

**The National  
Policy Summit  
on Elder Abuse**

**Creating the Action Agenda**

Convened by:  
**The National Center on Elder Abuse**

**Proceedings**

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# **Proceedings**

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The National Center on Elder Abuse



# The National Center on Elder Abuse

The National Center on Elder Abuse (NCEA) is administered by the National Association of State Units on Aging as the lead agency and funded by grant No. 90-AP-2144 from the U.S. Administration on Aging. NCEA consists of a consortium of six partner organizations.

NCEA exists to provide elder abuse information to professionals and the public; offer technical assistance and training to elder abuse agencies and related professionals; conduct short-term elder abuse research; and assist with elder abuse program and policy development. NCEA's website and clearinghouse contain many resources and publications to help achieve these goals.

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## Foreword

The National Center on Elder Abuse (NCEA) is pleased to provide you a copy of the *Proceedings* of The National Policy Summit on Elder Abuse.

We could not have convened this landmark event without the support provided by the U.S. Administration on Aging and the Office for Victims of Crime, U.S. Department of Justice. We gratefully acknowledge the leadership and assistance provided by these two agencies.

The NCEA partner organizations are privileged to have worked with elder abuse experts from across the country during the Summit. Of even greater significance, together we have developed The National Action Agenda on Elder Abuse -- an essential starting point for dialogue on policy changes needed to address the needs of abused elders.

To paraphrase an often-used maxim: all policy is local. To us, this means that policy initiatives -- and priorities such as those found in the Elder Abuse Action Agenda -- must be understood and supported at many levels. Community leaders, state, county and national elected officials, administrative and regulatory personnel, and professionals in direct service must all come together to address the problem of elder abuse. Policy responses are needed at all levels of responsibility.

We hope that this report will prove to be an essential resource for further action.

For those wishing to convene their own state or local summit, the roadmap is here. For those wanting ideas of issues to examine in their own state or locality, the key challenges are fully explained. The background papers prepared for the Summit offer a wealth of information on the dilemmas we face. If you are a member of a state, local or regional coalition, multidisciplinary team (MDT), planning or coordination group, we encourage you to utilize these *Proceedings* in your strategic planning.

The National Center on Elder Abuse looks forward to working with the Administration on Aging, the Department of Justice, and others in forming broad-based partnerships for Summit implementation. For further information about The Action Agenda and implementation, we encourage you to stay in touch with NCEA through our website: [www.elderabusecenter.org](http://www.elderabusecenter.org)

Sara Aravanis, Director  
National Center on Elder Abuse  
National Association of State Units on Aging

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## Executive Summary

In the last two decades, the field of elder abuse has made marked strides in understanding the service needs of victims and in designing promising approaches to meeting these needs. However, public policy has not kept up with these developments.

To improve public policy related to abused and at-risk elders, the National Center on Elder Abuse (NCEA) – an organization of six partner agencies: the National Association of State Units on Aging (NASUA), the lead agency; American Bar Association Commission on Legal Problems of the Elderly (ABA); the Clearinghouse on Abuse and Neglect of the Elderly of the University of Delaware (CANE); the San Francisco Consortium for Elder Abuse Prevention of the Institute on Aging (IOA); the National Association of Adult Protective Services Administrators (NAAPSA); and the National Committee for the Prevention of Elder Abuse (NCPEA) -- with funding from the Administration on Aging and the Office for Victims of Crime of the Department of Justice, decided to develop a national elder abuse policy agenda.

To develop that agenda, NCEA chose to convene a national Summit. The Summit's goals were:

- Develop a prioritized national action agenda that lays out a blueprint to address the needs of abused and at-risk elders living in both community settings and institutions.
- Raise the recognition of elder abuse as a high-priority issue on the national, state, and local levels.
- Promote interdisciplinary approaches to improving elder abuse policies and practices.
- Develop specific recommendations to improve responses to abused and at-risk elders.
- Create a Task Force to spearhead efforts to implement the national action agenda.

As its first step, NCEA solicited input from a broad array of elder abuse prevention agencies, adult protective services, disability advocacy organizations, and organizations representing related professionals on what their top elder abuse public policy priorities would be. More than 100 individuals and agencies responded with hundreds of issues. NCEA analyzed these responses and settled on seven topic priorities:

- 1) Filling service gaps;



- 2) Educating the public;
- 3) Training professionals;
- 4) Enhancing adult protective services;
- 5) Increasing prosecution;
- 6) Maximizing resources; and
- 7) Eliminating policy barriers.

The Summit participants were selected through a deliberative process involving consideration of several hundred elder abuse experts and key stakeholder organizations. Participants were selected to represent the multiple disciplines impacted by elder abuse public policy; assure a mix of national, state, and local perspectives; and reflect geographic and demographic diversity. NCEA partners decided to focus the Summit on elder abuse rather than the broader problem of adult abuse. Nevertheless, because younger adults with disabilities are now more likely to survive into old age and the needs of disabled adults who are abused often overlap significantly with the needs of elder abuse victims, Summit invitees also included several key disability representatives.

Background materials were prepared laying out the major issues and questions related to each of the seven topics. These materials were sent to the Summit participants in advance.<sup>1</sup>

Approximately 80 experts convened in Washington, D.C. December 4-6, 2001. They were divided into seven working groups, each focusing on one of the identified topic areas. An NCEA partner participated with each group throughout the process to provide guidance and support.

Each working group was charged with developing three consensus recommendations related to their topic, and beginning discussions on how those recommendations could be implemented. Each group had a facilitator and scribe to lead them through a loosely structured process. All the Summit participants then prioritized the resulting 21 recommendations. The top ten of these form the basis of the Action Agenda. A Task Force to be formed under the direction of the National Center on Elder Abuse will first streamline these recommendations and then focus on coordinating efforts to get them implemented.

The ten recommendations upon which the final Action Agenda will be built are:

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<sup>1</sup> The background materials are available as a separate document at [www.elderabusecenter.org/agenda/background.pdf](http://www.elderabusecenter.org/agenda/background.pdf). They can also be ordered from NCEA (202-898-2586) for \$10.00.

1. Develop and implement a sustained national strategic communications program to educate the public on elder abuse. Some of the components would include, but not be limited to:

- Encourage the Centers for Disease Control and Prevention to recognize elder abuse as a public health issue
- Educate the media
- Develop national partnerships
- Institute a national 800 number
- Assemble a national repository of abuse stories
- Develop a technical assistance kit for implementation at the local level
- Conduct a study of domestic violence and child abuse movements
- Establish elder abuse month
- Conduct a national public awareness campaign. *(tied with #2)*

2. National Elder Abuse Act. To raise national awareness and to focus federal resources on the problem of elder abuse, a National Elder Abuse Act (like the Violence Against Women Act) should be enacted. The Act would create a nationwide structure for raising public awareness; supporting research, training and technical assistance; funding critical services; and coordinating local, state and national resources.

*(tied with #1)*

3. Improving the legal landscape for the justice system. The improved response to elder abuse and neglect by the justice system must be predicated on laws that take into account the special nature of these victims, the crimes committed against them, and the perpetrators. This legal framework should include:

- Effective elder abuse and neglect laws.
- Elimination or modification of laws that are barriers to investigations and prosecutions.
- Establishment of protocols, procedures and infrastructure to improve the coordinated response of the justice system.

4. To fund the development and implementation of a national elder abuse education/training curriculum that can be used as a toolbox/toolkit by a variety of professionals. The development of the materials should involve a variety of stakeholders. The toolbox should include modules on prevention, recognition, reporting, investigation, intervention and policy implications. For example, specialized training to components of the justice system is essential to better identify cases, improve investigations, increase prosecutions, better serve victims, establish interdisciplinary coordination, and promote elder abuse and neglect prevention programs. The materials should include clear goals and objectives of the program and (a) method(s) for evaluating effectiveness.

5. Age-appropriate specialized mental health services need to be available and accessible to include aggressive outreach, intensive case management and specialized

clinicians to provide acute and ongoing services for victims; dementia-related accurate diagnosis and treatment; capacity assessment and surrogate decision-making; age appropriate substance abuse, medication management and education; and mental health and substance abuse treatment for perpetrators.

6. Commission a General Accounting Office study of the current federal commitment to and related state expenditures on elder/adult abuse in relationship to service needs, including:

- Federal funding, e.g., Social Services Block Grant
- Roles and responsibilities of federal agencies
- State distribution/use of these funds
- Expenditures of state-appropriated funds for these purposes
- Statutes and regulations
- Service delivery systems/barriers to access
- Data collection and reporting
- Research.

7. Increasing awareness within the justice system.

Elder abuse and neglect must become a priority crime control issue. The justice system including law enforcement, prosecution, corrections, judiciary, medical examiners/coroners, public safety officers, victim advocates, APS workers, Ombudsmen and others must work as a coordinated system to:

- Protect victims
- Hold offenders accountable
- Prevent future offenses.

8. Establish a research and program innovation institute within the National Institute on Aging (also known as the Rosalie Wolf Memorial Institute) to improve research, data collection, and reporting on elder/adult abuse.

9. Create a national APS resource center to include:

- A training and certification system for APS workers at all levels based on best practice and academic/programmatic research to ensure all APS workers have a standardized base level of competencies and knowledge.
- Development of best and innovative practices in carrying out APS services.
- Technical assistance to state and local APS programs.

10. Seek an Executive Order by the President directing federal agencies and inviting governors to review all policies in order to better coordinate preventions, interventions (including prosecution), services and victims' assistance for abused, exploited, and neglected elders. Order will require report with findings and recommendations.

## Introduction

In the last two decades, the field of elder abuse has made marked strides in understanding the service needs of victims and in designing promising approaches to meeting them. However, public policy has not kept up with these developments. To improve public policy related to abused and at-risk elders, the National Center on Elder Abuse (NCEA) – an organization of six partner agencies: the National Association of State Units on Aging (NASUA), the lead agency; American Bar Association Commission on Legal Problems of the Elderly (ABA); the Clearinghouse on Abuse and Neglect of the Elderly of the University of Delaware (CANE); the San Francisco Consortium for Elder Abuse Prevention of the Institute on Aging (IOA); the National Association of Adult Protective Services Administrators (NAAPSA); and the National Committee for the Prevention of Elder Abuse (NCPEA) -- with funding from the Administration on Aging and the Office of Victims of Crime of the Department of Justice, decided to develop a national elder abuse policy agenda. To develop the agenda, NCEA convened a multidisciplinary Summit of elder abuse experts from across the country.

To help structure the discussion, NCEA asked hundreds of individuals and organizations to identify their most pressing elder abuse policy issues. More than 100 responses were received, categorized, and analyzed. As a result of this input, NCEA chose seven topic areas upon which to focus the Summit:

- 1) Filling service gaps;
- 2) Educating the public;
- 3) Training professionals;
- 4) Enhancing adult protective services;
- 5) Increasing prosecution;
- 6) Maximizing resources; and
- 7) Eliminating policy barriers.

Next, NCEA developed a list of nearly 200 experts in elder abuse and related issues representing dozens of professions. NCEA partners had decided to focus the Summit on elder abuse rather than the broader problem of adult abuse. Nevertheless, because younger adults with disabilities are now more likely to survive into old age and the needs of adults with disabilities who are abused often overlap significantly with the needs of elder abuse victims, Summit invitees also included several key disability representatives. In the end, 80 invitees convened in Washington, D.C. on December 4-6, 2001. They were assisted by seven facilitators, seven scribes, and numerous resource persons. They were also joined by approximately 30 observers, primarily from federal agencies.

The Summit participants were divided into seven groups, one on each topic. The groups had approximately ten hours to come up with three recommendations on their topic, and to begin “fleshing out” how these recommendations could be implemented. These recommendations and discussion notes make up much of these *Proceedings*.

All Summit participants voted on which of the resulting 21 recommendations were their priorities. These are listed in the next section. It is the top ten of these that will form the Action Agenda.

The Summit itself was devoted to the late Rosalie S. Wolf, Ph.D., the founder and director of NCPEA and a partner in the National Center on Elder Abuse until her death in 2001. A memorial for Rosalie is included in this Proceedings. Also included are transcripts of speeches presented by John W. Gillis, Director of the Office for Victims of Crime of the Department of Justice, and Edwin Walker, Director of the Office of Program Operations and Development at the Administration on Aging. The appendices contain the Summit agenda, small group task outline, the list of participants and their biographies, and several NAAPSA reports.

From here, a Summit Task Force (consisting of representatives of the six NCEA partner organizations and several Summit participants) will focus on promoting widespread understanding and awareness of the Agenda and then on implementation.

## Summit Recommendations

### 1.

Develop and implement a sustained national strategic communications program to educate the public on elder abuse. Some of the components would include, but not be limited to:

- Encourage the Centers for Disease Control and Prevention to recognize elder abuse as a public health issue
- Educate the media
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- Develop a technical assistance kit for implementation at the local level
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- Establish elder abuse month
- Conduct a national public awareness campaign. *(tied with #2)*

### 2.

National Elder Abuse Act.

To raise national awareness and to focus federal resources on the problem of elder abuse, a National Elder Abuse Act (like the Violence Against Women Act) should be enacted. The Act would create a nationwide structure for raising public awareness; supporting research, training and technical assistance; funding critical services; and coordinating local, state and national resources.

*(tied with #1)*

### 3.

Improving the legal landscape for the justice system.

The improved response to elder abuse and neglect by the justice system must be predicated on laws that take into account the special nature of these victims, the crimes committed against them, and the perpetrators. This legal framework should include:

- Effective elder abuse and neglect laws.
- Elimination or modification of laws that are barriers to investigations and prosecutions.
- Establishment of protocols, procedures and infrastructure to improve the coordinated response of the justice system.

### 4.

To fund the development and implementation of a national elder abuse education/training curriculum that can be used as a toolbox/toolkit by a variety of professionals. The development of the materials should involve a variety of stakeholders. The toolbox should include modules on prevention, recognition, reporting, investigation, intervention and policy implications. For example, specialized training to components of the justice system is essential to better identify cases, improve

investigations, increase prosecutions, better serve victims, establish interdisciplinary coordination, and promote elder abuse and neglect prevention programs. The materials should include clear goals and objectives of the program and (a) method(s) for evaluating effectiveness.

**5.**

Age-appropriate specialized mental health services need to be available and accessible to include aggressive outreach, intensive case management and specialized clinicians to provide acute and ongoing services for victims; dementia-related accurate diagnosis and treatment; capacity assessment and surrogate decision-making; age appropriate substance abuse, medication management and education; and mental health and substance abuse treatment for perpetrators.

**6.**

Commission a General Accounting Office study of the current federal commitment to and related state expenditures on elder/adult abuse in relationship to service needs, including:

- Federal funding, e.g., Social Services Block Grant
- Roles and responsibilities of federal agencies
- State distribution/use of these funds
- Expenditures of state-appropriated funds for these purposes
- Statutes and regulations
- Service delivery systems/barriers to access
- Data collection and reporting
- Research.

**7.**

Increasing awareness within the justice system.

Elder abuse and neglect must become a priority crime control issue. The justice system including law enforcement, prosecution, corrections, judiciary, medical examiners/coroners, public safety officers, victim advocates, APS workers, Ombudsmen and others must work as a coordinated system to:

- Protect victims
- Hold offenders accountable
- Prevent future offenses.

**8.**

Establish a research and program innovation institute within the National Institute on Aging (also known as the Rosalie Wolf Memorial Institute) to improve research, data collection, and reporting on elder/adult abuse.

**9.**

Create a national APS resource center to include:

- A training and certification system for APS workers at all levels based on best practice and academic/programmatic research to ensure all APS workers have a standardized base level of competencies and knowledge.
- Development of best and innovative practices in carrying out APS services.
- Technical assistance to state and local APS programs.

**10.**

Seek an Executive Order by the President directing federal agencies and inviting governors to review all policies in order to better coordinate preventions, interventions (including prosecution), services and victims' assistance for abused, exploited, and neglected elders. Order will require report with findings and recommendations.

**11.**

The federal government must provide leadership in ensuring adult protective services programs of sufficient quality to protect and serve vulnerable adults. This federal role includes identifying a lead agency to establish national policy and oversight; consistent definitions of terms and criteria; and long-term funding for grants, incentive projects, technical assistance, research and evaluation related to APS.

**12.**

To develop and fund a broad-based, multidisciplinary task force/coalition in each of the states to examine systemic approaches to responding to elder abuse. The national summit task force will spearhead the creation or identification of these state coalitions on elder abuse. One of the responsibilities of the state coalitions would be to support/collaborate with and be a connection to a national task force (resulting from this summit). The coalitions would gather information on training needs, be a conduit to the group developing the curriculum, and provide input and feedback to the national task force. The coalition would develop an implementation plan for using the curriculum.

**13.**

There is a paucity of information about the scope of the problem of vulnerable adult abuse, and the ability of APS to effectively respond to the problem. Commission and adequately fund research for the purpose of building a comprehensive, coordinated, national APS response to best serve vulnerable adults.

**14.**

Capturing Resources.

Maximize and expand resources by: (1) integrating current and potential elder abuse victims and issues into existing health, human services and criminal justice programs (e.g., Older Americans Act, Victims of Crime Act, Medicaid, Medicare); (2) collaborating with other family violence networks to expand the resources available to all; and (3) ensuring that new funds for existing or future health, human services and civil and criminal justice programs are directed to elder abuse.



**15.**

To develop, fund and implement a multidisciplinary research agenda to sustain, advance and assess professional training and practice on adult/elder abuse.

**16.**

Training.

Specialized training to components of the justice system is essential to:

- Better identify cases
- Improve investigations
- Increase prosecutions
- Better serve victims
- Establish interdisciplinary coordination
- Promote elder abuse and neglect prevention programs.

**17.**

Prevention/Early Intervention/Support Services.

This recommendation acknowledges the need to maintain and expand services currently available to individuals at-risk or victims of abuse or self-neglect in order to prevent reoccurrence and intervene earlier. Although we recognize that many of these services are needed by all elders, with vulnerable and abused elders they are particularly critical – they may mean the difference between injury, homelessness or premature institutionalization. In implementing this recommendation, our field must address shortage of workers; oversight of independent workers; and how to screen effectively for appropriate staff.

**18.**

Craft and launch a coordinated campaign to educate policy makers on elder abuse issues and to engage the support of key legislators for increased funding for elder abuse public awareness.

**19.**

Elder abuse by definition is an emergency and a crisis that requires the mobilization of a number of services and resources. Multidisciplinary expertise is essential to provide these services, including legal and other services that prevent domestic violence, and financial resources to meet the immediate and crisis needs of the abused.

**20.**

New Funding Paradigms.

Pursue creative strategies for obtaining steady and dedicated funding from nontraditional sources, especially entities with a stake in the problem of elder abuse.

For example:

- Professional licensing fees
- Bank trust department charitable funds
- Credit card sponsorship

- Death certificate and probate fees
- Donation check-offs.

**21.**

We recommend that we establish collaborative, reciprocal relationships with other violence prevention organizations.

## ***In Memoriam***

**Rosalie S. Wolf, Ph.D.**

**May 15, 1927 -- June 26, 2001**

“She was proof of the difference one person can make.”

“Her loss is incalculable.”

“Her legacy is a groundbreaking body of work and many students/disciples who will continue her efforts.”

“Her intelligence, scholarship, and quiet insistence on what was right made her an exceptional role model.”

“She was respected worldwide and moved nations into action.”

“She brought people like myself into this field of elder abuse and now leaves us with a huge gap to fill.”

“Her arguments were gracious, soft-spoken and utterly convincing.”

“Elder abuse, which had far too long been in the darkness, was brought into the light through the dedication, hard work, creative efforts and spirit of Rosalie.”

“She was generous with her knowledge and her time.”

“The value and long-lasting impact of her groundbreaking work in elder abuse cannot be overstated.”

“One of my heroines.”

“The elderly of our country have lost another champion.”

“I hope we can follow her model of unending commitment and courage to improve safety, support and services for victims of elder abuse.”

“For a person so respected and revered to be so humble, so selfless with her time and knowledge, so tireless and committed to the work was truly awe-inspiring.”

“She lived with such integrity and kindness.”

**The world in general, and our smaller world of elder abuse, has been tremendously enriched by her life and her work and enormously diminished by her passing.**

*-- Comments from colleagues, posted on the national elder abuse listserv*

***This first National Policy Summit on Elder Abuse is dedicated to the memory of Rosalie S. Wolf, Ph.D. For those who are not familiar with Dr. Wolf's extraordinary contributions to the field of elder abuse, we here reprint a memoriam published in the July 2001 NCEA Newsletter.***

Partly because of her role as President of the National Committee for the Prevention of Elder Abuse (NCPEA), Dr. Wolf had been a partner in nearly every national center on elder abuse. But her influence on the field goes far beyond NCPEA and the various NCEAs. Indeed, many elder abuse professionals credit her with being one of the individuals most responsible for raising awareness of elder abuse not only in the United States, but also across the world.

Her work in the elder abuse field began in the late 1970s, not long after she earned a midlife doctorate in social welfare policy with a concentration in aging from Brandeis University. Her interest in elder abuse was sparked when she served as a member of a crisis intervention committee of a local homecare agency. In 1980, she headed a U.S. Administration on Aging evaluation study of model elder abuse intervention programs. She went on to found NCPEA in 1986 and the *Journal of Elder Abuse & Neglect* (JEAN) in 1989. Both NCPEA and JEAN reflect Dr. Wolf's keen interest in bringing together and fostering mutually-beneficial exchanges between aging researchers and the practitioners actually working with abused and at-risk elders and their families.

More recent achievements of Dr. Wolf include: chairing the International Network for the Prevention of Elder Abuse; serving on the World Health Organization Consulting Group for the *World Report on Violence*; serving on the steering committee of the United Nations International Working Group on Trauma; and co-guest-editing the Summer 2000 American Society on Aging's *Generations* special edition on Abuse and Neglect of Older People.

Her last public appearance took place just weeks before her death, when she gave an "exceptionally elegant and informative review of the history of the field" of elder abuse for the National Academy of Sciences Study Panel on the Risk and Prevalence of Elder Abuse.

Although Dr. Wolf was known within the elder abuse field for her quiet personal reserve coupled with a fierce determination to help elder abuse victims, she was also very active in her hometown of Worcester, Massachusetts. More than 200 people attended her services at Temple Emanuel, the synagogue she had belonged to all her life. While acknowledging that she had "really [done] something for this world" with her work on elder abuse, Rabbi Jordan Millstein also spoke of her devotion to her synagogue (she would have been its President this year had her health permitted), her passion for the arts (she regularly hosted friends at the nearby Jacob's Pillow dance festival), and her determination to excel (she became proficient enough at playing the recorder, an instrument she took up in midlife, to perform in a touring early music group).

Dr. Wolf is survived by her sons Dr. Gary L. Wolf of Worcester and Dr. Jonathan S. Wolf of Upper Saddle River, New Jersey, her daughter Amy Wolf of New York City, her twin sister Constance Kreshtool of Wilmington, Delaware, and five grandchildren.

## Keynotes

John W. Gillis  
Director of the Office for Victims of Crime  
U.S. Department of Justice

I am delighted to be here at the opening plenary session of the national summit of the National Center on Elder Abuse. As the new Director of the Office for Victims of Crime at the U.S. Department of Justice, I'm extremely pleased to have the opportunity to address you all this evening. OVC is committed to the issue of elder abuse and is proud to be able to provide support to this important effort.

First, by way of introduction, I come to OVC having spent 26 years as a police officer in the Los Angeles Police Department and several years as a Commissioner on the California Board of Prison Terms. I also have spent two decades as a victim advocate. I am glad for the opportunity to work on behalf of crime victims from the federal agency side.

I know that many of you are not from the criminal justice or victim advocate communities, and consequently are not aware of the Office for Victims of Crime and its work. To put OVC in context, let me tell you a little about what we do. OVC is one of several grant-making components of the Office of Justice Programs in the U.S. Department of Justice. OVC administers substantial federal funding to state victim assistance and compensation programs, through a formula grant program, as well as smaller amounts of discretionary funding to support federal, state, and local efforts to address the needs of victims of a wide range of crimes. We also support training and technical assistance efforts designed to educate victim advocates, criminal justice professionals, and allied professionals on the rights and needs of victims.

OVC's discretionary funding supports projects that have a national scope or impact on a wide range of issues as they relate to victims – hate crimes; homicide; sexual assault; domestic violence; child abuse; elder abuse; gangs; victim services in law enforcement, prosecution, corrections and the courts; victims with disabilities; and mental health, to name a few. The initiatives we support range from demonstration projects to the development of training to publications. Because OVC's discretionary funding is relatively small, we cannot support as many projects as we would like – so we focus on those projects that will have an impact nationally. Since the projects we fund are national in scope or impact, they have been extremely important to the victims field.

Over the last several years, OVC has increased its focus on the issue of elder victimization. We have supported programs to address telemarketing fraud against older people through highly successful activities such as training for bank personnel and public education and training in the Latino community. We are supporting the development of a curriculum to train lawyers on domestic violence and elder abuse and one for victim assistance professionals on elder abuse. We convened a focus group on the needs of victims of abuse and neglect in institutional settings and are in the process of finalizing a monograph featuring several emerging programs that address elder abuse. Last year, OVC provided funding for a national symposium co-sponsored by the Department of Justice and Department of Health and Human Services which showcased promising practices in combating all forms of elder victimization. We also are in the process of updating an elder abuse curriculum targeted toward community policing.

Additionally, in FY 2001, OVC funded two new projects in the elder abuse area. One initiative will enhance the development of multi-disciplinary elder abuse fatality review teams and the other will involve the development of a curriculum to train medical residents and students on the identification of elder victimization and appropriate interventions.

I would also like to note that as a former police officer, I recognize the importance of law enforcement's response to victims – and as Director of the Office for Victims of Crime, I have made it one of my priorities to help law enforcement strengthen that response. Of course, that includes the response by law enforcement to older victims – and in OVC's work with law enforcement, I hope to place some special focus on this important issue.

This summit is an extremely important forum. It comes at a time when elder abuse is beginning to get the attention it deserves, and it will provide critical information on the needs of elder abuse victims for those responsible for programs and policy in this area. For OVC, it will inform our program planning in the coming fiscal years, helping us to shape our direction and priorities in this area.

Addressing the issue of elder abuse is really about ensuring the safety of older people at home – whether in their own homes or in institutions – something that everyone in this country should reasonably be able to expect. Especially in the wake of September 11, it is all the more critical that we strive for this. Our work on behalf of older people is central to this notion.

In closing, I would like to wish you a very productive two days. I am sure it will be an interesting and engaging discussion. I very much look forward to the report of the summit and to working with you in the future to address the needs of elder abuse victims. Thank you.

**Edwin Walker**  
**Director of Program Operations and Development,**  
**Administration on Aging**

On behalf of Assistant Secretary Josefina Carbonell, thank you for your work on behalf of vulnerable older adults.

Elder abuse is often an overlooked area, so your dedication can make the difference between whether or not seniors are protected.

For this we are grateful.

Thank you also for taking the time to participate in the National Policy Summit on Elder Abuse.

We are proud to support your efforts to develop an Action Agenda that will create a blueprint to address the needs of abused and at-risk elders.

The scope and magnitude of elder abuse requires that a wide range of public and private professionals work together to find creative solutions.

The Action Agenda you develop will raise awareness about elder abuse; help to foster important collaborative efforts; and provide policy makers, researchers, advocates, and the public with a comprehensive strategy for dealing with this problem.

This effort could not have come at a better time.

In the 1970s the late Representative Claude Pepper first helped to raise awareness about elder abuse through hearings and a subsequent report of the House Select Committee on Aging.

Since then the U.S. has made progress in addressing this issue, but too many seniors are still being victimized.

In Oklahoma abuse reports have increased by 400 percent in little more than a decade.

Reports to Long-term Care Ombudsmen increased 20 percent between FY 96 and FY 99.

Unfortunately, these figures still underestimate the true extent of the problem: the 1998 National Elder Abuse Incidence Study found that for every confirmed incidence of domestic elder abuse, between four and five incidents were not reported.

Elder financial exploitation, in particular, is a growing threat.

Frail and isolated seniors make tempting targets, so it is not surprising that they are often over-represented on telemarketers' "mooch lists."

These crimes are particularly devastating for seniors because many are unable to replace lost assets through work, saving, or investing.

New cases of self-neglect are also unacceptably high.

The Elder Abuse Incidence Study found that nearly 40% of all substantiated cases were of this type.

In Texas this percentage is even higher: neglect accounted for 80% of all elder abuse allegations in 1997, and self-neglect accounted for 87% of all alleged neglect.

We can only expect the incidence of all forms of elder abuse to grow as the baby boomers reach retirement age.

As part of the federal government's "Supporting America's Families" initiative, Assistant Secretary Carbonell has made elder rights protection one of her top priorities.

In particular, she is interested in finding new and better ways to share information and raise awareness about elder abuse, and in promoting interdisciplinary approaches to improving programs and practices.

This effort is part of AoA's long-standing commitment to elder rights protection.

The critical in-home and supportive services we provide to vulnerable seniors and their caregivers can help to limit elder abuse risk factors and prevent victimization.

AoA also supports a range of activities at the state and local level to raise awareness.

These activities include training law enforcement officers and medical professionals in how to recognize and respond to elder abuse cases, conducting public awareness and education campaigns, and creating statewide and local elder abuse prevention coalitions and multidisciplinary teams.

AoA's Long-term Care Ombudsmen are active throughout the country, regularly visiting approximately 80 percent of all nursing homes and half of all licensed board and care facilities.

AoA funding supports local legal assistance programs and hotlines that provide seniors with information and legal representation in areas such as guardianship, advance directives, health benefits, housing, and consumer protection.



To support these state and local efforts, AoA funds several elder rights resource centers, including the National Center on Elder Abuse, which has done such an excellent job in organizing this summit.

These resource centers disseminate information to professionals and the public, and they offer technical assistance and training to states, ombudsmen, area agencies on aging, and local legal services providers and hotlines.

AoA is also working to coordinate federal efforts related to elder abuse.

This year AoA and DOJ came together to form the Elder Justice Interagency Working Group.

This group brings together federal officials responsible for carrying out elder justice activities, including elder abuse prevention, research, grant and program-funding, and prosecutions.

Members meet regularly to discuss emerging issues, promising practices, and ways to coordinate their efforts.

AoA has also put together a working group to lay the foundation for a study that will determine the prevalence of elder exploitation, and the adequacy of current Federal and State legal protections in this area.

To make this eventual study as broad as possible, this working group includes representatives from the Centers for Medicare and Medicaid Services, the National Institute on Aging, the Social Security Administration, the HHS Office of Inspector General, the Treasury and Justice Departments, the Administration for Children and Families, and the National Association of Attorneys General.

We hope to begin carrying out the study sometime next year.

In spite of these efforts, it is clear that we need to do much more to protect vulnerable seniors today and into the future.

The Action Agenda you develop over the next two days will help all of us to do just that.

In closing, I see tonight that you are honoring Rosalie Wolf.

On behalf of Assistant Secretary Carbonell, I just want to say how proud we are at AoA to have had such a long partnership with Rosalie through the National Center on Elder Abuse.

Her passing was a great loss to the field, but like Claude Pepper, her example and her pioneering work serve to guide us today.

Thank you again for your work on behalf of older adults, and for agreeing to participate in this summit.

I know that Rosalie was deeply involved in planning this effort.

The impact that it has on the lives of seniors can become one of her greatest legacies.

## Cross-Cutting Issues

Although each of the seven working groups at the summit had a distinct topic, we anticipated that the recommendations the groups would come up with would, in some cases, overlap. In addition, we asked each group to discuss certain cross-cutting issues (including addressing cultural diversity and promoting multidisciplinary collaboration) as they applied to their particular topic.

Looking at both the recommendations and discussion notes generated by the seven groups, a number of cross-cutting themes emerged. These are:

- *Federal legislation and/or leadership*  
Clearly, the summit participants felt that the federal government needed to get more involved in addressing elder abuse. Nine of the 21 recommendations coming out of the summit, including six of the top ten, explicitly call for federal legislation or leadership. Many recommendations imply the need for federal leadership.
- *Funding for services*  
Clearly, adequate funding for adult protective services was a priority for the summit. The need for adequate funding for additional supportive services needed by abused and at-risk elders was explicitly discussed in the majority of the working groups.
- *Research*  
Seven of the summit's 21 recommendations, including four of the top ten, mentioned the need for research. Most frequently, the specific type of research the summit participants felt was most necessary was outcome research: What works? What doesn't?
- *Training*  
Six of the 21 recommendations, including three of the top ten, explicitly address training needs. The need for training adult protective services workers and/or other professionals came up in at least five topic groups: filling service gaps, educating the public, training professionals, enhancing adult protective services, and increasing prosecution.
- *Public education*  
Only two of the recommendations explicitly addressed public education (a third was aimed at educating policy makers), but the topic came up in the discussions of at least four of the topic groups: educating the public, enhancing adult protective services, increasing prosecution, and maximizing resources.
- *Framing elder abuse within a larger context*

One of the two top (tied) recommendations coming out of the summit specifically asks the Centers for Disease Control and Prevention to recognize elder abuse as a public health and public safety issue. At least two other working groups also discussed framing elder abuse as part of a larger issue. The suggestions these groups made include framing it as a “safety at home” issue, discussing it in cost/benefit terms, and looking at what costs are involved in providing health care services and law enforcement services to abused elders.

- *Vulnerable adult abuse*

The summit was specifically described as focusing on elder abuse. However, at least four of the working groups explicitly discussed policies that would extend to vulnerable adults, i.e., those non-elderly adults who are vulnerable to abuse or neglect because of physical, cognitive, or developmental disabilities. Also noted was the importance of establishing a dialogue for exploring the areas of agreement and disagreement on policy and program interventions among the elder abuse and disability networks.

- *Confidentiality*

At least four groups discussed how various confidentiality laws and professional codes put constraints on providing services to abused and at-risk elders. The increasing prosecution working group particularly focused on this issue.

- *Find new funding*

Two groups specifically discussed raising funds for elder abuse education or services by increasing the fees for licensing professionals who work with elders. Another group discussed adding a fee to death certificates as a way of generating funds. Another working group suggested imposing fines on those convicted of elder abuse, and looking into the feasibility of a fundraising stamp.

## Working Group Discussions

There were seven working groups at the Summit, each charged with developing three recommendations in one topic area:

Filling service gaps  
Educating the public  
Training professionals  
Enhancing adult protective services  
Increasing prosecution  
Maximizing resources  
Eliminating policy barriers

In the following pages, each group's recommendations are listed, along with a summary of that group's discussions related to implementation. Each group was asked to try to address four issues:

- 1) What barriers are there that would impinge on the implementation of this recommendation?
  - **Who** would inhibit the process of implementing this recommendation?
  - **What role** might they play?
  - What are the **funding or staffing** barriers to implementation?
  - What **law/policy/structural changes** would have to be made to carry out this recommendation?
  - What **research** would need to be done to support implementation of this recommendation?
  - How can any of these barriers be overcome?
- 2) What existing structures and resources can be tapped to implement this recommendation?
  - **Who** would need to be involved to implement?
  - **What role** should they play? Make sure to address at least:
    - Administration on Aging
    - Department of Justice
  - Are there **funding streams** or existing **staff** to assist in this effort?
  - What **law/policy/structural changes** would help carry out this recommendation?
  - What **research** supports the implementation of this recommendation?
- 3) If you have not already covered it above, how would implementing this recommendation **affect different socio/cultural groups**?
- 4) How should progress on/effectiveness of this recommendation be tracked? (outcome measures)

In part because not every group answered every question, the discussion summaries that follow have been structured in a narrative form.

## **Filling Service Gaps Recommendations and Discussion**

### **Recommendations**

1. Age-appropriate specialized mental health services need to be available and accessible to include aggressive outreach, intensive case management and specialized clinicians to provide acute and ongoing services for victims; dementia-related accurate diagnosis and treatment; capacity assessment and surrogate decision-making; age appropriate substance abuse, medication management and education; and mental health and substance abuse treatment for perpetrators.
2. Elder abuse by definition is an emergency and a crisis that requires the mobilization of a number of services and resources. Multidisciplinary expertise is essential to provide these services, including legal and other services that prevent domestic violence, and financial resources to meet the immediate and crisis needs of the abused.
3. **Prevention/Early Intervention/Support Services**  
This recommendation acknowledges the need to maintain and expand services currently available to individuals at-risk or victims of abuse or self-neglect in order to prevent reoccurrence and intervene earlier. Although we recognize that many of these services are needed by all elders, with vulnerable and abused elders they are particularly critical – they may mean the difference between injury, homelessness or premature institutionalization. In implementing this recommendation, our field must address shortage of workers; oversight of independent workers; and how to screen effectively for appropriate staff.

### **Mental health services**

Mental health issues were the “number one issue identified” by the filling service gaps working group. “Appropriate specialized mental health services need to be available and accessible,” they said, and then went on to enumerate more specifically what that meant.

- *Victim services* need to include crisis intervention, particularly in trauma situations; assessment of capacity; and an acute episode response.

- *Long-term counseling*, or ongoing services, must include age-appropriate mental health treatment (including residential alternatives) and counseling to mitigate the effects of undue influence.
- *Dementia-related* services should address accurate diagnosis and treatment, capacity assessment and surrogate decision-making, and services to relieve caregiver burnout (respite, counseling, and training).
- *Substance abuse* services need to be age-appropriate.
- *Specialized clinicians* are needed to do aggressive outreach; provide intensive case management (including home visits), preferably in a team approach; and do in-home assessments.
- *Perpetrator services* must be available wherever the perpetrator is (including jails/prisons), and should include both mental health and substance abuse services.

During their discussion the working group also addressed additional areas for which more mental health services are needed: prescription drug abuse, gambling, hoarding behavior, obsessive-compulsive disorder, and domestic violence. They noted the need for those who work with elders with dementia to be able to distinguish between behavior or symptoms of the disease versus those related to abuse. They noted that the current system is not responsive to the mental health needs of abused elders, and that there are too few services that will simultaneously address substance abuse and mental health issues.

The working group was particularly concerned about program policies and regulations that limit the availability of existing mental health services. One such policy is the Medicare 50% co-pay for mental health services (versus a 20% co-pay for other services). Medicaid policy barriers include reimbursement rates that discourage in-home visits and rules disallowing mental health services for incarcerated perpetrators.

### **Crisis intervention services**

“Elder abuse by definition is an emergency and a crisis that requires the mobilization of a number of services and resources,” the working group declared. Those services and resources can be divided into a number of categories.

- *Flexible emergency funds* are needed to cover services and items such as temporary housing and caregivers, utilities, repairs, relocation costs, respite, chore services (including deep cleaning), attorney costs, mental health assessments, and translators/interpreters.



- *Experts* in the following fields need to be available for consultation: psychiatric, legal, financial (including audits), forensics, and sexual assault.
- *Professionals* who come into contact with in-crisis elder abuse victims need to know what to do. These include first responders such as paramedics, domestic violence victim advocates, law enforcement officers, dementia specialists, and victim witness assistance personnel.
- Victims need *domestic violence programs* and related services such as restraining orders, emergency housing, skilled/trained shelter staff, transitional housing, and benefits counseling.
- *Financial abuse victims* need advocacy to address such issues as: revoking Powers of Attorney and representative payeeships, obtaining financial “injunctions” to stop the depletion of assets, changing representative payees, setting up temporary or emergency limited guardianships or conservatorships, annulling bogus marriages, obtaining restitution orders, helping those victimized by identity theft, and assisting those targeted by predatory lending schemes focused on house mortgages and car loans.
- *Housing and other services* need to be accessible when and how victims need them. For instance, shelter length of stay policies often don’t accommodate the needs of elders. Sexual assault services and victim witness assistance need to be available wherever the victims are, including nursing homes. Nutrition services must be able to provide meals at all hours.

The working group noted that how “crisis intervention” is defined is crucial to successfully implementing this recommendation.

### **Prevention and early intervention services**

“Although we recognize that many of these services are needed by all elders, with vulnerable and abused elders they are particularly critical – they may mean the difference between injury, homelessness, or premature institutionalization,” asserted the working group when it addressed what is needed to prevent elder abuse and neglect. The services that are needed are legion:

- *In-home services* include personal care attendants, home health assistance, and medication management.
- *Legal assistance* is needed to address Medicaid/Medicare and other health benefit issues, powers of attorney, divorce (including annulling bogus marriages), information and referral, and assistance in evicting abusive tenants.

- *Family caregivers* need respite, day care, caregiver education, and support groups. A system needs to be put into place that not only searches for *paid caregivers'* criminal/abuse histories across states, but also weighs that information against the shortage of in-home and institutional workers. Systems must also be developed to address the shortage of workers, provide oversight of independent workers, and teach others how to screen effectively for appropriate staff.
- *Surrogate decision-making* needs are many. Money management and representative payee programs must be expanded. Guardianships must be monitored and there should be more use of guardianship alternatives, limited and flexible guardianships, and guardianships that are "portable" over state lines.
- *Other necessary services* include affordable prescriptions, nutrition programs, housing, transportation programs (including ones that are available off-hours and in both rural and urban settings, and that are accessible to those with disabilities), counseling, and mediation/conflict resolution.

The working group acknowledged that there are a lot of good services available now, but asserted that the availability of these services needs to be improved. The group also noted that we lack data and research on what works best to prevent abuse.

There were several principles that the working group felt needed to be explicitly stated. These are:

- Services must be culturally appropriate, age-sensitive, and available wherever the person lives (community or institutional settings).
- Elder abuse is a complicated multidimensional problem that requires integrated services; recognition of the cultural, linguistic, and economic diversity that appears in every geographic area; and the mobilization of traditional and non-traditional approaches (including families and faith-based institutions and approaches that emphasize neighborhood or community ownership and support).
- There must be recognition of the many faces/manifestations of abuse and neglect.
- There must be sufficient resources to support people to live safe and independent lives.
- Services must be informed about dementia issues and able to properly tailor their programs to accommodate individuals and families at various stages of the dementia process.

### **Working group members**

Galen Brewer      Coordinator, Older Adult Services, Texas Department of Mental

Health and Mental Retardation

Sharen Eckert	Director of Planning, Alzheimers Association, Cleveland, Ohio
Mary Liveratti	Administrator, Nevada Division for Aging Services
Terri Lynch	Director, Arlington County (VA) Area Agency on Aging
Lisa Nerenberg	Consultant, National Committee for the Prevention of Elder Abuse
Jane Raymond	Advocacy and Protection Systems Developer, Wisconsin Bureau of Aging and Long Term Care Resources
Marta Sotomayor	President and CEO, National Hispanic Council on Aging, Washington, D.C.
E. Percil Stanford	Professor and Director, National Resource Center on Aging and Injury Prevention, San Diego (CA) State University
Kathy Wright	Victim-Witness Senior Specialist, Cook County (IL) State's Attorney Office

**Facilitator**

Joe Snyder                      Director, Older Adult Protective Services, Philadelphia, Pennsylvania

**Scribe**

Jan Stiles                      Program Manager, Protective Services Division, Wyoming Department of Family Services

**Resource Person**

Eva Kutas                      President, National Association of Adult Protective Services Administrators; Partner, National Center on Elder Abuse

## **Educating the Public *Recommendations and Discussion***

### **Recommendations**

1. Develop and implement a sustained national strategic communications program to educate the public on elder abuse. Some of the components would include, but not be limited to:
  - Encourage the Centers for Disease Control and Prevention to recognize elder abuse as a public health issue
  - Educate the media
  - Develop national partnerships
  - Institute a national 800 number
  - Assemble a national repository of abuse stories
  - Develop a technical assistance kit for implementation at the local level
  - Conduct a study of domestic violence and child abuse movements
  - Establish elder abuse month
  - Conduct a national public awareness campaign.
2. We recommend that we establish collaborative, reciprocal relationships with other violence prevention organizations.
3. Craft and launch a coordinated campaign to educate policy makers on elder abuse issues and to engage the support of key legislators for increased funding for elder abuse public awareness.

### **National strategic communications program**

The educating the public working group spent most of its discussion time on aspects of a national strategic communications program. The group discussed:

- *Potential audiences* would be baby boomers 35+ and adult children of current elders.
- *Goals* of the program would include increasing awareness of elder abuse and creating a stigma around it similar to the stigma that's been created around drunk driving.
- *Development* of the program would need to address a number of issues. Some of these questions are: How could those who have experienced abuse be enlisted to help? What would have been helpful to them? How could the

program be relevant, simple, and connective? Should the term “abuse” be used or avoided? Should this be branded an aging issue?

If the campaign is seen to have a primary prevention component, it will need to address caregivers. The campaign might need to address changing the attitude towards aging in this society. It may be possible to merge an elder abuse message with something more positive, such as “but for some people, it’s not like that.”

- *Barriers* to development of the program include ignorance and the myth that accusations of abuse are often false. The lack of funding for adult protective services (particularly to address growing caseloads) and other social services and the staffing shortage in both home- and community-based care services are barriers to responding effectively to new cases identified through such a program. Confidentiality laws make it difficult to identify victim stories to present to the public.
- *Those who can help* with such a campaign are advocates, survivors, those with information about the various types of audiences we want to reach, and those with access to real clients. The program should build on the work of the domestic violence community, which has used social marketing techniques. One model for this is the Mothers Against Drunk Driving (MADD) campaign to stigmatize drunk driving. Another possibility is to tap into NBC’s “The More You Know” campaign. A spokesperson for elder abuse is a possible help, although there are also some dangers here. Cable TV should be explored as a route of dissemination of what is produced. It was suggested that the National Association of Adult Protective Services Administrators recommend that every county have an identified outreach worker to assist with public awareness activities and to identify elder abuse victims who would be comfortable having their stories told.
- *Funding sources* for a strategic communications program include the federal government, the National Center on Elder Abuse, corporations, licensing fees, pro bono contributions, civil and criminal penalties against perpetrators, and a stamp. The group also discussed possibilities for funding such a campaign absent a large national funder. These ideas included: producing a cable-access TV show on elder abuse stories; developing a blueprint for a collaborative plan on how different organizations can work together, either from the top down or the bottom up; developing a plan that has tiers and identifying different funding sources for the various tiers; and presenting a plan of what a campaign would cost to a potential funder.
- *Outcomes* of the program could include: an increase in the number of APS reports received, results of a Gallup poll, quantitative research, increased

funding for services for abused elders, initiatives by collateral organizations, an increase in volunteers, increased prosecutions and more severe sentences, and the number of fliers distributed.

### **Collaborative relationships with other violence prevention organizations**

When the working group discussed other violence prevention organizations, they specifically named domestic violence, child abuse, and animal abuse prevention organizations. As noted in their first recommendation, they recommended a review of the history of these organizations to learn from their efforts to educate the public.

They also recommended synergistic relationships with these groups.

### **Educate policy makers**

The educating the public working group carefully pulled out policy makers as a target audience to recognize how essential they are to getting funding not only for a public education campaign, but also for services for abused and at-risk elders. They specifically suggested trying to increase funding for the Older Americans Act Title VII (Vulnerable Elder Rights Protection Activities) and Title IIIe (The National Family Caregiver Support Program). They also considered recommending that federal law be changed to define mandated reporters and to establish consistent data collection protocols; both would make a national strategic communications campaign easier.

### **Working group members**

Henry Blanco	Program Administrator, Arizona Aging and Adult Administration
Judith Ann Conlin	Director, Iowa Department of Elder Affairs
Deborah DiGilio	Aging Issues Officer, American Psychological Association, Washington, D.C.
J. Daniel Faccinetti	Director of Advertising, Runyon, Saltzman & Einhorn, Sacramento, California
Jonathan Heller	Reporter, San Diego (CA) Union Tribune
Deborah Horan	Family Coordinator for Project PAVE (Promoting Alternatives to Violence Through Education), Montgomery County Mental Health Association, Montgomery County, Maryland
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***Scribe***

Carol Downs

Elder Rights Specialist, National Association of State Units on Aging

## **Training Professionals Recommendations and Discussion**

### **Recommendations**

1. To fund the development and implementation of a national elder abuse education/training curriculum that can be used as a toolbox/toolkit by a variety of professionals. The development of the materials should involve a variety of stakeholders. The toolbox should include modules on prevention, recognition, reporting, investigation, intervention and policy implications. For example, specialized training to components of the justice system is essential to better identify cases, improve investigations, increase prosecutions, better serve victims, establish interdisciplinary coordination, and promote elder abuse and neglect prevention programs. The materials should include clear goals and objectives of the program and (a) method(s) for evaluating effectiveness.
2. To develop and fund a broad-based, multidisciplinary task force/coalition in each of the states to examine systemic approaches to responding to elder abuse. The national summit task force will spearhead the creation or identification of these state coalitions on elder abuse. One of the responsibilities of the state coalitions would be to support/collaborate with and be a connection to a national task force (resulting from this summit). The coalitions would gather information on training needs, be a conduit to the group developing the curriculum, and provide input and feedback to the national task force. The coalition would develop an implementation plan for using the curriculum.
3. To develop, fund and implement a multidisciplinary research agenda to sustain, advance and assess professional training and practice on adult/elder abuse.

### **National elder abuse education/training curriculum**

The training professionals working group addressed possible barriers to creation of such a curriculum and how to address those barriers; ideas for funding the project; socio/cultural issues; and the content and structure of a national curriculum.

- *Possible barriers* include the challenge of identifying the right stakeholders to be involved. Another barrier will be achieving consensus on a core multidisciplinary curriculum. Utilization may also pose barriers: programs will say there is limited time to include elder abuse training, or not make room for the topic in existing curriculum. There is not enough data available to support the task and funding is a barrier. Where will the dollars come from? Who will lead this effort – what agency, what personnel? Who decides? Getting the necessary buy-in and finding



someone to sustain the project are both barriers. There needs to be policy development at the state level to support utilization of the curriculum. Many programs will face staffing issues: if they're short staffed already, how can they take time out for staff training? Where will the trainers come from? How will the experts be identified?

- *Strategies for addressing the barriers* include getting stakeholders involved and getting buy-in. This would reduce other barriers. The stakeholders need to be sold on the value in the program. It was suggested that national organization representatives be convened together with subject experts. Another strategy involves assessing the existing resources (what curriculum already exists) and identifying the gaps. This process will lead to the identification of subject matter experts as well as folks who will be needed to promote the program. It was suggested that the National Center on Elder Abuse develop a "marketing package" to bring the stakeholders to the table (it was noted many were already represented at the summit). Diversity experts must be included. The curriculum should include comprehensive, flexible, adaptable modules that can be used in different ways depending on the time available for training. Multiple formats should be used to accommodate both in-depth, comprehensive training and modules for shorter courses.
- *Funding* curriculum development can be founded on the argument that it saves money: instead of reinventing the wheel in every state and separately funding the production of training manuals, for instance, development of a national curriculum can maximize resources and avoid duplication of efforts. It was noted this has been done in the child abuse arena. The National Center on Elder Abuse could be funded to convene national organization representatives with subject matter expertise to identify and/or develop a plan for funding content of the elder abuse curriculum/toolbox. Foundations also have a role, particularly in a public/private partnership approach. The group suggested getting on the Grantmakers in Aging agenda. Pharmaceutical companies and other corporate funding might be available, if the right "hook" is used to attract them. A link could be made with family caregiving programs (e.g., caregiver stress). Possible government funders are the Social Security Administration, the Department of Veterans Affairs, and the Administration on Aging. State level "taps" or fees may be used, such as adding a dollar to the cost of death certificates. There could also "simply" be an earmark of appropriate federal funds.
- *Socio/cultural* issues must be considered in curriculum design. The curriculum needs to reflect the needs of diverse communities and be responsive to racial, cultural, and ethnic issues. The designers need to

have geographic sensitivity, keeping in mind both rural and urban needs. The curriculum needs to be appropriate and adaptable to the region or community within which it is utilized. Recommended readings should be included, as should modules on confidentiality and ethics.

- *Content* of the training should include modules or core competencies that do not change from state to state, including identifying signs and symptoms of abuse. Cross-cutting or interdisciplinary topics that should be included are understanding investigation, confidentiality, and what the law is. An assessment should be completed of what core elements and approaches are already being used. The stages involved in elder abuse work are awareness, prevention, recognition/assessment, reporting, investigation/confirmation, and intervention. Curriculum developers will have to think about what groups need training at the different stages. These could be divided into “must know,” “need to know,” and “nice to know” categories.
- The training curriculum should be *structured* in modules that provide states with flexibility and a menu of options (this facilitates buy-in). The challenge will be to develop a standardized training baseline across disciplines and create templates to permit the addition of more details that are specific/relevant to various groups of professionals to make the training specific to their needs. Developers and promoters should stress that the toolbox is dynamic and requires updating to remain state-of-the-art as new research and laws emerge.
- The importance of *stakeholders* was repeatedly stressed. The group recommended partnering with professional groups/associations to assure participation of those target audiences, getting endorsements from national associations to help state and local level efforts go forward, and encouraging states to have state level summits of stakeholders to ensure the curriculum becomes actual training. Legislators were among the groups identified as stakeholders.
- The importance of *evaluating* training was discussed. It was noted, however, that evaluations could be expensive.

### **State coalitions on elder abuse**

The training professionals working group felt that the summit task force should be the entity that spearheads the creation or identification of state coalitions on elder abuse. One of the functions of these coalitions will be the coordination of training for professionals. This training may incorporate issues pertaining to other vulnerable adult populations. The coalitions will help customize the national curriculum by reviewing

state-specific laws and policies to be discussed in training. The coalitions should also be charged with adapting the national training to reflect the cultural, geographic, and ethnic diversities of their own state.

As with the national curriculum, it would be important for stakeholders to be identified and “bought-into” state-level coalitions or task forces. The working group suggested that the same players identified on the national level be replicated at the state level. The initial contact for each state will differ; it may be the Governor, the Attorney General, or the Aging Director. Human service agency directors will need to be prominent on the stakeholder list.

The working group recommended that the task forces seek multidisciplinary funding, and that they look at techniques used by the child welfare system to identify what has already been done.

### **Multidisciplinary research agenda**

The *topics* the training professionals working group thought ought to be on a research agenda included: research on how to develop and track state-specific training outcomes, research on diverse populations relative to abuse, and development of uniform definitions and standardized reporting criteria.

The group suggested several mechanisms for *funding* the research agenda. One would be for the summit task force to meet with a variety of potential funders (especially those with an emphasis on aging) – both government and foundations – and educate them. They suggested an article on the task force in the *Chronicle of Philanthropy*. Elder abuse topics could be suggested as research topics to graduate school programs, especially ones in public health. State peer review organizations (PROs) could be encouraged to take on the issue.

Other suggestions to promote research into elder abuse included: looking at research methods used by the child welfare system to identify what has already been done; utilizing the National Academy of Sciences upcoming report and recommendations on elder abuse; elevating the quality of articles in the *Journal of Elder Abuse & Neglect* and citing articles published in the *Journal of the American Medical Association* and the like; collaborating in research on related topics/groups, particularly if it’s a “hot topic” such as domestic violence, mental health, homelessness, women’s issues, and substance abuse; and developing a list of mentors who could be available to graduate students and others who need help developing their research topics.

The research that is done in elder abuse would be fed back into the national training curriculum, to keep it current.

### **Working group members**

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## **Enhancing Adult Protective Services *Recommendations and Discussion***

### **Recommendations**

1. Create a national APS resource center to include:
  - A training and certification system for APS workers at all levels based on best practice and academic/programmatic research to ensure all APS workers have a standardized base level of competencies and knowledge.
  - Development of best and innovative practices in carrying out APS services.
  - Technical assistance to state and local APS programs.
2. The federal government must provide leadership in ensuring adult protective services programs of sufficient quality to protect and serve vulnerable adults. This federal role includes identifying a lead agency to establish national policy and oversight; consistent definitions of terms and criteria; and long-term funding for grants, incentive projects, technical assistance, research and evaluation related to APS.
3. There is a paucity of information about the scope of the problem of vulnerable adult abuse, and the ability of APS to effectively respond to the problem. Commission and adequately fund research for the purpose of building a comprehensive, coordinated, national APS response to best serve vulnerable adults.

### **Establish a national resource center and certification system**

The rationale the group wrote concerning this recommendation included:

The population of aging Americans and vulnerable adults is increasing and, as such, so does the risk of abuse, neglect, and exploitation. Comprehensive, standardized, coordinated and interdisciplinary training of APS workers and related disciplines is critical to the prevention of abuse and the identification and protection of those who are neglected, abused and exploited.

Therefore, a national APS Training Institute should develop a standardized curriculum for APS training. APS workers should be required to successfully complete the training in order to receive certification.

The APS Training Institute's standardized curricula for APS staff and related professions would include such topics as: recognizing the signs and symptoms of abuse, neglect, and exploitation; conducting a comprehensive

assessment/investigation; coordinating with law enforcement, criminal justice, health care and domestic violence services; creating effective intervention plans; recognizing the primacy of capable adults' self-determination; and developing competency in dealing with issues of capacity.

The APS Training Institute would develop and coordinate a cadre of expert certified trainers and consultants to provide services such as ongoing education and technical policy development.

Because very few in the general public and in policy-making positions know of the APS system or the need for it, the APS Training Institute would also develop an ongoing public education campaign that would address issues such as the prevalence of adult abuse, neglect, and exploitation in our communities; the need to protect older and vulnerable adults from abuse, neglect, and exploitation; and how to recognize and report. It would stress that elder abuse is a crime.

The enhancing APS working group identified many of the details that would have to be attended to in order to create such a training institute.

- *Barriers* that would have to be overcome include feelings of APS administrators and politicians at all levels that a national training program would conflict with their current programs; issues of who owns and pays for training; using all available technology; determining how certification would work, how many training hours would be required, and what the content of the training would be; and identifying trainers.
- Strategies for *overcoming these barriers* could include: involving APS systems from every state; having states identify good trainers; conducting the trainings on a regional basis; using electronic modes for training delivery; involving other key professionals such as law enforcement, prosecutors, health care professionals, financial institutions, and other federal agencies; holding the trainings regionally; and creating Memoranda of Understanding at the national level on how current staff would be handled.
- Possible *outcome measures* include: the number of trainings per year; pre- and post-testing; worker evaluations; the number of states complying; and random evaluation of supervisors.

### **Federal leadership**

One of the crucial components of the enhancing APS working group's recommendations is that leadership come from the federal level. Part of their rationale read:

There is no federal attention or resources directed to APS. This has led to a patchwork of state responses, characterized by serious inequities in APS' ability to best serve vulnerable adults.

Therefore, the federal government must accept its leadership role in adult protective services in order to protect and serve the quality of life of vulnerable adults. It must identify a lead agency to: establish national policy and oversight, ensure adequate and consistent funding streams, develop common definitions and eligibility criteria, serve as the focal point for interagency and state programs coordination, provide funding incentives to improve the delivery of APS, fund model programs and best practices, provide technical assistance, and conduct research and evaluation studies on APS and elder abuse.

The federal leadership role requires:

- Central lead agency
- Definitions of APS
- Common understanding of terms and criteria
- Long-term funding for grants, incentive projects, technical assistance, research and evaluation, public education, and creation of a training institute.

The enhancing APS working group identified a number of issues related to this recommended federal role.

- *Barriers* to implementing this federal role could include opposition from people who do not understand the issues. States will not want to be regulated, and there may be turf fighting between the various agencies. There may also be funding and staffing barriers and a lack of sufficient providers of services and housing.
- Ways to *overcome barriers* include passing a federal Vulnerable Adults Act, and creating Memoranda of Understanding between agencies.
- The agencies and organizations that may be able to *help implement* this recommendation include: the National Center on Elder Abuse, the Department of Justice, the Administration on Aging/Dep't. of Health and Human Services, law enforcement agencies such as the Police Executive Research Forum, AARP, domestic violence organizations, faith-based groups, and the Older Women's League. They could provide support, technical assistance, and advocacy for the agenda, and serve on an advisory committee. Private agencies could lobby and help create local support. Federal agencies could provide research, pass through money,

and write policy. The National Association of Adult Protective Services Administrators could draft standards.

- A *timeline* for implementing this recommendation might be: develop timelines for national review; create a task force of experts in the field, including victims/families if/as possible; identify a lead agency; develop a research agenda request for funding; in Spring 2003 have task force make recommendations for standard terms, draft model legislation, report back to the Executive branch, create future recommendations, and operationalize policy statements.

### **Fund research**

Adequate research underlies all of the enhancing APS working group's recommendations. They specifically said that the training institute must rely on research findings to develop its curriculum, that there needs to be funded and evaluated demonstration projects, and that technical assistance must be based upon evaluation studies of APS.

### **Working group members**

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## **Increasing Prosecution Recommendations and Discussion**

### **Recommendations**

1. Increasing awareness within the justice system.  
Elder abuse and neglect must become a priority crime control issue. The justice system including law enforcement, prosecution, corrections, judiciary, medical examiners/coroners, public safety officers, victim advocates, APS workers, Ombudsmen and others must work as a coordinated system to:
  - Protect victims
  - Hold offenders accountable
  - Prevent future offenses.
  
2. Training.  
Specialized training to components of the justice system is essential to:
  - Better identify cases
  - Improve investigations
  - Increase prosecutions
  - Better serve victims
  - Establish interdisciplinary coordination
  - Promote elder abuse and neglect prevention programs.
  
3. Improving the legal landscape for the justice system.  
The improved response to elder abuse and neglect by the justice system must be predicated on laws that take into account the special nature of these victims, the crimes committed against them, and the perpetrators. This legal framework should include:
  - Effective elder abuse and neglect laws.
  - Elimination or modification of laws that are barriers to investigations and prosecutions.
  - Establishment of protocols, procedures and infrastructure to improve the coordinated response of the justice system.

### **Increase awareness within the justice system**

Because the increasing prosecution working group's awareness and training recommendations are so closely linked, we are combining the two implementation discussions.

### **Specialized training to components of the justice system**

The increasing prosecution working group discussed barriers and possible solutions, needed research, aspects of curriculum development, aspects of delivery, and who should be involved.

- *Barriers* to implementing training to components of the justice system include: complex training systems mean training can be blocked at many different junctures; in some places, mandating training may be problematic; the expertise of the trainer; and funding for writing the curriculum, printing and distributing the curriculum, paying professionals to attend the training, and updating materials.
- *Strategies to overcome barriers* include: “encouraging” training where it can’t be mandated; using a team of trainers to overcome individual trainers’ limitations; and using new training techniques such as distance learning, audiovisual, Powerpoint, compact disk training, and use of satellite-based technologies.
- The *research* needed to support justice system training includes: inventorying what’s already out there; reviewing existing materials to see where the gaps are; studying whether training changes behaviors; researching the outcome of trainings (i.e., periodic follow-up); generating better data; determining what should be the set of core competencies; and making sure the curriculum is customized with each state’s information.
- Things that need to be considered in *curriculum development* include: using adult learning techniques; making sure that there is innovative learning with access to experts; developing curriculum that is multi-cultural and tri-lingual; reflecting different cultural perceptions of abuse; addressing language barriers; including tribal information; covering diversity issues (including gay/lesbian); and figuring out what should be core versus in-service training.
- *Delivery issues* include the length of training. The working group suggested 2-4 hours of training for core in-service, a 15-minute roll-call video, and a 4-5 day training for prosecutors. They also recommended the training be held nationally, regionally, and at the state levels; that there be train the trainers programs, particularly for prosecutors; and that multidisciplinary teams of trainers be used. They further recommended post-delivery support, such as a 1-800-expert line.
- The group came up with a long list of those who should or could be involved in training for components of the justice system: The Administration on Aging; the Department of Justice; the Federal Bureau of Investigation; International Association of Chiefs of Police; International

Association of Directors of Law Enforcement Standards and Training; National District Attorneys Association; American Prosecutors Research Institute; International Association of Identification Technicians; National College of Probate Judges; National Council of Juvenile and Family Court Judges; National Association of Women Judges; National Association of Medical Examiners; American Academy of Forensic Sciences; National Association of Attorneys General; Medicaid Fraud Control Units; National Association of Fraud and Bunco Investigators; Sexual Assault Nurse Examiner/Sexual Assault Response Team; AARP; American Nurses Association; American Geriatrics Society; American Society on Aging; Gerontological Society of America; disability groups; district attorneys; first responders/law enforcement; investigators (including coroners, detectives, and district attorneys); adult protective services; long-term care ombudsman programs; caregivers; social services; expert witnesses; judges; and physicians.

### **Improving the legal landscape**

The working group tackled this recommendation by outlining and discussing the stages an elder abuse case goes through.

1. Types of cases
  - Federal, state and local cases
  - Criminal, civil, civil rights, administrative
  - Remedies (jail, fine, injunction, damages)
  - Individual abuse/neglect, entity abuse/neglect, financial fraud and exploitation
  - Government and private actions
  
2. Identification of cases
  - Referral laws (ex: Arkansas)
  - Investigative tools (ex: New Mexico)
  - Laws requiring a coordinated approach (ex: Nevada)
  - Death/serious injury review teams
  - Confidentiality/information sharing/medical records privacy
  - Whistle blower laws
  - Forensic evaluation and research (ex: Forensic Assessment Clinical Team, Virginia Supreme Court)
  - Multidisciplinary teams, State Working Groups
  
3. Case development
  - Victim assistance
  - Medical or nurse-investigators
  - Resource Teams

- Forensic resources
  - Case (legal services) developers
4. Case management (procedural)
- Evidentiary issues
  - Experts
  - Voir dire
  - Cross-examination
  - Consent/competence
  - Discovery (privacy/medical record privacy)
5. Victim assistance
- Shelter
  - Move to a new facility
6. Macro/Resource
- Compendium of useful laws (web)
  - Compendium of useful pleadings/documents
  - Identify laws that create barriers
  - National Legal Justice Agenda (see domestic violence, child abuse and neglect)
    - Coordinating council
    - Elder justice
    - Create infrastructure, strategic planning
  - Special justice-related projects/efforts
    - Out-station (ex: APS-police)
    - Volunteer (especially older) RSVP – e.g., victim advocates
    - Engaging advocacy (AARP legal support)
    - One-stop
    - Multidisciplinary teams (UCI, Baylor, State Working Groups, Oregon)
    - Criminal background checks (FBI/states)
    - State supreme court sources (Virginia, New Mexico)

The working group further discussed what specific kinds of resources need to be compiled. These include:

- Effective elder abuse laws
- Compendium of useful laws
- Compendium of useful pleadings/documents
- Restraining orders
- Examples of criminal procedural and substantive civil/probate documents such as:

- motions
- forms
- laws
- regulations
- confidentiality
- medical records
- death
- multi-disciplinary teams
- consumer laws
- RICO (Racketeer Influenced Corrupt Organization Act)
- UTPA (Unlawful Trade Practices Act)
- multi-jurisdictional
- remedial

The working group also discussed possible barriers to implementing this recommendation. These include: implementation would require a substantial grant; the need to have the resources based on the web, which not everyone has access to; the need to keep everything updated; the need for staffing; the question of whether there would need to be a membership structure; and whether states would need assistance with set-up. In addition, there are legal barriers, including differing confidentiality statutes and bank charges.

The group agreed that national leadership was necessary to implement this recommendation, and suggested setting up a foundation to lead to a consistent process. They also suggested a centralized office to provide or spearhead: research; community grants; coordination; funding for law enforcement, medical examiners, and prosecutors; informational clearinghouse; focus groups; and national timelines. This office would need to address getting a national bill written or getting incremental riders into other bills; developing a link whereby people who are actually doing the work have a say in the office's work; and addressing the needs of persons with disabilities/younger persons.

### **Working group members**

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## **Maximizing Resources Recommendations and Discussion**

### **Recommendations**

1. National Elder Abuse Act.  
To raise national awareness and to focus federal resources on the problem of elder abuse, a National Elder Abuse Act (like the Violence Against Women Act) should be enacted. The Act would create a nationwide structure for raising public awareness; supporting research, training and technical assistance; funding critical services; and coordinating local, state and national resources.
2. Capturing Resources.  
Maximize and expand resources by: (1) integrating current and potential elder abuse victims and issues into existing health, human services and criminal justice programs (e.g., Older Americans Act, Victims of Crime Act, Medicaid, Medicare); (2) collaborating with other family violence networks to expand the resources available to all; and (3) ensuring that new funds for existing or future health, human services and civil and criminal justice programs are directed to elder abuse.
3. New Funding Paradigms.  
Pursue creative strategies for obtaining steady and dedicated funding from nontraditional sources, especially entities with a stake in the problem of elder abuse. For example:
  - Professional licensing fees
  - Bank trust department charitable funds
  - Credit card sponsorship
  - Death certificate and probate fees
  - Donation check-offs.

### **National Elder Abuse Act**

The maximizing resources working group began by noting that there is nothing comparable to the Violence Against Women Act in terms of federal resources for elder abuse. However, they noted that elder abuse has come a long way; it's no longer seen as just a problem for adult protective services, but also a law enforcement problem and a health problem.

They recommended passage of an elder abuse act. They then looked at possible barriers to the implementation of such an act, and ways to get around these barriers; what research is needed; and who can be recruited to assist in passage of such an act.



- Potential *barriers* to passage of a national elder abuse act could come from numerous sources. The nursing home industry has a very powerful lobby and might oppose it. Congresspeople and others who champion a smaller role for government might oppose. Groups that may potentially compete for the same money might oppose. A bureaucracy may not want it. The banking industry, which doesn't like mandatory reporting, might be against it. APS is not always seen as a helper because victims often end up in nursing homes. We have not developed a lobbying force to support elder abuse prevention and intervention efforts.
- *Ways to get around these barriers* include developing a broad multi-disciplinary drafting committee to smoke out all the potential problems. (This strategy would be particularly appreciated by Members of Congress.) Groups that might potentially lose money from such an act should be members of the committee, to find out where they stand and try to get their support or at least "neutralize" them. The drafters would need to have sensitivity to the impact on other groups and come up with a strategy to deal with this. Educating the public and professionals regarding the issues and needs should help. It was noted that casting the Violence Against Women Act as a law enforcement issue helped get that bill passed. They suggested using the idea of "safety at home" to "sell" the idea of an act.
- *Research* is needed in the areas of data and statistics: What are the needs? What do things cost? What do we spend on APS? What are the outcomes we get from those services? It's not clear whether we have to have these answers to make our case. We do want a "number" that is credible, so people who have information need to be gathered around a table to agree on a credible number. The working group also pointed out that anecdotal evidence can be very powerful with Congress, and that we can explain to Congress why it is so difficult to get the statistics on elder abuse.
- *Other basic issues* that would have to be resolved include whether the act would cover all vulnerable adults or just elders, and if it would cover self-neglect (where APS is often the most effective). Some of the worst cases APS sees are neglect, not abuse, yet it can be harder to get the public excited about neglect than about abuse. There are clear advantages to the broad coalition that could be brought to bear if the act covered all vulnerable adults, but it can also get very unwieldy.
- *Partners* in advocating for the act might include the National Governors Association, "a natural ally." The working group warned, however, that we need to be sensitive to where our natural allies may have issues with us and be willing to work with them and deal with their issues. The definitional issues, in particular, may be divisive. There was a question about how the National Center on Elder

Abuse (NCEA) would fit into the new statute. Would the law shore up NCEA or replace it? The Violence Against Women Act (VAWA) has allegedly to some extent been a divisive force among the organizations that initiated it. The working group suggested we may need a central “structure” that oversees everything but preserves the individual entities that have a particular role to play. Also, there needs to be an institutional advocate (such as the NCEA), but there also needs to be a non-government funded advocacy organization that can do lobbying. The group recommended talking to the people involved in getting VAWA passed to find out what was successful and what mistakes to avoid. Emergency Medical Services people and firefighters could give anecdotes in a Congressional hearing and explain how a statute could help them in their jobs, and medical professionals could make the point that dealing with elder abuse could ultimately save money. (The group noted, however, that better APS services would not necessarily save money because the abuse itself may be “saving money” by keeping the elder from getting necessary services.) A better approach may be to focus on the benefit of a statute (as opposed to cost savings): it’s better to spend money on APS services that improve quality of life than on repairing the damage done by elder abuse. Potential advocates include Senators Breaux, Grassley, and Mikulski; and the American Medical Association.

### **Capturing resources**

Currently, only Title VII (Vulnerable Elder Rights Protection Activities) of the Older Americans Act appropriates funds specifically addressed to elder abuse. About 32 states use money from the federal Social Services Block Grant to help fund APS. Some elder abuse victims are served by programs funded under other umbrellas, such as: the Violence Against Women Act, the Family Violence Prevention and Services Act, the Victims of Crime Act, Title XIX (Medicaid), National Institutes of Health, and National Institute on Aging. Other limited programs and services are underwritten by non-governmental sources such as volunteers, banks (particularly because of their community reinvestment mandate), professional organizations, foundations, etc.

It was noted that in California, MediCal funds have been accessed for medical social worker services. Other states are afraid to follow this lead for fear the expenses won’t get approved. Medicaid pays for case management services, which can be interpreted as covering APS-provided services. However, this is only available to the lowest-income elders.

- The maximizing resources working group felt that skeptics of the effectiveness of APS might *oppose* more of existing funds being directed toward elder abuse. There might also be competition with other groups that serve related populations, such as general aging groups and child abuse and domestic violence groups. In other words, these groups “can be both allies and opponents.”

- Natural *allies* in the effort to get more elder abuse funding include AARP. It was noted that some state chapters are paying more attention to elder abuse, but the perception is that they are not supported by the national office. AARP is about to look at assisted living and end of life issues; those efforts could feed into further interest on elder abuse. Other allies include the National Association of Retired Federal Employees, and potential supporters in the Bush administration. The group wanted to stress point number two in the recommendation: collaboration can have the effect of raising everybody. They also recommended looking at religious groups, both for money and education; some groups, they noted, are much more committed to service than others (the Robert Wood Johnson Foundation, it was noted, still funds interfaith volunteer caregiver programs).

Other programs that might be tapped for funding include:

- Looking at federal policy changes to make it easier to use Medicaid dollars for adult protective services-related services.
- Education and prevention funds.
- Caregiver support services.
- Victims of Crime Act, which already has an earmark for child abuse and which some states on their own earmark for elder abuse.
- Banks for money management services.
- Foundations for a public service campaign.

The group noted that the multifaceted aspect of elder abuse can be an asset, as it can potentially get different groups involved, such as law enforcement with crimes, medical professionals with abuse, private attorneys with financial abuse, etc. How do we expand beyond these natural allies? How do we tap social services of various sorts, for example?

### **New funding paradigms**

The maximizing resources working group had a couple of initial ideas for pursuing this recommendation. One was to make a grant activity out of looking at the various funding ideas and how they could be tapped. Another was that the National Center on Elder Abuse or some other entity could produce a promising practices manual that could help entities at the state and local levels identify and pursue more innovative funding sources. They also thought it might be helpful to find a celebrity spokesperson.

- *Barriers* to implementing this recommendation include the bureaucracies who administer the fees (because they don't want the additional administrative burden and cost); the people who would pay the fees; and some people who may oppose this on general philosophical grounds.

- *Allies* who could potentially help implement this recommendation include elder advocates and related service providers who would benefit from an improvement in elder abuse services. The United Way system of check-offs for non-profits could be utilized. The YWCA's interest in women's issues could perhaps be tapped in some way.

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## **Eliminating Policy Barriers Recommendations and Discussion**

### **Recommendations**

1. Seek an Executive Order by the President directing federal agencies and inviting governors to review all policies in order to better coordinate preventions, interventions (including prosecution), services and victims' assistance for abused, exploited, and neglected elders. Order will require report with findings and recommendations.
2. Commission a General Accounting Office study of the current federal commitment to and related state expenditures on elder/adult abuse in relationship to service needs, including:
  - Federal funding, e.g., Social Services Block Grant
  - Roles and responsibilities of federal agencies
  - State distribution/use of these funds
  - Expenditures of state-appropriated funds for these purposes
  - Statutes and regulations
  - Service delivery systems/barriers to access
  - Data collection and reporting
  - Research.
3. Establish a research and program innovation institute within the National Institute on Aging (also known as the Rosalie Wolf Memorial Institute) to improve research, data collection, and reporting on elder/adult abuse.

### **Presidential executive order**

The eliminating policy barriers working group discussed potential barriers to getting a Presidential executive order; processes that might help with implementation of the recommendation; and outcome measures.

- *Barriers* to implementing this recommendation include a language barrier because of the dichotomy between protection of elders versus abuse of vulnerable or dependent adults. The lack of common definitions, so that terms mean different things in different contexts, is a barrier. Lack of money is a barrier, especially if research is needed (although some felt that the summary information from the summit itself was research enough).

- *Implementation processes* were discussed. There was a sense that more information and expertise in the process of getting an executive order was needed; the group wondered if that could be achieved by requesting the involvement of the National Governors' Association. The Department of Justice and the Administration on Aging would need to be on board, facilitate, and possibly be designated leads, but would not be the ones to take it to the President initially. Instead, designated summit participants would present the issue to the Leadership Council on Aging (LCOA) and request them to take the proposal to the President. Expert input on what should go into the order could be provided by the summit task force. The request for issuance of the order would request a deadline for the report, and designate some funding to states to implement the order (based on the Olmstead model). The White House Domestic Policy Council would have the lead in this effort. The order should acknowledge the separate health and human services systems of federally recognized Indian tribes, and address issues related to persons with disabilities. It was suggested that the executive order idea could be presented to the White House by May 2002.
- *Outcome measures* could be simple: Did they do it? By when? What happened? What were the findings and recommendations?

### **General Accounting Office study**

- Possible *barriers*. The eliminating policy barriers working group recognized that this study would ask states how they distributed federal funds related to elder/adult abuse, and that states may not be able to provide this information. However, "That's okay, because identification of the unknowable is of value." They also noted that governors may resist the idea of being reviewed on this topic, charging that it's an "unfunded mandate." It is also possible this study may not fit into GAO's priorities.
- One possible *strategy to overcome the barriers* is to get the National Association of State Units on Aging and the National Association of Area Agencies on Aging to work with the governors on the unfunded mandate issue.
- A suggested *implementation process* involves getting the Department of Justice and the Administration on Aging to facilitate and provide leadership at the federal level. The HHS Assistant Secretary for Planning and Education (ASPE) and the American Public Human Services Association (APHSA) might both play a role, since ASPE does research and the APHSA could influence participation at the state level. Someone from the summit task force would approach a member of Congress,

someone from a standing legislative committee, with support from the Senate Special Committee on Aging, and request that they request the GAO study. The request for the study must be very specific to elicit the most comprehensive response, and should include information on populations that are not getting served by current programs such as rural residents and racial and ethnic groups.

### **Research and program innovation institute**

Implementation of this recommendation would require a champion in Congress, National Institute on Aging support, and authorizing language and appropriation or direction to use existing funds. The eliminating policy barriers working group noted that the elder abuse field has very fragmented systems without clear leadership and lacks a powerful national constituency and advocacy system. This has hindered prior efforts and which would have to be overcome.

The working group noted that prior research agendas have been developed and can inform this effort, and that the National Academy of Science's current efforts on elder abuse could contribute. They also suggested seeking the support of: the National Institute on Aging, Older Americans Act Title IV (Training, Research, and Discretionary Projects and Programs) demonstration project grantees, the Leadership Council on Aging, the National Committee for the Prevention of Elder Abuse, the first National Institute on Aging director Robert Butler, the Department of Health and Human Services, the National Association of Adult Protective Services Administrators, and the Department of Justice/National Institute of Justice. They suggested drafting a joint letter of support on to which organizations could sign.

The steps in implementing the recommendation would be: drafting the legislation; identifying a sponsor/champion and supporters; drafting a letter of support; passing authorizing legislation and appropriations; and establishing an institute.

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<b>Appendices</b>
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**Appendix I: Brief Agenda****Brief Agenda****Tuesday, December 4, 2001**

- 3:00 p.m. Registration and Check-in
- 5:00 – 7:00 p.m. Small workgroups: introductions, brainstorming
- 7:00 p.m. Socializing / Cash bar
- 7:30 p.m. Plenary dinner

**Wednesday, December 5, 2001**

- 7:30 a.m. Continental breakfast
- 8:30 a.m. – 12:30 Small workgroups: prioritize and construct top  
3 recommendations  
(10:00 a.m. Break)
- 12:35 – 2:15 p.m. Plenary Lunch
- 2:30 – 6:15 p.m. Small workgroups: discuss who, how, barriers  
to recommendations  
(4:30 p.m. Break)
- 6:30 p.m. Turn in Ballots of Recommendations
- 7:15 p.m. Dine-around social event

**Thursday, December 6, 2001**

- 7:30 a.m. Continental breakfast
- 8:30 – 11:30 a.m. Plenary: Discuss top  
recommendations
- 11:30 a.m. – noon Hotel check out

**Appendix II: Small Group Task Outline**

**Small Group Task Outline**

*Tuesday, December 4, 2001*

<b>5:00 - 7:00 pm</b>	<p><b>Process:</b> Brainstorm areas/recommendations group may want to address, so that ideas are out and the group can focus on their collective priorities on Wednesday morning.</p> <p><b>End Result:</b> A list of brainstormed ideas.</p>
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*Wednesday, December 5, 2001*

<b>8:00am – 12:30</b> (10:00am break)	<p><b>Process:</b> Cull brainstormed list to three (3) priority recommendations group can develop implementation strategies for.</p> <p><b>End Result:</b> Word-smithed statement (one sentence to one paragraph in length) for each of the top three recommendations.</p>
<b>2:30 - 6:15 pm</b> (4:00pm break) (6:15 voting)	<p><b>Process:</b> Develop implementation plans for each of the group's three top recommendations.</p> <p><b>End Result:</b> Address the questions outlined.</p> <p>5) <i>Barriers?</i></p> <ul style="list-style-type: none"> <li>• <b>Who</b> would inhibit the process of implementing this recommendation?</li> <li>• <b>What role</b> might they play?</li> <li>• What are the <b>funding or staffing</b> barriers to implementation?</li> <li>• What <b>law/policy/structural changes</b> would have to be made to carry out this recommendation?</li> <li>• What <b>research</b> would need to be done to support implementation of this recommendation?</li> <li>• How can any of these barriers be overcome?</li> </ul> <p>6) <i>What existing structures and resources can be tapped to implement this recommendation?</i></p> <ul style="list-style-type: none"> <li>• <b>Who</b> would need to be involved to implement?</li> <li>• <b>What role</b> should they play? Make sure to address at least:             <ul style="list-style-type: none"> <li>○ Administration on Aging</li> <li>○ Department of Justice</li> </ul> </li> <li>• Are there <b>fund streams</b> or existing <b>staff</b> to assist in this effort?</li> <li>• What <b>law/policy/structural changes</b> would help carry out this recommendation?</li> <li>• What <b>research</b> supports the implementation of this recommendation?</li> </ul> <p>3) <i>If you have not already covered it above, how would implementing this recommendation <b>affect different socio/cultural groups</b>?</i></p> <p>4) <i>How should progress on/effectiveness of this recommendation be tracked? (outcome measures)</i></p>

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*Maximizing Resources*

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*Maximizing Resources*

## **Appendix IV: Participant Biographies**

### **Participant Biographies**

#### **Adrine, Ronald**

Ronald B. Adrine was first elected to the bench of the Cleveland (Ohio) Municipal Court in 1981. He has since been re-elected three times without opposition, most recently in 1999. Over the last nineteen years, Judge Adrine has served as a member of the Governor's Task Force on Family Violence in Ohio, the Ohio Attorney General's Victim's Assistance Advisory Board, and the Ohio Supreme Court's Domestic Violence Task Force. He serves on the National Battered Women's Justice Project Advisory Board and on the Board of Trustees of the Family Violence Prevention Fund. He was elected to serve as the first chair of Cleveland's Domestic Violence Coordinating Council. The Judge has lectured extensively on domestic violence issues for a host of organizations, associations, and governmental agencies, including, The National Center for Disease Control, The National College of District Attorneys, The National Council of Juvenile and Family Court Judges, the National League of Cities and the U.S. Department of Justice. He is co-author of "Ohio Domestic Violence Law," part of West Group Ohio Handbook Series. He is a graduate of Fisk University and the Cleveland-Marshall College of Law.

#### **Anetzberger, Georgia**

Georgia J. Anetzberger is Vice President for Community Services at The Benjamin Rose Institute, University Graduate Faculty for Health Care Administration at Cleveland State University, and Adjunct Assistant Professor of Medicine at Case Western Reserve University (CWRU) in Cleveland, Ohio. She received her BS in social work from the Ohio State University and her MA in anthropology and MS and PhD in social work from CWRU. Dr. Anetzberger has spent more than twenty-five years addressing the problem of elder abuse, initially as an adult protective services worker and more recently as a researcher, administrator, and educator. She has over two dozen publications on elder abuse or related interventions and serves as Consulting Editor of the Journal of Elder Abuse & Neglect. A Fellow of the Gerontological Society of America, Dr. Anetzberger also is on the Board of Directors for the National Committee for the Prevention of Elder Abuse and founded two of its regional Affiliates, the Consortium Against Adult Abuse along with the Ohio Coalition for Adult Protective Services.

#### **Aravanis, Sara**

Mrs. Aravanis has been an employee of the National Association of State Units on Aging for the past 20 years. Since 1991 as NASUA's Associate Director for Elder Rights she is the point-person for all Association program activity related to elder abuse, legal assistance, adult protective services, pension and insurance counseling, guardianship and representative payee issues, as well as consumer protection and advocacy for consumers of long term care services

She has a long history of involvement in nationally funded technical assistance projects on elder abuse. Beginning in 1986, she managed a project which resulted in the

development of a comprehensive analysis of state policy and practice on elder abuse and adult protective services. Between 1988 and 1998 she served in various capacities -- as project director or lead staff for several elder abuse projects.

She is currently the Director of the National Center on Elder Abuse, a \$1 million project funded in 1998 by the U.S. Administration on Aging. In this position, she supervises the work of five subcontract agencies, approves work plans and final products. She provides technical assistance to state and local providers and educates key actors in the federal government, the Congress, the private and corporate sector about the problem of elder abuse. Mobilizing greater attention to hidden victims of abuse, she negotiates strategic agreements with professional organizations for joint training and the development of model projects. She has a Masters Degree in Social Service Administration from Case Western Reserve University.

### **Baldrige, Dave**

Dave Baldrige is executive director of the Albuquerque, N.M.-based National Indian Council on Aging (NICOA). Currently chair of the American Society on Aging's Personnel Committee and a member of FORSA's Leadership Council, he has also chaired ASA's Minority Concerns Committee. He directs his agency's advocacy for American Indian and Alaska Native elders with federal and state governments, Indian tribes, the national aging network, and elders themselves.

A member of national advisory councils for the Centers for Medicare and Medicaid Services (CMS) and the National Institute of Diabetes, Digestive, and Kidney Diseases (NIDDK), Mr. Baldrige serves on advisory and/or governance boards for the American Society of Aging, the National Center for AI/AN Mental Health Research at the University of Colorado, SHARE Awards, and the University of N.M. Geriatric Education Center. A member of Cherokee Nation, he holds a B.A. from the University of New Mexico.

### **Barreras, Rita**

Rita A. Barreras, M.U.A.. Rita Barreras is the President of the Board of the National Association of State Units on Aging and Director of the Division of Aging and Adult Services, Colorado Department of Human Services. She received her Masters in Urban Affairs from the University of Colorado at Denver and Bachelor of Science degree from Southern Colorado State College, Pueblo, Colorado. She is a graduate fellow of the National Leadership Institute on Aging and the National Hispana Leadership Institute. Her public service career with the State of Colorado has included various management positions overseeing programs that provide services to older adults, persons with disabilities, and families and children. She serves both as Director of the Division of Aging and Adult Services and Staff Director for the Colorado Commission on Aging. She was the principal founder of the Colorado Leadership Council of Aging Organizations. She has served on several boards and advisory groups, including President of the Latin American Research and Service Agency, member of the Colorado Developmental Disabilities Planning Council, National Eldercare Institute on

Health Promotion, Homeless Prevention Advisory Committee, Metropolitan Denver Homeless Initiative, and National Nutrition Advisory Council.

**Beckham, Karen**

Karen D. Beckham, M.A., currently serves as the National Health Coordinator for the National Caucus and Center on Black Aged, Inc. located in Washington, DC. Ms. Beckham is responsible for assisting the Vice President of Health Programs with day-to-day operations, including advancing the objectives of the program. She also manages two national health initiatives, which include a breast and cervical cancer program aimed at educating older women about the importance of early detection and screening; and a health disparities project designed to empower African American seniors to take charge of their health through training and advocacy.

Ms. Beckham has experience in research, analysis, implementation and promotion of health education programs at the national, state, and local level, including cancer information research, gun violence prevention, and tobacco control policy. She received a Bachelor of Science degree in Health Education from the University of Maryland at College Park and a Master of Arts degree in Community Health Education and Promotion from Trinity College in Washington, D.C.

**Bell, Kathy**

Ms. Bell joined the Tulsa Police Department in 1994 as the Coordinator of the Sexual Assault Nurse Examiner Program. She provides the day to day operations management of this program and is responsible for development of replication strategies and training programs that will facilitate other communities in providing forensic nurse examiner services. Ms. Bell is a forensic nurse, performing sexual assault and drug endangered children examinations in Tulsa, Oklahoma.

She is an active member of the International Association of Forensic Nurses. She holds the President position for this organization for the years 2001 and 2002. She is a member of the American Academy of Forensic Sciences. She is a member of the American Nurses Association and Oklahoma Nurses Association. She serves as the Chairperson for the Council on Practice for ONA Region 2. She is a member of the American Professional Society on the Abuse of Children, and Association of Crime Scene Reconstruction. She has participated on a number of task forces, advisory committees and forums regarding sexual assault, violence, and forensic nursing issues.

**Berman, Erica**

Erica F. Berman is the Associate Executive Director for Guardianship Services for NYSARC, Inc. (formerly known as the New York State Association for Retarded Children, Inc.) and she has been employed by this organization for the past 18 years. Ms. Barman is responsible for administering a non-profit, statewide corporate guardianship program for whom NYSARC is serving as primary and standby/alternate guardian for over 800 persons with developmental disabilities. A strong interest of Ms. Berman's is the establishment of a clearinghouse for information, education and training



on ethics and standards and certification for all guardians in New York State which would be modeled after those created by the National Guardianship Association's (NGA) Standards of Practice.

Ms. Berman has coordinated and presented on numerous programs addressing guardianship, surrogate decision-making alternatives and trusts for families and service providers. She strongly promotes the position that persons with disabilities who lack decisional capacity should be provided with the supports and skills to maximize their independence and self-determination, while looking to guardianship only as an intervention of last resort.

During her tenure at NYSARC, Ms. Berman has served on a number of steering and advisory committees which are addressing guardianship and trust issues and she is one of the founders of the Guardianship Association of New York State, Inc. (GANYS). She is currently serving as a member of the Surrogate Decision-Making Committees, a board member of the National Guardianship Association (NGA) and a trustee of the National Guardianship Foundation.

Ms. Berman is a graduate of Vanderbilt University in Nashville, Tennessee with a masters degree in mental retardation and multiple disabilities and has 22 years of experience in the field of human services.

#### **Blancato, Robert**

Bob Blancato is President of Matz, Blancato & Associates, Inc., a firm integrating public relations, government affairs and advocacy services. He assumed this position in 1996. Immediately prior, he served as the Executive Director of the 1995 White House Conference on Aging, appointed by President Clinton.

Blancato's career involves more than 25 years in public service in both the Congress and the Executive Branch. This includes serving as Staff Director of the House Select Committee on Aging's Subcommittee on Human Services from 1977 through 1988 and as Senior Advisor until 1993. He currently serves as President of the National Committee for the Prevention of Elder Abuse.

He holds a BA from Georgetown University and an MPA from American University. He currently serves as Associate Professorial Lecturer in the Graduate School of Political Management at George Washington University and continues to teach in the Post Masters Certificate Program at Hunter College in New York.

#### **Blanco, Henry**

Henry Blanco is the Program Administrator for the Arizona Aging and Adult Administration and has over 27 years of experience in the aging field. He oversees a staff of 42 professionals and is responsible for the state policy governing the coordinated community network of aging and home community based services through eight area agencies on aging. He is responsible for a budget of over \$40 million drawn

from over ten funding sources. He also oversees the statewide Adult Protective Program through 30 state offices. Prior to serving as Administrator of the State Agency, he was responsible for older worker and elder rights services, served as the immediate supervisor of adult protective services and for three years was on the front line as a protective service case worker. He is a member of the Governor's Council on Aging, the Council for Developmental Disabilities, the Oversight Committee for Alzheimers Programs. He is a Regional Representative for the National Association of Adult Protective Services Administrators, and a former member of the Board of Directors of the National Association of State Units on Aging. He has a Master Degree in Social Work from Arizona State University and is a part time instructor with the Maricopa Community College.

**Brandl, Bonnie**

Bonnie Brandl is the Program Director for the National Clearinghouse on Abuse in Later Life (NCALL). NCALL provides technical assistance, training and consultation on domestic abuse in later life. Ms. Brandl has worked with battered women and their children for over 15 years and for the Wisconsin Coalition Against Domestic Violence (WCADV) for 10 years. She was the project coordinator for WCADV's national demonstration project on older abused women funded by the Administration on Aging from 1994-1996. Her published articles, manuals and booklets on domestic abuse in later life have been distributed throughout the country. For the past six years, she has presented at numerous national, regional, statewide and local conferences on family violence, elder abuse and abuse of people with developmental disabilities. Ms. Brandl has a Masters in Social Work from the University of Wisconsin – Madison. She is a board member for the National Committee for the Prevention of Elder Abuse. She currently lives near Boulder, Colorado with her family.

**Brewer, Galen**

Galen Brewer is Coordinator of Older Adult Service in the Behavioral Health Services Division of the Texas Department of Mental Health and Mental Retardation. He has served in this capacity for 11 years. Prior to this assignment, he served as Mental Health Program Specialist in the OBRA/PASARR office of TDMHMR.

Galen began his mental health career at the state geriatric mental health hospital in Texas where he served as case manager and later, placement coordinator. In this capacity he assisted long-term patients of the hospital to return to their communities of origin across the state.

Galen has a Masters Degree in Public Administration and is a Licensed Social Worker. He is a founding member and former chair of the Texas Mental Health and Aging Coalition and is currently Chair of the National Association of State Mental Health Program Directors (NASMHPD) -- Older Persons Division.

**Browdie, Richard**

At the time of the Summit, Richard Browdie was the Secretary of the Pennsylvania Department of Aging and managed an extensive network of services through a statewide system of 52 Area Agencies on Aging. Services include family caregiving, transportation, home and community based services, Alzheimer's programs, health and wellness and nutrition programs, adult day care, and protective services for older people at risk of abuse or neglect. In addition, the Pennsylvania Department of Aging administers the largest state-funded pharmaceutical assistance program for the elderly in the United States. As Secretary, Mr. Browdie advises the Governor, other cabinet officers, and members of the General Assembly on matters affecting older people.

Mr. Browdie has administered programs for the elderly for over twenty-five years. Before being appointed Secretary of Aging by Governor Tom Ridge, Mr. Browdie was Executive Director of the National Association of Area Agencies on Aging in Washington, D.C. Previously, he was Deputy Secretary of the Pennsylvania Department of Aging under former Governor Robert P. Casey, served as an executive in two Area Agencies on Aging in Pennsylvania and developed community-based programs for low income people and the elderly.

Mr. Browdie is a past President of the American Society on Aging, a member of the Gerontological Society of America and serves on the Long Term and Chronic Care Steering Committee of the National Academy for State Health Policy. He is a frequent public speaker and has contributed to professional journals and books.

Mr. Browdie was born in Pittsburgh and raised in Erie. He holds a Masters of Business Administration from Gannon University and is a graduate of Allegheny College.

**Clingan-Fischer, Deanna**

Ms. Deanna Clingan-Fischer is currently the Legal Services Developer for the Iowa Department of Elder Affairs. She has been with the Department since February of 1990. As Developer, she works with the Older Americans Act, Title VII programs (Elder Abuse Prevention and Legal Assistance Development). Ms. Clingan-Fischer received her law degree from Drake University Law School. Her undergraduate degree is in Economics/Business Administration, which she received from Drake University. While attending law school, she participated in the Drake University Senior Citizens Legal Clinic.

Ms. Clingan-Fischer established and worked on the Department's Elder Abuse committee from March of 1993 to 1999. Under her leadership, the committee undertook a public awareness campaign with the theme Elder Abuse Hurts, Too. The goal of the public awareness campaign is to assist the public in identifying the channels available in reporting adult abuse and to identify services available to those in need. The committee also hosted 16 regional forums, developed a dependent adult abuse problem statement and has drafted legislation.

**Conlin, Judith Ann**

At the time of the Summit, Dr. Judith A. Conlin was head of the Iowa Department of Elder Affairs. Prior to serving as department head, Dr. Conlin was the executive director of the Alzheimer's Association of Mid-Iowa. Dr. Conlin began her career in academia. She taught in the English Department at Iowa State University. Her Bachelor's, Master's, and Doctorate degrees are all in English. She is an author and an editor. A guidebook Dr. Conlin wrote, *How To Get Your Bearings, How to Get a Job*, is in its fourth printing and is available at the Iowa Commission on the Status of Women.

Dr. Conlin has spent considerable time as a volunteer, serving as chair of such boards of directors as: the Assault Care Center Extending Shelter and Support, the Story County Women's Political Caucus, and Iowa Governor's Advisory Committee on Multicultural Non-Sexist Curriculum for the Ames School District. Currently she serves on the Coalition for Healthy and Safe Families and Communities, which target not only action and education but also interaction of child abuse, domestic abuse, elder abuse, substance abuse and untreated mental illness. She has also served as chair of the Board and continues to volunteer for Bernie Lorenz Recovery, Inc. a home for women dealing with substance abuse. Recently, she was awarded the Women of Achievement Award from the YWCA given in response to volunteer work on behalf of women, children and people of color.

**Counihan, Mary**

Mary Counihan is the Department of Human Services Section Manager over Adult Protective Services for San Francisco County. She has served in that capacity since 1992. During her tenure, Ms. Counihan has been active in the development and passage of legislation that created California's comprehensive Adult Protective Services Program. She planned and implemented the enhanced APS program in San Francisco that included: response to reports of abuse 24-hours a day, 7 days a week; emergency response services, e.g., shelter, food, transportation, and in-home protection; crisis intervention services, e.g., counseling and case management; and an array of tangible services to prevent and ameliorate abuse/neglect. She has worked to form partnerships with law enforcement, medical and mental health providers, the public guardian/conservator, and community-based service providers to better integrate the services provided and thus improve the quality of care. Additionally, she has participated in statewide efforts to increase funding for APS as well as efforts to generate community awareness.

Ms. Counihan is also the chair of the County Welfare Directors' Association (CWDA) Adult Protective Services (APS) Task Force, a role she has performed for the past 5 1/2 years. She is the CWDA representative on the State Department of Social Services APS Advisory Committee. Additionally, she serves on various APS statewide work groups.

**DiGilio, Deborah**

Deborah DiGilio is the Aging Issues Officer at the American Psychological Association. In this position she staffs the Association's Office on Aging and Committee on Aging. She received her Masters of Public Health from the University of North Carolina in Chapel Hill. For the past twenty years she has worked on older adult public health and mental health issues. She has previously worked for AARP, the American Public Health Association and Kaiser Permanente.

**Dyer, Carmel**

Carmel Bitondo Dyer, MD graduated from Baylor College of Medicine in 1988. She is board certified in Internal Medicine and Geriatrics and has been the Director of the Geriatrics Program at the Harris County Hospital District since completing her postgraduate training in 1993. She is currently an Associate Professor of Medicine at Baylor College of Medicine and her clinical interests include care of the elderly poor, elder mistreatment, dementia, delirium, depression and geriatric assessment. Her research and publications are in the area of elder neglect and the interdisciplinary approach to abused or neglected elders. Dr. Dyer is co-director of the Texas Elder Abuse and Mistreatment (TEAM) Institute. The TEAM Institute was recently honored with a Department of Justice educational grant.

**Eckert, Sharen**

Sharen's involvement with the Alzheimer's Association resulted from her father and his identical twin brother being diagnosed with Alzheimer's disease in the late 70s. When the Alzheimer's Association was founded in Cleveland in 1980, Sharen's mom and aunt were in attendance at one of the first meetings. Sharen ultimately became involved as a volunteer, writing the chapter newsletter and playing a primary role in the passage of a state funded Alzheimer respite bill that in the years since has provided nearly \$20M in services for families.

Sharen assumed the role of executive director in 1986. After 13 years in that role, during which the chapter staff grew from 4 to 40, Sharen decided to step down so she could pursue interests that most excite her: new program development and public policy. In 1998, Sharen was instrumental in securing funding from the Western Reserve Area Agency on Aging to initiate the first consumer-driven respite reimbursement program in the state. In the fall of 2000, this program was expanded to allow family caregivers to privately hire home helpers, including family members and friends, to provide respite care.

Sharen has her masters degree in mechanical engineering, and worked full-time for Lockheed for 15 years prior to joining the Alzheimer's Association. She continued to work part-time for Lockheed-Martin after joining the Association during the last 15 years.

**Edelman, Toby**

Toby S. Edelman has advocated on behalf of nursing home residents since 1977. As a staff attorney with the National Senior Citizens Law Center in Washington, D.C. between 1977 and December 1999, specializing in nursing home issues, she was the

lead attorney for plaintiffs in *Valdivia v. California Department of Health Services*, the case in which a statewide class of nursing facility residents successfully challenged California's refusal to implement the federal nursing home reform law. Ms. Edelman has testified before Congress on residents' issues and has represented consumers in task forces convened by the Health Care Financing Administration to address enforcement of federal standards for nursing facilities. Ms. Edelman is a member of the Board of Directors of the National Citizens Coalition for Nursing Home Reform, a national advocacy organization that works to improve quality of care and quality of life for nursing facility residents.

In January 2000, Ms. Edelman joined the Center for Medicare Advocacy, where she continues her nursing home work.

Ms. Edelman received an A.B. from Barnard College (1968), an Ed.M. from the Harvard Graduate School of Education (1969), and a J.D. from the Georgetown University Law Center (1974).

#### **Faccinetti, J. Daniel**

Daniel's experience spans over 20 years of national and international marketing work.

During his career, he has helped build such leading brands as Del Monte, Nabisco, Harrah's and Cellular One, among others. Daniel is currently a senior director at Runyon Saltzman & Einhorn, a leading Northern California communications agency, where he provides strategic oversight and planning for the agency's communications projects. Prior to joining RS&E, he provided marketing planning and communications services in a variety of social marketing assignments to the World Bank and Johns Hopkins University in Asia, Latin America and Africa, in association with Prospect Associates in Washington D.C.

Daniel has the rare combination of agency and client experience needed to understand client marketing requirements and translate them into high-impact marketing communications strategies that can be deployed in compelling and cost-effective programs.

A native of Buenos Aires, Argentina, Faccinetti started his career in 1979. He served as manager of International Sales and Marketing for Seattle-based Warn Industries during the early 1980s, directing campaigns in Australia, Africa and Latin America. He later worked at NW Ayer Inc., one of the world's largest advertising agencies, in San Francisco and New York. As senior vice president and general manager of Trahan, Burden & Charles, headquartered in Baltimore, he help quadruple the size of this top 100 agency's west coast office.

Daniel is a graduate of Washington State University and speaks fluent Spanish and Italian.

**Fong, Clayton**

Clayton Fong is the Executive Director of the National Pacific Center on Aging.

**Fulmer, Terry**

Terry Fulmer, RN, Ph.D., FAAN, is a Professor of Nursing at New York University Division of Nursing. She is currently the Head of the Division of Nursing, Interim and also the co-Director for The John A. Hartford Foundation Institute for the Advancement of Geriatric Nursing Practice.

She received her bachelor's degree from Skidmore College and her master's and doctoral degrees from Boston College. Dr. Fulmer has held academic appointments at the Boston College School of Nursing, the Harvard Division of Health Policy, the Yale School of Nursing, Columbia University, and has been the Florence Seller Visiting Professor of Geriatric Nursing at Case Western Reserve University School of Nursing. She has held hospital appointments at the Beth Israel Hospital in Boston and at Yale-New Haven and currently holds an appointment at the Mt. Sinai-NYU health system.

Dr. Fulmer's program of research focuses on acute care of the elderly and specifically, on the subject of elder abuse and neglect. She has been funded in her work on "Dyadic Vulnerability/Risk Profiling for Elder Neglect" from the National Institute on Aging in partnership with the National Institute of Nursing Research. She has written extensively and has published over 90 articles and 40 chapters. Two of her nine books have received the American Journal of Nursing Book of the Year Awards. They are entitled, *Inadequate Care of the Elderly: Health Care Perspective on Abuse and Neglect*, and *Critical Care Nursing of the Elderly* (Springer Publishing Company).

Dr. Fulmer has received the status of Fellow in the American Academy of Nursing, Gerontological Society of America, and the New York Academy of Medicine. She completed a Brookdale Fellowship and is a Distinguished Practitioner of the National Academies of Practice. She has received numerous honors and awards for her scholarly work, among which was her recognition as Distinguished Nurse Researcher by the New York State Nurses Association. She also has served in many leadership roles nationally.

**Gambrell, Bill**

Bill Gambrell is an Assistant Deputy Attorney General in the Office of the Attorney General for South Carolina. Mr. Gambrell is the Director of the South Carolina Medicaid Fraud Control Unit.

Mr. Gambrell received his B.S. degree in Mathematics from the University of South Carolina in 1972 and his J.D. degree from the University of South Carolina School of Law in 1977. Prior to joining the Attorney General's Office in 1983, Mr. Gambrell was a partner in the law firm of King and Gambrell, P.A. in Columbia, South Carolina. Mr. Gambrell is President of the National Association of Medicaid Fraud Control Units and is Co-Chairman of the Patient Abuse Working Group of the National Association of

Medicaid Fraud Control Units. Mr. Gambrell is an editor of *Health Care Fraud and Collateral Consequences*, published by the South Carolina Bar, and *A Guide For Investigating And Prosecuting Patient Abuse, Neglect And Mistreatment In Nursing Homes*, published by the National Association of Medicaid Fraud Control Units. From September of 1993 until October of 1995, Mr. Gambrell was the Director of the State Grand Jury Division of South Carolina. In October of 1995, the Attorney General appointed Mr. Gambrell to serve as Director of the newly-established Medicaid Fraud Control Unit of the South Carolina Attorney General's Office. Mr. Gambrell has served on a number of law enforcement committees and has prosecuted "white collar" criminal cases, violent crimes, and drug offenses during his career at the Attorney General's Office.

**Gianopolous, Christine**

Ms. Gianopolous is the Director of the Maine Bureau of Elder and Adult Services.

**Hamilton, Ricker**

Ricker Hamilton is the Protective Program Administrator for the Bureau of Elder and Adult Services, managing and directing regional adult protective, public guardianship, and conservatorship programs. He has worked in Adult Protective Services since 1982.

Mr. Hamilton is a board member and conference chair of the National Association of Adult Protective Services Administrators, a board member of Family Crisis Services and the Children's Dream Factory of Maine, Chair of the Maine Triad Steering Committee, and a member of the Violence Intervention Partnership. He is also an instructor at the Maine Criminal Justice Academy.

Mr. Hamilton is a co-founder of Partners for Elder Abuse Community Education (PEACE), and a past board member of the National Committee for the Prevention of Elder Abuse and the Governor's Task Force on Crimes Against the Elderly. He received his M.S.W. from Boston College and his Bachelor of Arts degree from St. Anselm College.

**Heisler, Candace**

Candace J. Heisler served for over 25 years as an Assistant District Attorney for the City and County of San Francisco. She headed the Domestic Violence, Charging, Misdemeanor, and Preliminary Hearing Units. She has served as a trainer and consultant for a variety of federal, state, and other organizations and governmental entities in the areas of elder abuse and domestic violence. She continues to teach and write for the California District Attorney's Association as well as the California Commission on Peace Officer Standards and Training. She has published numerous articles on both elder abuse and domestic violence. In California, she has helped design curricula for judges and law enforcement and has designed training curricula on domestic violence for first responders, field training officers, investigators, crisis negotiators, and expert witnesses. She provides statewide training for California victim advocates on elder abuse and domestic violence in later life and for probation officers



on elder abuse. She is a member of the California Violence Against Women S\*T\*O\*P\* Taskforce and an Assistant Adjunct Professor of Law at the University of California's Hastings College. She is a member of the National Committee for the Prevention of Elder Abuse Board of Directors.

**Heller, Jonathan**

Jonathan Heller begins his first term on the board of directors for the National Committee for the Prevention of Elder Abuse in January 2002. In 1999, he was awarded a Kiplinger Foundation fellowship to study aging at Ohio State University. As part of that fellowship, Jonathan researched how elder abuse is viewed in today's society, and how government policy on elder abuse has evolved. He also collected and analyzed data on elder abuse reports from all 50 states. Jonathan has a master's degree in journalism from Ohio State and a bachelor's degree in English from the State University of New York at Fredonia. He has worked as a journalist covering local, state and federal government policy since 1987. He currently works as a staff writer for The San Diego Union-Tribune.

**Horan, Deborah**

Deborah L. Horan serves as Family Coordinator for Project PAVE (Promoting Alternatives to Violence Through Education) at the Montgomery County Mental Health Association and continues her work with the American College of Obstetricians and Gynecologists on a consulting basis. At ACOG, her work currently focuses on the development of curricula to enhance physician understanding of and response to domestic elder abuse and sexual violence.

**Kasunic, Mary Lynn**

Mary Lynn Kasunic has been with the Area Agency on Aging, Region One since 1980 and has served as the Executive Director since 1990. During this time, she has helped to diversify funding; implement the 24-hour Senior HELP LINE to assist elders, caregivers and professionals in their search for information and quality services; build coalitions to prevent elder abuse and late life domestic violence and address the needs of older workers; and promote case management and home care services to meet the needs of persons with HIV/AIDS, which includes the AIDS is Ageless educational campaign.

Ms. Kasunic has been instrumental in the development of the ElderVention program, a western Maricopa County project established in July 1996 to prevent and reduce high-risk factors associated with suicide among older adults and to increase protective factors so that suicide does not become the only viable option. She co-authored the play, *The Dance*, which depicts the life of an older battered woman, and was the executive producer of the video production.

She is especially dedicated to the continuing education of aging professionals and the pursuit of service excellence. She developed ASMAT, Aging Services Management and Administrative Training, a cooperative effort between the Area Agency on Aging

and Phoenix College. ASMAT is a nationally recognized certificate and associates degree program which provides continuing, relevant education to aging professionals in Maricopa County. Ms. Kasunic firmly believes education of professionals and paraprofessionals in aging services enhances the quality of services clients receive.

Ms. Kasunic is involved in a variety of national, state and local organizations. She has completed the citizen's academies for the Federal Bureau of Investigation, Arizona Department of Public Safety and the Phoenix Police Department. Ms. Kasunic is a Certified Public Manager, a Registered Dietitian, and a Competent Toastmaster.

**Kutas, Eva**

Eva Kutas, JD, has been the Adult Protective Services Director for the Mental Health and Developmental Disabilities Services Division, Office of Investigations and Training, for 14 years. A long time advocate for persons with disabilities, Eva has degrees in special education, sociology and law. She has 5 years of criminal and civil law experience and worked at the Oregon Advocacy Center (Oregon's protection and advocacy agency for people with disabilities) for 10 years as an advocate. She has conducted approximately 500 investigations specializing in interviewing people with disabilities, complex cases and deaths. Eva is the current president of the National Association of Adult Protective Services Administrators, an organization that strives to improve the quality and availability of services to vulnerable adults who are abused, neglected and exploited, to promote advocacy, training and research in the field and to educate the public and government leaders on behalf of this population. She can be reached at 503-945-9491 or Eva.Kutas@State.OR.US.

**Liveratti, Mary**

Mary Liveratti has over 25 years of experience in the field of aging policy. She has served as the Administrator of the Nevada Division for Aging Services since 1999 and supervised various programs in that agency including serving as Deputy Director for over ten years. She has experience in the coordination of senior services and expertise in nutrition program implementation. Prior to her state service, she was Assistant Director for Catholic Community Services of Nevada. Her experience in that agency includes Title XX Intake and VISTA Volunteer responsibilities. She has completed the National Leadership Institute on Aging, is a member of the Nevada Commission on Aging, the Board of Trustees of the Trust Fund for Public Health, the Developmental Disabilities Advisory Council, and the Governor's Task Force on Personal Assistance Services for Persons with Disabilities. Since 1996 she has been an leader of the Attorney General and Aging Services Task Force on Elder Abuse and also is a member of the Board of the League of Women Voters. She has a B.A Degree in Sociology from the University of California and is a Licensed Social Worker in the state of Nevada.

**Lockwood, Randall**

Randall Lockwood has received a doctorate in psychology from Washington University in St. Louis and was on the faculty of the psychology departments of the State University of New York at Stony Brook and Washington University. He joined the staff of

The Humane Society of the United States in 1984 and is currently Vice President for Research and Educational Outreach, overseeing professional education provided by The HSUS, the nation's largest animal-protection organization. Dr. Lockwood's research has examined many different aspects of the interactions between people, animals and nature, including the benefits of pet ownership to human health, the connection between cruelty to animals and other forms of violence, animal cruelty as a factor in the childhood of violent criminals, and the treatment of animals within child-abusing or otherwise disturbed families. He has facilitated dozens of workshops with local groups to coordinate the formation of coalitions against violence that bring together the resources of professionals in animal protection, veterinary medicine, child protection, adult protective services, domestic violence prevention, law enforcement, mental health and other fields. His efforts with The HSUS to increase public and professional awareness of the connection between animal abuse and other forms of violence and to find creative, community-based approaches to the problems of family violence were profiled in an award-winning 1999 British Broadcast Corporation/Arts & Entertainment Network documentary entitled, *The Cruelty Connection*. His book *Cruelty to Animals and Interpersonal Violence*, co-edited with Dr. Frank Ascione, was published in 1998 by Purdue University Press.

**Loewy, Elizabeth**

Elizabeth Loewy has been an assistant district attorney in the Manhattan District Attorney's Office for 16 years. She is presently the Attorney in Charge of the Elder Abuse Unit in the Office. A graduate of the University of Pennsylvania and Albany Law School, she began her career in a trial bureau, where she prosecuted general street crime, domestic violence, child abuse, sex crimes and homicides. A.D.A. Loewy served as the Attorney in Charge of the Domestic Violence Unit from 1990 until 1995. She has been a guest lecturer at New York University on the subject of elder abuse, and has also conducted training sessions for various agencies including the New York State Bar Association, Adult Protective Services in New York City, as well as all levels of the New York City Police Department.

**Lujan-Grisham, Michelle**

Michelle Lujan Grisham has been the Director of the New Mexico State Agency on Aging since 1991. She has worked at the national, state and local levels to create a more comprehensive, cohesive system of long-term care that will provide seniors with more options to remain independent.

Prior to her appointment she served as the Director of the Lawyer Referral for the Elderly Program.

Ms. Grisham is a member of the National Academy of Elder Law Attorneys and serves on the National Association of State Units on Aging Board and is responsible for the Elder Rights and Minority Issues Committee.

Ms. Grisham received both an undergraduate degree and Juris Doctorate from the University of New Mexico. She is a 12th-generation native New Mexican and resides in Albuquerque with her husband and their two children.

**Mason, Art**

Art Mason has been involved in the field of elder abuse and mistreatment since graduating with his Masters Degree in Social Work in 1989. He has been director of LIFESPAN's Elder Abuse Prevention Program since 1992 and has helped the program grow from a single initiative to a multi-faceted program serving a 10 county area in upstate New York. LIFESPAN, a not-for profit agency, works closely with Adult Protective Services, Office for Aging and several other agencies to educate and train the community about the issue of elder abuse and neglect. Mr. Mason received the Outstanding Achievement Award at the New York State Adult Protective/Office for Aging annual conference in 2000 and is a frequent presenter at seminars and conferences throughout the state. His program was selected as one of the six Sentinel Projects by the NCEA in 2000-2001 to train non-traditional community members to identify and refer cases of elder abuse or mistreatment.

**Mason, DaCosta**

DaCosta Mason is the National Coordinator for Consumer Issues in the Department of State Affairs of AARP. In this role, DaCosta directs and coordinates the development and implementation of state legislative and regulatory strategies to accomplish AARP's public policy goals on consumer issues. Prior to his appointment to this position, DaCosta served as a Legislative Representative in the Department of State Affairs. He provided strategic and substantive support to AARP's legislative volunteers in the fifty states, DC, the Virgin Islands and Puerto Rico on issues such as consumer protection, housing, transportation, elder abuse, probate and health care decision-making. DaCosta also managed the National Protective Services Support Center in the Association's Legal Counsel for the Elderly Department. From 1979 to 1986 DaCosta served as a Staff Attorney at Legal Counsel for the Elderly (LCE), providing free legal assistance to elderly residents of the District of Columbia.

DaCosta is currently a member of the Consumer Law Section and the Estates, Trusts and Probate Law Section of the District of Columbia Bar Association (DC Bar). He served as an advisory committee member for the Elder Abuse and the Courts project sponsored by the ABA Commission on Legal Problems of the Elderly, as well as the National Center on Elder Abuse. He is a former member of the Board of Directors of the National Academy of Elder Law Attorneys and the Alzheimer's Association of Greater Washington. In addition, he chaired the Elder Law and Disability Planning Committee of the Estates, Trust and Probate Law Section of the DC Bar.

DaCosta received his J.D. degree from the Catholic University of America in Washington, DC.

**McConnell, Steven**

Stephen McConnell is Vice President for Public Policy for the Alzheimer's Association, a national voluntary organization with a nationwide network of chapters and 45,000 volunteers. He directs the Association's Washington, DC-based public policy office. He has been with the Alzheimer's Association since 1989.

Dr. McConnell spent seven years working with the United States Congress. From 1984-87 he served as staff director of the U.S. Senate Special Committee on Aging under the chairmanship of Sen. John Heinz. Prior to that he was a professional staff member for the U.S. House of Representatives, Select Committee on Aging, under the chairmanship of Rep. Claude Pepper.

Before coming to Washington in 1980, Dr. McConnell held a research associate appointment to the internationally known Andrus Gerontology Center of the University of Southern California. Dr. McConnell has directed major research projects on various aspects of employment, health, housing and the cultural components of aging. He has been a teacher and has published in the fields of gerontology and social policy. He holds a Ph.D. in Sociology from the University of Southern California.

**McDermott, Shawn**

Ms. McDermott is Director of Public Policy for the National Association of Area Agencies on Aging.

**McFeeley, Patricia**

Ms. McFeeley is Assistant Chief Medical Investigator for the Office of the Medical Investigator, University of New Mexico.

**McGinley, Kathleen**

Primary responsibilities consist of identifying, analyzing, and attempting to guide federal policy that has the potential to benefit individuals with mental retardation and related developmental disabilities, as well as assisting in the direction, administration, and management of the Governmental Affairs Office.

Areas of emphasis are access to health and health related services in both public systems and the private insurance market; the availability of decent, safe, and affordable housing in the community and the effective implementation and enforcement of fair housing protections; the effective implementation of programs authorized under the Developmental Disabilities Act; the prevention of mental retardation and other developmental disabilities, especially in relation to Fetal Alcohol Syndrome and other preventable causes of mental retardation; and access to transportation.

Coordinates the legislative, programmatic, and grassroots efforts of both the Health and Housing Task Forces of the Consortium for Citizens with Disabilities since 1988. The CCD is a Washington-based coalition of over 100 national disability organizations. Both the Housing and Health Task Forces are well respected by both the Congress and the

Administration, as well as by health and housing advocates nationwide. The CCD Health Task Force developed The Principles for Health Care Reform from the Disability Perspective and Principles for Managed Care for People with Disabilities, both of which have been used nationwide as guides on health care issues. The Housing Task Force publishes a quarterly newsletter on housing issues, programs, and strategies, Opening Doors, and has released a number of timely reports on the housing crisis facing people with disabilities, including Piecing it all Together in Your Community and Priced Out in 2000 - the Crisis Continues.

Represents the interests of The Arc and people with disabilities in general through participation in many national groups, such as the National Low Income Housing Coalition, the Families USA Medicaid Strategy Group, and the Patient Bill of Rights Steering Committee. Represents the interests of individuals with disabilities through her involvement with a number of locally-based disability non-profit organizations in her community.

**Melby, Robert**

I serve as Deputy Director at the New York State Commission on Quality of Care for the Mentally Disabled, and direct the Commission's Policy Bureau. I have worked at the Commission since its inception in 1978 in numerous capacities. Before directing the Policy Bureau, I served as a Special Assistant to the Chair of the Commission with primary responsibility for directing government affairs. I also have worked in the Commission's Advocacy Services Bureau where I helped develop a statewide network of advocacy programs for persons with disabilities as a result of the Governor's designation for the Commission to administer a federally-funded protection and advocacy program. Prior to my work at the Commission, I served as staff director to the New York State Assembly Mental Hygiene Committee.

**Current Priorities:** The Commission is charged by law to provide independent oversight over those programs licensed to provide services to persons with a mental disability. One area that we are working on aggressively is to improve the State's oversight of our adult care system, which is primarily a board and care program that serves the elderly and persons with disabilities. This system of care serves nearly 30,000 persons in New York State and includes just over 11,000 persons with a history of mental illness. Our work in this area has exposed egregious conditions in homes which in some cases presented an immediate danger to the health and safety of residents. Although much attention has been given to increased surveillance of skilled nursing facilities, these board and care homes have not to date received the same level of scrutiny by government regulators. The lack of such oversight presents a significant risk of exposure to institutional abuse and neglect to both the elderly and persons with disabilities living in these programs.

**Menio, Diane**

Diane A. Menio, Executive Director of CARIE, the Center for Advocacy for the Rights and Interests of the Elderly, has been director since 1995 but has been involved with

the agency for more than twelve years. Menio has trained extensively in the detection and prevention of abuse in Long Term Care settings and other issues affecting the frail elderly, making her a sought after speaker in the field.

She currently serves on the Governor's Intra-Governmental Council on Long Term Care, and the Senior Citizens' Committee of the Pennsylvania Commission on Crime and Delinquency. Menio also serves on the board of the National Committee for the Prevention of Elder Abuse and is the President of the National Citizens' Coalition for Nursing Home Reform.

Her work at CARIE has been the topic of several articles published in professional magazines and journals. Menio's most recent article, "A Multi-faceted Approach to Abuse Prevention in Nursing Homes," which she co-wrote with Beth Hudson Keller, Director of Education and Training at CARIE, was published in the summer 2000 issue of *Generations*, journal of the American Society on Aging. Recently, she co-authored a book, *Abuse Proofing Your Facility: A Practical Guide for Preventing Abuse in Long-Term Care Facilities* with Beth Hudson Keller and Cornell University researcher, Karl Pillemer, Ph.D.

Menio holds a Masters of Science in Gerontology degree from St. Joseph's University.

#### **Miller, Mark**

Mark has been involved in the aging field and with the ombudsman program since 1984 when he established a local ombudsman program in Charlottesville, Virginia. He also coordinated the Charlottesville Adult Support Project for older adults with Alzheimer's and other cognitive impairments. Mark worked with the Virginia State Long Term Care Ombudsman Program for more than 13 years, serving eight and a half years as the State Ombudsman. He served briefly as the Executive Director of the Virginia Association of Area Agencies on Aging. During the past several years he has worked to help establish the Virginia Elder Rights Coalition to promote more effective advocacy assistance to older long term care consumers and their families. In October of 2000 Mark joined the National Association of State Units on Aging as a program associate for elder rights. His primary work involves NASUA's efforts to support the National Ombudsman Resource Center.

Mark is originally from Illinois. He currently lives in Richmond, Virginia with his three children. He irons and collects hideous lamps.

#### **Miller, William**

Present Position

On May 17, 1999, William D. Miller was appointed Chief of Police for Elgin, Illinois by Elgin City Manger Joyce Parker. Chief Miller assumed the position with a commitment to move the Department forward in its impressive strength of Community Policing as well as to continue its present commitment to professionalism, ethics, values, diversity, coalition building, and professional business practices.

#### Previous Positions

From 1983 to 1999, Chief Miller served as the Chief of Police for Skokie, Illinois. The Skokie Police Department has been well recognized as a leader in crime prevention and Community Policing tactics and strategies. In addition to building partnerships throughout the community, Chief Miller was instrumental in the development of a Skokie Youth At Risk Task Force as well as a community-wide program centering on the value of developing strengths in and fostering understanding and coalitions among the in many ethnic and culture diverse citizens that make up the community. Skokie Police Department was accredited by the Commission on Accreditation for Law Enforcement Agencies in 1988 and re-accredited in 1993 and 1998. The Skokie Police Department received a favorable rating of 94 percent by an independent evaluation team from Northern Illinois University.

From 1980 to 1983, Chief Miller served as Commissioner of Public Safety for the State of Iowa. Prior to this appointment in Iowa, Chief Miller served as Chief of Budget & Management, Administrative Assistant to the Administrator of the Division of Criminal Investigations, and a Police Specialist with the Wisconsin Department of Justice. Chief Miller began his police career in 1966 as a police officer with the Department of Public Safety at Michigan State University in East Lansing, Michigan.

#### Commission on Accreditation for Law Enforcement

Chief Miller was appointed Commissioner to the Commission on Accreditation for Law Enforcement Agencies in November of 1992. He has served on the Outreach, Legislation, and Standards Review and Interpretation committees. Presently Chief Miller is Chairman of the Commission.

#### Professional Associations

Chief Miller is past President of both the North Suburban Chiefs of Police and the Greater Cook County Council of Chiefs. He also served as Chairman of the Crime Prevention Committee of the International Association of Chiefs of Police. Chief Miller has served as a member of the Executive Committee of the Illinois Association of Chiefs of Police, serving as Chairman of the TRIAD Committee on Crime and the Elderly. Chief Miller also served as Chairman of the Northwest Municipal Conference Joint Fire & Police Recruitment and Testing Consortium.

#### Education

Chief Miller received his Master of Science Degree and His Bachelor of Science Degree with Honors from the School of Criminal Justice, Michigan State University.

#### Personal

Chief Miller and his wife are residents of Elgin. They have three grown children and five grandchildren. Chief Miller is a Deacon with the Archdiocese of Chicago.



**Mitchell, Bettye**

Bettye M. Mitchell is responsible for the program and policy development that guides the delivery of Adult Protective Services (APS) in the state of Texas. APS in Texas encompasses the protection of vulnerable adults in their own homes and in unlicensed personal care facilities, as well as persons served by institutions and community centers operating through the Texas Mental Health Mental Retardation system. In fiscal year 2000 the program's budget for direct and purchased services exceeded \$33 million.

She has over 24 years experience working with elderly persons and with adults with disabilities, beginning her employment with the Texas Department of Human Services in 1978 as a social worker in Community Care for the Aged and Disabled (CCAD). Bettye was one of the first CCAD workers to specialize in APS after the passage of enabling legislation in 1981. She was promoted to the level of APS supervisor before transferring to Austin in 1991. Bettye was responsible for leadership in the development of a Texas Adult Protective Services statewide training program. She left that position in September 1993 to become regional director for APS in a thirty-county area of Central Texas, and was promoted to Director of APS statewide in April 1996.

Bettye received a BA in Political Science and Sociology with a minor in Spanish and an MA in Interdisciplinary Studies (Psychology, Political Science, and Sociology) from the University of Texas at Tyler. Bettye speaks, facilitates, and trains on the topics of aging, motivation, and elder abuse. She is a Board Member of the National Committee for the Prevention of Elder Abuse, the President-Elect of the National Association of Adult Protective Services Administrators, and a board member of the Texas Guardianship Alliance Board. She is the president of the Austin Metropolitan Optimist Club and a member of the Arlegardes Civic and Culture Club of Tyler, Texas. She served on the International Advisory Committee for a project, originated in Japan, to develop and disseminate a Professional Capability Evaluation Protocol in Health and Social Services. She is lead author of the chapter, "Issues in the Provision of Adult Protective Services to Mexican-American Elders in Texas," in the book, *Understanding Elder Abuse in Minority Populations*, edited by Dr. Toshio Tatara.

**Mosqueda, Laura**

Laura Mosqueda, M.D., is a board-certified geriatrician and family physician. Dr. Mosqueda is the Director of Geriatrics at the University of California, Irvine College of Medicine where she is also an Associate Clinical Professor in Family Medicine. Dr. Mosqueda served as the co-chief of the Elder Abuse Domain of the California Medical Training Center where she was responsible for creating and implementing courses designed to train physicians and health care professionals in the medical forensic aspects of elder abuse. She also serves as the co-director of the Rehabilitation Research and Training Center on Aging with a Disability, at Rancho Los Amigos National Rehabilitation Center. Dr. Mosqueda is the principle investigator of a three-year project to create, implement, and evaluate an interdisciplinary elder abuse medical response team. This team works closely with Adult Protective Services, law

enforcement, and the district attorney's office in addressing the abuse and neglect of older adults and adults with disabilities.

**Nerenberg, Lisa**

Lisa Nerenberg is a consultant in private practice. Until recently, she directed the San Francisco Consortium for Elder Abuse Prevention at the Goldman Institute on Aging, a program that has been acknowledged as a national model of coordinated service delivery. She has conducted hundreds of training sessions on elder abuse and neglect, given keynote addresses, and delivered presentations at dozens of national professional forums. She has authored numerous chapters, articles, manuals, and training curricula on a variety of topics related to elder abuse, including coalition building, prosecution of abuse cases, undue influence, financial abuse, victim services, culturally specific outreach, older battered women, multidisciplinary teams, mental health issues in elder abuse, Adult Protective Services, and others. She edits NCPEA's newsletter, *nexus*, which focuses on cutting-edge practice in the field. She has testified before subcommittees of the United States Senate and provided consultation and technical assistance to dozens of local and state level organizations across the United States and Canada.

Current activities include providing consulting services to the National Committee for the Prevention of Elder Abuse (NCPEA), preparing background materials for the National Center on Elder Abuse's (NCEA) policy summit, and developing a curriculum on elder abuse for law enforcement under contract to the United States Department of Justice.

**O'Neill, Sandy**

I earned my doctorate in Social and Cultural Anthropology in 2000 and my MA in Social and Clinical Psychology in 1994. I am employed as a research associate at the World Institute on Disability, a policy, research, and advocacy organization in the Health and Long Term Services section. My current project is a profile of the planning processes to implement the Supreme Court's Olmstead decision in 5 states. I have been involved in multi-cultural or diversity education efforts for more than 10 years.

**Polley, James**

James D. Polley, IV, has been director of government affairs for the National District Attorneys Association (NDAA), headquartered in Alexandria, Virginia, since 1994.

He joined NDAA after 24 years of Army service, much of it in a succession of diversified and increasingly major assignments as an officer in the Army's law branch - the Judge Advocate General's Corps. A onetime infantry officer in Vietnam, Polley transferred from the infantry to the Judge Advocate General's Corps after receiving his law degree and retired with the rank of colonel.

His last Army assignment was as Staff Judge Advocate of the 5th U.S. Army at Fort Sam Houston, Texas, where he was responsible for legal support in a military jurisdiction that covered eight states. Earlier assignments were as Staff Judge Advocate

for the Combined Field Army, Republic of Korea (1989-1991); Staff Judge Advocate at Fort Sam Houston (1987-1989); Deputy Staff Judge Advocate at III Corps and Fort Hood, Texas, (1984-1987); deputy legal advisor to the inspector general of the Army (1980-1983); and chief, criminal law and staff attorney for the 8th Infantry Division, Germany.

His practice has included criminal investigations and prosecution in both military and federal court systems and an administrative law practice that included environmental compliance, labor and personnel law, FOIA/PA, fiscal issues, military support to civil authorities and disaster relief.

A 1968 graduate of Virginia Military Institute, Polley received an M.S. degree in systems management from the University of Southern California in 1974 and his Juris Doctor degree from the University of Tulsa College of Law in 1977. He also is a graduate of the U.S. Army War College. He has been admitted to practice in Oklahoma and before the U.S. Supreme Court.

Polley attended law school after service in Vietnam as an infantry officer. After receiving his law degree he spent the remainder of his Army service in the Judge Advocate General's Corps.

He holds two Legion of Merit medals, the Bronze Star, four Meritorious Service Medals, the Air Medal, the Combat Infantryman's Badge, the Ranger Tab and parachute wings.

### **Quinn, Kathleen**

Kathleen Quinn's experience and interests focus on family violence in all its forms. She currently works in the field of elder abuse and neglect, transferring her long experience in domestic violence to addressing the mistreatment of older persons.

Ms. Quinn is currently the Chief of the Bureau of Elder Rights for the Illinois Department on Aging. In that capacity she is responsible for the Department's elder rights programs, including the Elder Abuse and Neglect Program, the Long Term Care Ombudsman Program, and the Legal Services Development Program.

Prior to her ten years with the Department, Kathleen served for several years with the Illinois Coalition Against Domestic Violence, a statewide network of programs for battered women and their children. She also has experience in services for troubled youth, and is completing a Master's Degree from the University of Illinois in Springfield in domestic violence studies. For the past several years, she has written the lead articles for the Illinois Coalition Against Sexual Assault newsletter, thus expanding her knowledge of sexual abuse issues. She is the immediate past President of the National Association of Adult Protective Services Administrators, a board member of the National Committee for the Prevention of Elder Abuse, as well as a member of the Illinois Family Violence Coordinating Council, the Illinois Department of Human Services' Domestic

Violence Advisory Council, the Illinois State TRIAD Council, and was a founding board member and secretary of the Illinois Center for Violence Prevention.

**Quinn, Mary Joy**

Mary Joy Quinn has employed by the San Francisco Superior Court, Probate Court since 1977. Initially she served as a conservatorship court investigator. In 1989, she was appointed to the newly created position of Director of the Probate Department. Ms. Quinn holds a bachelor of science from the University of Oregon and a master's degree from the University of San Francisco. As the manager of the Probate Court, Ms. Quinn is responsible for coordinating the work load which includes conservatorship investigations of adults, guardianship investigations of children, handling of decedent estates and trust matters. She supervises 5 examiners and 8 investigators in addition to support staff.

Elder abuse and neglect are seen on a daily basis in Probate Court. Ms. Quinn has developed policies and procedures to deal with the issues in the judicial system. She has promoted input to the Probate Court from community agencies. She is currently developing a curriculum for Superior Court judges on elder abuse and neglect. She is the "hands on" founder and coordinator of three volunteer programs: mediation, guardianship supervision and conservator education. Ms. Quinn has served on California Judicial Council committees to develop education materials for conservators and guardians. She serves on the California Administrative Offices of the Courts' Joint Guardianship Work Group. In 2001, she was appointed by Chief Justice Ronald George to serve on the newly created Judicial Council Probate and Mental Health Advisory Committee. She is a lifetime member of the National College of Probate Judges.

Ms. Quinn is published widely in the field of elder abuse and neglect. In 1986, she co-authored the first clinical text on the subject with Susan Tomita. That text is now in second edition. She contributes to each edition to the Encyclopedia on Aging on the subject of elder abuse and neglect. Recent publications have focused on undue influence. Ms. Quinn lectures locally and nationally on the subject of elder abuse and neglect as well as conservatorships.

**Ramsey-Klawnsnik, Holly**

Holly Ramsey-Klawnsnik earned her Ph.D. in Sociology from Boston University (Program in Applied Social Science, 1985), her Master's degree in Human/Social Services from Antioch University (1979) and her B.A. in Psychology from the State University of New York at Albany (1972). She holds a Certificate in the Study of Aging from the Boston University Gerontology Center. She is a Sociologist, Licensed Marriage and Family Therapist, and Licensed Certified Social Worker, and provides training and consultation services from the practice of Klawnsnik and Klawnsnik, Psychotherapy Associates, in Canton, Massachusetts.

Dr. Ramsey-Klawnsnik has worked with cases of family and interpersonal violence for over twenty years. She has performed court-appointed investigations, conducted

forensic evaluations of victims and perpetrators, served as an expert courtroom witness, provided clinical consultation to mental health clinicians and agencies, and treated victims and perpetrators of abuse. She authored a number of training curricula, developed in-service training programs for numerous child and adult protective services systems, and contracts with the Massachusetts Executive Office of Elder Affairs to develop and deliver basic and advanced training programs for Elder Protective Services staff.

Dr. Ramsey-Klawnsnik holds academic appointments at the Smith College School for Social Work and the Boston University Gerontology Center. She has conducted quantitative and qualitative research on child and elder abuse. She has authored over 20 publications, serves on the editorial board of several professional journals, and is a board member of the National Committee for the Prevention of Elder Abuse.

### **Raymond, Jane**

Jane Raymond is the Wisconsin Bureau of Aging and Long Term Care Resources' Advocacy and Protection Systems Developer. During the past several years, she has worked at the state level to further develop domestic abuse, elder abuse, adult protective services and aging network responses to vulnerable adults. She is currently the Co-Chair of the Adult Protective Services Modernization Project, which is an initiative of the Wisconsin Department of Health and Family Services. The project is designed to examine Wisconsin's existing adult protective services and elder abuse reporting systems, including all relevant laws and regulations, to recommend ways to better protect and serve vulnerable adults across the life span regardless of where the individuals reside.

Before assuming her current position, Ms. Raymond served for three years as the Bureau's Legal Services Program Developer and for five years as the Bureau's Elder Abuse Specialist. She began her professional career as the Protective Services Specialist for the Suburban Cook County (Illinois) Area Agency on Aging. Ms. Raymond has her M.S. in Corrections from Xavier University in Cincinnati, Ohio.

### **Rosen, Anita**

Anita L. Rosen, MSW, Ph.D. is the Director of Special Projects at the Council on Social Work Education (CSWE) and Project Manager for the John A. Hartford Foundation of New York City's SAGE-SW gerontology initiative at CSWE. CSWE is the national accrediting body for all social work education programs in the United States. Dr. Rosen represents CSWE to other associations, government agencies and professional organizations, and takes major responsibility to strengthen social workers' capacity to serve a growing aging population. SAGE-SW activities include national assessment of the current state of social work and aging, development of materials to infuse aging content into social work foundation curriculum for all social workers, and faculty training. Dr. Rosen also serves on the Executive Committee of the National Coalition on Mental Health and Aging, the Association for Gerontology Education in Social Work, the

Steering Committee of the Mental Health and Aging Network of the American Society on Aging, and is an Editorial Reviewer for the Journal of Gerontological Social Work.

Prior to her work at CSWE, she was the Senior Staff Associate for Aging at the National Association of Social Workers, where she was responsible for policy and practice issues for aging and long-term care, and was a delegate to the 1995 White House Conference on Aging. She has served on expert panels and committees for government agencies such as HFCA, SAMSHA, AHRQ, and the Centers for Mental Health Services. Other work experience includes 14 years of full-time teaching and 5 years of adjunct status in social work and health care administration. She is currently an Adjunct Professor at the University of Maryland Graduate School of Social Work serving on doctoral committees. She also has experience in public health and international health care financing and management.

Dr. Rosen is the author of over 40 journal articles, book chapters or textbooks and has presented over 60 symposia, papers or workshops at major national meetings, including the Council on Social Work Education, the American Public Health Association, the National Council on the Aging, Gerontological Society of America, and the American Society on Aging. Her primary areas of expertise are long-term care services and financing, community-based services, interdisciplinary training, gerontological social work education, and mental health and aging policy.

### **Schneider, Steve**

Stephen Schneider currently works as the Criminal Justice Liaison for the Oregon Seniors and People with Disabilities Division. In this capacity, Mr. Schneider works on a number of elder abuse related projects including work on a U.S. Department of Justice grant relating to the financial exploitation of seniors and a program focused on victim intervention of the elderly. He is producing a video on elder abuse and neglect for law enforcement jurisdictions throughout the country. Additionally, Mr. Schneider has developed a statewide program to create community based elder abuse multidisciplinary teams comprised of law enforcement, prosecutors, adult protective service workers, domestic violence/shelter advocates and other parties.

Mr. Schneider served as an Oregon Assistant Attorney General for several years. He helped create, and currently co-coordinates, the activities of the Attorney General's Task Force on Elder Abuse. He has been an instructor to law enforcement, financial institutions and senior advocates regarding elder abuse. Mr. Schneider served as a White House delegate to the most recent White House Conference on Aging, and has testified before the Oregon legislature and U.S. Congressional committees on the issue of elder victimization.

Mr. Schneider is a member of the Oregon and Washington, D.C. Bar Associations, and has served as an elections official for the National Democratic Institute for International Affairs in Bosnia, Macedonia and Yemen.

**Scott, Carol**

Carol is the Missouri Long-Term Care State Ombudsman. She has been in this position since 1989. Prior to being the State Ombudsman, Carol was the legislative liaison for the Division of Aging. She was a budget analyst for the Division of Medical Services (Medicaid Program) for two years.

Carol is the President of the National Association of State Long-Term Care Ombudsman Programs (NASOP). She is a member of the Professional and Technical Advisory Committee on Long-Term Care and Assisted Living for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), a member of the Community Outreach Education Committee for the Missouri Patient Care Review Foundation, and is a past President of Missouri Volunteer, a statewide organization representing directors of volunteer programs.

She is an elder at the First Presbyterian Church, Jefferson City, Mo. Carol is the Executive Production Manager (volunteer position) for the Little Theatre of Jefferson City. She was on the board for the Central Missouri Food Bank from 1996 to 1999 and is a past President of River City Habitat for Humanity. She has a BS in Public Administration from the University of Missouri-Columbia, MO.

**Seemann, Robert**

Robert J. Seemann, LCSW, ACSW, DCSW is the State Director of the Elderly Protective Service Program for the Governor's Office of Elderly Affairs in the State of Louisiana. He received bachelor and masters degrees from Louisiana State University and has completed doctoral studies in gerontology. He is a licensed clinical social worker in Louisiana and Mississippi, a licensed private investigator in Louisiana, a member of the Academy of Certified Social Workers and a Diplomate in Clinical Social Work sponsored through the National Association of Social Workers. At the present time, Mr. Seemann is the Southwest Regional Representative for the National Association of Adult Protective Services Administrators (NAAPSA). Mr. Seemann is a regular presenter at local, state and national conferences on elder abuse issues. He is also a speaker on the positive benefits of utilizing humor in the workplace.

**Sheridan, Daniel**

Dr. Dan Sheridan is an Assistant Professor in the Johns Hopkins University School of Nursing, where he is developing a forensic nursing clinical specialist program.

Dr. Sheridan is also an Abuse Investigator with the Oregon Department of Human Resources Mental Health and Developmental Disabilities Division, where he serves as an investigator, consultant, and expert witness for abused institutionalized people with profound cognitive and physical disabilities.

Dr. Sheridan owns and operates a home-based consulting and educational practice as a Family Violence Consultant and Forensic Nurse Clinical Specialist. Dr. Sheridan has 20 years experience working with survivors of domestic and family violence and has

created and managed two hospital-based family violence intervention programs, the first in Chicago, Illinois and the second in Portland, Oregon.

Dr. Sheridan has published more than 15 clinical and research articles on nursing's role in abuse and forensics and has given over 400 invited lectures on these topics nationally and internationally.

Dr. Sheridan is the past-president of the Oregon Coalition of Forensic Nurses and is also very active in the International Association of Forensic Nurses. He chairs the Emergency Nurses Association's Forensic Nursing Special Interest Group. He served on the Board of the Nursing Network on Violence Against Women, International for over six years and is a founding member of the Nursing Research Consortium on Violence and Abuse. The title of Dr. Sheridan's dissertation research is, "Measuring Harassment of Abused Women: A Nursing Concern."

### **Snyder, David**

I have been involved in emergency medical services for 21 years. I have been a Paramedic with the Baltimore County Fire Department in Baltimore, Maryland for the past 15 years. I hold a bachelor of science degree in Emergency Health Services and am completing a master's degree in gerontology. I am the lead author of *Geriatric Emergency Medical Services*, a text for prehospital care providers, to be published in 2002. I am currently working with the National Center on Elder Abuse to develop a national training curriculum for emergency medical services providers on elder abuse.

### **Snyder, Joe**

Joe has been the Director of Older Adult Protective Service at Philadelphia Corporation for Aging since 1993. He worked in mental health and mental retardation prior to his experience in long-term care and he was a charter member of the Older Persons with Mental Retardation Sub-committee for the state of Pennsylvania. Joe also served on the Pennsylvania Attorney General's Task Force for the Protection of Older Pennsylvanians.

Joe is currently a member of the statewide protective service task force as well as the southeastern Pennsylvania regional protective service group. He is also a member of the Board of Directors for the National Association of Adult Protective Services Administrators as well as serving as the Regional Representative for Northeastern United States Region II.

### **Sotomayor, Marta**

Marta Sotomayor is president and CEO of the National Hispanic Council on Aging, a membership based advocacy organization with chapters and affiliates throughout the country. She has experience in the public and private sectors, academia and the non-profit and corporate sectors. She was Associate Administrator, Administration for Mental Health, Drug Abuse and Alcohol; Chief of Graduate Programs at the National Institute of Mental Health; Senior Staff at the U.S. Department of Health and Human Services Task



Force on Minority Health; and Assistant Dean and Associate Professor at the University of Houston.

Dr. Sotomayor serves on boards of agencies, task forces and commissions at local, state and Federal levels, including the President's Commission on Mental Health, Secretary of the U.S. Task Force on the Rights and Responsibilities of Women, the U.S. Commission to UNESCO, and is an advisor to the W.K. Kellogg Foundation National Leadership Program. She was appointed by President Clinton to the White House Conference on Aging Policy Board, and she served three terms as Vice Chair of the Maryland's Commission of Hispanic Affairs. She serves on HABITAT II's National Preparatory Committee and was appointed by the Secretary of the U.S. Department of Housing and Urban Development to the official U.S. delegation to the conference in Istanbul, Turkey.

Dr. Sotomayor is a graduate of the University of California at Berkeley, has an MSS from Smith College and a Ph.D. from the University of Denver. She has written a number of publications including *Empowering Hispanic Families; The Hispanic Elderly: Issues and Solutions for the 21st Century; In Triple Jeopardy: The Hispanic Older Woman; The Hispanic Elderly: A Cultural Signature*, and her most recent, *La Familia: Traditions and Realities*.

### **South, Ken**

Rev. South is currently a Senior Fellow with the Policy Institute of the National Gay & Lesbian Task Force in Washington, D.C. He directs its national Aging Initiative and staffs its National Religious Leadership Roundtable, a coalition of national GLBT religious groups.

For ten years previous to this work, Rev. South was Executive Director of the AIDS National Interfaith Network, a coalition of over two thousand AIDS ministries. Prior to this position he was the Director of the AIDS Education and Research Division of the Koba Institute of Washington, D.C., where he was the principal investigator for an AIDS prevention study of IV drug users in San Juan, Puerto Rico; Laredo, Texas; and San Diego, California.

In the fall of 1987 Rev. South moved to Washington, D.C. to assist Dr. Frank Lilly, a Commissioner on the President's Commission on the HIV Epidemic.

From 1984 to 1987 he was the Executive Director of AID Atlanta.

A native of Long Island, New York, Rev. South received his B.A. from Salem College, in 1969. His Master of Divinity degree is from the Methodist Theological School in Ohio, including one year of study at New College of the University of Edinburgh, Scotland. He was ordained by the United Church of Christ in 1972. His ministry included ten years of community organizing for the Christian Activities Council of Hartford, Connecticut where he was a co-founder of Horace Bushnell Congregate Homes.

**Stanford, E. Percil**

Dr. E. Percil Stanford began his career at Iowa State University where he taught and received his Ph.D. in Sociology with an emphasis in Gerontology. After leaving Iowa, he worked in the Administration on Aging as the Associate Director for the Education and Training Program and helped establish the first University based education and training programs. He then received a Congressional Fellowship and worked as Staff Consultant to Congresswoman Shirley Chisholm and Senator Alan Cranston focusing on issues related to Veterans Affairs, Retirement and Pensions. Upon returning to the Department of Health and Human Services, he worked in the office of the Secretary as an Operations Officer, responsible for oversight of Social Rehabilitation Programs in Federal Regions IV and VI. In 1972, Dr. Stanford went to San Diego State University where he is now Professor of Gerontology and Director of the University Center on Aging. During the past two and a half decades, he has been an active leader in numerous professional organizations and appointed to several commissions and taskforces including White House Conference on Aging Planning Councils. Journal articles, books and book chapters authored and co-authored by Dr. Stanford have covered a wide range of topics with core themes on Health Status, Retirement, Ethnicity and Diversity, Elder Abuse and Education, and Training. He has received numerous awards and citations for teaching, research and service.

**Stein, Karen**

Karen F. Stein, Ph.D., is Chair of the Department of Consumer Studies at the University of Delaware, serves as Director of the Clearinghouse on Abuse and Neglect of the Elderly (CANE), and leads University of Delaware activities for the National Center on Elder Abuse, including directing the National Center on Elder Abuse Leadership Institute. She has been involved in U.S. Administration on Aging elder abuse projects since 1986. Dr. Stein has published more than 20 articles, book chapters and monographs primarily in the area of gerontology, presented papers at more than 30 national and international conferences and professional meetings, has been an invited speaker at adult protective services conferences on topics involving the application of research results to practice, and has served on a number of national advisory boards of organizations conducting elder abuse projects.

Dr. Stein is a Fellow of the Salzburg Seminar, and participated in the Seminar's session on "The Challenges of An Aging Society", held June 1998 in Salzburg, Austria.

Dr. Stein received her PhD from the College of Urban Affairs and Public Policy at the University of Delaware in 1984. She is responsible for the academic program on Leadership at the University of Delaware.

**Stiegel, Lori**

Lori A. Stiegel, Associate Staff Director of the American Bar Association Commission on Legal Problems of the Elderly in Washington, D.C., is the author of "Elder Abuse in the State Courts -- Three Curricula for Judges and Court Staff" and "Recommended

Guidelines for State Courts Handling Cases Involving Elder Abuse.” She is currently directing three projects on elder abuse and older battered women with funding from the Department of Justice, as well as the Commission’s activities in its role as a partner in the National Center on Elder Abuse funded by the U.S. Administration on Aging. She serves on the Board of Directors of the National Committee for the Prevention of Elder Abuse and is an appointed member of the District of Columbia Commission on Violence Against Women. During the past nineteen years she has presented at numerous national, regional, state and local conferences and published on the topics of elder abuse, guardianship and its alternatives, and other legal issues affecting older persons.

**Teaster, Pamela**

Pamela B. Teaster earned her doctorate in Public Administration and Public Affairs and the Graduate Certificate in Gerontology from Virginia Polytechnic Institute and State University. She is an Assistant Professor/Extension Specialist in Gerontology at Virginia Tech. She serves on the Editorial Board of the *Journal of Applied Gerontology* and is the Vice President of the National Committee for the Prevention of Elder Abuse. She is the Secretary of the Southern Gerontological Society and the Vice Chair of the Virginia Governor’s Public Guardian and Conservator Advisory Board. Current research projects include a statewide evaluation of public guardian and conservator programs, outcomes of involuntary Adult Protective Services, patterns and interventions of victimization against older women, and the sexual abuse of older and disabled adults. Dr. Teaster has recently published articles in *The Journal of Applied Gerontology*, *The Journal of Ethics, Law, and Aging*, *Educational Gerontology*, and *Gerontology and Geriatrics Education*.

**Thomas, Natalie**

Natalie Thomas is a licensed attorney and has been the State Legal Services Developer with the Georgia Department of Human Resources’ Division of Aging Services since December 1993. She develops and manages the Georgia Elderly Legal Assistance Programs (ELAP), the state’s Older Americans Act Title III-B legal programs and supports the state’s elder rights programs and aging network. She is a member of the American Bar Association, the National Academy of Elder Law Attorneys, Chair of the National Association of Legal Services Developers, the Georgia State Bar Young Lawyers Division’s Elder Law Committee, the Elder Law Section of the State Bar and a Commissioner with the ABA’s Commission on Legal Problems of the Elderly. Natalie is a frequent presenter and trainer on elder law, elder abuse and ethics and professionalism in working with the elderly and develops educational brochures and pamphlets.

**Thomas, Randy**

Randolph W. Thomas has been the Section Coordinator for the Domestic Investigations and Behavioral Science Units at the Criminal Justice Academy, South Carolina Department of Public Safety for the past 14 years. He has over twenty-three years of law enforcement experience, primarily in the area of investigations, and has developed and presented training material relating to the investigation of child and elder abuse and

juvenile crime. He is responsible for instruction in the areas of juvenile delinquency, family violence and investigations. Mr. Thomas is also the Project Director for the Academy's domestic violence training grant. He is a member of the South Carolina Adult Protection Coordinating Council and has served on a number of committees in the area of Elder Abuse. He has assisted in the review of domestic violence/elder abuse material for the American Bar Association. He is also an adjunct instructor at the University of South Carolina, College of Criminal Justice and teaches courses in juvenile delinquency and child abuse. Mr. Thomas also presents training to law enforcement and social service personnel in the area of elder abuse investigations throughout the United States. He received his undergraduate degree in Political Science from Chaminade University (Honolulu) and his Master's degree in Political Science from the University of South Florida.

**Twomey, Mary**

Mary Twomey, MSW, is the Director of the San Francisco Consortium for Elder Abuse Prevention, a program of the Institute on Aging. The Consortium is comprised of 50 private and public agencies working together to fight elder abuse.

Prior to joining the Consortium, Mary worked as Director of Social Services at the Volunteer Legal Services Program of the Bar Association of San Francisco. From 1987 to 1999 she worked for the American Association of Retired Persons (AARP) in Washington, DC. At AARP Mary coordinated the National Guardianship Monitoring Program of AARP's Legal Counsel for the Elderly Department.

**Vinton, Linda**

Linda Vinton earned her Ph.D. in social welfare from the University of Wisconsin in 1988. Prior to that she worked in domestic violence shelters in Washington, D.C. and Missouri and was an Adult Protective and Adult Services worker in Maryland and Wisconsin. Her dissertation looked at factors associated with elders refusing services where abuse had been substantiated.

Dr. Vinton has been a professor at Florida State University since 1988 where she teaches gerontology courses. From 1989 to 1993 she served as a Long-Term Care Ombudsman. Dr. Vinton has published articles on elder self-neglect, elder abuse, and elder domestic violence in numerous journals. Most recently she coordinated efforts of the Florida Department of Elder Affairs, Florida Coalition Against Domestic Violence, and Florida State University Institute for Family Violence Studies to make Florida's domestic violence centers "elder ready." Model policies, a training curriculum for case managers on elder domestic violence, and a report and plan for replication of a collaborative project between a domestic violence center and lead aging agency were developed.

**Ward, Sue**

Sue Fryer Ward serves as the first Secretary of the Maryland Department of Aging, appointed by Governor Parris N. Glendening in 1995. Prior to that she was Director,

Prince George's Department of Family Services and earlier, the Department of Aging. The Maryland Department of Aging is the designated agency of state government to receive federal and state funds on behalf of older people and to channel those funds to 19 Area Agencies on Aging throughout the State.

Born in Albuquerque, New Mexico, Ms. Ward completed high school in Washington, D.C. Undergraduate studies at The College of William and Mary in Virginia and the American University of Beirut, Lebanon, were followed by graduate work in Social Work at McGill University in Montreal, P.Q. and the University Of Utah in Salt Lake City. She received her B.A. in 1957 and her M.S.W. in 1961.

Sue is a member of the Academy of Certified Social Workers, is licensed as a Certified Social Worker and is a Diplomate in Clinical Social Work, certified by the American Board of Examiners in Clinical Social Work. She is a member of the Board of Directors of the National Association of State Units on Aging and is a Commissioner of the American Bar Association Commission on Legal Problems of the Elderly.

#### **Washington, Dawn**

Dawn Washington is the Program Manager for the Elder Rights and Advocacy Section of the Georgia Division of Aging Services. She is responsible for managing elder abuse and fraud prevention activities and coordinating the efforts of elder rights programs. Dawn also serves as the minority coordinator at the Division of Aging Services and collaborates with several minority organizations in Georgia to enhance outreach to older and disabled African Americans. A consumer advocate, she has worked with Former President Carter's Atlanta Project Common Access Task Force to develop a "one stop" eligibility process for individuals to apply for public benefits and currently works on Medicare and Medicaid fraud and abuse issues as a member of the Georgia Consumer Task Force where she developed a train the trainer module on health care fraud, waste and abuse. From March, 1993 until November, 1998, she served as the State Program Director for the Health Insurance Counseling, Assistance and Referral for the Elderly (HICARE). HICARE provides health insurance counseling to older and disabled Georgians and advocates on behalf of change in systems which provide services to these individuals. Dawn has a B.A. from Colby College, Waterville, Maine and two years graduate studies at Clark Atlanta University.

#### **Watson, Thelma Bland**

Thelma Bland Watson currently serves as the Executive Director of Field Services with the National Committee to Preserve Social Security and Medicare, one of the nation's leading citizens education and advocacy organizations. The National Committee is a private non-profit organization with millions of members and supporters nationwide. The National Committee's mission is to protect the health, financial security and overall well-being of current and future generations through legislative advocacy in Washington, DC and in local communities throughout the United States. The overall goal of the National Committee is to protect Social Security, Medicare and related programs.

Prior to joining the National Committee in 1997 as Director of Grassroots Outreach Services, Dr. Watson served as Commissioner of the Virginia Department for Aging from 1990 to 1997 under Governor L. Douglas Wilder and Governor George Allen. Before serving as Commissioner for Aging, Dr. Watson served as Acting Commissioner from November 1989 until January 1990 under Governor Gerald Baliles and was Deputy Commissioner from June 1988 until November 1989. Before joining state government, she was the Deputy Director of the Crater District Area Agency on Aging in Petersburg, VA for eight (8) years. She worked with the Crater Planning District Commission and its member local governments in several positions related to aging, human services and human resources from 1972-1980. She has served on numerous local, state and federal boards and advisory councils.

Dr. Watson is a native of Virginia who now resides in Fredericksburg and Petersburg, VA. As Executive Director of Field Services for the National Committee she is responsible for overseeing the work of the Offices of Community (Grassroots) Outreach Services, Multiculturalism and Diversity, Member Relations and various support services.

A gerontologist and public administrator, Dr. Watson received her doctorate degree in Public Policy and Administration from Virginia Commonwealth University (VCU). She also obtained a graduate degree in Gerontology from VCU and undergraduate degree in Sociology/Social Work from Virginia State University. Additionally she completed the Virginia Executive Institute.

**Wright, Kathy**

Ms. Wright is a Victim-Witness Senior Specialist with the Cook County [Illinois] State's Attorney Office.

**Zammuto, Mark**

Mark Zammuto is an Assistant Attorney General with the Office of the Attorney General for Colorado. Mr. Zammuto is one of two attorneys in the Colorado Medicaid Fraud Control Unit. Mr. Zammuto received his B.S. in Accounting from Northern Illinois University in 1982 and his J.D. from the University of Colorado in 1985. Mr. Zammuto worked as a Certified Public Accountant before joining the Office of the District Attorney for the 20th Judicial District of Colorado in 1989. In his ten years with the District Attorney's Office, Mr. Zammuto was involved in the prosecution of all types of criminal cases. In 2000, Mr. Zammuto was awarded the Boulder County Victim Advocacy Award for service to victims of crime. Over the course of his career, Mr. Zammuto has been involved in law enforcement training and teaching at the Colorado State Patrol, the Boulder County Sheriff's Office, the Colorado Division of Wildlife and the University of Colorado at Denver. In 2000, Mr. Zammuto joined the Colorado Medicaid Fraud Control Unit. As part of the unit, he prosecutes Medicaid fraud and elder abuse cases.

**Zoesch, Sharon**

Sharon Zoesch has over 20 years of experience in the field of aging. After a social work degree from St. Cloud State University in Minnesota and a year as a VISTA volunteer working with Lakota Indians, Sharon began working with the Eastern Washington Area Agency on Aging in Spokane, WA. For five years she negotiated and managed contracts for in-home services for elderly living in a five county region. For the past 18 years Sharon has worked for the Minnesota Board on Aging. She has worked primarily on long term care and elder rights policy issues as a contract manager, policy analyst, assistant ombudsman and since 1994 as the State Long-Term Care Ombudsman for Minnesota. In this role she is responsible for an expanded ombudsman program which serves people receiving in-home services, Medicare beneficiaries with hospital complaints and those living in all types of residential long term care settings. Minnesota's ombudsman services include public and provider education, individual consultation, complaint resolution services and policy advocacy for consumers.

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**Dedication:** The Summit was dedicated to the memory of Rosalie S. Wolf, Ph.D., leader and inspiration to the field of elder abuse.

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