

**Senate File 2239**  
**Section 30**

**AGENCY COLLABORATION AND REPORT**

**Submitted by:**

**Iowa Department on Aging  
Iowa Office of the Attorney General  
Iowa Department of Human Services  
Iowa Department of Inspections and Appeals  
Iowa Department of Public Health**

**August 15, 2014**

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## Senate File 2239 Mandates

During its 2014 session, Iowa's 85th General Assembly passed Senate File 2239 which was signed into law by Governor Branstad. Section 30 of Senate File 2239 mandates "the Department on Aging, Department of Human Services, Department of Inspections and Appeals, Department of Public Health, and the Office of the Attorney General shall collaborate and provide written recommendations on strengthening Iowa's elder abuse prevention, detection, and intervention efforts. To the extent possible, the Departments and the Office shall also include relevant budgetary considerations including staff and system needs, in their recommendations. If the departments and the office cannot reach consensus to develop a unified recommendation, the Director of each department and the Attorney General shall each provide a separate written report and an explanation of the differences in the proposed recommendations. The written recommendations and reports shall be submitted to the general assembly, the governor, and the department of management on or before August 15, 2014."

## Agency Collaboration Meeting

On July 29, 2014, a public meeting was convened of the Department of Human Services, Department of Inspections and Appeals, Department of Public Health, Department on Aging, and the Office of the Attorney General to discuss the Senate File 2239 mandate. Each provided a brief overview on how legislation passed has impacted their role in the adult abuse system and provided written comments to be included in this report. The Departments agreed it would be beneficial to continue keeping operational committees going and working collaboratively.

See Appendices A - Meeting Agenda; B - Attendee Listing; and C - Meeting Notes

Public comment and documents can be found in Appendix C and D.

The following is a compilation of statements provided by each state department and the Attorney General's Office:

## Iowa Department on Aging

The following 2014 Legislative Session activity addressed concerns presented in the 2013 Elder Abuse Task Force Report:

**House File 2463** provided three major efforts which will influence the prevention, intervention and detection of elder abuse, neglect and financial exploitation.

- **Re-establish the Office of Substitute Decision Maker** – Funds in the amount of \$325,000 was recommended in Governor Branstad’s budget and the Legislature appropriated \$288,666 to begin re-establishing the Office of Substitute Decision Maker. The Department is currently receiving applications for the attorney position and anticipates interviews to begin in late August. The other two position descriptions are being processed at the Department of Administrative Services, Human Resources Division.
- **Elder Abuse Prevention and Awareness** – Funds in the amount of \$525,000 were appropriated and to be distributed equally to the 6 Area Agencies on Aging (AAA) to administer the prevention of elder abuse, neglect and exploitation as per Iowa Code 231.56A. IDA developed contracts with each AAA to reflect the amounts allocated and outcomes anticipated. Each AAA will designate an Elder Rights Specialist for their Planning and Service Area to work closely with the IDA Elder Abuse Program Director.
- **Involuntary Discharge Specialist within the Office of the State Long-Term Care Ombudsman** – Governor Branstad recommended \$107,608 to establish this position that was later adopted by the Legislature. The addition of an Involuntary Discharge Specialist is a long awaited and needed position that advocates for residents of long-term care facilities and tenants of Assisted Living Programs. It is not uncommon for these types of situations to occur due to nonpayment by the resident’s or tenant’s conservator or agent named in a financial power of attorney. This position will represent residents and tenants faced with discharge due to financial exploitation. Applications have been received and interviews have just been completed.

**Senate File 2168** – Created the Iowa Uniform Power of Attorney Act which applies to financial power of attorney documents. The passage of this legislation provides oversight and additional safeguards for individuals who name another individual as their agent to act on their behalf.

**Senate File 2239** – Establishes an elder abuse definition and law only for civil elder abuse relief including protective orders. The law also mandates administrative rules be adopted requiring hospitals to establish and implement protocols for responding to the needs of patients who are victims of elder abuse.

### **Future Plans & Focus**

The Department on Aging recommends a monitoring period to implement changes and determine additional recommendations based on legislation impacting elder abuse passed during the last session. To accomplish this, the department will be holding an internal LEAN design event to align the new program pieces from the above legislation to achieve efficiency and effectiveness. This process will include developing a data collection component which will create a baseline for future monitoring and system performance measures. As these pieces are developed, barrier identification and gaps in service will be identified in order to provide any further recommendations for elder abuse prevention, detection and intervention.

## Potential Budgetary Considerations

The Department on Aging requests the continuation of funding for initiatives passed in House File 2463, which include the Office of Substitute Decision Maker, Elder Abuse Prevention and Awareness, and an ombudsman focusing on involuntary discharges. The Department further recommends that the Office of Substitute Decision Maker receive funding at the Governor's recommended amount of \$325,000.

### Note:

The Department on Aging submitted a report pursuant to Iowa Acts 2012, Senate File 2336, mandating "The department shall develop recommendations for an implementation schedule, including funding projections, for the substitute decision maker program created pursuant to chapter 231E, and shall submit the recommendations to the individuals identified in this Act for submission of reports by December 15, 2012." The full report may be viewed at:

[www.iowaaging.gov/sites/files/aging/documents/Substitute%20Decision%20Maker%20Report.pdf](http://www.iowaaging.gov/sites/files/aging/documents/Substitute%20Decision%20Maker%20Report.pdf)

An additional report was filed in conjunction with the 2013 Elder Abuse Task Force Final Report Senate File 446, Section 50, Appendix C, which provided three different options for funding the Office of Substitute Decision Maker. The full report may be viewed at:

<https://www.iowaaging.gov/sf-446-elder-abuse-task-force-final-report-2013>

## Iowa Office of the Attorney General

### Recommendations for Strengthening Iowa's Elder Abuse Prevention, Detection, and Intervention Efforts

Pursuant to the mandate in section 30 of SF2239, the Iowa Attorney General's Office "(Office)" respectfully submits the following recommendations to the General Assembly, the Governor, and the Department of Management on strengthening Iowa's elder abuse prevention, detection, and intervention efforts. Each recommendation creates or supports increased access by older Iowans to justice and protective services. The Office is open to other legislative changes if consensus can be reached with other departments, but has limited its recommendations here to enforcement and protective services issues more directly related to the role of the Office and county attorneys.

#### Law Enforcement/Prosecution

The Office recommends the addition of a new criminal offense of financial exploitation as the term is defined by Iowa Code section 235F.1(8).

There is often a power imbalance in the relationship between a vulnerable elder and those who stand in a position of trust or confidence with the vulnerable elder. This may result in the ability of the perpetrator to obtain the apparent consent of the vulnerable elder to the use or

control of the vulnerable elder's benefits, property, resources, belongings, or assets in situations in which the vulnerable elder is unable to consent.

This past legislative session as SF2239 moved through process, both the Iowa House and Senate passed different versions of a new criminal offense of financial exploitation. In the final hours of the session, however, consensus could not be reached and this provision was removed from the final conference committee report. The addition of a crime of financial exploitation will enhance the statutory rights and remedies for vulnerable elders who are victims of financial crimes perpetrated by those upon whom they must rely and trust. The addition of this crime will deter those in special relationships with vulnerable victims from misusing their power.

### **Regulated Entities Exemption**

The Office recommends removing the exemption for certain regulated entities and individuals as a "person who is in a confidential relationship with the vulnerable elder" contained in Iowa Code section 235F.1(14)(c). The exemption excludes from a "confidential relationship" a "legal, fiduciary or ordinary commercial or transactional relationship the vulnerable elder may have with a bank..., any savings and loan association or savings bank...any credit union..., any attorney licensed to practice law in this state, or any agent, agency or company regulated under chapter [sic] 505 [Insurance Division], 508 [life insurance companies], 515 [insurance other than life], or 543B [real estate brokers and salespersons]."

Trust is the core of financial exploitation. Though vulnerable elders are expected to have close, trusted relationships with their family members and caretakers which may increase the vulnerability of the elder to financial exploitation, financial exploitation is not limited to family members and caregivers. The exemption itself acknowledges this reality. Vulnerable elders, like all other adults, rely upon regulated entities and professionals in making life decisions, including, very often, financial decisions. When the trust placed in a professional is exploited by the professional through the use of undue influence, deception, coercion, fraud, or extortion, licensure status should not serve to limit the remedies and protections available to the vulnerable victim or to excuse the conduct of the perpetrator.

### **Civil Protective Orders**

The Office recommends amendments to the civil protective order provisions of Iowa Code chapter 235F to address due process and other process-related concerns. As the provisions are implemented, other needed changes may come to light.

*Notice to the vulnerable elder:* Section 235F.2 does not require that a "substitute petitioner" (a person filing an abuse petition on behalf of an alleged victim) provide notice of the filing to the alleged victim. The legislation is based largely on Iowa's domestic abuse law which allows only the alleged abused person to seek relief. Under 235F, however, a legal representative, family member, or "interested person," amongst others, is authorized to file a petition on behalf of the alleged victim. An alleged victim is entitled to notice of a petition for relief from elder abuse filed on his or her behalf.

*Definition of “interested person”:* Section 235F.1(15) defines “substitute petitioner” as including an “interested person.” “Interested person” is undefined. The lack of definition provides protection for vulnerable elders who may not have a family member or other representative to assist them, but also potentially reduces the reliability of information brought before the court. “Interested person” should be defined in a manner that retains the ability of vulnerable elders who need assistance in seeking and obtaining relief to access the courts but that also limits filings to those who have a demonstrated interest in the vulnerable elder.

*Limitations on filings:* Chapter 235F places no restrictions on the number of petitions for relief from elder abuse that may be filed by a petitioner or substitute petitioner thereby possibly subjecting an alleged victim or the process itself to abuse. The law should be amended to grant the court the authority and discretion to limit the number and control the timing of filings by a petitioner or substitute petitioners.

## Iowa Department of Human Services

The department has been actively involved in interagency collaborative efforts and internal review and/or enhancements regarding dependent adult and elder abuse. Specifically, the department has focused on data collection, process improvement and training. Future monitoring and interagency collaborative efforts have been identified and the department is committed to future work. The following is an overview of current and ongoing work activities:

### Data

- System changes to enhance the effectiveness of monitoring DHS services to clients;
- Collaboration with federal and state partners regarding uniform data collection; and
- Enhancing our dependent adult abuse data system to improve the accuracy of data.

### Process Improvement (Identify Ways to Improve the Dependent Adult Protection Advisory Council - DAPAC)

- Currently working on filling three vacancies; and
- Exploring and considering options to improve the overall function of DAPAC.

### Training

- Staff attended training presented by Department of Aging and the Attorney General’s Office regarding SF2239; and
- Educate DHS/Area Agency on Aging staff that a Power of Attorney is considered a caretaker: DHS staff training occurred.

## Future Monitoring

- Enhancements to DHS Dependent Adult system changes include capturing the age of the identified victim of abuse and neglect. We will monitor the data and assess how many victims identified as dependent adults are “elders” as defined in SF2239;
- Continue to collaborate with IDPH on mandatory reporting training;
- Continue to collaborate with Department of Aging on the role of elder rights specialists and efforts in the field to link individuals to service provision;
- Continue to collaborate with Department of Aging regarding the Office of Substitute Decision making; and
- Continue to collaborate with state agencies regarding the capacity to serve those individuals for who SF2239 created an entry into the formal system.

## Iowa Department of Inspections & Appeals

One of the main issues identified in the task force meetings and the LEAN event was the absence of a cohesive abuse system. During both events, participants discussed the confusion surrounding the numerous abuse provisions and definitions, the confusion on which agency the public reports abuse to, which agency investigates abuse allegations, which agency provides services and assistance, which county attorney offices will prosecute a case, which law(s) will apply to dependent adults under the age of 60, etc... While the new legislation addresses some of the deficiencies identified, there is still a lot of work that needs to be done. We think most of our recommendations can be handled administratively and will not require additional legislation.

DIA recommends that we continue the inter-agency collaboration. Through the LEAN and task force meetings, the participating agencies recognized that elder abuse is the responsibility of each agency and that responsibility should not be shifted around from agency to agency, allowing victims to fall into a loophole without services. If investigations and services are well coordinated, we can avoid having victims “fall between the cracks” and avoid duplication of efforts, resulting in a more efficient abuse system statewide.

Coordination can be improved by:

- Establishing interagency protocols that define the roles and relationships among agencies. Include guidelines for referring cases to one another, clarify each agency's responsibilities for assessing and investigating reports; define the circumstances in which joint investigations should be initiated; establish timelines; and provide for the sharing of information and client confidentiality.
- Developing a single entry reporting system for individuals, family members, and concerned others residing in the community, including a protocol for referring reports of suspected dependent adult abuse or elder abuse to the appropriate entities and referring those in need with support services and intervention options.
- Collaborating investigations when possible. When it is likely that a client may need to be assessed or receive services from more than one agency or program, joint investigations may reduce delays and reduce the need for duplicate interviews.

1. IDPH concurs on the progress made to-date on elder abuse issues and *supports development of tracking measures to monitor and understand implementation of SF2239 and SF2168*, including procurement and initial operations of the State Office of Substitute Decision-Making, hiring and establishing elder rights specialists within the Aging and Disabilities Resource Centers, and hiring an ombudsman to focus on involuntary discharges. IDPH also *supports submitting an updated Agency Collaboration report in December 2014*.
2. IDPH duties potentially related to “elder abuse” include approving training curricula for child and dependent adult abuse mandatory reporters (a. below) and supporting certain historical substitute medical decision-making activities (b. below).
  - a. Per 641 IAC chapter 93 – IDPH shall:
    1. Review and approve criteria for child and dependent adult abuse curricula for persons who work in a position classification that under law makes the persons mandatory reporters of child or dependent adult abuse and the position classification does not have a mandatory reporter training curriculum approved by a licensing or examining board.
    2. Conduct literature reviews and scrutinize existing research pertinent to its purpose.
    3. Review curricula based on the criteria established in rule 93.5(135).
    4. Report decisions regarding approvals or denials to applicants.
    5. Review appeals as provided in rule 93.7(135).
    6. Maintain a list of approved curricula and distribute the list upon request.

In general, mandatory reporter training curricula are approved for three years based on criteria established by the Abuse Education Review Panel (prior to its elimination in 2009) and may be renewed upon application to IDPH. There are currently around 1400 approved curricula: 700 specific to dependent adult abuse, 200 child abuse only, and 500 that combine training on child and dependent adult abuse. Information is available on the IDPH website at [http://www.idph.state.ia.us/bh/abuse\\_ed\\_review.asp](http://www.idph.state.ia.us/bh/abuse_ed_review.asp)

- b. Per Iowa Code chapters 135.28 (repealed in 2010) and 135.29 – IDPH has had specific duties with State and local substitute medical decision-making boards. The State board was repealed in 2010. While duties for local boards are still authorized by law, as of January 2014, no such local substitute medical decision-making boards exist. The purpose of each county’s local substitute medical decision-making board would be to act as a substitute decision-maker for patients incapable of making their own medical care decisions when no other substitute decision-maker was available to act. A local substitute medical decision-making board may exercise decision-making authority in situations where there is sufficient time to review the patient’s condition, and a reasonably prudent person would consider a decision to be medically necessary. The local

substitute medical decision-making board was authorized to continue to act in the patient's best interests until a guardian was appointed, pursuant to chapter 633. There is nothing in the language of the law to indicate that a local substitute medical decision-making board was intended to serve as the ongoing medical decision-maker. The State Office of Substitute Decision Maker will have the capacity to provide appointed ongoing guardians to assist with personal and medical decisions for individuals who have no one willing or able to serve in that role. The availability of guardians within the State Office of Substitute Decision Maker may assist in situations where a decision maker is needed for a medical decision and a local substitute medical decision-making board does not exist.

A brief historical summary of local substitute medical decision-making boards is available on the IDPH website at [http://www.idph.state.ia.us/bh/substitute\\_decision.asp](http://www.idph.state.ia.us/bh/substitute_decision.asp). The website will be updated to reflect reestablishment of the State Office of Substitute Decision Maker by the Department on Aging, as well as any subsequent changes.

3. IDPH does not have any legislative requests.

# Appendix

## APPENDIX A

### SF 2239 Agency Collaboration

Tuesday, July 29, 2014

1:00 p.m.

**Location:** Iowa Department on Aging, Large Conference Room  
510 E 12<sup>th</sup> Street, Des Moines

**Conference Call Information:** Dial: (877) 273-4202 and use Room Number: 8547124#

#### Draft Agenda

- 1) Welcome and Introductions Donna Harvey, IDA
- 2) Overview of SF2239 language Donna Harvey, IDA
- 3) Appointment of Chairperson
- 4) Overview of LEAN event/legislation crosswalk
- 5) General discussion/recommendations for future
- 6) Setting next meeting
- 7) General Public Comment

During the public comment period on the agenda, members of the audience may address the board for a period not to exceed two minutes. The board reserves the right to reduce this time based on the number wishing to speak. The chairperson may recognize a person wishing to speak at other times during the meeting if the individual raises a hand. Acknowledgment and an opportunity to speak will be at the discretion of the chairperson.

- 8) Adjourn

**Members:** Department on Aging; Department of Human Services; Department of Inspections and Appeals; Department of Public Health; Office of Attorney General

This meeting is accessible to individuals with disabilities. If you have special needs, please contact the Iowa Dept. on Aging at (515) 725-3302.

## Senate File 2239 Agency Collaboration Meeting Attendees

**Agency Representatives:**

<b>Director Charles Palmer</b>	<b>Iowa Department of Human Services</b>
<b>Director Rod Roberts</b>	<b>Iowa Department of Inspections and Appeals</b>
<b>Director Gerd Clabaugh</b>	<b>Iowa Department of Public Health (phone)</b>
<b>Director Donna Harvey</b>	<b>Iowa Department on Aging</b>
<b>Deputy Attorney General Eric Tabor</b>	<b>Iowa Office of the Attorney General</b>

**Legislators:**

Representative Lisa Heddens	Iowa Legislature
Senator Mary Jo Wilhelm	Iowa Legislature (phone)

**Attendees:**

Jess Benson	Iowa Legislative Service Agency
Wendy Dishman	Iowa Department of Inspections and Appeals
Betty Grandquist	Iowa Commission on Aging
Bill Freeland	Iowa House Democratic Caucus Staff
Patty Funaro	Iowa Legislative Service Agency
Linda Hildreth	Iowa Department on Aging
Sandi Hurtado-Peters	Iowa Department of Management (phone)
Aubury Krueger	Connections Area Agency on Aging (phone)
Larry Kudej	Johnson County Task Force on Aging
Laura Larkin	Iowa Department of Human Services
Kimberly Murphy	Iowa Department on Aging
Chantelle Smith	Iowa Office of the Attorney General
Jone Staley	Iowa Department of Human Services
Kathy Stone	Iowa Department of Public Health
Paige Thorson	Iowa Department on Aging
Danika Welsch	Iowa Department on Aging
Bob Welsh	Older Iowans Legislature
Ingrid Wensel	Heritage Area Agency on Aging
Joel Wulf	Iowa Department on Aging
Beverly Zylstra	Iowa Department of Inspections and Appeals

## APPENDIX C

### **SF 2239 Agency Collaboration Meeting Notes**

**Tuesday, July 29, 2014 | 1:00 p.m.**

**Location:** Iowa Department on Aging, Large Conference Room, 510 E 12<sup>th</sup> St, Des Moines

**Members in attendance:** Director Donna Harvey, Department on Aging; Director Chuck Palmer, Department of Human Services; Director Rod Roberts, Department of Inspections and Appeals; Chief Deputy Eric Tabor, Office of Attorney General

**Members participating telephonically:** Director Gerd Clabaugh, Department of Public Health

**Others present:** Available on hardcopy.

- 1) Welcome and Introductions
- 2) Overview of SF2239 Language

#### **SF2239 DIVISION III, AGENCY COLLABORATION AND REPORT Sec. 30. AGENCY COLLABORATION AND REPORT**

The department on aging, department of human services, department of inspections and appeals, department of public health, and the office of the attorney general shall collaborate and provide written recommendations on strengthening Iowa's elder abuse prevention, detection, and intervention efforts. To the extent possible, the departments and the office shall also include relevant budgetary considerations including staff and system needs, in their recommendations. If the departments and the office cannot reach consensus to develop a unified recommendation, the director of each department and the attorney general shall each provide a separate written report and an explanation of the differences in the proposed recommendations. The written recommendations and reports shall be submitted to the general assembly, the governor, and the department of management on or before August 15, 2014.

- 3) Appointment of Chairperson

Members appointed Director Harvey chair.

- 4) Overview of Department Activities

Office of the Attorney General (AG): Tabor outlined the changes his office will request to the legislation in the upcoming legislative session. These changes will be provided in detail in the report due August 15.

Department on Aging (IDA): Harvey provided updates of changes impacting elder abuse put in place for IDA by the 85<sup>th</sup> General Assembly. Harvey would like to monitor the changes for a year before making additional recommendations for legislative action.

Department of Human Services (DHS): Palmer is also interested in seeing what happens over the course of the next year. He indicated he had concerns in the collective capacity to deal with an unknown volume at both the local and state level. Palmer sees the next year as one of exploration with identifying specific issues, system competency and readiness, staff resources, and the legal capacity to respond to the kinds of situations that arise. At this time, some of the implications on the departments are not known. Palmer provided updates of department activities.

Department of Inspections and Appeals (DIA): Roberts spoke of the importance of process. The process has begun and more pieces will be added as time goes on. Roberts noted the central point of contact concept still has merit to the public, but comes with challenges.

Department of Public Health (IDPH): Kathy Stone provided updates on the activities of the Department on behalf of Clabaugh. Stone spoke of the collaborative efforts that have taken place thus far and sees no reason that it will not continue to occur in the future.

#### 5) General discussion/recommendations for future

The Members will begin to implement pieces of legislation passed in the last session, work to come up with a system that can begin to track the impact to the public, and identify existing gaps and inefficiencies before designing new pieces for the system. The Departments will continue to keep operational committees going and working collaboratively. The Members support the Office of the Attorney General's recommendations for changes to the legislation for the upcoming session.

Fiscal Impact: IDA will request the expansion of the Office of Substitute Decision Maker to the local levels. Tabor indicated there will be a fiscal impact on the courts and county attorneys.

Each member will provide a written summary to IDA by August 8. IDA will compile the summaries in a report which is due to the General Assembly, Governor's Office and Department of Management by August 15, 2014.

The members discussed touching base in December.

#### 6) Setting next meeting

No additional meetings have been scheduled.

#### 7) General Public Comment

Bob Welsh, Older Iowan's Legislature and member of the public, questioned Iowa's lack of a system. He discussed recommendations that came out of the Lean event and task force as to what an elder abuse law would look like. He commented on components of successful systems and provided two handouts that are attached at the bottom of this summary. Welsh agreed a full report would not be possible by August 15. He hopes in the process they would look at what a system is, and look at what the unknown numbers are stating very low

numbers are reported nationally. Welsh asked that decisions be made as there are a lot of elderly people that need the help of the state.

Senator Wilhelm thanked everyone for their part stating it was a good discussion. She agreed the discussion has not ended hoping the legislature could address some of the concerns. Wilhelm explained the intent of the amendment was to address how the Departments want elderly abuse handled procedurally. Do they want it handled locally as the task force recommended or is there a different procedure of how they want to have elderly abuse reported? She thought this is what the report would be defining. Harvey asked if she was referencing the single point of entry coming through the ADRC network to which Wilhelm responded yes. Harvey noted more information would be available after a tracking system was created and the Area Agencies on Aging each had their elder rights specialist in place. Wilhelm wants to ensure they are able to look at the process this coming session.

Representative Heddens also commented on intent of the legislation stating that part of the legislative process was not only looking at what the gaps in services were but also looking at all the data that's available from the last 20+ years. Heddens hopes the report includes things such as what is needed to address the needs of the population that does not fall under dependent adult abuse, what the legislature should address that they didn't, what is needed for implementation and tracking, and IDA's thoughts on a funding extension for the Office of Substitute Decision Maker. Heddens believes enough information is known now that trends have been identified that can be incorporated into the report due August 15, so that the legislature can address the items that were cut out.

Larry Kudej, Johnson County Task Force on Aging Chair, commented that one of the frustrating things for him was all the items that were removed from the legislation at the last minute. Kudej asked that recommendations be made public sooner rather than later for interested parties to make comments and be involved. He specifically encouraged the movement of the Office of Substitute Decision Maker and looks forward to seeing needed services in the field.

8) Adjourned

## APPENDIX D

### Public Comment Handout

#### THREE STEPS - ELDER ABUSE PROTECTIVE SYSTEM DESIGN

A. An elder abuse law - (The first ten items based on LEAN). Items in **bold** most important.

- 1 **All over 60 and all types of elder abuse**
- 2) Mandatory Reporting
- 3) Penalty for failure to report
- 4) Consequences for perpetrators
- 5) Central Registry
- 6) Defines education and training
- 7) States who will provide legal assistance
- 8) Includes service provisions,
- 9) **MDT an essential part**
- 10) **ADRC as single point of entry as part of no wrong door policy**
  
- 11) Confidentiality – importance of sharing information (related to MDT)
- 12) **Value of separate investigators – child abuse and elder abuse**

B. Prevention – Detection and Investigation (Three excellent resources)

- 1) Understanding Elder Abuse – National Institute of Justice

Iowa may wish to use the integrated approach proposed in this publication.

- 1) The Essentials – Preventing Elder Abuse – National Committee for the Prevention of Elder Abuse

Iowa may wish to adopt these essentials.

- 2) The Elder Justice Roadmap –

Iowa may wish to select stakeholders' comments for the various categories and assigning responsibility.

C. Legislation and Funding

Is it best to amend 235B or to create a new law?

If a new law, value of limiting 235B to those 18 – 60.

Are there changes in the other laws?

What funds, if any, can be transferred?

What new funding is needed?

Bob Welsh – [welshbob@aol.com](mailto:welshbob@aol.com) 319-354-4618

POSSIBLE ACTIONS RELATED TO PREVENTION, DETECTION and INTERVENTION  
Resource – Appendix D – List of Stakeholders’ Statements  
The Elder Justice Roadmap

PREVENTION

- Increase the number of health care professionals qualified to care for older people and to identify, address and prevent elder abuse. (10) (IDPH, Universities and community colleges.)
- To provide caregivers with adequate support and services to develop competency and reduce stress. (11) (DOA-AAA, IDPH, Iowa Caregivers)
- Increase initiative for primary and secondary prevention (such as social support for older people. (12) (DOA-AAA, DHS)
- The aging network to assign higher priority and more resources to addressing elder abuse, including through the integration of elder justice measures in all appropriate programs and initiatives. (13) (DOA – AAA, AG)
- To ensure that quality information about preventing, identifying and responding to elder abuse (such as curricula and tool kits) is disseminated to professionals and the public (23) (IDPH)
- To include questions about elder abuse on relevant professional licensing exams to encourage training and competency on elder abuse issues, (34) (IDPH,DIA)
- Multidisciplinary teams that have adequate support (35) (AAA-DHS-IDPH-AG)
- To increase scrutiny and accountability of representative payees and develop responses to abuse of the representative payee system (38) (AG)
- Educate all types of caregivers about elder abuse (42) (IDPH, DOA, Caregivers Ass.)
- Long term care facilities to be staffed by sufficient numbers of adequately trained, compensated, supervised, and screened staff, (53) (DIA)
- Increase access to and monitoring of home care to promote quality care at home and prevent elder abuse. (54) (Association of Community Providers, etc)
- To raise awareness among trusts and estates, family, and elder law attorneys, about how to identify and prevent elder abuse. (61) (AG, Bar Association, Bankers Association, Colleges of Law)
- ADRC staff to assist in coordinating multidisciplinary efforts to address elder abuse and to provide appropriate information and referrals (71) (DOA) ADRC)
- Faith leaders and faith-based organizations to be more informed about and engaged in addressing elder justice issues. (81) (DOA)
- To increase the availability of community care coordination and case management services to reduce the risk and incidence of elder abuse. (119) (DOA-ADRC)
- Accessible information for services for non-abusing family and friends who are attempting to address elder abuse, including information about how to find help and how to address the impact of the abuse on their own lives. (120) (DOA, IDPH, DHS)
- To develop housing, social and other initiatives designed to reduce the isolation of older adults (121) (DOA)

## DETECTION

- To train practitioners to use evidence-based and promising screening and interventions that detect and address trauma and other mental health, behavioral health and substance abuse issues. (8) (DHS – Regional MH, Alzheimer Association, Alcohol Anonymous, etc)
- The financial industry to create and implement initiatives to address and prevent elder financial exploitation. (77) (AG, Bankers Association, etc)
- To train and fund more forensic experts to aide in the detection, analysis, investigation, and prosecution of elder abuse cases. (82) (IDPH, Medical Examiners, Medical Schools)
- To increase resources for and capacity of long term care ombudsmen to address elder abuse. (85) (DOA – State LTC Ombudman)
- Better way to indentify and respond to high-risk transitions that create unsafe conditions such as when certain types of offenders move into the home of older, frail relatives or when sexual predators are placed in nursing homes. (89) (DOA, DIA)
- To address and prevent elder abuse that occurs during or as a result of care transition (i.e from a hospital to nursing home) (93) (DIA, DOA if in the community, Industry associations)
- Medicare, Medicaid, insurance reimbursement for elder abuse screening, detection and intervention. (97) (DHS, Insurance Department)
- Expand long-term care ombudsman to advocate for people who receive care in settings other than nursing homes. (101) (State LTC Ombudsman)
- Training for individuals who come into contact with older persons (such as postal workers, Meals on Wheels staff, emergency room nurses, etc.) on how to recognize, respond to, and refer suspected elder abuse. (104) (DOA, IDPH)
- Elder abuse fatality review teams to analyze suspicious elder deaths, identify systemic Problems, and make recommendations, including about when autopsies should be Preformed. (113) (IDPH - Medical Examiners)
- High-quality, accessible civil legal services to detect prevent and address elder abuse (including those services through the Older Americans Act and Legal Services Corporation). (117) (DOA, Legal Services)

## INTERVENTION

- Protection for retaliation of individuals who report elder abuse in any setting. (2) (AG)
- Prosecutors and prosecution units dedicated to pursing elder abuse (9) (AG)
- Courts to improve how they handle elder abuse cases and accommodate the needs of older people. (18) (AG)
- Multidisciplinary teams that have adequate support for facilitators and operations. 35) (AAA-DHS-IDPH-Courts))
- Identify and implement interventions that respond to the needs of low income people at risk for elder abuse ((56) (DOA, DHS, IDPH)
- To develop effective alternatives to prosecution that address elder abuse and promote Justice and accountability. (118) (AG, DOA – Elder Justice)

## THE ELDER JUSTICE ROADMAP

### Responding to an Emerging Health, Justice, Financial, & Social Crisis

#### EXECUTIVE SUMMARY

Elder abuse – including physical, sexual, and psychological abuse, as well as neglect, abandonment, and financial exploitation – affects about five million Americans each year, causing untold illness, injury and suffering for victims and those who care about and for them. Although we do not have a great deal of data quantifying the costs of elder abuse to victims, their families, and society at large, early estimates suggest that such abuse costs many billions of dollars each year – a startling statistic, particularly since just one in 24 cases is reported to authorities. Given the aging population and the widespread human, social, and economic impact of elder abuse, a broad range of stakeholders and experts were consulted on how to enhance both public and private responses to elder abuse.

Among the many priorities identified in this Roadmap, *five* stand out:

The **Top Five Priorities** critical to understanding and reducing elder abuse and to promoting health, independence, and justice for older adults, are:

- 1. Awareness:** Increase public awareness of elder abuse, a multi-faceted problem that requires a holistic, well-coordinated response in services, education, policy, and research.
- 2. Brain health:** Conduct research and enhance focus on cognitive (in)capacity and mental health – critical factors both for victims and perpetrators.
- 3. Caregiving:** Provide better support and training for the tens of millions of paid and unpaid caregivers who play a critical role in preventing elder abuse.
- 4. Economics:** Quantify the costs of elder abuse, which is often entwined with financial incentives and comes with huge fiscal costs to victims, families and society.
- 5. Resources:** Strategically invest more resources in services, education, research, and expanding knowledge to reduce elder abuse.

## The Elder Justice Roadmap Process

Developing a Roadmap to set strategic priorities to advance elder justice involved collecting information from numerous sources. The data were collected, with guidance from subject matter experts from around the country, in several phases including:

- Using a concept mapping process to solicit the perspectives of 750 stakeholders who were asked to identify the most critical priorities for the field;
- Convening facilitated discussions with experts on six particularly important topics: (1) diminished capacity/mental health, (2) caregiving, (3) diversity, (4) prevention, (5) screening, and (6) victim services;
- Conducting leadership interviews with high-level public officials, thought leaders, and heads of influential entities regarding how best to gain traction, engage vital partners, and set and implement an agenda to promote elder justice; and
- Compiling a bibliography and list of resources including articles, books, DVDs, curricula and toolkits relevant to the issues and priorities identified in the project.

This process resulted in the identification of the **Top Five Priorities** noted above, and specific recommendations identified by Roadmap contributors, who sorted them into three categories:

- **First Wave Action Items** – Priorities to address first, chosen by subject matter experts based on criteria outlined on page 9.
- **High Priorities by Domain** – A wider range of priorities sorted by the Roadmap’s four domains: *Direct Services, Education, Policy, and Research*, for users interested in a more in-depth list of options, and the reasons those priorities were deemed important.
- **Universal Themes that Cut across Domains** – Vital issues that arose repeatedly.

## A Dynamic Document

This Roadmap is intended primarily to be a strategic planning resource *by the field, for the field* to advance our collective efforts to prevent and combat elder abuse. It is a dynamic document that can be adapted and used by grassroots and community groups, multidisciplinary teams, and local, state, and national governmental and non-governmental entities, all of which have critical and complementary roles to play in tackling and implementing the recommendations identified in this document.

While the views and information contained in this document do not reflect or represent the official positions or policies of the federal government, they have already helped to inform certain federal efforts. For example, the Roadmap helped to inform the structure of and subjects addressed at the inaugural meeting of the Elder Justice Coordinating Council<sup>1</sup> in October 2012, and to help target certain federal data collection, research, and training initiatives and projects.

There is much to do to address elder abuse. This Roadmap is just the beginning.