

# FINAL REPORT

## DEPENDENT ADULT ABUSE PROFESSIONAL FORUMS 1998

### DISCUSSION SESSION FINDINGS

Sponsored by:

Iowa Department of Elder Affairs

Iowa State University Extension

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THOMAS J. VILSACK  
GOVERNOR

SALLY J. PEDERSON  
LT. GOVERNOR

DEPARTMENT OF ELDER AFFAIRS  
DR. JUDITH ANNE CONLIN, DIRECTOR

April, 1999

Dear Forum Participants:

It is with great pleasure that I present to you the Priority Findings from the Dependent Adult Abuse Professional Forums. Thank you for your willingness to participate and share your thoughts, concerns and suggestions on Iowa's Dependent Adult Abuse law and system.

The Department of Elder Affairs would also like to thank the forum facilitators from Iowa State University Extension and the individuals who served as forum recorders. As you will see, the forums produced a lot of useful information which can now be used to educate others as to what is working or not working within the dependent adult abuse system.

The report has been divided into two sections. The first section outlines the major findings from all the forums and also gives background information as to how the forums came to be. The second section details the specific information gathered at each forum. This way all participants can see what was said at the other forums around the state. Every effort was made to accurately convey the findings from each forum. We apologize if our interpretation of the comments is different than the intended meaning.

Due to the large amount of input and suggestions given at each forum, it took our Department longer than anticipated to arrive at this final product. A special thanks to Deanna Clingan-Fischer of this Department in finalizing the results and to Sandi Koll from the Department of Human Services for her willingness to assist in reviewing multiple draft versions of this document.

Thank you again for your interest and participation with this project.

Sincerely,

Dr. Judith Anne Conlin  
Executive Director



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## Preface

**A special thanks to the following members of the Department of Elder Affairs Elder Abuse Committee for creating the idea for local forums:**

**Diana Nicholls Blomme  
Pamela Brown  
Deanna Clingan-Fischer  
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Lynnette Irlmeier  
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Angela Lange  
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Susan Mayer  
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Sherri Pollard  
Linda Seydel  
Maribel Slinde  
Loretta Tarbox  
Sharon Yon**

**In addition, the Department would like to thank the Department of Human Services Dependent Adult Abuse Protective Advisory Council, the Area Agencies on Aging, the ISU Extension Facilitators and Forum recorders for their interest and efforts to make the forums a successful reality.**

# Understanding this Report

This report is divided into the following three sections:

1. **Background information.** This identifies how the forums came to be and gives statistical information from all the forums.
2. **Summary of the Forum Results.** This section is a synopsis of the common themes that came up in each of the 16 forum discussions.
3. **Site results.** This section contains the discussions from each of the 16 forums in alphabetical order.

The individual site results are divided into multiple sections. Those sections are:

- a. **Top priorities for change within the dependent adult abuse system.** The facilitator divided people into four to six different groups at each forum. Each group came up with its own set of responses to the questions listed below. Then those responses were shared with the rest of the group. These responses became the group response. Participants were asked to decide their top priorities for change based on the suggestions and ideas put forth during the meeting.
- b. **Attendees.** The persons attending the forum as well as agency affiliation are listed.
- c. **Question #1: How do the current laws, services and systems help protect dependent adults?** The responses to this question are listed.
- d. **Question #2: What needs to be improved?** The responses to this question are listed.

- e. **Question #3: What can we do to create the ideal system for protecting dependent adults? The responses to this question are listed.**
- f. **You will note in this report that some of the questions have group and individual responses. The group responses are the comments, which came from several small groups and were presented as the answers from that small group. The individual responses, where applicable, are the responses, which were brought up by individuals within the small group but did not make it as a group response. After reading through all the comments, notecards and individual responses it was felt that these comments were too valuable and needed to be included in this report.**
- g. **Numbers behind responses. After some of the responses, you will notice a number in parenthesis. Each participant was asked to rank the group responses from most important to least. The higher the number after the response, the more people who marked that response as their top priority. These numbers were then used to come up with the top priorities for change.**

### **Abbreviations Key**

Throughout this document you may see abbreviations. The following abbreviations may be found.

<u>Abbreviation</u>	<u>Meaning</u>
AAA	Area Agency on Aging
APS	Adult Protective Services
CAP	Community Action Program
DEA	Department of Elder Affairs
DHS	Department of Human Services
DIA	Department of Inspections and Appeals
HUD	Housing and Urban Development
ISU	Iowa State University
MDT	Multi-Disciplinary Team
ICN	Iowa Communications Network
T.R.A.I.N	Teach, Rehabilitate, Aide, Iowa's, Neglected

# **Background**

## **Elder Abuse Committee**

- 1. Established in 1993 as part of the Iowa Eldercare Coalition. Members of the committee work with older and dependent adults across the state.**
- 2. Conducted a statewide education initiative on the incidence, prevalence, causes and types of elder abuse. The awareness campaign was entitled "Elder Abuse Hurts, Too." In fact, this campaign continues with the dissemination of brochures, fact sheets, press releases, posters and press packets. This initiative focused on elder abuse, rather than dependent adult abuse, since it was funded by Older Americans Act elder abuse prevention money.**
- 3. Developed a statement of problems, which exist in the dependent adult abuse law and system. Created new code language that lead to the 1996 amendments to the Iowa Code, Chapter 235B, Dependent Adult Abuse.**
- 4. Developed the idea to hold forums around the state to get input from professionals who work with the dependent adult abuse law and system.**

## **Dependent Adult Abuse Professional Forums 1998**

- 16 forums were held across the state to hear from professionals working in the field about how the dependent adult abuse law and system worked. Opinions were sought on what was working well, what could work better and what their suggestions might be for improvements and/or changes at the local, as well as state level.**
- The forums were held in Burlington, Carroll, Clinton, Council Bluffs, Creston, Decorah, Des Moines, Dubuque, Fort Dodge, Marion, Mason City, Muscatine, Ottumwa, Sioux City, Spencer, and Waterloo.**

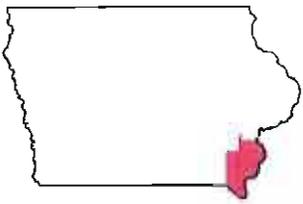
- **316 individuals from across the state attended the forums**
  
- **Professionals from every county were invited. Individuals from 71 counties were present. The counties represented were Adair, Allamakee, Appanoose, Benton, Blackhawk, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clinton, Crawford, Dallas, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Fayette, Floyd, Fremont, Greene, Hamilton, Hancock, Harrison, Henry, Howard, Jackson, Jasper, Jefferson, Johnson, Keokuk, Kossuth, Lee, Linn, Louisa, Marion, Marshall, Mills, Mitchell, Muscatine, O'Brien, Osceola, Palo Alto, Page, Plymouth, Pocahontas, Polk, Pottawattamie Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Webster, Winneshiek, Woodbury, Worth and Wright.**
  
- **Goals for attending the forums, as expressed by participants:**
  1. **To have an impact on the adult abuse system**
  2. **To network with other agencies serving dependent adults**
  3. **To gain knowledge and insight**
  4. **To learn how others make the system work**
  5. **To allow for coordination of service referrals**
  6. **To provide a safe environment for care**
  7. **To assist staff to identify abuse**
  8. **To learn of training materials available**
  9. **To hear suggestions for system improvements**
  10. **To discuss action steps**
  11. **To assist staff to identify barriers in the system**
  12. **To put "teeth" in the law**
  13. **To be able to advocate before there is a problem**
  14. **To reduce the frustration level with the process**

## **SUMMARY OF THE TOP PRIORITIES FOR CHANGE within the dependent adult abuse law and system**

(These are not listed by most important to least important) The following categories of concern were raised at all 16 forums as issues to address or activities to implement.

- **An education campaign to raise awareness and work toward prevention of dependent adult abuse is needed.**
- **Provide more education to mandatory reporters. To accomplish this, the state needs updated, low cost and accessible training materials.**
- **Funding is necessary. Funding could be used for:**
  - a. **A public awareness informational campaign**
  - b. **To set up emergency services and/or shelters for dependent adults**
  - c. **To increase the number of investigators/evaluators for dependent adult abuse and to specifically train workers to work with dependent adults**
  - d. **Create a statewide team whose sole focus is adult abuse referral, investigation, and services**
  - e. **To provide and increase the availability of necessary services**
  - f. **To update education and training materials**
- **Systemic changes need to occur.**
  - a. **Need a clear definition, which is uniformly applied, to determine dependency**
  - b. **Need to reassess the caretaker definition**
  - c. **Multi-disciplinary teams need to meet**
  - d. **Need coordination between agencies, law enforcement and county attorneys as well as a consistency in response among the counties**
  - e. **Change confidentiality law to permit agencies to work together and triage for services**





# BURLINGTON GROUP

**WHEN:** May 6, 1998

**COUNTIES:** Des Moines,  
Henry, Johnson, Lee, and  
Louisa

**ATTENDEES:** 23

## TOP PRIORITIES FOR CHANGE

Campaigns to increase public awareness of dependent adult abuse

Provide more education for mandatory reporters

Increase service availability and provide funding

### Attendees:

- ◆ Barbara Baker, Des Moines County Health, Burlington
- ◆ Shelley Deam, Colonial Manor, Columbus Junction
- ◆ Russell Hayes, Lee County DHS, Keokuk
- ◆ Carole Houseal, River Center, Keokuk
- ◆ Cathy Jarrett, Des Moines County Health, Burlington
- ◆ Sandy Langridge, Burlington Medical Center
- ◆ Jane Peters, Colonial Manor, Columbus Junction
- ◆ Jan Rutledge, Legal Services Corp. of Iowa, Iowa City
- ◆ Joyce Stover, Louisa Co. Public Health, Wapello
- ◆ Rich Swanson, Alcohol & Drug Dependency Services, Burlington
- ◆ Jennifer Watts, Southeast Iowa Area Agency on Aging, Burlington
- ◆ Ron Zihlman, Firststar Bank, Burlington
- ◆ Mary Crooks, Louisa County ISU Extension, Wapello
- ◆ Karen Harshbarger, Des Moines County Health, Burlington
- ◆ Mary Ann Houkom, Home Caring Services, Burlington
- ◆ Rene Iannarelli, Home Caring Services, Burlington
- ◆ Rosalie Jarvis, Mental Health Institute, Mt. Pleasant
- ◆ Bob Lund, State Advisory Council
- ◆ Andrew Prosser, Des Moines County Attorney, Burlington
- ◆ Brenda Sayre, Southeast Iowa Area Agency on Aging, Burlington
- ◆ Pat Walworth, River Center Mental Health, Burlington
- ◆ Abby West, Des Moines County Health, Burlington
- ◆ Carol Will, Will's Consulting, Keokuk

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Needs to be more knowledge of law and system
- ◆ Elderly need more education
- ◆ Reluctance to use existing laws
- ◆ Do not know how well law is working
- ◆ Difficulty with interpretation of law
- ◆ Quotas by DHS
- ◆ Not enough experience

### Individual Responses:

- ◆ Employers have to be careful with employees rights also
- ◆ Elderly do not want to leave home
- ◆ Process takes too long
- ◆ Others can be abusers without being caregiver
- ◆ Unknown scary to elderly – care center, other living arrangement

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Education – general public and mandatory reporters
- ◆ Involve elderly
- ◆ Broaden definition of abuser
- ◆ Registry of abusers
- ◆ Speed-up process – more investigators
- ◆ Better understanding of laws and process
- ◆ Aging network needs to understand elder abuse
- ◆ Separate process for elders
- ◆ Funding for system
- ◆ Assistance for caregivers

### **Group Responses #2 (continued):**

- ◆ Feedback to mandatory reporters
- ◆ Increase training for doctors, attorneys, clergy, bank personnel, judges, those in social services
- ◆ Change in law - need legal mechanisms for appointing public guardianship
- ◆ Something happens only after threshold is passed
- ◆ Case management
- ◆ Training for medical personnel
- ◆ Need for adult day care

### **Individual Responses:**

- ◆ Education – new employees orientation, needs to be taken more seriously, not just required
- ◆ Answers for neighbors and concerned friends
- ◆ United front within the community and coordination of effort on reporting and the process of the law
- ◆ Addressing the rural vs. city communities to understand the need for increased funding for rural citizens
- ◆ The present system is a win-lose proposition. If behavior gets to a serious level, someone may go to jail or get committed, but otherwise, nothing happens. There are not enough supports for families. The elderly person may fear the loss of the relationship if a report is made, and there may be a lack of awareness of options for care elsewhere on the part of elders and agencies
- ◆ There is a need for on-going information exchange and coordination of services. Case management for frail elderly fills some of these functions but not all
- ◆ There is a need to educate physicians, and other sources of referrals about services provided by the agencies
- ◆ There are unmet needs (hospice, adult day care, respite and a source of payment)

### **Question #3**

**What can we do to create the ideal system for protecting dependent adults?**

### **Group Responses:**

- ◆ Broaden definitions
- ◆ Report any suspected abuse
- ◆ Increase funding
- ◆ Made-for TV movie
- ◆ Registry of abusers
- ◆ Better knowledge of steps
- ◆ Public guardianships
- ◆ Flexible responses

### **Group Responses #3 (continued):**

- ◆ Need for confidentiality
- ◆ More elaborate system
- ◆ Compliance with educational requirement
- ◆ No stigma attached
- ◆ Dependent abuse training for all
- ◆ Greater understanding by professionals
- ◆ Respite care available to all
- ◆ Appeal process on rejection of cases
- ◆ More options for affordable housing
- ◆ Multi-media campaign such as "1-800-BETS-OFF"
- ◆ More emphasis on protective services
- ◆ Fund programs fully before tax cuts
- ◆ Call central hotline number for abuse issues

### **Individual Responses:**

- ◆ Provide a voice for elderly – a council of some sort
- ◆ Connect services available, referrals
- ◆ Confidential information until proven
- ◆ Legal Hotline – 1-800-992-8161 within Iowa, 60 years and older
- ◆ Preventive – respite for caregivers available – required provision
- ◆ Required dependent adult abuse training for all who are caregivers whether family member or private help
- ◆ Increase funding in investigations and streamline process
- ◆ Increase funding for respite services and foster care, especially for caregivers of those with dementia, in order to prevent possible abuse/neglect
- ◆ Legal assistance to those in need
- ◆ Education to all to include definition, reporting process, and follow-up
- ◆ More attorney/physician expertise in gerontology law
- ◆ Appeal process on rejection of cases. Multidisciplinary teams to review cases and questionable deaths
- ◆ System which is familiar to all who need it and addresses just elder abuse
- ◆ Elderly abuse seminars conducted to educate elderly and caregivers on abusive situations and consequences
- ◆ Take the stigma away in regard to being an "abused adult" or a person abusive to an adult
- ◆ Let elderly know that there is a support system for them if they feel their family is abusing them and have a support system that functions in this capacity
- ◆ Let the elderly knowledge base be increased to include that "people have rights including them"
- ◆ Have the services available and affordable for a person if all they need is some additional help to make a situation correctable
- ◆ Personalize the education process for each type of caregiver. (If it more directly reflects their situation, it will mean more)
- ◆ Some sort of peer groups available to elders who can offer more support
- ◆ Adequate funding to guarantee initiation of investigations within 48 hours and resolution within 90 days
- ◆ Central resource center with phone number

### **Individual Responses #3 (continued):**

- ◆ Peer support and networking
- ◆ Multi-media campaign to increase public awareness of dependent adult abuse
- ◆ Drop-in program for dependent adults for socialization and education (learning daily skills of living)
- ◆ Encourage mandatory reporters that they must report and allow them to have follow-through on a certain case
- ◆ Educate elderly, caregivers, family members and interested adults that abuse covers more than just physical abuse
- ◆ Specialized program to take care of elder abuse
- ◆ Better define what constitutes elderly abuse
- ◆ Institute separate system similar to child abuse system
- ◆ Have "elderly specialist" within DHS to handle dependent adult abuse complaints, rather than having same person investigate both children and adults
- ◆ Separate dependent adult & elderly. Put investigation of elder abuse with Department of Elder Affairs rather than DHS.
- ◆ Elder Affairs needs to be more active in advocating for Iowa's elderly
- ◆ Referral system that helps those in need to find local assistance at a reasonable cost
- ◆ Funding for more comprehensive anti-abuse programs to allow more investigators and allow initiation of an elder advocate
- ◆ Funding for education
- ◆ Implement a "case management" program to assist in implementation of available services to assist the elderly person and caregivers
- ◆ Protective services for persons identified as at-risk or needing services
- ◆ Better, "user friendly" response from intake worker-investigator
- ◆ Easier reporting process with feedback to reporting agency of the outcome of report
- ◆ Support for dependent adult investigators
- ◆ Multidisciplinary team which meets
- ◆ Timely investigations with quick resolution
- ◆ Better tracking system so caregivers aren't allowed back into situations which allow repeat cases
- ◆ Until a reported abuse is substantiated, no public awareness of the parties involved
- ◆ Provide that "abuse" may occur outside of a caregiver or self-abuse setting
- ◆ Revise dependent abuse training for all caregivers who are legally appointed so go on the abuse registry
- ◆ Improvements through legislative process to allow better reaction time
- ◆ A "voice" for the elderly; perhaps each community having a council or board of peers who could offer suggestions for dealing with situations or specific actions, or even direct interventions
- ◆ Training – all groups who are in contact. Initial 2-hour training with follow-up of ½ hour yearly for updates. More instructors trained
- ◆ Make brochures available, effort to access senior groups, service clubs, churches, etc
- ◆ Reporting – continuing training for intake people, collaborative effort between involved parties, feedback
- ◆ A wide range of affordable services to address prevention and remediation: (Could there be protective services as in child abuse cases?)
- ◆ If the situation is an extreme one, referrals can be made to prosecutors, etc. But otherwise, offer services to support the family and assist them with improving functions
- ◆ More options for affordable housing





# CARROLL GROUP

**WHEN:** April 28, 1998

**COUNTIES:** Carroll,  
Crawford, Greene, Sac,  
Story and Webster

**ATTENDEES:** 20

## TOP PRIORITIES FOR CHANGE

Funding for education of mandatory reporters, trainers, public and legislators

Change the definitions of "dependent" and "caretaker"

Separate child and dependent adult abuse investigations and a specialized advocate

### Attendees:

- ♦ Jerry Bender, Care Review Committee, Chairperson, Carroll
- ♦ Etta Doty, Elderbridge Agency on Aging, Carroll
- ♦ Beth Fleming, Story County ISU Extension, Nevada
- ♦ Gay Hightshoe, State Advisory Council
- ♦ Marj Testroet, Carroll County Home Care Aide Services
- ♦ Marilyn Jepsen, WESCO Industries, Denison
- ♦ Jane Loew, Crawford County Home Health, Denison
- ♦ Anne Montag, Black Hawk Life Care Center, Lakeview
- ♦ Judy Naber, Crawford County Home Health, Denison
- ♦ Dena Schroeder, WESCO Industries, Denison
- ♦ Vicki Summerfield, Black Hawk Life Care Center, Lakeview
- ♦ Mary Brown, Carroll County Public Health, St Anthony Home Health
- ♦ Margie Gorden, Crawford County Home Health, Denison
- ♦ Deb Heithoff, Carroll County Home Care Aide Services
- ♦ Diane Jackson, Greene County DHS, Jefferson
- ♦ Amy Kruse, Howard Center, Sac City
- ♦ Renae Ludwig, West Iowa Community Mental Health Center, Denison
- ♦ Judy Pudenz, Carroll County DHS
- ♦ Linda Smith, Greene County Public Health, Jefferson
- ♦ Loretta Tarbox, Elderbridge Agency on Aging, Ft Dodge

## Question #1

**How do the current laws, services and systems help protect dependent adults?**

### Group Responses:

- ◆ Providers are working together better
- ◆ Increased awareness of services available, and also who to report to
- ◆ Some families will not make changes until investigations are done, and so there is a process in place to make it happen
- ◆ Supervision and enforcement has increased
- ◆ Increased knowledge base and awareness
- ◆ Mandatory reporters education
- ◆ Legislators are becoming more knowledgeable
- ◆ More reporting of abuse due to education
- ◆ Legally have defined abuse better-more understandable
- ◆ Increased awareness by providers and public to look for this in their daily tasks
- ◆ Variety of services
- ◆ Communication between agencies has improved
- ◆ Sometimes DHS's power starts the family moving toward change without going through the whole process
- ◆ Investigators have more power under the law
- ◆ Services to maintain independence

## Question #2

**What needs to be improved?**

### Group Responses:

- ◆ Takes a long time to get any intervention done
- ◆ Too many reports not taken seriously
- ◆ Not enough support for the dependent adult to take action against "their abuser" because they lack financial or other means to meet their basic needs
- ◆ Not enough emotional support for the dependent adult
- ◆ Dependent adult may not want services

### **Group Responses #2 (continued):**

- ◆ Legal process can be devastating
- ◆ Power of DHS is not enough. People perceive DHS has more power than they do and can't understand how decisions are made. (Sometimes supervisor will not agree there is a problem, so the case is dropped)
- ◆ Reporters are not getting follow up on reports
- ◆ County attorneys are reluctant to go with the report as they know the families
- ◆ Difficult to remove an adult on an emergency basis as no where to go
- ◆ Dependency is difficult to define, different interpretations
- ◆ Police officers and sheriff's offices do not keep up on changes and don't know how to get involved
- ◆ No funds for this activity
- ◆ The systems are not accountable/vague definition of roles
- ◆ Client's rights and law sometimes don't mesh
- ◆ Employment opportunities are not there for families which create stress
- ◆ Lack of specialization at intake, investigation, and providers
- ◆ Not enough training for mandatory reporters/providers
- ◆ Lack of communication between reporter and DHS
- ◆ Caseload of DHS too full
- ◆ Not enough training for DHS intake workers

### **Individual Responses:**

- ◆ Need to include business persons in this process
- ◆ More communication among agencies
- ◆ Need more consistent responses
- ◆ Need safe homes
- ◆ Need to feel welcome to visit about the gray areas with DHS staff
- ◆ Better access to educational opportunities
- ◆ Need real human beings to hold workshops instead of using a VCR tape
- ◆ Task force of one specialized person per area to be on state multidisciplinary team, to handle these problems
- ◆ Simple description of what each agency does (one or two paragraphs) and the goals of those agencies, this could be put on the internet, make simple so they do not have to sort out all information--or a flow chart showing the role of agencies and how they work for each other
- ◆ Need distinction made between competency and dependency

### Question #3

What can we do to create the ideal system for protecting dependent adults?

#### Group Responses:

- ◆ Have an expert resource person or task force to discuss the gray areas of a case
- ◆ Education of public to increase awareness and help the vulnerable know they have options (4)
- ◆ Have an advocate that would work in county and if a concern arises, it goes to this person who does an assessment and attempts to make a plan with the family for improvement. Goes to DHS only if imminent danger or criminal activity. Advocate would know of network and services (5)
- ◆ Family mediators to help defuse situation (1)
- ◆ Assessment intervention of family in the home (2)
- ◆ Throw out the "dependent" part of this law, as this makes process more effective for all elderly. Change the philosophy so that the adult is not necessarily deemed incompetent and/or the problem is not always a caregiver problem. This system makes it more family friendly and offers interventions. Look at the label "dependent" (6)
- ◆ Be able to provide all services needed to help the families-funding more decategorized for special situations
- ◆ Cross county networking for services
- ◆ Central hot line (1)
- ◆ Assessment tool to determine dependency (2)
- ◆ Use the case management system to also talk about these cases since already in place
- ◆ More funding for education, reporters, trainers, public, and legislators
- ◆ Perpetrator must be accountable for actions so strengthen laws-also perpetrator education classes to increase understanding of actions (2)
- ◆ Meetings to consistently update and inform the public
- ◆ Advertise resources available
- ◆ Specialized services
- ◆ Specialized child and dependent adult investigators (5)
- ◆ Define agency roles to decrease duplication (2)
- ◆ Reporter gets more timely feedback of findings
- ◆ Funding to increase number of investigators and emergency shelter
- ◆ Investigators given more power in decision making instead of going to courts to decide cases-courts only for imminent danger (less red tape) (3)
- ◆ Making the laws more user friendly and easier to understand (3)
- ◆ Education about abuse starts in high school and further education (1)
- ◆ Need clear definition of dependent adult
- ◆ More funding for case managers to deal with concerns
- ◆ Funding for training for mandatory reporters, trainers, public and legislators. Needs to be one in which a person is there to give interaction-not tapes. (Possibly use ICN) (7)
- ◆ Need simple questionnaire regarding adult & child abuse. This form would help determine if abuse has occurred
- ◆ Need one person to report to. That person passes on to local level and reports outcomes



# CLINTON GROUP

**WHEN:** May 22, 1998

**COUNTIES:** Clinton,  
Polk and Scott

**ATTENDEES:** 22

## TOP PRIORITIES FOR CHANGE

County Attorney involvement and follow through

More funding to increase services and awareness

Multidisciplinary team in Clinton County

### Attendees:

- ◆ Ann Borders, C.A.S.I., Davenport
- ◆ Lisa Determan, Clinton Community College
- ◆ Colleen Hastings, Iowa East Central T.R.A.I.N., Clinton
- ◆ Donna Hermann, Clinton Community College
- ◆ Amy-Jo Ketelson, Clinton Community College
- ◆ Angela Lange, DEA, Des Moines
- ◆ Karen Lueders, Iowa East Central T.R.A.I.N., Clinton
- ◆ Leslie Merema, Samaritan Health System, Clinton
- ◆ Marilyn Peters, Mental Health Advocate, Clinton
- ◆ Linda Redling, Clinton County DHS, Clinton
- ◆ Janice Spooner, Clinton Community College
- ◆ Pat Zippay, Great River Bend Area Agency on Aging, Davenport
- ◆ Carole Boyles, Great River Bend Area Agency on Aging, Davenport
- ◆ Denise Heinrichs, Alzheimer's Association, Davenport
- ◆ Alice Hofer, Iowa East Central T.R.A.I.N., DeWitt
- ◆ H. LeRoy Kunde, Scott County Sheriff's Dept., Davenport
- ◆ Debbie Ludvigsen, Samaritan Home Care, Clinton
- ◆ Kim Marken, Clinton Community College
- ◆ Chris Moore, Scott County Community Services, Davenport
- ◆ Wendy Peterson, Clinton County ISU Extension, DeWitt
- ◆ Gary Spilger, Clinton County DHS, Clinton
- ◆ Judy Wallace, Samaritan Health System, Clinton

## Question #1

How do the current laws, services, and systems help protect dependent adults?

### Group Responses:

- ◆ Reporting anonymous
- ◆ Have to investigate in a timely manner
- ◆ Team approach for resolution
- ◆ Broad interpretation of law - vague definitions
- ◆ Increased services & provider cooperation
- ◆ Guidelines and awareness
- ◆ Services available- Area Agency on Aging, Police, DHS, Community Action Programs, HUD, and home health care

### Individual Responses:

- ◆ There are agencies to contact
- ◆ The law is good
- ◆ Definition is vague. This can be positive for adults who do not fit into category
- ◆ Requires education
- ◆ Access to other agencies
- ◆ Recommendation for help is given - sometimes works

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Reports need to be handled in a timely manner
- ◆ No defined advocate or guardian program
- ◆ Screening process for power of attorney - funds for alternatives
- ◆ Better prosecution
- ◆ Informed consent interpretation
- ◆ More community education
- ◆ More publicity
- ◆ Awareness of services among elderly

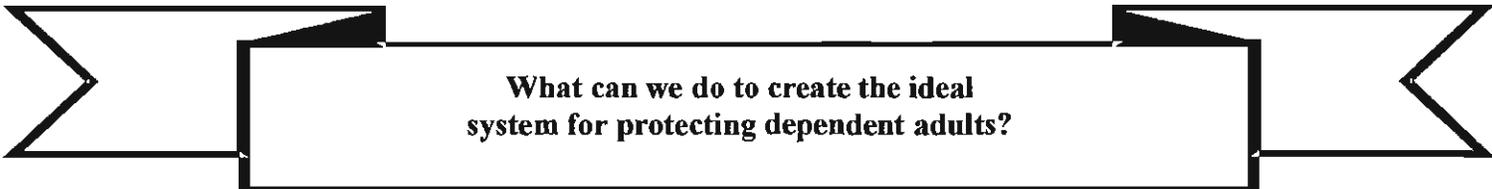
### **Group Responses #2 (continued):**

- ◆ Community fallacies of DHS and agencies abilities
- ◆ More involvement by County Attorney
- ◆ Victim fear/follow through
- ◆ DHS outreach/reporting
- ◆ Definition of dependent
- ◆ Definition of caretaker

### **Individual Responses:**

- ◆ Need more immediate action
- ◆ Reporting - get involved
- ◆ Willingness to prosecute
- ◆ Systems working together better
- ◆ Community education on abuse and where to turn to for help
- ◆ Financial restriction
- ◆ Stronger penalties/stiffer penalties
- ◆ County Attorney needs to take abuse findings more seriously
- ◆ Questions about exactly what it means to found a case
- ◆ Cure perceived as worse than the disease
- ◆ DHS outreach
- ◆ Interpretation of dependent adult
- ◆ Determining incompetence
- ◆ Less fragmented service
- ◆ Available funds for those at risk

### **Question #3**



**What can we do to create the ideal system for protecting dependent adults?**

### **Group Responses:**

- ◆ Awareness of services for seniors - help line
- ◆ Expand services - day care, activity evenings & weekends
- ◆ Share information - open up confidentiality laws
- ◆ Limit power of attorneys: Conduct criminal and abuse background checks
- ◆ We have a system - use it!
- ◆ Affordable in home care & respite
- ◆ Fill cracks - age & resource limits
- ◆ Affordable assisted living

### **Group Responses #3 (continued):**

- ◆ Dependent adult abuse advocate
- ◆ Community interaction with DHS & Multidisciplinary teams
- ◆ More authority in founded cases
- ◆ Educate on process - prosecution
- ◆ More counseling/support services for victims
- ◆ Educate caregivers
- ◆ More education on reporting
- ◆ Educate public officials/attorneys
- ◆ More local funding to increase service awareness
- ◆ Multidisciplinary team in Clinton

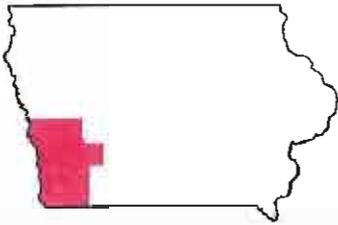
### **Individual Responses:**

- ◆ County Attorney Office must follow through
- ◆ Agencies do their job
- ◆ Multidisciplinary team to oversee and review dependent adult cases and issues
- ◆ County guardian and power of attorney
- ◆ "Probation" like person to oversee power of attorneys
- ◆ Well defined screening process to become (or be licensed) power of attorney or caretaker
- ◆ Power of attorneys - mandatory reporting to court
- ◆ Reward/motivate families who provide good care
- ◆ Awareness of consequence
- ◆ Educate the client on their rights and the services that the caregivers should provide and what to do if services are not provided
- ◆ Oversee power of attorneys and meet guidelines or may be revoked in a timely manner
- ◆ Education guidelines for power of attorney
- ◆ Attorneys need to be educated on guidelines
- ◆ Active county attorney
- ◆ Funding available to follow up on all complaints/suspicious to resolution
- ◆ Caregivers must meet certain education requirements and awareness of clients rights
- ◆ Multidisciplinary team in Clinton
- ◆ Dependent Adult - Advocate - Case Manager
- ◆ Provide enough services/money to care for people in their home
- ◆ More funding for awareness programs
- ◆ More funding & services for those with nominal incomes
- ◆ Expand guidelines for programs
- ◆ Better educate - community donations and more funding to get brochure out to public
- ◆ More HUD housing
- ◆ Brochure - listing of all agencies and accessible to public
- ◆ Upon first indications of abuse - someone will report it and not be in denial that it is happening (wastes valuable time)
- ◆ Involvement of the community
- ◆ Provide affordable care in the home to prevent burnout of caregivers

**Individual Responses #3 (continued):**

- ◆ Funding for elderly services
- ◆ Put more teeth in the law regarding punishment of the perpetrator
- ◆ More public awareness, through television, radio, print media and public speaking
- ◆ Have a team that has permission to work together and then does
- ◆ Home goes to state in exchange for care in the home
- ◆ Improve system so caregivers are reimbursed with quality pay & benefits to provide improved care, less turnover, etc.
- ◆ Case management with small caseloads to monitor situation in home with provider - both informal and formal





# COUNCIL BLUFFS GROUP

**WHEN:** May 6, 1998

**COUNTIES:** Fremont,  
Harrison, Mills, Page,  
Pottawattamie and Taylor

**ATTENDEES:** 16

## TOP PRIORITIES FOR CHANGE

Need a cooperative, collaborative effort in reporting, evaluation/assessment and service referral of dependent adult abuse

Media campaign for public awareness

### Attendees:

- ◆ Lynn Adams, Visiting Nurses Association of Pottawattamie County
- ◆ Teresa Batten, Mills County Public Health, Glenwood
- ◆ Carol Feelhaver, Alzheimer's Association, Omaha
- ◆ Mary Hughs, Pottawattamie County ISU Extension, Council Bluffs
- ◆ Don McMorris, Hospice Preferred Choice, Council Bluffs
- ◆ Margaret Ann Neal, ISU Extension, Council Bluffs
- ◆ Dawn Pulliam, Waubonsie Mental Health, Clarinda
- ◆ Donna Vande Kieft, Alegent Health Hospice, Missouri Valley
- ◆ Mary Ann Bates, Iowa Western Community College, Council Bluffs
- ◆ Delores Conyac, SW 8 Senior Services, Fremont & Page Counties
- ◆ Barbara Kaiman, Mills County Public Health, Glenwood
- ◆ Ron Marsh, Fremont, Page & Taylor County DHS, Sidney
- ◆ Jennifer Myre, SW 8 Senior Services, Council Bluffs
- ◆ Ralph O'Donnell, Council Bluffs Police Department
- ◆ Tia Schoenfeld, Alzheimer's Association, Omaha
- ◆ Penny Westfall, State Advisory Council

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Changes in the law are positive – but need more
- ◆ Increased awareness
- ◆ Law does not allow us to protect

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Accountability for abusers
- ◆ Misunderstanding who has resources – More focus on child abuse/not dependent adults. Don't understand DHS resources – Manual unclear
- ◆ Law too narrow, certain forms of abuse not covered by law, i.e. where no caretaker (1)
- ◆ Room for improvement, increased awareness, too much paperwork
- ◆ What are resources? – Who report to? What do? What emergency response is available?
- ◆ Need better coordination/cooperation of all involved. Why not prosecute? Inadequate response to dependent adult abuse (3)
- ◆ Need to work together-crossover of referrals
- ◆ More training for law enforcement
- ◆ Advocacy = Action
- ◆ Need multi-disciplinary teams to meet monthly. Develop action plan
- ◆ Need an emergency system in place, develop criteria
- ◆ Need to have the child in need of assistance complaint available for dependent adult
- ◆ Nuts & bolts – how things happen in court
- ◆ Clarify incompetent/incapable in the law
- ◆ More education, more social workers (1)
- ◆ More partnerships
- ◆ Special task force on dependent adult abuse – State & local, multi-disciplinary approach
- ◆ Local input to state
- ◆ No force to law. If client resistive, system breaks down
- ◆ Need gap fillers

### Question #3

What can we do to create the ideal system for protecting dependent adults?

#### Group Responses:

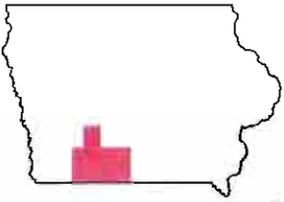
- ◆ Better “clearer” definitions of frail, elderly and dependent adults
- ◆ Available guardians. Reward people for serving as guardian or caretakers
- ◆ Law and system that deals with abuse when there is no caretaker
- ◆ Development of guidelines or procedures to involve the court (1)
- ◆ Teaching/education to elderly on the issue. Promote their involvement for self-advocacy. Enlist the support and assistance of AARP
- ◆ Enhance needs of resources to all agencies
- ◆ Expanded definition of dependent adult
- ◆ Safe houses – funding (i.e. stipend to nursing homes to have available beds) (1)
- ◆ Task force-multi-disciplinary assessment/approach team, meet monthly (1)
- ◆ Panel of guardians and a pool of resources
- ◆ Media campaign for public awareness (2)
- ◆ Foster care providers for elderly
- ◆ Develop affordable assisted living
- ◆ Make reliable, competent financial information available to dependent adult
- ◆ Accountability (written) for abusers and agency
- ◆ Revision of adult protective services (APS) –to include a set of criteria such as is in place for children (i.e. is there shelter, counseling, etc.) Must provide necessary resources (1)
- ◆ Cooperative effort (3)

#### Individual Responses:

- ◆ Long-term care facilities need elder abuse training materials in video format with handouts. Not all facilities have adequate “stand-up presenters”
- ◆ To protect dependent adults you must educate the community to the problem at hand
- ◆ Set a standard that elder abuse will not be tolerated
- ◆ Educate mandatory reporters and DHS on how to spot elder abuse
- ◆ Form partnership with DHS and investigate with both persons expertise
- ◆ Present case to County Attorney and prosecute
- ◆ Have system in place where abused person can receive help
- ◆ Have one unit for reporting and investigation of adult abuse
- ◆ Follow through by the agency that the abuse was reported to
- ◆ Investigation of the report by an educated informed team or task force that meets and works together
- ◆ Report back to reporting person or agency as follow up
- ◆ Have plan to correct situation if it is found to be abusive
- ◆ Simplify the system to follow through if neglect is found

**Individual Responses #3 (continued):**

- ◆ Educate law enforcement and APS and all involved in reporting
- ◆ Have more resources available for APS for adult protection (safe house, respite, etc)
- ◆ Have task force that comes together for given case (police, home health, DHS, etc)
- ◆ Develop elder abuse task force
- ◆ Develop more training programs and increase public awareness
- ◆ Promote dignity and respect
- ◆ Expand awareness of needs to all populations
- ◆ Expand definitions: self-neglect and dependent adult
- ◆ What can be done for emotional abuse?
- ◆ Develop a continuum of care
- ◆ People think DHS can do more than they actually can. The number of adult abuse referrals is less than child abuse so that is where resources are applied
- ◆ Need a point person to direct the case



# CRESTON GROUP

**WHEN:** April 15, 1998

**COUNTIES:** Adair,  
Clarke, Decatur, Polk, Taylor  
and Union

**ATTENDEES:** 17

## TOP PRIORITIES FOR CHANGE

Remove the definition of caretaker

Training of mandatory reporters every two years

Provide an immediate safe place for dependent adults

### Attendees:

- ♦ Mauxie Aleto, Union County DHS, Creston
- ♦ Jana Dailey, C.A.R.E., Afton
- ♦ Jo Duckworth, Creston Police Department
- ♦ Gay Hightshoe, Department of Public Health, Creston
- ♦ Mary Linderman, Area XIV Agency on Aging, Creston
- ♦ Pat Marley, Area XIV Agency on Aging, Creston
- ♦ Kim Roby, Decatur County Home Care, Leon
- ♦ Kris Roudybush, DHS, Leon
- ♦ Sharon Wastenev, Decatur County ISU Extension, Leon
- ♦ Deanna Clingan-Fischer, DEA, Des Moines
- ♦ Donna Donald, Decatur County ISU Extension, Leon
- ♦ Kelly Hanson, Union County Sheriff's Department, Creston
- ♦ Marilyn Hobbs, Clarke County Hospital, Osceola
- ♦ Ann Maher, Taylor County Public Health, Bedford
- ♦ Joelle Palmer, Intern, DEA, Des Moines
- ♦ Lou Ann Snodgrass, Greater Community Hospital, Creston
- ♦ Linda Warriner, Adair County Home Care, Greenfield

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Places to report. We have laws in place
- ◆ Current laws help protect
- ◆ Education requirements and training
- ◆ Services available to help. (Area Agencies on Aging, DHS, and DIA)
- ◆ Caring and experienced people to work with dependent adults
- ◆ There are mandatory reporters
- ◆ Advocates exist
- ◆ Referrals are available for assistance
- ◆ Self determination, standards not imposed

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Identification of isolated elders and elders at risk
- ◆ The application of laws and criteria so that the law is interpreted universally
- ◆ Community awareness of how to report
- ◆ Improve the feedback given on cases
- ◆ Definition of dependent
- ◆ Improve the area of self-determination and how to respect it
- ◆ Focus needs to be on adults. Most funding to children
- ◆ Lack of staff
- ◆ Educate county attorneys, law enforcement, mandatory reporters
- ◆ Training must be more frequent than every five years, with updated materials (video)
- ◆ Include emotional and verbal abuse
- ◆ Confidentiality is an issue. Sometimes creates a barrier to getting information back to reporter
- ◆ Process sometimes too long, and people don't realize it takes time so feel nothing is happening
- ◆ Definition of caretaker (Abusers not necessarily caretakers)

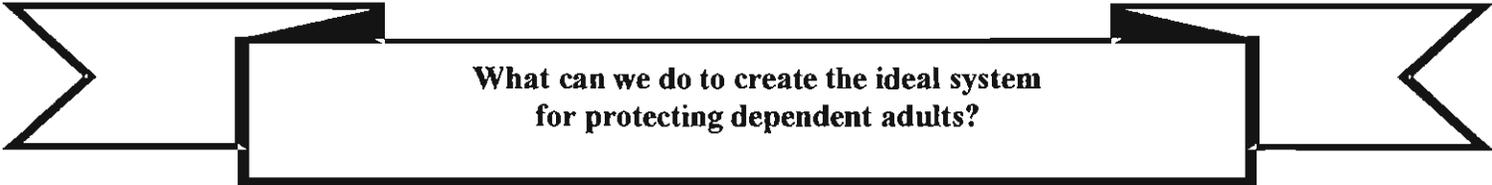
### **Group Responses #2 (continued):**

- ◆ No emergency shelters
- ◆ Lack of reporting
- ◆ Refusals for services
- ◆ Intermittent competence in individuals
- ◆ Dependence on caregivers makes person reluctant to report or confirm
- ◆ Financial limitations
- ◆ Difficult to investigate family if they are the power of attorney, guardian, or conservator
- ◆ Need to have options for person between report and findings
- ◆ Difficulty getting action taken legally
- ◆ Doctors need to be more aware of need to intervene
- ◆ Dependent adult definition
- ◆ Difficulty finding caregivers for the dependent adult due to environmental or social conditions

### **Individual Responses:**

- ◆ Awareness of dependent adult abuse as a crime
- ◆ Interagency discussion groups
- ◆ Relying on specific groups to carry load of reporting
- ◆ Feedback on prior cases
- ◆ Include emotional/verbal abuse
- ◆ Need to have mandatory reporters follow up oral report with written report
- ◆ Consistency in the way the law is interpreted and pursued
- ◆ Case is founded but nothing happens to protect the adult
- ◆ Need emergency shelters

### **Question #3**



**What can we do to create the ideal system  
for protecting dependent adults?**

### **Group Responses:**

- ◆ Training of mandatory reporters every two years (6)
- ◆ Updated materials to all providers as they happen (1)
- ◆ Provide an immediate safe place (4)
- ◆ Tool to identify dependent adult (2)
- ◆ Uniformity in training for the trainers should be done at the state level (1)
- ◆ Increase funding for services
- ◆ One person at DHS responsible for handling adult abuse reports
- ◆ Include a course at the law enforcement academy
- ◆ In-service for county attorneys
- ◆ Remove definition of caretaker (7)

### **Group Responses #3 (continued):**

- ◆ Adequate attorney general support
- ◆ Require feedback on cases reported
- ◆ Increase awareness to elders, community, and everyone else involved in system (2)
- ◆ Redefine dependent abuse
- ◆ Teach better communication skills to law enforcement officers (dealing with elderly)
- ◆ Preserve the right to self-determination (1)
- ◆ Resource guide for referrals (state and local) (2)
- ◆ Initiate a program to stress the value of elders in the community (1)
- ◆ More specific definition of dependent
- ◆ More training for caregivers on needs of elderly
- ◆ Educate physicians on their responsibility and feedback
- ◆ County conservator/guardian (1)
- ◆ Contact in each agency - educate on the laws
- ◆ Better incentives and training to home care providers
- ◆ Training to clarify appropriate agencies to report suspected abuse (DIA or DHS). Possibly one agency to take reports

### **Individual Responses:**

- ◆ Foster group homes for elders. Shelter available 24 hours - No cost
- ◆ Mandatory reporter training at least once a year
- ◆ Mandatory reporting education required every three years with higher requirements for the number of hours needed
- ◆ Resource availability to in home providers
- ◆ Greater public education via mass media. Invest in community/statewide awareness campaign
- ◆ Stress and/or require those who receive referrals to report back
- ◆ All "trainers" should be certified
- ◆ Registry of mandatory reporter "trainers"
- ◆ Training for Judges
- ◆ Increase funding to include adequate treatment services. Enable dependent adult to receive ongoing supportive services
- ◆ Coordination of all agencies as to information given and how they apply the information
- ◆ Require law enforcement (police, county attorneys) to pursue changes, regardless of victim's decision to not press charges
- ◆ Encourage lawmakers to redefine dependent and caretaker language in the code
- ◆ More concrete definitions
- ◆ Look at dependent adult abuse cases and how many involve family versus non-family. Many providers promote family as power of attorney, guardians, and conservators. Maybe we need to look at paid employees to handle these roles
- ◆ Increase responsibility of mandatory reporters for reporting
- ◆ More objective definition of what constitutes a dependent adult



# DECORAH GROUP

**WHEN:** April 27, 1998

**COUNTIES:** Allamakee,  
Dubuque, Fayette, Howard and  
Winneshiek

**ATTENDEES:** 13

## TOP PRIORITIES FOR CHANGE

More senior services to provide various levels of care housing options.  
Need affordable safe houses, assisted living and in home services

Need increased funding to allow for thorough investigations. Have a specialized and  
trained unit within DHS to handle only dependent adult abuse cases

More training for mandatory reporters. Expand the requirement to yearly training. To  
accomplish this, need low costs and accessible training materials/videos

### Attendees:

- ◆ Beverly Berna, Dubuque County ISU Extension, Dubuque
- ◆ Naomi Craft, Board Member, Aase Haugen Home, Decorah
- ◆ Jane Donlon, Northeast Iowa Community College-  
Continuing Education, Calmar
- ◆ Jennifer Owen, Winneshiek County Memorial Hospital,  
Decorah
- ◆ Erin Roseland, Palmer Homecare Agency, West Union
- ◆ Paula Urbaniak, Northland Area Agency on Aging, Decorah
- ◆ Debra Brady, Oelwein Health Care Center
- ◆ Beth Dehli, Veterans Memorial Home Health, Waukon
- ◆ Sue English, Northland Area Agency on Aging, Decorah
- ◆ Diana Nicholls Blomme, State Advisory Council
- ◆ Anne Pelc, Mercy Hospital, Oelwein
- ◆ Janell Richardson, Howard County Community Health, Cresco
- ◆ Dora Swehla, Northland Area Agency on Aging, Decorah

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Are now stricter penalties
- ◆ More training/broader availability
- ◆ Continued clarification of the definitions of dependent abuse, caretaker, and who reports
- ◆ (Multidisciplinary) team approach to add support to decisions
- ◆ Law working, protection
- ◆ DHS is valuable, place to report
- ◆ Good, timely response and follow through
- ◆ Services recommended/available/helpful
- ◆ Now DHS can mandate caretaker to provide services

### Individual Responses:

- ◆ Dependent adult abuse annual conference
- ◆ Law enforcement are more involved
- ◆ Case managers
- ◆ Specific language and definition of dependent adult therefore an oriented person is not taken advantage of nor are rights taken away. The law protects against pulling rights away
- ◆ Team approach for making determination if this should be reported as abuse
- ◆ With the team approach, there is good communication between those involved

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Need more options for places to go, services in home, prevention services, safe houses for elderly
- ◆ Need new training video
- ◆ Expand caretaker definition to include individuals in a position of "trust"
- ◆ Some cases do not go past the referral because the individual is "alert". Need a better understanding of, what is dependent
- ◆ Separate dependent adult unit (separate from child abuse)

### **Group Responses #2 (continued):**

- ◆ The law allows for significant neglect. The laws see things as black or white, rather than gray. Situations that are disturbing to all professionals concerned are inevitably found unwarranted
- ◆ Better training, more training and consistent training
- ◆ Self-neglect (hard to call problem)
- ◆ More people need to report
- ◆ Families need information/education
- ◆ What happens/follow-up in "gray" cases

### **Individual Responses:**

- ◆ Lack of training
- ◆ What are you going to do with the dependent in an abused situation
- ◆ Never discuss emotional abuse
- ◆ More clarification is needed in the laws
- ◆ Investigators need more thorough training and consistency in trainers
- ◆ Sometimes DHS has not responded after being contacted
- ◆ Lack of personnel to investigate
- ◆ Where is the line between family/client rights and agency concerns
- ◆ More information and education for caregivers
- ◆ Train more professions as mandatory reporters
- ◆ So many cases are borderline. In the definition, it may not be identified as abuse but problems are evident. There are no gray areas where services may be appropriate but the case is not accepted because it does not meet the requirements
- ◆ More services for prevention
- ◆ Give up too quickly-to nursing home
- ◆ Follow up services are needed on unfounded cases
- ◆ Adult abuse teams need to include county attorneys and law enforcement
- ◆ Need more assisted living
- ◆ Definition of abuser should not be limited to caregiver. Why should it only be the caregiver
- ◆ More DHS workers specialized in elder abuse investigations
- ◆ Training needs to be yearly for mandatory reporters
- ◆ Hands tied...it is a problem, but not called a problem

### Question #3

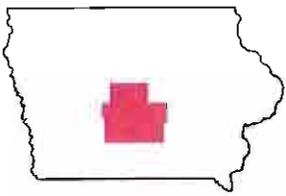
What can we do to create the ideal system for protecting dependent adults?

#### Group Responses:

- ◆ More training for reporters (videos + low cost). Yearly requirements instead of every 5 years. Statewide curriculum needed. Utilize ICN for training's (8)
- ◆ Increased funding for investigation personnel. DHS would have a trained and specialized unit to only investigate dependent adult abuse cases (10)
- ◆ Education of "well" elderly/increase public awareness (1)
- ◆ Respite – more widespread/lower cost (4)
- ◆ Multidisciplinary "protection" teams implementation (some counties do not have) (7)
- ◆ More senior services to provide various level of care housing options. Must be affordable. Need choices of places to live – safe house, in-home services, assisted living/blending programs (11)
- ◆ Mandatory education for "perpetrators" like domestic abuse batterers receive (1)
- ◆ Expand definitions of who can abuse. Investigate more than the caretaker (4)
- ◆ Statewide consulting team for more consistency in definition interpretation and intervention strategies (1)
- ◆ Increase penalties for exploitation against elders

#### Individual Responses:

- ◆ Get input from multidisciplinary teams for new training films. Maybe different films for different agencies
- ◆ More DHS workers in various specialties. Caseloads too big. Multidisciplinary adult protection teams
- ◆ More training, awareness in agencies at low cost or free
- ◆ Educating seniors about dependent adult abuse and neglect
- ◆ More training, in-house training at low cost
- ◆ Expanding definition of caregiver or abusive situation and neglect
- ◆ Improving definitions
- ◆ Mandatory reporters - very little protection from false accusations
- ◆ Not all long term facility employees report suspected abuse to DIA
- ◆ Title 19 (Medicaid) guidelines open up more for nursing home admission so adult has more options if founded
- ◆ For adult abuse trainers-need more and better networking and flyers on training's. Also need real life Iowa examples to use in training
- ◆ Update video for training
- ◆ Train more professions
- ◆ Training and follow up mandatory for abusers
- ◆ Implementation of multidisciplinary teams



# DES MOINES GROUP

**WHEN:** April 17, 1998

**COUNTIES:** Boone,  
Dallas, Jasper, Marion,  
Polk, Story and Warren

**ATTENDEES:** 26

## TOP PRIORITIES FOR CHANGE

Create public awareness so the public can recognize and know what to do about abuse

Effective, efficient, affordable statewide team whose sole focus is adult abuse-referral, investigation, and services

Change confidentiality law to permit agencies to work together and triage for services

### Attendees:

- ♦ Jean Allsteadt, Aging Resources of Central Iowa, Des Moines
- ♦ Pamela Brown, Eyerly-Ball Community Mental Health, Des Moines
- ♦ Mike Davis, State Advisory Council
- ♦ Jim Gilbert, Polk County DHS, Des Moines
- ♦ Carol Helland, Heartland Senior Services, Ames
- ♦ Sandi Koll, DHS-Central Office, Des Moines
- ♦ Ann Martin, Aging Resources of Central Iowa, Des Moines
- ♦ Jane McMahon, Jasper County DHS, Newton
- ♦ Joel Olah, Aging Resources of Central Iowa, Des Moines
- ♦ Lori Rockwood, Jasper County DHS, Newton
- ♦ Joyce Scranton, Generations, Inc., Des Moines
- ♦ Barb Van Gorp, Pella Regional Health Center
- ♦ Jeanne Yordi, Alzheimer's Association, Des Moines
- ♦ Sharon Baldwin, Polk County Social Services, Des Moines
- ♦ Deanna Clingan-Fischer, DEA, Des Moines
- ♦ Judy Conlin, Alzheimer's Association, Des Moines
- ♦ Mary Gregory, Heartland Senior Services, Nevada
- ♦ Becky Harker, Governor's DD Council, Des Moines
- ♦ Jan Reko Jome, Boone Home Care Services
- ♦ Marilyn Heikes, Home Care Services, Adel
- ♦ Sharon Mays, Polk County ISU Extension, Des Moines
- ♦ Jean Minahan, Polk County DHS, Des Moines
- ♦ Gerry Prine, Warren County DHS, Indianola
- ♦ Todd Savage, Polk County DHS, Des Moines
- ♦ Debbie Slaiker, Visiting Nurse Services, Des Moines
- ♦ Patrick Wilson, Polk County DHS, Des Moines

## Question #1

How do the current laws, services, and systems help protect dependent adults?

### Group Responses:

- ◆ Feeling of “we” (DHS) and “them” (everybody else). There is a feeling that nothing will get done
- ◆ Framework/recording guidelines work well
- ◆ Works well if fall within definitions
- ◆ There are people who really care
- ◆ Yes-if there was not such a variance of interpretation
- ◆ Fine array of services
- ◆ Balancing act between values of organization/person and the individual’s right to refuse services – works if client agrees to service
- ◆ Police officer stays with victim until the situation is stabilized
- ◆ If outreach can get involved in the situation early, works well – relationship before situation develops
- ◆ Works when case is severe
- ◆ Case management works and multi-disciplinary teams work-allows for flow of information

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Need education – of the public, legislators, and consumers
- ◆ Definition of “caretaker” and “dependent adult” – need to be more objective
- ◆ No safe haven during investigation
- ◆ Need continuous networking between agencies
- ◆ Let people know adult abuse is present and may increase with aging population
- ◆ Lack of communication between DHS and agencies
- ◆ Multi-disciplinary teams need to exist in all counties and be effective
- ◆ More money, respite and services
- ◆ Increase collaboration – understand what we each are struggling with
- ◆ Confidentiality sometimes stymies efforts to get help and work together for creative solutions
- ◆ More frequent mandatory reporter training, especially in high-risk areas – physicians, emergency rooms
- ◆ Need to find people and community resources who can help (guardian, payee, respite, emergency shelter)

### **Group Responses #2 (continued):**

- ◆ Develop more concrete risk factors, change rules
- ◆ Shift in thinking about aging
- ◆ Need more staff for outreach in areas that serve elderly
- ◆ Separate evaluators for adult abuse
- ◆ Foster homes for adults, protective day care
- ◆ Boost priority level for police to respond
- ◆ More training for police and county attorneys
- ◆ Money to assist payees and guardians and provide insurance

### **Question #3**

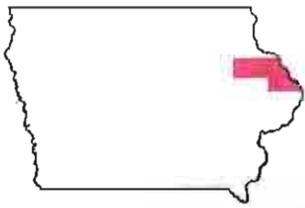
**What can we do to create the ideal system  
for protecting dependent adults?**

### **Group Responses:**

- ◆ Assessment tool – to determine dependency (1)
- ◆ Develop and fund safe havens (6)
- ◆ Separate units to investigate adult abuse (6)
- ◆ Develop and support strong guardianship programs (2)
- ◆ Change confidentiality laws to permit agencies to work together and triage for services (11)
- ◆ Mandatory reporter training requirement every 2 years (1)
- ◆ Make adult abuse a hot political topic (3)
- ◆ Eliminate “caretaker” criteria (1)
- ◆ Open up definition of dependent adult (6)
- ◆ Effective, efficient, affordable state-wide team whose sole focus is adult abuse – referral, investigation services (12)
- ◆ Include verbal abuse as an allegation of abuse
- ◆ Faster, better, identification of at-risk adults before crisis hits (1)
- ◆ Create public awareness so public can recognize and know what to do about abuse (14)
- ◆ Create active updated, accessible resource directory with 800 numbers
- ◆ Fund a representative payee program (1)
- ◆ Ensure that legal system works quickly – focus on protection and prosecution (1)
- ◆ Education classes for people suspected of adult abuse
- ◆ Educate legislators through public forums (2)
- ◆ Change in public perception from “old age” – “sick/frail” to “valuable/vital” – “problem to potential” (1)
- ◆ College programs need to include elderly in their curricula
- ◆ Support primary caregivers – education, respite, group support
- ◆ Use lottery money for abuse prevention
- ◆ Have communities assess their “elder friendliness”
- ◆ In professional licensure, make knowledge of adult abuse issues a requirement

## **Individual Responses:**

- ◆ Clear definition of dependent adult
- ◆ Change definition of dependent adult to anyone with a disability, plus anyone over 65 years of age
- ◆ Broaden concept to include vulnerable adults
- ◆ Fund emergency services for dependent adults
- ◆ Coordinate the multi-disciplinary teams in each area/region dealing with dependent adults. Collaborate and pool resources
- ◆ Begin intergenerational programs in schools
- ◆ Designate liaison within agencies and programs
- ◆ Need prosecution of offenders-especially financial exploitation
- ◆ Develop and fund the update of mandatory reporter training materials-i.e. video
- ◆ Create more preventive programs
- ◆ Establish beds in long term care facilities/hospitals for a safe haven during investigation
- ◆ Work with HUD to provide protective housing
- ◆ Statewide team that reports yearly on the areas which need to be changed in the law, sets policy, and education and training requirements. Include front line staff, not just administrators
- ◆ Elder check-off
- ◆ Consistent process-especially when dementia interferes with the adults decision making
- ◆ Encourage family involvement, when appropriate
- ◆ Ensure enough staff available for evaluation
- ◆ Training for lawyers, judges and county attorneys
- ◆ Funding for services-home placement and/or respite
- ◆ Need affordable assisted living
- ◆ Establish less subjective criteria for what is dependent adult abuse
- ◆ Increase punishment severity for abusers
- ◆ Make laws for possible prosecution of payees or powers of attorney who misuse dependent adults money
- ◆ Clearly outline options available to the professional and the individual (Help distinguish between unsafe and abusive)
- ◆ Get professionals to see that nursing home placement is not the only answer for dependent adults
- ◆ Education for physicians and law enforcement
- ◆ Require Multi-disciplinary teams to meet
- ◆ Funding for consistent public awareness campaign
- ◆ Team approach to evaluation of abuse
- ◆ Provide for help for seriously mentally ill patients who are not absolute threat to themselves or others
- ◆ More funding
- ◆ More staff - DHS, agencies, and law enforcement
- ◆ Streamline the referral process



# DUBUQUE GROUP

**WHEN:** April 23, 1998

**COUNTIES:** Blackhawk,  
Delaware, Dubuque, and  
Jackson

**ATTENDEES:** 22

## TOP PRIORITIES FOR CHANGE

Need specialized unit to investigate dependent adult abuse and coordinate services

Shelter and services for dependent adults

Multi-disciplinary meetings and educational programs on dependent adult abuse

### Attendees:

- ◆ Neal Allen, DHS, Waterloo Regional Office
- ◆ Linda Behne, Amicare Home Health Care, Dubuque
- ◆ Beverly Berna, Dubuque County ISU Extension, Dubuque
- ◆ Lois Bonifas, Amicare Home Health Care, Dubuque
- ◆ Teddy Crawford, Jackson County Public Hospital, Maquoketa
- ◆ Leta Hosier, Dubuque County DHS
- ◆ Barbara Keough, Amicare Home Health care, Dubuque
- ◆ Terry Miller, YWCA, Domestic Violence Program, Dubuque
- ◆ Melissa Roling, Scenic Valley Area Agency on Aging, Dubuque
- ◆ Kevin Swanson, Delaware County DHS, Manchester
- ◆ Joan Tatarka, Delaware County Mental Health Center, Manchester
- ◆ Amber Amundson, YWCA, Domestic Violence Program, Dubuque
- ◆ Diana Nicholls Blomme, State Advisory Council
- ◆ Kathy Carner, Scenic Valley Area Agency on Aging, Maquoketa
- ◆ Denise Curl, Scenic Valley Area Agency on Aging, Dubuque
- ◆ Chris Johnson, Jackson County Public Hospital, Maquoketa
- ◆ Bonnie Mihm, Amicare Home Health Care, Dubuque
- ◆ Wanda Reynolds, Scenic Valley Area Agency on Aging, Dubuque
- ◆ Donna Smith, Scenic Valley Area Agency on Aging, Manchester
- ◆ Charlene Schrodt, Visiting Nurses Assoc., Dubuque
- ◆ Joan Trentz, Crestridge Inc., Maquoketa
- ◆ Janet Wareham, Stonehill Adult Center, Dubuque

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Mandatory reporter law and required training
- ◆ Good communication with DHS, Multi-disciplinary team and others
- ◆ Many services available (depends on area)
- ◆ Knowledgeable professionals
- ◆ Addition of new programs a plus such as domestic violence referrals
- ◆ There is still respect for the elder in our area
- ◆ Law protects the client's rights to make decision
- ◆ Case management available
- ◆ Protection through restraining orders
- ◆ Shelter availability
- ◆ Multi-disciplinary staffing where in place
- ◆ Focus is to maintain client's independence and decision making
- ◆ Education of county attorneys and law enforcement
- ◆ A central registry exists
- ◆ 24 hour investigation

### Individual Responses:

- ◆ Efforts between agencies seem to work well to protect person. Communication and cooperation is the key piece which is seen as a positive
- ◆ Violence referrals

## Question #2

What needs to be improved?

### Group Responses:

- ◆ No real shelters for adults. Need to create shelters that are accessible to dependent adults (e.g. handicapped/health)
- ◆ The perception is that nothing actually gets done

## **Group Responses #2 (continued):**

- ◆ Improve representative payee system
- ◆ Need clearer definitions of self-neglect, dependency criteria/choices
- ◆ Dependency - forced (lack of involved people)
- ◆ Need more guardians and conservators
- ◆ Family sees the elderly person as a paycheck instead of doing what is best for elderly person
- ◆ DHS need professional follow-up, prevention/early intervention
- ◆ Abuse workers need better and more training focused on adults
- ◆ Increase multi-disciplinary team meetings and agencies invited to participate
- ◆ Demystify how a report gets founded. Need training on how to write a report
- ◆ Nurse aide registry should include all health care aides on registry and have a certification
- ◆ Need advocates for elderly
- ◆ Increase education to physicians
- ◆ Short term rescue - no long term solutions
- ◆ Increase funding resources
- ◆ Does not include adult abuse which does not involve a dependent adult
- ◆ Criteria ties DHS hands
- ◆ Inconsistency in courts and within law enforcement
- ◆ Passing the buck - hospital, home care, etc.
- ◆ Adults know less about this area

## **Individual Responses:**

- ◆ Need more definite guidelines - too gray. Abuse by people other than caregiver is not covered
- ◆ Emphasis on saving dollars rather than passing legislation to reform system
- ◆ System not working. There is not a clear definition or set of criteria for adult abuse. Frustrating to report cases and not founded. Need more consistency in the interpretation of the law
- ◆ Frustrating that lots of time/effort spent on cases and judge overturns because client is deemed competent
- ◆ Difficult to balance need for adult to have a right to choose vs. being abused
- ◆ Lack of awareness of abuse in elderly adults. Need more education to society and adults involved
- ◆ Times have changed but laws for adult abuse have not kept up with it
- ◆ Lack of places for dependent adults to go if in danger - shelters that are handicap accessible, foster care places for adults, i.e. emergency situations
- ◆ DHS caseworker caseloads so high, lower priority in some areas. No one wants to deal with the situation
- ◆ Nothing is done on founded reports
- ◆ Not seen system work when founded
- ◆ DHS should follow-up even when client may not sound as if he/she is dependent (more along the lines of child protection)
- ◆ Emotionally abused people become dependent (forced dependence) but emotional abuse not covered
- ◆ Nothing done to perpetrator
- ◆ Education of DHS on "elderly" issues

### Question #3

What can we do to create the ideal system for protecting dependent adults?

#### Group Responses:

- ◆ Waiver of liability/confidentiality
- ◆ More affordable medications and health care systems
- ◆ Specialized unit - DHS or other agency (20)
- ◆ More in-home support
- ◆ Shelter for dependent adult with comprehensive services (9)
- ◆ Better definition of terms (1)
- ◆ Temporary foster care system for adults (2)
- ◆ Program to remove - utilize court order (2)
- ◆ More caregiver, adult day care, respite support and prevention services (1)
- ◆ Increase dollars for evaluators and for existing new programs (2)
- ◆ Need payee/guardians/conservators (4)
- ◆ Educational program - those inside the systems (8)
- ◆ Marketing (public awareness) to everyone - general (2)
- ◆ Better community involvement (neighborhood concept) (2)
- ◆ 24-hour hot line for immediate response
- ◆ Volunteer system to provide in-home, respite (2)
- ◆ Multi-disciplinary conference/meeting (8)
- ◆ Leave person in home/remove perpetrator
- ◆ Family responsibility (2)
- ◆ (Share information on) pending legislation
- ◆ Counseling for victims
- ◆ Follow-up on founded/unfounded cases
- ◆ Clear definition of dependency, self-neglect and different types of abuse (7)
- ◆ Thorough information for providers!
- ◆ Increased DHS funding – more specialization (2)
- ◆ Consistent accountability/understanding consequences
- ◆ Society all responsible
- ◆ Joint visits by agencies (DHS & other professions) (1)
- ◆ Educate about process! (1)
- ◆ Nurse aide registry - include nurse aides, home health aides, residential care aides and all health care aides (1)
- ◆ DHS training/consultants on prevention and early intervention (3)
- ◆ “Gray areas” training (1)
- ◆ Increase transportation (1)

### Individual Responses #3:

- ◆ Educate caregivers on what is abuse and also educate them on how to be good caregivers
- ◆ Change/broaden definition of “caretaker” to include “in position of trust” to cover neighbors, long distance families, landlords, ministers, bankers, insurance agents, etc.
- ◆ Develop criteria on “dependency” to list “what are dependent situations”
- ◆ Separate DHS into child services and elder services so field of education and knowledge is specific to age
- ◆ Catch-up with child abuse laws on assessments, legal action, removal from home
- ◆ Nurse aide registry (should) include: nurse aides, home health care aides, residential care aides, any health care aide or ALL health care aides
- ◆ DHS investigators and mandated reporters would have knowledge and ongoing training of guidelines that are definitive as to what dependent adult abuse/neglect is
- ◆ Consistency statewide of interpreting and enforcing elder abuse/neglect laws
- ◆ DHS worker should be seen as a consultant to identify problems and make recommendations to family as to what they need to improve to meet state standards of safety. This is if a law has not been broken such as theft or physical abuse.
- ◆ Ideal system starts with the family. Family who wants to be in a caregiver role should have knowledge of their responsibilities to their elderly relations and support our agencies.
- ◆ Increase public knowledge
- ◆ More financial aid for services to dependent adults so they would not be abused or neglected
- ◆ Healthcare or insurance for all so they can afford what they need
- ◆ Need a system/service where dependent adults can have one person who will be their advocate. This advocate would help them in all situations and represent them when discussing services/care/financial concerns
- ◆ Consistency in dependent adult criteria across the state including all agencies, i.e., get everyone on the same page
- ◆ On-going training, updates, or forums to put various perspectives in focus
- ◆ Specific training to address and identify dependent adult abuse definitions and issues, i.e., dementia, mental illness or mental retardation
- ◆ Homes where persons can be taken until investigation is complete, not necessarily nursing homes, but comfortable, non-threatening place which will not add to victims fear and anxiety
- ◆ Increased mental health services especially in-home services for elderly adults
- ◆ Adult day programs which can provide stimulation and companionship for elderly and dependent adults. This will be beneficial for them as well as caregivers who need relief from stress of providing care
- ◆ Specialists in each county who can provide information and guidance in possible cases of dependent adult abuse
- ◆ DHS being able to investigate all allegations of dependent adult abuse, not just ones that sound really serious
- ◆ Support for the caregivers who burn out
- ◆ Develop educational program for everyone on adult abuse and market it heavily – (get) sponsors
- ◆ Mental health providers to go in-home to help this group of people – prevention of abuse
- ◆ Volunteer programs – well organized to provide in-home respite

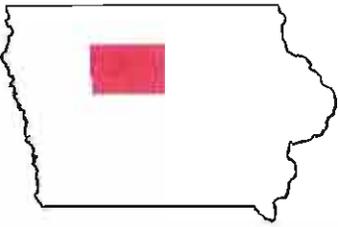
### **Individual Responses #3 (continued):**

- ◆ Have specific program for dependent abused adults where all their needs can be met: shelter, nursing/medical staff, counseling staff
- ◆ Educational sessions with DHS caseworkers and agencies, hospitals, etc.
- ◆ Educational roll-out to physicians, office nurses, law enforcement, lawyers, judges, legislators and community
- ◆ Involve aging groups in educational process – AARP, Aging Consortium, get sponsors to back it
- ◆ Develop a smoother process for referrals and follow-up (after educational program is done). Identify key person at DHS to report to and process paperwork. Time for follow-up and call back to referral source. DHS caseworker to visit on-site with referring person. (Review for proper documentation) If lack of information, DHS and agency work together to set up correctly
- ◆ When a report is given to DHS, do more follow-up before the case is dropped
- ◆ To assess whole family situation, conference with all agencies, police, physicians, and lawyers. Then advocate from group who takes charge of that
- ◆ Ability to prosecute the perpetrators. Leave person in home (don't punish the person by removing them)
- ◆ Better definition of mental and physical dependency. Need a consistent definition of dependent
- ◆ A person (from state or county) who would step in when there is a question about self-dependency. Could make decision about bills, safety in person's home. They would be appointed as an advocate
- ◆ Money for long term placement if "rescued" from home, so they don't have to return there
- ◆ More DHS workers for adults
- ◆ More feedback from workers as to why cases are founded/unfounded
- ◆ Define the terms used by DHS and other systems. What is elderly abuse? What is dependent adult? What is a caregiver? What is financial abuse? What is emotional abuse?
- ◆ Allow free communication among community agencies, services, etc. so that the client can receive the best information, choices, options that are available, so that all individuals, groups may be informed that are involved in that client's life
- ◆ Multi-disciplinary teams are wonderful but often important players are missing such as law enforcement. Make monthly meetings which are mandatory for the appropriate persons
- ◆ Provide education regularly to those working with elderly and the elderly persons themselves – not just on what it is but how to prevent it
- ◆ Provide enough funding to support agencies and programs already dealing successfully with the issue and create new programs as needed.
- ◆ Educating people/agencies regarding available resources/community services
- ◆ Funding staff so all reports can be investigated
- ◆ Make society responsible for all being mandatory reporters
- ◆ Establish long term shelters - accessible to dependent adults
- ◆ Home visits made by DHS workers with professionals
- ◆ Education for families when person is confused
- ◆ Ask domestic violence programs to train staff on the components of abuse – power and control wheels, and also to talk to the victims if they so choose
- ◆ Educate domestic violence programs about referrals and how to help in a greater capacity when called
- ◆ Increase training/education on all levels – from public awareness to law enforcement to judicial to DHS to mandatory, etc

**Individual Responses #3 (continued):**

- ◆ Define mental challenge – If capable of determining risks, benefits, alternatives and consequences at a 5<sup>th</sup> grade level of functioning, is the person dependent? Determined by multi-disciplinary team not by a physician
- ◆ Define physical challenge – If able to make an emergency exit or is capable of making an emergency medical services access call, is the person dependent?
- ◆ Allow for prosecution of individual other than caretaker for abuse of dependent adult. “Person in trust role”
- ◆ More affordable services
- ◆ Assess whole situation – multi-disciplinary team - families included





# FORT DODGE GROUP

**WHEN:** May 14, 1998

**COUNTIES:** Calhoun,  
Hamilton, Kossuth,  
Pocahontas, Webster, and  
Wright

**ATTENDEES:** 17

## TOP PRIORITIES FOR CHANGE

Community and professional education and awareness activities

Community networks work together (bring all players together)

Need coordination between agencies to discuss what each agency is doing

### Attendees:

- ◆ Nancy Alcorn, Webster County DHS, Ft. Dodge
- ◆ Mike Davis, State Advisory Council
- ◆ Mark Dohms, Hamilton County DHS, Webster City
- ◆ Judy English, Kossuth Regional Community Health Center, Algona
- ◆ Eugenia Hamilton-Hanlon, Calhoun County ISU Extension, Rockwell City
- ◆ Bret Pigsley, Elderbridge Area Agency on Aging, Ft. Dodge
- ◆ Loretta Tarbox, Elderbridge Area Agency on Aging, Ft. Dodge
- ◆ Rusty Butterworth, Elderbridge Area Agency on Aging, Ft. Dodge
- ◆ Amy DeLanoit, Friendship Haven, Ft. Dodge
- ◆ Cathryn Elkin, Wright County Public Health, Clarion
- ◆ Kim Gochee, Wahkonsa Manor, Ft. Dodge
- ◆ Kathy Keefe, Hamilton County Public Health, Webster City
- ◆ Jill Meier, Webster County DHS, Intern, Ft. Dodge
- ◆ Cindy Pauk, Wright County Public Health, Clarion
- ◆ Sharon Smith, Webster County DHS, Ft. Dodge
- ◆ Mike Terwilliger, Webster County DHS, Ft. Dodge
- ◆ Michele Webbink, Pocahontas County Nursing & Health Service

## Question #1

How do the current laws, services, and systems help protect dependent adults?

### Group Responses:

- ◆ Have services available
- ◆ Good system-although people do fall through the cracks
- ◆ Law is OK
- ◆ Mandatory reporting
- ◆ Coordinated services

### Individual Responses:

- ◆ System works when abuse is founded
- ◆ System balances dignity with what is right for the individual
- ◆ System works quite well
- ◆ Laws do protect

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Education and awareness of community and elder population
- ◆ Improve training for reporters
- ◆ Education and awareness of mandatory reporters
- ◆ Improve training for reporters
- ◆ Educate law enforcement and judicial on this law and reporting process
- ◆ Improve legal protection
- ◆ Need ownership on part of communities of elder needs
- ◆ Liability concerns of caretakers in community
- ◆ More accountable payees

### **Group Responses #2 (continued):**

- ◆ Education for providers, community and families on prevention
- ◆ Need friendly services
- ◆ Need to provide support for caretakers
- ◆ Improve laws on waiver program
- ◆ Need more flexibility of how money is used
- ◆ Improve attitude of DHS
- ◆ Train students
- ◆ Need follow up on unfounded and more action needed on founded
- ◆ Difficult to intervene

### **Individual Responses:**

- ◆ Need ways to provide supports to prevent abuse
- ◆ Education of the subject at a college level
- ◆ Need guardians
- ◆ Need accountability system for conservators
- ◆ Victims need advocates
- ◆ Inadequate response to abuser
- ◆ There are gaps in the system to deal with someone who has disabilities
- ◆ Need more increased and coordinated services
- ◆ Weak link is not being able to help the individual
- ◆ Must have legal protection to enforce the rights of the elderly
- ◆ Legal system needs to do more than hand slapping on founded cases
- ◆ Mandatory reporters need to feel comfortable with reporting
- ◆ Mandatory reporter training needs to include the every day abuses, not just the obvious abuse situations

### **Question #3**

**What can we do to create the ideal system for protecting dependent adults?**

### **Group Responses:**

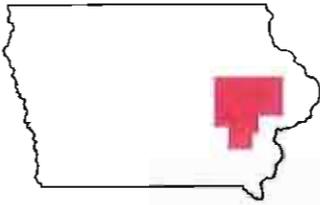
- ◆ Change attitude of public
- ◆ Educate elderly and those who work with elderly on how to prevent abuse and what services are available
- ◆ Educate mandatory reporters and providers
- ◆ Community education and awareness—get the word out (media)
- ◆ Allow for self advocacy and provide it for those who cannot
- ◆ Follow up with programs for perpetrators to attend

### **Group Responses #3 (continued):**

- ◆ Make mandatory reporter training improvements
- ◆ Broaden definition
- ◆ Need case management that coordinates efficiently without fragmenting
- ◆ Have an involved legislature
- ◆ Community network to work together (bring all players together)
- ◆ Need coordination to know what other agencies are doing

### **Individual Responses:**

- ◆ Training for law enforcement, judges and attorneys, on elder abuse
- ◆ More accountability in training
- ◆ Education of younger population in schools
- ◆ Involve community agencies in teams to provide services and follow up on founded or minimal care situations
- ◆ Develop friendly visitor programs to reduce isolation
- ◆ Build and fund supports for families under stress due to caretaking
- ◆ Eliminate "elder abuse" from dependent adult abuse law
- ◆ Change the attitude of the public toward the elderly and disabled
- ◆ Case management system which coordinates services instead of fragmentation
- ◆ Take mandatory in-service seriously
- ◆ Educate the professors at college level
- ◆ Mandate services and follow through if abuse is suspected
- ◆ Educate caregivers on what is quality care
- ◆ Integrate all components into a step by step process from intake to prosecution
- ◆ Start support service in at risk homes before the abuse starts (prevention)
- ◆ Have DHS inspect the case every 6 months to make sure guidelines are being met
- ◆ Have all dependent adults and their caregivers register with DHS
- ◆ Caregivers meet with DHS income maintenance workers with receipts to show how money is spent
- ◆ Program and punishment for abusers
- ◆ Registration of abusers
- ◆ Educate legislators on the issues
- ◆ Give DHS funds for personnel and materials to conduct mandatory reporter training without diminishing their ability to respond to reports
- ◆ Localize mandatory reporter training
- ◆ Ensure access to services
- ◆ Include personal choice in managed care situations
- ◆ Have government take the lead in valuing people despite age and disability
- ◆ Eliminate the shame factor in asking for services
- ◆ Develop expert resources that others can call for guidance
- ◆ Allow flexibility in serving each person's individual needs



# MARION GROUP

**WHEN:** June 11, 1998

**COUNTIES:** Benton,  
Cedar, Johnson, Linn and  
Washington

**ATTENDEES:** 20

## TOP PRIORITIES FOR CHANGE

Better accountability of power of attorneys

Provide stable funding source for increased awareness and prevention  
education

Establish a system to investigate all reports from mandatory reporters

### Attendees:

- ◆ Joyce Andrew, Linn County DHS, Cedar Rapids
- ◆ Jenny Castle, Aging Services, Cedar Rapids
- ◆ Barb Cutkomp, Washington County Hospital
- ◆ Linda Dearing, Senior Advocates, Cedar Rapids
- ◆ Linda Fitz, Family Service Agency – Meals on Wheels, Cedar Rapids
- ◆ Sara Murphy, Washington County Public Health Nursing
- ◆ Dawn Oldham, Visiting Nurse Association, Cedar Rapids
- ◆ Lisa Schmidt, Mercy Social Services, Cedar Rapids
- ◆ Sara Smith, St. Luke's Hospital, Cedar Rapids
- ◆ Joel Wulf, Milestones ABBE, Inc., Cedar Rapids
- ◆ Betty Brand, Virginia Gay Hospital Home Health, Vinton
- ◆ Kristie Cooper, Linn County ISU Extension, Marion
- ◆ Amanda Dearing, Aging Services, Cedar Rapids
- ◆ Ann DiGiacomo, St. Luke's Hospital, Cedar Rapids
- ◆ Martha Hawkins, Cedar County Home Care Aide Service, Tipton
- ◆ Jeff Iten, Cedar Rapids Police
- ◆ John Nollisch, St. Luke's Hospital, Cedar Rapids
- ◆ Marty Ralston, Linn County Health, Cedar Rapids
- ◆ Denise Shaffer, Iowa City Police
- ◆ Lenora Speer, Mechanicsville Nursing/Rehab

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Give providers leverage for other services
- ◆ There are services that can keep adults safe in home, not necessarily laws to do this
- ◆ Need clarification of 1996 amendment
- ◆ There are systems in place for centers, etc. for example, mandatory reporting
- ◆ Not as much abuse if many services are being provided
- ◆ There are systems in place, but when it goes “beyond” that there are not enough protections

### Individual Responses:

- ◆ Mandatory reporters
- ◆ Case management

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Is there an imminent danger clause in law – all calls should be investigated
- ◆ Better networking
- ◆ Laws with teeth
- ◆ Improve mandatory reporter training – tapes are old
- ◆ Are we giving information needed to trigger investigation?
- ◆ Everyone more aware – training more than a tape – interactive
- ◆ More advocacy to improve laws
- ◆ Need funds for emergency placement
- ◆ Neglect and financial abuse need to be addressed, physical abuse is covered, but only for caretakers
- ◆ All reports need to be checked into
- ◆ More uniformity of investigation
- ◆ DHS needs more muscle
- ◆ Training for investigators on dementia, substance abuse – acute vs. chronic vs. abuse
- ◆ Better definition of dependent adult
- ◆ Definition of caregiver
- ◆ How does reporter know outcome (was problem solved)

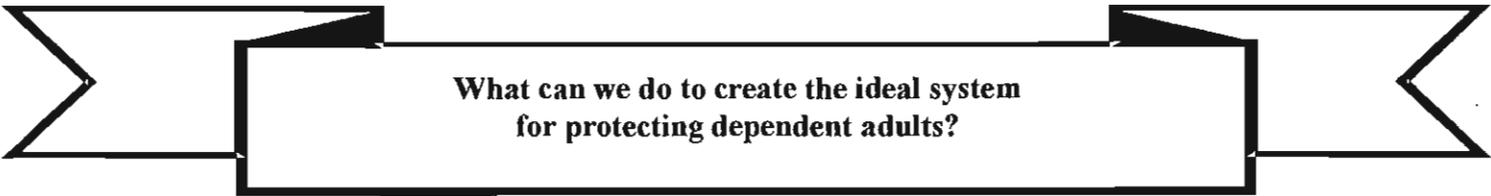
### **Group Responses #2 (continued):**

- ◆ Confidentiality of reporter and ramifications
- ◆ Funding – DHS needs money to train caseworkers
- ◆ Investigators need tools to do their job
- ◆ Lack of options for short-term placement

### **Individual Responses:**

- ◆ Who trains the trainers?

### **Question #3**

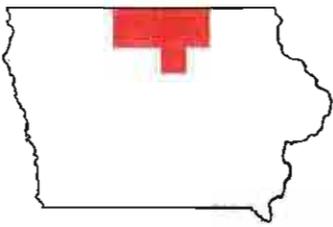


**What can we do to create the ideal system  
for protecting dependent adults?**

### **Group Responses:**

- ◆ Provide stable funding source for increased awareness and prevention education (7)
- ◆ Define “teeth” needed in the law (2)
- ◆ Elderly Service Officers
- ◆ Better training (signs and symptoms of neglect and abuse) for providers
- ◆ System to investigate all reports from mandatory reporters (6)
- ◆ Funding for emergency care and placement (like foster care) (5)
- ◆ Multi-disciplinary training system
- ◆ Better networking among agencies (2)
- ◆ More options of care (2)
- ◆ Use lessons from child abuse/neglect and domestic violence efforts (1)
- ◆ Publicity about elder abuse (i.e. TV commercials) (4)
- ◆ Better “Power of Attorney” accountability (11)
- ◆ Fund a “Dependent Abuse Community Expert” position (i.e. local training, coordinate networking) (2)





# MASON CITY GROUP

**WHEN:** May 5, 1998

**COUNTIES:**

Black Hawk, Cerro Gordo,  
Floyd, Hancock, Mitchell,  
Polk and Worth

**ATTENDEES:** 17

## TOP PRIORITIES FOR CHANGE

Defining competency verses dependency and a system for evaluating it

Educate legislators for more specific laws. Contact legislators and hold public forums on these issues

Create a law for court ordered mandatory services for all dependent adults and funding to do so

### Attendees:

- ◆ Neal Allen, DHS, Waterloo Region
- ◆ Janet Brown, Worth County ISU Extension, Northwood
- ◆ Gloria Billings, Hospice of North Iowa, Mason City
- ◆ Bobbie Casey, Elderbridge Area Agency on Aging, Mason City
- ◆ Donell Doering, Elderbridge Area Agency on Aging, Mason City
- ◆ Joe Joyce, Polk County Attorney's Office, Des Moines
- ◆ Terri Kuntz, Floyd County DHS, Charles City
- ◆ Sherri Pollard, Polk County Attorney's Office, Des Moines
- ◆ Ron Wagenaar, Legal Services Corporation of Iowa, Mason City
- ◆ Penny Bakehouse, Cerro Gordo County Dept. of Public Health, Mason City
- ◆ Donna Buol, Social Security Administration, Mason City
- ◆ Kay Comisky, Mitchell County Home Health Care, Osage
- ◆ Kim Doughty, Elderbridge Area Agency on Aging, Mason City
- ◆ Lucile Dunn, Floyd County Home Health Care, Charles City
- ◆ Judy Klemm, Hancock County Home Care Aide Service, Garner
- ◆ Annette Simonson, Floyd County Home Health Care, Charles City
- ◆ Penny Westfall, State Advisory Council

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Public awareness of what is elder abuse
- ◆ Case management as a resource
- ◆ Reporting process
- ◆ Investigations. Tools are there
- ◆ Clear cut cases-law works well
- ◆ Compassionate agency workers and community
- ◆ Large variety of agencies and services in the area
- ◆ Initial protection for the dependent adult
- ◆ Communication between agencies-sharing between professionals in Continuing Care Project
- ◆ Medical treatment
- ◆ Law enforcement ensure safety and medical treatment once they are contacted
- ◆ Joint investigations
- ◆ Multi-disciplinary teams
- ◆ Mandatory reporters do receive training
- ◆ Private businesses give referrals
- ◆ Increased criminal penalties for crimes

### Individual Responses:

- ◆ DHS has good investigators who follow up and the adults are protected to a point
- ◆ Laws protect those abused where physical evidence exists
- ◆ Quick response in investigation
- ◆ The reporting and investigation is working but the end result is not
- ◆ Adult day care providing respite for primary caregiver
- ◆ Court access available
- ◆ Requirements of mandatory reporting
- ◆ Increased criminal penalties
- ◆ Remove perpetrator from home
- ◆ Law enforcement right to enter home if there is not time to obtain a court order
- ◆ There is an effort to address dependent adult abuse
- ◆ There are registry checks for employment
- ◆ Dependent adults have been recognized as people in need of protection
- ◆ Ombudsman program and legal services

## Question #2

What needs to be improved?

### Group Responses:

- ◆ More effective and clear dependent adult definition. The abuse can be reported but does not get investigated
- ◆ Need a better way of determining who is competent. Who is competent and how do agencies decide if persons are capable of making choices, even when making poor choices
- ◆ Increase funding for support services and to increase investigators
- ◆ Increase availability and funding for family counseling
- ◆ Need public awareness that abuse exists and that help is available
- ◆ Fairness of law-sometimes protects the abuser
- ◆ Legislative clout
- ◆ Need public service announcements to inform people how to access help
- ◆ More people willing to be guardians
- ◆ Need free guardianships
- ◆ Change in law i.e.: protect adult on an on-going basis
- ◆ Need law to demand client accept services
- ◆ Change law in general. The law needs teeth to handle the problem
- ◆ Rural areas need more help with the isolation issue
- ◆ Need emergency safe houses or shelters
- ◆ Legal process adds to abuse
- ◆ Surprise "check ups" on nursing homes
- ◆ Education of informants

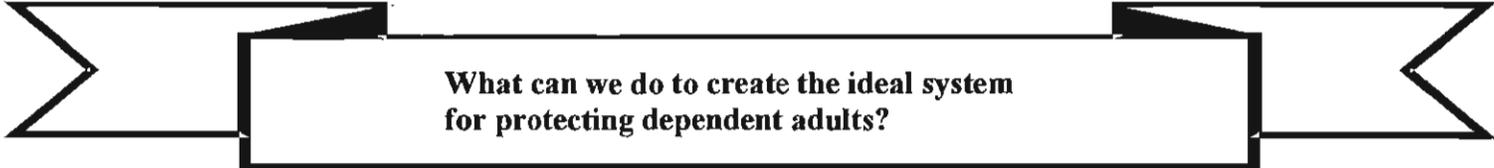
### Individual responses:

- ◆ Need follow through after investigation. Need to be able to do something with a founded abuse case
- ◆ Need better training and updated video
- ◆ Law enforcement resistant to investigate or file charges on abuses between relatives
- ◆ Need an 800 number specifically geared to take dependent adult abuse reports
- ◆ Need to improve the definition of caretaker
- ◆ Need education of law enforcement, county attorneys and court system
- ◆ Understanding our limitations
- ◆ Laws are too technical
- ◆ Commitment process
- ◆ More willingness of public to help
- ◆ Major concern for the growth of the professional abusers
- ◆ We need a supportive environment for the abused to go into. Costs money
- ◆ People sometimes prefer not to get involved - don't want to "meddle"

### **Individual Responses #2 (continued):**

- ◆ Raise consciousness about this problem
- ◆ Funding for more services and education
- ◆ Government agencies to relate to when assets tied up in court
- ◆ Education for seniors on what to watch out for and how to protect themselves
- ◆ Dependent adult definition is a roadblock to getting help
- ◆ More options to help dependent adults if investigation shows abuse
- ◆ Stronger penalties for perpetrators
- ◆ Social workers in DHS or counselors to intensively work with elders, family and team

### **Question #3**



**What can we do to create the ideal system  
for protecting dependent adults?**

### **Group Responses:**

- ◆ Create law for court ordered mandatory services for all dependent adults and funding to do so (16)
- ◆ Criminal convictions for perpetrator. Actually prosecute the offender (4)
- ◆ Neighborhood support systems (5)
- ◆ Educate legislature for more specific laws. Contact legislators and hold public forums on this issue (19)
- ◆ Involve investigators in dependent adult abuse training (4)
- ◆ Increase funding for staff and training (1)
- ◆ Involve investigators in definitions
- ◆ Look at what other states do to protect (2)
- ◆ More support shelters (1)
- ◆ Increase safety of workers in the home. Maybe have a contract with the client
- ◆ Family unity meetings
- ◆ Counseling on what do we do with our aging parents. This would be for the adult as well as children of an aging parent (5)
- ◆ Awareness of geriatric counseling
- ◆ Powerful victim advocates to help abused through the legal system (1)
- ◆ Defining competency versus dependency and a system for evaluating it (23)
- ◆ Develop safety net for those not protected under the law (3)
- ◆ Better problem solving skills

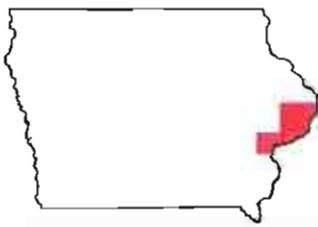
### **Individual Responses:**

- ◆ Make it easier to remove a dependent adult from their home
- ◆ Have cases treated like Child in Need of Assistance cases but for adults. Possibly call it Adult in Need of Assistance. This would mandate services

**Individual Responses #3 (continued):**

- ◆ Continue with the awareness campaign through Elder Affairs
- ◆ Combat family exploitation
- ◆ Systems working together - community support
- ◆ Strong advocate for dependent adult. This person would remain in contact for extended period of time and could help the abused through the legal process. May not be DHS
- ◆ Determine what is inappropriate use of control, pressure and manipulation
- ◆ More of what we are doing today
- ◆ Change the laws
- ◆ Provide adequate funding for long term viability of service programs
- ◆ Get laws to the legislature that are developed by people who work with dependent adults
- ◆ Make some laws more straight forward - who has responsibility





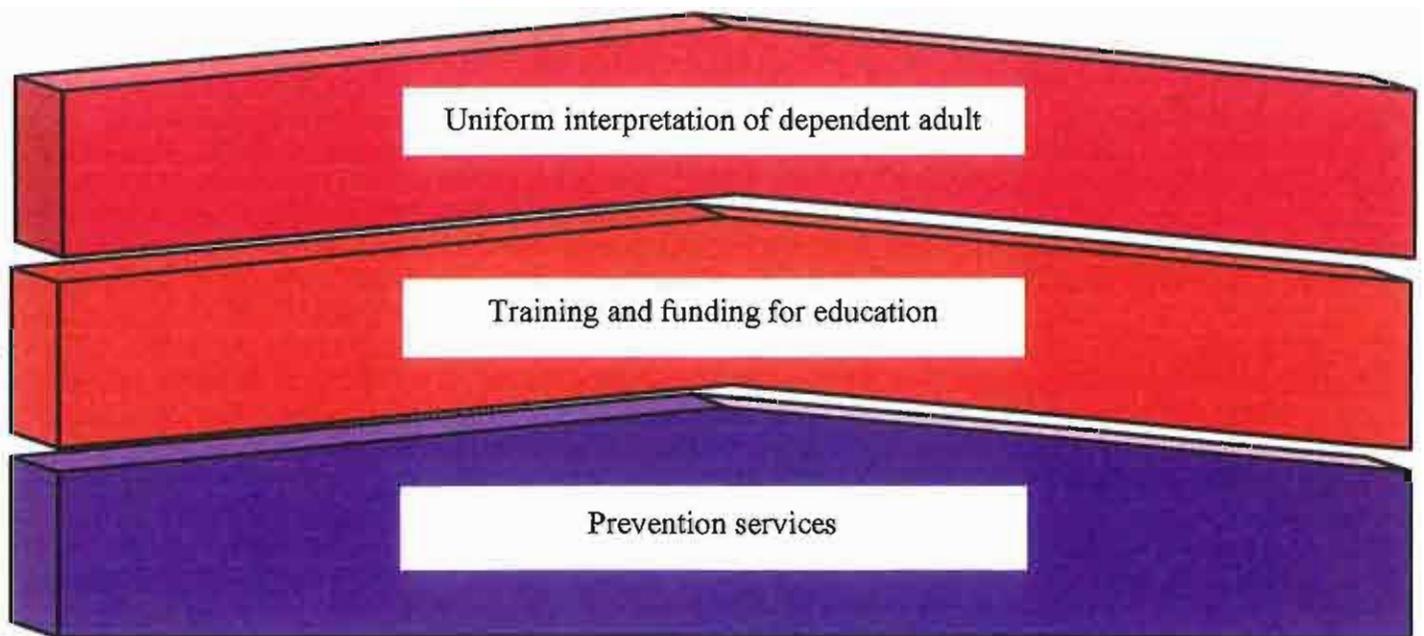
# MUSCATINE GROUP

**WHEN:** May 21, 1998

**COUNTIES:** Clinton,  
Muscatine, Polk, and Scott

**ATTENDEES:** 17

## TOP PRIORITIES FOR CHANGE



### Attendees:

- ♦ Tracy Aikin, Senior Resources, Muscatine
- ♦ Amy Baumbach, Senior Resources, Muscatine
- ♦ Marsha Burke, Muscatine County DHS, Muscatine
- ♦ Cathy Deters, Senior Circle Adult Day Care, Muscatine
- ♦ Rosa Mendoza, Multi-Cultural Center, Muscatine
- ♦ Rebecca Mueller, CASHA, Home Health Services, Davenport
- ♦ Ira Sherman, Psychology Associates., Muscatine
- ♦ Beth Ann Stratton, Muscatine County DHS, Muscatine
- ♦ Laura Porter Alsuleman, Muscatine County Community Services
- ♦ Colette Blake, Genesis Visiting Nurses, Davenport
- ♦ Tracy Castle, Community Health Resources, Muscatine
- ♦ Angela Lange, DEA, Des Moines
- ♦ Susan Mosectick, IL/IA Center for Independent Living, Davenport
- ♦ Anita Olson, Muscatine General Hospital
- ♦ Wendy Petersen, Clinton County ISU Extension, DeWitt
- ♦ Linda Stewart, Genesis Medical Center, Davenport
- ♦ Mary Hill-Sutherland, Genesis Visiting Nurse, Davenport

## Question #1

How do the current laws, services, and systems help protect dependent adults?

### Group Responses:

- ◆ Muscatine - well coordinated services
- ◆ Strong case management program - meets monthly
- ◆ Mandatory reporter training
- ◆ Multi-disciplinary teams - meet monthly
- ◆ County reporting - level of detail - credibility

## Question #2

What needs to be improved?

### Group Responses:

- ◆ More dissemination of information from multi-disciplinary teams (laws, rules, services, etc.)
- ◆ Understanding of questioning - what is the purpose
- ◆ Laws need to better take into account newer knowledge regarding development and medical issues of sub-populations - elderly, mental retardation/mental illness. Differentiate from children's issues
- ◆ No uniform interpretations of definitions - dependent
- ◆ Increase training for mandatory reporters - child/adult
- ◆ Service planning before discharge
- ◆ Have a copy of the form so you know what investigators want
- ◆ Client frustration with program/service/paperwork
- ◆ Lack of services for adults

### Individual Responses:

- ◆ More public education
- ◆ Standardize definition of dependent adult
- ◆ More training for investigators, such as Alzheimer training

### Question #3

What can we do to create the ideal system for protecting dependent adults?

#### Group Responses:

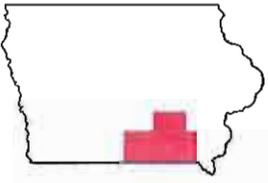
- ◆ More money
- ◆ More training for staff, legislators, prosecutors and providers
- ◆ Facilities would meet needs of chronically ill under 60
- ◆ Involve hospital staff more in multi-disciplinary teams
- ◆ Continuity of care between agencies
- ◆ Tailor the system to meet the developmental needs of adults
- ◆ Identify service gaps and allocate funds
- ◆ Increase valuing of dependent adults - like children
- ◆ Mass education on aging and financial assistance programs - family issues
  - It's not your inheritance
  - Educate seniors on long term planning
- ◆ Preventative services - respite & adult day care
- ◆ Need services in rural areas, such as day care and meal sites
- ◆ Review definition of dependent and do it regularly
- ◆ Communication at all levels regularly
- ◆ Would include original needs assessments
- ◆ Emotional abuse would be covered
- ◆ Visit potential victims regularly
- ◆ Money for prevention
- ◆ Adopt a block - look out for elderly
- ◆ Strengthen penalties for abuse
- ◆ Keep using/expanding multi-disciplinary teams
- ◆ Use local service groups to assist in issues
- ◆ No gaps in service
- ◆ Need funds to pay for temporary care in assisted living centers
- ◆ Investigate referrals - Need cooperation/understanding of DHS role

#### Individual Responses:

- ◆ More resources and money for staff and training for Dependent Adult Assessment Workers (dependent adult abuse not funded adequately to successfully do the job)
- ◆ Provide safe havens for dependent adults (similar to foster care of children)
- ◆ Educate all mandatory reporters - standardize training
- ◆ Separate domestic violence and dependent adult
- ◆ Increase coordination of provider agencies (i.e. reporting procedures, multidisciplinary teams)

### **Individual Responses #3 (continued):**

- ◆ Increase facilities to shelter dependent adults in danger
- ◆ Educate law enforcement and County Attorney regarding dependent adult abuse
- ◆ More money for education of mandatory reporters and general public awareness campaigns
- ◆ Educate legislators to make law clearer and more workable in protecting dependent adults
- ◆ Have more service providers - staff
- ◆ Do more one to one - listen to what the dependent adult is saying
- ◆ Investigate further
- ◆ Look and research for new programs in the community
- ◆ Develop a relationship with the family member
- ◆ Provide more on-on-one independent living training to adult to assist them with having to be less dependent
- ◆ Have annual (whether yearly or bi-yearly) review of the dependent adult definition
- ◆ Offer early services to prevent possible abuse
- ◆ Provide more training for providers as well as investigators, and have some training together so each can confront the other with questions or ideas
- ◆ Networking, interdisciplinary agencies with educated individuals on adult abuse
- ◆ Educate and appoint individuals through DHS who deals specifically with older adults
- ◆ Multidisciplinary teams meet regularly
- ◆ Prevention education/services
- ◆ Better define dependent adult abuse
- ◆ Needs assessment re-evaluated
- ◆ Be sure to include some front line workers on any task force that looks at this issue for the state - not just policy people - Look at minimum standards of care (DHS)
- ◆ More mass public education (e.g.: child abuse councils put out lots of free parenting ideas - what about free materials on aging, chronic illness, care giving ideas, PREVENTION)
- ◆ Allow law to protect abused dependent adults – “Child in Need of Assistance” for adults
- ◆ Safe shelter
- ◆ Educate workers about a client's right to self determination if person is competent
- ◆ Keep as many elderly in all types of neighborhoods - not segregated from middle-aged / young neighbors. Work on a safe neighborhood for all ages
- ◆ Increase staff of investigators to be able to check out every professional suspicion
- ◆ Develop a plan for how to keep client safe during investigation process
- ◆ Money to allow every person to have a home visit from a senior social worker age 65, 70, etc...
- ◆ Expand multi-disciplinary teams
- ◆ Each agency has one contact at DHS - talk to same person every time
- ◆ Getting information to senior themselves (maybe before they are dependent)
- ◆ Definition that is specific enough to be understood but not too specific
- ◆ Once determine abused - laws to enforce sentence
- ◆ Advanced education for adults long before they are dependent
- ◆ Educate the general public as to the needs of dependent adults
- ◆ Evaluate the types of funding needed to adequately care for the aging population
- ◆ Evaluate needs/funding for those in the age group between child and elderly



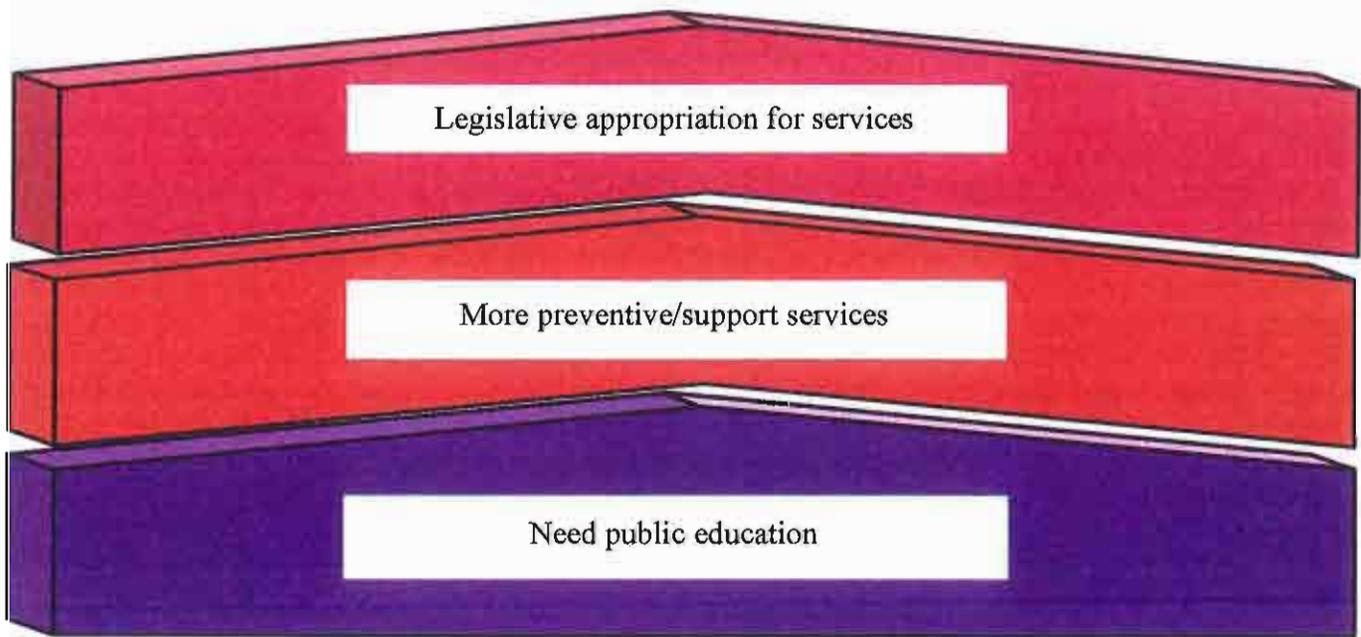
# OTTUMWA GROUP

**WHEN:** April 3, 1998

**COUNTIES:** Appanoose,  
Jefferson, Keokuk, Polk,  
Van Buren and Wapello

**ATTENDEES:** 15

## TOP PRIORITIES FOR CHANGE



### Attendees:

- ◆ Heather Bombei, Ottumwa Housing Authority
- ◆ Pat Franje, Ottumwa Regional Health Center
- ◆ Kim Goering, Seneca Area Agency on Aging, Ottumwa
- ◆ Deb Johnson, Jefferson County DHS, Fairfield
- ◆ Carl McPherson, DEA, Des Moines
- ◆ Jackie Morehead, Ottumwa Regional Health Center
- ◆ Aging Right
- ◆ Elaine Tracey, Wapello County Public Health, Ottumwa
- ◆ Dianna Farrell, Seneca Area Agency on Aging, Keosauqua
- ◆ Peggy Heemsbergen, Seneca Area Agency on Aging, Ottumwa
- ◆ Susan Hooper, Jefferson County ISU Extension, Fairfield
- ◆ Jonna Kingery, Intern, DEA, Des Moines
- ◆ Sharon Mier, Ottumwa Regional Health Center
- ◆ Vicki Robertson, Van Buren County Hospital, Keosauqua
- ◆ Valerie Schmidt, Keokuk County Public Health, Sigourney
- ◆ Carla Wahl, Seneca Area Agency on Aging, Centerville

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ Have an agency to report suspected abuse – but works better for physical where there is evidence
- ◆ Referral system working – avenues available to assist
- ◆ Public awareness has increased
- ◆ System requires education. Department of Elder Affairs manual is good
- ◆ Reporting method—ensure confidentiality of the reporter
- ◆ Hotline
- ◆ State funding

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Rural areas need same services as urban areas (so there are no gaps in service). May not have local placement available - victim being punished
- ◆ Interpretation by protective services varies
- ◆ Let DHS have access to dependent adult without guardian's consent
- ◆ Enforcement of laws by County Attorney
- ◆ Need updated list of services available (state and local)
- ◆ Develop more alternatives/choices for dependent adult
- ◆ Need emergency placement alternatives
- ◆ Need to have lawmakers recognize the scope of the problem and provide funding
- ◆ Improve transit services in rural areas
- ◆ Professional accountability/liability – protecting clients and professionals
- ◆ Media understanding and coverage
- ◆ More people willing to serve as conservators and guardians
- ◆ More in-home services (like family preservation)
- ◆ More support systems and follow-up of victims
- ◆ Public awareness and education can always be improved

### **Individual Responses #2:**

- ◆ Need clearer guidelines on defining dependent adult. Too many gray areas
- ◆ Domestic abuse and child abuse laws are more often enforced
- ◆ Emotional abuse is not included. Harder to prove or verify
- ◆ Need more appropriate penalties/no more slap on the wrist
- ◆ Lobby legislators to increase funding so that needs can be met in the areas of prevention and public awareness
- ◆ More funding
- ◆ Coordinate education between agencies

### **Question #3**

**What can we do to create the ideal system  
for protecting dependent adults?**

### **Group Responses:**

- ◆ First responder team. Quick response—i.e. confidential access to adult (3)
- ◆ Legislative appropriation for services (9)
- ◆ Provide services based on percentage of elderly not just general population (3)
- ◆ Public education (5)
- ◆ Let elderly know of service location- focal point (3)
- ◆ Better definition of dependent adult, power of attorney, advance directives. Change terminology (1)
- ◆ More preventive support services – respite, adult day care, in-home services, counseling (9)
- ◆ National tracking system of abusers and victims (2)
- ◆ Medicare continue to pay for in-home services and still allow to go to adult day care (1)
- ◆ Standardized mandatory reporter training across state. Have a state training team and offer training more often (2)
- ◆ Periodic multi-disciplinary and networking meetings. Tie in with meetings currently going on such as case management, DECAT meetings
- ◆ Society attitude – not allow abuse (1)
- ◆ Mandatory training for county attorneys, financial institutions, and law enforcement on legal issues and interventions (3)

### **Individual Responses:**

- ◆ Definition of dependent should be narrower
- ◆ Law enforcement should be able to remove a dependent adult without a court order
- ◆ Not too intrusive, but needs to be responsive to dependent adults who have been victimized
- ◆ Need to involve individuals from different agencies

### **Individual Responses #3 (continued):**

- ◆ Easier access to crisis center and have more of them
- ◆ Regional conference on dependent adult abuse-offer continuing education credits
- ◆ Get the public and community involved/informed on these issues
- ◆ Alternative living/placement sites
- ◆ Removal of perpetrators from environment and perpetrator subjected to re-education, counseling, and restitution. Progressively punitive process against perpetrator for repeat violations
- ◆ Better screening and education of paid caretakers/volunteers
- ◆ Leadership needs to be local
- ◆ Increase communication between service providers
- ◆ Standardize investigations
- ◆ Increase support for caregivers
- ◆ "Train the Trainer" education for all trainers of dependent adult abuse in facilities with standardized curriculum
- ◆ Put training into community college as with nurse aide training
- ◆ Move dependent adult abuse training from every 5 years to perhaps 2-3 years and update yearly on law changes
- ◆ Stricter laws
- ◆ Education of our children to instill values of respect and dignity for our elderly
- ◆ Standardize interpretive rules
- ◆ Discussion/clarification on an adult's rights to self determination
- ◆ Need more investigators
- ◆ Would like to continue meeting locally. Need local leadership possibly from DHS or the Area Agency on Aging



# SIoux CITY GROUP

**WHEN:** April 8, 1998

**COUNTIES:** Plymouth  
and Woodbury

**ATTENDEES:** 24

## TOP PRIORITIES FOR CHANGE

Education of general public (all ages) professionals, families, & dependent adults about adult abuse & aging issues

To empower the multi-disciplinary team. Increase awareness of legislators and county attorneys to increase funding

Increase living and service alternatives

### Attendees:

- ◆ Carey Anderson, City of Sioux City
- ◆ Connie Barrett, Mental Health Advocate, Sioux City
- ◆ Eloise Caltvedt, Plymouth County ISU Extension, LeMars
- ◆ Ester Mae Cox, Woodbury County ISU Extension, Sioux City
- ◆ Ann DeBoom, Siouxland Aging Services, Sioux City
- ◆ Jennifer Gries, Public Health, Sioux City
- ◆ Janet Grossnickle, Council on Sexual Assault & Domestic Violence, Sioux City
- ◆ Larry Joines, Siouxland Mental Health Center, Sioux City
- ◆ Ivy Moss, Siouxland Aging Services, Sioux City
- ◆ Sue Stampe, Public Health, Sioux City
- ◆ Marian Thomas, The Center, Sioux City
- ◆ Sandy Vandehan, Siouxland Aging Services, Sioux City
- ◆ Mary Bachman, Siouxland Community Health Center, Sioux City
- ◆ Sharon Cates, Lutheran Social Services, Sioux City
- ◆ Jean Curry, Alternative Home Care, Sioux City
- ◆ Deb Ferris, Siouxland Aging Services, Sioux City
- ◆ Barbara Grohs, Siouxland Aging Services, Sioux City
- ◆ Diana Jacobsma, Siouxland Aging Services, Sioux City
- ◆ Linda Johnson, Home Care Services, Sioux City
- ◆ Suzanne Kofka, Woodbury County DHS, Sioux City
- ◆ Marilyn Seymour, Care Review Committee Member, Sioux City
- ◆ Don Sturdevant, Woodbury County DHS, Sioux City
- ◆ Carole Utesch, Home Care Services, Sioux City
- ◆ Cathy Watterson, Home Care Services, Sioux City

## Question #1

How do the current laws, services and systems help protect dependent adults?

### Group Responses:

- ◆ New laws in Iowa for protection of abused adults
- ◆ Agencies to go to for help. Services are available for the dependent adult who wants them
- ◆ Within agencies personnel recognize problems and make referrals
- ◆ Good network of agencies in area and good communication
- ◆ Housing helps a lot
- ◆ High professionalism within agencies
- ◆ Local interdisciplinary team meets regularly
- ◆ Greater awareness of need for advocacy and willingness to help
- ◆ Variety of agencies on each case – willingness to change to another agency
- ◆ Lots of meetings give agencies opportunity to share and support
- ◆ There is education available

### Individual Responses:

- ◆ Agencies are good about reporting
- ◆ Teamwork and partnership among agencies
- ◆ Some effectiveness in abuse case reporting and actions
- ◆ Variety of services to cover needs of clients

## Question #2

What needs to be improved?

### Group Responses:

- ◆ Legal system – report goes nowhere
- ◆ Apathy of key players. Key agency people not here today – County Attorney, doctors, Alzheimer's Association, courts, DHS administration, and law enforcement
- ◆ Long term unsolved problem situations
- ◆ Need more options for living conditions for elderly

### **Group Responses #2 (continued):**

- ◆ Most cases are neglect, fragile, fearful, less capable – due to decreased mental and physical health – harder to identify
- ◆ Lack of education (updated) – laws change – training not accessible – too limited
- ◆ Need attitude adjustment of all toward elderly. Ignore out of fear. Need education for society
- ◆ Empowerment of elderly. The term elderly is not the same meaning as dependent adult
- ◆ Budget problems – agencies not properly funded to help
- ◆ Need more trained DHS staff to conduct investigations. Takes more funding
- ◆ Need point of access for services so general public knows where to call
- ◆ Elderly will mask problems in order to stay in own homes too proud to ask for help
- ◆ Education of public
- ◆ Need more support – system not directed toward elderly. (Directed toward young and domestic abuse)
- ◆ Medical profession, doctors, not a part of the “team”, and rural communities surrounding Woodbury County need to be here

### **Individual Responses:**

- ◆ Slow process
- ◆ Lack of follow through getting case into court which gives validity to our work
- ◆ Elderly victims need the same legal support system that has been developed for domestic abuse
- ◆ Laws in terms of caretaking need to be expanded
- ◆ Does not matter what causes situation, society should not put up with abuse
- ◆ Need a system of identifying abusers
- ◆ Agencies afraid of retribution and liability concerns
- ◆ Need more teeth and clout to the law. Local attorneys do not follow through
- ◆ Stop the funding wars. Fund needy programs rather than what is politically in
- ◆ Lack of manpower
- ◆ Current system protects abused and not the victim
- ◆ Education of aging process needs to start early in school

### **Question #3**

**What can we do to create the ideal system  
for protecting dependent adults?**

### **Group Responses:**

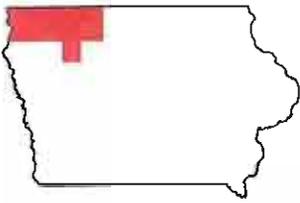
- ◆ Education to general public, to and for agencies, businesses, dependent adults, families, children, and DHS (21)
- ◆ Increase awareness of legislators to increase funding and empower multi-disciplinary teams and have active involvement of the County Attorney on elderly issues (18)

### **Group Responses #3 (continued):**

- ◆ Hotline for education/referral for culturally sensitive populations with a directory of agencies and services they provide (5)
- ◆ Hotline for reporting adult abuse (5)
- ◆ More living and service alternatives (17)
- ◆ Agencies and businesses conducting background checks for criminal charges (7)
- ◆ Increase DHS presence and availability (12)
- ◆ Better laws to protect agencies so they can help dependent adults without fear of liability(1)

### **Individual Responses:**

- ◆ Foster homes for dependent adults
- ◆ Propose an objective definition as to who is a dependent adult
- ◆ Prosecute offenders
- ◆ Caregiver support groups
- ◆ Create individual advocate for dependent adults
- ◆ Work with domestic violence outreach workers to assist needs of elderly battered persons
- ◆ Develop an advocacy group for education of public
- ◆ Create "Child in Need of Assistance" status for dependent adults
- ◆ Smoother process for investigating problem areas
- ◆ Educate medical providers about signs of abuse and neglect
- ◆ More community involvement - companions for those that are not so obviously in need
- ◆ Create more specific laws for the protection of dependent adults
- ◆ Increase "manpower" and funding to investigate suspected dependent adult abuse situations
- ◆ Communicate with Department of Elder Affairs our needs and solutions to "creating an ideal system". We need their support for advocacy & legislative lobbying
- ◆ Propose that county attorney's office designate an assistant county attorney to specialize in elderly/dependent adult abuse issues
- ◆ Continue to expand the multidisciplinary teams to include all agencies working with the elderly. Attendance should be encouraged by heads of departments
- ◆ Educate professionals more frequently
- ◆ Work towards changing the larger societies attitude toward aging in terms of valuing experience and wisdom
- ◆ Educate society about the seriousness of adult abuse
- ◆ Provide support for the victim so they know they are not alone
- ◆ Promote agency networking to educate each other



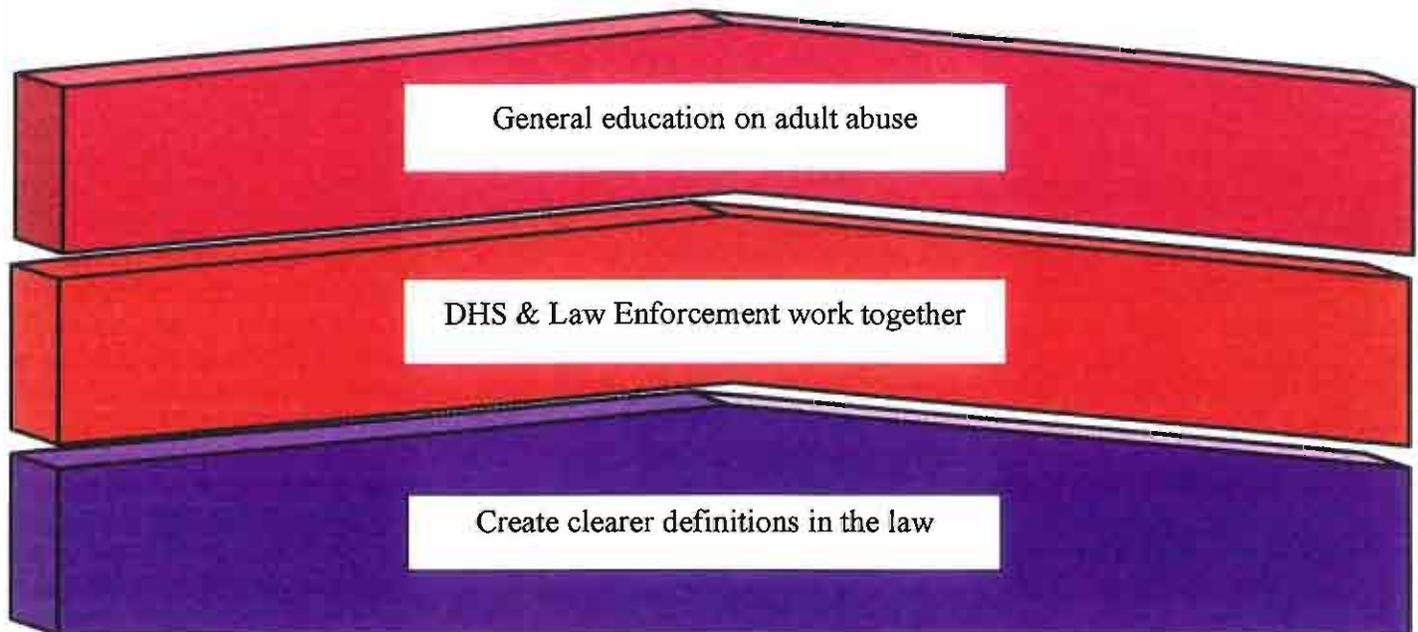
# SPENCER GROUP

**WHEN:** April 7, 1998

**COUNTIES:** Buena Vista,  
Clay, Dickinson, O'Brien,  
Osceola, Palo Alto, and Sioux

**ATTENDEES:** 21

## TOP PRIORITIES FOR CHANGE



### Attendees:

- ♦ Jerry Becker, Clay County DHS, Spencer
- ♦ Ellowene Clifford, Northwest Aging Association, Spencer
- ♦ Nancy Faber, Osceola Community Health Services, Sibley
- ♦ Jan Hansen, Spencer Municipal Hospital Community Health
- ♦ Roger Kempema, Hope Haven, Inc., Rock Valley
- ♦ Lt. Mark Lawson, Spencer Police Department
- ♦ Marilyn Monson, Buena Vista County Homemakers Home Care Aide Agency, Storm Lake
- ♦ Steph Sohn, Dickinson County Community Services, Spirit Lake
- ♦ Donna Vander Veen, O'Brien County Public Health, Primghar
- ♦ Beth Will, Dickinson County Community Services, Spirit Lake
- ♦ Elaine Boes, Palo Alto Community Health, Emmetsburg
- ♦ Tim Christy, Longhouse Nursing Home, Spencer
- ♦ Kathy Collins, Northwest Aging Association, Spencer
- ♦ Kate Freese, Buena Vista County Hospital, Storm Lake
- ♦ Chuck Illg, Clay County DHS, Spencer
- ♦ Nancy Ketchum, St. Luke Lutheran Home, Spencer
- ♦ Bob Lund, State Advisory Council
- ♦ Rhonda Rosenboom, O'Brien County ISU Extension, Primghar
- ♦ Sheila Thomsen, Northwest Aging Association, Spencer
- ♦ Joan Waller, Clay County Veterans Affairs, Spencer
- ♦ Nicky Zimmerman, Northwest Aging Association, Spencer

## Question #1

**How do the current laws, services & systems help protect dependent adults?**

### Group Responses:

- ◆ Groundwork of aging agencies and all community agencies network. Aging agencies are great advocates
- ◆ Case management – strong
- ◆ Laws protect individuals and their choices
- ◆ Dedication of people working in the field
- ◆ Reporting system in place
- ◆ Strong lobby

## Question #2

**What needs to be improved?**

### Group Responses:

- ◆ Better definition of abuse (intentional/unintentional), especially of adult who wanders
- ◆ Abuse definition
- ◆ More formal control of spending adult's money
- ◆ DHS need more staff to divide responsibilities, i.e.: divide child investigators from adult evaluations/assessments.
- ◆ Dependent definition needs to be clearer. Have one person or board to make assessments and standard referral as the baseline
- ◆ Better define "self-neglect"
- ◆ Tool used to define dependent/independent could be improved
- ◆ Need a tool to define competent/incompetent
- ◆ "Undue influence" – Is this abuse or not?
- ◆ Better education for reporters and all working with adults
- ◆ DHS worker – laws too restrictive
- ◆ DHS & law enforcement need to be able to work together (reference to caretaker)
- ◆ Better educate people in general – physicians, attorneys, public at large, employers, school system
- ◆ Employers have more influence in determining abuse from employees (school systems)

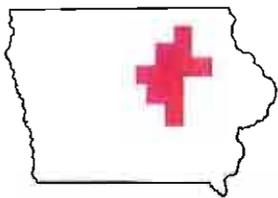
### Question #3

What can we do to create the ideal system for protecting dependent adults?

#### Individual Responses:

- ◆ Every community needs to have a geriatrics specialist/team (1)
- ◆ Law that each county has a multi-disciplinary team of professionals to work through dependent adult abuse issues (1)
- ◆ We need to have more specific laws for adult abuse (1)
- ◆ DHS and law enforcement need to have laws that permit them to work more closely together (3)
- ◆ We need to have more education for children, family, older adults, employers, doctors, administrators, providers, reporters, investigators, legal system and the public in general (8)
- ◆ Do not make it so difficult to found an adult abuse case
- ◆ Make clear definitions of abuse, dependent, etc. (2)
- ◆ Have tool for determining competence, dependence, abuse, self-neglect – so there is consistency in making determinations (1)
- ◆ Have laws that clearly define roles/responsibilities and that enable those involved to work together
- ◆ Fund DHS so they have staff needed to do investigations and follow-up
- ◆ Educate older adults and the elderly that they do not have to live in an abusive situation and where to go for help
- ◆ Try to get all accounts that are on power of attorney or executor status to be special accounts that can be scanned by banks and raise a flag when large number of checks start being written or dollar amounts withdrawn start going up (1)
- ◆ A more intense public awareness or education of elderly and/or caregivers. Service may be in place but clients/family may not know where to access these services or may be in denial of needing them. There is a stigma connected to these services
- ◆ Help the judicial system truly prosecute abusers (1)
- ◆ Reward through educational opportunities the areas that are excelling in freedom from abuse (1)





# WATERLOO GROUP

**WHEN:** April 16, 1998

**COUNTIES:** Blackhawk, Bremer,  
Butler, Chickasaw, Marshall, and  
Tama

**ATTENDEES:** 26

## TOP PRIORITIES FOR CHANGE

Services not adequately funded to respond

Seek consistency in the way cases are responded to by county  
attorneys, law enforcement, DHS and other agencies

The definition of dependent adult is nebulous. Needs to be changed

### Attendees:

- ♦ Kay Adkisson, Covenant Home Nursing, Waterloo
- ♦ Donna Andrusyk, Bremer County ISU Extension, Tripoli
- ♦ Marcia Bauer, Iowa Dept for the Blind, Cedar Falls
- ♦ Marilyn Corbett, Visiting Nurses Association, Waterloo
- ♦ Barb Duncan, Hawkeye Valley Area Agency on Aging, Marshalltown
- ♦ Amy Johnson, Hawkeye Valley Area Agency on Aging, Waterloo
- ♦ Heidi Ladenburger, Hawkeye Valley Area Agency on Aging, Waterloo
- ♦ Jan Matthias, Bremer County Home Care, Waverly
- ♦ Cindy Moore, Marshalltown Medical and Surgical Center
- ♦ Sally Myers, Hawkeye Valley Area Agency on Aging, Waterloo
- ♦ Laurie Russell, Alzheimer's Association, Waterloo
- ♦ Doug Shepard, Hawkeye Valley Area Agency on Aging, Toledo
- ♦ Maralene Story, Black Hawk County DHS, Waterloo
- ♦ Kathy Albrecht, Hawkeye Valley Area Agency on Aging, Waterloo
- ♦ Chris Blau, Butler County DHS, Allison
- ♦ Pat Crawford, Exceptional Persons, Inc., Waterloo
- ♦ Patty Esch, Hawkeye Valley Area Agency on Aging, Waterloo
- ♦ Pam Janssen, Iowa Veterans Home, Marshalltown
- ♦ Jane Johnson, Black Hawk County DHS, Waterloo
- ♦ Susan Kromminga, Circle of Friends, Allison
- ♦ Jean Mann, State Advisory Council
- ♦ Thomas Mayes, Legal Services Corporation of Iowa, Waterloo
- ♦ Barb McWhirter, Waverly Hospital Home Health
- ♦ Pat Morrissey, Black Hawk County DHS, Waterloo
- ♦ Bernette Njus, Chickasaw County Home Maker Home Health Agency, New Hampton
- ♦ Ronnie Slaba, Hawkeye Valley Area Agency on Aging, Waterloo

## Question #1

**How do the current laws, services and systems help protect dependent adults?**

### Group Responses:

- ◆ Law written to allow intervention but allows person a choice – wants to preserve this balance
- ◆ Grateful for law – ability to communicate with DHS about concerns, resources and assistance – DHS can respond quickly
- ◆ System allows for something to get started, referrals to other agencies
- ◆ Law works but parameters of agencies can only do so much – have boundaries
- ◆ Once someone identified as dependent adult, clear chain of authority to steps that must be taken – appreciate emphasis on freedom of choice in way to live
- ◆ Iowa Code, 235B is basically good, sound, few flaws, services are there to provide
- ◆ Have more resources and services than we ever have (big difference from 5 years ago) and focus on client's needs

## Question #2

**What needs to be improved?**

### Group Responses:

- ◆ Person making final decision is person most removed (i.e. judge), no recourse other than reporting again
- ◆ Definition of dependent adult abuse is nebulous (5)
- ◆ Double standard – adults assumed to be competent by doctors and other professionals and the situation not really assessed
- ◆ Concern with delay in action – ex: DHS took 6 days to respond
- ◆ Frustration at delays in response to reports of dependent adult abuse in facilities (21 days) and 800 number does not take reports from facilities on nights and weekends consequently no one is sure who to call (2)
- ◆ Statute not being clear leads to unfounded reports – perpetrators not going on registry – danger for facilities and their patients
- ◆ Services not adequately funded to respond which may account for delays – for example, county attorney's protective orders are really non-funded mandates (11)
- ◆ Definitions need to be black and white regarding removal from the home

◆ **Group Responses #2 (continued):**

- ◆ Seek consistency in way cases are responded to by county attorneys, law enforcement, DHS and other agencies (11)
- ◆ Need education on how law works to physicians, nurses, attorneys, law enforcement, and mandatory reporters (3)
- ◆ Clearer definition of the mentally or physically challenged part of dependent adult definition
- ◆ DHS supervisors, intake workers and mandatory reporters do not agree on definition. Therefore, the result is – non-acceptance of case
- ◆ 800 number is not even an intake worker – just a dispatcher – further removal from law (2)
- ◆ If law follows child abuse move to assessment (rather than intervention/evaluation), will perpetrators be placed on the registry? If not, danger to agencies hiring (1)
- ◆ DHS/Elder Affairs turf issues for example, “elder abuse” campaign doesn’t exist in Iowa – but campaign posters say it does – it’s Dependent Adult Abuse
- ◆ Public awareness – does not occur to people to report dependent adult abuse when they would if the victim were a child (1)
- ◆ Training – need just as many hours for dependent adults as for children. Dependent adult abuse training is needed more often (2)
- ◆ Consistency – is intake worker talking to reporters about process, services available, etc

**Question #3**

**What can we do to create the ideal system  
for protecting dependent adults?**

**Group Responses:**

- ◆ System where case management team (with DHS worker) meets with family to discuss abuse and options on what to do, everything done all at one time – provide counseling for abusers
- ◆ Improving education to providers of care, medical and legal community – better networking
- ◆ Handbook for providers and DHS workers on basics of the law and procedures
- ◆ More funding for services (free to seniors) and for intake workers and investigators to pursue protective orders and for shelters – might improve response time if had more workers
- ◆ Mandatory reporter and worker do investigation together
- ◆ Training – consistent for reporters/investigators – ensure trained trainers train all mandatory reporters every three years. No tape training
- ◆ Require face-to-face investigations on all reports of dependent adult abuse
- ◆ Promote joint investigations with law enforcement
- ◆ Pre-employment screenings for care providers including for family members, agencies, DHS

### **Group Responses #3 (continued):**

- ◆ Dementia – need better assessments regarding cognitive impairment – instructions on what to do with dependent adult if refuses to go to nursing facility level of care
- ◆ Improve response time for Department of Inspections and Appeals (DIA)
- ◆ Better ways of communicating without breaking confidentiality
- ◆ Providers assist DHS in establishing guidelines
- ◆ Defragment system regarding dependent adult abuse
- ◆ Physicians need to be accountable to community for people released from facilities

### **Individual Responses:**

- ◆ Would like to see these continue-good for everyone
- ◆ There is value to those of us in the field getting together on a more regular basis to identify what is available, get a true understanding of the law/system and development of network of experts
- ◆ Interested in meeting more frequently to get it going and then meet two times a year
- ◆ Would like an annual meeting
- ◆ This type of forum is good-to be able to get the local ideas/issues back to the state level. Need more discussion similar to today
- ◆ It would help with educating if a group such as this met quarterly to discuss some of the same information and provide new information
- ◆ Quarterly meeting - either locally (countywide) or regionally
- ◆ Have DHS investigators make assessments
- ◆ Need recourse to unfounded/because no dependent adult criteria. Need to decrease the arbitrariness of this decision
- ◆ Would like to be involved from a cognitive assessment standpoint to assist in determining who is a dependent adult
- ◆ Need ongoing meetings-excellent way to network
- ◆ Need open dialogue between agencies/departments to arrive at an understanding of each others roles
- ◆ Have each individual agency identify their role and do that well. Eliminating turf, agenda and bias issues once this happens, we can move to the ideal
- ◆ Communicate-get ground-level input for changes
- ◆ Would be willing to attend another meeting
- ◆ Training mandatory reporters when law changes significantly
- ◆ Make sure DHS responds as the law states - No more easy outs

