

COVID-19 Updates: Homelessness Forum

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COVID-19 Recovery and Response Team

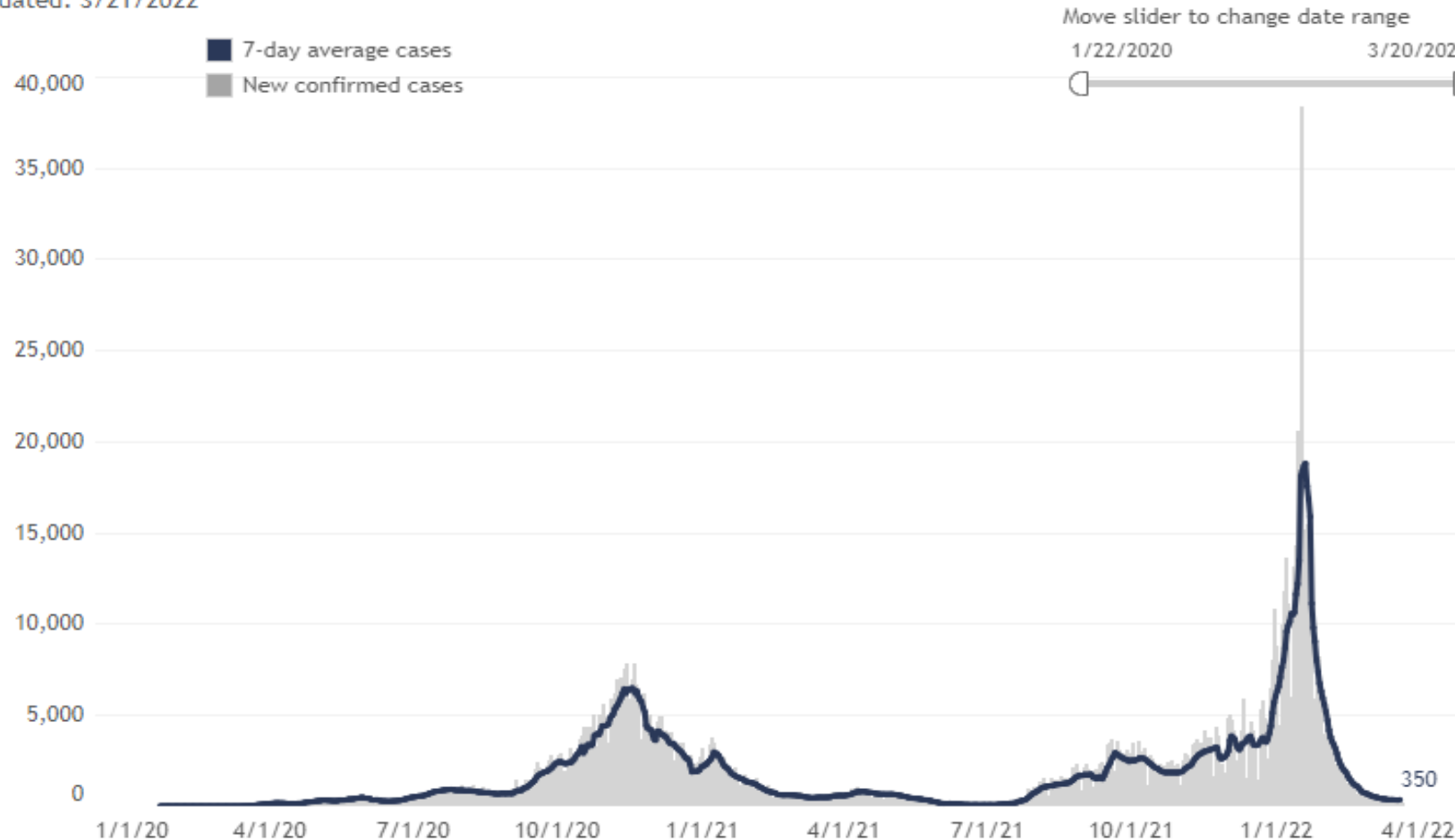
New COVID-19 Cases

7-day average of
350
cases per day (3/21/22)

7-day
average
data on
last
webinar
(2/21):
1,135
cases
per day

New confirmed COVID-19 cases by date confirmed, and 7-day average

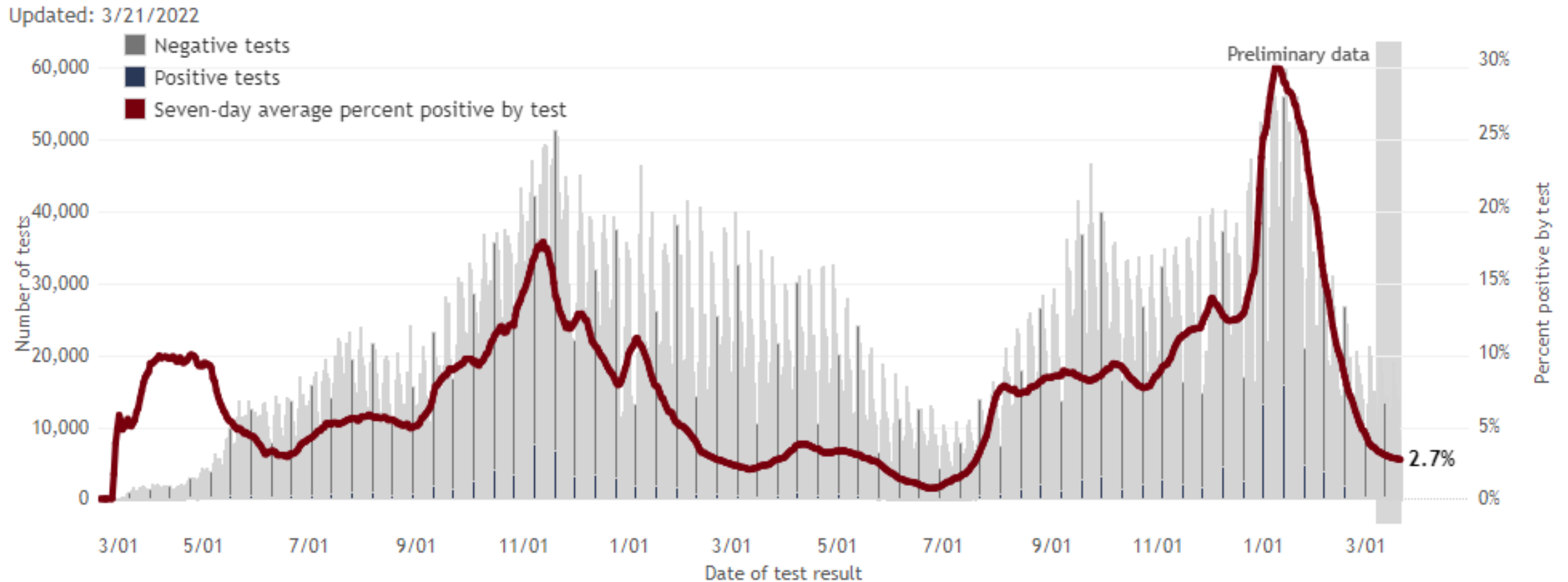
Updated: 3/21/2022



Percent Test Positivity

7-day percent positive by test, total tests by day

7-day average of
2.7%
positive tests per day (3/21)



Cases are relatively equal among age groups

Confirmed cases by age group by date of symptom onset or diagnosis

Updated: 3/21/2022

Select a measure

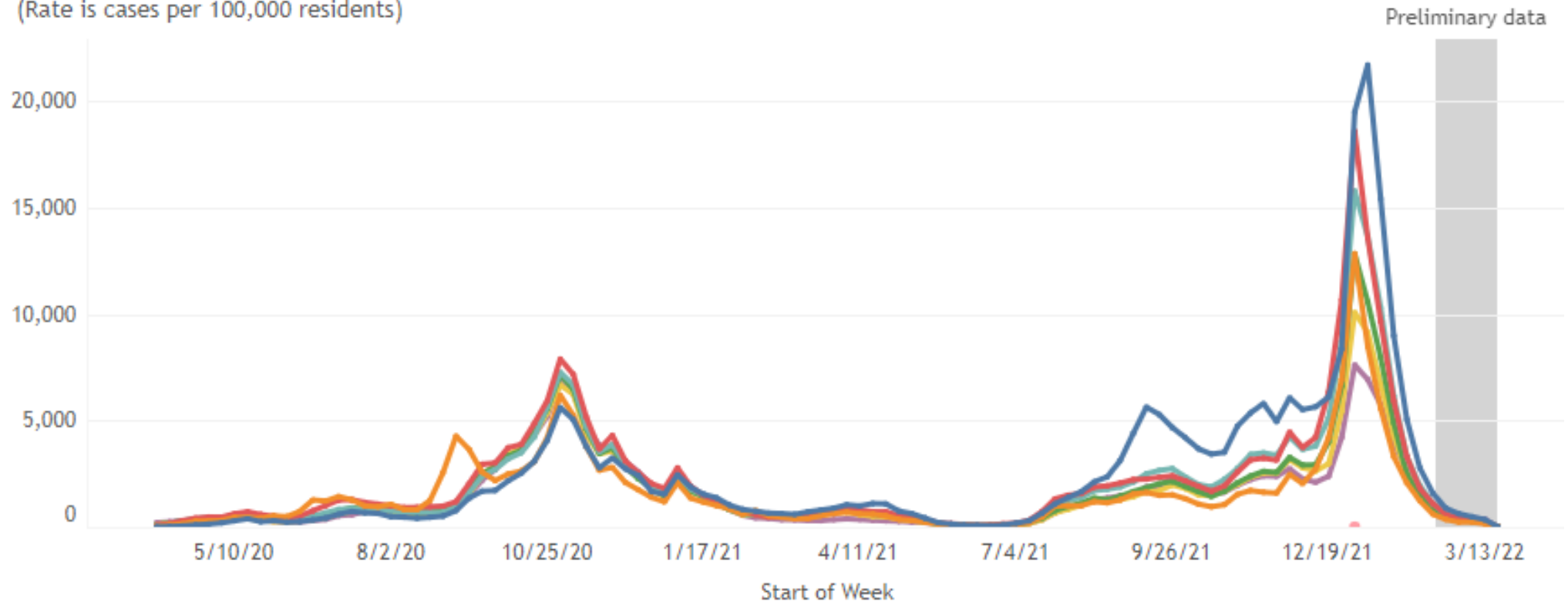
- Number
- Rate

Age group

- <18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Click on an age group to highlight the line graphs on the right

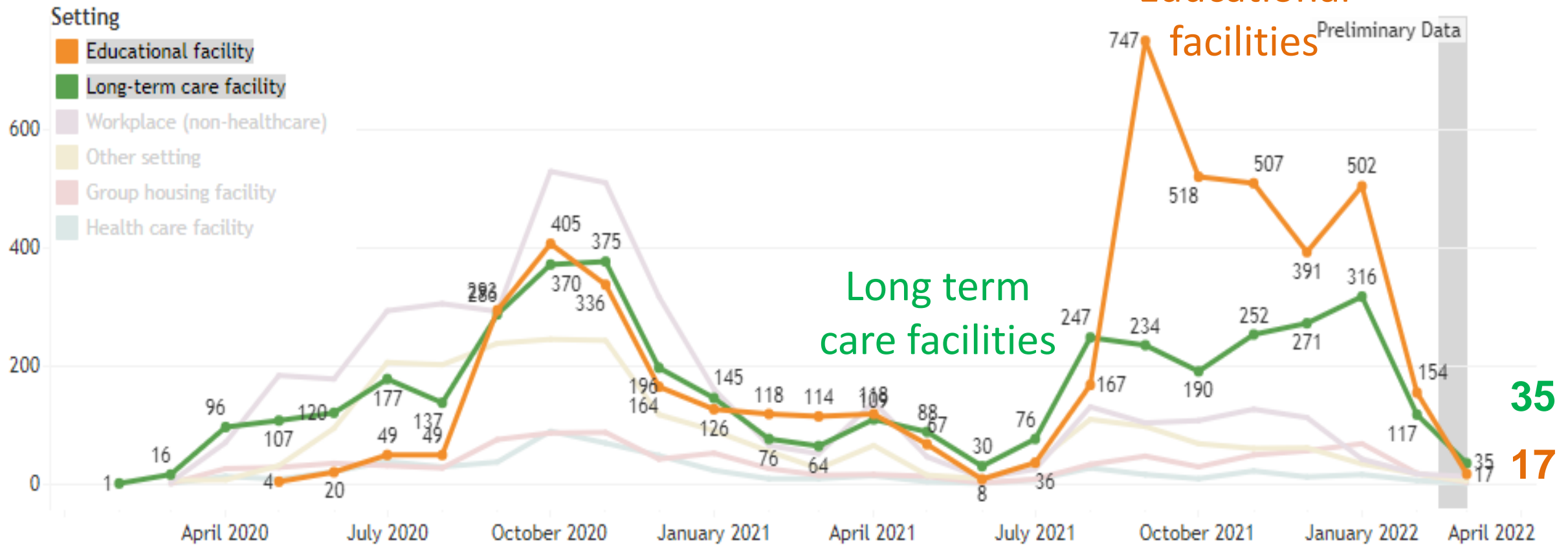
Weekly case number by age group (Rate is cases per 100,000 residents)



Outbreak Investigations

Updated: 3/16/2022 (Active investigations: 2,029)

Number of facility-wide investigations by setting type and month reported



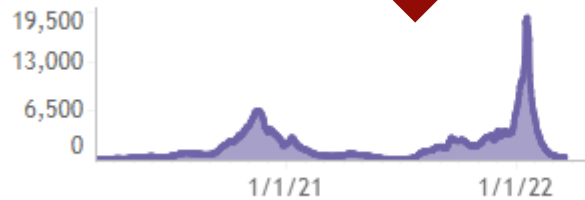
Source: <https://www.dhs.wisconsin.gov/covid-19/investigations.htm>

Testing data compared to last month

Testing Updated: 3/21/22

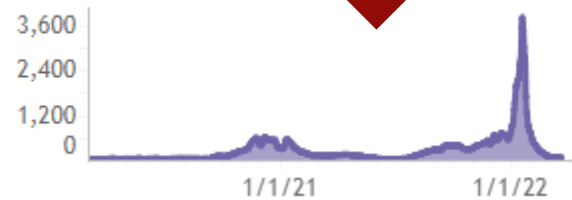
New Confirmed Cases
(7-day average)

350



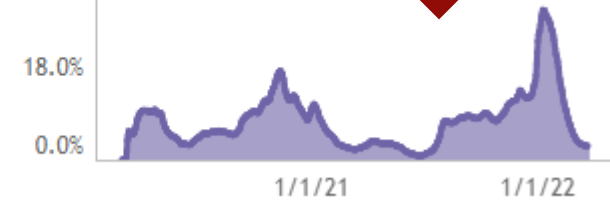
New Probable Cases
(7-day average)

57



Percent Positive by Test
(7-day average)

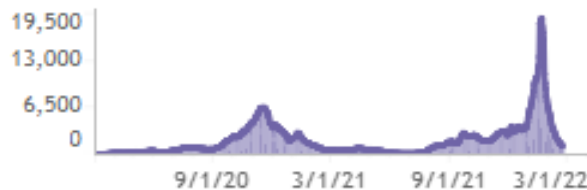
2.7%



Testing Updated: 2/21/22

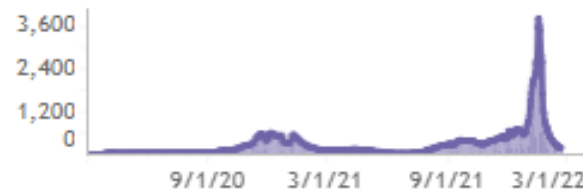
New Confirmed Cases
(7-day average)

1,135



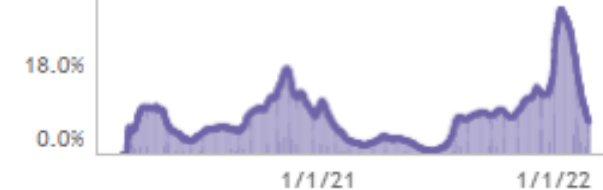
New Probable Cases
(7-day average)

181



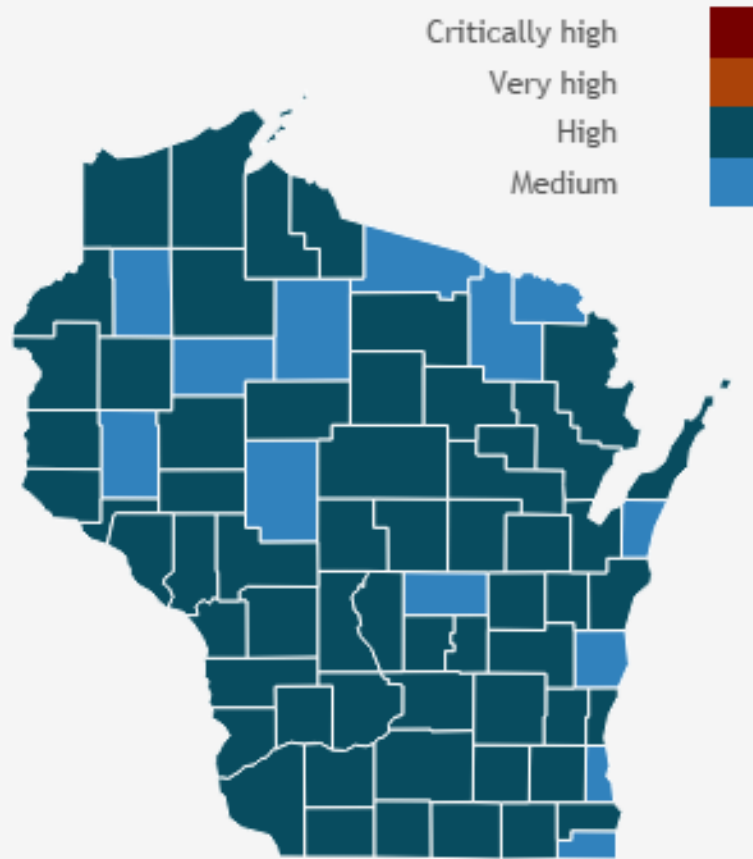
Percent Positive by Test
(7-day average)

6.8%



Currently in WI, case activity level is high

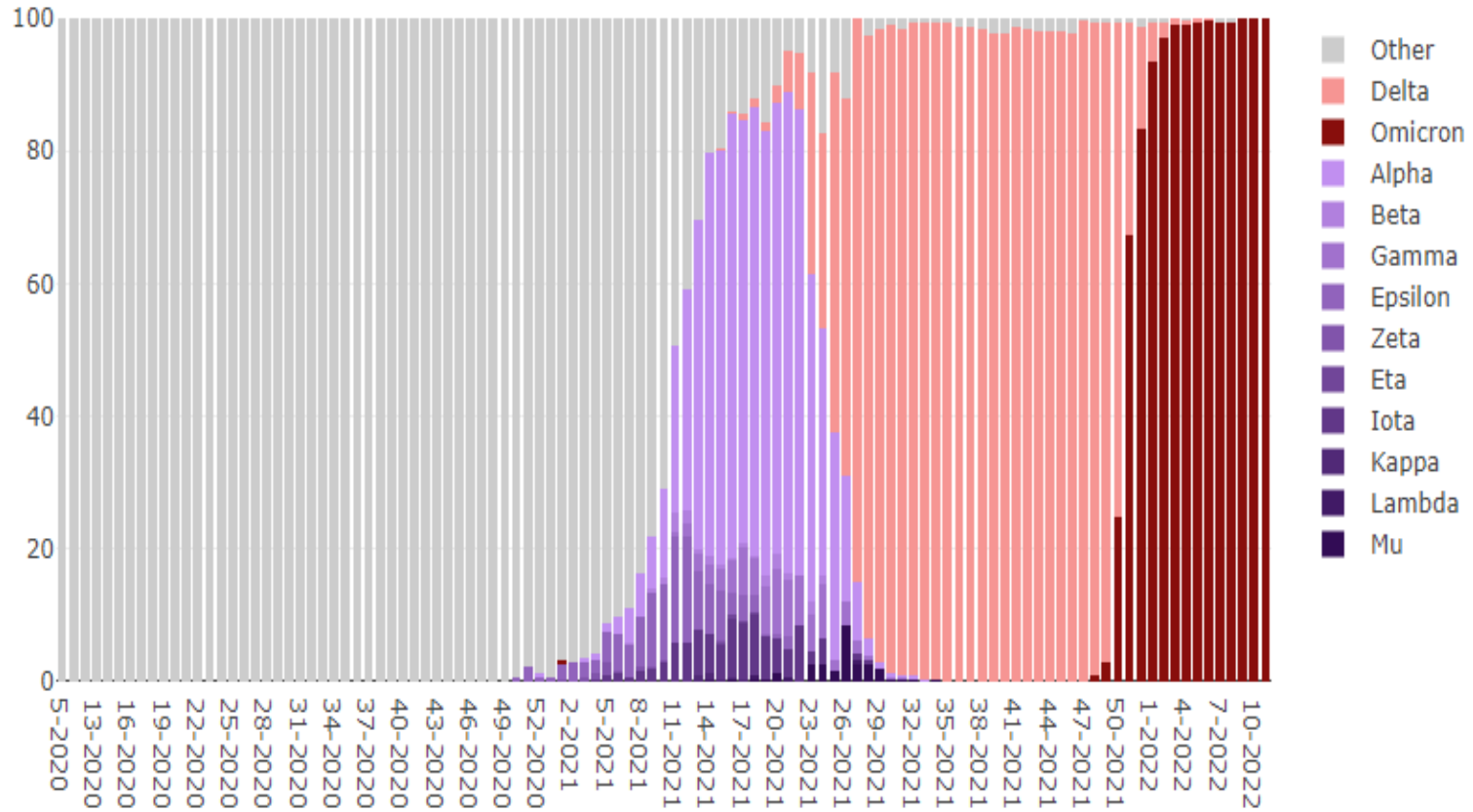
In Wisconsin between 3/2/2022 - 3/15/2022, the case activity level was high.



Case activity level by county (last two weeks)
Each circle represents a county.



Variant Update



Proportion of sequenced strains that are variants of concern (red) and variants being monitored (purple), over time by sample collection date.

Delta

Last 30 Days: **0**

Total: **27379**

B.1.617.2, All AY



Omicron

Last 30 Days: **688**

Total: **10686**

B.1.1.529, BA.1, BA.2, BA.3

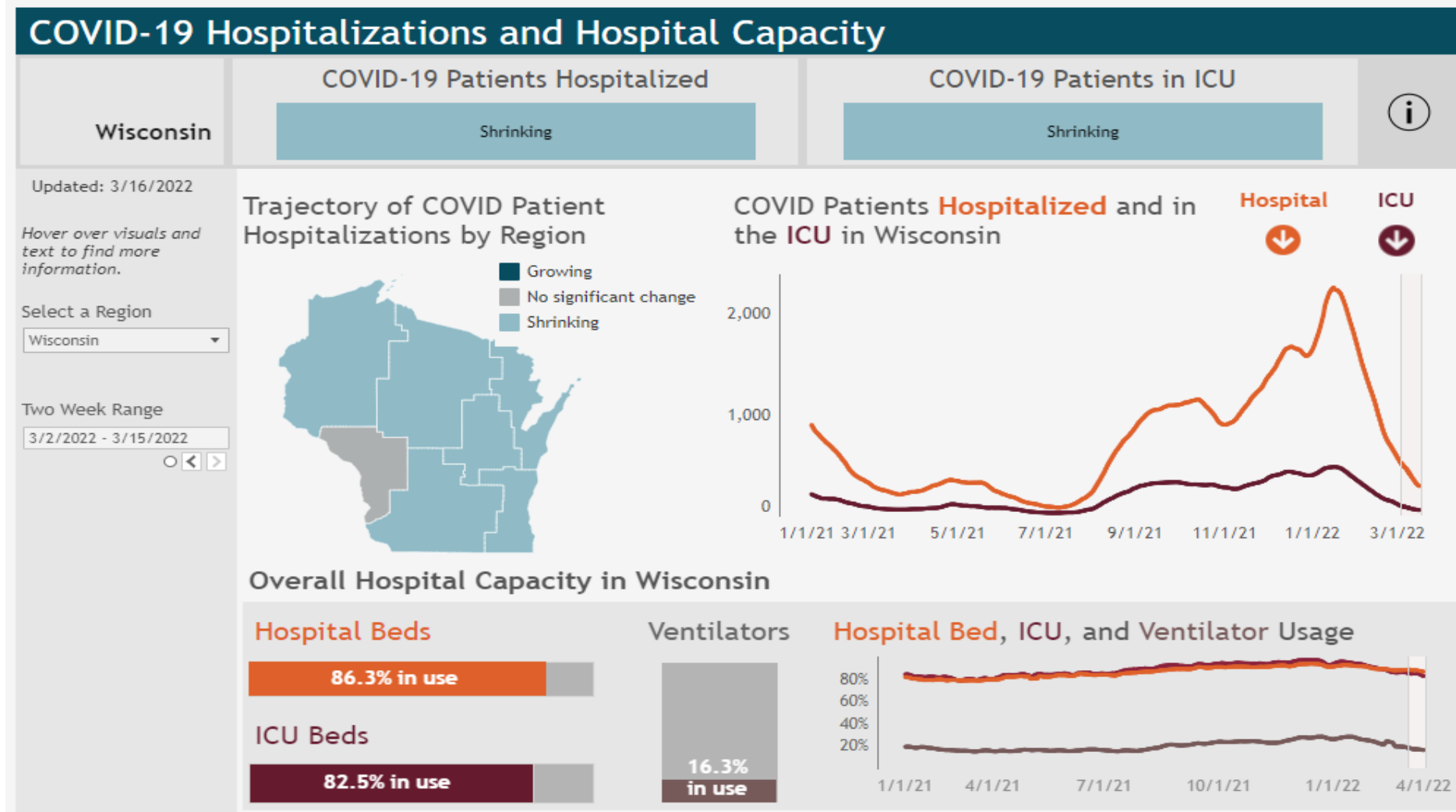


Data Updated:

2022-03-22

Source: <https://dataportal.slh.wisc.edu/>

Hospital Capacity



Source: <https://www.dhs.wisconsin.gov/covid-19/hosp-data.htm>

Vaccination Data Update

COVID-19 vaccines for Wisconsin residents

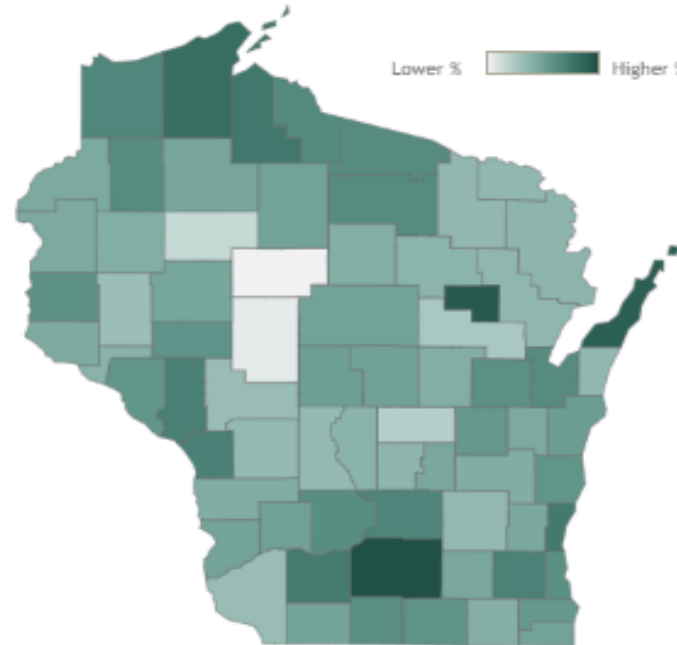
Updated: 3/21/2022

HERC region data

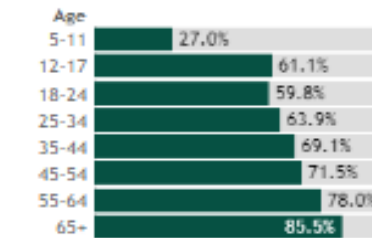
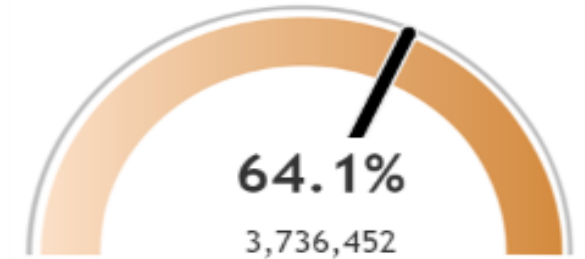
- Total population who have received at least one dose
- Total population who have completed the series
- Total population who have received an additional/booster dose

Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data



Percent of Wisconsin residents who have received at least one dose



*6.4% of records reported a race of "Other"

*3.7% of records reported an unknown race



*0.4% of records were reported without sex.



*3.6% of records were reported without ethnicity.

[View more data on racial and ethnic disparities in Wisconsin](#)

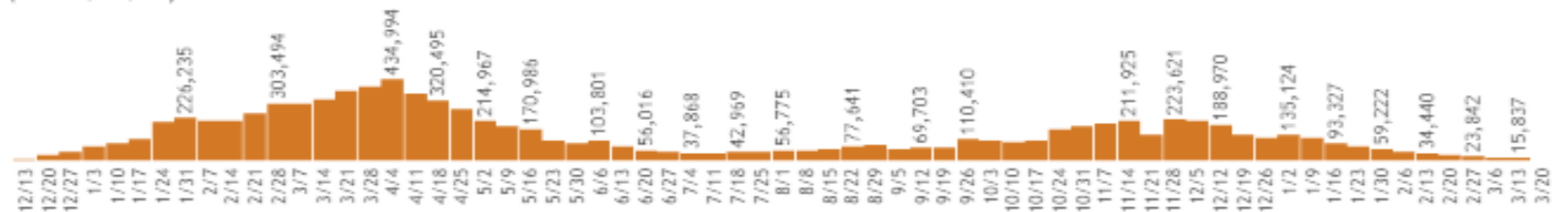
Total vaccine doses administered

Last updated: 3/21/2022

9,361,218

Vaccine doses for Wisconsin residents by week

(Total: 9,153,269)



*Current week may be incomplete.

Source: <https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm>

Vaccination Data Update

– Total Population who have completed the series

COVID-19 vaccines for Wisconsin residents

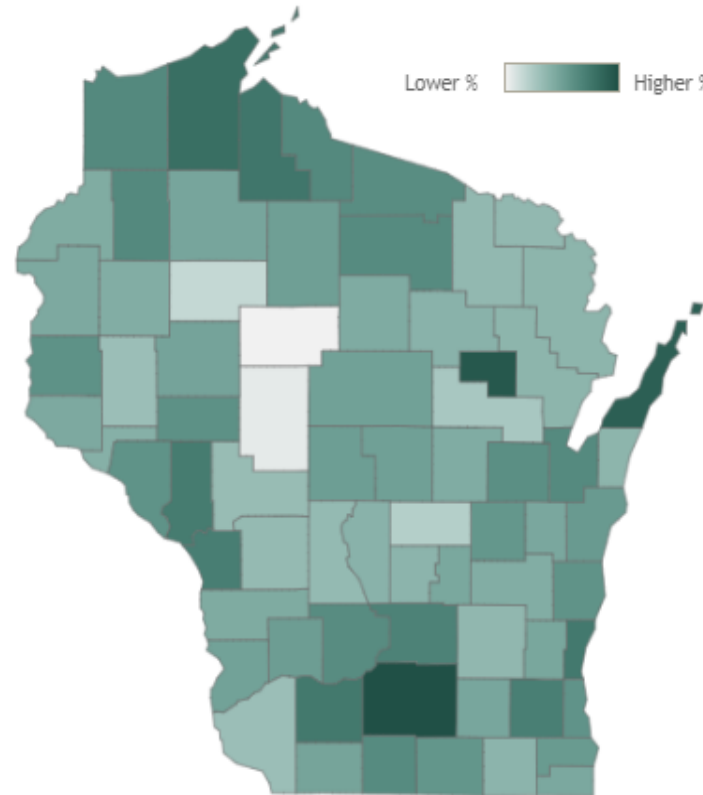
Updated: 3/21/2022

HERC region data

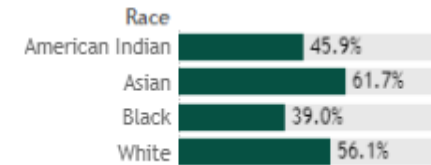
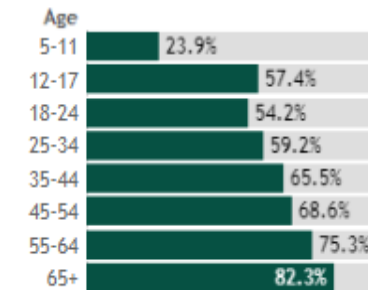
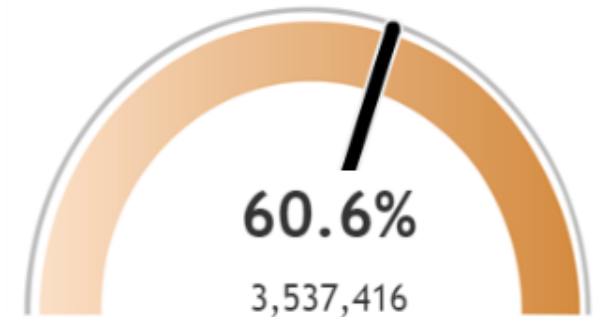
- Total population who have received at least one dose
- Total population who have completed the series
- Total population who have received an additional/booster dose

Percent of Wisconsin residents who have completed the vaccine series by county

Click a county to filter data



Percent of Wisconsin residents who have completed the vaccine series



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Vaccination Data Update

– Total Population who have received additional/booster dose

COVID-19 vaccines for Wisconsin residents

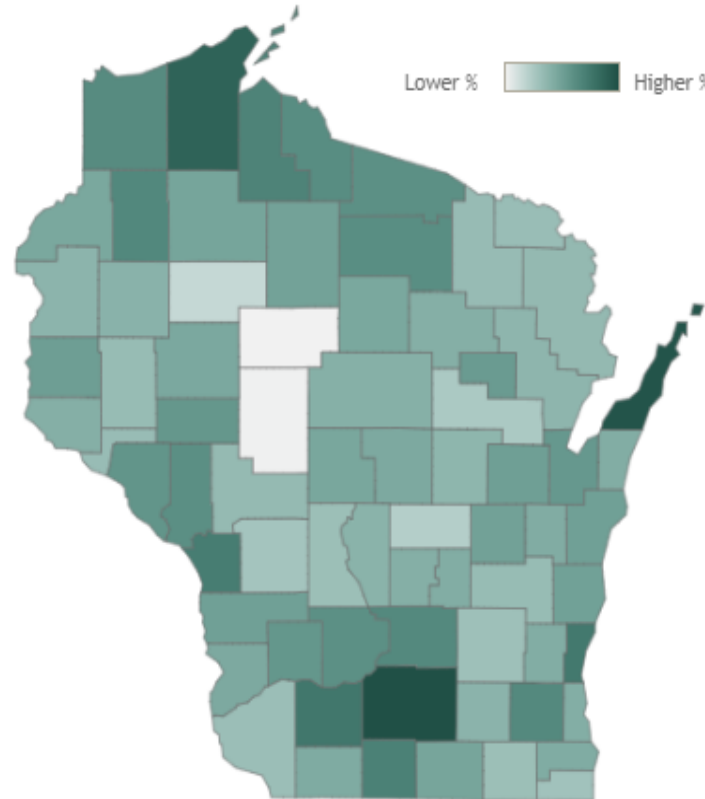
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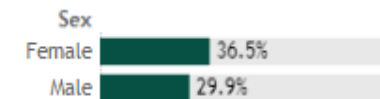
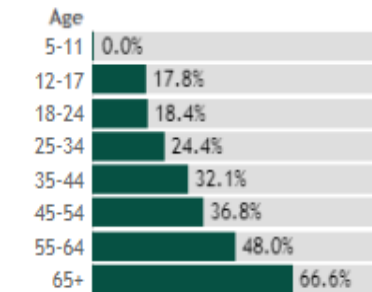
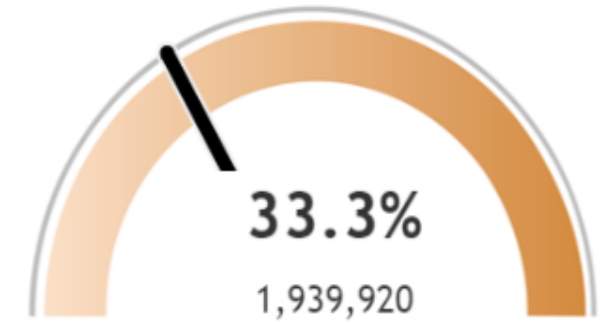
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Percent of Wisconsin residents who have received an additional/booster dose by county

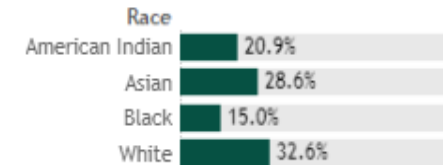
Click a county to filter data



Percent of Wisconsin residents who have received an additional/booster dose

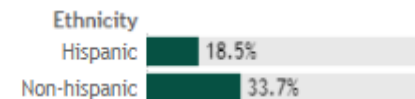


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View more data on racial and ethnic disparities in Wisconsin

Source: <https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm>

Testing updates

- No new updates
- Tests can be ordered through [Wisconsin COVID-19 Collection Supplies Request](#) web portal.
- The ordering process remains the same.

Recommendations

Promoting vaccination

Mask use

Physical distancing

Screening testing

Ventilation

Handwashing &

Staying home when sick

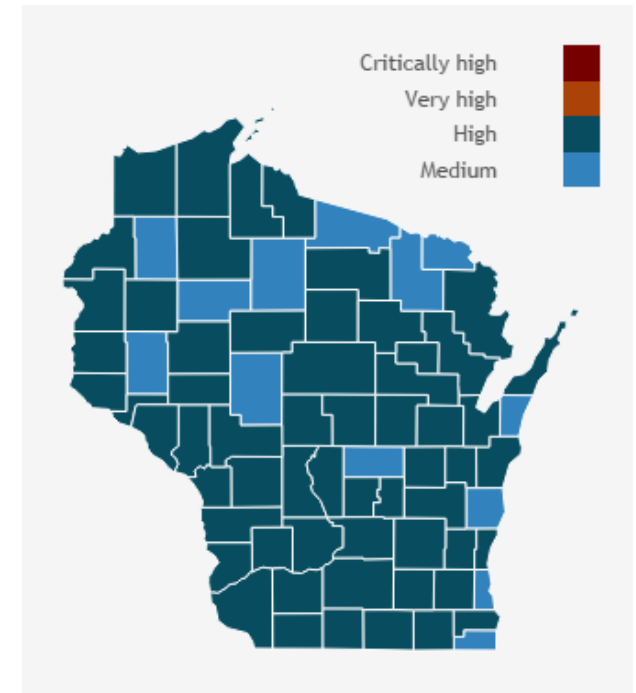
Contact tracing, isolation,
quarant

Cleaning and disinfection

**Layered
Prevention
Strategies**

Recommendations

- Continue all mitigation strategies.
- Continue facility wide testing weekly.



Community transmission is high

Testing Resources

Testing supplies can be ordered by emailing:
WICOVIDTest@dhs.wisconsin.gov

Help applying for testing supplies can be found at:
dhscovidtestingprogram@dhs.wisconsin.gov

DHS Testing Support Page for Shelters:
<https://www.dhs.wisconsin.gov/covid-19/testing-shelters.htm>

Vaccination Resources

Local vaccination clinics and events: https://211wisconsin.communityos.org/public-event-search?localHistory=h4hilRV_LGyLlaCnlbAn5Q

Vaccine partner resources:

<https://www.dhs.wisconsin.gov/covid-19/vaccine-resources.htm>

Vaccination resources and questions: dhscovidvaccinator@wi.gov

COVID-19 Vaccine Information (DHS):

<https://www.dhs.wisconsin.gov/covid-19/vaccine.htm>

COVID-19 Child Vaccination Publication:

<https://www.dhs.wisconsin.gov/publications/p02990.pdf>

Data Resources

Wisconsin COVID-19 Data

Summary data: <https://www.dhs.wisconsin.gov/covid-19/data.htm>

Activity Level by Region and County: <https://www.dhs.wisconsin.gov/covid-19/local.htm>

County Data: <https://www.dhs.wisconsin.gov/covid-19/county.htm>

Cases: <https://www.dhs.wisconsin.gov/covid-19/cases.htm>

Facility wide investigations: <https://www.dhs.wisconsin.gov/covid-19/investigations.htm>

Illness after vaccination: <https://www.dhs.wisconsin.gov/covid-19/vaccine-status.htm>

COVID-19 Variants: <https://www.dhs.wisconsin.gov/covid-19/variants-info.htm>

<https://dataportal.slh.wisc.edu/>

Vaccinations: : <https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm>



**Adult Protective Services: On
the Front Line Against Elder
Abuse and Abuse of Younger
Adults with Disabilities**

Alice Page

Adult Protective Services and Systems Developer

Gena Schupp

Elder Abuse Coordinator

March 28, 2022



Wisconsin APS Statutes

- **Section 46.90: Elder Abuse Reporting System**
- **Chapter 54: Guardianships**
- **Chapter 55**
 - **Protective Service System**
 - **Adult at Risk Reporting System**



Additional Statutes

- **Chapter 51: Mental Health Act**
- **Chapter 52: Supported Decision-Making**
- **Chapter 155: Health Care Power of Attorney**
- **Chapter 244: Financial Power of Attorney**



Elder Adult At Risk

A person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Section 46.90(1)(br), Wis. Stats.



Adult at Risk

A person (ages 18 to 59) who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Section 55.01(1e), Wis. Stats.



Cases APS Must Investigate

- **Abuse**
 - Physical
 - Emotional
 - Sexual
 - Unreasonable confinement or restraint
 - Treatment without consent
- **Neglect**
- **Self-Neglect**
- **Financial Exploitation**



Abuse

- **Intentional harm involving the exercise of power, control by abuser**
- **More than one type of abuse often occurs at same time**
- **Over time, abuse increases in frequency, severity**
- **Often involves manipulation of others in a relationship with victim**



Anyone Can Be a Victim

- **Reside mostly in communities, but also in facilities**
- **More likely to be abused if:**
 - **Socially isolated**
 - **Cognitively, physically impaired with corresponding dependence for ADLs**
 - **Infrequent primary care**
 - **History of family violence**



Abuse Leads To ...

- **Higher mortality rates**
- **Poor medical outcomes**
 - **Dementia**
 - **Depression**
 - **Worsening of chronic conditions**
- **Hospitalizations**
- **Placement in long-term care facilities**



Abusers – Who Are They?

Usually known by or related to victim; in a position of trust

- **Family members (spouses, adult children, other relatives)**
- **Non-family members (caregivers, surrogate decision-makers)**



Abusers – Who Are They?

- **Opportunistic strangers**
 - “New” friends
 - Romance, “grandson in jail,” IRS scammers
 - Charity scams claiming to support those affected by Russian invasion of Ukraine
- **Common thread is opportunity coupled with power and control**



Abusers – Who Are They?

- **More likely to be abuser if:**
 - Financially dependent on victim
 - Alcohol, drug dependent
 - Behavioral health issues
- **Emerging evidence that abuser characteristics might be stronger predictors of abuse than functional status of individual**



Abuser's Actions to Avoid Detection and Justify Abuse

- Isolate individual from family, friends**
- Take away phone, mobility supports, mail**
- Doctor, emergency department “hopping”**
- Refer to individual as “accident prone”**
- Use clothes, dark glasses to cover evidence of abuse**



Physical Abuse

- **Intentional or reckless infliction of bodily harm**

Section 46.90(1)(fg), Wis. Stats.

- **Bodily harm means physical pain or injury, or any impairment of physical condition.**

Section 46.90(1)(aj), Wis. Stats.



Signs of Physical Abuse

- **Substantial bodily harm (bruises, broken bones, burns, internal injuries, concussions)**
- **Broken eyeglasses, hearing aids, other devices**
- **Injuries not properly cared for; repeated, unexplained**
- **Frequent use of emergency department, hospital care**



Emotional Abuse

- **Language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing**
- **Nonverbal forms**

Section 46.90(1)(cm), Wis. Stats.



Signs of Emotional Abuse

Individual's affect

- **Helpless, withdrawn, non-responsive**
- **Agitated**
- **Fearful of something or someone**
- **Self-blaming**



Examples of Emotional Abuse

Abuser:

- Yells at, threatens or belittles individual
- Speaks for or controls individual
- Threatens to institutionalize individual
- Threatens to harm or kill individual's service or companion animals



Sexual Abuse

- **Non-consensual sexual contact of any kind**
- **Sexual contact with an individual incapable of giving consent**
- **May include hands on contact, hands off interaction, or harmful genital practices**



Sexual Abuse

Subjecting an individual to sexual contact of a type that would be considered a sexual assault under the criminal law.

Section 46.90(1)(gd), Wis. Stats., referencing Section 940.225 (1), (2), (3), or (3m), Wis. Stats.



Signs of Sexual Abuse

- **Bruises**
- **STDs, infections**
- **Bleeding, pain, itching**
- **Torn, bloody, stained underclothing**
- **Difficulty walking or sitting**
- **Verbal account of incident**



Sexual Abuse

- **Younger adults with disabilities more likely to be victims of sexual abuse**
- **Often “groomed” by abusers for weeks or months**



Unreasonable Confinement or Restraint

- **Intentional and unreasonable confinement in a locked room**
- **Involuntary separation of older adult from his or her living area**
- **Use of physical restraining devices**
- **Provision of unnecessary or excessive medication (chemical restraint)**

Section 46.90(1)(i), Wis. Stats.



Unreasonable Confinement or Restraint

Does not include use of these methods or devices in DHS regulated facilities if the method or devices are employed in conformance with state and federal standards.

Section 46.90(1)(i), Wis. Stats.



Neglect

- **Failure of a caregiver, as evidenced by an act, omission, or course of conduct, to secure or maintain adequate care, services, or supervision for older adult**
- **Caregiver failure creates significant risk or danger to older adult's physical or mental health**

Section 46.90(1)(f), Wis. Stats.



Neglect

- **Includes failure to provide food, clothing, shelter, and physical or mental health care**
- **A caregiver is a person who has assumed responsibility for all, part of older adult's care voluntarily, by contract or agreement.**



Neglect

- **Caregiver includes a person acting, claiming to act as a legal guardian**
- **Neglect does not include decisions to refuse, not seek medical care that are consistent with a previously executed living will, power of attorney**



Signs of Neglect

- **Unkempt appearance, poor hygiene**
- **Malnourished**
- **Inadequate care of teeth, nails**
- **Bedsore**
- **Soiled clothing or bedding**
- **Inadequate or spoiled food**
- **Medications (often expired)**



Signs of Neglect

- **Lack of appropriate medical equipment, mobility supports**
- **Unsafe or unclean living conditions**
 - Heating, cooling
 - Hoarding
 - Insect/vermin infestation
 - Other safety hazards
- **Caregiver who seems oblivious to older adult's needs**



Self-Neglect

- **Significant danger to older adult's physical or mental health because older adult is responsible for his or her own care, but fails to obtain adequate care**
- **Includes failure to obtain food, shelter, clothing, or medical or dental care**

Section 46.90(1)(g), Wis. Stats.



Self-Neglect

- **Harm not attributable to an abuser**
- **Older adults with decision-making capacity who make voluntary, informed choices that put health, safety at risk are not considered self-neglecting**
- **Signs of self-neglect often same, similar to signs of neglect**
 - **Important distinction, but APS must respond to both**



Financial Exploitation

Obtaining an older adult's money or property by:

- **Deceiving, enticing older adult**
- **Forcing, compelling, or coercing older adult to give, sell at less than fair market value, in other ways convey money, property against his or her will without his or her informed consent.**



Financial Exploitation

- **Theft, unauthorized use of personal identifying information or documents, forgery, financial transaction card crimes**
- **Substantial failure or neglect of a fiscal agent to fulfill responsibilities (guardian of the estate, financial power of attorney, representative payee)**

Section 46.90(1)(ed), Wis. Stats.



Signs of Financial Exploitation

Changes in bank account or banking practice

- More frequent and/or larger withdrawals of money
- Unexplained withdrawal of money by person accompanying older adult
- Credit card being used more frequently or for purchases not typical of older adult/customer



Signs of Financial Exploitation

- **Forged signature on checks, other financial and legal documents**
- **Unauthorized withdrawal of funds using ATM card**
- **Unauthorized use of credit cards**



Signs of Financial Exploitation

You are most likely to hear about the following from victim or perpetrator:

- **Disappearance of funds, possessions**
- **Transfer of assets**
- **Changes to will, powers of attorney**
- **Caregiver, family member spending money on something he or she cannot afford**
- **Remarks indicating cost of care more important than quality of care**



Adult Protective Services

- **Concern is with safety, well-being of older adult**
- **County-based system**
 - 72 counties
 - 11 tribes



Adult Protective Services

Focus of investigation is to determine whether abuse has occurred

- **Visit older adult's residence**
- **Observe, interview older adult, others**
- **Interview guardian, agent under a power of attorney**
- **Review treatment, patient health care records**
- **Review financial records**



Adult Protective Services

Assess:

- Level of harm, risk of harm
- Older adult's decision-making capacity
- Potential service needs, funding sources to reduce or eliminate harm, risk of harm
- Older adult's formal, informal supports (family, friends, surrogate decision-makers)



Adult Protective Services

Determine:

- Whether intervention should be voluntary or involuntary (court-ordered guardianships, protective placements)
- What is least restrictive intervention to meet older adult's needs
- Whether emergency intervention is warranted



Adult Protective Services

- **Provide services**
- **Make referrals for services to:**
 - Medical or behavioral health
 - ADRCs
 - Managed long-term care organizations
 - Ombudsmen, DRW
 - Personal care, delivered meals, housing
 - Legal or financial assistance



Adult Protective Services

- **Report to law enforcement/district attorneys if crime is suspected**
- **Report to regulatory agencies**
 - **DHS Division of Quality Assurance for regulated facilities, programs**
 - **Department of Safety and Professional Services (professional licensing boards)**



“Dignity of Risk”

- **Assessing safety is one of APS’s biggest challenges**
 - **What does it mean to be safe?**
 - **Can we really keep individuals safe?**
 - **Who gets to decide?**
 - **When does the cost of safety for the individual outweigh the benefits?**
- **Inherent tension between protection, right to self-determination**



“Dignity of Risk”

- **Individuals with decision-making capacity can make poor choices about the way they live**
 - **Distinction between capacity and competency**
- **APS encourages these individuals to accept voluntary services**



Reporting Abuse: Voluntary Reporters

- **Most reports are made voluntarily by family members, friends, neighbors**
- **Aware of facts or circumstances that would lead a reasonable person to suspect that abuse has occurred**
- **Reporter's identity is confidential, protected by law**
- **Reports can be made anonymously**



Reporting Abuse:

Limited Required Reporters

- **Certain professionals who are required by law to report suspected abuse**
 - **Health care providers, as defined in Wis. Stat. § 155.01(7)**
 - **Social workers, professional counselors, or marriage and family therapists certified under Wis. Stat. ch. 457**
 - **Employees of any entity that is DHS licensed or certified, approved by or registered with DHS**



Reporting Abuse: Limited Required Reporters

These professionals must report suspected abuse if they are seeing the individual in a professional capacity, and either of the following occurs:

- The individual requests that the professional make a report.**
- The professional has reasonable cause to believe either of the following situations exists:**



Reporting Abuse: Limited Required Reporters

- The individual is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.**
- An individual other than the person being seen (for example, another person with the same caregiver) is at risk of serious bodily harm, death, sexual assault, or significant property loss.**



Reporting Abuse: Limited Required Reporters

Exceptions to requirement to report suspected abuse:

- **Professional determines that reporting is not in individual's best interest, *and***
- **Reasons for determination are well documented in the individual's file**



Why Victims May Not Want Suspected Abuse Reported

- **Fear of retaliation**
- **Embarrassment at being abused**
- **Shame (individual thinks he or she did something to cause abuse)**
- **Does not want abuser to get in trouble**
- **Fear of being placed in a long-term care facility**



How to Report Abuse

- **If an emergency, call law enforcement**
- **Otherwise, call APS (EAAR, AAR agency) in county of residence or, if residing elsewhere, in county where incident occurs**
- **Toll-free Elder Abuse Helpline**
 - Available for assistance in making referrals to local authorities
 - 1-833-586-0170



How to Report Abuse in Facilities

A report may be made to:

- **A bureau in DQA**
- **The Office of Caregiver Quality (OCQ) in DQA if suspected abuser is an employee, contractor of facility**
- **The EAAR or AAR agency in the county where the facility is located**



Issues – Homeless Individuals Who Are Abused

- **Homeless shelters, agencies develop policies for reporting abuse**
- **Refusal of shelters to disclose to APS whether an individual is there**
- **“Dignity of risk”**
- **Advocates, agencies participate in county I-Team meetings**



Long Term Care Ombudsmen Program

- **Individual must be older adult (age 60+) and either**
 - **Served by long-term care program (Family Care, Partnership, PACE or IRIS) or**
 - **Be a resident or tenant of nursing home, community-based residential facility, residential care apartment complex, or adult family home, both 1-2 bed and 3-4 bed**



Long Term Care Ombudsmen Program

- **Cover regions of state, facilities, and/or programs**
- **Rights oriented**
- **One of most effective resources available to its service population**



Disability Rights Wisconsin

**Protection and advocacy system for
people of all ages with disabilities**

- **Developmental disabilities**
- **Mental illness**
- **Physical, sensory disabilities**
- **Traumatic brain injuries**



Disability Rights Wisconsin

Victim advocacy program

- **Provide direct services to people with disabilities who are crime victims, including abuse, neglect, financial exploitation, even if not reported as a crime**
- **Help protect rights while navigating civil, criminal justice systems**



Disability Rights Wisconsin

Family Care, IRIS Ombudsmen Program

- **Assist people with disabilities ages 18-59 in disputes involving adult long term care programs**
- **Long term care Ombudsmen assist people age 60+**



Reporting Abuse

- **Trust your instincts.**
- **If something doesn't add up or when in doubt, report!**



Relationships

- **Relationships are key to improving identification, reporting of elder abuse, abuse of younger adults with disabilities**
- **Get to know your community partners**
- **Understand your role as well as those of your partners, how they fit together**



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