risk assessment tool was completed, and on whom a substantiation decision was

TABLE EIGHT  
COMPARISON OF GROUPS ON  
EWALEK-SENGSTOCK RISK QUESTIONNAIRE  
(From Ewalek-Sengstock Questionnaire Rev. 2-86)

VARIABLE	ABUSED N= 141		NONAB= 32		SIGNIFICANCE OF DIFFERENCE
	FREQ	PCTS	FREQ	PCTS	
Do you have anyone who spends time with you taking you shopping or to the doctor? YES NO	72 32	69.2% 30.8%	24 2	92.3% 7.7%	P < .05
Are you helping to support someone? YES NO	53 55	49.1% 50.9%	9 17	34.6% 65.4%	NS
Do you have enough money to pay your bills on time? YES NO	80 26	75.5% 24.5%	21 6	77.8% 22.2%	*
Are you sad or lonely often? YES NO	60 43	58.3% 41.7%	8 18	30.8% 69.2%	P < .05
Who makes decisions about your life - like how you should live or where you should live? ELDER OTHER	74 30	71.2% 28.8%	24 2	92.3% 7.7%	P < .05
Do you feel very uncomfortable with anyone in your family? YES NO	68 40	63.0% 37.0%	7 19	26.9% 73.1%	P < .01
Can you take your own medication and get around by yourself? YES NO	53 50	51.5% 48.5%	18 9	66.7% 33.3%	NS
Do you feel that nobody wants you around? YES NO	27 79	25.5% 74.5%	1 25	3.8% 96.2%	P < .05
Does anyone in your family drink alot? YES NO	29 76	27.6% 72.4%	2 22	8.3% 91.7%	NS
Does someone in your family make you stay in bed or tell you you're sick when you know you're not? YES NO	4 102	3.8% 96.2%	0 26	0.0% 100.0%	NS
Has anyone forced you to do things you didn't want to do? YES NO	41 65	38.7% 61.3%	2 24	7.7% 92.3%	P < .01
Has anyone taken things that belong to you without your OK? YES NO	40 66	37.7% 62.3%	5 22	18.5% 81.5%	NS
Do you trust most of the people in your family? YES NO	69 34	67.0% 33.0%	22 3	88.0% 12.0%	P < .07
Does anyone tell you that you give them too much trouble? YES NO	40 64	38.5% 61.5%	2 23	8.0% 92.0%	P < .01
Do you have enough privacy at home? YES NO	68 39	63.6% 36.4%	24 2	92.3% 7.7%	P < .01
Has anyone close to you tried to hurt you or harm you recently? YES NO	50 55	47.6% 52.4%	0 26	0.0% 100.0%	P < .001

\* NOTE: Data from question #3 should be voided because the question is written differently on two printings of this instrument.

NS = Difference is not statistically significant.

made at the time data collection terminated. Because of the extensive amount of data collection, the use of this form was discontinued midway through Year 3. Also, the form was revised several times during the evaluation process. Therefore, data are only available on the latest version of this questionnaire, and on only 173 alleged victims.

The data in Table 8 attempt to determine psychosocial risk factors associated with the presence or absence of abuse/neglect within Illinois' demonstration projects. It has potential value as a screening instrument for use in a statewide program, and is the only instrument for examining psychosocial risk factors that has been used to test the difference between substantiated and unsubstantiated reports of elder abuse. It was developed through extensive research on elder abuse protocols in use in the U.S. and Canada (cf. Hwalek & Sengstock, 1986).

The data in Table 8 suggest many differences between substantiated and unsubstantiated cases. According to this table, 10 items on the Hwalek-Sengstock questionnaire significantly differentiate abused from non-abused clients. Substantiated victims are:

- more likely to rely on someone else to take them shopping or to the doctor,
- more likely to report being sad or lonely often,
- more often report feeling uncomfortable with someone in their families,
- more likely than non-victims to say that other people make decisions about their lives,
- more likely to feel nobody wants them around.

Items more directly related to abuse also differentiated between substantiated and unsubstantiated clients. Clients for whom

abuse was substantiated:

- more often said that someone forced them to do things they didn't want to do,
- more frequently said that someone tells them they are too much trouble,
- more frequently reported that someone close to them has tried to harm them recently,
- more frequently said that they don't trust most of the people in their families,
- do not feel they have enough privacy at home.

These data suggest that the family dynamics of elder abuse includes distrust, depression and dependency of the victim. These results also indicate that it is possible to obtain psychosocial data from alleged victims and to ask direct questions to victims about abusive situations. In fact, these questions have also been found to be easily asked to elderly in a community setting (Neale, Hwalek, Sengstock & Stahl, 1987), making the instrument a viable tool for assessing risk of elder abuse among community elderly.

Further research on this instrument is strongly suggested, however, before it is considered for statewide implementation. First, there are not enough data to examine the differential usefulness of the tool for predicting different types of abuse and neglect. Second, to be validated, the instrument should be used on a sample of community elderly not reported to the elder abuse system, with a follow-up assessment to determine the accuracy of predicting abuse within a community setting. Because of the significance of these preliminary results, however, the continued investigation of this tool as a potential screening instrument should be considered.

Sources of Reports of Elder Abuse

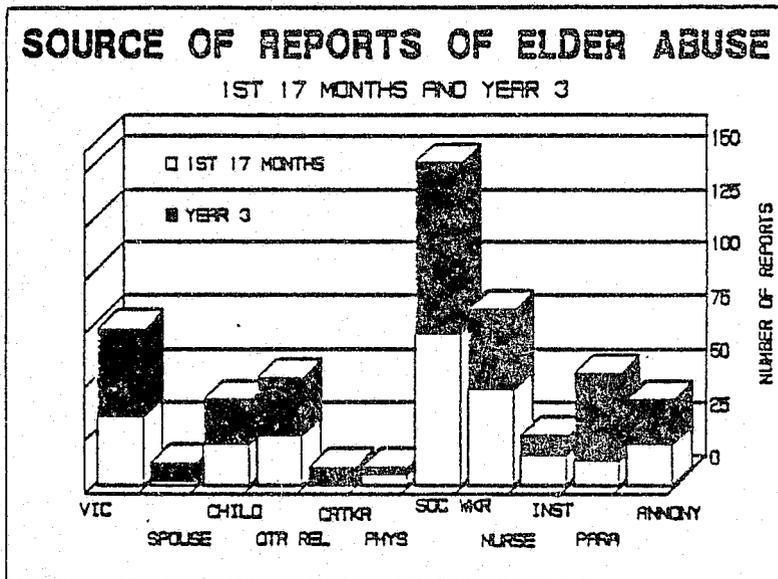


FIGURE 3

Figure 3 and Table 4 present data on the sources from which reports of abuse came to the projects over the 3 year period. For space reasons, only those sources are listed in Figure 3 from which more than one report was received. As would be expected, agency representatives such as social workers, nurses and paraprofessionals represent about 50 percent of the sources of referral. Inspection of Table 4 from Year 3 indicates that paraprofessionals are a significantly larger percent of referrals in the Egyptian area compared to the other sites (Chi-square = 152.43,  $p \leq .000$ ). Similarly, there are significantly fewer reports initiated by victims in the Egyptian area than in the other 3 areas. These differences may reflect the impact of mandatory reporting and consequent educational efforts or other differences in this intervention model.

The alleged victim is the source of referral in about 11 percent of the cases. Other relatives represent an additional 8 percent of referral sources. Children represent about 6 percent of the referrals.

Differences among Alleged Victims by Type of Abuse

Tables 12, 13 and 15 analyze the differences in the characteristics of the elderly clients based on the type of abuse substantiated. For interpretative purposes, it should be noted that in most instances, "other" abuse was defined by the case workers as emotional, verbal or psychological abuse.

Chi-square analyses of the significance of the differences in Tables 12 and 13 are not possible because these categories are not

TABLE NINE  
DATA ON SUBSTANTIATION OF ABUSE - COMBINED DATA FROM ENTIRE PROGRAM

	ROCKFORD COUNTY N= 97	KANKAKEE COUNTY N= 120	EGYPTIAN AREA N= 245	N. SUB. COOK AREA N= 180	TOTALS: N= 642 FREQ. PCT.
UNREPORTED COUNT OF VICTIMS	46	82	168	138	434
AVERAGE LENGTH OF STAY IN PROGRAM	2.425	2.88	2.808 MOS.	4.073	2.983 MOS.
TYPE OF ABUSE SUSPECTED:					
PHYSICAL	31 32%	30 25%	50 20%	76 42%	187 29.1%
CONFINEMENT	12 12%	9 8%	26 11%	14 8%	61 9.5%
SEXUAL	2 2%	2 2%	2 1%	2 1%	8 1.2%
DEPRIV. OF SERVICES	17 18%	40 33%	39 16%	40 22%	136 21.2%
OTHER ABUSE	29 30%	45 38%	84 34%	93 52%	251 39.1%
FINANCIAL EXPLOITATION	38 39%	69 58%	142 58%	63 35%	312 48.6%
PASSIVE NEGLECT	24 25%	17 14%	54 22%	41 23%	136 21.2%
SELF NEGLECT	5 5%	14 12%	55 22%	28 16%	102 15.9%
TYPE SUBSTANTIATED:					
PHYSICAL					
SUBSTANTIATED	17	16	26	48	107 16.7%
SUSPECTED/NO EVIDENCE	7	4	9	10	30 4.7%
UNSUBSTANTIATED	10	6	11	5	32 5.0%
SUBSTANTIATION RATE: REPORTED	77.4%	66.7%	70.0%	76.3%	73.3%
SUBSTANTIATION RATE: INVESTIG	70.6%	76.9%	76.1%	92.1%	81.1%
CONFINEMENT					
SUBSTANTIATED	3	4	6	4	17 2.6%
SUSPECTED/NO EVIDENCE	6	1	7	3	17 2.6%
UNSUBSTANTIATED	9	2	12	3	26 4.0%
SUBSTANTIATION RATE: REPORTED	75.0%	55.6%	50.0%	50.0%	55.7%
SUBSTANTIATION RATE: INVESTIG	50.0%	71.4%	52.0%	70.0%	56.7%
SEXUAL					
SUBSTANTIATED	2	0	1	2	5 0.8%
SUSPECTED/NO EVIDENCE	6	2	0	0	8 1.2%
UNSUBSTANTIATED	1	0	2	0	3 0.5%
SUBSTANTIATION RATE: REPORTED	400.0%	100.0%	50.0%	100.0%	162.5%
SUBSTANTIATION RATE: INVESTIG	88.9%	100.0%	33.3%	100.0%	81.3%
DEPRIV. OF SERVICES					
SUBSTANTIATED	3	17	16	20	56 8.7%
SUSPECTED/NO EVIDENCE	8	7	5	7	27 4.2%
UNSUBSTANTIATED	11	14	12	8	45 7.0%
SUBSTANTIATION RATE: REPORTED	64.7%	60.0%	53.8%	67.5%	61.0%
SUBSTANTIATION RATE: INVESTIG	50.0%	63.2%	63.6%	77.1%	64.8%
OTHER ABUSE					
SUBSTANTIATED	11	24	56	57	148 23.1%
SUSPECTED/NO EVIDENCE	4	5	10	17	36 5.6%
UNSUBSTANTIATED	12	11	11	2	36 5.6%
SUBSTANTIATION RATE: REPORTED	51.7%	64.4%	78.6%	79.6%	73.3%
SUBSTANTIATION RATE: INVESTIG	55.6%	72.5%	85.7%	97.4%	83.6%
FINANCIAL EXPLOITATION					
SUBSTANTIATED	6	31	56	26	119 18.5%
SUSPECTED/NO EVIDENCE	11	6	24	16	57 8.9%
UNSUBSTANTIATED	20	25	41	7	93 14.5%
SUBSTANTIATION RATE: REPORTED	44.7%	53.6%	56.3%	66.7%	56.4%
SUBSTANTIATION RATE: INVESTIG	45.9%	59.7%	66.1%	85.7%	65.4%
PASSIVE NEGLECT					
SUBSTANTIATED	7	9	23	23	62 9.7%
SUSPECTED/NO EVIDENCE	5	0	6	5	16 2.5%
UNSUBSTANTIATED	11	5	12	6	34 5.3%
SUBSTANTIATION RATE: REPORTED	50.0%	52.9%	53.7%	68.3%	57.4%
SUBSTANTIATION RATE: INVESTIG	52.2%	64.3%	70.7%	82.4%	69.6%
SELF NEGLECT					
SUBSTANTIATED	2	14	34	21	71 11.1%
SUSPECTED/NO EVIDENCE	4	0	4	1	9 1.4%
UNSUBSTANTIATED	4	1	9	1	15 2.3%
SUBSTANTIATION RATE: REPORTED	120.0%	100.0%	69.1%	78.6%	78.4%
SUBSTANTIATION RATE: INVESTIG	60.0%	93.3%	80.9%	95.7%	84.2%



TABLE THIRTEEN  
SITUATIONAL CHARACTERISTICS BY TYPE OF ABUSE SUBSTANTIATED

-- COMBINED DATA FROM ENTIRE PROGRAM

CHARACTERISTIC:*	PHYSICAL ABUSE	CONFINEMENT	SEXUAL ABUSE	DEPRIVATION	OTHER ABUSE	EXPLOITATION	PASSIVE NEGLECT	SELF NEGLECT	TOTALS	PERCENTS
No. of Cases (Duplicated Count)	106	17	5	55	148	118	62	71	582	100%
Victim in Danger?										
Yes	12	2	2	3	11	8	6	4	48	8%
No	91	15	3	51	134	108	56	67	525	90%
Victim Injured, needs med?										
Yes	18	3	1	6	10	3	6	8	55	9%
No	86	12	4	48	134	110	55	62	511	88%
Victim w/o food or shelter?										
Yes	2	3	0	4	5	3	5	3	25	4%
No	103	13	5	50	142	112	57	68	550	95%
Source of Report										
Alleged Victim (01)	18	0	3	6	27	19	5	6	84	14%
Spouse (02)	1	0	0	0	4	0	0	2	7	1%
Parent (03)	0	0	0	0	0	0	0	0	0	0%
Child (04)	10	1	0	4	15	6	1	2	39	7%
Other Relative (05)	9	1	0	5	8	12	4	8	47	8%
Caretaker (06)	1	0	0	0	0	0	0	1	2	0%
Housemate (07)	0	0	0	0	0	0	0	0	0	0%
Legal Guardian (08)	0	0	0	0	0	0	0	0	0	0%
Physician (09)	1	0	0	1	0	1	1	0	4	1%
Dentist (10)	0	0	0	0	0	0	0	0	0	0%
Christian Scientist (11)	0	0	0	0	0	0	0	0	0	0%
Social Worker (12)	27	3	1	15	28	24	11	18	127	22%
Nurse (13)	19	2	0	10	25	5	16	12	89	15%
IDoA Employee (14)	0	0	0	1	0	0	0	0	1	0%
Institution Employee (15)	2	0	0	1	3	7	2	6	21	4%
Paraprofessional (16)	6	2	1	3	17	17	7	5	58	10%
Anonymous (17)	2	2	0	3	4	4	2	2	19	3%
Alleged Abuser (18)	3	0	0	0	3	2	3	2	13	2%
Other (19)	6	6	0	6	14	31	10	10	83	14%
Where Incident Occurred:										
Own Home Alone (01)	16	4	3	9	25	33	9	33	132	23%
Own Home w/ Others (02)	63	9	2	32	92	50	35	23	306	53%
Relative's Home (03)	12	4	0	8	16	15	9	5	69	12%
Friend's Home (04)	0	0	0	0	0	0	0	0	0	0%
Caretaker's Home (05)	3	1	0	1	4	4	4	0	17	3%
Unlicensed Facility (06)	1	1	0	1	0	1	0	0	4	1%
Other (07)	6	0	0	4	14	16	4	9	53	9%

TABLE FOURTEEN

CLIENT DISPOSITION BY SITE  
FROM SERVICE PLAN DATA

- COMBINED DATA FROM ENTIRE PROGRAM

DISPOSITION:	ROCKFORD	KANKAKEE	EGYPTIAN AREA	NO. SUB. COCK	TOTALS	PERCENTS
Refuses Further Assistance (11)	15	6	33	9	63	12%
Moved Out of Area (12)	0	6	5	8	19	4%
Entered Long Term Care Fac. (13)	7	6	35	19	67	13%
Entered Hospital (14)	0	0	1	1	2	0%
Change in Vol. of Service (15)	2	0	0	0	2	0%
Death of Client (16)	2	11	18	10	41	8%
Abuser Refuses Access (17)	0	1	3	2	6	1%
Goals Achieved (18)	9	9	6	14	38	7%
Case Safe & Stable (19)	11	29	57	61	158	31%
Other (20)	9	23	33	13	78	15%
Client Refuses Assessment (21)	2	5	18	4	29	6%
Client's Needs Changed (22)	4	4	1	2	11	2%

TABLE FIFTEEN

CORRELATES OF ABUSE BY TYPE - COMBINED DATA FROM ENTIRE PROGRAM

(NUMBER OF CASES WITH COMPLETE DATA = 601)\*

VARIABLES**	PHYS	CONF	SEXL	DEPRV	OTR	EXPLOI	PAS. NEG.	SELF NEG.	LIVES ALONE	LIVES CRTKR	LIVES W REL.	VIC. AGE	VIC IN DNGR	VICTIM INJRD	VIC W/O FOOD
PHYSICAL ABUSE	1.00														
CONFINEMENT	-0.05	1.00													
SEXUAL ABUSE	0.10	-0.02	1.00												
DEPRIVATION	0.10	0.23	0.04	1.00											
OTHER ABUSE	0.30	0.07	0.08	0.11	1.00										
EXPLOITATION	0.02	0.15	-0.04	0.20	0.16	1.00									
PAS. NEGLECT	-0.09	0.14	-0.03	0.15	-0.03	0.05	1.00								
SELF-NEGLECT	-0.05	-0.03	-0.03	0.05	0.01	-0.04	0.09	1.00							
LIVES ALONE	-0.10	-0.01	0.07	-0.06	-0.10	0.04	-0.09	0.17	1.00						
LVS W/ CARETR	-0.05	0.03	-0.02	-0.05	-0.05	-0.03	0.01	-0.06	-0.10	1.00					
LVS W/ REL.	-0.02	0.02	-0.03	0.00	-0.05	-0.03	0.02	-0.08	-0.22	-0.07	1.00				
VICTIM'S AGE	-0.14	0.05	-0.10	-0.02	-0.16	-0.12	0.02	-0.05	0.00	0.09	0.13	1.00			
VIC. IN DANGER	-0.10	-0.04	-0.13	0.01	-0.03	-0.01	-0.05	0.01	-0.01	0.00	-0.02	0.02	1.00		
VIC. INJURED	-0.14	-0.07	-0.04	-0.03	0.03	0.10	-0.02	-0.04	-0.01	0.01	-0.04	0.06	0.34	1.00	
VIC. W/O FOOD	0.05	-0.12	0.02	-0.05	0.02	0.04	-0.06	0.00	0.08	-0.11	-0.09	0.07	0.20	0.31	1.00

\* Pairwise deletion of missing data was used.

\*\* Correlations larger than + or - 0.09 are significant at  $p = 0.025$  for a sample size of 601.

mutually exclusive (which violates a major assumption of this statistical technique). That is, clients are often victims of more than one type of abuse or neglect. Because the statistical significance of differences cannot be examined, apparent differences in the data should be interpreted cautiously.

Remembering this limitation, it appears that the abuser is more likely to be a spouse in cases of physical abuse (38% of cases) and in sexual abuse (40% of the cases). Children are also frequently represented among the alleged abusers. In contrast, the abuser appears less likely to be the child in cases of sexual abuse (0%) and self-neglect (24%). These data suggest different underlying dynamics of the different types of abuse and neglect.

Most theories of elder abuse discuss only the dynamics of physical abuse. Many of these theories are supported by the evaluation data. For example, the social learning theory (cf. Miller and Dollard, 1941; Bandura, 1973) suggests that physical abuse is a result of early learning by children from adult role models. This theory would explain physical abuse by children by hypothesizing that the children were abused themselves when they were young. They learned from their childhood experiences to use violence to handle interpersonal conflicts.

The frustration-aggression theory proposed almost 50 years ago by Dollard, Doob, Miller, Mowrer and Sears (1939) can also explain physical abuse. This theory assumes that aggression is a natural consequence of frustration. Frustration-aggression theory can explain those cases of physical abuse in which a younger abuser becomes the victim in later years, where the previously victimized spouse can take out his/her frustration on the abuser as s/he becomes frail. Or, the frustration of living with an impaired elderly may lead to outbreaks of violence on the part of the children or other caretakers.

Cases of exploitation and neglect may be explained through the environmental-pressure model originally hypothesized several years

ago by Murray (1938) and applied to elder abuse cases by Ansello, King and Taler (1986). According to this model, neglect is likely to occur in cases where the demand of caregiving exceeds the caregiver's ability to provide adequate care. Since it is likely that the child is caring for an impaired parent, passive neglect may occur when the child or other caregiver does not understand the needs of the elderly, or if financial stress makes proper caregiving impossible.

Current theories of elder abuse rarely address exploitation. The environmental-pressure model might explain those situations where the abuser is using the alleged victim's money to alleviate other stressful situations in their lives, such as alcoholism or unemployment. Theories based on crime prevention could also explain exploitation. These theories assume that a crime occurs because three factors are present simultaneously: an available victim, a criminal intent and an opportunity. Impaired elderly provide opportunities for the criminal, especially when they give their assets to caregivers to assist them with financial management. The opportunity for exploitation is available through obtaining power of attorney or guardianship, or simply having the older person sign over checks, bank accounts, property deeds, etc. The motive of the "criminal" may be varied, including pressures from other family members, support of chemically dependent behaviors or enhancing loss of income due to unemployment.

As Table 13 shows, in only 8% of the cases is the victim in danger at the time of the report. These findings are consistent with theories of domestic violence, which suggest that the victim is more amenable to intervention during the remorse stage of the domestic violence cycle, after the violence has ceased (see Walker, 1977-78 for a further discussion of the Cycle Theory of Violence).

Table 15 for Year 3 shows several relationships among characteristics of the alleged victim and the type(s) of abuse or

neglect substantiated. Any correlations larger than 0.09 are statistically significant. The larger the absolute value of the correlation, the stronger the relationship between the two variables. As Table 15 indicates, the victim is more likely to be in immediate danger in cases of physical abuse and sexual abuse than with other types of abuse or neglect. (Note that the negative correlation is due to the reversed coding of the items measuring dangerousness.) Victims of financial exploitation are less likely to be reported as injured.

Table 15 also supports the hypothesis that the clients are victims of multiple abuses. Deprivation and confinement are positively correlated. Passive neglect is correlated with confinement and deprivation. Confinement also tends to coexist with exploitation. Exploitation coexists with deprivation and confinement. Self-neglect coexists with passive neglect. Physical abuse coexists with sexual abuse, deprivation and "other" abuse.

Another expected finding from Table 15 is the relatively strong correlation among types of danger the victim is experiencing at the time of the report. The victim who is reported as being in danger is also likely to be reported as being injured or without food.

The victim's age is also correlated with living arrangement and type of abuse. As would be expected, the older the victim, the more likely s/he is to be living with someone. On the other hand, age is negatively correlated with physical abuse, sexual abuse, exploitation and "other" abuse. That is, younger victims in the program are more likely to experience these types of abuse. No significant correlation was found among self-neglect, passive neglect, deprivation or confinement and age of the victim.

Substantiation of Abuse  
Among Elderly Clients

In this program, service providers were asked to indicate after their assessment whether there was evidence of abuse, whether abuse was suspected but no evidence was present, or if the suspected abuse was not substantiated. For the purposes of this evaluation, substantiated abuse included both substantiation with evidence and suspected abuse with no evidence. Both categories were included because of the difficulty service providers generally have in securing conclusive evidence of abuse or neglect. This difficulty is compounded when the elderly has communication barriers such as hearing problems or disorientation.

Two measures of substantiation rate were used in this analysis. The reported substantiation rate is the ratio of substantiated cases to the type of abuse originally reported. The investigated substantiation rate is a ratio of total cases of substantiated abuse relative to the total number of cases assessed for that type of abuse. These different definitions can suggest different information when used to analyze cases reported to the programs, and will be referenced, as appropriate, in the following analyses.

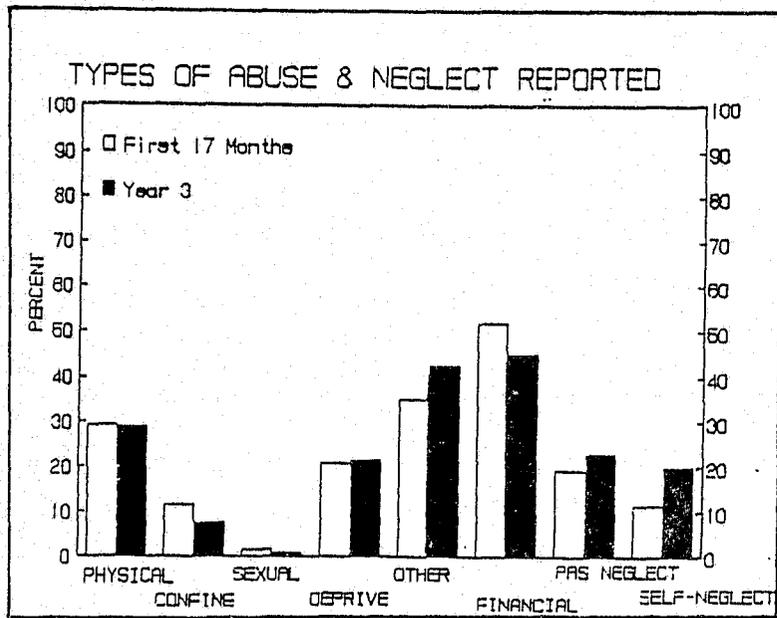


FIGURE 4

Figure 4 illustrates the data on the types of abuse reported to the projects. As the figure indicates, financial exploitation was the most frequent type of suspected abuse in both the first 17 months and in year 3. Table 9 provides data on the percent of each type of abuse that is substantiated. Investigated cases of physical abuse are substantiated about 80% of the time. About 57% of the cases of confinement are eventually substantiated. About 80% of sexual abuse cases are eventually substantiated. Almost 55% of the investigated cases of "other" abuse are eventually substantiated. Financial exploitation is substantiated in

about two-thirds of the cases, as is deprivation. Passive neglect is substantiated in about 70% of the cases and almost 85% of self-neglect cases are eventually substantiated.

Another explanation for the generally high substantiation rates could be that the voluntary reporting system adopted by 3 of the 4 sites resulted in reports being made to the project when the reporter was fairly certain that the abuse or neglect was occurring. On the other hand, mandatory reporters would be more likely to be more liberal in reporting cases because of their legal obligations. To investigate this hypothesis, cases were classified as either abused or not abused, and the differences in substantiation rates across sites was statistically examined (using chi-square analyses). A case was classified as "abused" if at least one type of abuse was substantiated (with or without evidence). A case was classified as "not abused" if no type of abuse was substantiated. The hypothesized effect of mandatory reporting on substantiation rate would be supported if there was a lower overall substantiation rate in the Egyptian area (Mandatory model) than in the other three sites. The results from the Chi-square analyses do not support this hypothesis. There were significant differences in the substantiation rates of the sites (Chi-square = 10.09,  $p \geq .000$ ). However, the substantiation rate for the mandatory model was 80%, while the substantiation rates for the other sites were either higher or lower (Rockford rate was 56%, Kankakee rate was 74% and North Suburban Cook was 91%).

Comparisons between the first 17 months and Year 3 suggest that the substantiation rate for most types of abuse increased during Year 3 (see Table 9 in Appendices B and C). These data are not organized to statistically compare the differences between the two time periods. However, the apparent increase probably indicates that the case workers are better at substantiating cases of abuse by

the third year as a result of their experiences in the projects.

Self-neglect, passive neglect, deprivation and confinement are reported less frequently than most other types of abuse (see Table 9). It could be expected that self-neglect would be reported less frequently because self-neglect falls under the service population of the statewide case management program, with the exception of severe self-neglect. The less frequent reporting of other types of neglect could reflect either that neglect is less prevalent in the population than abuse or exploitation, or that neglect is less frequently seen by the population of reporters, or that most people do not understand that neglect is part of the definition of elder abuse.

The data in Table 9 once again confirm that the elderly are often victims of more than one type of abuse. This is indicated by the fact that the sum of the types of abuse suspected is larger than the number of clients entering the system.

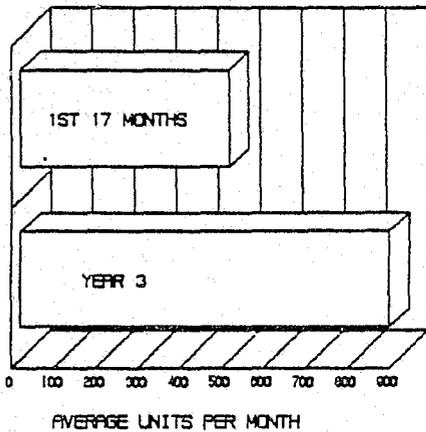
#### Services Available to Meet Elderly Clients' Needs

Table 16 for each site, for both the first 17 months and Year 3 (see Appendices B and C) shows a list of the services provided by the projects and the sources of payment for those services. Table 17 for each year shows the total units of each type of service provided at each site.

It should be noted that the meaning of a unit differs for various services. For example, a unit of nursing home service is one day, while a unit of in-home or integrative service is one hour. Therefore, direct comparisons across different services are not recommended. When comparing the first 17 months with Year 3, many differences in the use of services are apparent, although it is not possible to examine the statistical significance of these differences. Therefore, any interpretation of these differences should be made cautiously.

## DIFFERENCES IN INTEGRATIVE SERVICES

1ST 17 MONTHS VS. YEAR 3



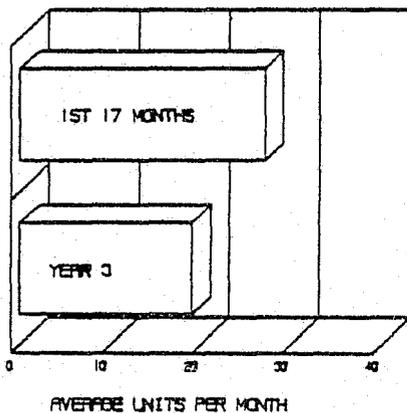
Elder Abuse Demonstration Projects

FIGURE 5

Figure 5 compares the number of units of integrative services provided per month for the first 17 months and Year 3. Integrative services include the assessment for abuse/neglect and case management. As the figure illustrates, monthly use of integrative services increased substantially during Year 3. This probably reflects the increase in number of reports investigated in Year 3 compared with the first 17 months.

## DIFFERENCES IN MENTAL HEALTH SERVICES

1ST 17 MONTHS VS. YEAR 3



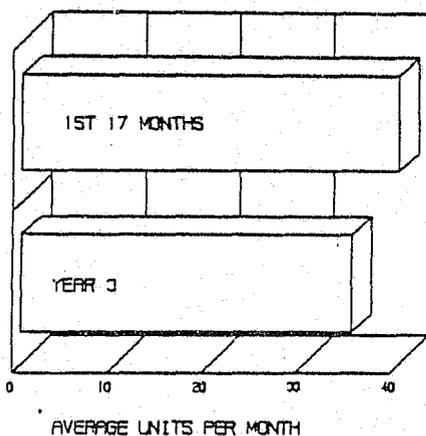
Elder Abuse Demonstration Projects

FIGURE 6

Figure 6 shows a decrease in the use of mental health services per month in Year 3 compared with the first 17 months. In the first 17 months, the 4 projects used an average of 27.5 units of mental health services per month. Mental health services include inpatient and outpatient psychiatric services, counseling, substance abuse services and crisis intervention. In Year 3, an average of 19 units of mental health services were used per month by the 4 projects, in spite of the increased number of clients assessed. Inspection of Table 17 for both time periods (see Appendices B and C) suggests that the decrease was in the use of psychiatric services and counseling.

## DIFFERENCES IN LEGAL SERVICES

1ST 17 MONTHS VS. YEAR 3



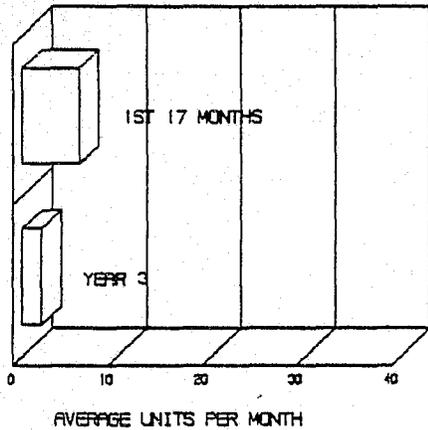
Elder Abuse Demonstration Projects

FIGURE 7

Figure 7 illustrates the change in demand for legal services from the first 17 months to Year 3. The total demand for police visits, orders of protection, guardianship preparation, court work and other legal assistance decreased from 40 per month in the first 17 months to 35 per month in year 3. Inspection of Table 17 for both time periods (see Appendices B and C) shows no

## DIFFERENCES IN TRANSPORTATION SERVICES

1ST 17 MONTHS VS. YEAR 3



Elder Abuse Demonstration Projects

FIGURE 8

trend in the types of legal services that decreased. It is difficult to explain the decrease in the use of legal services in year 3. It may be that experienced case workers feel more comfortable accessing the court system and feel more able to handle dangerous situations and therefore are in less need of legal consultation.

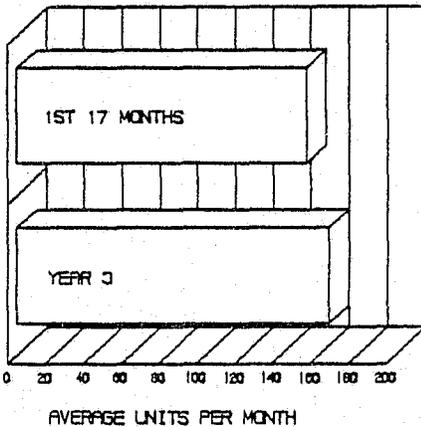
Figure 8 shows a decrease in the demand for transportation services from 5.5 per month in the first 17 months to 2 per month in Year 3. This may be due to the increase in in-home support services and decreased use of medical services, lessening the need to transport the elderly to the hospital (see Table 17 in Appendices B and C).

Figure 9 shows that institutional placements increased from 153 units per month in the first 17 months to 165 per month in Year 3. The increase appears to be primarily in the use of long term care placements, which may reflect the increase in the number of victims assessed during Year 3.

Figures 10 and 11 also show decreased use of services in Year 3 compared to the first 17 months. Supervisory services (which include telephone reassurance, day care and respite care) decreased from 181 units per month in the first 17 months to 112 units per month in Year 3. Nutrition services decreased from 207.5 units per month in the first 17 months to 109.6 units per month in Year 3. The decrease in the total number of units of nutrition services was due to a substantial decrease in

## DIFFERENCES IN INSTITUTIONAL PLACEMENT

1ST 17 MONTHS VS. YEAR 3

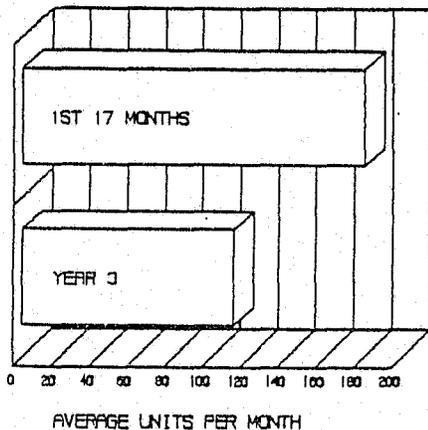


Elder Abuse Demonstration Projects

FIGURE 9

## DIFFERENCES IN USE OF SUPERVISION

1ST 17 MONTHS VS. YEAR 3

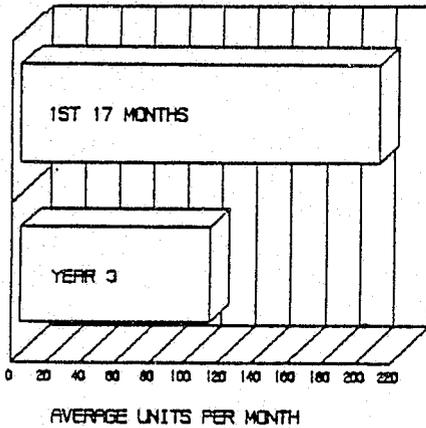


Elder Abuse Demonstration Projects

FIGURE 10

### DIFFERENCES IN USE OF NUTRITION SERVICES

1ST 17 MONTHS VS. YEAR 3



Elder Abuse Demonstration Projects

FIGURE 11

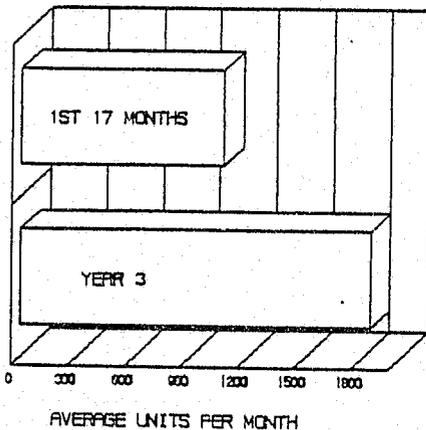
Title III home delivered meals. The reason for this apparent decrease in the use of nutrition services is unclear.

The only services which increased substantially during Year 3 were in-home services and integrative services (see Figure 5 and 12). The use of both integrative services and in-home services almost doubled in Year 3.

The increase in use of integrative services and decrease in nutrition, transportation and mental health service utilization could imply that the case workers were providing many more hours of assessment due to the increased number of reports, and therefore did not have sufficient time to arrange for additional services. Additional clients reported to the programs could explain the increases in the use of institutional placements during Year 3. It is especially difficult to explain the apparent decrease in use of nutrition services over time, because in Illinois all those in need are entitled to receive nutrition services.

### DIFFERENCES IN USE OF IN-HOME SERVICES

1ST 17 MONTHS VS. YEAR 3



Elder Abuse Demonstration Projects

FIGURE 12

## Emergency Services Provided

It is difficult to determine when services are provided to clients on an emergency basis. In some cases, services generally not considered "emergency" services may be provided in cases of emergency because they are the only services available. For example, admission to a nursing home may be an emergency measure for securing a safe environment for a physically abused elderly, when emergency shelters are not available.

In this evaluation, several services were assumed to be most often provided during an emergency. These included:

- \* Material aid such as food, clothing, energy and medication,
- \* Emergency housing,
- \* Respite admission,
- \* Inpatient acute care,
- \* Crisis Intervention,
- \* Ambulance services, and
- \* Police visits.

During the telephone interviews, most respondents defined the presence of physical abuse or injuries, or lack of needed medical services as emergency situations. Being in immediate danger, being without food, clothing or shelter also constituted an emergency situation.

Table 17 for the first 17 months and for Year 3 (see Appendices B and C) also show emergency services provided by the projects. As the tables show, acute care hospitalization is the most frequently used emergency service. In the first 17 months, 768 units were used. In Year 3, 440 units were used. These total units translate to an average of 45 units per month in the first 17 months, and 37 units per month in Year 3.

Further information about emergency services is included in the section comparing the sites.

## Gaps In Services

During the telephone interviews, respondents were asked if they had difficulties obtaining any particular types of services. Seven respondents indicated that they had difficulty obtaining services. Three respondents reported that respite care services were not available. Two respondents had difficulties obtaining legal services, and two had difficulty finding guardianship services or representative payees. Home delivered meals, home care on weekends and adult day care services were also cited as difficult to obtain.

Further information about gaps in services is provided in the section comparing the demonstration sites.

## Multiple Reports of Abuse

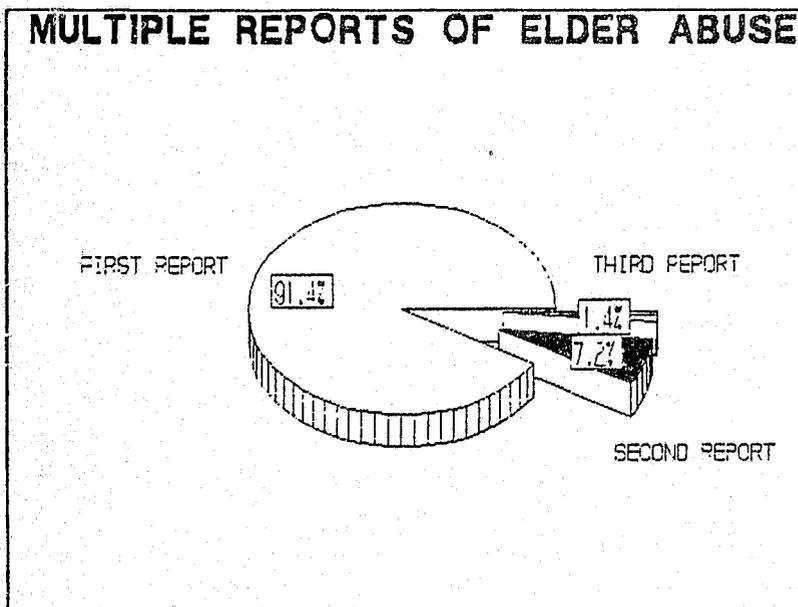


FIGURE 13

Figure 13 shows the percentage of Intakes over the three year demonstration period that were from first-time, second and third reports of abuse. The data show that 46, or 7% of reports of abuse are second reports. There were 9 third reports, representing 1.4% of all of the cases reported. These data support the need for follow-up on cases that are closed to prevent future abuse, and to efficiently reenter re-occurrences of abuse into the elder abuse programs.

Further inspection of the types of abuse on which multiple reports are made is illustrated in Figure 14. As the figure illustrates, multiple reports of abuse involve all types except sexual abuse. The relative frequency of each type of abuse reported more than once is similar in pattern to the distribution of the types of abuse reported overall.

TYPES OF ABUSE REPORTED MORE THAN ONCE

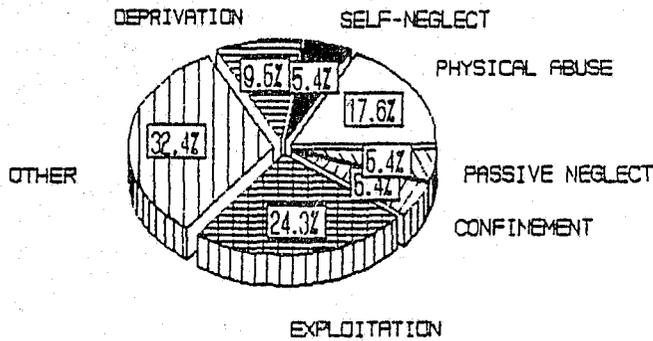


FIGURE 14

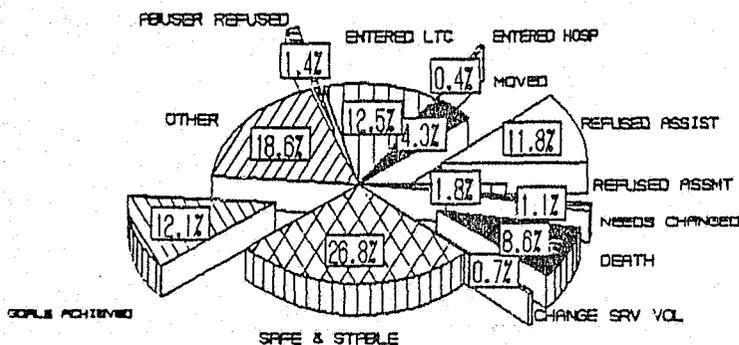
Exploitation and "other" abuse are most frequent among multiple reports, followed by physical abuse and deprivation. Multiple reports of neglect appear less frequently than those for abuse. This may suggest that the demonstration projects were better able to resolve neglect cases than cases of abuse or exploitation.

Disposition of Closed Cases

Figures 15 and 16 illustrate the reported disposition of cases as they were closed in the first 17 months and in Year 3. The most frequent outcome of closed cases in both time periods is that the situation is safe and stable. The disposition pattern in the two time periods appears to be similar.

DISPOSITION OF CLOSED CASES

FIRST 17 MONTHS

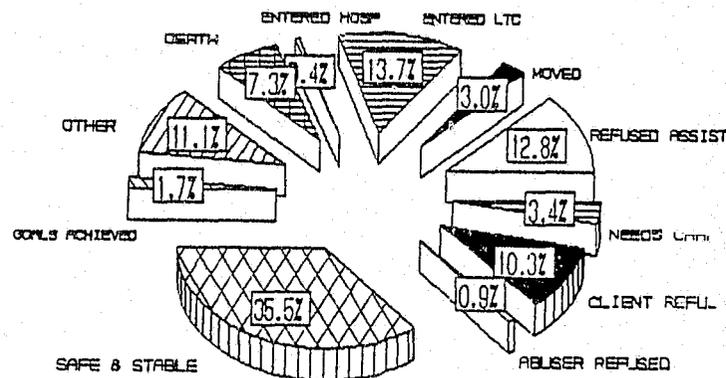


Elder Abuse Demonstration Projects

FIGURE 15

DISPOSITION OF CLOSED CASES

YEAR THREE DATA



Elder Abuse Demonstration Projects

FIGURE 16

Average Number of Intakes per Month

Figure 17 illustrates changes in the number of intakes per month during the two time periods. As the figure illustrates, at each site, the number of reports of elder abuse increased during Year 3. This suggests that there are probably many more cases of elder abuse in Illinois than are being reported to the projects. As awareness of the projects increases, it is expected that there would be a continued increase in the number of elder abuse cases reported.

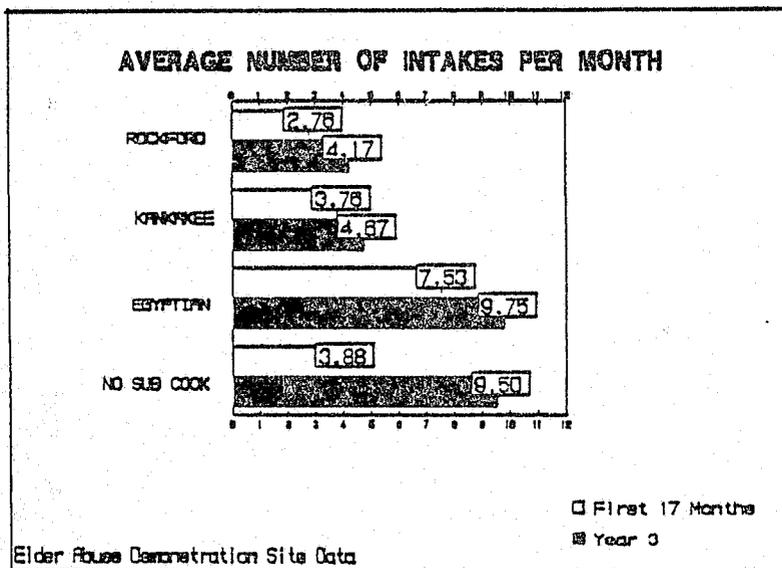


FIGURE 17

In the long term, the number of cases of elder abuse would be expected to increase due to the aging of the U.S. population, and increased burden placed on family members to care for the increasing number of frail elderly. However, the available data come only from those cases reported to the projects. Earlier estimates from research in other areas are that about one-sixth of elder abuse cases are likely to be reported. More recent estimates (Pillemer and Finkelhor, 1988) suggest that 1 in 14 cases of physical or psychological abuse in urban areas are reported. Assuming this estimate is accurate, it is likely that all suspected cases of elder abuse and neglect in Illinois will never be reported and/or assessed through an elder abuse program.

## RESULTS FROM THE IMPLEMENTATION EVALUATION

The following analysis comes from the 20 elder abuse project staff who responded to a series of telephone interviews. Both administrative level staff and direct service workers were included among the respondents.

An important component of this set of data is its ability to obtain objective and honest feedback from the key participants in the elder abuse projects. Data were collected by SPEC Associates staff who had no prior contact, either personal or by telephone, with the project staff. The data are analyzed in aggregate because the anonymity of the respondents was guaranteed during the interview process. With only about 5 respondents at each site, any attempt to separate specific responses by site could lead to the identification of particular individuals and their responses.

It should be noted that these data represent procedures and problems of staff between December, 1985 and March, 1986. Many changes may have occurred between March, 1986 and the end of Year 3. Unfortunately, budget constraints precluded a follow-up study of staff during the last few months of the demonstration projects. Therefore, the procedures and problems faced by the project throughout Year 3 remain to be examined.

### Procedures Used In Investigating and Assisting Clients

Each project differs in its structure. Therefore, the procedures they used to investigate and assist victims also varies. In some cases, calls were taken and handled by the same agency. In other cases, the calls were immediately referred to the agency contracted to provide the services.

The service providers investigated the case, and checked into other files for information that may already exist on the client. In

most cases, one worker was assigned to the case, but decisions about clients were made by teams composed of both the worker and his/her supervisor. The assigned worker checked other files for information about the client, and attempted to locate the alleged abuser. Meetings were arranged with the clients to advise them of their rights, discover possible remedies and provide legal representation, if necessary.

Once the service plan was determined and the services began, follow-up and reassessments were conducted periodically. Follow-ups refer to continual checking and monitoring of the cases to determine if the service plan is working. Periodically, reassessments were made of the client's situation to determine if changes were needed in the services provided. For about one-half of the respondents, no systematic plan was used when conducting the follow-up. In other cases, a systematic follow-up plan was implemented.

The two most frequent reasons for closing a case were the stabilization of the clients' situations and no further action required for two months. Lack of substantiation of abuse, and the inability to access the victim were other reasons for closing a case.

The fact that lack of substantiation results in closing a case implies that cases are in the elder abuse program for some time period before they are closed. These unsubstantiated cases, therefore, represent a cost of providing elder abuse services.

#### Definitions of Elder Abuse Used at the Project Level

Respondents were asked "What defines an elder abuse client?" To a large extent, the definitions provided were consistent with the definitions of elder abuse written in the legislation. However, the interview data suggests the types of abuse case workers are most accustomed to thinking about. The most frequently given definition of elder abuse included physical or sexual abuse (given by 8 respondents). Financial exploitation,

deprivation of services and emotional/verbal abuse were also considered part of the definition of abuse by 6 of the respondents. Neglect, including self, passive and active neglect was given by 5 respondents as included in their definition of elder abuse. Four respondent indicated that they looked to the legislation to define elder abuse. While these were the most common definitions case workers were accustomed to use, it should be noted that all sites investigated all types of abuse defined in the Illinois Administrative Code.

Characteristics of the client were also included in some definitions of elder abuse. Age was given by 5 respondents as a component of their definition. They indicated that clients must be 60 years or older. Another client characteristic included by one respondent was dependency. This respondent felt that clients in the program must not be able to manage their own care in order to be eligible for this program.

#### Role of the Intervention Philosophy in Directing Project Activities

Respondents were asked four questions about the model of intervention and how it has affected their activities. Respondents gave several answers to the question, "How would you define the underlying philosophy of your project's model of intervention?" As would be expected, many of the responses reflected the theoretical foundation of their intervention strategies. Some respondents indicated that protecting the client and respecting their wishes sometimes overrides philosophy when making decisions about interventions and services.

Nineteen of the 20 respondents indicated that the philosophy of the program has influenced how they operate. One respondent indicated that the model's philosophy is followed for those cases that "fit the model." In other cases, different interventions strategies were used, as needed. Respondents from the mandatory reporting model indicated that

their underlying philosophy has resulted in time spent on public education and public awareness. They also spent time setting up a strong referral system for their community. Some respondents from the advocacy models indicated that it takes longer to make treatment decisions because the client plays a major role in determining services to be provided. One respondent indicated that the model's philosophy has resulted in a legal aid specialist's involvement in case meetings and at the client's disposal.

Eleven respondents indicated that the intervention philosophy influenced how they advertised the program. Some respondents indicated that the type of intervention is clearly indicated in the advertisements. On the other hand, two respondents indicated that their advertisements are not based on the intervention modality. These two respondents did not represent the same model. They indicated that advertising was more general, and no mention was made of the model being used to serve clients.

Fifteen respondents indicated that the model's philosophy influenced how the clients were handled. Many respondents indicated that cases were reviewed and decisions were made based on the intervention strategy they followed. The staff appear to know more about the components of their own model, such as the legal intervention staff's awareness of the Domestic Violence Act. Advocacy model staff have focused on the victim's right to make decisions regarding their care, and indicated that they were more patient in letting victims make their own treatment decisions.

On the other hand, three respondents indicated that victims were handled the same way regardless of the intervention model. One respondent indicated that a "casework model" was used on all clients. Another respondent indicated that intervention skills were the same regardless of the philosophy of the intervention strategy.

In summary, it appears that the project staff were aware of the underlying philosophies of their intervention strategies. In many cases, the philosophy has influenced the direction the projects take in publicizing the program and serving clients. The client's needs appear to be the major factor influencing treatment decisions, especially when the clients' needs did not fit into the model of intervention being used.

### Strategies Used to Publicize the Projects

Public service announcements, pamphlets, posters and news releases/newspaper articles were the most frequent methods of publicizing the projects. Other strategies used to publicize the projects included: fliers, speaking engagements with local organizations, radio shows, toll-free hotline numbers, ongoing education of mandatory reporters and educational forums.

### Problems Experienced by Project Staff

At the time of the interview, only one respondent indicated problems with project staff during the past month. This problem was related to disagreements on how to prioritize clients.

Three respondents reported administrative problems during the past month. These included problems interpreting data provided by SPEC Associates, problems due to lack of direct service staff, and problems filing reports from service providers doing 24-hour investigations.

Three respondents indicated that they were having financial problems. Low salaries and uncertainty of future funding were cited as problems. Also, the lack of emergency funds for ambulance services and respite care was cited as a financial problem.

Respondents were asked if they were having any problems which they didn't know how to handle. Problems with referral sources included difficulty obtaining complete

Information from the reporter of the abuse. Sometimes the reporter does not want to give out information to the agency, or the information is not available. Another problem is receiving a report about a victim that is not living within the project boundaries. A third problem with referrals is the service provider not showing up when expected.

The most frequent problem in opening a case was getting access to the client. Self-neglect cases were reported to be difficult to open, and one respondent indicated that opening a case was difficult when the inappropriate care was being provided by a paid caregiver. Two respondents indicated that non-abuse cases were coming to their attention which should be immediately referred elsewhere.

Only a few problems were cited about doing an assessment. Gaining access was a problem for two respondents. Getting information without putting the victims in jeopardy was another concern. Finding the victim at home was also a problem with doing assessments.

The most frequently mentioned problem with referring cases to service providers was keeping the nature of the case confidential. Two respondents said that providers would not give services when they learned it was an abuse case. Two other respondents indicated that they were having trouble reaching their designated service providers.

Follow-up visits presented problems due to shortage of staff and time. One respondent said that follow-up visits became easier as the case proceeded. Another said that the follow-up s/he did was not consistent and not done as often as it should be.

Ambiguity over when to close a case presented problems for at least one respondent. Case overload was also mentioned as a reason why cases may not be closed in a timely fashion. Issues of closing a case should be of particular concern when estimating the cost of serving clients in the system.

Disorientation and lack of cooperation of the client were the most frequently mentioned problems respondents were having in dealing with their clients. Gaining access to victims was difficult for two respondents, and the victim rejecting services because of fear of retaliation was mentioned by three respondents. Keeping information confidential, getting honest answers and dealing with clients with suicidal and neglectful tendencies were also mentioned as problems.

Similar problems of untruthfulness, uncooperativeness and inaccessibility were mentioned by respondents when dealing with families of the victims. In one case, a lawsuit was attempted against the worker because the family was angry over losing control of the victim's financial resources. Family patterns of abuse presented problems for one respondent, and the family not wanting worker involvement was also mentioned as a problem.

Lack of honesty and lack of cooperation were mentioned as problems in dealing with abusers. Alcohol abuse of the abuser was most frequently mentioned as a problem. One respondent indicated that financial abusers were not available, and one indicated that s/he had trouble determining when a situation would be dangerous. In one case, the abuser felt justified in financially abusing the victim. Another difficulty in dealing with abusers was that the abusers did not know that they were suspected of being abusive. Finally, getting the abuser to admit abuse was a problem for one respondent.

Internal and administrative problems were rare. One service provider had difficulty balancing the research needs of the project versus client needs. Another problem was that the program was consuming disproportionate time compared to the available funding. Three respondents found that more guidelines were needed for completing one of the research forms (the non-direct service form).

Financial problems cited by respondents included not having enough staff for the program. Apparently promised funds had not been received by one respondent, and one respondent indicated communication problems with the local AAA in getting money from filed reports. One respondent reported that his/her agency had to pay for legal fees because no other resources were available. Geographic location of resources in rural areas also presented a problem.

## RESULTS: COMPARISONS AMONG SITES

Given the caveats mentioned previously about the limitations of comparing the models of intervention, this section will attempt to compare and contrast the different models of intervention.

Both Rockford and Kankakee areas were operating under the advocacy model of intervention. Egyptian area was operating under the mandatory reporting model. North Suburban Cook was operating under the legal intervention model.

### Comparison of Clients and Referral Sources Across Sites

By Year 3, the client characteristics at each site are quite similar. As noted previously, there were no differences among the sites in the percent of male versus female victims. The proportion of victims assessed as being disoriented was also the same across sites. The only difference in demographic characteristics of the victims is that there were significantly more black victims in North Suburban Cook and Kankakee than in the other two sites. This difference is probably due to the location of these two sites in geographic areas with higher percentages of blacks than the Rockford and Egyptian areas.

As mentioned previously, the Egyptian area had significantly more referrals from paraprofessionals than the other sites. This

difference appears to be related to the mandatory reporting model. This model assumes extensive education of those mandated to report abuse and neglect. Also, staff at the Egyptian site indicated during the telephone interviews that they spent considerable amounts of time educating and networking with professionals because of the mandatory model. Thus, it would be expected that under this model paraprofessionals would be more likely to report abuse especially since they were educated about their reporting responsibilities. It is interesting to note, however, that Table 10 shows the Egyptian area did not spend more time in public education than the other sites. It may be that the Egyptian area aimed their educational efforts more at paraprofessionals, or there may be something in addition to public education present in the mandatory model or in the Egyptian area that generated more referrals from paraprofessionals.

Comparison in Types of Abuse Reported and Substantiated Across Sites

Figure 18 shows the types of abuse reported by site. Chi-square analyses were conducted comparing sites in the proportion of reports concerning each type of abuse.

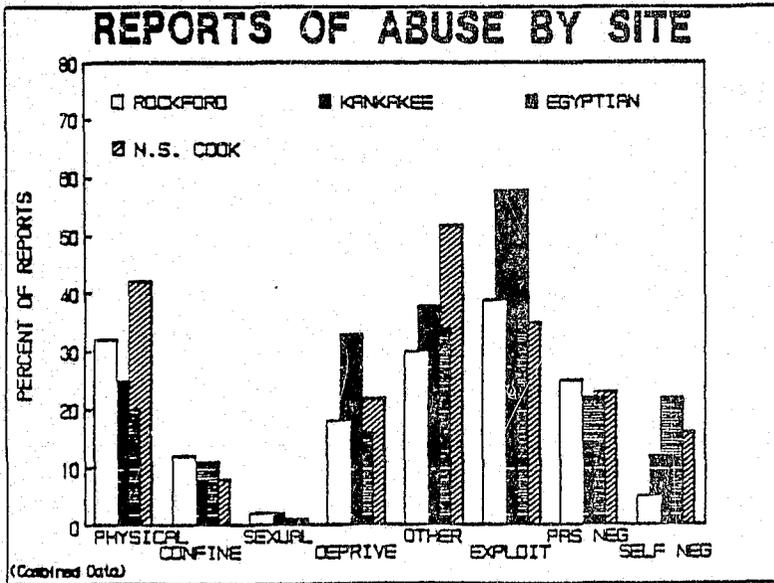


FIGURE 18

The results indicate that there were no differences among the sites in the proportion of reports received about sexual abuse or confinement. The sites did differ, however, in the relative percent of reports about other types of abuse. North Suburban Cook received disproportionately more reports of physical abuse (Chi-square = 8.2,  $p \leq .04$ ), "other" abuse (Chi-square = 29.9,  $p \leq .000$ ) and financial exploitation (Chi-square = 15.59,  $p \leq .001$ ) than the other sites. Kankakee received disproportionately more reports of deprivation (Chi-square = 15.77,  $p \leq .001$ ) and

tended to receive fewer reports of passive neglect (Chi-square = 7.08,  $p \leq .07$ ). Egyptian area received disproportionately more reports of self-neglect (Chi-square = 18.16,  $p \leq .0004$ ) than the other sites.

Some of these differences may reflect different interpretations in the definitions of these types of abuse. For example, the similarity in definitions of deprivation and passive neglect could have resulted in Kankakee classifying cases more frequently as deprivation than passive neglect. Other differences may reflect the characteristics of the population of aged at the sites. North Suburban Cook is located adjacent to the large urban area of Chicago. Perhaps abuser-perpetrated abuse such as physical and financial abuse are more common in urban areas whereas isolated rural areas (such as the Egyptian area) have more occurrences of self-perpetrated neglect. This explanation is only a hypothesis and cannot be verified with existing data from this study.

Figure 19 compares the substantiation rates across sites for the various types of abuse and neglect. Chi-square analyses were conducted to compare the substantiation rates among the sites for each type of abuse and neglect.

There were no significant differences among the sites in the substantiation rates for confinement, sexual abuse, deprivation or passive neglect. For the other four types of abuse, where significant differences existed, the patterns of the differences were similar. For each of these types of abuse, North Suburban Cook had the highest substantiation rates and Rockford had the lowest substantiation rates.

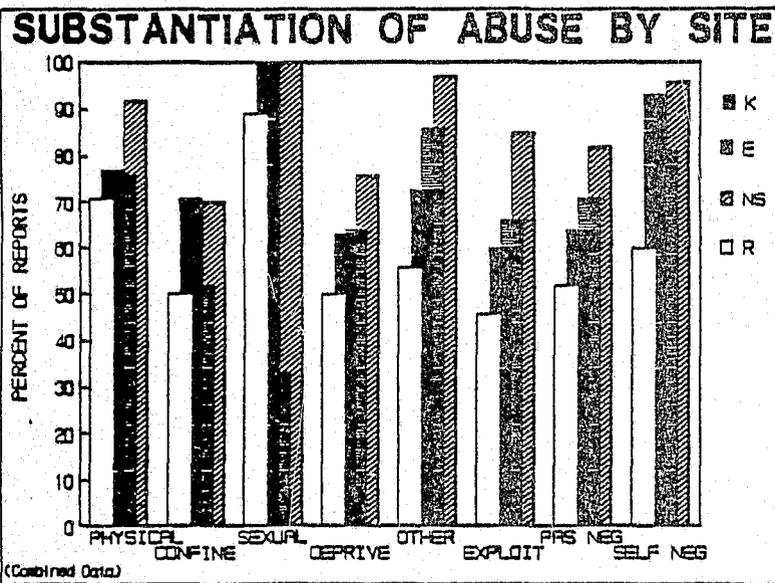


FIGURE 19

These data suggest that there may be differences between these two sites in either the willingness or ability of the case workers to substantiate abuse. An alternative explanation may be that the North Suburban Cook case workers did not open files on cases that were clearly not abuse at the time of the initial report, while Rockford opened files on all reports made to the project.

### Comparison of Services Across Sites

Table 16 and Table 17 for Year 3 can be used to compare services provided by the different sites. Unfortunately, this particular data set is not arranged in a way that allows for statistical tests of differences in services provided by the 4 projects. Therefore, the differences noted in this report should be interpreted cautiously.

At the Egyptian area and North Suburban Cook sites, medical services were provided more frequently. In Egyptian, private pay and "other" sources provided most of the revenue for medical services. "Other" sources also paid for most of the medical services provided in North Suburban Cook.

Across the four sites, in-home health services and in-home assistance were frequent services provided. The CCP and private pay funded most of these services. The support from CCP indicates that elder abuse victims were also served by this program. Either cases were transferred from the elder abuse projects to the CCP, or the CCU staff were a source of referral into the elder abuse projects.

Mental health services were provided by all but the Rockford site. Differences existed among the other 3 sites in the types of mental health services provided. For Kankakee, mental health services included exclusively substance abuse counseling. In the Egyptian area, mental health services included both inpatient psychiatric and counseling. In North Suburban Cook, mental health services included counseling and outpatient psychiatric.

Adult day care was a frequent service in all sites, usually funded by the CCP. Home delivered meals were frequently provided at all four sites and were paid through a variety of sources. Ambulance services were provided at all sites. Escort services were only provided in the Egyptian area, paid through Title III.

In spite of the fact that North Suburban Cook represented the legal services model of intervention, Kankakee, Egyptian and North Suburban Cook all provided a substantial amount of legal services. These data suggest that the model of intervention was not related to the use of legal services.

### Comparison in Use of Emergency Services among Sites

Table 16 for each site presents the types of services provided by each project. It also provides data on the sources of payment for each service provided. The projects varied in the types of emergency services provided.

In the Rockford site, material aid, housing and police visits were the most frequently used emergency services. North Suburban Cook most frequently used inpatient services. The Kankakee site provided more material aid than any other site. This site provided some inpatient acute care, but not as much as was provided at North Suburban Cook and Egyptian areas. The Egyptian area provided more inpatient acute care than any other site. This project also provided a substantial amount of ambulance services. In summary, the projects do appear to provide some emergency services, most notably inpatient acute care.

## Comparison among Sites in Service Gaps

Table 17 shows a comparison of services provided at each site. Many services that could be provided to elder abuse victims are not being provided. While it may be possible that these services are not needed by the victims, it is also possible that they do not exist in the service delivery areas.

It is interesting to note that the Rockford site appears to provide the least variety of services. This site also received the smallest number of elder abuse reports.

During Year 3, crisis intervention was not provided at any site. Many of the medical services were not provided through the projects. These included dental, podiatry, occupational therapy, respiratory therapy and speech therapy. Substance abuse services were only provided in Kankakee, and psychiatric services were rarely provided through the projects. Inpatient psychiatric services were only provided at the Egyptian site during Year 3. Home repair and maintenance was not provided during Year 3, nor was shopping assistance.

Educational services were only provided at the North Suburban Cook site, in the form of employee assistance. Education may be important to offer when substantiated abuse is due to a lack of caregiving knowledge. Friendly visiting and senior center services were the only form of socialization provided through the projects.

It is important to note that the pattern of service use differed substantially in Year 3 compared with the first 17 months. Most notably, sites appear to be more similar in the types of services provided during Year 3. In addition, some types of services provided in the first 17 months were not provided in year three, namely crisis intervention and home repair. It could be that certain services were not required by the clients during Year 3. Or, programs providing these services may not have been funded during Year 3.

Comparison among Sites in  
Number of Reports Received

In each site, the average number of intake reports received has increased between the two time periods. Figure 17 (page 38) is a comparison of the number of intake reports received per month at each site during the first 17 months of the project and during year three. These data show an increase in reports of elder abuse made to the sites in Year 3, compared with the first 17 months. In some sites, these increases were dramatic. In North Suburban Cook, the average number of intakes per month more than doubled during Year 3. These increases suggest that greater demands are being placed on the projects whose staff size and budgets were not increased to accommodate the increased work load.

Comparison among Sites in  
Length of Time Cases Stay  
Opened

A one-way analysis of variance was computed to examine whether the sites differed in the average length of time cases stayed opened. Table 18 shows the results from this analysis.

TABLE 18

CASES WITH DATA AVAILABLE	SITE	AVERAGE LENGTH OF STAY	MINIMUM LENGTH OF STAY	MAXIMUM LENGTH OF STAY
58	ROCKFORD	2.487 mos.	0.033 mos.	10.133 mos.
68	KANKAKEE	2.831 mos.	0.000 mos.	11.800 mos.
175	EGYPTIAN	2.826 mos.	0.000 mos.	13.067 mos.
90	N.S. COOK	4.081 mos.	0.000 mos.	25.667 mos.

$F(3,387)=4.895, p \leq .002$

These results show that there is a significant difference in the length of time cases stay open. Cases at the North Suburban

Cook site stayed open about four months, while cases at the other sites stayed open between 2.5 and 3 months. These differences may indicate that the assessment process takes longer in the large urban area compared with smaller cities and rural areas. Or, the North Suburban Cook site may have had more cases per worker than other sites; therefore, taking a longer time to assess and plan for services. A third explanation may be that cases at this site were more difficult than those at the other sites. As seen previously, a greater percentage of reports at North Suburban Cook were about physical abuse, "other" abuse and financial exploitation than at other sites. It may be that these types of cases take longer to assess and plan for services than cases of neglect.

#### SUMMARY RECOMMENDATIONS FOR A STATEWIDE PROGRAM

The primary purpose for establishing and operating the Elder Abuse Demonstration Program was to determine the need for, and scope of, a statewide response to assist victims of elder abuse and neglect.

This report presents an analysis of data collected from four project sites over a 29 month period. The results describe the characteristics of suspected victims reported to the projects and characteristics of alleged abusers. The sources of reports are described, as well as the types of abuse reported, substantiation rates, services provided and outcomes of cases.

Qualitative data from telephone interviews with project staff provided descriptive information about how the demonstration projects were implemented. Information was presented about the role of each project's philosophy in the operation of the programs and barriers faced by project staff.

Comparisons and contrasts among the sites were investigated. While very few differences existed among the sites in the characteristics of victims, there appear to

be some differences in the types of reports received and in the substantiation rates among sites.

Equally important in providing valuable information to the Department on the need and design of a statewide program were the discussions held at the bi-monthly meetings of the Elder Abuse Management Team. Members of the Management Team included staff from the Department on Aging, the four Area Agencies on Aging, and staff from each of the provider agencies involved in the Demonstration Program. During the third year of the Demonstration Program, the Department on Aging and the Management Team concentrated its efforts developing recommendations based on the experiences of the project sites. The Management Team provided the Department with insight on developing a program design that would be responsive to individual victim's needs and be administratively sound.

Once the Department had obtained input from the Management Team, the following steps were taken to seek input from other groups: a) developed a model program design and legislation; b) disseminated written materials on the program design and legislation to a wide spectrum of organizations for their review and comment; and c) modified and refined the program design and legislation based on the comments received. The information presented below reflects the recommendations of the Department on Aging as a result of the experience in administering the Elder Abuse Demonstration Program.

### Considerations for State-wide Programming

The experience with the Demonstration Program revealed several issues that needed to be considered in designing a statewide program. In developing recommendations, the following decision points were identified. The most critical issues were:

#### Need for a Statewide Program

One primary aspect to the research conducted has been to examine the service needs (i.e.

social, medical, legal) of abused elderly in comparison with services already available from the aging network and other sources.

In FY 1984, Illinois implemented a statewide case management system whereby the responsibility for client intake, assessment of needs and ongoing case monitoring for frail, vulnerable elderly was given to local agencies called Case Coordination Units (CCUs). The CCUs provide case management services to over 40,000 elderly per year. The Community Care Program, funded with State general revenue funds and a Medicaid 2176 waiver, is one of the largest in-home care programs in the nation providing services to 22,000 older persons each month with a budget exceeding \$80 million per year. Community Care Program services include chore, homemaker, and adult day care. Services such as home delivered meals and transportation are also funded abundantly, and legal assistance to a much lesser degree, by the area agencies on aging under Title III of the Older Americans Act at a level of \$40 million annually. The Illinois Domestic Violence Act (IDVA) provides legal protections for victims of domestic abuse over the age of eighteen. However, the IDVA does not include financial exploitation under its definition of abuse. In short, Illinois has a rather extensive community-based services and case management system in place which required the State to ask whether this system was already adequately serving elderly victims of abuse and neglect.

Whereas many of the demographic characteristics of abused elderly are similar to older persons in need of case management services, the experience of the project sites found that the situation surrounding an elder abuse and neglect case involves a more extensive intervention on the part of an advocate. And while there is likely to be an overlap of service needs between abuse cases and long term care clients, elder abuse victims and their families are likely to have intervention needs in addition to that of in-home care. Thus, the demonstration program has shown that the current service delivery is not in a position to adequately assist victims of

abuse. To provide the assistance necessary to this special client group, the service system must have the resources available for intervention services and other specific services, must develop relationships with the police and court systems, have knowledge of existing laws (i.e. Mental Health Code, Probate Act, Domestic Violence Act), receive specialized training on these topics.

#### Intervention Model

One of the most critical issues faced by the Department on Aging was to determine the most effective method of intervention to be proposed for a statewide elder abuse program. Although there were three models of intervention tested during the demonstration program, it was difficult to analyze and recommend which intervention approach would best serve the anticipated population in the most effective and appropriate way, because in all likelihood, the case workers providing the direct service were similar in their way of handling and assessing the situations and ethically and legally obligated to provide services, the outcome of the cases became very similar.

It is true that more cases were reported in the mandatory reporting project, but one would be reluctant to state that because of mandating to report suspected cases of abuse by professions at large in that particular area of the state was the only reason the caseload was higher than the other projects. The Department feels one of the major reasons Shawnee Alliance for Seniors, the mandatory reporting project, did receive more cases of abuse than the other demonstration projects is because they spent considerably more time providing public education to the general public and professionals on where to report suspected cases, the overall indicators of abuse, and the overall aspects of the aged.

Likewise, information from other states and literature written by noteworthy professionals, has noted that mandatory reporting can create needless investigations and expenditures of resources that would better be used in developing new or

additional services. Overzealous professionals can create needless expenses involved in the investigation process, and the cost of administering a central registry can siphon funds needed for the development of services.

Furthermore, it is believed that mandatory reporting invades the privacy of individuals and families, interferes with professional-client rapport and confidentiality, because the professional must inform the client that a report to authorities is required, and creates needless investigation and expenditures on resources when the case workers are not suitably trained to identify abuse.

To allow the older person, who has been abused, the right to refuse or accept recommended services, to not feel threatened by the case workers and to continue to lead a dignified life and considering the above aspects of voluntary vs. mandatory reporting, the Department on Aging recommends a **voluntary reporting system** to be implemented on a statewide basis. In addition, the Department recommends extensive public education to be conducted targeted towards the general public and professional groups, in particular, social workers, nurses, and the legal and medical communities on the causes and preventative measures of elder abuse.

#### Definition of Abuse

The definition of abuse practiced within the demonstration program included the following: physical, sexual, verbal/psychological abuse; financial exploitation; deprivation; confinement; passive neglect; and self neglect.

While self neglect is a serious and frequent problem that was reported to the four demonstration program sites, cases of self neglect are already handled by the existing statewide case management system. Although it is recommended that self neglect need not be included in a statewide elder abuse program, victims of self neglect uncovered through the program must be referred for

assistance. Therefore, a statewide elder abuse program must make provisions for interfacing with the existing case management system.

### Components of the Proposed Statewide Elder Abuse Program

In recommending a statewide elder abuse program, the Department examined the aforementioned issues. The Department is recommending legislation that would create an elder abuse intervention program based on the Advocacy - Voluntary reporting model. This intervention model recognizes that the victim of elder abuse and neglect is an adult in a vulnerable position and assists the older person by **intervening** on behalf of the older person for the purpose of serving as their **advocate** in guaranteeing protection of their rights and obtaining needed services. Since this intervention model assumes that existing family supports, legal mechanisms, and community services can be used to assist the abused older person and their family, Illinois' current service system for the elderly became a critical asset to the development and implementation plans for the proposed elder abuse program.

The decision to propose a voluntary reporting model resulted from the experience of testing mandatory and voluntary reporting at the demonstration program sites. Because of a number of factors may have affected these two types of models, any differences could not be causally linked to either reporting mechanism. The Department on Aging believes that a voluntary reporting system, supplemented with public education materials developed for those professional groups mostly likely to encounter abuse situations, is the least restrictive approach to assisting abused older persons in Illinois and can be as effective in case finding as mandatory reporting.

Consistent with other programs administered through the Department on Aging, to receive assistance through a statewide program, alleged victims of abuse should be aged 60 or older. It is also recommended that the elder abuse intervention should be approached in terms of

a family situation/problem. In addition, since many studies (cf. Pillemer & Finkelhor, 1986; Hwalek, 1986; Hwalek & Sengstock, 1984) and the experiences of the demonstration program sites indicated that elder abuse is prevalent in all socioeconomic classes, no income requirements for admission into the program are recommended recognizing the need that older persons who are abused or neglected, regardless of income, should have access to an advocate to assist them in obtaining services. However, certain supplemental services would be available to victims only if their resources are insufficient or unavailable to purchase them.

Finally, any legislation enabling the Department to administer an elder abuse program is recommended to include immunity from liability for persons reporting abuse situations and for those assessing the reports.

The following services have been identified through the experience with the demonstration program as necessary **enhancements** to our current service system in order to be more responsive to the needs of elder abuse and neglect victims and their families.

#### Assessment

A systematic, standardized format to receive and respond to reports of abuse and neglect for the purpose of determining whether abuse has occurred, the intentionality of the abuse, the competency of the alleged victim, and to determine service needs. An assessment will be conducted on all reports of alleged elder abuse and neglect. The elder abuse assessment process is not intended to duplicate existing processes, but to address the particular issues surrounding abuse and/or neglect situations. (Approximately ten hours to complete.)

#### Case Work

Intensive case work activities on substantiated cases of abuse or neglect is necessary. Case work would include the development and implementation of the care plan coordinated and approved by the older

person and initial case work to stabilize the abuse situation following the completion of the assessment. The anticipated duration of case work is approximately three months following the assessment process (20 total hours).

#### Follow-Up

Because abuse and neglect has been found to be a recurring problem even after intervention takes place, a systematic method of follow-up on substantiated cases of abuse and neglect is essential to this program. It would appear that follow-up can be cost effective because the clients who experience recurring abuse would not have to re-enter the system at the assessment point. Client data would already be available and the need for further assessment would be minimal. Follow-up may be effective in preventing further abuse if the abuser is aware that the victim is continuously being monitored. Finally, follow-up can detect recurring signs of abuse or neglect before the situation becomes life threatening. A face-to-face follow-up is to occur on at least a quarterly basis for one year following intervention. If abuse or neglect has not reoccurred, at the end of one year the case would be discontinued or, if continued monitoring of in-home services is necessary, the monitoring should be continued through the existing case management system. (Approximately twelve hours per year.)

#### Supplemental Services

Although the existing community services in Illinois met the needs of the majority of abused elderly and their families in the demonstration program sites, there were cases where the victim lacked access to available resources, where processing delays threatened the health and safety of the victim, or where gaps existed in publicly supported services. As a result, the Department on Aging determined that the service system designed to assist elder abuse and neglect victims must have available at the local level the flexibility to purchase specific services on a short term and emergency basis to meet

victims' needs. A key component of the Illinois program would be the availability of supplemental services. The following supplemental services have been recommended by the Supplemental Services Committee of the Department's Elder Abuse Demonstration Program Management Team:

**Emergency Aid** falling under the categories listed below -

- . Material aid to the older person in the form of food and clothing;
- . Medical expenses for medicine, medical evaluations, hospital expenses;
- . Mental health crisis intervention and psychiatric evaluation;
- . Transportation including ambulance services;
- . Environmental aid for minor household repairs and utility shut-offs.

**Respite Care** - In-home or out-of-home care to include temporary nursing home placement and adult day care. Respite care can be purchased through the supplemental service funds if there is a temporary loss of the caregiver or there is a need to separate the caregiver and the abused older person. The need for respite care must be associated with the alleged/substantiated abuse and not; therefore, made available through these funds for the sole purpose of socialization.

**Legal Assistance** will include those services not necessarily initiated by the client but those initiated for them. Allowable legal assistance costs are:

- . Court costs (i.e. filing fees);
- . Guardianship proceedings;
- . Preparation of Orders of Protection;
- . Recovery/Restitution of damages;
- . Witness fees.

**Housing** and relocation services. The use of supplemental service funds is allowable for emergency housing if a domestic violence shelter does not exist within the service area and/or the shelter is not equipped to serve the older person.

It is the intent that these supplemental services will be available to, or on behalf

of, suspected and substantiated victims who are in immediate, life threatening situations and are in situations where community resources cannot be mobilized in a timely manner, or the client's resources are insufficient or unavailable to purchase needed services. \$500 per case would be available to the designated provider agencies for the purposes described above. For those cases where more than \$500 is needed, a waiver could be granted with prior approval of the regional administrative agency.

### Public Education

Although not directly provided to the older person, public education is a key and necessary component to a statewide program. Public education would be developed to address two primary topical areas - prevention and detection of abuse. There is a general lack of knowledge and understanding by professional groups and the general public of the risk symptoms of abuse, affecting their ability to clearly identify abuse situations, and the lack of knowledge of the services available to assist families involved in elder abuse and neglect. The Department believes that a voluntary reporting model with a public education and awareness component directed to the general public and to professionals most likely to come into contact with abuse situations, coupled with training of those professionals on how to identify and report cases, will be at least as effective as mandatory reporting.

### Administrative Structure

Just as the services described above are designed to build on the existing system to better address the specific needs of elder abuse situations, the Department recommends utilizing the existing administrative structure within the aging network to the maximum extent possible in administering a statewide program.

The **Illinois Department on Aging** would assume overall responsibility for designing, implementing, and administering the program. Activities of the Department would include the development of service standards,

policies, and procedures; training provider agency staff on elder abuse intervention; coordinating and advocating at the State level with other organizations interested and involved in assisting victims of elder abuse and their families; and assuring that the services provided to victims of abuse and neglect are of the highest quality.

**Regional Administrative Agencies (RAAs)G,** designated by the Department, responsible for specific administrative and systems development activities occurring within the thirteen planning and services areas of the State. The RAAs will work with the Department on Aging in coordinating elder abuse activities at the regional level of the State and assisting the Department in developing and administering services under a statewide program. Area Agencies on Aging will be provided first right of refusal to be the designated RAA in the planning and service area.

**Provider agencies** selected by the RAA based on criteria established by the Department for the purpose of providing assessment on all reported cases and case work and follow-up on substantiated cases of abuse and neglect. Supplemental services would be coordinated through the provider agency. In selecting provider agencies, the designated CCUs are the preferred agencies to perform these functions. CCUs employ the level of professional staff necessary to intervene in elder abuse reports, if they receive special training, and have the authority to obtain many of the services needed by this client group without the delays which may be inevitable with other agencies serving in the capacity of the provider agency. The provider agencies involved in the demonstration program were all Case Coordination Units.

### Projecting the Incidence of Elder Abuse Reports

On an ongoing basis throughout the demonstration program period, the number of elder abuse and neglect reports received by the demonstration sites has been analyzed and

applied these numbers to the 60+ population within their service areas to arrive at an "incidence rate". An incidence rate is defined as the number of reports per thousand older persons received during a twelve month period. The projections developed by the Department for the number of anticipated elder abuse and neglect reports for the first year of a statewide program were derived from the demonstration project data. In addition, the Department took into consideration the following: 1) the statewide program would have a voluntary reporting system; and 2) the statewide program would not include self-neglect as a part of the elder abuse definition.

To arrive at the first year projection, the Department found it necessary to apply two (2) different incidence rates to the State's elderly population. First, the incidence rate in the demonstration areas are anticipated to be higher than the remainder of the State because these areas will be in their fourth full year of operating an elder abuse program and have experienced growth in the program each year of operation. The incidence rate during the Demonstration Programs's first year of operation (1.28 per thousand older persons) has been applied to the remainder of the State's elderly population to derive the anticipated number of reports to be received in the areas of the State which have not been operating demonstration programs. It is assumed that the non-demonstration areas will experience a similar incidence rate during the first year of the statewide program. The chart below illustrates the application of the incidence rates to arrive at the first year projection of 2,589 reports of elder abuse and neglect.

First Year Elder Abuse Reports	1985 60+ Population	Incidence Rate	Projected Reports
ANNUALIZED			
Within Demo Areas	150,514	2.33	351
Remainder of State	1,748,586	1.28	2,238
TOTAL	1,899,100	1.36	2,589

Determining the number of reports to be received in the State and within each PSA will be difficult to estimate with a high degree of accuracy. Several years of experience with a statewide program will be needed before trends are established; thus, allowing for more accurate projections. Yet, based on the three year period of the demonstration program, it can be anticipated that by the third year of statewide operation the number of reports should increase to approximately 4,000 per year.

### Future Research Needs

There are many areas in which strong research and evaluation efforts can enhance statewide elder abuse programming. These include the following:

Job Analysis for Those Providing Services to Abused Elderly: Each of the four demonstration sites operates their program differently. Yet, each site provides common services such as intake, assessment, service planning, and monitoring. A job analysis can provide essential information about the types of skills needed to perform various tasks in the elder abuse system. Products of a job analysis include job description(s), determination of training needed to certify individuals who handle elder abuse cases, screening criteria for hiring staff who will serve abused elderly, estimating the size of reasonable case loads, types of tasks that are performed within the system and how these tasks might be distributed among various employees in a cost-effective manner. A job analysis could result in a design for a comprehensive selection and performance appraisal system, and could be used to develop policies, procedures and cost estimates for a statewide elder abuse system.

Service Utilization Profile: When coupled with an adequate service system to serve abused elderly, research can provide a profile of the services likely to be used by victims of various types of abuse. It may be important for service planning to know whether victims of different types of abuse place different demands on the service system. It may also be useful to determine

whether particular characteristics of the client (both victim and abuser) predict the types of services needed and/or provided.

Evaluation of Treatment Team Approach to Serving Abused Elderly: The final evaluation report from year two recommended a team approach to serving elder abuse victims. If this approach is implemented, it is important to investigate how this team is developed, and the types of outcomes that result.

Development and Pretesting of a Quality Assurance System: It is essential that the State have a system for assuring that victims of elder abuse receive the most appropriate services available. It is recommended that future research aims toward developing an objective evaluation team composed of various professionals to examine case records within elder abuse programs. The team would review cases on a periodic basis to assure that cases of elder abuse are handled promptly, investigated adequately, offered more than one service alternative, given maximum choice in any decisions that are made, and served in their best interest.

#### Cost Estimates for a Statewide Program

There are a number of factors influencing the development of cost estimates for a statewide program and cost estimates will change annually as the number of projected reports changes, the cost of purchasing services from provider agencies increases (inflation), and level of research, training, and education is adjusted.

Below is a sample budget for the first year operation of a statewide program. The budget estimate of \$3.2 million is based on the following assumptions:

- 1) Implementing the program on a statewide basis beginning September 1, 1988 (estimated to be 2,244 reported cases) in accordance with the responsibilities and services outlined above. Since the State's fiscal year is from July 1 to June 30, the program would operate for only ten months during FY 1989.

2) Reimbursing designated provider agencies for follow-up conducted on substantiated elder abuse and neglect cases reported to the Department during FY 1988 and July and August of FY 1989 (total number of substantiated cases to receive follow-up services during FY 1989 is estimated to be 2,473);

3) Providing start-up funding for the Regional Administrative Agencies and designated provider agencies so that staff can be hired and receive training prior to September 1, 1988.

Below is a discussion of each cost category:

#### **A. REGIONAL ADMINISTRATIVE AGENCY (RAA)**

The amount of funds allocated to the RAAs would be equal to 15% of the estimated distributive dollars. 15% of the estimated distributive dollars for FY 1989 is \$377,072. In addition, the RAA will receive 15% of the two month start-up funding, \$56,728, for a total funding level for FY 1989 of \$433,800.

#### **B. INTERVENTION SERVICES**

**Assessment:** \$252 reimbursement for each elder abuse and neglect assessment conducted by the designated providers in the planning and service area. The reimbursement amount is based on an average elder abuse assessment of ten (10) hours at a cost of \$25.18 per hour. Anticipated Cost: \$565,488.

**Case Work:** \$503 reimbursement on substantiated cases of abuse and neglect for the purpose of implementing the care plan and stabilizing the family situation. The reimbursement amount is based on an average of twenty (20) hours of case work at a cost of \$25.18 per hour. The anticipated cost of case work was developed based on a substantiation rate of 75%. Anticipated Cost: \$811,803.

**Follow-up:** A reimbursement of \$25.18 per month beginning the fourth month of intervention for a period of one year. A face-to-face visit with the abused older person should occur on at least a quarterly basis. Anticipated Cost: \$136,556.

#### **C. SUPPLEMENTAL SERVICES:**

Payment for funds expended on supplemental services. Supplemental services will have the flexibility at the local level to purchase specific services on a short term and emergency basis to meet individual client needs. Payments to the RAA will not exceed \$500 per case on an annual basis unless a waiver is granted, at which time the payment cannot exceed \$1,000. It is extremely difficult to estimate the cost of supplemental services for FY 1989. The estimate is based on 20% of the reported cases in need of \$250 in supplemental services, 10% in need of \$500, and 10% in need of \$1,000 in supplemental services which will require a waiver from the RAA. Anticipated Cost: \$448,800.

#### **D. FOLLOW-UP ON FY 1988 CASES**

Follow-up conducted on substantiated elder abuse and neglect cases where a report has been submitted to the Department and the older person has accepted follow-up services. Follow-up payments will commence on September 1, 1988 and the duration of payments will be dependent on the month the elder abuse case was reported and assessed. For instance, elder abuse reports received in October, 1987 would begin to receive follow-up services in January ending in December, 1988 (a twelve month period). Therefore, follow-up payments for those cases would be made in September, October, and December. Anticipated Cost: \$174,095.

#### **E. START-UP COSTS**

Providing start-up funding for two months for the Regional Administrative Agencies and the designated provider agencies so that staff can be hired and receive training prior to September 1, 1988. Anticipated Cost: \$378,184.

#### **F. DEPARTMENT ON AGING ADMINISTRATION**

These funds will be used to create five staff positions that the Department has determined would be necessary to implement and administer this new program. In addition to

staff salaries, this amount would also include fringe benefits, travel, commodities, equipment for the new staff, and telephones. The staff positions are: 3 Social Service Program Planner IIIs, 1 Clerk/Typist IV, and 1 Computer Programmer. Anticipated Cost: \$164,895.

#### **E. PUBLIC EDUCATION**

Materials prepared for the specific professional groups most likely to come into contact with abuse situations and materials such as brochures, posters, public services announcements developed for the general public. Anticipated Cost: \$60,000.

#### **F. RESEARCH AND TRAINING**

Continued research on the elder abuse program focusing on an evaluation of the interdisciplinary treatment team, development and pretesting of a Quality Assurance System, and a job analysis for those providing assessment, case work, and follow-up under the statewide program to provide essential information to compare against the reimbursement rates which were developed from the data collected from the demonstration projects. In addition, to provide training on the assessment process, case work and follow-up, and to provide on-going specialized training, and an annual elder abuse conference. Anticipated Cost: \$85,000.

#### **G. CONSULTATION TEAM DEMONSTRATION**

Establish two demonstration projects for the purpose of analyzing an interdisciplinary team approach in determining the service care plan for the victims of abuse. This approach allows representatives from the legal, mental health, and medical fields to be involved with the provider agency staff. Ideally, a treatment team acts as a support system for the case manager allowing for case conferencing to occur on the most difficult cases. Anticipated Cost: \$30,000.

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APPENDIX A

DEMOGRAPHIC DESCRIPTION OF OLDER PERSONS  
IN ELDER ABUSE DEMONSTRATION PROJECT AREAS

ILLINOIS DEPARTMENT ON AGING  
 Demographic Characteristics of Older Persons in  
 Elder Abuse Demonstration Project Areas

PSA - County or Township	60+ Pop.	Below Poverty	Minority	75+ Pop.	Living Alone	Rural
PSA 01 - Winnebago	40,100	3,438	1,509	10,587	8,447	0
PSA 02 - Kankakee	17,100	1,511	1,772	4,253	3,862	0
PSA 11 - Franklin	10,700	1,544	16	3,171	3,207	10,700
Williamson	12,400	1,641	170	3,555	332	12,400
Jackson	8,400	1,130	620	2,455	2,149	8,400
Perry	4,500	563	120	1,521	132	4,500
Total	36,000	4,878	926	10,702	5,820	36,000
PSA 13 - Maine	21,593	856	330	5,634	2,962	0
Niles/ Evanston	35,621	1,232	2,978	10,274	5,848	0
Total	57,214	2,088	3,308	15,908	8,810	0
ILLINOIS	1,889,100	183,037	195,188	500,390	422,728	439,800

Demographic data obtained from STF 1-A and 4-B of the 1980 and 1985 Census estimates.

APPENDIX B

TABLES OF DATA  
FOUR DEMONSTRATION PROJECTS  
(FIRST 17 MONTHS)

TABLE ONE  
DEMOGRAPHIC DATA ON VICTIMS

VARIABLE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	N. SUB. COOK	TOTALS: N= 305	
	N= 47	N= 64	N= 128	N= 66	FREQ.	PCT.
NUMBER OF INTAKE REPORTS RECEIVED	47	64	128	66	305	
LATEST INTAKE DATE	17-JUN-86	20-JUN-86	30-JUN-86	27-JUN-86		
NUMBER OF CASES CURRENTLY OPEN	12	33	33	25	103	33.8%
AGE OF VICTIM: AGE RANGE MEAN AGE	58 TO 100 77 YRS	62 TO 93 78 YRS	60 TO 99 76 YRS	55 TO 95 77 YRS	55 - 100 77 YRS	
SEX OF VICTIM: MALE FEMALE MISSING	7 38 2	20 44 0	27 101 0	16 50 0	70 233 2	23.0% 76.4% 0.7%
RACE OF VICTIM WHITE BLACK UNKNOWN MISSING	36 3 3 5	56 8 0 0	121 7 0 0	57 5 0 4	270 23 3 9	88.5% 7.5% 1.0% 3.0%
COMMUNICATION PROBLEMS SPEECH HEARING SIGHT DISORIENTED NONE OTHER TYPE	3 10 9 10 7 6	6 9 13 21 8 17	15 40 33 53 7 7	8 4 1 11 16 8	32 63 56 95 38 38	10.5% 20.7% 18.4% 31.1% 12.5% 12.5%

TABLE TWO  
DEMOGRAPHIC DATA ON ABUSERS

VARIABLE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	N. SUB. COOK	TOTALS: N= 383	
	N= 55	N= 80	N= 171	N= 77	FREQ.	PCT.
AGE OF ABUSER: AGE RANGE MEAN AGE	5 TO 82 46 YRS	17 TO 85 43 YRS	13 TO 94 48 YRS	8 TO 88 54 YRS	5 - 94 48 YRS	
SEX OF ABUSER: MALE FEMALE MISSING	19 31 5	38 37 5	81 89 1	40 36 1	178 193 12	46.5% 50.4% 3.1%
RACE OF ABUSER: WHITE BLACK HISPANIC UNKNOWN MISSING	33 2 1 4 13	68 7 0 0 5	156 10 0 0 2	65 5 0 0 4	322 24 1 4 24	84.1% 6.3% 0.3% 1.0% 6.3%
RELATIONSHIP TO VICTIM: SPOUSE FORMER SPOUSE PARENT CHILD OTHER RELATIVE CARETAKER ROOMMATE FORMER ROOMMATE LEGAL GUARDIAN OTHER UNKNOWN MISSING	7 0 0 20 9 3 2 0 1 10 0 3	4 0 0 33 25 19 9 0 2 11 0 0	15 0 0 63 45 8 1 0 1 37 0 2	20 0 0 26 18 8 0 0 0 9 0 2	46 0 0 142 97 38 12 0 4 67 0 7	12.0% 0.0% 0.0% 37.1% 25.3% 9.9% 3.1% 0.0% 1.0% 17.5% 0.0% 1.8%

SPEC/IDoA 1st 17 Months

TABLE THREE  
CHARACTERISTICS OF THE SITUATION

VARIABLE	ROCKFORD N= 47	KANKAKEE N= 64	EGYPTIAN AREA N= 128	N. SUB. COOK N= 66	TOTALS: N= 305 FREQ. PCT.
PLACE OF ABUSE INCIDENT:					
OWN HOME, ALONE	9	13	55	9	86 28.2
OWN HOME, WITH OTHERS	18	21	44	43	126 41.3
RELATIVE'S HOME	8	15	19	4	46 15.1
FRIEND'S HOME	0	0	1	2	3 1.0
CARETAKER'S HOME	5	7	6	4	22 7.2
UNLICENSED FACILITY	1	3	2	0	6 2.0
OTHER	2	6	5	5	18 5.9
MISSING DATA	4	3	1	5	13 4.3
UNKNOWN	3	0	0	0	3 1.0
TYPE OF ABUSE SUSPECTED:					
PHYSICAL	22	13	31	24	90 29.5
CONFINEMENT	10	5	15	6	36 11.8
SEXUAL	2	1	1	1	5 1.6
DEPRIV. OF SERVICES	9	17	18	20	64 21.0
OTHER ABUSE	12	20	46	30	108 35.4
FINANCIAL EXPLOITATION	22	40	73	25	160 52.5
PASSIVE NEGLECT	7	8	23	21	59 19.3
SELF NEGLECT	1	5	20	9	35 11.5
VICTIM IN DANGER					
YES	7	8	6	2	23 7.5
NO	36	55	116	64	271 88.9
MISSING	4	1	6	0	11 3.6
VICTIM INJURED					
YES	8	5	10	5	28 9.2
NO	35	58	114	58	265 86.9
MISSING	4	1	4	3	12 3.9
NO FOOD/SHELTER					
YES	4	6	4	2	16 5.2
NO	39	57	120	64	280 91.8
MISSING	4	1	4	0	9 3.0

TABLE FOUR  
AGENCY CHARACTERISTICS OF THE SITUATION

VARIABLE	ROCKFORD N= 47	KANKAKEE N= 64	EGYPTIAN AREA N= 128	N. SUB. COOK N= 66	TOTALS: N= 305 FREQ. PCT.
REPORT SOURCE:					
ALLEGED VICTIM	8	7	5	12	32 10.5
SPOUSE	1	0	1	0	2 0.7
PARENT	0	0	0	0	0 0.0
CHILD	3	7	5	4	19 6.2
OTHER RELATIVE	4	5	10	4	23 7.5
CARETAKER	0	0	0	0	0 0.0
ROOMMATE	0	0	0	0	0 0.0
LEGAL GUARDIAN	0	0	0	0	0 0.0
PHYSICIAN	0	2	3	0	5 1.6
DENTIST	0	0	0	0	0 0.0
CHRISTIAN SCIENTIST	0	0	0	0	0 0.0
SOCIAL WORKER	5	10	36	20	71 23.3
NURSE	6	12	14	13	45 14.8
DoA EMPLOYEE	0	0	0	1	1 0.3
NH/OTHER INSTITUTION	1	9	3	1	14 4.6
PARAPROFESSIONAL	3	3	32	3	41 13.4
ANONYMOUS	3	5	3	0	11 3.6
OTHER	6	2	11	0	19 6.2
MISSING DATA	10	65	0	0	75 24.6
SERVICES OFFERED:					
CLIENT ACCEPTED ALL	11	24	19	27	81 26.6
CLIENT ACCEPTED SOME	8	19	40	25	92 30.2
LEGAL REMEDIES	6	8	8	9	31 10.2
REFUSED	6	3	17	5	31 10.2
GUARDIANSHIP PURSUED	1	9	6	5	21 6.9
NO NEED	8	17	21	6	52 17.0
REFERRED ELSEWHERE	7	10	24	20	61 20.0
OTHER	4	2	13	6	25 8.2

TABLE FIVE  
 DEMOGRAPHIC DATA ABOUT VICTIMS FROM VICTIM/ABUSER REPORT

VARIABLE	ROCKFORD		KANKAKEE		EGYPTIAN AREA		N. SUB. COOK		TOTALS					
	N=	35	N=	63	N=	114	N=	36	FREQ	248 PERCENT				
MARITAL STATUS OF VICTIM:														
MARRIED		10		17		21		16	64	26%				
DIVORCED		1		4		4		1	10	4%				
SEPARATED		0		0		1		1	2	1%				
WIDOWED		21		31		77		15	144	58%				
NEVER MARRIED		0		5		3		3	11	4%				
MISSING		3		0		5		0	8	3%				
MONTHLY INCOME OF VICTIM:														
RANGE	\$80	TO	\$1,300	\$130	TO	\$1,500	\$180	TO	\$1,621	\$369	TO	\$2,800	MIN	MAX
AVERAGE		\$551		\$627		\$528		\$970					AVG=	\$621
EMPLOYMENT STATUS OF VICTIM:														
CURRENTLY EMPLOYED		0		1		8		0	9	4%				
UNEMPLOYED		3		3		17		1	24	10%				
RETIRED		25		51		75		26	177	71%				
NEVER EMPLOYED		2		1		9		6	18	7%				
DISABLED		2		0		0		1	3	1%				
MISSING DATA		3		1		8		2	14	6%				
LIVING ARRANGEMENTS:														
APARTMENT		3		7		15		2	27	11%				
HOME		17		25		58		24	124	50%				
HOME OF RELATIVE		11		13		21		4	49	20%				
BOARDING HOUSE		0		3		0		0	3	1%				
PUBLIC HOUSING		1		0		4		1	6	2%				
OTHER		2		9		8		5	24	10%				
MISSING DATA		1		0		5		0	6	2%				
VICTIM IS VETERAN:														
YES		3		5		11		1	20	8%				
NO		17		46		82		27	172	69%				
UNKNOWN/MISSING DATA		15		6		16		8	45	18%				

SPEC/IDoA 1st 17 Months

TABLE SIX  
 DEMOGRAPHIC DATA ABOUT VICTIMS FROM VICTIM/ABUSER REPORT

VARIABLE	ROCKFORD N= 35		KANKAKEE N= 63		EGYPTIAN AREA N= 114		N. SUB. COOK N= 36		TOTALS 248	
									FREQ	PERCENT
MONTHLY INCOME OF ABUSER: RANGE	\$236	TO \$400	\$250	TO \$1,500	\$20	TO \$1,316	\$20	TO \$2,800	MIN \$20	MAX \$2,800
AVERAGE	\$295		\$612		\$569		\$1,077	AVG=	\$615	
EMPLOYMENT STATUS OF ABUSER:										
CURRENTLY EMPLOYED	11		26		29		8		74	30%
UNEMPLOYED	9		22		35		7		73	29%
RETIRED	8		8		21		15		52	21%
NEVER EMPLOYED	3		1		5		2		11	4%
DISABLED	0		0		1		0		1	0%
MISSING DATA	4		5		21		4		34	14%
MENTAL STATUS: JUDGMENT IMPAIRED:										
YES	7		2		11		7		27	11%
NO	7		37		65		14		123	50%
UNKNOWN/MISSING	21		24		34		15		94	38%

SPEC/IDoA 1st 17 Months

TABLE SEVEN  
HEALTH AND LEGAL STATUS OF VICTIM

VARIABLE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	N. SUB. COOK	TOTALS	
	N= 35	N= 63	N= 114	N= 36	FREQ	PERCENT
CHRONIC CONDITIONS:						
YES	27	47	67	18	159	64%
NO	3	9	28	15	55	22%
DON'T KNOW/MISSING DATA	5	1	19	3	28	11%
DON PART A SCORES:					MIN	MAX
RANGE	7 TO 48	0 TO 48	0 TO 48	0 TO 48	0	48
AVERAGE	28.28	27.5	24.6	23.764	AVG=	26
DON PART B SCORES:					MIN	MAX
RANGE	3 TO 32	0 TO 46	0 TO 43	0 TO 41	0	46
AVERAGE	15.90	10.2	15.9	18.312	AVG=	15
LEGAL STATUS						
NO GUARDIAN	22	44	90	30	186	75%
TEMPORARY GUARDIAN	2	0	0	0	2	1%
PLENARY GUARDIAN	1	4	1	0	6	2%
GUARDIAN OF PERSON	0	1	2	1	4	2%
GUARDIAN OF ESTATE	0	0	1	0	1	0%
POWER OF ATTORNEY	0	6	5	0	11	4%
OTHER	0	1	3	2	6	2%
MISSING DATA	10	1	7	3	21	8%

SPEC/IDoA 1st 17 Months

NOTE: THERE IS NO TABLE EIGHT FOR 1ST 17 MONTHS  
ALL RISK ASSESSMENT DATA (TABLE EIGHT) IS CONTAINED ON TABLE EIGHT FOR YEAR THREE

TABLE NINE  
DATA ON SUBSTANTIATION OF ABUSE

	ROCKFORD N= 47	KANKAKEE N= 64	EGYPTIAN AREA N= 128	N. SUB. COOK N= 66	TOTALS: N= 305 FREQ. PCT.
DUPLICATED COUNT OF VICTIMS	24	41	76	50	191 62.6%
AVERAGE LENGTH OF STAY IN PROGRAM	2.737	3.168	2.592 MOS.	3.687	2.891 MOS.
TYPE OF ABUSE SUSPECTED:					
PHYSICAL	22 47%	13 20%	31 24%	24 36%	90 29.5%
CONFINEMENT	10 21%	5 8%	15 12%	6 9%	36 11.8%
SEXUAL	2 4%	1 2%	1 1%	1 2%	5 1.6%
DEPRIV. OF SERVICES	9 19%	17 27%	18 14%	20 30%	64 21.0%
OTHER ABUSE	12 26%	20 31%	46 36%	30 45%	108 35.4%
FINANCIAL EXPLOITATION	22 47%	40 63%	73 57%	25 38%	160 52.5%
PASSIVE NEGLECT	7 15%	8 13%	23 18%	21 32%	59 19.3%
SELF NEGLECT	1 2%	5 8%	20 16%	9 14%	35 11.5%
CLIENT SUBSTANTIATED:					
PHYSICAL					
SUBSTANTIATED	10	9	15	12	46 15.1%
SUSPECTED/NO EVIDENCE	6	1	5	4	16 5.2%
UNSUBSTANTIATED	8	3	8	3	22 7.2%
SUBSTANTIATION RATE: REPORTED	72.73%	76.92%	64.52%	66.67%	68.9%
SUBSTANTIATION RATE: INVESTIG	66.67%	76.92%	71.43%	84.21%	73.8%
CONFINEMENT					
SUBSTANTIATED	2	2	2	2	8 2.6%
SUSPECTED/NO EVIDENCE	6	0	3	2	11 3.6%
UNSUBSTANTIATED	8	2	7	1	18 5.9%
SUBSTANTIATION RATE: REPORTED	80.00%	40.00%	33.33%	66.67%	52.8%
SUBSTANTIATION RATE: INVESTIG	50.00%	50.00%	41.67%	80.00%	51.4%
SEXUAL					
SUBSTANTIATED	2	0	1	1	4 1.3%
SUSPECTED/NO EVIDENCE	6	1	0	0	7 2.3%
UNSUBSTANTIATED	1	0	0	0	1 0.3%
SUBSTANTIATION RATE: REPORTED	400.00%	100.00%	100.00%	100.00%	220.0%
SUBSTANTIATION RATE: INVESTIG	88.89%	100.00%	100.00%	100.00%	91.7%
DEPRIV. OF SERVICES					
SUBSTANTIATED	1	7	6	9	23 7.5%
SUSPECTED/NO EVIDENCE	7	3	1	2	13 4.3%
UNSUBSTANTIATED	5	7	9	5	26 8.5%
SUBSTANTIATION RATE: REPORTED	88.89%	58.82%	38.89%	55.00%	56.3%
SUBSTANTIATION RATE: INVESTIG	61.54%	58.82%	43.75%	68.75%	58.1%
OTHER ABUSE					
SUBSTANTIATED	5	11	27	19	62 20.3%
SUSPECTED/NO EVIDENCE	4	1	5	8	18 5.9%
UNSUBSTANTIATED	6	5	8	1	20 6.6%
SUBSTANTIATION RATE: REPORTED	75.00%	60.00%	69.57%	90.00%	74.1%
SUBSTANTIATION RATE: INVESTIG	60.00%	70.59%	80.00%	96.43%	80.0%
FINANCIAL EXPLOITATION					
SUBSTANTIATED	3	17	25	7	52 17.0%
SUSPECTED/NO EVIDENCE	10	4	13	10	37 12.1%
UNSUBSTANTIATED	11	14	25	4	54 17.7%
SUBSTANTIATION RATE: REPORTED	59.09%	52.50%	52.05%	68.00%	55.6%
SUBSTANTIATION RATE: INVESTIG	54.17%	60.00%	60.32%	80.95%	62.2%
PASSIVE NEGLECT					
SUBSTANTIATED	3	4	10	12	29 9.5%
SUSPECTED/NO EVIDENCE	5	0	2	3	10 3.3%
UNSUBSTANTIATED	3	3	7	2	15 4.9%
SUBSTANTIATION RATE: REPORTED	114.29%	50.00%	52.17%	71.43%	66.1%
SUBSTANTIATION RATE: INVESTIG	72.73%	57.14%	63.16%	88.24%	72.2%
SELF NEGLECT					
SUBSTANTIATED	1	5	11	8	25 8.2%
SUSPECTED/NO EVIDENCE	4	0	1	0	5 1.6%
UNSUBSTANTIATED	2	1	6	1	10 3.3%
SUBSTANTIATION RATE: REPORTED	500.00%	100.00%	60.00%	88.89%	85.7%
SUBSTANTIATION RATE: INVESTIG	71.43%	83.33%	66.67%	88.89%	75.0%

TABLE TEN  
 NON-DIRECT SERVICE ACTIVITIES TO DATE  
 TOTAL HOURS SPENT  
 BY SITE AND TOTALS

ACTIVITY	ROCKFORD		KANKAKEE		SITES EGYPTIAN AREA		NO. SUB. COCK		TOTALS	
	HOURS	PCT. TIME	HOURS	PCT. TIME	HOURS	PCT. TIME	HOURS	PCT. TIME	HOURS	PCT. TIME
PUBLIC EDUCATION (E)	98.75	8%	355.50	23%	317.50	17%	250.75	9%	1022.98	14%
ADMINISTRATION (A)	973.50	80%	999.50	66%	979.25	52%	1198.00	43%	4152.22	56%
PROGRAM DEVELOPMENT (D)	24.25	2%	97.25	6%	287.50	15%	902.75	33%	1311.99	18%
GROUP ADVOCACY (G)	2.00	0%	11.50	1%	25.80	1%	55.50	2%	94.82	1%
COORDINATION (C)	107.00	9%	18.75	1%	225.00	12%	221.75	8%	572.72	8%
OTHER (O)	14.25	1%	37.50	2%	56.50	3%	140.50	5%	248.82	3%
TOTALS	1219.75	100%	1520	100%	1891.55	100%	2769.25	100%	7403.55	100%

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TABLE ELEVEN  
 DIRECT SERVICE ACTIVITIES TO DATE\*  
 TOTAL HOURS SPENT  
 BY SITE AND TOTALS

ACTIVITY	ROCKFORD		KANKAKEE		SITES		N. SUB. COOK		TOTALS	
	HRS	HRS/CLI	HRS	HRS/CLI	EGYPTIAN ARE HRS	HRS/CLI	HRS	HRS/CLI	HRS	PCT TIME
RECEIPT OF REPORTS (R)	18.25	0.63	94.75	1.75	63.25	0.69	32.50	0.49	208.75	6%
INVESTIGATION (I)	62.25	2.15	265.00	4.91	287.06	3.12	136.50	2.04	750.81	20%
PLANNING FOR SERVICES (P)	69.25	2.39	287.25	5.32	595.49	6.47	102.80	1.53	1054.79	29%
CASE MANAGEMENT (M)	144.25	4.97	324.20	6.00	700.50	7.61	492.55	7.35	1661.50	45%
NUMBER OF CLIENTS	29		54		92		67		242	
TOTALS	294.00	10.14	971.20	17.99	1646.30	17.89	764.35	11.41	3675.85	100%

\* DATA ARE FOR ALL CLIENTS WHO ENTERED THE PROGRAM IN FY 85-86  
 SOME OF THESE HOURS OF SERVICE WERE PROVIDED DURING YEAR THREE

SPEC/IDoA 1st 17 Months

TABLE TWELVE  
CLIENT & ABUSER CHARACTERISTICS BY TYPE OF ABUSE SUBSTANTIATED

CHARACTERISTIC:*	PHYSICAL ABUSE	CONFINEMENT	SEXUAL ABUSE	DEPRIVATION	OTHER ABUSE	EXPLOITATION	PASSIVE NEGLECT	SELF NEGLECT	TOTALS	PERCENTS
No. of Cases (Duplicated Count)	46	8	4	23	62	52	29	25	249	100%
Sex of Victim:										
Male	10	4	0	7	14	18	5	4	27	11%
Female	36	4	4	16	48	34	21	21	76	31%
Race of Victim:										
White	43	8	4	22	60	45	26	24	95	38%
Black	2	0	0	1	1	6	2	1	9	4%
Hispanic	0	0	0	0	0	0	0	0	0	0%
Native Am.	0	0	0	0	0	0	0	0	0	0%
Asian	0	0	0	0	0	0	0	0	0	0%
Unknown/Msg.	1	0	0	0	1	1	1	0	2	1%
Comm. Barriers:										
Speech	4	2	0	4	4	5	8	1	14	6%
Hearing	7	2	2	7	10	9	8	5	22	9%
Vision	5	1	1	7	10	10	6	4	20	8%
Mental	5	4	0	8	12	14	16	11	41	16%
None	8	1	0	1	11	9	1	2	12	5%
Abuser Relationship to Victim:										
Spouse (01)	19	0	2	5	15	2	8	3	13	5%
Former Spouse (02)	0	0	0	0	0	0	0	0	0	0%
Parent (03)	0	0	0	0	0	0	0	0	0	0%
Child (04)	18	6	0	14	29	29	13	1	43	17%
Other Relative (05)	8	2	2	6	29	22	7	3	32	13%
Caretaker (06)	1	2	0	7	3	8	3	0	11	4%
Housemate (07)	0	0	0	3	4	7	1	0	8	3%
Former Housemate (08)	0	0	0	0	0	0	0	0	0	0%
Legal Guardian (09)	1	1	0	0	1	1	1	0	2	1%
Other (10)	4	2	1	1	10	12	8	19	39	16%
Unknown/Missing (11)	2	0	0	0	0	0	0	0	0	0%

TABLE THIRTEEN  
SITUATIONAL CHARACTERISTICS BY TYPE OF ABUSE SUBSTANTIATED

CHARACTERISTIC:*	PHYSICAL ABUSE	CONFINEMENT	SEXUAL ABUSE	DEPRIVATION	OTHER ABUSE	EXPLOITATION	PASSIVE NEGLECT	SELF NEGLECT	TOTALS	PERCENTS
No. of Cases (Duplicated Count)	46	8	4	23	62	52	29	25	249	100%
Victim in Danger?										
Yes	6	1	2	1	5	4	5	2	26	10%
No	40	7	2	21	57	48	24	23	222	89%
Victim Injured, needs med?										
Yes	8	2	1	4	5	3	3	4	30	12%
No	37	6	3	19	56	48	25	20	214	86%
Victim w/o food or shelter?										
Yes	1	2	0	3	4	3	4	1	18	7%
No	45	6	4	20	58	49	25	24	231	93%
Source of Report										
Alleged Victim (01)	11	0	3	2	16	10	1	4	47	19%
Spouse (02)	1	0	0	0	1	0	0	0	2	1%
Parent (03)	0	0	0	0	0	0	0	0	0	0%
Child (04)	6	1	0	2	7	4	0	0	20	8%
Other Relative (05)	2	0	0	1	3	2	0	1	9	4%
Caretaker (06)	0	0	0	0	0	0	0	0	0	0%
Housenote (07)	0	0	0	0	0	0	0	0	0	0%
Legal Guardian (08)	0	0	0	0	0	0	0	0	0	0%
Physician (09)	1	0	0	1	0	0	1	0	3	1%
Dentist (10)	0	0	0	0	0	0	0	0	0	0%
Christian Scientist (11)	0	0	0	0	0	0	0	0	0	0%
Social Worker (12)	7	2	0	5	13	12	6	10	55	22%
Nurse (13)	8	1	0	7	8	1	11	5	41	16%
IDoA Employee (14)	0	0	0	0	0	0	0	0	0	0%
Institution Employee (15)	1	0	0	0	1	5	0	2	9	4%
Paraprofessional (16)	2	1	1	1	5	9	3	2	24	10%
Anonymous (17)	1	1	0	2	2	2	1	0	9	4%
Alleged Abuser (18)	3	0	0	0	2	1	3	2	11	4%
Other (19)	3	2	0	2	4	16	3	2	32	13%
Where Incident Occured:										
Own Home Alone (01)	7	1	2	2	10	15	7	15	59	24%
Own Home w/ Others (02)	30	3	2	15	41	20	14	5	130	52%
Relative's Home (03)	4	3	0	4	9	8	4	2	34	14%
Friend's Home (04)	0	0	0	0	0	0	0	0	0	0%
Caretaker's Home (05)	2	0	0	1	3	3	2	0	11	4%
Unlicensed Facility (06)	1	1	0	0	0	0	0	0	2	1%
Other (07)	1	0	0	0	4	7	2	1	15	6%

\* Numbers may not equal totals due to missing data and/or multiple responses.

TABLE FOURTEEN

CLIENT DISPOSITION BY SITE  
FROM SERVICE PLAN DATA

DISPOSITION:	ROCKFORD	KANKAKEE	EGYPTIAN AREA	NO. SUB. COOK	TOTALS	PERCENTS
Refuses Further Assistance (11)	8	5	17	3	33	12%
Moved Out of Area (12)	0	3	3	6	12	4%
Entered Long Term Care Fac. (13)	3	3	19	10	35	13%
Entered Hospital (14)	0	0	1	0	1	0%
Change in Vol. of Service (15)	2	0	0	0	2	1%
Death of Client (16)	1	6	12	5	24	9%
Abuser Refuses Access (17)	0	1	1	2	4	1%
Goals Achieved (18)	9	9	6	10	34	12%
Case Safe & Stable (19)	3	18	36	18	75	27%
Other (20)	9	14	21	8	52	19%
Client Refuses Assessment (21)	0	1	3	1	5	2%
Client's Needs Changed (22)	1	1	0	1	3	1%

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TABLE FIFTEEN

## CORRELATES OF ABUSE BY TYPE

(NUMBER OF CASES WITH COMPLETE DATA = 291)\*

VARIABLES**	PHYS	CONF	SEXL	DEPRV	OTR	EXPLOI	PAS. NEG.	SELF NEG.	LIVES ALONE	LIVES CRICKR	LIVES W REL.	VIC. AGE	VIC IN DNGR	VICTIM INJRD	VIC W/O FOOD
PHYSICAL ABUSE	1.00														
CONFINEMENT	-0.12	1.00													
SEXUAL ABUSE	0.11	-0.02	1.00												
DEPRIVATION	0.12	0.34	0.08	1.00											
OTHER ABUSE	0.33	0.08	0.09	0.13	1.00										
EXPLOITATION	0.03	0.14	-0.05	0.14	0.20	1.00									
PAS. NEGLECT	-0.08	0.16	-0.04	0.29	-0.05	0.06	1.00								
SELF-NEGLECT	-0.09	-0.05	-0.03	-0.04	-0.03	-0.14	0.07	1.00							
LIVES ALONE	-0.12	-0.06	0.06	-0.12	-0.13	0.01	-0.05	0.19	1.00						
LVS W/ CAREIKR	-0.02	-0.03	-0.02	-0.05	-0.04	-0.03	-0.06	-0.05	-0.11	1.00					
LVS W/ REL.	-0.07	0.11	0.05	0.02	0.00	-0.01	-0.01	-0.06	-0.26	-0.07	1.00				
VICTIM'S AGE	-0.14	0.02	-0.03	0.01	-0.14	-0.19	-0.03	-0.01	-0.04	0.08	0.07	1.00			
VIC. IN DANGER	-0.08	-0.03	-0.18	0.04	0.01	0.00	-0.12	0.00	0.04	-0.02	-0.05	0.08	1.00		
VIC. INJURED	-0.12	-0.09	-0.06	-0.08	0.02	0.06	-0.01	-0.08	0.00	0.06	-0.08	0.04	0.34	1.00	
VIC. W/O FOOD	0.06	-0.14	0.03	-0.10	-0.02	-0.01	-0.12	-0.02	0.12	-0.05	-0.19	0.06	0.32	0.35	1.00

\* Pairwise deletion of missing data was used.

\*\* Correlations larger than + or - 0.11 are significant at  $p = 0.025$  for a sample size of 291.

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: ROCKFORD

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		464									
101	CASE MANAGEMENT	132	1	2	124	0	0	0	0	2	3
102	CASE MANAGEMENT (TITLE III)	122	2	6	113	0	0	0	0	2	0
103	CASE MANAGEMENT (CCP)	89	81	4	4	0	0	0	0	0	0
104	INVESTIGATION/ASSESSMENT (GENERAL)	28	0	3	22	0	0	0	3	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	94	0	0	94	0	0	0	0	0	0
INCOME SUPPORT/MATERIAL AID:		4									
301	FINANCIAL ASSISTANCE	0	0	0	0	0	0	0	0	0	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	4	0	0	3	0	0	1	0	0	0
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANCIAL COUNSELING	0	0	0	0	0	0	0	0	0	0
399	OTHER	0	0	0	0	0	0	0	0	0	0
HOUSING:		16									
401	RELOCATION ASSISTANCE	3	0	0	0	0	0	0	0	0	3
402	RELOCATION ASSISTANCE (TITLE III)	13	0	1	12	0	0	0	0	0	0
403	EMERGENCY HOUSING	0	0	0	0	0	0	0	0	0	0
499	OTHER	0	0	0	0	0	0	0	0	0	0
INSTITUTIONAL PLACEMENT:		5									
501	LTC FACILITY PLACEMENT ASST.	5	3	1	2	0	0	0	0	0	0
502	CERTIFICATION (MEDICAID)	0	0	0	0	0	0	0	0	0	0
503	RESPIRE ADMISSION	0	0	0	0	0	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	0	0	0	0	0	0	0	0	0	0
599	OTHER (SPECIFY)	0	0	0	0	0	0	0	0	0	0
MEDICAL SERVICES/THERAPIES:		10									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	0	0	0	0	0	0	0	0	0	0
602	PHYSICIAN MD/DD	4	0	0	0	3	0	0	1	0	0
603	DENTAL	6	0	0	0	6	0	0	0	0	0
604	PODIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	0	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	0	0	0	0	0	0	0	0	0	0

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TABLE SIXTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE: ROCKFORD

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		1									
701	COUNSELING (INDIV, FAMILY, GROUP)	1	0	0	1	0	0	0	0	0	0
702	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	0	0	0	0	0
703	IN-PATIENT PSYCHIATRIC	0	0	0	0	0	0	0	0	0	0
704	SUBSTANCE ABUSE	0	0	0	0	0	0	0	0	0	0
705	CRISIS INTERVENTION	0	0	0	0	0	0	0	0	0	0
799	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME HEALTH SERVICES:		118									
801	MULTIPLE DISCIPLINES	0	0	0	0	0	0	0	0	0	0
802	NURSING	6	0	0	0	0	0	0	0	6	0
803	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
804	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	0	0
805	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	2	2	0	0	0	0	0	0	0	0
808	HOME HEALTH AIDE	110	100	0	0	0	0	0	4	6	0
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
899	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME ASSISTANCE		968									
907	HOMEMAKER	176	166	0	5	0	0	0	5	0	0
908	HOMEMAKER (TITLE III)	0	0	0	0	0	0	0	0	0	0
909	HOMEMAKER (CCP)	0	0	0	0	0	0	0	0	0	0
910	CHORE HOUSEKEEPING	651	453	0	18	0	0	0	180	0	0
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	141	141	0	0	0	0	0	0	0	0
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	0	0	0	0	0	0	0	0	0	0

SPEC/IDoA 1st 17 Months

TABLE SIXTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE: ROCKFORD

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		391									
1001	COMPANION	30	0	0	15	0	0	0	15	0	0
1002	DAY CARE	161	0	0	0	0	0	0	161	0	0
1003	DAY CARE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	200	200	0	0	0	0	0	0	0	0
1005	TELEPHONE REASSURANCE	0	0	0	0	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1098	RESPIRE CARE	0	0	0	0	0	0	0	0	0	0
1099	OTHER	0	0	0	0	0	0	0	0	0	0
SOCIALIZATION:		3									
1101	FRIENDLY VISITING	0	0	0	0	0	0	0	0	0	0
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0	0	0	0	0	0
1104	RECREATION	0	0	0	0	0	0	0	0	0	0
1105	SENIOR CENTER	3	0	3	0	0	0	0	0	0	0
1199	OTHER	0	0	0	0	0	0	0	0	0	0
EDUCATION:		0									
1201	JOB TRAINING	0	0	0	0	0	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1299	OTHER	0	0	0	0	0	0	0	0	0	0
NUTRITION:		197									
1301	CONGREGATE MEALS	0	0	0	0	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	167	21	63	0	0	0	0	43	0	40
1303	HOME DELIVERED MEALS (TITLE III)	30	0	0	0	0	0	0	30	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		1									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0	0	0	0	0	0
1402	AMBULANCE	1	0	0	1	0	0	0	0	0	0
1403	ESCORT	0	0	0	0	0	0	0	0	0	0
1404	ESCORT (TITLE III)	0	0	0	0	0	0	0	0	0	0
1499	OTHER	0	0	0	0	0	0	0	0	0	0
LEGAL SERVICES:		11									
1501	POLICE VISIT	4	0	0	0	0	0	0	0	4	0
1502	ORDER OF PROTECTION-PREPARATION	0	0	0	0	0	0	0	0	0	0
1503	GUARDIANSHIP PREPARATION	0	0	0	0	0	0	0	0	0	0
1504	COURT WORK	0	0	0	0	0	0	0	0	0	0
1505	OTHER LEGAL ASSISTANCE	7	0	0	0	0	0	0	0	5	2

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: KANKAKEE

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLU TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		3424									
101	CASE MANAGEMENT	1713	4	1496	192	0	0	0	0	0	22
102	CASE MANAGEMENT (TITLE III)	274	0	193	80	0	0	0	0	0	2
103	CASE MANAGEMENT (CCP)	10	1	0	0	0	0	0	0	0	9
104	INVESTIGATION/ASSESSMENT (GENERAL)	790	25	759	6	0	0	0	0	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	638	0	5	602	0	0	0	31	0	0
INCOME SUPPORT/MATERIAL AID:		26									
301	FINANCIAL ASSISTANCE	1	0	0	0	0	0	0	0	1	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	8	0	2	1	0	0	1	0	4	0
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANCIAL COUNSELING	10	0	0	0	0	0	10	0	0	0
399	OTHER	7	0	0	0	0	0	7	0	0	0
HOUSING:		3									
401	RELOCATION ASSISTANCE	2	0	0	0	0	0	0	0	2	0
402	RELOCATION ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
403	EMERGENCY HOUSING	1	0	0	0	0	0	1	0	0	0
499	OTHER	0	0	0	0	0	0	0	0	0	0
INSTITUTIONAL PLACEMENT:		1291									
501	LTC FACILITY PLACEMENT ASST.	0	0	0	0	0	0	0	0	0	0
502	CERTIFICATION (MEDICAID)	0	0	0	0	0	0	0	0	0	0
503	RESPIRE ADMISSION	0	0	0	0	0	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	1261	0	2	0	913	0	2	192	152	0
599	OTHER (SPECIFY)	30	0	0	0	0	0	0	30	0	0
MEDICAL SERVICES/THERAPIES:		390									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	348	0	0	0	120	0	0	68	160	0
602	PHYSICIAN MD/DD	9	0	0	0	3	0	0	5	1	0
603	DENTAL	0	0	0	0	0	0	0	0	0	0
604	PODIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	1	0	0	0	0	0	0	0	1	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	32	0	0	0	0	0	0	0	32	0

SPEC/IDcA 1st 17 Months

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: KANKAKEE

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLU TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		41									
701	COUNSELING (INDIV, FAMILY, GROUP)	3	0	0	0	0	0	0	0	3	0
702	OUTPATIENT PSYCHIATRIC	5	0	0	0	4	0	0	0	1	0
703	IN-PATIENT PSYCHIATRIC	17	0	0	0	0	0	0	15	2	0
704	SUBSTANCE ABUSE	4	0	0	0	0	0	0	4	0	0
705	CRISIS INTERVENTION	0	0	0	0	0	0	0	0	0	0
799	OTHER	12	0	0	0	0	0	0	0	12	0
IN HOME HEALTH SERVICES:		413									
801	MULTIPLE DISCIPLINES	0	0	0	0	0	0	0	0	0	0
802	NURSING	124	0	0	0	0	0	0	1	123	0
803	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
804	PHYSICAL THERAPY	9	0	0	0	0	0	0	0	9	0
805	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	0	0	0	0	0	0	0	0	0	0
808	HOME HEALTH AIDE	280	0	0	0	0	0	0	197	83	0
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
899	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME ASSISTANCE		7667									
907	HOMEMAKER	1982	80	0	0	0	0	1	1901	0	0
908	HOMEMAKER (TITLE III)	346	0	0	0	0	0	0	346	0	0
909	HOMEMAKER (CCP)	4919	581	4170	0	0	0	0	129	0	40
910	CHORE HOUSEKEEPING	258	0	0	0	0	0	30	228	0	0
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	160	80	0	0	0	0	0	80	0	0
913	HOME REPAIR/MAINTENANCE	2	0	0	0	0	0	0	0	2	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	0	0	0	0	0	0	0	0	0	0

SPEC/IDoA 1st 17 Months

TABLE SIXTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE: KANKAKEE

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLU TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		88									
1001	COMPANION	12	0	0	0	0	0	0	12	0	0
1002	DAY CARE	0	0	0	0	0	0	0	0	0	0
1003	DAY CARE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	24	0	0	0	0	0	0	24	0	0
1005	TELEPHONE REASSURANCE	0	0	0	0	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1098	RESPIRE CARE	0	0	0	0	0	0	0	0	0	0
1099	OTHER	52	0	0	0	0	0	0	33	19	0
SOCIALIZATION:		67									
1101	FRIENDLY VISITING	7	0	0	0	0	0	7	0	0	0
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0	0	0	0	0	0
1104	RECREATION	0	0	0	0	0	0	0	0	0	0
1105	SENIOR CENTER	60	0	0	0	0	0	0	0	60	0
1199	OTHER	0	0	0	0	0	0	0	0	0	0
EDUCATION:		0									
1201	JOB TRAINING	0	0	0	0	0	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1299	OTHER	0	0	0	0	0	0	0	0	0	0
NUTRITION:		396									
1301	CONGREGATE MEALS	0	0	0	0	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	234	22	0	0	0	0	0	212	0	0
1303	HOME DELIVERED MEALS (TITLE III)	162	0	162	0	0	0	0	0	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		27									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0	0	0	0	0	0
1402	AMBULANCE	27	0	0	0	3	13	0	2	8	0
1403	ESCORT	0	0	0	0	0	0	0	0	0	0
1404	ESCORT (TITLE III)	0	0	0	0	0	0	0	0	0	0
1499	OTHER	0	0	0	0	0	0	0	0	0	0
LEGAL SERVICES:		279									
1501	POLICE VISIT	15	0	0	0	0	0	0	0	15	0
1502	ORDER OF PROTECTION-PREPARATION	0	0	0	0	0	0	0	0	0	0
1503	GUARDIANSHIP PREPARATION	43	0	0	7	0	0	12	12	13	0
1504	COURT WORK	17	0	0	0	0	0	0	2	15	0
1505	OTHER LEGAL ASSISTANCE	204	0	64	5	0	0	57	15	61	2

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: EGYPTIAN AREA

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		2730									
101	CASE MANAGEMENT	1069	6	36	994	0	0	0	2	0	32
102	CASE MANAGEMENT (TITLE III)	1067	21	151	893	0	0	0	0	1	1
103	CASE MANAGEMENT (CCP)	126	111	7	2	0	0	0	0	2	4
104	INVESTIGATION/ASSESSMENT (GENERAL)	13	5	0	6	0	0	0	0	0	2
105	INVESTIGATION/ASSESSMENT (GRF Demo)	455	0	4	450	0	0	0	0	0	1
INCOME SUPPORT/MATERIAL AID:		45									
301	FINANCIAL ASSISTANCE	17	0	11	1	5	0	0	0	0	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	17	0	0	0	0	0	16	0	0	1
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANCIAL COUNSELING	0	0	0	0	0	0	0	0	0	0
399	OTHER	11	0	0	0	0	0	0	0	9	2
HOUSING:		26									
401	RELOCATION ASSISTANCE	4	0	0	0	0	0	0	0	4	0
402	RELOCATION ASSISTANCE (TITLE III)	6	0	4	2	0	0	0	0	0	0
403	EMERGENCY HOUSING	14	0	0	0	0	0	0	0	14	0
499	OTHER	2	0	0	0	0	0	0	0	2	0
INSTITUTIONAL PLACEMENT:		1062									
501	LTC FACILITY PLACEMENT ASST.	96	0	0	15	29	0	0	18	34	0
502	CERTIFICATION (MEDICAID)	5	4	0	0	1	0	0	0	0	0
503	RESPIRE ADMISSION	0	0	0	0	0	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	945	0	1	30	606	29	0	164	45	70
599	OTHER (SPECIFY)	16	0	13	0	0	0	0	0	0	3
MEDICAL SERVICES/THERAPIES:		525									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYC	387	0	0	0	129	0	0	41	217	0
602	PHYSICIAN MD/DD	53	0	0	0	33	0	0	3	17	0
603	DENTAL	0	0	0	0	0	0	0	0	0	0
604	PODLIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	0	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	85	0	0	0	2	0	0	0	83	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: EGYPTIAN AREA

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		201									
701	COUNSELING (INDIV, FAMILY, GROUP)	146	0	0	0	0	0	0	29	117	0
702	OUTPATIENT PSYCHIATRIC	8	0	0	0	0	1	0	2	5	0
703	IN-PATIENT PSYCHIATRIC	4	0	0	0	0	0	0	0	4	0
704	SUBSTANCE ABUSE	16	0	0	0	0	0	0	0	16	0
705	CRISIS INTERVENTION	20	0	0	0	0	12	0	0	8	0
799	OTHER	7	0	0	0	0	0	0	0	7	0
IN HOME HEALTH SERVICES:		317									
801	MULTIPLE DISCIPLINES	0	0	0	0	0	0	0	0	0	0
802	NURSING	127	3	0	1	0	0	0	0	122	1
803	OCCUPATIONAL THERAPY	16	0	0	0	0	0	0	0	16	0
804	PHYSICAL THERAPY	18	0	0	0	0	0	0	0	18	0
805	RESPIRATORY THERAPY	16	0	0	0	0	0	0	0	16	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	0	0	0	0	0	0	0	0	0	0
808	HOME HEALTH AIDE	136	0	0	0	0	0	0	0	136	0
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
899	OTHER	4	0	0	0	0	0	0	0	4	0
IN HOME ASSISTANCE		8986									
907	HOMEMAKER	1665	124	0	0	0	0	0	1541	0	0
908	HOMEMAKER (TITLE III)	0	0	0	0	0	0	0	0	0	0
909	HOMEMAKER (CCP)	5141	5010	81	0	0	0	0	0	0	50
910	CHORE HOUSEKEEPING	144	0	0	0	0	0	0	144	0	0
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	2036	1958	24	0	0	0	0	42	12	0
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	0	0	0	0	0	0	0	0	0	0

SPEC/IDoA 1st 17 Months

TABLE SIXTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE: EGYPTIAN AREA

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		1352									
1001	COMPANION	406	0	0	0	0	0	0	406	0	0
1002	DAY CARE	22	0	0	0	0	0	0	22	0	0
1003	DAY CARE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	746	713	33	0	0	0	0	0	0	0
1005	TELEPHONE REASSURANCE	2	0	0	2	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	33	0	27	0	0	0	0	0	6	0
1098	RESPIRE CARE	73	0	0	0	0	0	0	73	0	0
1099	OTHER	70	70	0	0	0	0	0	0	0	0
SOCIALIZATION:		34									
1101	FRIENDLY VISITING	2	0	2	0	0	0	0	0	0	0
1102	FRIENDLY VISITING (TITLE III)	12	0	12	0	0	0	0	0	0	0
1103	SELF HELP GROUP	6	0	0	0	0	0	0	0	6	0
1104	RECREATION	0	0	0	0	0	0	0	0	0	0
1105	SENIOR CENTER	0	0	0	0	0	0	0	0	0	0
1199	OTHER	14	0	13	0	0	0	0	1	0	0
EDUCATION:		13									
1201	JOB TRAINING	6	0	0	0	0	1	0	0	0	5
1202	EMPLOYEE ASSISTANCE (TITLE III)	4	0	0	0	0	0	0	0	4	0
1299	OTHER	3	0	0	0	0	0	0	0	3	0
NUTRITION:		2579									
1301	CONGREGATE MEALS	234	0	206	28	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	232	51	181	0	0	0	0	0	0	0
1303	HOME DELIVERED MEALS (TITLE III)	2113	201	1912	0	0	0	0	0	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		66									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPE	42	39	0	3	0	0	0	0	0	0
1402	AMBULANCE	20	2	0	0	5	0	0	0	13	0
1403	ESCORT	2	0	0	0	2	0	0	0	0	0
1404	ESCORT (TITLE III)	1	0	1	0	0	0	0	0	0	0
1499	OTHER	1	0	0	0	0	0	0	0	1	0
LEGAL SERVICES:		295									
1501	POLICE VISIT	45	0	2	0	0	20	0	0	23	0
1502	ORDER OF PROTECTION-PREPARATION	1	0	1	0	0	0	0	0	0	0
1503	GUARDIANSHIP PREPARATION	51	0	4	12	0	0	0	20	15	0
1504	COURT WORK	27	0	13	0	0	0	0	1	13	0
1505	OTHER LEGAL ASSISTANCE	171	1	98	0	0	0	0	36	36	0

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: NO. SUB. COOK

SERVIC CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		1790									
101	CASE MANAGEMENT	188	2	181	5	0	0	0	0	0	0
102	CASE MANAGEMENT (TITLE III)	304	44	250	0	10	0	0	0	0	0
103	CASE MANAGEMENT (CCP)	53	11	42	0	0	0	0	0	0	0
104	INVESTIGATION/ASSESSMENT (GENERAL)	150	0	130	20	0	0	0	0	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	1096	106	639	349	0	0	0	0	0	2
INCOME SUPPORT/MATERIAL AID:		26									
301	FINANCIAL ASSISTANCE	0	0	0	0	0	0	0	0	0	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	1	0	0	0	0	0	0	0	1	0
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANCIAL COUNSELING	20	0	20	0	0	0	0	0	0	0
399	OTHER	5	0	0	0	0	0	0	0	5	0
HOUSING:		2									
401	RELOCATION ASSISTANCE	0	0	0	0	0	0	0	0	0	0
402	RELOCATION ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
403	EMERGENCY HOUSING	0	0	0	0	0	0	0	0	0	0
499	OTHER	2	0	2	0	0	0	0	0	0	0
INSTITUTIONAL PLACEMENT:		236									
501	LTC FACILITY PLACEMENT ASST.	73	0	30	13	0	0	0	0	0	30
502	CERTIFICATION (MEDICAID)	0	0	0	0	0	0	0	0	0	0
503	RESPIRE ADMISSION	30	0	0	0	0	0	0	30	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	133	0	0	0	0	0	0	73	60	0
599	OTHER (SPECIFY)	0	0	0	0	0	0	0	0	0	0
MEDICAL SERVICES/THERAPIES:		59									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	33	0	0	0	0	0	1	24	8	0
602	PHYSICIAN MD/DD	20	0	0	1	0	0	0	2	16	1
603	DENTAL	0	0	0	0	0	0	0	0	0	0
604	PODIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	6	0	0	0	0	0	0	0	6	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	0	0	0	0	0	0	0	0	0	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: NO. SUB. COOK

SERVIC CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		224									
701	COUNSELING (INDIV, FAMILY, GROUP)	159	0	10	2	0	1	0	112	34	0
702	OUTPATIENT PSYCHIATRIC	6	0	0	0	0	0	0	6	0	0
703	IN-PATIENT PSYCHIATRIC	54	0	0	0	0	0	0	0	0	54
704	SUBSTANCE ABUSE	4	0	0	0	0	0	0	0	4	0
705	CRISIS INTERVENTION	1	0	0	0	0	0	0	0	0	1
799	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME HEALTH SERVICES:		682									
801	MULTIPLE DISCIPLINES	34	0	0	0	0	0	0	0	34	0
802	NURSING	341	12	11	107	0	0	0	0	172	39
803	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
804	PHYSICAL THERAPY	66	0	0	0	0	0	0	0	54	12
805	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	3	0	0	0	0	0	0	0	3	0
808	HOME HEALTH AIDE	214	0	0	0	0	0	0	0	178	36
809	HOME REPAIR/MAINTENANCE	25	25	0	0	0	0	0	0	0	0
899	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME ASSISTANCE		700									
907	HOMEMAKER	322	0	0	0	0	0	0	322	0	0
908	HOMEMAKER (TITLE III)	64	0	64	0	0	0	0	0	0	0
909	HOMEMAKER (CCP)	257	230	27	0	0	0	0	0	0	0
910	CHORE HOUSEKEEPING	8	0	0	0	0	0	0	8	0	0
911	CHORE HOUSEKEEPING (TITLE III)	26	6	6	14	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	20	20	0	0	0	0	0	0	0	0
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	3	0	0	0	0	0	0	0	3	0

SPEC/IDoA 1st 17 Months

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: NO. SUB. COCK

SERVIC CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		1250									
1001	COMPANION	0	0	0	0	0	0	0	0	0	0
1002	DAY CARE	596	150	75	30	0	0	0	341	0	0
1003	DAY CARE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	640	640	0	0	0	0	0	0	0	0
1005	TELEPHONE REASSURANCE	0	0	0	0	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1098	RESPIRE CARE	14	0	0	0	0	0	0	14	0	0
1099	OTHER	0	0	0	0	0	0	0	0	0	0
SOCIALIZATION:		87									
1101	FRIENDLY VISITING	0	0	0	0	0	0	0	0	0	0
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0	0	0	0	0	0
1104	RECREATION	0	0	0	0	0	0	0	0	0	0
1105	SENIOR CENTER	87	0	0	0	0	57	30	0	0	0
1199	OTHER	0	0	0	0	0	0	0	0	0	0
EDUCATION:		0									
1201	JOB TRAINING	0	0	0	0	0	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1299	OTHER	0	0	0	0	0	0	0	0	0	0
NUTRITION:		356									
1301	CONGREGATE MEALS	0	0	0	0	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	331	0	0	0	0	25	0	256	25	25
1303	HOME DELIVERED MEALS (TITLE III)	25	0	0	0	0	5	0	20	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		0									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0	0	0	0	0	0
1402	AMBULANCE	0	0	0	0	0	0	0	0	0	0
1403	ESCORT	0	0	0	0	0	0	0	0	0	0
1404	ESCORT (TITLE III)	0	0	0	0	0	0	0	0	0	0
1499	OTHER	0	0	0	0	0	0	0	0	0	0
LEGAL SERVICES:		99									
1501	POLICE VISIT	6	0	0	0	0	0	0	0	2	4
1502	ORDER OF PROTECTION-PREPARATION	2	0	2	0	0	0	0	0	0	0
1503	GUARDIANSHIP PREPARATION	0	0	0	0	0	0	0	0	0	0
1504	COURT WORK	0	0	0	0	0	0	0	0	0	0
1505	OTHER LEGAL ASSISTANCE	91	1	80	8	0	0	0	3	0	0

TABLE SEVENTEEN  
TOTAL UNITS OF SERVICE BY SITE

SERVICE CODE	SERVICE TYPE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	NO. SUB. COOK	TOTALS
INTEGRATIVE SERVICES:		464	3,424	2,730	1,790	8,408
101	CASE MANAGEMENT	132	1,713	1,069	188	3,101
102	CASE MANAGEMENT (TITLE III)	122	274	1,067	304	1,767
103	CASE MANAGEMENT (CCP)	89	10	126	53	277
104	INVESTIGATION/ASSESSMENT (GENERAL)	28	790	13	150	980
105	INVESTIGATION/ASSESSMENT (GRF Demo)	94	638	455	1,096	2,283
INCOME SUPPORT/MATERIAL AID:		4	26	45	26	101
301	FINANCIAL ASSISTANCE	0	1	17	0	18
302	MAT., FOOD, CLOTHING, ENERGY, MED.	4	8	17	1	30
303	LOAN CLOSET	0	0	0	0	0
202	FINANCIAL COUNSELING	0	10	0	20	30
399	OTHER	0	7	11	5	23
HOUSING:		16	3	26	2	47
401	RELOCATION ASSISTANCE	3	2	4	0	9
402	RELOCATION ASSISTANCE (TITLE III)	13	0	6	0	19
403	EMERGENCY HOUSING	0	1	14	0	15
499	OTHER	0	0	2	2	4
INSTITUTIONAL PLACEMENT:		5	1,291	1,062	236	2,594
501	LTC FACILITY PLACEMENT ASST.	5	0	96	73	174
502	CERTIFICATION (MEDICAID)	0	0	5	0	5
503	RESPIRE ADMISSON	0	0	0	30	30
505	ADMISSION TO LONG TERM CARE FACILITY	0	1,261	945	133	2,339
599	OTHER (SPECIFY)	0	30	16	0	46
MEDICAL SERVICES/THERAPIES:		10	390	525	59	984
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	0	348	387	33	768
602	PHYSICIAN	4	9	53	20	86
603	DENTAL	6	0	0	0	6
604	PODIATRY	0	0	0	0	0
605	PHYSICAL THERAPY	0	1	0	6	7
606	OCCUPATIONAL THERAPY	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0
699	OTHER	0	32	85	0	117

TABLE SEVENTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE BY SITE

SERVICE CODE	SERVICE TYPE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	NO. SUB. COOK	TOTALS
MENTAL HEALTH SERVICES:		1	41	201	224	467
701	COUNSELING (INDIV, FAMILY, GROUP)	1	3	146	159	309
702	OUTPATIENT PSYCHIATRIC	0	5	8	6	19
703	IN-PATIENT PSYCHIATRIC	0	17	4	54	75
704	SUBSTANCE ABUSE	0	4	16	4	24
705	CRISIS INTERVENTION	0	0	20	1	21
799	OTHER	0	12	7	0	19
IN HOME HEALTH SERVICES:		118	413	317	682	1,530
801	MULTIPLE DISCIPLINES	0	0	0	34	34
802	NURSING	6	124	127	341	598
803	OCCUPATIONAL THERAPY	0	0	16	0	16
804	PHYSICAL THERAPY	0	9	18	66	93
805	RESPIRATORY THERAPY	0	0	16	0	16
806	SPEECH THERAPY	0	0	0	0	0
807	SOCIAL SERVICES	2	0	0	3	5
808	HOME HEALTH AIDE	110	280	136	214	740
809	HOME REPAIR/MAINTENANCE	0	0	0	25	25
899	OTHER	0	0	4	0	4
IN HOME ASSISTANCE		968	7,667	8,986	700	18,321
907	HOMEMAKER	176	1,982	1,665	322	4,145
908	HOMEMAKER (TITLE III)	0	346	0	64	410
909	HOMEMAKER (CCP)	0	4,919	5,141	257	10,317
910	CHORE HOUSEKEEPING	651	258	144	8	1,061
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	26	26
912	CHORE HOUSEKEEPING (CCP)	141	160	2,036	20	2,357
913	HOME REPAIR/MAINTENANCE	0	2	0	0	2
914	SHOPPING ASSISTANCE	0	0	0	0	0
99	OTHER	0	0	0	3	3

SPEC/IDoA 1st 17 Months

TABLE SEVENTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE BY SITE

SERVICE CODE	SERVICE TYPE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	NO. SUB. COOK	TOTALS
SUPERVISION:		391	88	1,352	1,250	3,081
1001	COMPANION	30	12	406	0	448
1002	DAY CARE	161	0	22	596	779
1003	DAY CARE (TITLE III)	0	0	0	0	0
1004	DAY CARE (CCP)	200	24	746	640	1,610
1005	TELEPHONE REASSURANCE	0	0	2	0	2
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	33	0	33
1098	RESPIRE CARE	0	0	73	14	87
1099	OTHER	0	52	70	0	122
SOCIALIZATION:		3	67	34	87	191
1101	FRIENDLY VISITING	0	7	2	0	9
1102	FRIENDLY VISITING (TITLE III)	0	0	12	0	12
1103	SELF HELP GROUP	0	0	6	0	6
1104	RECREATION	0	0	0	0	0
1105	SENIOR CENTER	3	60	0	87	150
1199	OTHER	0	0	14	0	14
EDUCATION:		0	0	13	0	13
1201	JOB TRAINING	0	0	6	0	6
1202	EMPLOYEE ASSISTANCE (TITLE III)	0	0	4	0	4
1299	OTHER	0	0	3	0	3
NUTRITION:		197	396	2,579	356	3,528
1301	CONGREGATE MEALS	0	0	234	0	234
1302	HOME DELIVERED MEALS	167	234	232	331	964
1303	HOME DELIVERED MEALS (TITLE III)	30	162	2,113	25	2,330
1399	OTHER	0	0	0	0	0
TRANSPORTATION:		1	27	66	0	94
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	42	0	42
1402	AMBULANCE	1	27	20	0	48
1403	ESCORT	0	0	2	0	2
1404	ESCORT (TITLE III)	0	0	1	0	1
1499	OTHER	0	0	1	0	1
LEGAL SERVICES:		11	279	295	99	684
1501	POLICE VISIT	4	15	45	6	70
1502	ORDER OF PROTECTION-PREPARATION	0	0	1	2	3
1503	GUARDIANSHIP PREPARATION	0	43	51	0	94
1504	COURT WORK	0	17	27	0	44
1505	OTHER LEGAL ASSISTANCE	7	204	171	91	473

APPENDIX C

TABLES OF DATA  
FOUR DEMONSTRATION PROJECTS  
(YEAR THREE)

TABLE ONE  
DEMOGRAPHIC DATA ON VICTIMS

VARIABLE	ROCKFORD N= 50		KANKAKEE N= 56		EGYPTIAN AREA N= 117		N. SUB. COOK N= 114		TOTALS: N= 337 FREQ. PCT.	
	NUMBER OF INTAKE REPORTS RECEIVED	50		56		117		114		337
LATEST INTAKE DATE	29-Jun-87		25-Jun-87		29-Jun-87		19-Jun-87			
NUMBER OF CASES CURRENTLY OPEN	25		18		33		49		125 37.1%	
AGE OF VICTIM: AGE RANGE MEAN AGE	59	TO 93 78 YRS	60	TO 98 79 YRS	60	TO 94 77 YRS	53	TO 98 76 YRS	53 - 98 77 YRS	
SEX OF VICTIM: MALE FEMALE MISSING	14 36 0		21 35 0		34 83 0		37 77 0		106 231 0	31.5% 68.5% 0.0%
RACE OF VICTIM: WHITE BLACK HISPANIC NATIVE AMERICAN ASIAN OTHER UNKNOWN MISSING	41 4 1 0 0 0 3 1		42 13 0 0 1 0 0 0		114 3 0 0 0 0 0 0		88 17 0 0 0 0 0 9		285 37 1 0 1 0 3 10	84.6% 11.0% 0.3% 0.0% 0.3% 0.0% 0.9% 3.0%
COMMUNICATION PROBLEMS: SPEECH HEARING SIGHT DISORIENTED NONE OTHER TYPE	8 7 10 21 8 2		6 15 21 19 3 5		8 16 25 29 3 8		8 14 9 20 40 8		30 52 65 89 54 23	8.9% 15.4% 19.3% 26.4% 16.0% 6.8%

TABLE TWO  
DEMOGRAPHIC DATA ON ABUSERS

VARIABLE	ROCKFORD N= 53		KANKAKEE N= 70		EGYPTIAN AREA N= 166		N. SUB. COOK N= 125		TOTALS: N= 414 FREQ. PCT.	
	AGE OF ABUSER: AGE RANGE MEAN AGE	18	TO 90 48 YRS	14	TO 87 46 YRS	11	TO 94 49 YRS	14	TO 98 58 YRS	11 - 98 51 YRS
SEX OF ABUSER: MALE FEMALE MISSING	26 23 4		31 39 0		85 81 0		62 60 3		204 203 7	49.3% 49.0% 1.7%
RACE OF ABUSER: WHITE BLACK HISPANIC NATIVE AMERICAN ASIAN OTHER UNKNOWN MISSING	40 5 1 0 0 0 2 6		52 17 0 0 0 0 0 1		161 5 0 0 0 0 0 0		96 15 2 0 1 0 0 11		349 42 3 0 1 0 2 18	84.3% 10.1% 0.7% 0.0% 0.2% 0.0% 0.5% 4.3%
RELATIONSHIP TO VICTIM: SPOUSE FORMER SPOUSE PARENT CHILD OTHER RELATIVE CARETAKER ROOMMATE FORMER ROOMMATE LEGAL GUARDIAN OTHER UNKNOWN MISSING	5 0 0 28 8 18 25 1 1 7 1 0		3 0 0 26 18 20 5 2 1 14 0 2		17 0 0 46 49 73 59 5 1 43 0 2		34 4 0 33 24 20 30 2 2 14 0 7		59 4 0 133 99 131 119 10 5 78 1 11	14.3% 1.0% 0.0% 32.1% 23.9% 31.6% 28.7% 2.4% 1.2% 18.8% 0.2% 2.7%

TABLE THREE  
CHARACTERISTICS OF THE SITUATION

VARIABLE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	N. SUB. COOK	TOTALS: N= 33	
	N= 50	N= 56	N= 117	N= 114	FREQ.	PCT.
PLACE OF ABUSE INCIDENT:						
OWN HOME, ALONE	12	18	27	17	74	22.6
OWN HOME, WITH OTHERS	26	17	49	65	157	46.8
RELATIVE'S HOME	6	13	13	9	41	12.2
FRIEND'S HOME	0	0	2	0	2	0.6
CARETAKER'S HOME	1	4	5	5	15	4.5
UNLICENSED FACILITY	1	3	0	0	4	1.2
OTHER	5	5	22	4	36	10.7
MISSING DATA	1	1	1	19	22	6.5
UNKNOWN	0	0	0	0	0	0.0
TYPE OF ABUSE SUSPECTED:						
PHYSICAL	9	17	19	52	97	28.8
CONFINEMENT	2	4	11	8	25	7.4
SEXUAL	0	1	1	1	3	0.9
DEPRIV. OF SERVICES	8	23	21	20	72	21.4
OTHER ABUSE	17	25	38	63	143	42.4
FINANCIAL EXPLOITATION	16	29	69	38	152	45.1
PASSIVE NEGLECT	17	9	31	20	77	22.8
SELF NEGLECT	4	9	35	19	67	19.9
VICTIM IN DANGER						
YES	2	7	4	3	16	4.7
NO	46	45	111	105	307	91.1
MISSING	2	4	2	6	14	4.2
VICTIM INJURED						
YES	3	6	10	5	24	7.1
NO	46	45	106	104	301	89.3
MISSING	1	5	1	5	12	3.6
NO FOOD/SHELTER						
YES	1	4	4	1	10	3.0
NO	46	51	112	108	317	94.1
MISSING	3	1	1	5	10	3.0

TABLE FOUR  
AGENCY CHARACTERISTICS OF THE SITUATION

VARIABLE	ROCKFORD	KANKAKEE	EGYPTIAN AREA	N. SUB. COOK	TOTALS: N= 337	
	N= 50	N= 56	N= 117	N= 114	FREQ.	PCT.
REPORT SOURCE:						
ALLEGED VICTIM	8	13	4	16	41	12.2
SPOUSE	1	2	2	3	8	2.4
PARENT	0	0	0	0	0	0.0
CHILD	6	6	2	7	21	6.2
OTHER RELATIVE	6	4	9	8	27	8.0
CARETAKER	2	2	2	2	8	2.4
ROOMMATE	0	1	0	0	1	0.3
LEGAL GUARDIAN	0	0	0	0	0	0.0
PHYSICIAN	0	2	0	1	3	0.9
DENTIST	0	0	0	0	0	0.0
CHRISTIAN SCIENTIST	0	0	0	0	0	0.0
SOCIAL WORKER	4	8	36	32	80	23.7
NURSE	5	8	4	20	37	11.0
DoA EMPLOYEE	0	0	1	0	1	0.3
NH/OTHER INSTITUTION	1	3	5	0	9	2.7
PARAPROFESSIONAL	5	5	26	5	41	12.2
ANONYMOUS	2	6	9	4	21	6.2
OTHER	0	1	17	15	33	9.8
MISSING DATA	12	48	0	0	60	17.8
SERVICES OFFERED:						
CLIENT ACCEPTED ALL	9	5	15	63	92	27.3
CLIENT ACCEPTED SOME	5	21	46	52	124	36.8
LEGAL REMEDIES	3	13	16	24	56	16.6
REFUSED	10	7	21	6	44	13.1
GUARDIANSHIP PURSUED	0	13	1	7	21	6.2
NO NEED	6	7	3	3	19	5.6
REFERRED ELSEWHERE	5	4	18	3	30	8.9
OTHER	2	0	8	0	10	3.0

TABLE FIVE  
 DEMOGRAPHIC DATA ABOUT VICTIMS FROM VICTIM/ABUSER REPORT

VARIABLE	ROCKFORD N= 20	KANKAKEE N= 70	EGYPTIAN AREA N= 152	N. SUB. COOK N= 67	TOTALS FREQ	N= 309 PERCENT
MARITAL STATUS OF VICTIM:						
MARRIED	6	11	29	31	77	24.9%
DIVORCED	1	1	4	6	12	3.9%
SEPARATED	0	2	2	1	5	1.6%
WIDOWED	9	39	64	21	133	43.0%
NEVER MARRIED	2	5	6	7	20	6.5%
MISSING/MULTIPLE REPORTS	2	12	47	1	62	20.1%
MONTHLY INCOME OF VICTIM: RANGE AVERAGE	\$250 TO \$466	\$322 TO \$560	\$0 TO \$1,093 \$440	\$160 TO \$2,200 \$647	\$0 TO \$2,200 \$513	
EMPLOYMENT STATUS OF VICTIM:						
CURRENTLY EMPLOYED	0	1	2	2	5	1.6%
UNEMPLOYED	2	7	14	3	26	8.4%
RETIRED	15	47	70	61	193	62.5%
NEVER EMPLOYED	1	3	17	0	21	6.8%
DISABLED	0	0	0	0	0	0.0%
MISSING DATA	2	12	49	1	64	20.7%
LIVING ARRANGEMENTS:						
APARTMENT	2	8	9	17	36	11.7%
HOME	11	34	58	40	143	46.3%
HOME OF RELATIVE	2	10	12	4	28	9.1%
BOARDING HOUSE	1	4	2	0	7	2.3%
PUBLIC HOUSING	0	1	14	0	15	4.9%
OTHER	1	1	11	5	18	5.8%
MISSING DATA	3	10	46	1	60	19.4%
VICTIM IS VETERAN:						
YES	1	4	6	9	20	6.5%
NO	4	32	91	49	176	57.0%
UNKNOWN/MISSING DATA	15	34	55	9	113	36.6%

\*Frequencies may not add to total due to cases entering the program more than once.

TABLE SIX  
 DEMOGRAPHIC DATA ABOUT ABUSERS FROM VICTIM/ABUSER REPORT

VARIABLE	ROCKFORD N= 20		KANKAKEE N= 70		EGYPTIAN AREA N= 152		N. SUB. COOK N= 67		TOTALS N= 309 FREQ .PERCENT	
	\$300	TO \$592	\$750	\$0 TO \$506	\$2,000	\$0 TO \$365	\$939	\$160 TO \$700	\$2,200	\$0 TO \$2,200
MONTHLY INCOME OF ABUSER: RANGE AVERAGE										\$484
EMPLOYMENT STATUS OF ABUSER:										
CURRENTLY EMPLOYED	6			31		51		18		106 . 34.3%
UNEMPLOYED	5			21		41		9		76 . 24.6%
RETIRED	7			6		28		33		74 . 23.9%
NEVER EMPLOYED	1			3		9		3		16 . 5.2%
DISABLED	0			0		0		0		0 . 0.0%
MISSING DATA	1			8		23		4		36 . 11.7%
MENTAL STATUS: JUDGMENT IMPAIRED:										
YES	2			5		10		18		35 . 11.3%
NO	14			47		91		30		182 . 58.9%
UNKNOWN/MISSING	4			17		51		19		91 . 29.4%

SPEC/IDoA Year 3

TABLE SEVEN  
HEALTH AND LEGAL STATUS OF VICTIM

VARIABLE	ROCKFORD N= 20	KANKAKEE N= 70	EGYPTIAN AREA N= 152	N. SUB. COOK N= 67	TOTALS FREQ	N= 309 .PERCENT
CHRONIC CONDITIONS:						
YES	14	50	85	49	198	64.1%
NO	3	5	11	10	29	9.4%
DON'T KNOW/MISSING DATA	3	15	56	8	82	26.5%
DON PART A SCORES:						
RANGE	0 TO 45	0 TO 48	0 TO 48	0 TO 48	0 TO 48	
AVERAGE	26.68	26.5	27.1	19.3	25.3	
NUMBER CASES CALCULATED	19	46	101	59	225	
DON PART B SCORES:						
RANGE	0 TO 32	0 TO 46	0 TO 42	0 TO 48	0 TO 48	
AVERAGE	12.74	15.1	20.2	9.1	16.2	
NUMBER CASES CALCULATED	19	46	100	59	224	
NO. WITH A + B > OR = 28	13	30	85	25	153	
LEGAL STATUS						
NO GUARDIAN	10	50	86	62	208	67.3%
TEMPORARY GUARDIAN	0	1	1	0	2	0.6%
PLENARY GUARDIAN	3	1	0	0	4	1.3%
GUARDIAN OF PERSON	0	0	1	0	1	0.3%
GUARDIAN OF ESTATE	0	0	0	0	0	0.0%
POWER OF ATTORNEY	1	2	11	2	16	5.2%
OTHER	0	0	0	1	1	0.3%
MISSING DATA	6	16	53	2	77	24.9%

TABLE EIGHT  
RISK ASSESSMENT DATA  
(From Baalek-Sengstock Questionnaire Rev. 2-85)

VARIABLE	ROCKFORD 26	KANKAK 56	EGYPT 107	N. SUB 47	TOTALS FREQ	236 ) PCTS
Do you have anyone who spends time with you taking you shopping or to the doctor?						
YES	12	37	58	31	138	58.5%
NO	2	12	23	10	47	19.9%
MISSING DATA	12	7	26	6	51	21.6%
Are you helping to support someone?						
YES	8	19	27	25	79	33.5%
NO	7	26	51	19	103	43.6%
MISSING DATA	11	11	29	3	54	22.9%
Do you have enough money to pay your bills on time?						
YES	5	34	62	27	128	54.2%
NO	8	12	17	17	54	22.9%
MISSING DATA	13	10	28	3	54	22.9%
Are you sad or lonely often?						
YES	5	25	31	36	97	41.1%
NO	8	20	47	7	82	34.7%
MISSING DATA	13	11	29	4	57	24.2%
Who makes decisions about your life - like how you should live or where you should live?						
ELDER	12	31	64	32	139	58.9%
OTHER	2	17	15	10	44	18.6%
MISSING DATA	12	8	28	5	53	22.5%
Do you feel very uncomfortable with anyone in your family?						
YES	6	28	37	33	104	44.1%
NO	8	21	42	11	82	34.7%
MISSING DATA	12	7	28	3	50	21.2%
Can you take your own medication and get around by yourself?						
YES	12	33	37	18	100	42.4%
NO	4	16	39	24	83	35.2%
MISSING DATA	10	7	31	5	53	22.5%
Do you feel that nobody wants you around?						
YES	3	12	17	8	40	16.9%
NO	11	35	60	35	141	59.7%
MISSING DATA	12	9	30	4	55	23.3%
Does anyone in your family drink alot?						
YES	5	18	11	8	42	17.8%
NO	8	28	65	35	136	57.6%
MISSING DATA	13	10	31	4	58	24.6%
Does someone in your family make you stay in bed or tell you you're sick when you know you're not?						
YES	0	4	3	0	7	3.0%
NO	14	44	75	43	176	74.6%
MISSING DATA	12	8	29	4	53	22.5%
Has anyone forced you to do things you didn't want to do?						
YES	0	19	25	20	64	27.1%
NO	13	27	53	23	116	49.2%
MISSING DATA	13	10	29	4	56	23.7%
Has anyone taken things that belong to you without your OK?						
YES	3	19	29	13	64	27.1%
NO	12	25	49	31	117	49.6%
MISSING DATA	11	12	29	3	55	23.3%
Do you trust most of the people in your family?						
YES	11	29	52	27	119	50.4%
NO	2	17	23	16	58	24.6%
MISSING DATA	13	10	32	4	59	25.0%
Does anyone tell you that you give them too much trouble?						
YES	2	11	19	23	55	23.3%
NO	10	33	59	21	123	52.1%
MISSING DATA	14	12	29	3	58	24.6%
Do you have enough privacy at home?						
YES	12	32	65	24	133	56.4%
NO	2	15	15	19	51	21.6%
MISSING DATA	12	9	27	4	52	22.0%
Has anyone close to you tried to hurt you or harm you recently?						
YES	5	14	19	31	69	29.2%
NO	9	33	59	12	113	47.9%
MISSING DATA	12	9	29	4	54	22.9%

NOTE: Data from question #3 should be voided because the question is written differently on two printings of this instrument.

TABLE NINE  
DATA ON SUBSTANTIATION OF ABUSE

	ROCKFORD N= 50	KANKAKEE N= 56	EGYPTIAN AREA N= 117	N. SUB. COOK N= 114	TOTALS: N= 337 FREQ. PCT.	
DUPLICATED COUNT OF VICTIMS	22	41	92	88	243	
AVERAGE LENGTH OF STAY IN PROGRAM	2.132 MOS	2.55 MOS	3.044 MOS.	4.297 MOS.	3.040 MOS.	
<b>TYPE OF ABUSE SUSPECTED:</b>						
PHYSICAL	9 18%	17 30%	19 21%	52 46%	97	28.8%
CONFINEMENT	2 4%	4 7%	11 12%	8 7%	25	7.4%
SEXUAL	0 0%	1 2%	1 1%	1 1%	3	0.9%
DEPRIV. OF SERVICES	8 16%	23 41%	21 23%	20 18%	72	21.4%
OTHER ABUSE	17 34%	25 45%	38 41%	63 55%	143	42.4%
FINANCIAL EXPLOITATION	16 32%	29 52%	69 75%	38 33%	152	45.1%
PASSIVE NEGLECT	17 34%	9 16%	31 34%	20 18%	77	22.8%
SELF NEGLECT	4 8%	9 16%	35 38%	19 17%	67	19.9%
<b>TYPE OF ABUSE SUBSTANTIATED:</b>						
PHYSICAL						
SUBSTANTIATED	7	7	11	36	61	18.1%
SUSPECTED/NO EVIDENCE	1	3	4	6	14	4.2%
UNSUBSTANTIATED	2	3	3	2	10	3.0%
SUBSTANTIATION RATE: REPORTED	88.89%	58.82%	78.95%	80.77%		77.3%
SUBSTANTIATION RATE: INVESTIG	80.00%	76.92%	83.33%	95.45%		88.2%
CONFINEMENT						
SUBSTANTIATED	1	2	4	2	9	2.7%
SUSPECTED/NO EVIDENCE	0	1	4	1	6	1.8%
UNSUBSTANTIATED	1	0	5	2	8	2.4%
SUBSTANTIATION RATE: REPORTED	50.00%	75.00%	72.73%	37.50%		60.0%
SUBSTANTIATION RATE: INVESTIG	50.00%	100.00%	61.54%	60.00%		65.2%
SEXUAL						
SUBSTANTIATED	0	0	0	1	1	0.3%
SUSPECTED/NO EVIDENCE	0	1	0	0	1	0.3%
UNSUBSTANTIATED	0	0	2	0	2	0.6%
SUBSTANTIATION RATE: REPORTED	ERR	100.00%	0.00%	100.00%		66.7%
SUBSTANTIATION RATE: INVESTIG	ERR	100.00%	0.00%	100.00%		50.0%
DEPRIV. OF SERVICES						
SUBSTANTIATED	2	10	10	11	33	9.8%
SUSPECTED/NO EVIDENCE	1	4	4	5	14	4.2%
UNSUBSTANTIATED	6	7	3	3	19	5.6%
SUBSTANTIATION RATE: REPORTED	37.50%	60.87%	66.67%	80.00%		65.3%
SUBSTANTIATION RATE: INVESTIG	33.33%	66.67%	82.35%	84.21%		71.2%
OTHER ABUSE						
SUBSTANTIATED	6	13	29	38	86	25.5%
SUSPECTED/NO EVIDENCE	0	4	5	9	18	5.3%
UNSUBSTANTIATED	6	6	3	1	16	4.7%
SUBSTANTIATION RATE: REPORTED	35.29%	68.00%	89.47%	74.60%		72.7%
SUBSTANTIATION RATE: INVESTIG	50.00%	73.91%	91.89%	97.92%		86.7%
FINANCIAL EXPLOITATION						
SUBSTANTIATED	3	14	31	19	67	19.9%
SUSPECTED/NO EVIDENCE	1	2	11	6	20	5.9%
UNSUBSTANTIATED	9	11	16	3	39	11.6%
SUBSTANTIATION RATE: REPORTED	25.00%	55.17%	60.87%	65.79%		57.2%
SUBSTANTIATION RATE: INVESTIG	30.77%	59.26%	72.41%	89.29%		69.0%
PASSIVE NEGLECT						
SUBSTANTIATED	4	5	13	11	33	9.8%
SUSPECTED/NO EVIDENCE	0	0	4	2	6	1.8%
UNSUBSTANTIATED	8	2	5	4	19	5.6%
SUBSTANTIATION RATE: REPORTED	23.53%	55.56%	54.84%	65.00%		50.6%
SUBSTANTIATION RATE: INVESTIG	33.33%	71.43%	77.27%	76.47%		67.2%
SELF NEGLECT						
SUBSTANTIATED	1	9	23	13	46	13.6%
SUSPECTED/NO EVIDENCE	0	0	3	1	4	1.2%
UNSUBSTANTIATED	2	0	3	0	5	1.5%
SUBSTANTIATION RATE: REPORTED	25.00%	100.00%	74.29%	73.68%		74.6%
SUBSTANTIATION RATE: INVESTIG	33.33%	100.00%	89.66%	100.00%		90.9%

TABLE TEN  
 NON-DIRECT SERVICE ACTIVITIES TO DATE  
 TOTAL HOURS SPENT  
 BY SITE AND TOTALS

ACTIVITY	ROCKFORD		KANKAREE		SITES EGYPTIAN AREA		NO. SUB. COOK		TOTALS	
	HOURS	PCT. TIME	HOURS	PCT. TIME	HOURS	PCT. TIME	HOURS	PCT. TIME	HOURS	PCT. TIME
PUBLIC EDUCATION (E)	61.50	10%	94.25	10%	274.50	12%	31.25	19%	461.81	11%
ADMINISTRATION (A)	351.00	57%	645.50	66%	1155.50	50%	78.75	47%	2232.47	55%
PROGRAM DEVELOPMENT (D)	83.75	14%	50.50	5%	422.25	18%	31.00	19%	587.87	14%
GROUP ADVOCACY (G)	63.50	10%	3.75	0%	252.25	11%	4.00	2%	323.71	8%
COORDINATION (C)	42.25	7%	22.25	2%	196.50	8%	14.75	9%	275.93	7%
OTHER (O)	17.50	3%	167.75	17%	20.75	1%	7.50	4%	213.71	5%
TOTALS	619.5	100%	984	100%	2321.75	100%	167.25	100%	4095.5	100%

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TABLE ELEVEN  
 DIRECT SERVICE ACTIVITIES TO DATE  
 TOTAL HOURS SPENT  
 BY SITE AND TOTALS

ACTIVITY	ROCKFORD		KANKAKEE		SITES		N. SUB. COOK		TOTALS	
	HRS	HRS/CLI*	HRS	HRS/CLI*	EGYPTIAN AREA HRS	HRS/CLI*	HRS	HRS/CLI*	HRS	PCT TIME
RECEIPT OF REPORTS (R)	47.25	0.88	36.25	0.64	246.60	2.14	72.25	0.65	402.35	6%
INVESTIGATION (I)	199.25	3.69	376.25	6.60	1194.25	10.38	271.00	2.44	2040.75	31%
PLANNING FOR SERVICES (P)	186.75	3.46	311.00	5.46	1099.02	9.56	100.50	0.91	1697.27	25%
CASE MANAGEMENT (M)	73.00	1.35	718.00	12.60	1092.00	9.50	662.50	5.97	2545.50	38%
NUMBER OF CLIENTS	54		57		115		111		337	
TOTALS	506.25	9.38	1441.50	25.29	3631.87	31.58	1106.25	9.97	6685.87	100%

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TABLE TWELVE  
CLIENT & ABUSER CHARACTERISTICS BY TYPE OF ABUSE SUBSTANTIATED

CHARACTERISTIC:*	PHYSICAL ABUSE	CONFINEMENT	SEXUAL ABUSE	DEPRIVE ACTION	OTHER ABUSE	EXPLOITATION	PASSIVE NEGLECT	SELF NEGLECT	TOTALS	PERCENT
No. of Cases (Duplicated Count)	61	9	1	33	86	67	33	46	336	100%
Sex of Victim:										
Male	15	4	0	6	23	18	9	21	48	14%
Female	46	5	1	27	63	49	24	25	98	29%
Race of Victim:										
White	53	9	1	28	80	59	28	39	126	38%
Black	6	0	0	4	5	6	2	5	13	4%
Hispanic	0	0	0	0	0	1	0	0	1	0%
Native Am.	0	0	0	0	0	0	0	0	0	0%
Asian	0	0	0	0	0	0	0	0	0	0%
Unknown/Msg.	1	1	0	1	1	1	3	2	6	2%
Comm. Barriers:										
Speech	9	0	0	3	8	6	1	5	12	4%
Hearing	9	0	0	3	13	15	4	10	29	9%
Vision	15	2	0	5	17	17	5	12	34	10%
Mental	11	2	0	8	16	18	11	13	42	13%
None	14	1	1	6	22	12	4	5	21	6%
Abuser Relationship to Victim:										
Spouse (01)	21	2	0	8	28	10	5	4	19	6%
Former Spouse (02)	2	0	0	1	3	0	0	1	1	0%
Parent (03)	0	0	0	0	0	0	0	0	0	0%
Child (04)	25	2	0	14	30	26	16	13	55	16%
Other Relative (05)	13	6	0	13	22	30	11	8	49	15%
Caretaker (06)	9	10	0	16	24	29	24	14	67	20%
Housemate (07)	17	5	0	9	33	20	22	7	49	15%
Former Housemate (08)	3	0	0	1	1	2	0	1	3	1%
Legal Guardian (09)	0	0	0	1	0	1	1	0	2	1%
Other (10)	4	1	1	5	16	15	7	33	55	16%
Unknown/Missing (11)	0	0	0	0	0	0	0	0	0	0%

\* Numbers may not equal totals due to missing data and/or multiple responses.

TABLE THIRTEEN  
SITUATIONAL CHARACTERISTICS BY TYPE OF ABUSE SUBSTANTIATED

CHARACTERISTIC:*	PHYSICAL ABUSE	CONFINEMENT	SEXUAL ABUSE	DEPRIVE ACTION	OTHER ABUSE	EXPLOI- TATION	PASSIVE NEGLECT	SELF NEGLECT	TOTALS	PERCENT
No. of Cases (Duplicated Count)	61	9	1	33	86	67	33	46	336	100%
Victim in Danger?										
Yes	6	1	0	2	6	4	1	2	22	7%
No	52	8	1	31	77	61	32	44	306	91%
Victim Injured, needs med?										
Yes	10	1	0	2	5	0	3	4	25	7%
No	49	7	1	30	78	63	30	42	300	89%
Victim w/o food or shelter?										
Yes	1	1	0	1	1	0	1	2	7	2%
No	59	7	1	31	84	64	32	44	322	96%
Source of Report										
Alleged Victim (01)	8	0	0	5	11	10	4	2	40	12%
Spouse (02)	0	0	0	0	3	0	0	2	5	1%
Parent (03)	0	0	0	0	0	0	0	0	0	0%
Child (04)	4	0	0	2	8	2	1	2	19	6%
Other Relative (05)	7	1	0	4	5	10	4	7	38	11%
Caretaker (06)	1	0	0	0	0	0	0	1	2	1%
Housemate (07)	0	0	0	0	0	0	0	0	0	0%
Legal Guardian (08)	0	0	0	0	0	0	0	0	0	0%
Physician (09)	0	0	0	0	0	1	0	0	1	0%
Dentist (10)	0	0	0	0	0	0	0	0	0	0%
Christian Scientist (11)	0	0	0	0	0	0	0	0	0	0%
Social Worker (12)	20	1	1	10	15	12	5	8	72	21%
Nurse (13)	11	1	0	3	17	4	5	7	48	14%
IDoA Employee (14)	0	0	0	1	0	0	0	0	1	0%
Institution Employee (15)	1	0	0	1	2	2	2	4	12	4%
Paraprofessional (16)	4	1	0	2	12	8	4	3	34	10%
Anonymous (17)	1	1	0	1	2	2	1	2	10	3%
Alleged Abuser (18)	0	0	0	0	1	1	0	0	2	1%
Other (19)	3	4	0	4	10	15	7	8	51	15%
Where Incident Occurred:										
Own Home Alone (01)	9	3	1	7	15	18	2	18	73	22%
Own Home w/ Others (02)	34	6	0	18	51	31	21	18	179	53%
Relative's Home (03)	8	1	0	4	7	7	5	3	35	10%
Friend's Home (04)	0	0	0	0	0	0	0	0	0	0%
Caretaker's Home (05)	1	1	0	0	1	1	2	0	6	2%
Unlicensed Facility (06)	0	0	0	1	0	1	0	0	2	1%
Other (07)	5	0	0	4	10	9	2	8	38	11%

\* Numbers may not equal totals due to missing data and/or multiple responses.

TABLE FOURTEEN

CLIENT DISPOSITION BY SITE  
FROM SERVICE PLAN DATA

DISPOSITION:	ROCKFORD	KANKAKEE	EGYPTIAN AREA	NO. SUB. COOK	TOTALS	PERCENTS
Refuses Further Assistance (11)	7	1	16	6	30	13%
Moved Out of Area (12)	0	3	2	2	7	3%
Entered Long Term Care Fac. (13)	4	3	16	9	32	14%
Entered Hospital (14)	0	0	0	1	1	0%
Change in Vol. of Service (15)	0	0	0	0	0	0%
Death of Client (16)	1	5	6	5	17	7%
Abuser Refuses Access (17)	0	0	2	0	2	1%
Goals Achieved (18)	0	0	0	4	4	2%
Case Safe & Stable (19)	8	11	21	43	83	35%
Other (20)	0	9	12	5	26	11%
Client Refuses Assessment (21)	2	4	15	3	24	10%
Client's Needs Changed (22)	3	3	1	1	8	3%

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TABLE FIFTEEN

CORRELATES OF ABUSE BY TYPE

(NUMBER OF CASES WITH COMPLETE DATA = 313)\*

VARIABLES**	PHYS	CONF	SEXL	DEPRV	OTR	EXPLOI	PAS. NEG.	SELF NEG.	LIVES ALONE	LIVES CRICKR	LIVES W REL.	VIC. AGE	VIC IN DNGR	VICTIM INJRD	VIC W/O FOOD
PHYSICAL ABUSE	1.00														
CONFINEMENT	-0.08	1.00													
SEXUAL ABUSE	0.12	-0.01	1.00												
DEPRIVATION	0.09	0.14	-0.02	1.00											
OTHER ABUSE	0.28	-0.07	0.08	0.09	1.00										
EXPLOITATION	0.00	0.15	-0.03	0.25	0.12	1.00									
PAS. NEGLECT	-0.10	0.13	-0.02	0.03	-0.01	0.04	1.00								
SELF-NEGLECT	-0.03	-0.01	-0.02	0.11	0.02	0.02	0.10	1.00							
LIVES ALONE	-0.08	0.05	0.11	0.00	-0.07	0.06	-0.13	0.16	1.00						
LVS W/ CAREIKR	-0.08	0.09	-0.01	-0.06	-0.06	-0.04	0.07	-0.07	-0.09	1.00					
LVS W/ REL.	0.03	-0.06	-0.02	-0.02	-0.08	-0.06	-0.04	-0.09	-0.19	-0.06	1.00				
VICTIM'S AGE	-0.14	0.08	-0.04	-0.05	-0.18	-0.07	0.07	-0.08	0.04	0.11	0.19	1.00			
VIC. IN DANGER	-0.12	-0.05	0.01	-0.02	-0.07	-0.03	0.03	0.01	-0.05	0.03	0.04	-0.05	1.00		
VIC. INJURED	-0.17	-0.04	0.02	0.01	0.03	0.14	-0.02	0.02	0.02	-0.04	0.03	0.08	0.34	1.00	
VIC. W/O FOOD	0.04	-0.09	0.01	0.00	0.07	0.08	0.00	-0.03	0.05	-0.19	0.06	0.09	-0.03	0.21	1.00

\* Pairwise deletion of missing data was used.

\*\* Correlations larger than + or - 0.11 are significant at p = 0.025 for a sample size of 313.

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: ROCKFORD

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		601									
101	CASE MANAGEMENT	279	3	0	261	0	0	5	0	4	6
102	CASE MANAGEMENT (TITLE III)	295	1	0	293	0	0	0	0	0	0
103	CASE MANAGEMENT (OCP)	28	25	0	3	0	0	0	0	0	0
104	INVESTIGATION/ASSESSMENT (GENERAL)	0	0	0	0	0	0	0	0	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	0	0	0	0	0	0	0	0	0	0
INCOME SUPPORT/MATERIAL AID:		2									
301	FINANCIAL ASSISTANCE	0	0	0	0	0	0	0	0	0	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	2	0	0	0	0	0	1	0	1	0
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANCIAL COUNSELING	0	0	0	0	0	0	0	0	0	0
399	OTHER	0	0	0	0	0	0	0	0	0	0
HOUSING:		27									
401	RELOCATION ASSISTANCE	10	0	8	0	0	0	0	0	2	0
402	RELOCATION ASSISTANCE (TITLE III)	4	0	4	0	0	0	0	0	0	0
403	EMERGENCY HOUSING	13	0	0	13	0	0	0	0	0	0
499	OTHER	0	0	0	0	0	0	0	0	0	0
INSTITUTIONAL PLACEMENT:		5									
501	LTC FACILITY PLACEMENT ASST.	5	0	0	5	0	0	0	0	0	0
502	CERTIFICATION (MEDICAID)	0	0	0	0	0	0	0	0	0	0
503	RESPIRE ADMISSION	0	0	0	0	0	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	0	0	0	0	0	0	0	0	0	0
599	OTHER (SPECIFY)	0	0	0	0	0	0	0	0	0	0
MEDICAL SERVICES/THERAPIES:		0									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	0	0	0	0	0	0	0	0	0	0
602	PHYSICIAN MD/DD	0	0	0	0	0	0	0	0	0	0
603	DENTAL	0	0	0	0	0	0	0	0	0	0
604	PODIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	0	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	0	0	0	0	0	0	0	0	0	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: ROCKFORD

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		0									
701	COUNSELING (INDIV, FAMILY, GROUP)	0	0	0	0	0	0	0	0	0	0
702	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	0	0	0	0	0
703	IN-PATIENT PSYCHIATRIC	0	0	0	0	0	0	0	0	0	0
704	SUBSTANCE ABUSE	0	0	0	0	0	0	0	0	0	0
705	CRISIS INTERVENTION	0	0	0	0	0	0	0	0	0	0
799	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME HEALTH SERVICES:		589									
801	MULTIPLE DISCIPLINES	0	0	0	0	0	0	0	0	0	0
802	NURSING	6	0	0	2	0	0	0	4	0	0
803	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
804	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	0	0
805	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	0	0	0	0	0	0	0	0	0	0
808	HOME HEALTH AIDE	4	0	0	0	0	0	0	4	0	0
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
899	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME ASSISTANCE		579									
907	HOMEMAKER	168	168	0	0	0	0	0	0	0	0
908	HOMEMAKER (TITLE III)	0	0	0	0	0	0	0	0	0	0
909	HOMEMAKER (CCP)	365	365	0	0	0	0	0	0	0	0
910	CHORE HOUSEKEEPING	7	7	0	0	0	0	0	0	0	0
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	39	39	0	0	0	0	0	0	0	0
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	0	0	0	0	0	0	0	0	0	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: ROCKFORD

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		63									
1001	COMPANION	0	0	0	0	0	0	0	0	0	0
1002	DAY CARE	0	0	0	0	0	0	0	0	0	0
1003	DAY CARE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	63	22	0	41	0	0	0	0	0	0
1005	TELEPHONE REASSURANCE	0	0	0	0	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1098	RESPIRE CARE	0	0	0	0	0	0	0	0	0	0
1099	OTHER	0	0	0	0	0	0	0	0	0	0
SOCIALIZATION:		0									
1101	FRIENDLY VISITING	0	0	0	0	0	0	0	0	0	0
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0	0	0	0	0	0
1104	RECREATION	0	0	0	0	0	0	0	0	0	0
1105	SENIOR CENTER	0	0	0	0	0	0	0	0	0	0
1199	OTHER	0	0	0	0	0	0	0	0	0	0
EDUCATION:		0									
1201	JOB TRAINING	0	0	0	0	0	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1299	OTHER	0	0	0	0	0	0	0	0	0	0
NUTRITION:		44									
1301	CONGREGATE MEALS	0	0	0	0	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	44	0	0	0	0	0	0	44	0	0
1303	HOME DELIVERED MEALS (TITLE III)	0	0	0	0	0	0	0	0	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		1									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0	0	0	0	0	0
1402	AMBULANCE	1	0	0	0	0	0	0	1	0	0
1403	ESCORT	0	0	0	0	0	0	0	0	0	0
1404	ESCORT (TITLE III)	0	0	0	0	0	0	0	0	0	0
1499	OTHER	0	0	0	0	0	0	0	0	0	0
LEGAL SERVICES:		38									
1501	POLICE VISIT	8	0	0	0	0	0	1	4	1	2
1502	ORDER OF PROTECTION-PREPARATION	3	0	0	0	0	0	0	0	3	0
1503	GUARDIANSHIP PREPARATION	16	0	0	0	0	0	0	0	6	10
1504	COURT WORK	0	0	0	0	0	0	0	0	0	0
1505	OTHER LEGAL ASSISTANCE	11	0	0	0	0	0	2	0	9	0

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: KANKAKEE

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		6425									
101	CASE MANAGEMENT	2416	11	2121	261	0	0	0	0	0	23
102	CASE MANAGEMENT (TITLE III)	4006	0	3885	121	0	0	0	0	0	0
103	CASE MANAGEMENT (CCP)	4	3	1	0	0	0	0	0	0	0
104	INVESTIGATION/ASSESSMENT (GENERAL)	0	0	0	0	0	0	0	0	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	0	0	0	0	0	0	0	0	0	0
INCOME SUPPORT/MATERIAL AID:		82									
301	FINANCIAL ASSISTANCE	0	0	0	0	0	0	0	0	0	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	22	0	0	0	0	0	0	0	0	22
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANCIAL COUNSELING	0	0	0	0	0	0	0	0	0	0
399	OTHER	60	0	0	0	0	0	0	60	0	0
HOUSING:		93									
401	RELOCATION ASSISTANCE	0	0	0	0	0	0	0	0	0	0
402	RELOCATION ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
403	EMERGENCY HOUSING	0	0	0	0	0	0	0	0	0	0
499	OTHER	93	0	0	0	0	0	30	60	3	0
INSTITUTIONAL PLACEMENT:		1057									
501	LTC FACILITY PLACEMENT ASST.	97	1	6	0	0	0	0	90	0	0
502	CERTIFICATION (MEDICAID)	0	0	0	0	0	0	0	0	0	0
503	RESPIRE ADMSSION	0	0	0	0	0	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	960	0	0	0	300	0	0	630	30	0
599	OTHER (SPECIFY)	0	0	0	0	0	0	0	0	0	0
MEDICAL SERVICES/THERAPIES:		40									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	33	0	0	0	0	0	0	32	0	1
602	PHYSICIAN MD/DD	1	0	0	0	0	0	0	1	0	0
603	DENTAL	0	0	0	0	0	0	0	0	0	0
604	PODIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	0	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	6	0	0	0	1	0	0	2	3	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: KANKAKEE

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		56									
701	COUNSELING (INDIV, FAMILY, GROUP)	0	0	0	0	0	0	0	0	0	0
702	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	0	0	0	0	0
703	IN-PATIENT PSYCHIATRIC	0	0	0	0	0	0	0	0	0	0
704	SUBSTANCE ABUSE	54	0	0	0	0	0	0	24	30	0
705	CRISIS INTERVENTION	0	0	0	0	0	0	0	0	0	0
799	OTHER	2	0	0	0	0	0	0	0	2	0
IN HOME HEALTH SERVICES:		54									
801	MULTIPLE DISCIPLINES	0	0	0	0	0	0	0	0	0	0
802	NURSING	6	0	0	0	0	0	0	0	6	0
803	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
804	PHYSICAL THERAPY	24	0	0	0	0	0	0	0	24	0
805	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	0	0	0	0	0	0	0	0	0	0
808	HOME HEALTH AIDE	24	0	0	0	0	0	0	0	24	0
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
899	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME ASSISTANCE		1056									
907	HOMEMAKER	110	50	0	0	0	0	0	60	0	0
908	HOMEMAKER (TITLE III)	0	0	0	0	0	0	0	0	0	0
909	HOMEMAKER (CCP)	916	792	0	0	0	0	0	112	12	0
910	CHORE HOUSEKEEPING	0	0	0	0	0	0	0	0	0	0
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	30	0	30	0	0	0	0	0	0	0
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	0	0	0	0	0	0	0	0	0	0

TABLE SIXTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE: KANKAKEE

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		579									
1001	COMPANION	0	0	0	0	0	0	0	0	0	0
1002	DAY CARE	0	0	J	0	0	0	0	0	0	0
1003	DAY CARE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	23	23	0	0	0	0	0	0	0	0
1005	TELEPHONE REASSURANCE	0	0	0	0	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1098	RESPIRE CARE	42	42	0	0	0	0	0	0	0	0
1099	OTHER	514	0	184	0	0	30	0	120	120	60
SOCIALIZATION:		0									
1101	FRIENDLY VISITING	0	0	0	0	0	0	0	0	0	0
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0	0	0	0	0	0
1104	RECREATION	0	0	0	0	0	0	0	0	0	0
1105	SENIOR CENTER	0	0	0	0	0	0	0	0	0	0
1199	OTHER	0	0	0	0	0	0	0	0	0	0
EDUCATION:		0									
1201	JOB TRAINING	0	0	0	0	0	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1299	OTHER	0	0	0	0	0	0	0	0	0	0
NUTRITION:		206									
1301	CONGREGATE MEALS	0	0	0	0	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	66	0	66	0	0	0	0	0	0	0
1303	HOME DELIVERED MEALS (TITLE III)	140	60	60	0	0	0	20	0	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		2									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0	0	0	0	0	0
1402	AMBULANCE	2	0	0	0	0	0	0	1	1	0
1403	ESCORT	0	0	0	0	0	0	0	0	0	0
1404	ESCORT (TITLE III)	0	0	0	0	0	0	0	0	0	0
1499	OTHER	0	0	0	0	0	0	0	0	0	0
LEGAL SERVICES:		154									
1501	POLICE VISIT	4	0	2	0	0	0	0	0	2	0
1502	ORDER OF PROTECTION-PREPARATION	2	0	2	0	0	0	0	0	0	0
1503	GUARDIANSHIP PREPARATION	19	0	9	0	0	0	0	4	7	0
1504	COURT WORK	14	0	7	0	0	0	0	4	3	0
1505	OTHER LEGAL ASSISTANCE	115	0	61	0	0	0	0	43	12	0

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: EGYPTIAN AREA

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		2330									
101	CASE MANAGEMENT	639	5	0	629	0	0	0	0	0	5
102	CASE MANAGEMENT (TITLE III)	1665	5	59	1599	0	0	0	0	0	1
103	CASE MANAGEMENT (CCP)	26	24	2	0	0	0	0	0	0	0
104	INVESTIGATION/ASSESSMENT (GENERAL)	0	0	0	0	0	0	0	0	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	0	0	0	0	0	0	0	0	0	0
INCOME SUPPORT/MATERIAL AID:		5									
301	FINANCLAL ASSISTANCE	0	0	0	0	0	0	0	0	0	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	5	0	0	1	0	0	2	0	2	0
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANICAL COUNSELING	0	0	0	0	0	0	0	0	0	0
399	OTHER	0	0	0	0	0	0	0	0	0	0
HOUSING:		4									
401	RELOCATION ASSISTANCE	3	0	0	3	0	0	0	0	0	0
402	RELOCATION ASSISTANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
403	EMERGENCY HOUSING	1	0	0	0	0	0	0	0	1	0
499	OTHER	0	0	0	0	0	0	0	0	0	0
INSTITUTIONAL PLACEMENT:		612									
501	LTC FACILITY PLACEMENT ASST.	12	0	0	12	0	0	0	0	0	0
502	CERTIFICATION (MEDICAID)	10	10	0	0	0	0	0	0	0	0
503	RESPIRE ADMISSION	0	0	0	0	0	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	531	0	0	0	228	0	0	302	1	0
599	OTHER (SPECIFY)	59	1	58	0	0	0	0	0	0	0
MEDICAL SERVICES/THERAPIES:		408									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	252	0	0	0	59	0	0	90	103	0
602	PHYSICIAN MD/DD	117	0	0	0	68	0	0	24	25	0
603	DENIAL	0	0	0	0	0	0	0	0	0	0
604	PODIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	28	0	0	0	28	0	0	0	0	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	11	0	0	0	8	0	0	1	2	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: EGYPTIAN AREA

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		126									
701	COUNSELING (INDIV, FAMILY, GROUP)	95	0	0	0	0	0	0	0	95	0
702	OUTPATIENT PSYCHIATRIC	1	0	0	0	0	0	0	1	0	0
703	IN-PATIENT PSYCHIATRIC	30	0	0	0	0	0	0	0	30	0
704	SUBSTANCE ABUSE	0	0	0	0	0	0	0	0	0	0
705	CRISIS INTERVENTION	0	0	0	0	0	0	0	0	0	0
799	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME HEALTH SERVICES:		113									
801	MULTIPLE DISCIPLINES	0	0	0	0	0	0	0	0	0	0
802	NURSING	92	0	0	0	10	0	0	9	73	0
803	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
804	PHYSICAL THERAPY	5	0	0	0	0	0	0	0	5	0
805	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	0	0	0	0	0	0	0	0	0	0
808	HOME HEALTH AIDE	16	0	0	0	16	0	0	0	0	0
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
899	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME ASSISTANCE		15470									
907	HOMEMAKER	8867	0	0	0	4	0	0	8863	0	0
908	HOMEMAKER (TITLE III)	0	0	0	0	0	0	0	0	0	0
909	HOMEMAKER (CCP)	4417	4417	0	0	0	0	0	0	0	0
910	CHORE HOUSEKEEPING	1847	0	0	0	0	0	0	1847	0	0
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	339	319	20	0	0	0	0	0	0	0
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	0	0	0	0	0	0	0	0	0	0

TABLE SIXTEEN (CONTINUED)  
TOTAL UNITS OF SERVICE: EGYPTIAN AREA

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		147									
1001	COMPANION	0	0	0	0	0	0	0	0	0	0
1002	DAY CARE	0	0	0	0	0	0	0	0	0	0
1003	DAY CARE (TITLE III)	4	4	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	143	143	0	0	0	0	0	0	0	0
1005	TELEPHONE REASSURANCE	0	0	0	0	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1098	RESPIRE CARE	0	0	0	0	0	0	0	0	0	0
1099	OTHER	0	0	0	0	0	0	0	0	0	0
SOCIALIZATION:		0									
1101	FRIENDLY VISITING	0	0	0	0	0	0	0	0	0	0
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0	0	0	0	0	0
1104	RECREATION	0	0	0	0	0	0	0	0	0	0
1105	SENIOR CENTER	0	0	0	0	0	0	0	0	0	0
1199	OTHER	0	0	0	0	0	0	0	0	0	0
EDUCATION:		1									
1201	JOB TRAINING	0	0	0	0	0	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	1	0	1	0	0	0	0	0	0	0
1299	OTHER	0	0	0	0	0	0	0	0	0	0
NUTRITION:		738									
1301	CONGREGATE MEALS	7	0	7	0	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	90	0	90	0	0	0	0	0	0	0
1303	HOME DELIVERED MEALS (TITLE III)	641	11	630	0	0	0	0	0	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		19									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0	0	0	0	0	0
1402	AMBULANCE	13	0	0	0	5	0	0	5	3	0
1403	ESCORT	0	0	0	0	0	0	0	0	0	0
1404	ESCORT (TITLE III)	6	0	6	0	0	0	0	0	0	0
1499	OTHER	0	0	0	0	0	0	0	0	0	0
LEGAL SERVICES:		108									
1501	POLICE VISIT	7	0	0	0	0	4	0	0	3	0
1502	ORDER OF PROTECTION-PREPARATION	0	0	0	0	0	0	0	0	0	0
1503	GUARDIANSHIP PREPARATION	6	0	6	0	0	0	0	0	0	0
1504	COURT WORK	0	0	0	0	0	0	0	0	0	0
1505	OTHER LEGAL ASSISTANCE	95	0	34	0	0	0	0	33	28	0

TABLE SIXTEEN  
TOTAL UNITS OF SERVICE: NORTH SUBURBAN COOK

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
INTEGRATIVE SERVICES:		1186									
101	CASE MANAGEMENT	683	4	605	65	0	0	0	0	0	9
102	CASE MANAGEMENT (TITLE III)	501	8	470	3	0	8	0	12	0	1
103	CASE MANAGEMENT (CCP)	3	3	0	0	0	0	0	0	0	0
104	INVESTIGATION/ASSESSMENT (GENERAL)	0	0	0	0	0	0	0	0	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	0	0	0	0	0	0	0	0	0	0
INCOME SUPPORT/MATERIAL AID:		32									
301	FINANCIAL ASSISTANCE	30	0	0	0	0	30	0	0	0	0
302	MAT., FOOD, CLOTHING, ENERGY, MED.	2	0	0	0	0	2	0	0	0	0
303	LOAN CLOSET	0	0	0	0	0	0	0	0	0	0
202	FINANCIAL COUNSELING	0	0	0	0	0	0	0	0	0	0
399	OTHER	0	0	0	0	0	0	0	0	0	0
HOUSING:		38									
401	RELOCATION ASSISTANCE	2	0	0	0	0	2	0	0	0	0
402	RELOCATION ASSISTANCE (TITLE III)	10	0	0	0	0	10	0	0	0	0
403	EMERGENCY HOUSING	26	0	0	0	0	0	0	26	0	0
499	OTHER	0	0	0	0	0	0	0	0	0	0
INSTITUTIONAL PLACEMENT:		310									
501	LTC FACILITY PLACEMENT ASST.	18	0	0	0	0	0	0	18	0	0
502	CERTIFICATION (MEDICAID)	0	0	0	0	0	0	0	0	0	0
503	RESPIRE ADMISSION	0	0	0	0	0	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	292	0	0	0	0	0	0	148	50	94
599	OTHER (SPECIFY)	0	0	0	0	0	0	0	0	0	0
MEDICAL SERVICES/THERAPIES:		156									
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	155	0	5	0	0	0	0	0	150	0
602	PHYSICIAN MD/DD	1	0	0	0	0	0	0	1	0	0
603	DENTAL	0	0	0	0	0	0	0	0	0	0
604	PODIATRY	0	0	0	0	0	0	0	0	0	0
605	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	0	0
606	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0	0	0	0	0	0
699	OTHER	0	0	0	0	0	0	0	0	0	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: NORTH SUBURBAN COOK

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
MENTAL HEALTH SERVICES:		48									
701	COUNSELING (INDIV, FAMILY, GROUP)	16	0	0	0	0	0	0	16	0	0
702	OUTPATIENT PSYCHIATRIC	25	0	0	0	0	0	0	19	6	0
703	IN-PATIENT PSYCHIATRIC	0	0	0	0	0	0	0	0	0	0
704	SUBSTANCE ABUSE	0	0	0	0	0	0	0	0	0	0
705	CRISIS INTERVENTION	0	0	0	0	0	0	0	0	0	0
799	OTHER	7	0	0	0	0	0	0	7	0	0
IN HOME HEALTH SERVICES:		214									
801	MULTIPLE DISCIPLINES	0	0	0	0	0	0	0	0	0	0
802	NURSING	150	0	0	0	0	0	0	0	150	0
803	OCCUPATIONAL THERAPY	6	0	0	0	0	0	0	0	6	0
804	PHYSICAL THERAPY	4	0	0	0	0	0	0	0	4	0
805	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0	0	0	0	0	0
807	SOCIAL SERVICES	2	0	0	0	0	0	0	0	2	0
808	HOME HEALTH AIDE	52	0	0	0	0	0	0	0	52	0
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
899	OTHER	0	0	0	0	0	0	0	0	0	0
IN HOME ASSISTANCE		5139									
907	HOMEMAKER	2310	31	0	0	0	0	0	2079	0	200
908	HOMEMAKER (TITLE III)	0	0	0	0	0	0	0	0	0	0
909	HOMEMAKER (CCP)	239	114	100	0	0	0	0	0	0	25
910	CHORE HOUSEKEEPING	2200	0	0	0	0	0	0	2200	0	0
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	0	0	0	0	0	0	0	0	0	0
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0	0	0	0	0	0
99	OTHER	390	0	0	0	0	0	0	120	270	0

TABLE SIXTEEN (CONTINUED)  
 TOTAL UNITS OF SERVICE: NORTH SUBURBAN COOK

SERVICE CODE	SERVICE TYPE	TOT. VOL.	CCP	TITLE III	EA PROJ	DPA	TOWN SHIP	VOLUN TEER	PRIV PAY	OTR	MSG DATA
SUPERVISION:		556									
1001	COMPANION	0	0	0	0	0	0	0	0	0	0
1002	DAY CARE	349	0	0	0	0	0	0	349	0	0
1003	DAY CARE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1004	DAY CARE (CCP)	42	42	0	0	0	0	0	0	0	0
1005	TELEPHONE REASSURANCE	0	0	0	0	0	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0	0	0	0	0	0
1098	RESPIRE CARE	165	0	0	0	0	0	0	0	165	0
1099	OTHER	0	0	0	0	0	0	0	0	0	0
SOCIALIZATION:		14									
1101	FRIENDLY VISITING	8	0	0	0	0	0	0	8	0	0
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0	0	0	0	0	0
1104	RECREATION	6	2	0	0	0	0	0	2	0	2
1105	SENIOR CENTER	0	0	0	0	0	0	0	0	0	0
1199	OTHER	0	0	0	0	0	0	0	0	0	0
EDUCATION:		20									
1201	JOB TRAINING	0	0	0	0	0	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	20	0	0	0	0	0	0	20	0	0
1299	OTHER	0	0	0	0	0	0	0	0	0	0
NUTRITION:		327									
1301	CONGREGATE MEALS	0	0	0	0	0	0	0	0	0	0
1302	HOME DELIVERED MEALS	302	0	0	0	0	0	0	302	0	0
1303	HOME DELIVERED MEALS (TITLE III)	25	0	0	0	0	25	0	0	0	0
1399	OTHER	0	0	0	0	0	0	0	0	0	0
TRANSPORTATION:		2									
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0	0	0	0	0	0
1402	AMBULANCE	2	0	0	0	0	0	0	2	0	0
1403	ESCORT	0	0	0	0	0	0	0	0	0	0
1404	ESCORT (TITLE III)	0	0	0	0	0	0	0	0	0	0
1499	OTHER	0	0	0	0	0	0	0	0	0	0
LEGAL SERVICES:		126									
1501	POLICE VISIT	10	0	0	0	0	10	0	0	0	0
1502	ORDER OF PROTECTION-PREPARATION	2	0	0	0	0	0	0	2	0	0
1503	GUARDIANSHIP PREPARATION	6	0	0	0	0	0	0	6	0	0
1504	COURT WORK	0	0	0	0	0	0	0	0	0	0
1505	OTHER LEGAL ASSISTANCE	108	0	19	0	0	33	0	52	4	0

TABLE SEVENTEEN  
TOTAL UNITS OF SERVICE BY SITE

SERVICE CODE	SERVICE TYPE	ROCKFORD	KANKAKEE	EGYPTIAN	NORTH SUB COOK	TOTALS
INTEGRATIVE SERVICES:		601	6,425	2,330	1,186	10,543
101	CASE MANAGEMENT	279	2,416	639	683	4,016
102	CASE MANAGEMENT (TITLE III)	295	4,006	1,665	501	6,467
103	CASE MANAGEMENT (CCP)	28	4	26	3	60
104	INVESTIGATION/ASSESSMENT (GENERAL)	0	0	0	0	0
105	INVESTIGATION/ASSESSMENT (GRF Demo)	0	0	0	0	0
INCOME SUPPORT/MATERIAL AID:		2	82	5	32	121
301	FINANCIAL ASSISTANCE	0	0	0	30	30
302	MAT., FOOD, CLOTHING, ENERGY, MED.	2	22	5	2	31
303	LOAN CLOSET	0	0	0	0	0
202	FINANCIAL COUNSELING	0	0	0	0	0
399	OTHER	0	60	0	0	60
HOUSING:		27	93	4	38	162
401	RELOCATION ASSISTANCE	10	0	3	2	15
402	RELOCATION ASSISTANCE (TITLE III)	4	0	0	10	14
403	EMERGENCY HOUSING	13	0	1	26	40
499	OTHER	0	93	0	0	93
INSTITUTIONAL PLACEMENT:		5	1,057	612	310	1,984
501	LTC FACILITY PLACEMENT ASST.	5	97	12	18	132
502	CERTIFICATION (MEDICAID)	0	0	10	0	10
503	RESPIRE ADMISSION	0	0	0	0	0
505	ADMISSION TO LONG TERM CARE FACILITY	0	960	531	292	1,783
599	OTHER (SPECIFY)	0	0	59	0	59
MEDICAL SERVICES/THERAPIES:		0	40	408	156	604
601	IN-PATIENT ACUTE CARE NOT INCL. PSYCH	0	33	252	155	440
602	PHYSICIAN MD/DD	0	1	117	1	119
603	DENTAL	0	0	0	0	0
604	PODIATRY	0	0	0	0	0
605	PHYSICAL THERAPY	0	0	28	0	28
606	OCCUPATIONAL THERAPY	0	0	0	0	0
607	RESPIRATORY THERAPY	0	0	0	0	0
608	SPEECH/AUDITORY	0	0	0	0	0
699	OTHER	0	6	11	0	17

TABLE SEVENTEEN  
TOTAL UNITS OF SERVICE BY SITE

SERVICE CODE	SERVICE TYPE	ROCKFORD	KANKAKEE	EGYPTIAN	NORTH SUB COOK	TOTALS
MENTAL HEALTH SERVICES:		0	56	126	48	230
701	COUNSELING (INDIV, FAMILY, GROUP)	0	0	95	16	111
702	OUTPATIENT PSYCHIATRIC	0	0	1	25	26
703	IN-PATIENT PSYCHIATRIC	0	0	30	0	30
704	SUBSTANCE ABUSE	0	54	0	0	54
705	CRISIS INTERVENTION	0	0	0	0	0
799	OTHER	0	2	0	7	9
IN HOME HEALTH SERVICES:		589	54	113	214	970
801	MULTIPLE DISCIPLINES	0	0	0	0	0
802	NURSING	6	6	92	150	254
803	OCCUPATIONAL THERAPY	0	0	0	6	6
804	PHYSICAL THERAPY	0	24	5	4	33
805	RESPIRATORY THERAPY	0	0	0	0	0
806	SPEECH THERAPY	0	0	0	0	0
807	SOCIAL SERVICES	0	0	0	2	2
808	HOME HEALTH AIDE	4	24	16	52	96
809	HOME REPAIR/MAINTENANCE	0	0	0	0	0
899	OTHER	0	0	0	0	0
IN HOME ASSISTANCE		579	1,056	15,470	5,139	22,244
907	HOMEMAKER	168	110	8,867	2,310	11,455
908	HOMEMAKER (TITLE III)	0	0	0	0	0
909	HOMEMAKER (CCP)	365	916	4,417	239	5,937
910	CHORE HOUSEKEEPING	7	0	1,847	2,200	4,054
911	CHORE HOUSEKEEPING (TITLE III)	0	0	0	0	0
912	CHORE HOUSEKEEPING (CCP)	39	30	339	0	408
913	HOME REPAIR/MAINTENANCE	0	0	0	0	0
914	SHOPPING ASSISTANCE	0	0	0	0	0
99	OTHER	0	0	0	390	390

TABLE SEVENTEEN  
TOTAL UNITS OF SERVICE BY SITE

SERVICE CODE	SERVICE TYPE	ROCKFORD	KANKAKEE	EGYPTIAN	NORTH SUB COOK	TOTALS
SUPERVISION:		63	579	147	556	1,345
1001	COMPANION	0	0	0	0	0
1002	DAY CARE	0	0	0	349	349
1003	DAY CARE (TITLE III)	0	0	4	0	4
1004	DAY CARE (CCP)	63	23	143	42	271
1005	TELEPHONE REASSURANCE	0	0	0	0	0
1006	TELEPHONE REASSURANCE (TITLE III)	0	0	0	0	0
1098	RESPIRE CARE	0	42	0	165	207
1099	OTHER	0	514	0	0	514
SOCIALIZATION:		0	0	0	14	14
1101	FRIENDLY VISITING	0	0	0	8	8
1102	FRIENDLY VISITING (TITLE III)	0	0	0	0	0
1103	SELF HELP GROUP	0	0	0	0	0
1104	RECREATION	0	0	0	6	6
1105	SENIOR CENTER	0	0	0	0	0
1199	OTHER	0	0	0	0	0
EDUCATION:		0	0	1	20	21
1201	JOB TRAINING	0	0	0	0	0
1202	EMPLOYEE ASSISTANCE (TITLE III)	0	0	1	20	21
1299	OTHER	0	0	0	0	0
NUTRITION:		44	206	738	327	1,315
1301	CONGREGATE MEALS	0	0	7	0	7
1302	HOME DELIVERED MEALS	44	66	90	302	502
1303	HOME DELIVERED MEALS (TITLE III)	0	140	641	25	806
1399	OTHER	0	0	0	0	0
TRANSPORTATION:		1	2	19	2	24
1401	SPECIAL (SENIOR CITIZENS, HANDICAPPED)	0	0	0	0	0
1402	AMBULANCE	1	2	13	2	18
1403	ESCORT	0	0	0	0	0
1404	ESCORT (TITLE III)	0	0	6	0	6
1499	OTHER	0	0	0	0	0
LEGAL SERVICES:		38	154	108	126	425
1501	POLICE VISIT	8	4	7	10	29
1502	ORDER OF PROTECTION-PREPARATION	3	2	0	2	7
1503	GUARDIANSHIP PREPARATION	16	19	6	6	47
1504	COURT WORK	0	14	0	0	14
1505	OTHER LEGAL ASSISTANCE	11	115	95	108	328

APPENDIX D

RESEARCH INSTRUMENTS

REPORT/INTAKE (1)

REPORT NO.:	COUNTY NO.:	DATE:
TIME OF REPORT: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	REPORT TAKER:	ASSIGNED TO:
SOC. SEC. NO.:	PREVIOUS REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:

**ALLEGED VICTIM**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DIRECTIONS OR CHANGES: \_\_\_\_\_

AGE (Circle if estimate.) <input type="text"/>	SEX (M=Male, F=Female) <input type="text"/>	ETHNICITY (KEY below.) <input type="text"/>	● (IF 0, SPECIFY.): _____
---	--	--	---------------------------

**COMMUNICATION BARRIER**

Speech <input type="checkbox"/> YES <input type="checkbox"/> NO	Vision <input type="checkbox"/> YES <input type="checkbox"/> NO	None <input type="checkbox"/>	Other (specify): _____
Hearing <input type="checkbox"/> YES <input type="checkbox"/> NO	Disoriented <input type="checkbox"/> YES <input type="checkbox"/> NO	Unknown <input type="checkbox"/>	

**WHERE INCIDENT(S) OCCURED: (Check all that apply.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 01. Own home, lives alone | <input type="checkbox"/> 03. Relative's home | <input type="checkbox"/> 05. Caretaker's home       |
| <input type="checkbox"/> 02. Own home, with others | <input type="checkbox"/> 04. Friend's home   | <input type="checkbox"/> 06. Unlicensed facility    |
|  |  | <input type="checkbox"/> 07. Other (specify): _____ |

**ALLEGED ABUSER NO. 1**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

AGE (Circle if estimate.) <input type="text"/>	SEX (M=Male, F=Female) <input type="text"/>	ETHNICITY (KEY below.) <input type="text"/>	● (IF 0, SPECIFY.): _____
---	--	--	---------------------------

**RELATIONSHIP TO ALLEGED VICTIM: (Enter all codes from KEY below.)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	IF NO. 5 or NO. 10 (SPECIFY): _____
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**ALLEGED ABUSER NO. 2**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

AGE (Circle if estimate.) <input type="text"/>	SEX (M=Male, F=Female) <input type="text"/>	ETHNICITY (KEY below.) <input type="text"/>	● (IF 0, SPECIFY.): _____
---	--	--	---------------------------

**RELATIONSHIP TO ALLEGED VICTIM: (Enter all codes from KEY below.)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	IF NO. 5 or NO. 10, (SPECIFY): _____
----------------------	----------------------	----------------------	--------------------------------------

**KEY**

**ETHNICITY**

- |           |                     |             |           |
|-----------|---------------------|-------------|-----------|
| W = White | H = Hispanic        | A = Asian   | O = Other |
| B = Black | N = Native American | U = Unknown |           |

**RELATIONSHIP TO ALLEGED VICTIM**

- |                    |                     |                       |              |
|--------------------|---------------------|-----------------------|--------------|
| 01 = Spouse        | 04 = Child          | 07 = Housemate        | 10 = Other   |
| 02 = Former spouse | 05 = Other relative | 08 = Former housemate | 11 = Unknown |
| 03 = Parent        | 06 = Caretaker      | 09 = Legal guardian   |              |

REPORT/INTAKE - REPORT SUMMARY

SEVERITY

ANY YES ANSWERS TO THE FOLLOWING QUESTIONS INDICATES 24-HOUR RESPONSE

24-HOUR RESPONSE INDICATED  
(Check  here.)

- Is alleged victim in immediate danger?  YES  NO
- Is alleged victim injured, in pain, or in need of medical treatment?  YES  NO
- Is alleged victim without food or shelter?  YES  NO

ANY YES ANSWER TO THE FOLLOWING QUESTIONS INDICATE THAT WORKER WOULD BE IN DANGER.

YES  NO

REASON: ALLEGED VICTIM ALLEGED ABUSER NO UNKNOWN

- Drug history?  Unsafe area?  YES  NO
- Alcohol history?  Dogs?  YES  NO
- Guns/Weapons?  Other?  YES  NO

NATURE OF ALLEGATION

(specify)

- 01 = Physical Abuse  YES  NO
- 02 = Confinement  YES  NO
- 03 = Sexual Abuse  YES  NO
- 04 = Deprivation of (specify): \_\_\_\_\_  YES  NO
- 05 = Other Abuse (specify): \_\_\_\_\_  YES  NO
- 06 = Financial Exploitation  YES  NO
- 07 = Passive Neglect (specify): \_\_\_\_\_  YES  NO
- 08 = Self-neglect (specify): \_\_\_\_\_  YES  NO

REPORT SOURCE

IF NO. 05 or NO. 19, SPECIFY: \_\_\_\_\_

- 01 = Alleged Victim
- 02 = Spouse
- 03 = Parent
- 04 = Child
- 05 = Other Relative
- 06 = Caretaker
- 07 = Housemate
- 08 = Legal Guardian
- 09 = Physician(s)
- 10 = Dentist
- 11 = Christian Science Practitioner(s)
- 12 = Social Worker
- 13 = Nurse
- 14 = IDoA Employee
- 15 = Nursing or Shelter Care Home, Custodial Institution, Hospital Employee
- 16 = Paraprofessional, working with the elderly
- 17 = anonymous
- 18 = Alleged Abuser
- 19 = Other

REPORTER

OTHERS WITH INFORMATION:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

Any other agency providing services?  YES  NO  UNKNOWN (IF YES, ADD SERVICE PLAN CODE.)

Has reporter notified anyone else?

YES  NO

- 01 = Law Enforcement
- 02 = Other Social Service Agency
- 03 = Relative
- 04 = Caretaker
- 05 = Other (specify): \_\_\_\_\_ (specify)

Best time to find alleged victim at home: \_\_\_\_\_

What prompted reporter to make this report? \_\_\_\_\_

Note any special circumstances or concerns not on this form: \_\_\_\_\_

Supervisor approved initial action (initials/date): \_\_\_\_\_

Illinois Department on Aging  
Elder Abuse Program  
HWALEK-SENGSTOCK RISK ASSESSMENT  
QUESTIONNAIRE (2)

Report No.: \_\_\_\_\_  
County No.: \_\_\_\_\_  
Worker: \_\_\_\_\_

I have a few questions that we're asking everyone over the age of 60. Some of these questions may not seem to apply to you, but we need this information to see if we need more services for older people in this state.

1. Do you have anyone who spends time with you taking you shopping or to the doctor? ( ) NO ( ) YES
2. Do you have enough money to pay your bills on time? ( ) NO ( ) YES
3. Do you have trouble paying your bills on time? ( ) NO ( ) YES
4. Are you sad or lonely often? ( ) NO ( ) YES
5. Who makes decisions about your life — like how you should live or where you should live? ( ) ELDER ( ) OTHER
6. Do you feel very uncomfortable with anyone in your family? ( ) NO ( ) YES
7. Can you take your own medication and get around by yourself? ( ) NO ( ) YES
8. Do you feel that nobody wants you around? ( ) NO ( ) YES
9. Does anyone in your family drink a lot? ( ) NO ( ) YES
10. Does someone in your family make you stay in bed or tell you you're sick when you know you're not? ( ) NO ( ) YES
11. Has anyone forced you to do things you didn't want to do? ( ) NO ( ) YES
12. Has anyone taken things that belong to you without your OK? ( ) NO ( ) YES
13. Do you trust most of the people in your family? ( ) NO ( ) YES
14. Does anyone ever tell you that you give them too much trouble? ( ) NO ( ) YES
15. Do you have enough privacy at home? ( ) NO ( ) YES
16. Has anyone close to you tried to hurt you or harm you recently? ( ) NO ( ) YES

INSTRUCTIONS: There are TWO PARTS to each statement below — the SOURCE OF THE ANSWER and the ANSWER. Check (  ) the NUMBER of each ANSWER. In the space provided ( \_\_\_\_\_ ), list ALL the SOURCES OF THE ANSWER using the following codes:

M = Medical Records      E = Elderly Client      A = Agency Referral      W = Worker Observation  
 C = Caretaker              R = Relative              S = Suspected Abuser      O = Other

**VICTIM HISTORY**

1. Marital Status \_\_\_\_\_  
 \_\_\_1. Married                      \_\_\_4. Widowed  
 \_\_\_2. Divorced                    \_\_\_5. Never married  
 \_\_\_3. Separated
2. Employment \_\_\_\_\_  
 \_\_\_1. Currently employed  
 \_\_\_2. Unemployed  
 \_\_\_3. Retired  
 \_\_\_4. Never employed outside home
3. Veteran \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
4. Disabled \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
5. Living Arrangements \_\_\_\_\_  
 \_\_\_1. Apartment                    \_\_\_4. Boarding house  
 \_\_\_2. Home \_\_\_Own \_\_\_Rent      \_\_\_5. Public Housing  
 \_\_\_3. Home of Relative          \_\_\_6. Other: \_\_\_\_\_
6. Other household members:  
 (list by age ) \_\_\_\_\_
7. Chronic medical conditions \_\_\_\_\_  
 \_\_\_1. Yes (specify)      \_\_\_2. No      \_\_\_3. Unknown  
 \_\_\_\_\_  
 \_\_\_\_\_
8. DON Part A score \_\_\_\_\_ DON Part B score \_\_\_\_\_
9. Legal Status \_\_\_\_\_  
 \_\_\_1. No guardian                    \_\_\_5. G'ship of estate  
 \_\_\_2. Temporary guardian          \_\_\_6. Power of Attorney  
 \_\_\_3. Plenary guardianship        \_\_\_7. Other: \_\_\_\_\_  
 \_\_\_4. Guardianship of person      \_\_\_8. Unknown
10. Was victim subject to abuse in childhood? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No.      \_\_\_3. Unknown
11. Were other members of family abused? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
12. Does victim abuse alcohol? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
13. Does victim abuse drugs or medication? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
14. Does victim seem disoriented, confused, or  
 judgement impaired? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
15. Monthly income \_\_\_\_\_  
 (Check if estimate.)      \_\_\_3. Unknown  
 Source \_\_\_\_\_ Amount \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ABUSER HISTORY**

1. Marital Status \_\_\_\_\_  
 \_\_\_1. Married                      \_\_\_4. Widowed  
 \_\_\_2. Divorced                    \_\_\_5. Never married  
 \_\_\_3. Separated
2. Employment \_\_\_\_\_  
 \_\_\_1. Currently employed  
 \_\_\_2. Unemployed  
 \_\_\_3. Retired  
 \_\_\_4. Never employed outside home
3. Veteran \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
4. Disabled \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
5. Does abuser live with victim? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
6. Was abuser subject to abuse in childhood? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
7. Were other members of family abused? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
8. Does the abuser abuse alcohol? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
9. Does the abuser abuse drugs? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown  
 Which is the abuser likely to use?  
 \_\_\_1. Marijuana                    \_\_\_4. Hallucinogens  
 \_\_\_2. Narcotics                    \_\_\_5. Unspecified  
 \_\_\_3. Tranquilizers                \_\_\_6. Cocaine/Amph'
10. Is the abuser likely to be abusive or neglectful? \_\_\_\_\_  
 \_\_\_1. When alcohol/drug free  
 \_\_\_2. When drinking/taking drugs  
 \_\_\_3. No pattern — occurs anytime  
 \_\_\_4. Other: \_\_\_\_\_
11. Is the abuser mentally ill? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
12. Is the abuser developmentally disabled? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
13. Is the abuser financially dependent on victim? \_\_\_\_\_  
 \_\_\_1. Yes      \_\_\_2. No      \_\_\_3. Unknown
14. Monthly income of abuser \_\_\_\_\_  
 (Check if estimate.)      \_\_\_3. Unknown  
 Source \_\_\_\_\_ Amount \_\_\_\_\_  
 (Check if same as victim income.)

TOTAL: \_\_\_\_\_



1. The following needs have been determined, as they relate to the client, relatives and caregivers, as appropriate:

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2. The following actions will be taken to meet the above-stated needs, by other agencies, client, relatives, and caregivers, as appropriate: (Note activity, frequency, and duration.)

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3. I understand and agree to the above needs and action plans.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Client agrees but will not sign. Explain the circumstances.

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Worker signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Are these the least restrictive alternatives? If not, please explain.

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APPENDIX E

ELDER ABUSE MANAGEMENT TEAM

ELDER ABUSE MANAGEMENT TEAM

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