

LEG. FINANCE - BILLS 1983 - 1984 2027
CSSB 122 cont. - SB 122 2027

Abusers cannot interfere

In some abuse cases, an abuser may refuse to allow anyone to visit the person being abused. In such instances the Department of Social Services may petition the court for a warrant. The Department may also petition the court to forbid anyone from interfering with the delivery of services to the elderly person.

If an older person is unable to give consent

If a case is one of self-neglect or self-abuse and the older person is unable to give consent for assistance, the Department of Social Services may initiate proceedings to provide the necessary protective services.

When the police are involved

In some instances it is necessary for the police to become involved in protective cases. If a police officer believes that an older person is in immediate danger, he or she may arrange for that person to be taken to a medical facility for emergency treatment. If the police officer is barred from entering by someone in the home, the officer may apply for a court warrant to enter and remove the elderly person to the medical facility.

When medical treatment is necessary

Sometimes when an elderly person has been admitted to the hospital as a result of abuse, the relative or guardian refuses to give consent for medical treatment and the elderly person himself is unable to give consent. In these cases the head of the medical facility may file a court petition for authorization of treatment, and the court may appoint a temporary guardian to oversee the treatment. In life-threatening situations in which immediate medical treatment is needed, such treatment may be given by the facility before a court hearing is held.

Once again, it should be emphasized that the rights of the competent elderly person shall be maintained—and these rights include the right to refuse medical care on the basis of religious faith or conviction.

Characteristics of abusers and abused

To prevent incidents of abuse it is necessary to understand the common characteristics of abusers, the abused, and situations in which abuse is most likely to occur.

The abused and their situations

The older the individual the more likely he or she is to be abused; reported cases of abuse are most common among people over 75 years of age. Persons become not only physically weaker with age but also more psychologically dependent due to such aging-related changes as loss of usefulness, loss of social standing, and loss of contact with friends. Since some older persons are not only weak but also physically or mentally impaired, they are sometimes treated as children or, even worse, as less than human. It is in such situations that abuse is most likely to occur.

Abused elderly usually are living with relatives and the most frequent abusers are the offspring. A situation in which the elderly person lives with his or her child can bring out deep-seated emotional responses in the offspring who may find it difficult to accept the parent's dependency. The parent may in turn sense this stress on the offspring's part and try to demonstrate his strength and independence by taking on tasks beyond his ability. The result is often failure, tension, and frustration. Additionally, if grandchildren are in the family, the elder may attempt to parent them, causing conflicts over discipline, household procedures, and lifestyles.

In our society, for complex and diverse reasons, abuse of the elderly is most common in white families, and females tend to be abused more than males.

While abused older persons are found among all income levels, middle-class elderly experience more abuse than upper or lower-class elderly. This can be attributed to the emphasis which the middle-class puts on the work ethic and the resultant tendency of retired persons to view themselves as useless and unproductive—a view which may be subconsciously or consciously shared by other family members. Moreover, middle-class family members are more likely to separate and live long distances from each other as the children marry and move away, often to other cities.

If elderly parents eventually come to live with their children it is often a shock for the children to observe the changes that have occurred since they last visited. To observe these changes all at once and to have to cope with them daily puts stress on both parents and children. By contrast, if a parent is living with or near the child as old age approaches, as is not uncommon in lower-class families, there can be gradual adjustments made as changes occur in the parent.

The abusers

Abusers tend to be middle-aged offspring who are looking forward to freedom and relax-

ation in the form of retirement and the departure of their own children from the home. An elderly parent moving into the household represents an intrusion into their plan, and the economic drain can be extremely stressful if there are still dependent children living at home.

Abusers tend to be female, since the responsibility of caring for an elderly parent typically falls upon a daughter. Because middle-aged women are likely to be working, many find it difficult to fit caregiving into their schedules, thus adding to the personal as well as financial pressures.

Many abusers were abused as children. On the other hand, abused elderly tend to deny that they are abused because they are ashamed to admit that their own children are abusers. They also may fear that they will be compelled to move to another setting if they report abuse, or that any complaint will lead to further abuse.

Guidelines for action

Being alert to potential abuse situations, and being willing to report abuse incidents, are two good ways to help curtail abuse in Missouri. However, further preventive measures can be taken on a community basis which would go far in this regard. The following measures are both possible and essential for the well-being of many older persons and their families.

1. Education projects should be established for the families of elderly persons, particularly middle-aged offspring who either now take care of their parents or are likely to in the future. Middle-aged children must be edu-

cated on the physical and psychological changes that come about with the aging process and the best ways of dealing with them.

2. Training projects for social service personnel should be initiated to increase their effectiveness in dealing with abuse and neglect. The training should instruct them in recognizing the signs of a potential abuse situation, and train them in early intervention and in helping both the elderly and families. Such sensitivity and alertness is especially needed in cases of frail elderly persons living alone. Service personnel in a position to observe the condition of such frail elderly include visiting nurses, county health nurses, homemaker aides, physicians, clergymen, meals-on-wheels drivers, friendly visitors, outreach workers from community agencies and county councils on aging, and so forth.
3. Networks of supportive services should be established for families and elderly who live in situations where abuse or neglect has already occurred. Such services would strive to prevent further abuse by alleviating the problems which led to the abuse.

A detailed copy of the legislation itself may be obtained by writing to the Division of Aging, P.O. Box 1337, Jefferson City, MO 65102.

Through adult education and the strengthening of community voluntary support systems, we may minimize the occasions when the law must be used. Always, but particularly in this area, an ounce of prevention is worth a pound of legal care.

AN ANALYSIS OF LAWS CONCERNING ELDER ABUSE: LRSE SUMMARY
(Alaskan statutory provisions substituted)

The following is a summary of the above referenced publication which was prepared by Legal Research and Services for the Elderly of Boston. Alaskan statutory provisions have been substituted to assist the reader to understand what legal remedies are available in Alaska.

The problem of elder abuse requires social service and legal remedies. In LRSE's view, the response models of child and spouse abuse are limited because they "have not necessarily been effective and because the elderly raise distinct issues."

The abuse elderly person is typically in a vulnerable and dependent position. The primary caretaker is often also the abuser.

I. TWO CLIENT GROUPS

- a. Those who are willing and eager to pursue on their own initiative, service provisions or a legal (criminal or civil) remedy;
- b. those who cannot or do not seek assistance and who enter the system through intervention procedures
 1. some form of State intervention may be an alternative
 2. the primary consideration is the individual's capacity to make the needed decisions.

II. RESPONSES

- a. "Responses must make available and provide accessible, effective social services, alternative housing, health care, emotional support, etc. The parameters of these options must be expanded beyond what is currently available."
- b. "Legislation, drafted to include a means for providing social and health services to the abused, must set forth the framework for procedures which can establish surrogate authority in cases where the abused elderly person lacks the capacity to consent to services or manage his/her own life and property. Concurrent with these procedures there must be protection of the due process rights of the elderly individual."

III. CRIMINAL REMEDY

- a. Filing of criminal complaint, e.g., assault; blackmail.
- b. If pursued, it should be in conjunction with a civil remedy or inclusion of protective orders during the criminal proceeding.
- c. Linkage with service provision is necessary.

IV. CIVIL REMEDY

- a. Under AS 9.55.600, "a person subjected to domestic violence may petition a superior court for injunctive relief restraining the infliction of further domestic violence against the petitioner by the respondent." (Domestic violence means a crime under AS 11.41.100 - 11.41.530 committed against a spouse, former spouse, or a member of the social unit comprised of those living together in the same dwelling as the respondent.) The order may include provisions which:
1. restrain the respondent from subjecting the petitioner to domestic violence;
 2. direct the respondent to vacate the home of the petitioner;
 3. restrain the respondent from communicating directly or indirectly with the petitioner;
 4. direct the respondent to pay medical expenses incurred by the petitioner as a result of the domestic violence.

The court must send a copy of the order to the appropriate local law enforcement agency. Peace officers shall use every reasonable means to enforce an order.

AS 9.55.610 provides for emergency injunctive relief.

- b. According to LRSE the degree of protection provided under such statutes depends on enforcement provisions. "...if protective orders are violated, the abused individual must return to court for further remedy. This not only makes the process more cumbersome, but also fails to address the need for immediate and effective protection and enforcement by the police. Particularly (sic) cases of elderly abuse, reliance on this procedure would significantly increase the difficulty on the part of any infirm individual to rely on the remedy of the law."

V. ISSUES RE LEGAL REMEDIES

"Often the elderly person will not agree to go to seek a legal remedy. Even if the individual is willing and eager to go to court, removing the caretaker from the home will require the social service system be able and willing to compensate for the lost support and assistance. Furthermore, shelters, which have been established to provide alternative housing for abuse victims often cannot meet the needs of the infirm or more dependent elder."

VI. PROTECTIVE SERVICES

The "social service agency must seek and obtain the consent of the individual before making a referral, discussing a case inter-agency, or instituting a case plan" in order to ensure the individual's right to privacy. LRSE also points out that this right which is fundamental to our legal system cannot be rationalized by the notion of the "best interests" of the client.

- a. Non-judicial alternatives for elderly persons who need assistance but who do not lack capacity:
 - 1. managing finances or access to resources
 - a. joint bank accounts, restricted bank accounts, direct deposit
 - b. representative payee for Social Security
 - 2. Power of Attorney
 - 3. Trusts
- b. Judicial Alternatives

There are three judicial alternatives in Alaska: conservatorship, guardianship and civil commitment

1. Conservatorship

- A. AS 13.26.165 states that a conservator may be appointed in relation to the estate and affairs of a person if the court determines that:
 - i. the person is unable to manage his property and affairs effectively for reasons such as mental illness, mental deficiency, advanced age, chronic use of drugs, chronic intoxications, confinement, detention by a foreign power, or disappearance; and
 - ii. the person has property which will be wasted or dissipated unless proper management is provided, or that funds are needed for the support, care and welfare of the person or those entitled to be supported by him and that protection is necessary or desirable to obtain or provide funds
- B. This may be an appropriate course of action in a case of exploitation if the elderly person lacks the capacity to manage his property.

2. Guardianship

- A. Under AS 13.26 a guardian may be appointed for an "incapacitated person," i.e., "a person whose ability to receive and evaluate information or to communicate decisions is impaired for reasons other than minority to the extent that he lacks the ability to provide for himself the essential requirements for his physical health or safety without court-ordered assistance."

- B. AS 13.26.090 states:

Guardianship for an incapacitated person shall be used only as is necessary to promote and protect the well-being of the person, shall be designed to encourage the development of

maximum self-reliance and independence of the person, and shall be ordered only to the extent necessitated by the person's actual mental and physical limitations. An incapacitated person for whom a guardian has been appointed is not presumed to be incompetent and retains all legal and civil rights except those which have been expressly limited by court order or have been specifically granted to the guardian by the court.

C. LRSE points out that this is a "drastic remedy" and "rarely constitutes the needed and least restrictive option which is required by the large class of persons in need of protective services. Agencies often look to a guardianship as a means of getting decisions made that the elderly person refuses to make. Thus, it becomes a tool to enforce the service agencies' notions of (supposedly) the 'best interests' of the client."

3. Civil Commitment

AS 47.30.655 - 47.30.915 outlines the procedure for involuntary commitment procedures for a person alleged to be mentally ill and, as a result of that condition, alleged to be gravely disabled or to present a likelihood of serious harm to himself or others.

VII. STATE INTERVENTION AND PROTECTIVE LEGISLATION

"Elder Abuse in Massachusetts: A Survey of Professionals and Paraprofessionals" conducted by LRSE indicated "that in a majority of the reported cases of abuse the elderly client is unable or unwilling to pursue a legal remedy on his/her own behalf. The survey results indicate that in a large proportion of cases a barrier to service provisions existed. The greatest percentage reported that this barrier was the refusal of the victim to acknowledge the problem or take action about it."

"The abuse, exploitation, neglect and abandonment of persons sixty and older often affects individuals who are infirm, confused and dependent. These persons may lack the physical ability or mental capacity to seek services or to consent to assistance. In such cases, remedies which require the initiation of the client are insufficient."

The issues of how and when to intervene in elder abuse cases in such cases poses a dilemma.

"Thus, is raised the classic conflict between the right of the individual to privacy and self-determination in opposition to the power of the state to intervene where state interests of protection of vulnerable persons exist.

Basic to our legal system is the individuals' right of self-determination and right to privacy. This constitutional right is an expression of the sanctity of individual free choice and self-determination as fundamental constituents of life. The individual's civil rights are not absolute or without limit. The state can and does intervene by regulation and prohibiting certain behavior. Intervention by the state results from a balancing of the state's interests against the interests of the individual to be left alone. The

parameters of state intervention are often unclear, reflecting historical and social trends,

Theoretically, state intervention occurs pursuant to two legal concepts:

- a. the police power gives the state authority to regulate activities that involve the health and safety of society;
- b. parens patriae gives the state authority to act in a parental capacity for persons who cannot care for themselves or who are dangerous to themselves.

While the state's exercise of its police powers has theoretically always been limited by the strictest of procedural safeguards in order to protect the individual from deprivation of his/her constitutional rights, the exercise of the parens patriae power has traditionally been marked by an atmosphere of informality. These informal procedures have been justified by the impression that the court's determination was to be based solely on the individual's 'best interest,' thus, eliminating the need for an adversarial process. This reasoning, although still adhered to, conflicts with reality in that the exercise of parens patriae often includes serious limitations on individual rights in the form of involuntary placement or institutionalization. Although clearly an infringement of the individual's rights, this rationale continues to enable the state to act in the supposed 'best interests' of the individual, often with minimal due process safeguards."

"The issues raised by this legislation are controversial, as well as complicated. Any discussion involves complex questions of a legal, medical and psychological nature. To these questions one brings the need for the intricate and delicate balance between the principle that society has the duty to protect those unable to protect or provide for themselves, and the constitutionally assured right of personal choice and individual freedoms.

The critical provisions of an abuse reporting and protective services law are those which determine and define how this conflict, between individual rights and state intervention, is resolved. These provisions primarily center around the definition of persons covered by the law, the standards for reporting and investigation as they affect rights of privacy and confidentiality, the right of access into private homes to investigate and to provide services, and due process safeguards in the determination and provision of involuntary services. In addition, there is the critical issue whether such laws are linked with service provision systems capable of meeting the needs of persons under the purview of the law. Further, the payment procedures for these services causes administration and legal difficulties.

Persons Covered

The premise of the protective services legislation is that persons exist in society who are unable to care for and/or protect themselves. Society, in the form of the State, as parens patriae, assumes the responsibility of this care and protection. The criteria for State intervention should clearly be one linked to the existence of abuse, neglect, exploitation and/or abandonment and a functional, mental or physical, inability to care for or protect oneself. The scope of the law and the determination of need on the part of persons covered should be defined according to this premise to

assure that vulnerable persons who are abuse victims are protected and reached by services."

VIII. LRSE STATUTORY RECOMMENDATIONS

The following are the LRSE recommendations for a protective services and abuse reporting statute:

1. The law should apply to persons sixty and over who are abused, neglected, exploited or abandoned, and to persons 18 and older who lack the physical or mental capacity to care for their basic needs and/or protect themselves.
2. Abuse includes, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caretaker of services which are necessary to maintain physical or mental health.

Neglect refers to an elderly or incapacitated person who is either living alone and not able to provide for him/herself the services which are necessary to maintain physical and mental health, or is not receiving the said necessary services from the responsible caretaker.

Exploitation refers to the act or process of taking advantage of an elderly or incapacitated person by another person or caretaker whether for monetary, personal, or other benefit, profit or gain.

Abandonment refers to the desertion or willful foresaking of an elderly or incapacitated person by a caretaker and obligations owed an elderly or incapacitated person by a caretaker or other person.

All other terms used should be clearly defined in the statute.

3. One State agency shall be responsible for developing an adult protective services program for all citizens. This designated agency or department shall provide services to persons covered by this statute.
4. A report should be required to be made by certain categories of persons, including physician, nurses, social workers, coroners, medical examiners, dentists, hospital staff, nursing home staff, home health agency and staff, home care corporation (staff and homemakers), clergy, adult foster care facility, police officers, pharmacists, etc.

Anyone of the above categories who has reasonable cause to believe or suspect that an elderly or incapacitated person has been abused, neglected, exploited or abandoned, or is in a condition which is the result of such treatment shall make a report to the appropriate agency withing 24 hours.

5. Anyone else who has 'reasonable cause to believe or suspect' may report this information to the appropriate agency.
6. The identity of the reporting person should be confidential and be disclosed only with the consent of that person or by judicial process.

A person acting in good faith who makes a report should be immune from civil and criminal liability.

7. A person required to report, but who fails to do so, should be liable for a fine of \$500 to \$1,000.
8. One State agency should be responsible for receiving and investigating all reports. Each report received should be registered by the agency with all available information from the reporter.

The agency chosen to receive and investigate reports should have a system and personnel to:

- A. receive reports 7 days a week, 24 hours a day;
- B. keep records;
- C. have knowledge of services available;
- D. have access to services;
- E. have a statewide mandate;
- F. have the ability and staff (trained) to respond quickly.

A centralized intake system should be geared into a regional response system if possible.

The investigating agency should also either provide services or coordinate service provision by subcontracting and referral. This should be determined according to existing State service systems.

9. The initial investigation should be conducted by persons trained in human services.
10. Upon receiving a report made in accord with the law, the agency should commence an investigation. This investigation should include a home visit and consultation with service agencies, and persons with knowledge of the case, (including the reporter for further information if possible and necessary). The initial investigation for verification and assessment should be completed within 72 hours. The investigator should have access to a multi-disciplinary geriatric team for consultation.
 - A. If the report is not verified, the case is closed.
 - B. If the report is verified, an assessment of the individual's functional capacity, the situation and the resources available to the person should be made by a multi-disciplinary team with expertise in the particular field of disability.
11. In conducting the investigation, the agency may seek the assistance of law enforcement officials and the courts. If access is denied to the investigator, either by the elderly or incapacitated person or a caretaker, the agency may petition for a court order to enjoin intervention with access to investigate. Such an order shall be issued upon specific facts shown that: 1) there is a reasonable cause

to suspect that the person in question is or has been abused, neglected, exploited or abandoned; and 2) access has been denied to the representatives of the agency required to investigate such reports.

12. Regulations should be promulgated which assure continuity of case management for investigation, assessment, case plan development and service provision.

13. Voluntary services shall be provided for the least restrictive alternative, client self-determination, and continuity of care.

A fair hearing procedure should be developed and implemented so that any service plan can be appealed on denial of application for specific services or for failure to provide the least restrictive alternative.

14. The department/agency should establish by regulation a sliding fee scale to be used in determining fees for services provided on a voluntary basis.

The department should maximize all available Federal reimbursements for such services. There should be no charge to the individual in question for the cost of the investigation, assessment, etc. These costs are to be borne by the State.

15. If an adult refuses services or withdraws consent, the agency must terminate intervention proceedings. This is consistent with the right of the adult to refuse treatment. The case is closed unless the department seeks to provide services pursuant to involuntary provision procedures.

16. Standards of non-emergency involuntary intervention and services provision must include the following:

A. Assessment of need and eligibility

adult refuses services
lacks capacity to consent
no one else can/willing to consent (See #22)

B. Clear and convincing evidence

C. Least restrictive alternative; non-institutional placement where possible

D. a geriatric/clinical assessment by social worker, physician, mental health practitioner, lawyer to assure appropriate case plan and placement should be required to any court order.

E. Placement shall not be made in a mental institution, nor will any proceeding be a determination of incompetency.

17. Any voluntary service provision or placement shall only be authorized pursuant to a court order after a hearing on the merits.

The adult in question shall be assured the right to counsel; if she/he is indigent, the court shall appoint counsel. The adult shall also

have the right to be present and to cross-examine the parties involved. If counsel is waived, the court shall appoint a guardian ad litem to act in the interest of the adult in question.

18. Adequate notice should be assured. At least 14 days prior to the hearing, the court should order served upon the person and any interested party, a copy of the petition and notice including an explanation of the proceedings, the date, time and location; the proposed service plan; and the rights of the adult in question at said hearing to counsel, to be present, etc.
19. The court order for any protective placement must be specific as to such placement, including reasons for finding it necessary and that it is the least restrictive alternative. This should be stated in the court record.
20. The initial care plan submitted to the court should specify details of services, medical treatment, and relocation. The court order issued should be specific as to services, treatment, placement approved.

Any modification can only be made pursuant to court order.

21. The court should limit the order to six months or less; upon court review, it can be extended for another period of time (up to six months).
22. The determination of 'lacks the capacity to consent' should be made according to the following:

the adult bases decisions on delusions or hallucinations, is unable to make or implement decisions, or is unable to comprehend a decision's effect. The decision itself for refusing services cannot be the sole evidence for finding the person lacks capacity to consent.

23. Involuntary services should be borne by the State unless a court, after a determination of financial ability, orders the client to pay or the client agrees to pay.
24. Standards of emergency involuntary intervention and service provision must include the following:

Emergency means that an elderly or incapacitated person is living in conditions which present a substantial risk of death or immediate and serious physical harm to him/herself or others;

a finding based on clear and convincing evidence that the adult in question is incapacitated and in need of services,

an emergency exists,

the individual lacks the capacity to consent, no one else can/is willing to consent,

the proposed order is substantially supported by the findings.

25. In issuing an emergency order, the court shall adhere to the following limitations:
- A. The court should specifically order those services necessary to remove the conditions creating the emergency.
 - B. Hospitalization or change of residence shall not be included unless specifically ordered by the court upon a finding that such action is necessary.
 - C. Emergency intervention should be limited to a period of 72 hours, renewable for 72 hours upon a showing to court of necessity to remove emergency conditions.
 - D. Court should appoint a temporary guardian with responsibility for the person's welfare and authority to give consent for emergency services (as ordered by the court) for the duration of the order.
 - E. Court should provide that the elderly person is assured all rights except those limitations provided for in the order.
 - F. Access to the premises will be ordered by the court to carry out the order in cases where voluntary access has been denied.
26. Notice shall be provided (including relevant and factual information of the basis of the petition) to the person, his/her spouse, children, next of kin, or guardian at least 24 hours prior to the hearing.

This notice may be waived upon a showing that: 1) immediate and reasonable foreseeable physical harm will result from the delay; and 2) reasonable attempts have been made to give notice to the above parties.

27. Emergency placement: If it appears probable from the personal observation of a police officer that an elderly person will suffer immediate and irreparable physical injury or death if medical care is not provided, and that person is incapable of giving consent, and that it is not possible to follow the hearing procedures, that officer should be able to transport the person to an appropriate medical facility for medical treatment.

Notice of this action shall be given to persons listed in #26 within four hours. A petition for emergency medical intervention should be required to be filed within 24 hours of this action and a hearing should be held with all due process guarantees with 48 hours of the transfer.

28. In all cases, the drafting and adoption of adult protective service provisions should be linked with the developing of extensive service systems which emphasize alternatives to institutional care."



Elder Abuse in
Anchorage, Alaska
A Survey of Service Providers

Teri B. Spires B.S.

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October, 1981

Project of Anchorage
Community Mental
Health Center
Geriatric Unit

ANNEX

ELDER ABUSE IN ANCHORAGE, ALASKA

Elder Abuse in Anchorage, Alaska

Teri Spires, B.S. and Charles Mundorff, M.S.

Anchorage Community Mental Health Center, Anchorage, Alaska

This study was done in response to the phenomenon of elder abuse in the State of Alaska. This particular study, focused in the Anchorage area, was designed to assist in establishing parameters to the problem. Thirty agencies, 16 physicians, and four medical clinics were contacted. Seventy-five cases of elder abuse were documented. There were 34 cases of physical abuse, 53 cases of psychological abuse, 43 cases of material abuse and 18 cases of violation of rights.

Introduction

Abuse of the elderly by their spouse, family or caretaker is a problem often observed by service providers in the Anchorage area. Elder abuse in the past has not been addressed as a specific issue in Anchorage until the last year. Previous to this study, no research had been done in Alaska, but nationally a few studies have been conducted. These studies provide a good data base that exposes the incidence of elder abuse and the need for concern in our society. Unfortunately, elder abuse has not been addressed in Alaskan domestic violence programs. Consequently, the Region X Office on Aging targeted Anchorage as a pilot city for study and community planning in elder abuse.

In November 1980 a meeting of representatives from Alaska, Idaho, Washington and Oregon was called by Chisato Kawabori (Ph.D.), Director of Region X Aging Network, and Willard Mollerstrom (Ph.D.), Region X Director of N.I.M.H. Charles Mundorff of Anchorage Community Mental Health Center (A.C.M.H.C.) attended this meeting in Seattle. At this meeting, A.C.M.H.C. was considered a focal point for the problem of elder abuse in the State of Alaska.

At this time, A.C.M.H.C. was given the opportunity to receive a VISTA (Volunteer in Service to America) to research the problem and make recommendations for mental health programming for abused elders. The following study is a result of the VISTA's effort. These findings are compared to national results in order to lend a clear picture to service providers. This procedure will help determine any differences between Alaska and other states.

National Findings

Three major elder abuse studies have been done since 1979. They are from Boston, The University of Maryland and the University of Michigan. The latter were partially funded by the federal government. In June of 1979 there was a briefing by the House of Representatives Select Committee on Aging entitled Elder Abuse: The Hidden Problem. This briefing was held in Boston, Massachusetts. On April 28, 1980, a briefing on the same subject, domestic abuse of the elderly, was held in Union, New Jersey. The early research findings of these efforts are remarkably consistent, despite great differences in research approaches and settings.

The major studies of elder abuse point out the tentativeness of their results. Yet, the completed studies provide an excellent approach to the problem, and a profile of the victim and the abuser emerges.

The Massachusetts study, Block's Battered Elder Syndrome, and the Lau-Kosberg study points out the victim tends to be an older elderly person. The Massachusetts survey finds 55% of the citations are persons older than 75 years. All three studies agree that abuse is observed to be of elderly women (87% in Lau-Kosberg, 80% in Massachusetts, and 81% in The Battered Elder Syndrome). The majority of victims live with an adult child or other family members who become the abuser.

Usually the victims suffer from one or more disabilities which place them in a vulnerable position. Of the Massachusetts study respondents, 75% said the victim had physical or mental disabilities which kept him or her from meeting basic daily needs. Marilyn Block finds 62% of the victims could not prepare food, 54% could not self-medicate, and 62% needed help with personal hygiene. Besides physical impairment Lau and Kosberg report 41% are either partially or totally confused or senile. It is easy to imagine from the research that a victim of abuse is usually a person who may need constant attention and skilled care. These two factors can and do cause stress for the caretaker, who is at risk of becoming an abuser.

The Massachusetts survey finds in 75% of the abuse cases, the abuser lives with the victim; 86% of the abusers are relatives of the victim. The Battered Elder Syndrome finds close correlation: 81% of the abusers are related to the victim. Block also finds women, more often than men, are abusers. The figure cited is 58% of abusers are female. The Massachusetts study finds sons (24%), husbands (20%), and daughters (15%), make up the largest categories of abusive relatives. Lau and Kosberg find 30% of abusers are daughters, 14% are sons, 14% are grand-daughters, 12% are spouses, and 12% are siblings (usually a sister).

The Massachusetts study finds the abuser is usually experiencing stress when the abuse occurs. The study finds 28% suffer from alcoholism or drug addiction, 18% complain of long-term medical problems, 16% struggle with long-term financial stress and 9% suffered from lack of needed services. The Battered Elder Syndrome points to psychological (58%) and economic (31%) factors leading to abuse. The Massachusetts survey finds 63% of respondents feel that the vulnerable elder,

requiring a high level of emotional and financial support, is a source of stress. In 58% of cases studied, abusers tend to repeat the abuse, according to Block.

One of the most remarkable statistics to come out of these studies has to do with the attempt to make cases of abuse known. Block finds in 95% of the cases studied, some attempt was made to communicate the existence of neglect or abuse to some authority. This fact points to the poor communication skills of the abuser and to the low self-esteem he or she may feel. After a failed attempt to get needed services, the abuser may give up. After a failed attempt to get help, the victim may, out of fear of reprisal, or removal from the home, resolve to live with the situation. This fact also points out the failure of social services systems to recognize cries for help from both the victim and the abuser.

Methods and Desions

From March 1, 1980 to June 30, 1981, A.C.M.H.C. conducted a survey of service providers concerning elder abuse. Thirty agencies, four clinics and 16 physicians were contacted.

Those who said they had seen cases were further contacted. They were asked to relate cases they had seen from January 1, 1980 to June 30, 1981. They were asked to give the first name and last initial of each person in every case. This was done to prevent duplication of information from agency to agency.

The cases were recorded on the form used by Marilyn Block and Janice Davidson in their study, The Battered Edler Syndrome. All questions were asked for each case (see Appendix A). One additional question was asked of each respondent concerning every case: is alcohol a problem in the situation?

The definition of elder abuse used in this study is the one used by Marilyn Block and Janice Davidson in their study.

Abuse refers to one or more of the following acts:

physical abuse, including direct beatings, lack of food, lack of medical care, and lack of supervision;

psychological abuse, including verbal assault, threat, fear, and isolation;

material abuse, including theft or misuse of money or property and;

violation of rights, including forced removal from home, or forced entry into a nursing home.

We are concerned with people who are 60 years or older. These are people who are in some way dependent on a son, daughter, other relatives or caretaker.

There is a high degree of interviewer reliability since only one person conducts the interviews. Agency contacts, mailings and interviews were all done by the same person.

The data obtained from the survey is summed and the percentages calculated. Thus the data is descriptive in nature and not intended to be baseline data. It must be stressed that the figures obtained from the agency contacts are estimates of what the professional feels are abusive situations. Estimated are based on second-hand knowledge so these results cannot be generalized beyond the agencies cooperating.

Results

Two major groups were contacted for this study. First, 30 agencies who showed an interest in senior citizens or are service providers were initially interviewed in order to assess which agencies had seen cases

they were willing to relate. The following is the contact list and some preliminary information about each (see below).

| Agency Contacted | a. | b. | c. |
|--|----|-----|-----|
| 1. Salvation Army | 11 | yes | yes |
| 2. Nakoyia | 2 | yes | yes |
| 3. Adult and Aging Services | 5 | yes | yes |
| 4. Mable T. Caverly | 3 | yes | yes |
| 5. Studio Club | 2 | no | yes |
| 6. Municipality Senior Programs | 1 | yes | yes |
| 7. Providence Hospital | 6 | yes | yes |
| 8. Older Persons Action Group | 5 | yes | yes |
| 9. Legal Services | 2 | yes | no |
| 10. Home Health Agency | 5 | yes | yes |
| 11. Chugiak Senior Citizens Center | 2 | yes | yes |
| 12. Senior Companion/Foster Grandparent | 1 | yes | yes |
| 13. Alaska Hospital | 2 | yes | yes |
| 14. S.T.A.R. Standing Together Against Rape | 2 | yes | yes |
| 15. R.S.V.P. Retired Senior Volunteer Program | 1 | yes | yes |
| 16. C.I.N.A.. Cook Inlet Native Association | 2 | yes | yes |
| 17. Anchorage Police Department | 1 | yes | 1* |
| 18. Catholic Social Services | 1 | yes | yes |
| 19. A.W.A.I.C. Abused Women's Aid in Crisis | 3 | yes | yes |
| 20. Women's Resource Center | 1 | yes | no |
| 21. Public Health Nurses | 11 | yes | yes |
| 22. State Senior Citizen Ombudsman | 1 | yes | yes |
| 23. Easter Seals Homemakers | 2 | yes | yes |
| 24. Alaska Native Hospital | 7 | yes | yes |
| 25. A.C.M.H.C. | 6 | yes | yes |
| 26. Equal Rights Commission | 1 | yes | no |
| 27. Palmer Pioneer Home | 1 | yes | yes |
| 28. Palmer Senior Nutrition Site | 2 | yes | yes |
| 29. University Justice Center | 1 | yes | no |
| 30. AK. Public Interest Research Group | 2 | yes | no |

Key to Headings:

- a. Number of persons contacted.
- b. Does agency feel that elder abuse is a problem in Anchorage at this time?
- c. Has agency seen any abuse cases since January, 1980?

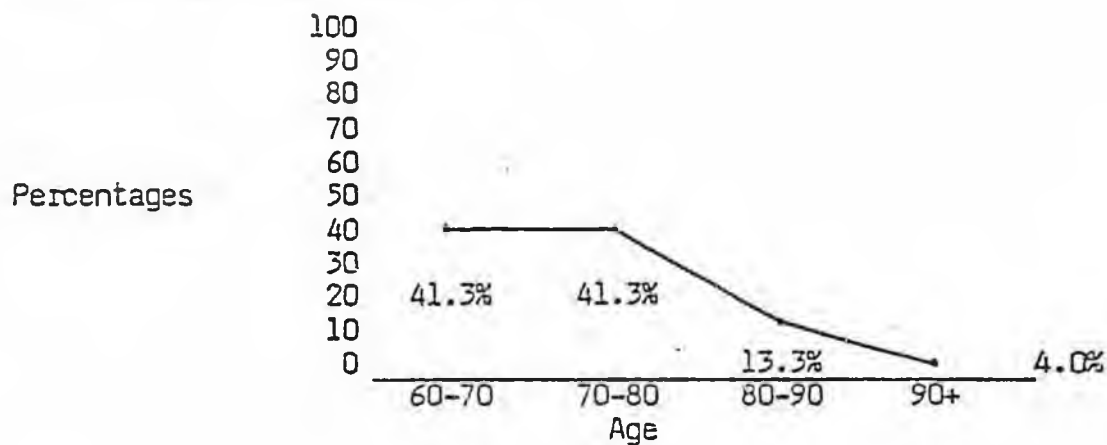
*1. No record-keeping methods.

The second group contacted were physicians and clinics. A letter (see Appendix B) was sent to 16 physicians and four medical clinics. The names of 12 of the physicians were given to A.C.M.H.C. by the Municipal Senior Citizens Division. These physicians treat many older people or have expressed an interest in aging patients. The letter asked the physician or clinic to relate any cases of elder abuse they may have seen. Of the twenty contacted, none responded.

Twenty agencies related elder abuse cases. Seventy-five in all were related to the interviewer. This breaks down to an average of 3.75 cases per agency. The most cases in one agency was eight, the least was one. Of the 75 cases reported, 34 or 43.3% had some element of physical abuse. The most common physical abuse is not violent in nature. Lack of personal care constitutes 17.3%, bruises and welts 13.3% and lack of food 10.7%. The remaining percentage in all categories are found in Appendix C. Psychological abuse is found in 53 cases or 70%. Material abuse occurs in 43 cases or 57.3%. There is violation of rights in 18 cases or 24%.

The age of the abused elder in the Anchorage area is younger than in the Lower 48. Unlike the national studies, the exact ages of the victims can not be determined. Most professionals know only the general range of their client's age. Of the 75 cases, 82.6% were under 80 years. This statistic is not surprising considering the general youth of the Anchorage population. The abuser in our area is also younger than in other urban areas. The abuser is under 50 years old in 65.4% of the cases related to the interviewer.

Figure I. Percentage of Abused by Age



The abused elder is most likely to be female. In 76% of the cases the victim is a woman. This percentage is comparable to the national statistics. Also similar to the national statistic is the sex of the abuser. In Anchorage 53.4% of the abusers are women. In Marilyn Block's study 58% of the abusers are women. Daughters are first on the list at 22.7%, sons second at 21.3%, husbands are third at 10.7% and daughters-in-law are fourth at 9.3%.

The abused elder is most often observed to be White (69.3%). The statistic for the Native population is 18.7%; the Black population figure is 9.3%; and the Hispanic figure is 1.3%. Because the elder in most cases lives with a spouse or family member (55%), the statistic concerning the ethnic group of the abuser is almost exactly the same as the victim.

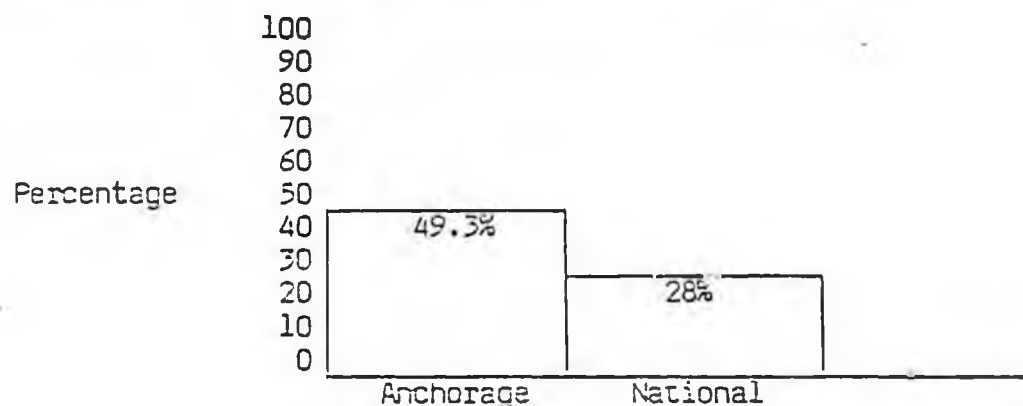
In most cases given to us, both the victim and abuser are low-income. Of the 75 cases, 54% of the victims and 44% of the abusers fit this category.

A question concerning the impairment of the victim was asked of all respondents. In 38.7% of the cases the abused elder is physically or mentally disabled to a great degree. In 21.3% of the cases the person

needed assistance with the Activities of Daily Living. In 40% of the cases the victim is physically self-sufficient.

Alcohol as a contributing factor in elder abuse seems to be a much greater problem in Anchorage than other areas. The national statistic is 28%, and in Anchorage it is 49.3%.

Figure II. Percentage of Alcohol as a Contributing Factor



In most of the cases observed (74.7%) the abuse had been going on for a long time. In some cases the abuse continued for years. In 53% of the cases the victim did seek help. But, just as significantly, 41.3% of the cases had not asked for assistance. The agencies responding found out about the abuse in any number of ways. The most common way was from the client (49.3%). Other reporting sources were hospitals or clinics (27.2%), private physicians (5.3%) and public or private social service agencies (12%). The agencies, when contacted by a reporting source, in most cases, responded to the victim with the services that the agency provides. In some cases the agency referred the clients to other agencies that could respond to other areas of need. Case studies are an excellent way to better understand how cases were being handled at the time of the survey.

Abuse Report Form

M. _____ W. _____
First Name Last

I. Information on Victim

A. Age at time of incident 82
Sex M
Race or ethnic group caucasian
Religion unknown
Economic status high
Who resides at the same address girlfriend

B. Physical Abuse Sustained

| | |
|--|--|
| <input checked="" type="checkbox"/> none | <input type="checkbox"/> bone fracture |
| <input type="checkbox"/> bruises, welts | <input type="checkbox"/> direct beating |
| <input type="checkbox"/> sprains dislocations | <input type="checkbox"/> lack of personal care |
| <input type="checkbox"/> malnutrition | <input type="checkbox"/> lack of food |
| <input type="checkbox"/> freezing | <input type="checkbox"/> medicine withheld |
| <input type="checkbox"/> burns, scalding | <input type="checkbox"/> no medicine purchased when prescribed |
| <input type="checkbox"/> abrasions, lacerations | <input type="checkbox"/> no false teeth when needed |
| <input type="checkbox"/> wounds, cuts, punctures | <input type="checkbox"/> no hearing aid when needed |
| <input type="checkbox"/> internal injuries | <input type="checkbox"/> no glasses when needed |
| <input type="checkbox"/> dismemberment | |

Comments _____

C. Psychological Abuse Sustained

verbal assault
 threat
 fear

D. Material Abuse Sustained

theft of money or property
 misuse of money or property
 other trying to get him to sell his property

E. Violation of Rights

- forced from home
 forced into nursing home
 forced social isolation
 other _____

F. Rating of Environment

- dirt in house
 vermin in house
 inadequate heat
 smell of urine
 no food in house
 other _____
 none

G. Decree of Physical Impairment

- bedridden
 cannot perform basic personal hygiene without help, bathing,
toilet
 cannot prepare own food
 cannot take own medicine
 none

II. Information on Abuser

A. Relationship to victim girlfriend

Age at time of incident 62

Sex _____

Religion unknown

Race or ethnic group caucasian

Economic status low

Occupation on disability

Does the abuser live with the victim? Yes No

B. What led to this mistreatment as far as you know?

She wants his money

1. Is alcohol a problem in this situation? no

- C. Has this mistreatment happened before?
 no 4 or more times
 once
 2 or 3 times

III. Reporting of Incident

- A. How did you know about the case?
 self report
 private medical M.D.
 hospital or clinic
 police
 public social service agency
 private social service agency (nursing home)
 public health
 other by ongoing therapy _____

- B. Did the victim ever attempt to seek help? no
What help? _____

- C. Action taken (what did you do for this case?)
Provide mental health services

- D. Additional comments:

E. Violation of Rights

- forced from home
 forced into nursing home
 forced social isolation
 other _____

F. Rating of Environment

- dirt in house
 vermin in house
 inadequate heat
 smell of urine
 no food in house
 other _____

G. Degree of Physical Impairment

- bedridden
 cannot perform basic personal hygiene without help, bathing,
toilet
 cannot prepare own food.
 cannot take own medicine
 none

II. Information on Abuser

- A. Relationship to victim husband
Age at time of incident 62
Sex _____
Religion unknown
Race or ethnic group native
Economic status middle
Occupation laborer
Does the abuser live with the victim? Yes No _____

B. What led to this mistreatment as far as you know?

Gets angry when drinking, fighting.

1. Is alcohol a problem in this situation? yes

- C. Has this mistreatment happened before?
- no 4 or more times
- once
- 2 or 3 times

III. Reporting of Incident

- A. How did you know about the case?
- self report
- private medical M.D.
- hospital or clinic
- police
- public social service agency
- private social service agency (nursing home)
- public health
- other _____
- _____
- _____
- B. Did the victim ever attempt to seek help? yes
- What help? Admission to Pioneer Home.
- C. Action taken (what did you do for this case?)
- Helping her to get a divorce and assist with Pioneer Home admission.

- D. Additional comments:

Conclusions and Recommendations

From the study done by A.C.M.H.C. several conclusions and recommendations can be made. Most results are similar to the national statistics, but there are some differences.

The abused elder in the Anchorage area is most likely to be a White, low-income woman over 70. She lives with an adult child or family member. A person in Anchorage is more likely to be physically independent than the national counterpart. The abuser is apt to be a middle aged White, low-income woman. In a sense, she is a victim of her situation. In many cases she is experiencing stress due to crowded living conditions, inadequate income, health problems, ignorance about services and feeling as if she is parenting a parent.

These stresses can result in many kinds of abuse. Physical mistreatment is clearly acknowledged as abuse. The results of physical abuse are more obvious and often deemed more serious than the results of other types of abuse. Psychological abuse may be less obvious but it is no less damaging to the elderly person. Cases of psychological abuse were sited far more frequently than other types. All 20 agencies reported cases involving some form of psychological abuse. Of the 75 cases of elder abuse, 70% involved this abuse.

The dependence of elderly people on others leaves their financial affairs open to misuse and theft. Because some elderly feel as if they are a burden or they may be left alone, they do not always move to remedy a case of economic abuse. In Alaska, the existence of the longevity bonus, native claims settlement payments and a high incidence of alcohol abuse make elders prime candidates for financial exploitation by caretakers.

Alcohol as a contributing factor to elder abuse is much greater than in other areas of the United States. Alcohol abuse is not limited to the

abuser. In some cases the elder abuse victim misuses alcohol and in other situations it is family-wide. A.C.M.H.C. as well as other service providers feel that this possibility should be considered when providing services to abused elders and caretakers.

Agencies surveyed believe that there are some things that can be done that would help them deal more effectively with the problem of elder abuse. A list of these actions follows:

1. An elder abuse mandatory reporting law.
2. Improving low-income housing opportunities for the elderly.
3. Beginning an adult day care center in the Anchorage area.
4. Some provisions for in-home respite care.
5. More staff for protective services.

There was one major problem in doing a study of this nature in Alaska. The group studied is age 60 and older. The older native population has a gap in that age group because many of that generation died during the tuberculosis epidemic. There is a lack of information concerning elder native Alaskans because of this factor.

Though some conclusions about abusers and victims can be made, these people come from any race, social or income group. The elder abuse cases given to the A.C.M.H.C. are only a few of the cases that enter the social service system. The real numbers are still to be discovered. Through a pilot project, A.C.M.H.C. is launching a concentrated program of public education. We hope to encourage a public awareness that will foster voluntary reporting by service providers and the general public. We are far from solving the problems of elder abuse, but by using some of the same methods used by child abuse researchers in the 1960's we hope to gain a better understanding of and form a methodology for dealing with the serious social problem of elder abuse.

REFERENCES

Block, Marilyn R., and Sinnott, Jan D., eds. The Battered Elderly Syndrome: and Exploratory Study. College Park, Md.: The University of Maryland, 1979.

Douglass, Richard L., Hickey, Tom, and Noel, Catherine. "A Study of the Maltreatment of the Elderly and Other Vulnerable Adults." Ann Arbor, Mi.: University of Michigan, 1979.

Holden, David F., and Carey, Peggy L., eds. "Tennessee Conference on Abuse of Older Persons." Knoxville, Tennessee: University of Tennessee, 1980.

APPENDIX A
ELDER ABUSE REPORTING FORM

Abuse Report Form

First Name Last

I. Information on Victim

- A. Age at time of incident _____
Sex _____
Race or ethnic group _____
Religion _____
Economic status _____
Who resides at the same address _____

B. Physical Abuse Sustained

- | | |
|-----------------------------|--|
| ___ none | ___ bone fracture |
| ___ bruises, welts | ___ direct beating |
| ___ sprains dislocations | ___ lack of personal care |
| ___ malnutrition | ___ lack of food |
| ___ freezing | ___ medicine withheld |
| ___ burns, scalding | ___ no medicine purchased when presented |
| ___ abrasions, lacerations | ___ no false teeth when needed |
| ___ wounds, cuts, punctures | ___ no hearing aid when needed |
| ___ internal injuries | ___ no glasses when needed |
| ___ dismemberment | |
- Comments _____

C. Psychological Abuse Sustained

- ___ verbal assault
___ threat
___ fear

D. Material Abuse Sustained

- ___ theft of money or property
___ misuse of money or property
___ other _____

E. Violation of Rights

- forced from home
- forced into nursing home
- forced social isolation
- other _____

F. Rating of Environment

- dirt in house
- vermin in house
- inadequate heat
- smell of urine
- no food in house
- other _____

G. Degree of Physical Impairment

- bedridden
- cannot perform basic personal hygiene without help, bathing, toilet
- cannot prepare own food
- cannot take own medicine
- none

II. Information on Abuser

- A. Relationship to victim _____
Age at time of incident _____
Sex _____
Religion _____
Race or ethnic group _____
Economic status _____
Occupation _____
Does the abuser live with the victim? Yes _____ No _____

- B. What led to this mistreatment as far as you know?

1. Is alcohol a problem in this situation? _____

- C. Has this mistreatment happened before?
___ no _____ 4 or more times
___ once
___ 2 or 3 times

III. Reporting of Incident

- A. How did you know about the case?
___ self report
___ private medical M.D.
___ hospital or clinic
___ police
___ public social service agency
___ private social service agency (nursing home)
___ public health
___ other _____

- B. Did the victim ever attempt to seek help? _____
What help? _____

- C. Action taken (what did you do for this case?)

- D. Additional comments:

APPENDIX B

LETTER TO PHYSICIANS AND CLINICS



Dear Doctor:

During the last few months Anchorage Community Mental Health Center has been researching the problem of elder abuse in the Anchorage area. We are very interested in any experience you may have had with your patients or their families. The information is purely for research purposes. Names are not necessary and all reports are confidential.

We are using the definition used by Marilyn R. Block and Janice L. Davidson in their study The Battered Elder Syndrome.

Abuse refers to one or more of the following acts:

physical abuse, including direct beatings, lack of food, lack of medical care, and lack of supervision;

psychological abuse, including verbal assault, threat, fear and isolation;

material abuse, including theft or misuse of money or property and

violation of rights, including forced removal from home, or forced entry into a nursing home.

When you are searching your mind for cases that you believe may qualify as elder abuse, keep in mind that the age we are referring to is 60 or older. These are people who are in some way dependent on a son, daughter, or other relative or caretaker.

Any response or comment by you is considered essential to this study. Please call me by August 21, 1981 at A.C.M.H.C. 276-5400.

Teri Spires
Research Specialist

Anchorage
Alaska

In the study conducted by A.C.M.H.C. of 75 cases documented, 34 cases (43.3%) of physical abuse were found. A breakdown of the abuse sustained follows:

| | |
|---------------------------|---------|
| lack of personal care | 17.3% * |
| bruises and welts | 15.3% |
| lack of food | 10.7% |
| medicines withheld | 8.0% |
| freezing | 6.7% |
| malnutrition | 6.7% |
| direct beatings | 5.3% |
| abrasions and lacerations | 2.6% |
| bone fractures | 2.6% |
| sexual assault | 1.3% |
| imprisonment | 1.3% |

Psychological abuse was sustained by 53 elders (70%)

| | |
|----------------|---------|
| fear | 46.7% * |
| verbal assault | 28.7% |
| threat | 18.7% |

Material abuse occurred in 43 cases (57.3%)

| | |
|-----------------------------|---------|
| misuse of money or property | 45.3% * |
| theft of money or property | 26.7% |

* categories are not mutually exclusive

There was violation of rights in 18 cases (24%)

| | |
|--------------------------|---------|
| forced social isolation | 16.0% * |
| forced from home | 6.7% |
| forced into nursing home | 5.3% |

STATISTICS ON VICTIM

Age of abused elder at the time of the abuse

| | |
|---------|-------|
| 60 - 70 | 41.3% |
| 70 - 80 | 41.3% |
| 80 - 90 | 13.3% |
| 90 + | 4.0% |

Sex of Victim

| | |
|--------|-------|
| Female | 76.0% |
| Male | 22.7% |
| Couple | 1.3% |

Race or Ethnic Group

| | |
|----------|-------|
| White | 69.3% |
| Native | 18.7% |
| Black | 9.3% |
| Hispanic | 1.3% |
| Unknown | 1.3% |

STATISTICS ON VICTIM (continued)

Economic Status of Victim

| | |
|---------|-------|
| Low | 54.7% |
| Middle | 29.3% |
| High | 12.0% |
| Unknown | 4.0% |

Degree of Physical or Mental Impairment

| | |
|--|-------|
| Physically or mentally disabled to a great degree | 38.7% |
| Need some assistance with Activities of Daily Living (ADL's) | 21.3% |
| Physically self-sufficient | 40.0% |

Resides at the same address as victim

| | |
|------------------|-------|
| Alone | 17.3% |
| Family member(s) | 41.3% |
| Husband/wife | 14.7% |
| Girl/boyfriend | 8.0% |
| Boarding home | 4.0% |
| Nursing home | 4.0% |
| Housekeeper | 5.3% |
| Friend(s) | 4.0% |
| Unknown | 3.3% |

STATISTICS ON ABUSER

Relationship to victim

| | |
|-----------------------------|-------|
| Daughter | 22.7% |
| Son | 21.3% |
| Husband | 10.7% |
| Granddaughter | 1.3% |
| Grandson | 1.3% |
| Girlfriend | 4.0% |
| Boyfriend | 1.3% |
| Son-in-law | 1.3% |
| Daughter-in-law | 9.3% |
| Hired caretaker/housekeeper | 6.7% |
| Entire family | 5.3% |
| Boarding home | 4.0% |
| Friend | 10.7% |

Age of abuser

| | |
|---------|-------|
| 20's | 6.7% |
| 30's | 22.7% |
| 40's | 36.0% |
| 50's | 12.0% |
| 60's | 14.7% |
| 70's | 2.7% |
| 80's | 1.3% |
| Unknown | 4.0% |

STATISTICS ON ABUSER (continued)

Ethnic Group of Abuser

| | |
|----------|-------|
| White | 65.3% |
| Native | 20.0% |
| Black | 8.0% |
| Hispanic | 1/3% |
| Unknown | 5.3% |

Economic Status of Abuser

| | |
|---------|-------|
| Low | 44.0% |
| Middle | 22.7% |
| High | 16.0% |
| Unknown | 17.3% |

Does the Abuser Live With the Victim?

| | |
|---------|-------|
| Yes | 69.0% |
| No | 22.7% |
| Unknown | 1.3% |

OTHER INFORMATION

Is alcohol a factor in this situation?

| | |
|---------|-------|
| Yes | 49.3% |
| No | 41.3% |
| Unknown | 9.3% |

Has this mistreatment happened before?

| | |
|-------------|-------|
| No | 2.7% |
| Once | 9.3% |
| 2 - 3 times | 8.0% |
| 4 or more | 74.7% |
| Unknown | 5.3% |

How did you know about it?

| | |
|-------------------------------|-------|
| Self report | 49.3% |
| Private M.D. | 5.3% |
| Hospital | 22.7% |
| Police | 0 |
| Public Social Service Agency | 5.3% |
| Private Social Service Agency | 6.7% |
| Public Health | 2.7% |
| Neighbor | 1.3% |
| Professionals Observation | 6.7% |

Did the victim seek help?

| | |
|---------|-------|
| Yes | 53.3% |
| No | 43.7% |
| Unknown | 4.0% |

FACT SHEET ON ELDER ABUSE — Based on Aging Committee Report, April, 1981

Incidence of Elder Abuse

7% of older Americans are victims of some sort of abuse each year — this is equal to one million older persons per year

The "typical" abused older person is a 75 year old woman who relies on others for her care and is repeatedly abused by the caregiver

The "typical" abuser is a caregiver who is experiencing a great deal of stress, often from marital or financial problems, and may resort to alcohol or drugs to relieve his stress.

21% of the abusers are the sons of the older person

17% " " " " " daughters " " "

the 3rd most likely abuser is the spouse (husband more often than wife)

Older persons do not report abuse because they are ashamed, frightened of retaliation, or do not want to cause family troubles

More than 70% of reported cases are reported by third parties

Case histories were presented from all States in the following categories: physical & sexual abuse, negligence, financial exploitation, psychological abuse, violation of personal rights & self neglect

1/3 of the cases were incidences of physical abuse

1/4 " " " " " " " financial exploitation

STRESS is believed to be a major factor leading to the abuse of older persons by caregivers — one study found that the elderly person was a significant source of stress in 63% of the cases

Other factors leading to abuse may be: retaliation, violence as a way of life, lack of financial resources & community/sup-ports, resentment of dependency, increased life expectancy, and over-crowded living environment

State Responses to Questionnaire

63% of the States said the greatest hindrance to their ability to help the abused elderly was lack of appropriate statutory authority — the second most frequent hindrance was lack of skilled staff, community resources, and funding (MRO's DILL IS AIMED AT RESOLVING THESE PROBLEMS)

On a national average, only 6.6% of state funds for protective services are spent on services for abused elderly (Ohio spends less than 1%)

Only 16 states require mandatory reporting of elder abuse:

Ala., Ark., Conn., Fla., Kent., Minn., Missouri, Neb., New Hamp., N. Carol., Okla., S. Carol., Tenn., Utah, Vermont & Virginia

An additional 10 states have legislation pending (including Ohio)

- When asked if states would favor passage of H.R. 769, 74% answered YES, the remaining 26% answered UNDECIDED

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF PUBLIC SAFETY

POUCH N
ROOM 312, GOLDSTEIN BUILDING
JUNEAU, ALASKA 99801

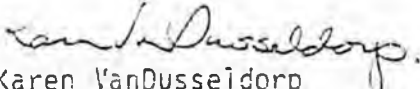
COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

PHONE:

April 12, 1983

Number of victims 55 years of age and older reported through Alaska Council on Domestic Violence and Sexual Assault state forms:

| | Domestic Violence |
|-----------|----------------------|
| 1982 | |
| July | 4 |
| August | 5 |
| September | 4 |
| October | 5 |
| November | 3 |
| December | 3 |
| 1983 | |
| January | 1 |
| February | 3 |
| Total | 28 |


Karen VanDusseidorp
Research Analyst

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

POUCH H 01
JUNEAU, ALASKA 99811
PHONE:

DOCUMENT NO. _____

Honorable Don Bennett
Co-Chairman of Senate
Finance Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Bennett:

The following information is being provided in response to questions raised at the Senate Finance Hearing on April 7, 1983, on CS for Senate Bill No. 122 (HESS).

The Division of Family and Youth Services' Adult Protective Service program consists of the provision of supportive and/or protective services for adults age 18 and over who are not able to function independently, or who may be subject to abuse, neglect or exploitation. The Department does not have specific statutory authority to intervene in situations in which an adult may be at risk of harm. Adult Protective Service is provided with client consent under the adult protective service goal of Title XX of the Social Security Act and the general powers and duties of the Department to promote the health and well-being of Alaskans.

Social workers respond to referrals and reports of harm by contacting the adult, conducting an assessment/investigation to determine the validity of the report or the nature of the client's needs, providing social work services, making referrals and arranging for appropriate and available services. Services are provided with the consent of the client. Services are purchased by the Division on an individual client basis and include homemaker support, residential care and foster care. Services to which clients are referred include transportation, congregate meals, home delivered meals, home health aide services, medical services, legal services, and mental health services.

As of April 7, 1983, the Division of Family and Youth Services Adult Protective Service caseload was 1,055 clients, of whom 698 are age 60 and over. Of those clients age 60 and over, services to 446 clients or 64% were directed to the goal of preventing or remedying neglect, abuse or exploitation. The Division of Family and Youth Services Case Management Information System does not currently separate out these categories.

MEMORANDUM FOR THE DIRECTOR
DATE: 10/1/83

Data are not available on the total dollars spent on elder abuse cases, including social work services. However, the following are the amounts spent on purchased services for clients age 60 and over with preventing or remedying abuse, neglect, or exploitation as the service goal for the period July 1, 1982, through April 8, 1983, for homemaker support, adult foster care and adult residential care.

| | |
|-------------------|-----------|
| Homemaker Support | \$634,056 |
| Residential Care | \$ 20,321 |
| Foster Care | \$ 1,048 |
| Total | \$655,425 |

If CS for Senate Bill No. 122 (HESS) is passed, in addition to charging the Department with the duty to investigate elder abuse, the Department will have the following additional responsibilities:

- 3 additional responsibilities*
1. Section 47.24.020(c) mandates the Department to provide to the Department of Law a copy of each report or an investigation of harm to an elderly person that resulted from abuse;
 2. Section 47.24.070 authorizes implementation of regulations; and,
 3. Section 47.24.075 mandates that the Department submit a quarterly statistical report of the Department's activities related to protection of the elderly to the Older Alaskans Commission.

As indicated in the Department's Position Paper on this Bill, since reporting of physical harm to elderly persons is not mandatory, not all known cases are necessarily reported to the Division of Family and Youth Services. As a result the actual extent of the problem is not known. In addition, individuals who are aware of situations in which an elderly person is being abused may be reluctant to report the harm because there is no statutory provision for immunity from civil or criminal liability.

MANDATE Reporting of physical harm

Section 47.24.010(a) of the Bill mandates reporting cases involving elderly persons who have been or who are being physically harmed. if the Bill had mandated reporting of other forms of abuse as well as neglect and abandonment and had required the provision of specific supportive services, the Department would have determined that such requirements would have a substantial fiscal impact.

*Legislation
Bill with
Bennett*

During the Twelfth Legislature, Bills were introduced on elder abuse which would have given the Department of Health and Social Services a broad mandate regarding protection of the elderly and would have required the creation of additional services. The Department's Fiscal Note reflected the broad mandate and was \$1.3 million.

As noted in the Department's Position Paper on this Bill, should the number of cases reported under the mandatory requirement significantly impact caseloads, the Division will include necessary documentation to support the need for additional staff and service dollars in future operating budget requests. If additional staff and service dollars become necessary but not available, the Department may not be able to meet the intent of the legislation.

The inclusion of \$10,000 for benefits to individuals in the Department's Fiscal Note on this Bill is for services which may be needed for an elder abuse victim for which there is no other resource, e.g., for individuals who are not eligible for General Relief or for whom the \$80 per month available through General Relief is not adequate. In addition, the Department's Fiscal Year 1984 budget does not include funds for expansion of existing programs for Adult Protective Service clients. Currently there are waiting lists for homemaker support in some communities; and there are a limited number of residential care beds for the elderly located in Anchorage only.

I hope this information is of assistance to you. If you have any additional questions, please contact me.

Sincerely,

Robert London Smith, Ph.D.
Commissioner

SECTION ANALYSIS OF HOUSE CS FOR CS FOR SB 122 (HESS)

Section 1 Purpose.

Section 2 (a) Lists professional people who are required to report suspected cases of harm of an elderly person to the Department of Health and Social Services.

(b) Lists information to be provided to the Department when a report of harm is made.

(c) "violation" is a noncriminal offense punishable by a fine, but not by imprisonment or other penalty; conviction of a violation does not give rise to any disability or legal disadvantage based on conviction of a crime; a person charged with a violation is not entitled:

- (A) To a trial by jury; or
- (B) To have a public defender or other counsel appointed at public expense to represent him;

(d) The bill does not preclude a person not listed, or a person listed when in a non-professional capacity, from reporting.

(e) Reports can be made to a peace officer or VPSO if immediate action is necessary. The officer will take immediate protective actions and report to the Department as soon as possible.

(f) Provides immunity from liability to a person making a good faith report.

(g) Provides that there is no civil liability for those failing to report other than provided by law.

ACTIONS ON REPORTS

(a) Requires prompt action by the Department to investigate the need for action and services. The Department shall personally interview the elderly person unless the person is unconscious or incompetent.

(b) Requires the Department to prepare a written report on findings, recommendations and the determination of action. The reporter may receive information on the investigation on request. Confirmed reports shall be forwarded to the Department of Law.

(c) Investigation shall terminate upon the request of the elderly person unless determined incapacitated, whereby the Department may petition the court to have a guardian appointed.

PROTECTIVE SERVICES

(a) The Department shall provide available protective services if the person consents, or if that person is incapacitated, may petition the court to appoint a guardian.

(b) If a caretaker is preventing the elderly person from receiving services, the Department may assist the person in petitioning the court for an injunction..

REVIEW AND REFERRAL. Provides that the Department shall review the case every 90 days until closed.

CONFIDENTIALITY OF REPORTS.

(a) Provides that reports are confidential although reports may be used by governmental agencies for investigations and judicial proceedings.

(b) A report shall be disclosed if the elderly person consents in writing. The number of verified reports occurring in an institution for the elderly may be disclosed upon request.

AUTHORITY OF THE DEPARTMENT. Provides that the Department, subject to the person's consent, initiate protective actions.

REGULATIONS. Gives the Department the authority to promulgate regulations upon approval of the Older Alaskans Commission.

QUARTERLY REPORT. The Department shall provide a quarterly statistical report on protection of the elderly to the Older Alaskans Commission.

DEFINITIONS.

1 (4) an administrator of a nursing home, residential care or
2 health care facility;

3 (5) a guardian or conservator;

4 (6) a police officer;

5 (7) a village public safety officer;

6 (8) a village health aide;

7 (9) a social worker;

8 (10) a member of the clergy;

9 (11) a staff employee of a project funded by the Older
10 Alaskans Commission;

11 (12) an employee of a homemaker program or home health aide
12 program.

13 (b) A report of harm made under this section may include the
14 name and address of the person reporting the harm and shall include

15 (1) the name and address of the elderly person;

16 (2) information relating to the nature and extent of the
17 harm;

18 (3) other information that the person reporting the harm
19 believes might be helpful in an investigation of the case or in pro-
20 viding protection for the elderly person.

21 (c) A person who fails to comply with this section is guilty of
22 a violation as defined in AS 11.81.900(55).

23 (d) This section does not prohibit a person listed in (a) of
24 this section from reporting cases of economic or physical harm to an
25 elderly person that have come to the person's attention in a non-
26 professional capacity. This section does not prohibit any other person
27 from reporting economic harm to an elderly person that the person has
28 reasonable cause to believe is a result of theft, fraud, or coercion
29 by a caretaker of the elderly person, or physical harm to an elderly

Offered: 5/12/83
Referred: Rules

Original sponsors: Josephson and V.Fischer

1 IN THE SENATE BY THE JUDICIARY COMMITTEE
2 CS FOR SENATE BILL NO. 122 (Judiciary) am
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to protection of the elderly."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. PURPOSE. In order to protect elderly persons from eco-
9 nomic and physical harm and to assist elderly persons who are unable to
10 protect or care for themselves, the legislature requires the reporting to
11 the state by health professionals and others of cases involving elderly
12 persons who have been or are being harmed. It is the intent of the legis-
13 lature that these reports of harm be investigated and that appropriate
14 protective services be offered in an effort to prevent or alleviate harm to
15 the elderly persons of the state. It is further the intent of the legisla-
16 ture to provide immunity from civil or criminal liability to persons making
17 good faith reports of economic, physical or other harm to an elderly per-
18 son.

19 * Sec. 2. AS 47 is amended by adding a new chapter to read:

20 CHAPTER 24. PROTECTION OF THE ELDERLY.

21 Sec. 47.24.010. REPORTS OF HARM. (a) The following persons
22 who, in the performance of their professional duties, have reasonable
23 cause to believe that an elderly person has suffered harm shall, not
24 later than 24 hours after first having cause for the belief, report
25 the harm to the Department of Health and Social Services:

- 26 (1) a physician or other licensed health care provider;
27 (2) a mental health professional as defined in AS 47.30.-
28 915(11);
29 (3) a pharmacist;

1 The department shall provide to the Department of Law a copy of each
2 report of an investigation of harm to an elderly person.

3 (c) The department shall immediately terminate an investigation
4 under this section upon the request of an elderly person who is the
5 subject of a report of harm. However, if the department has reason-
6 able cause to believe that the elderly person is incapacitated, the
7 department may petition the superior court under AS 13.26 for appoint-
8 ment of a guardian or temporary guardian for the elderly person for
9 the purpose of obtaining consent to continue the investigation.

10 Sec. 47.24.030. PROTECTIVE SERVICES. (a) The department shall
11 provide available protective services to a harmed elderly person if
12 and to the extent to which the elderly person consents. If the de-
13 partment has reasonable cause to believe that the elderly person lacks
14 the capacity to consent to receiving protective services, it may
15 petition the superior court under AS 13.26 for appointment of a guard-
16 ian or temporary guardian for the elderly person for the purpose of
17 obtaining consent.

18 (b) If an elderly person who has consented to receiving protec-
19 tive services is prevented by a caretaker from receiving the services,
20 the department may assist the elderly person to petition the superior
21 court for an injunction restraining the caretaker from interfering
22 with the provision of protective services to the elderly person.

23 Sec. 47.24.040. REVIEW AND REFERRAL. The department shall, not
24 later than 90 days after initiating the provision of protective ser-
25 vices to an elderly person, initiate a review of the case to determine
26 whether continuation or modification of protective services that are
27 being provided is warranted. The department shall reevaluate the case
28 every 90 days thereafter until the case is closed.

29 Sec. 47.24.050. CONFIDENTIALITY OF REPORTS. (a) Investigation

1 person that the person has reasonable cause to believe is a result of
2 abuse, neglect, or abandonment by a caretaker of the elderly person.

3 (e) If immediate action is necessary to protect the elderly
4 person from imminent harm, the person shall make the report of harm to
5 a police officer or a village public safety officer. The police
6 officer or village public safety officer shall take immediate action
7 to protect the elderly person and shall, at the earliest opportunity,
8 notify the department.

9 (f) A person who, in good faith, makes a report of economic or
10 physical harm to an elderly person under this chapter, or who partici-
11 pates in judicial proceedings related to the submission of reports
12 under this chapter, is immune from any civil or criminal liability
13 that might otherwise be incurred or imposed.

14 (g) Failure to make a report under subsection (a) of this sec-
15 tion is not the basis of civil liability unless otherwise provided by
16 law.

17 Sec. 47.24.020. ACTION ON REPORTS. (a) Upon receiving a report
18 of harm, the department shall promptly initiate an investigation to
19 determine the economic or physical condition of the elderly person
20 named in the report and whether action or services are needed for the
21 protection of the elderly person. The department shall personally
22 interview the elderly person during the investigation, unless the
23 elderly person is unconscious or otherwise physically or mentally
24 impaired to such an extent as to be unable to respond to questions.

25 (b) The department shall prepare a written report of the inves-
26 tigation, including findings, recommendations, and a determination of
27 whether and what kind of protective services are to be offered to the
28 elderly person. Upon request, the person who reported harm to the
29 elderly person shall be notified of the status of the investigation.

1 injury, or the deprivation by a caretaker of services that are neces-
2 sary to maintain the physical and mental health of an elderly person;

3 (3) "caretaker" means a person who is responsible for the
4 care of an elderly person as a result of a family relationship, or who
5 has assumed responsibility for the care of an elderly person volun-
6 tarily, by contract, or by court order;

7 (4) "department" means the Department of Health and Social
8 Services;

9 (5) "economic harm" means intentional economic exploitation
10 of an elderly person resulting from theft, fraud, or coercion by a
11 caretaker of the elderly person;

12 (6) "elderly person" means a resident of Alaska who is 60
13 years of age or older;

14 (7) "harm" means physical harm or economic harm;

15 (8) "incapacitated" means a person's ability to receive and
16 evaluate information or to communicate decisions is impaired for
17 reasons other than minority to the extent that the person lacks the
18 ability to obtain the essential requirements for physical health or
19 safety without court-ordered assistance;

20 (9) "neglect" means the failure by the caretaker of an
21 elderly person to provide services necessary to maintain the physical
22 and mental health of the elderly person;

23 (10) "physical harm" means injury to the person of an
24 elderly person resulting from abuse, neglect or abandonment by a
25 caretaker of the elderly person;

26 (11) "police officer" has the meaning given in AS 18.65.-
27 290(2);

28 (12) "protective services" means services intended to
29 prevent or alleviate harm resulting from abuse, neglect, exploitation,

1 reports and reports of harm filed under this chapter are confidential
2 and are not subject to public inspection and copying under
3 AS 09.25.-110 - 09.25.125. However, in accordance with this chapter
4 and regulations adopted under this chapter, investigation reports may
5 be used by appropriate governmental agencies inside and outside the
6 state, in connection with investigations or judicial proceedings
7 involving harm to an elderly person.

8 (b) The department shall disclose a report of harm if the elder-
9 ly person who is the subject of the report consents in writing. The
10 department shall, upon request, disclose the number of verified re-
11 ports of harm that occurred at an institution for care of the elderly.

12 Sec. 47.24.060. AUTHORITY OF THE DEPARTMENT. In performing its
13 duties under this chapter, the department may, subject to the elderly
14 person's consent, initiate actions necessary to assure the health,
15 safety and welfare of an elderly person, including the transfer of the
16 elderly person from a nursing home, residential care or health care
17 facility.

18 Sec. 47.24.070. REGULATIONS. Regulations to implement this
19 chapter shall be approved by the Older Alaskans Commission (AS 44.21.-
20 200) before adoption by the department.

21 Sec. 47.24.075. QUARTERLY REPORT. The department shall submit
22 to the Older Alaskans Commission each quarter a statistical report of
23 the department's activities related to the protection of elderly
24 persons in the state. The report may not disclose the identity of
25 victims or perpetrators of the harm.

26 Sec. 47.24.100. DEFINITIONS. In this chapter

27 (1) "abandonment" means desertion of an elderly person by a
28 caretaker;

29 (2) "abuse" means the infliction of physical pain or

1 injury, or the deprivation by a caretaker of services that are neces-
2 sary to maintain the physical and mental health of an elderly person;

3 (3) "caretaker" means a person who is responsible for the
4 care of an elderly person as a result of a family relationship, or who
5 has assumed responsibility for the care of an elderly person volun-
6 tarily, by contract, or by court order;

7 (4) "department" means the Department of Health and Social
8 Services;

9 (5) "economic harm" means intentional economic exploitation
10 of an elderly person resulting from theft, fraud, or coercion by a
11 caretaker of the elderly person;

12 (6) "elderly person" means a resident of Alaska who is 60
13 years of age or older;

14 (7) "harm" means physical harm or economic harm;

15 (8) "incapacitated" means a person's ability to receive and
16 evaluate information or to communicate decisions is impaired for
17 reasons other than minority to the extent that the person lacks the
18 ability to obtain the essential requirements for physical health or
19 safety without court-ordered assistance;

20 (9) "neglect" means the failure by the caretaker of an
21 elderly person to provide services necessary to maintain the physical
22 and mental health of the elderly person;

23 (10) "physical harm" means injury to the person of an
24 elderly person resulting from abuse, neglect or abandonment by a
25 caretaker of the elderly person;

26 (11) "police officer" has the meaning given in AS 18.65.-
27 290(2);

28 (12) "protective services" means services intended to
29 prevent or alleviate harm resulting from abuse, neglect, exploitation,

1 or abandonment.

Offered: 6/10/83
Referred: Finance

Original sponsors: Josephson and
V. Fischer

1 IN THE SENATE BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 HOUSE CS FOR CS FOR SENATE BILL NO. 122 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to protection of the elderly."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. PURPOSE. In order to protect elderly persons from eco-
9 nomic and physical harm and to assist elderly persons who are unable to
10 protect or care for themselves, the legislature requires the reporting to
11 the state by health professionals and others of cases involving elderly
12 persons who have been or are being harmed. It is the intent of the
13 legislature that required reports be made regardless of any evidentiary
14 privileges established by state law or by the Alaska Rules of Court. It is
15 the intent of the legislature that these reports of harm be investigated
16 and that appropriate protective services be offered in an effort to prevent
17 or alleviate harm to the elderly persons of the state. It is further the
18 intent of the legislature to provide immunity from civil or criminal
19 liability to persons making good faith reports of economic, physical or
20 other harm to an elderly person.

21 * Sec. 2. AS 47 is amended by adding a new chapter to read:

22 CHAPTER 24. PROTECTION OF THE ELDERLY.

23 Sec. 47.24.010. REPORTS OF HARM. (a) The following persons
24 who, in the performance of their professional duties, have reasonable
25 cause to believe that an elderly person has suffered harm shall, not
26 later than 24 hours after first having cause for the belief, report
27 the harm to the Department of Health and Social Services:

28 (1) a physician or other licensed health care provider;

29 (2) a mental health professional as defined in

1 AS 47.30.915(11);

2 (3) a pharmacist;

3 (4) an administrator of a nursing home, residential care or
4 health care facility;

5 (5) a guardian or conservator;

6 (6) a police officer;

7 (7) a village public safety officer;

8 (8) a village health aide;

9 (9) a social worker;

10 (10) a member of the clergy;

11 (11) a staff employee of a project funded by the Older
12 Alaskans Commission;

13 (12) an employee of a homemaker program or home health aide
14 program;

15 (13) an emergency medical technician or a paramedic in the
16 mobile intensive care program.

17 (b) A report of harm made under this section may include the
18 name and address of the person reporting the harm and shall include

19 (1) the name and address of the elderly person;

20 (2) information relating to the nature and extent of the
21 harm;

22 (3) other information that the person reporting the harm
23 believes might be helpful in an investigation of the case or in pro-
24 viding protection for the elderly person.

25 (c) A person who fails to comply with this section is guilty of
26 a violation as defined in AS 11.81.900(55).

27 (d) This section does not prohibit a person listed in (a) of
28 this section from reporting cases of economic or physical harm to an
29 elderly person that have come to the person's attention in a

1 nonprofessional capacity. This section does not prohibit any other
2 person from reporting economic harm to an elderly person that the
3 person has reasonable cause to believe is a result of theft, fraud, or
4 coercion by a caretaker of the elderly person, or physical harm to an
5 elderly person that the person has reasonable cause to believe is a
6 result of abuse, neglect, or abandonment.

7 (e) If immediate action is necessary to protect the elderly
8 person from imminent harm, the person shall make the report of harm to
9 a police officer or a village public safety officer. The police
10 officer or village public safety officer shall take immediate action
11 to protect the elderly person and shall, at the earliest opportunity,
12 notify the department.

13 (f) A person who, in good faith, makes a report of economic or
14 physical harm to an elderly person under this chapter, or who partici-
15 pates in judicial proceedings related to the submission of reports
16 under this chapter, is immune from any civil or criminal liability
17 that might otherwise be incurred or imposed.

18 (g) Failure to make a report under subsections (a) and (d) of
19 this section is not the basis of civil liability unless otherwise
20 provided by law.

21 Sec. 47.24.020. ACTION ON REPORTS. (a) Upon receiving a report
22 of harm, the department shall promptly initiate an investigation to
23 determine the economic or physical condition of the elderly person
24 named in the report and whether action or services are needed for the
25 protection of the elderly person. The department shall personally
26 interview the elderly person during the investigation, unless the
27 elderly person is unconscious or otherwise physically or mentally
28 impaired to such an extent as to be unable to respond to questions.

29 (b) The department shall prepare a written report of the

1 investigation, including findings, recommendations, and a
2 determination of whether and what kind of protective services are to
3 be offered to the elderly person. Upon request, the person who
4 reported harm to the elderly person shall be notified of the status of
5 the investigation. The department shall provide to the Department of
6 Law a copy of each report of an investigation of harm to an elderly
7 person if the report of harm is confirmed to be true.

8 (c) The department shall immediately terminate an investigation
9 under this section upon the request of an elderly person who is the
10 subject of a report of harm. However, if the department has reason-
11 able cause to believe that the elderly person is incapacitated, the
12 department may petition the superior court under AS 13.26 for appoint-
13 ment of a guardian or temporary guardian for the elderly person for
14 the purpose of obtaining consent to continue the investigation.

15 Sec. 47.24.030. PROTECTIVE SERVICES. (a) The department shall
16 provide available protective services to a harmed elderly person if
17 and to the extent to which the elderly person consents. If the de-
18 partment has reasonable cause to believe that the elderly person lacks
19 the capacity to consent to receiving protective services, it may
20 petition the superior court under AS 13.26 for appointment of a guard-
21 ian or temporary guardian for the elderly person for the purpose of
22 obtaining consent.

23 (b) If an elderly person who has consented to receiving protec-
24 tive services is prevented by a caretaker from receiving the services,
25 the department may assist the elderly person to petition the superior
26 court for an injunction restraining the caretaker from interfering
27 with the provision of protective services to the elderly person.

28 Sec. 47.24.040. REVIEW AND REFERRAL. The department shall, not
29 later than 90 days after initiating the provision of protective

1 services to an elderly person, initiate a review of the case to deter-
2 mine whether continuation or modification of protective services that
3 are being provided is warranted. The department shall reevaluate the
4 case every 90 days thereafter until the case is closed.

5 Sec. 47.24.050. CONFIDENTIALITY OF REPORTS. (a) Investigation
6 reports and reports of harm filed under this chapter are confidential
7 and are not subject to public inspection and copying under
8 AS 09.25.-110 - 09.25.125. However, in accordance with this chapter
9 and regulations adopted under this chapter, investigation reports may
10 be used by appropriate governmental agencies inside and outside the
11 state, in connection with investigations or judicial proceedings
12 involving harm to an elderly person.

13 (b) The department shall disclose a report of harm if the elder-
14 ly person who is the subject of the report consents in writing. The
15 department shall, upon request, disclose the number of verified re-
16 ports of harm that occurred at an institution for care of the elderly.

17 Sec. 47.24.060. AUTHORITY OF THE DEPARTMENT. In performing its
18 duties under this chapter, the department may, subject to the elderly
19 person's consent, initiate actions necessary to assure the health,
20 safety and welfare of an elderly person, including the transfer of the
21 elderly person from a nursing home, residential care or health care
22 facility.

23 Sec. 47.24.070. REGULATIONS. Regulations to implement this
24 chapter shall be approved by the Older Alaskans Commission (AS 44.21.-
25 200) before adoption by the department.

26 Sec. 47.24.075. QUARTERLY REPORT. The department shall submit
27 to the Older Alaskans Commission each quarter a statistical report of
28 the department's activities related to the protection of elderly
29 persons in the state. The report may not disclose the identity of

1 victims or perpetrators of the harm.

2 Sec. 47.24.100. DEFINITIONS. In this chapter

3 (1) "abandonment" means desertion of an elderly person by a
4 caretaker;

5 (2) "abuse" means the infliction of physical pain or in-
6 jury, the infliction of mental anguish that requires medical
7 attention, or the deprivation by a caretaker of services that are
8 necessary to maintain the physical and mental health of an elderly
9 person;

10 (3) "caretaker" means a person who is responsible for the
11 care of an elderly person as a result of a family relationship, or who
12 has assumed responsibility for the care of an elderly person volun-
13 tarily, by contract, or by court order;

14 (4) "department" means the Department of Health and Social
15 Services;

16 (5) "economic harm" means intentional economic exploitation
17 of an elderly person resulting from theft, fraud, or coercion by a
18 caretaker of the elderly person;

19 (6) "elderly person" means a resident of Alaska who is 65
20 years of age or older;

21 (7) "harm" means physical harm or economic harm;

22 (8) "incapacitated" means a person's ability to receive and
23 evaluate information or to communicate decisions is impaired for
24 reasons other than minority to the extent that the person lacks the
25 ability to obtain the essential requirements for physical health or
26 safety without court-ordered assistance;

27 (9) "neglect" means the failure by the caretaker of an
28 elderly person to provide services necessary to maintain the physical
29 and mental health of the elderly person;

1 (10) "physical harm" means injury to the person of an
2 elderly person resulting from abuse, neglect or abandonment;

3 (11) "police officer" has the meaning given in AS 18.65.-
4 290(2);

5 (12) "protective services" means services intended to
6 prevent or alleviate harm resulting from abuse, neglect, exploitation,
7 or abandonment.

SB 122 SENATE ACTION
DATE SEQ PAGE

15:10 6/21/83 PAGE 2 OF 3

LEGISLATIVE ACTION

02/11/83 01 0170
03/21/83 02 0447
03/21/83 03 0447
04/15/83 04 0705
04/15/83 05 0705
04/28/83 06 0964

FIRST READING -- COMMITTEE REPORTS

04/28/83 07 0954
05/12/83 08 0964
05/17/83 09 1004
05/17/83 10 1004
05/17/83 11 1007

HESS -- CS03
HESS PRELIMINARY FISCAL STATEMENT
FIN -- HESS CS05, NR02
FIN F/NOTE SEN SUPPL #19
RLS -- OTHER04

TAKEN UP IMMEDIATELY
REFERRAL RECOMMENDED TO JUD
JUD -- CS04, NR01
RLS -- JUD CS03, OTHER03

05/17/83 12 1008
05/17/83 13 1008
05/17/83 16 1009
05/17/83 17 0000
05/17/83 14 1008
05/17/83 15 1008
05/17/83 18 1009

TAKEN UP IMMEDIATELY
SECOND READING
JUD CS ADOPTED BY UNAN CONSENT
ADVANCED TO 3RD READING BY UNAN CONSENT
AM01 ADOPTED BY UNAN CONSENT
ADVANCED TO 3RD READING BY UNAN CONSENT
THIRD READING
RETURNED TO 2ND READING BY UNAN CONSENT
PASSED BY DIV 20-00-00

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SB 122 HOUSE ACTION
DATE SEQ PAGE

15:10 6/21/83 PAGE 3 OF 3

LEGISLATIVE ACTION

05/18/83 19 1405
06/10/83 20 1657
06/10/83 21 1657
06/17/83 22 1765
06/17/83 23 1765
06/20/83 24 1798
06/20/83 25 1798
06/20/83 26 1798
06/20/83 27 1798
06/20/83 28 1799

FIRST READING -- COMMITTEE REPORTS

HESS -- CS04, OTHER01
HESS F/NOTE HSE SUPPL #72
FIN -- HESS CS03
FIN F/NOTE HSE SUPPL #74

SECOND READING
HESS CS ADOPTED BY UNAN CONSENT
ADVANCED TO 3RD READING BY UNAN CONSENT
THIRD READING
PASSED BY DIV 39-00-01

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SENATE JUDICIARY COMMITTEE

Meeting Minutes
May 9, 1983

The meeting was called to order by Chairman Ray at 1:35 p.m. All members were present.

The first order of business was the Committee Substitute (HESS) for Senate Bill 122--Protection of the elderly, as to which Senator Ray announced that the bill was in the Senate Rules Committee when a problem arose with the term "mental anguish" in the definitions section, at page 5, line 27. Senator Josephson, one of the bill's prime sponsors, explained that he is fully aware of the problem and has no objections to deleting that term. Senator Ray concurred and then suggested that the term "economic exploitation" be added to cover the type of exertion of undue influence and economic coercion that was involved in the Groucho Marx case in California. Senator Pettyjohn, however, questioned the inclusion of this new term and concept and stated that it may create an unduly heavy burden in trying to enforce the legislation. Senator Pettyjohn also raised some questions about the procedures set forth in the bill and a discussion was had on these points with Senators Ray and Josephson joining therein.

Dove M. Kull, a member of the Older Alaskans Commission, testified in favor of the bill, emphasizing that the lack of statutory authority is the biggest hindrance to states being able to assist abused elderly persons and that many other states have enacted or are considering enacting similar legislation.

Beth Bishop, with Southeast Senior Services, testified in favor of the bill, focusing on the types of problems encountered and the other types of programs that are also needed to adequately protect the abused elderly.

John Wolfe, Executive Director of the Older Alaskans Commission, testified in favor of the bill and offered to answer any questions the members of the Committee may have. Senator Eliason asked a question about the language at page 3, line 29, of the bill and Mr. Wolfe responded by explaining the basic purpose and intent of the language.

By concurrence of a majority of the members of the Committee, it was agreed that the bill will be amended (and the amendments will be incorporated into a new committee substitute) so that the term "economic harm" will be inserted wherever appropriate and will be defined as "intentional economic exploitation by theft, fraud and coercion." Also, as previously agreed, the term "mental anguish" will be deleted from the definitions section, at page 5, line 27.

Senator Eliason asked a question about the language at page 3, line 8, regarding immunity for reporting instances of harm to the elderly and why these provisions are necessary. A discussion was had on this point

with Senator Josephson joining therein and pointing out that the provisions in question merely parallel what has been done in the child abuse area and only provide a qualified immunity because a good faith requirement is built into the bill.

Senator Pettyjohn asked why mentally and physically handicapped persons aren't included in the bill and a discussion was had on this point with Senators Ray, Josephson and Ziegler joining therein, whereupon Senator Josephson moved that the bill, as amended (with the amendments incorporated into a new committee substitute) pass out with individual recommendations. Senators Ray, Josephson, Ziegler and Eliason voted Do Pass. Senator Pettyjohn voted No Recommendation.

The second order of business was the proposed committee substitute (Berrier draft dated 5/7/83) for Senate Bill 257--Legislative ethics, as to which Senator Ziegler stated that it is the worst piece of legislation he has ever seen and that he has the following specific objections to it regarding which discussion was had wherein all Committee members participated:

The provisions starting on page 3, line 21 relating to fundraisers;

The provisions of section 24.60.080 on page 6 relating to gifts;

The provisions of section 24.60.100 on page 7 relating to representation;

The provisions of section 24.60.110 on page 7 relating to having to resign a conflicting position as it applies to an attorney legislator who is under an ethical duty not to withdraw from a case unless his client consents.

Senator Josephson concurred with Senator Ziegler's concerns about the fundraisers provisions and pointed out that they shouldn't apply to a legislator who is trying to raise funds for anything other than legislative campaigns; i.e., the prohibition shouldn't apply to a legislator who wants to run for statewide or congressional office. Therefore, Senator Josephson suggested that the word "legislative" be added in front of the phrase "campaign purposes" on page 3, line 24, of the proposed committee substitute.

Senator Pettyjohn stated that forcing legislators to hold fundraisers in their own district during session is too restrictive; therefore, he moved that the proposed committee substitute be amended to only prohibit fund raisers in Juneau during session. In his motion Senator Pettyjohn also incorporated Senator Josephson's prior suggested language addition. The motion passed after a vote was taken wherein Senators Josephson, Ziegler and Pettyjohn voted in favor and Senators Ray and Eliason voted against.

Senator Fahrenkamp testified and raised several concerns about the bill in its present form, including:

Subsection (g) on page 3, relating to fundraisers; and

Section 24.60.080 on page 6, relating to gifts, as to which a lengthy discussion was had wherein all Committee members participated and Senator Josephson suggested that the language of that section be changed to alleviate Senator Fahrenkamp's concerns.

Senator Mulcahy then testified and also expressed concerns similar to Senator Fahrenkamp's regarding the gifts section, explaining that travel to remote areas to attend conferences and meetings regarding matters of legislative concern is very important to bush legislators, whereupon Senator Pettyjohn moved--and the motion passed without objection--that the following sentence be added at the end of section 24.60.080:

"A gift of travel and hospitality received by a member of the legislature in obtaining information on matters of legislative concern is not prohibited by this section."

Senator Ferguson then testified and proposed that the following language be page 3, line 17, of the proposed committee substitute:

"Food or foodstuffs indigenous to the state that are generally shared as a cultural or social norm."

A motion was made to adopt Senator Ferguson's suggested amendment and the motion passed without objection.

Senator Ray moved that in subsection (f) of section 20.60.030, dealing with conflicts of interest, the words "with approval of the legislature" be added immediately before the word "establish" on page 3, line 18 of the proposed committee substitute. The motion passed without objection.

Senator Josephson moved that CSSB 257, as amended (with the amendments incorporated into a new committee substitute) pass out with individual recommendations. Senators Ray, Josephson and Pettyjohn voted Do Pass. Senators Ziegler and Eliason voted No Recommendation.

The third and final order of business was the following new subcommittee assignments:

| | | |
|----------|--|---------|
| SB 26 | Civil immunity for rendering services in response to hazardous materials emergencies | Eliason |
| SB 290 | Transfer of forfeited aircraft to Alaska Wing, Civil Air Patrol | Ray |
| CSHB 290 | Harming a police dog | Ziegler |

There being no further business the meeting adjourned at 2:50 p.m.

STATE OF ALASKA
FISCAL NOTE

Revision Date 5/17, 1983

I. REQUEST

Bill/Resolution No.: CSSB 122
 Title: "...protection of the elderly."
 Sponsor: Josephson and V. Fischer
 Requestor: Judiciary

II. FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected:
BRU, Program of Subprogram(s) Affected:

EXPENDITURES/REVENUES: (Thousands of Dollars)

| | FY 83 | FY 84 | FY 85 | FY 86 | FY 87 | FY 88 |
|-------------------------|-------|--------------|--------------|--------------|--------------|--------------|
| OPERATING | | | | | | |
| 100 PERSONAL SERVICES | | 210.0 | 222.6 | 236.0 | 250.2 | 265.2 |
| 200 TRAVEL | | 8.4 | 8.9 | 9.4 | 10.0 | 10.6 |
| 300 CONTRACTUAL | | 10.4 | 11.0 | 11.7 | 12.4 | 13.1 |
| 400 COMMODITIES | | 1.8 | 1.9 | 2.0 | 2.1 | 2.3 |
| 500 EQUIPMENT | | 6.0 | | | | |
| 600 LAND & STRUCTURES | | | | | | |
| 700 GRANTS, CLAIMS, ETC | | 10.0 | 10.6 | 11.2 | 11.9 | 12.6 |
| TOTAL OPERATING | | 246.6 | 255.0 | 270.3 | 286.6 | 303.8 |
| CAPITAL | | | | | | |
| REVENUE | | | | | | |

FUNDING: (Thousands of Dollars)

| | | | | | | |
|------------------------|--|-------|-------|-------|-------|-------|
| GENERAL FUND | | | | | | |
| FEDERAL FUNDS | | 246.6 | 255.0 | 270.3 | 286.6 | 303.8 |
| OTHER (Specify Source) | | | | | | |

POSITIONS:

| | | | | | | |
|-----------|--|---|---|---|---|---|
| FULL-TIME | | 2 | 2 | 2 | 2 | 2 |
| PART-TIME | | 5 | 5 | 5 | 5 | 5 |
| TEMPORARY | | | | | | |

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

*5-300
Committee*

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: *you are Edward Walker ASD*
 Michael L. Price
 Division: Family & Youth Services

Phone: 405-3170
 Date: 5/17/83

Approved by Commissioner: *Robert Gordon Smith, Ph.D.*
 Department: 74 & 55

Date: 5/24/83

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3/8/8

POSITION PAPER

CS FOR SENATE BILL NO. 122 (Judiciary)

PAGE 1

"An Act relating to protection of the elderly."

OVERVIEW

This Bill includes provisions for mandatory reporting of cases of physical and economic harm to elderly persons, investigation of reports of harm by the Department of Health and Social Services, and the offering of appropriate protective services to elderly persons in an effort to prevent or alleviate economic and physical harm. In addition to charging the Department with the duty to investigate reports of harm, the Department will have the following additional responsibilities if this Bill is passed.

1. Section 47.24.020(b) mandates the Department to provide to the Department of Law a copy of each report of an investigation of harm to an elderly person;
2. Section 47.24.070 authorizes the implementation of regulations to be approved by the Older Alaskans Commission before adoption by the Department; and
3. Section 47.24.075 mandates that the Department submit to the Older Alaskans Commission a quarterly statistical report of the Department's activities related to protection of the elderly.

STATEMENT OF THE PROBLEM

In the past 10 years there has been increasing awareness across the nation, including Alaska, of the problems of elder abuse, neglect, and exploitation and elderly persons who are unable to protect or care for themselves. In 1981 an Elder Abuse Task Force was created in Anchorage and a pilot project grant was awarded to the Anchorage Community Mental Health Clinic Geriatric Unit to address the issue of elder abuse. In 1982, Elder Abuse Task Forces were created in Fairbanks and Juneau.

Elderly Alaskans in need of protective services are served by the Division of Family and Youth Services under its Adult Protective Service program which serves adults age 18 and over who are not able to function independently or who may be subject to abuse, neglect, or exploitation. Adult Protective Services are provided on a voluntary basis by a mandate under Title XX of the Social Security Act and the general powers and duties of the Department to promote the health and well-being of Alaskans. Division social workers respond to voluntary reports of harm, investigate the circumstances of abuse, neglect, and exploitation, and

POSITION PAPER

CS FOR SENATE BILL NO. 122 (Judiciary)

PAGE 2

offer appropriate protective services. If an adult client does not consent to services and is not incapacitated as defined under AS 13.26.005, the guardianship statute, the Division has no legal authority to intervene. If, however, an investigation indicates that an adult is incapacitated, the Division may petition the court for a guardian.

As of April 7, 1983, the Division of Family and Youth Services Adult Protective Service caseload was 1,055 clients, of whom 698 are age 60 and over. Of those clients age 60 and over, services to 446 clients or 64% were directed to the goal of preventing or remedying neglect, abuse or exploitation. The Division of Family and Youth Services Case Management Information System does not currently separate out these categories.

Division of Family and Youth Services' staff have actively participated in the Elder Abuse Task Forces. As a part of the Division's Fiscal Year 1983 Adult Protective Services Training Program, the issues of elder abuse, guardianship and conservatorship have been addressed. Community agencies, including programs serving older Alaskans, were invited and participated in these sessions which were conducted in Anchorage, Bethel, Fairbanks, Juneau, Ketchikan, and Nome.

Since reporting of harm to elderly persons is not mandatory, not all known cases are reported to a single agency. As a result, the actual extent of the problem is not known. However, we anticipate that mandatory reporting of physical and economic harm will result in increased caseloads. Social worker caseloads are such that additional staff will be necessary to meet the intent of this Bill. Furthermore, should the number of cases reported under the mandatory requirement significantly impact caseloads more than is anticipated, the Division will include necessary documentation to support the need for additional staff and service dollars in the FY 85 budget. If additional staff and service dollars become necessary but not available, the Division may not be able to meet the intent of the legislation.

POSITION PAPER

CS FOR SENATE BILL NO. 122 (Judiciary)
PAGE 2.1

RECOMMENDATION

The Department strongly endorses efforts to promote the independence and well-being of those elderly persons in need of protection. The procedures outlined in the Bill for action on reports, provision of protective services, review and referral, and confidentiality are in accordance with procedures established by the Department of Health and Social Services.

RECOMMENDED: *Jeanne Eder Wiseman*
Michael L. Price, Director
Division of Family and
Youth Services

DATE: May 18, 1983

APPROVED BY: *Robert London Smith*
Robert London Smith, Ph D.
Commissioner

DATE: 5/24/83

STATE OF ALASKA
FISCAL NOTE

Revision Date 5/17, 1983

I. REQUEST

Bill/Resolution No.: CSSB 122
 Title: "...protection of the elderly."
 Sponsor: Josephson and V. Fischer
 Requestor: Judiciary

II. FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected:
 BRU, Program of Subprogram(s) Affected:

EXPENDITURES/REVENUES: (Thousands of Dollars)

| | FY 83 | FY 84 | FY 85 | FY 86 | FY 87 | FY 88 |
|-------------------------|-------|-------|-------|-------|-------|-------|
| OPERATING | | | | | | |
| 100 PERSONAL SERVICES | | 210.0 | 222.6 | 236.0 | 250.2 | 265.2 |
| 200 TRAVEL | | 8.4 | 8.9 | 9.4 | 10.0 | 10.6 |
| 300 CONTRACTUAL | | 10.4 | 11.0 | 11.7 | 12.4 | 13.1 |
| 400 COMMODITIES | | 1.8 | 1.9 | 2.0 | 2.1 | 2.3 |
| 500 EQUIPMENT | | 6.0 | | | | |
| 600 LAND & STRUCTURES | | | | | | |
| 700 GRANTS, CLAIMS, ETC | | 10.0 | 10.0 | 11.2 | 11.9 | 12.6 |
| TOTAL OPERATING | | 245.6 | 255.0 | 270.3 | 286.6 | 303.8 |
| CAPITAL | | | | | | |
| REVENUE | | | | | | |

FUNDING: (Thousands of Dollars)

| | | | | | | |
|------------------------|--|-------|-------|-------|-------|-------|
| GENERAL FUND | | | | | | |
| FEDERAL FUNDS | | 246.6 | 255.0 | 270.3 | 286.6 | 303.8 |
| OTHER (Specify Source) | | | | | | |

POSITIONS:

| | | | | | | |
|-----------|--|---|---|---|---|---|
| FULL-TIME | | 2 | 2 | 2 | 2 | 2 |
| PART-TIME | | 5 | 5 | 5 | 5 | 5 |
| TEMPORARY | | | | | | |

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Michael L. Price
 Division: Family & Youth Services

Phone: 465-3170
 Date: 5/17/83

Approved by Commissioner: [Signature]
 Department: ALYS

Date: 5/24/83

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3/8/83

CS FOR SENATE BILL NO. 122
FISCAL NOTE

REVISED 5/17/83
PAGE 2

IV. ANALYSIS

A. Assumptions

The establishment of mandatory reporting of cases of physical and economic harm to elderly persons would necessitate educating the public through the news media and handouts. Regulations would need to be promulgated. Without historical data for reporting abuse, neglect, or abandonment, the assumption is made that one-half again as many situations reported would result in placement and counseling with both the individual and family, which would require the establishment of permanent full-time positions in Anchorage and Fairbanks and permanent part-time positions in Juneau, Ketchikan, Nome, Bethel and Palmer.

B. Program Summary

1. Positions: The increase in caseloads would require establishing the following positions:

| | | |
|-------------------|-----|-----------|
| Social Worker III | PFT | Anchorage |
| Social Worker III | PFT | Fairbanks |
| Social Worker III | PPT | Juneau |
| Social Worker III | PPT | Ketchikan |
| Social Worker III | PFT | Nome |
| Social Worker III | PPT | Bethel |
| Social Worker III | PPT | Palmer |

2. Other Expenditures:

It will be necessary to secure additional office space, copier, telephones, postage, commodities and minimal equipment for each new position. Detail of these costs are reflected on the attached Forms 13. Funds will also be necessary to provide special needs for adult clients.

C. Computations

Computations are those used in the FY 84 budget with a 6% inflation factor for future years.

D. Economic Impact

Enactment will help prevent or alleviate physical harm to the elderly, and will promote their ability to remain independent.

E. Impact on Local Governments

There will be no fiscal impact on local governments.

| TITLE OF INCREMENT | 4. CODE | EXPENDITURE BY OBJECT | AGENCY REQ. | GOV'S REQ. | |
|--|------------------------|-----------------------|-----------------|------------|--|
| Protection of the elderly EXPLAIN WHICH BRU OBJECTIVE IS AFFECTED, AND HOW. <u>Objective</u> Provide social services in the least restrictive setting to adults who are victims of abuse, neglect, or exploitation. <u>Effect</u> Reports of abuse, neglect, or abandonment of an elderly person will be investigated and appropriate services provided. Service may include information and referral, case assessment, case planning, authorizing and arranging for appropriate services and placement | 100 | Personal Services | 210.0 | | |
| | 200 | Travel | 8.4 | | |
| | 300 | Contractual Services | 10.4 | | |
| | 400 | Commodities | 1.8 | | |
| | 500 | Equipment | 6.0 | | |
| | 600 | Land, Buildings, Etc. | | | |
| | 700 | Grants, Claims, Etc. | 10.0 | | |
| | 800 | Miscellaneous | | | |
| | TOTAL | | | 246.6 | |
| | I-A Transfer (NON-DBI) | | | | |
| Federal Receipts - Code: | | | | | |
| General Fund | | | 246.0 | | |
| Other | | | | | |
| 5. POSITION INFORMATION: | | | | | |
| | | PFT | 2 | | |
| | | Staff Months | 24 | | |
| | | FTE | 3 | | |
| 6. INCREMENT PRIORITY | | | | | |
| BRU Level: _____ of _____ | | | BRU | | |
| Agency Level: _____ of _____ | | | Agency | | |
| 7. CHECK ONE OR BOTH | | | | | |
| <input type="checkbox"/> Currently Existing Service | | | | | |
| <input checked="" type="checkbox"/> New Service | | | | | |
| 8. IMPACT FROM CAPITAL PROJECT (NONE) | | | | | |
| _____ | | | | | |
| Chapter _____ | | SLA _____ | Page/Line _____ | | |

| |
|---------------------|
| 6 INCREMENT REQUEST |
|---------------------|

| | |
|-----------|--------------------------------|
| AGENCY | Health and Social Services |
| | Social and Economic Assistance |
| PROGRAM | for the General Population |
| BRU | Program Services |
| COMPONENT | Adult Services |

| | |
|--------------------|---|
| Page 1 of 1 | 1 |
| Revised Date _____ | |

| |
|-------|
| FY 54 |
|-------|

| | | | | | | | | | | |
|-------------------|-------------------------------------|--------------------|-----------|--------------------|---|-----------------------|-------------------|------|-------|-------|
| 1. | POSITION TITLE Social Worker III | | | RANGE/STEP 16 A | D/RG. UNIT G.G.U. | FORM 12 | PAGE/LINE | GOV. | APPR. | OTHER |
| 2. | TYPE OF POSITION PFT | STAFF MONTHS 12 | RP NUMBER | PCN NUMBER | BRU PRIORITY | LOCATION Anchorage | ELECTION DISTRICT | SEC. | | |
| 3. | CONTINUATION LEVEL | | | ADDITION | JUSTIFICATION | | | | | |
| 4. | TYPE OF EXPENDITURE | | | AMOUNT | <p>This position will be necessary to provide information and referral, case assessment, case planning, authorizing and arranging for the placement of elderly in a residential care facility or adult foster home. It will also be responsible for assuming a portion of the current adult protective services caseloads which are in excess of the 50 cases per worker recommended on the national level.</p> | | | | | |
| | 1 | 2 | 3 | | | | | | | |
| | PERSONAL SERVICES | | | | | | | | | |
| 5. | Salary | 50,876 | | | | | | | | |
| 6. | Benefits | 1,396 | | | | | | | | |
| 7. | Supplemental Benefits | 5,280 | | | | | | | | |
| 8. | Fixed Benefits | 2,880 | | | | | | | | |
| 9. | TOTAL PERSONAL SERVICES | 01 | 40,932 | | | | | | | |
| 10. | Travel | 02 | 2,000 | | | | | | | |
| 11. | Contractual | 03 | 1,492 | | | | | | | |
| 12. | Commodities | 04 | 100 | | | | | | | |
| 13. | Equipment | 05 | 560 | | | | | | | |
| 14. | Other | | | | | | | | | |
| 15. | TOTAL COST | | 45,674 | | | | | | | |
| | RECEIPT CODE | FUNDING SOURCE | | | | | | | | |
| 16. | | Federal Receipts | 1002 | | | | | | | |
| 17. | | G.F. Match | 1003 | | | | | | | |
| 18. | | General Funds | 1004 | 45,674 | | | | | | |
| 19. | | I-A Receipts | 1005 | | | | | | | |
| 20. | | Program Receipts | 1023 | | | | | | | |
| 21. | | Other | | | | | | | | |
| FOR DATA USE ONLY | | | | | | | | | | |
| 44 KEY NUMBER | | | | | | | | | | |

15 REQUEST FOR
NEW POSITION

AGENCY Health and Social Services
Social and Economic Assistance
PROGRAM for the General Population
BRU Program Services
COMPONENT Adult Services

Page 1 of 7
Revised Date _____

FY 84

| | | | | | | | | | |
|-----------------|-------------------------------------|-----------------------|---------------|--------------------|----------------------|-----------------------|-------------------|-----|-----|
| 1. | POSITION TITLE Social Worker III | | | RANGE/STEP 16 A | BARG. UNIT G.G.U. | FORM 12 | PAGE/LINE | DDV | 019 |
| 2. | TYPE OF POSITION PFT | STAFF MONTHS 12 | RP NUMBER | PCN NUMBER | BRU PRIORITY | LOCATION Fairbanks | ELECTION DISTRICT | EC | |
| 3. | CONTINUATION LEVEL | ADDITION | JUSTIFICATION | | | | | | |
| 4. | TYPE OF EXPENDITURE | | AMOUNT | | | | | | |
| | 1 | 2 | 3 | | | | | | |
| | PERSONAL SERVICES | | | | | | | | |
| 5. | Salary | 35,580 | | | | | | | |
| 6. | Benefits | 2,184 | | | | | | | |
| 7. | Supplemental Benefits | 6,084 | | | | | | | |
| 8. | Fixed Benefits | 2,880 | | | | | | | |
| 9. | TOTAL PERSONAL SERVICES | 01 | 46,728 | | | | | | |
| 10. | Travel | 02 | 2,000 | | | | | | |
| 11. | Concessional | 03 | 1,482 | | | | | | |
| 12. | Commodities | 04 | 400 | | | | | | |
| 13. | Equipment | 15 | 860 | | | | | | |
| 14. | Other | | | | | | | | |
| 15. | TOTAL COST | | 51,470 | | | | | | |
| | RECEIPT CODE | FUNDING SOURCE | | | | | | | |
| 16. | | Federal Receipts 1002 | | | | | | | |
| 17. | | G.F. Match 1003 | | | | | | | |
| 18. | | General Funds 1004 | | 51,470 | | | | | |
| 19. | | I-A Receipts 1005 | | | | | | | |
| 20. | | Program Receipts 1026 | | | | | | | |
| 21. | | Other | | | | | | | |
| FOR BUDGET ONLY | | | | | | | | | |
| KEY NUMBER | | | | | | | | | |

This position will be necessary to provide information and referral, case assessment, case planning, authorizing and arranging for the placement of elderly in a residential care facility or adult foster home. It will also be responsible for assuming a portion of the current adult protective services caseloads which are in excess of the 50 cases per worker recommended on the national level.

13 REQUEST FOR
NEW POSITION

AGENCY Health and Social Services
Social and Economic Assistance
PROGRAM for the General Population
BRU Program Services
COMPONENT Adult Services

Page 2 of 7
Revised Date

FY 81

| | | | | | | | | | | | |
|------------------|-------------------------------------|-------------------|-----------|------------|--------------------|----------------------|-------------------|------|-------|--------|--|
| 1. | POSITION TITLE Social Worker III | | | | RANGE/STEP 16 A | BARG. UNIT G.C.U. | FORM 12 PAGE/LINE | CCY. | INTY. | DISAP. | |
| 2. | TYPE OF POSITION PBT | STAFF MONTHS 6 | RP NUMBER | PCN NUMBER | BRU PRIORITY | LOCATION Palmer | ELECTION DISTRICT | LEG. | | | |
| 3. | CONTINUATION LEVEL | | | | JUSTIFICATION | | | | | | |
| 4. | TYPE OF EXPENDITURE | | | | AMOUNT | | | | | | |
| | 1 | | 2 | | 3 | | | | | | |
| | PERSONAL SERVICES | | | | | | | | | | |
| 5. | Salary | | 16,020 | | | | | | | | |
| 6. | Benefits | | 984 | | | | | | | | |
| 7. | Supplemental Benefits | | 2,736 | | | | | | | | |
| 8. | Fraud Benefits | | 2,860 | | | | | | | | |
| 9. | TOTAL PERSONAL SERVICES | 01 | | 22,620 | | | | | | | |
| 10. | Travel | | 02 | 800 | | | | | | | |
| 11. | Contractual | | 03 | 1,482 | | | | | | | |
| 12. | Commodities | | 04 | 200 | | | | | | | |
| 13. | Equipment | | 05 | 860 | | | | | | | |
| 14. | Other | | | | | | | | | | |
| 15. | TOTAL COST | | | 25,962 | | | | | | | |
| | RECEIPT CODE | FUNDING SOURCE | | | | | | | | | |
| 16. | | Federal Receipts | 1002 | | | | | | | | |
| 17. | | G.F. Match | 1003 | | | | | | | | |
| 18. | | General Funds | 1004 | 25,962 | | | | | | | |
| 19. | | I-A Receipts | 1005 | | | | | | | | |
| 20. | | Program Receipts | 1028 | | | | | | | | |
| 21. | | Other | | | | | | | | | |
| FOR BOM USE ONLY | | | | | | | | | | | |
| AW KEY NUMBER | | | | | | | | | | | |

This position will be necessary to provide information and referral, case assessment, case planning, authorizing and arranging for the placement of elderly in a residential care facility or adult foster home. It will also be responsible for assuming a portion of the current adult protective services caseloads which are in excess of the 50 cases per worker recommended on the national level.

15 REQUEST FOR
NEW POSITION

AGENCY Health and Social Services
Social and Economic Assistance
PROGRAM for the General Population
BRU Program Services
COMPONENT Adult Services

Page 5 of 7
Revised Date

CV 84

| | | | | | | | | | | |
|---------------------|-------------------------------------|-------------------|-----------|------------|--------------------|----------------------|-------------------|------|-------|-------|
| 1. | POSITION TITLE Social Worker III | | | | RANGE/STEP 16 A | BARG. UNIT G.G.U. | FORM 12 PAGE/LINE | COV. | APPR. | DISP. |
| 2. | TYPE OF POSITION PPT | STAFF MONTHS 6 | RP NUMBER | PCN NUMBER | BRU PRIORITY | LOCATION Juncos | ELECTION DISTRICT | LEG. | | |
| 3. | CONTINUATION LEVEL / ADDITION | | | | JUSTIFICATION | | | | | |
| 4. | TYPE OF EXPENDITURE | | | | AMOUNT | | | | | |
| | 1 | | 2 | | 3 | | | | | |
| | PERSONAL SERVICES | | | | | | | | | |
| 5. | Salary | | 15,444 | | | | | | | |
| 6. | Benefits | | 948 | | | | | | | |
| 7. | Supplemental Benefits | | 2,640 | | | | | | | |
| 8. | Fixed Benefits | | 2,880 | | | | | | | |
| 9. | TOTAL PERSONAL SERVICES | 01 | | 21,912 | | | | | | |
| 10. | Travel | 02 | | 800 | | | | | | |
| 11. | Contractual | 03 | | 1,487 | | | | | | |
| 12. | Commodities | 04 | | 200 | | | | | | |
| 13. | Equipment | 05 | | 850 | | | | | | |
| 14. | Other | | | | | | | | | |
| 15. | TOTAL COST | | | 25,254 | | | | | | |
| | RECEIPT CODE | FUNDING SOURCE | | | | | | | | |
| 16. | | Federal Receipts | 1002 | | | | | | | |
| 17. | | G.F. Match | 1003 | | | | | | | |
| 18. | | General Funds | 1004 | 25,254 | | | | | | |
| 19. | | I-A Receipts | 1005 | | | | | | | |
| 20. | | Program Receipts | 1028 | | | | | | | |
| 21. | | Other | | | | | | | | |
| FOR BUREAU USE ONLY | | | | | | | | | | |
| AA KEY NUMBER | | | | | | | | | | |

This position will be necessary to provide information and referral, case assessment, case planning, authorizing and arranging for the placement of elderly in a residential care facility or adult foster home. It will also be responsible for assuming a portion of the current adult protective services caseloads which are in excess of the 50 cases per worker recommended on the national level.

13 REQUEST FOR
NEW POSITION

AGENCY Health and Social Services
Social and Economic Assistance
PROGRAM for the General Population
BRU Program Services
COMPONENT Adult Services

Page 1 of 7
Revised Date

| | | | | | | | | | |
|---------------------|-------------------------------------|-------------------|---------------|--------------------|----------------------|-----------------------|-------------------|--------|-------|
| 1. | POSITION TITLE Social Worker III | | | RANGE/STEP 16 A | BARG. UNIT G.C.U. | FORM 12 PAGE/LINE | GOV. | AGENCY | DEPT. |
| 2. | TYPE OF POSITION PPT | STAFF MONTHS 6 | RP NUMBER | PCN NUMBER | BRU PRIORITY | LOCATION Titchikan | ELECTION DISTRICT | | |
| 3. | CONTINUATION LEVEL | ADDITION | JUSTIFICATION | | | | | | |
| 4. | TYPE OF EXPENDITURE | | | VALUE | | | | | |
| | 1 | 2 | 3 | | | | | | |
| | PERSONAL SERVICES | | | | | | | | |
| 5. | Salary | 15,444 | | | | | | | |
| 6. | Benefits | 948 | | | | | | | |
| 7. | Supplemental Benefits | 2,640 | | | | | | | |
| 8. | Fringe Benefits | 2,880 | | | | | | | |
| 9. | TOTAL PERSONAL SERVICES | 01 | 21,912 | | | | | | |
| 10. | Travel | 02 | 800 | | | | | | |
| 11. | Contractual | 03 | 1,482 | | | | | | |
| 12. | Commodities | 04 | 200 | | | | | | |
| 13. | Equipment | 05 | 850 | | | | | | |
| 14. | Other | | | | | | | | |
| 15. | TOTAL COST | | 25,254 | | | | | | |
| | RECEIPT CODE FUNDING SOURCE | | | | | | | | |
| 16. | | Federal Receipts | 1002 | | | | | | |
| 17. | | G.S. Match | 1003 | | | | | | |
| 18. | | General Funds | 1004 | 25,254 | | | | | |
| 19. | | I-A Receipts | 1005 | | | | | | |
| 20. | | Program Receipts | 1008 | | | | | | |
| 21. | | Other | | | | | | | |
| FOR BUREAU USE ONLY | | | | | | | | | |
| BUREAU KEY NUMBER | | | | | | | | | |

This position will be necessary to provide information and referral, case assessment, case planning, authorizing and arranging for the placement of elderly in a residential care facility or adult foster home. It will also be responsible for assuming a portion of the current adult protective services caseloads which are in excess of the 50 cases per worker recommended on the national level.

13 REQUEST FOR
NEW POSITION

AGENCY Health and Social Services
Social and Economic Assistance
PROGRAM for the General Population
BRU Program Services
COMPONENT Adult Services

FY 84

Page 5 of 7
Revised Date

| | | | | | | | | | |
|--|-------------------------|-------------------|------------------|--------------------|----------------------|-------------------|-------------------|--------|--------|
| 1. POSITION TITLE Social Worker III | | | | RANGE/STEP 16 A | BARG. UNIT G.G.U. | FORM 12 PAGE/LINE | GOV. | AGENCY | DISAFF |
| 2. TYPE OF POSITION REG | | STAFF MONTHS 6 | RP NUMBER | PCN NUMBER | BRU PRIORITY | LOCATION None | ELECTION DISTRICT | LEG. | |
| 3. CONTINUATION LEVEL | | | | ADDITION | | | | | |
| 4. TYPE OF EXPENDITURE | | | | AMOUNT | | | | | |
| 1 | | 2 | | 3 | | | | | |
| PERSONAL SERVICES | | | | | | | | | |
| 5. | Salary | | 20,364 | | | | | | |
| 6. | Benefits | | 1,248 | | | | | | |
| 7. | Supplemental Benefits | | 3,440 | | | | | | |
| 8. | Fixed Benefits | | 2,880 | | | | | | |
| 9. | TOTAL PERSONAL SERVICES | | 01 | 27,072 | | | | | |
| 10. | Travel | | 02 | 1,000 | | | | | |
| 11. | Contractual | | 03 | 1,487 | | | | | |
| 12. | Commodities | | 04 | 200 | | | | | |
| 13. | Equipment | | 05 | 860 | | | | | |
| 14. | Other | | | | | | | | |
| 15. | TOTAL COST | | | 31,514 | | | | | |
| RECEIPT CODE | | | | FUNDING SOURCE | | | | | |
| 16. | | | Federal Receipts | 1002 | | | | | |
| 17. | | | G.F. Match | 1003 | | | | | |
| 18. | | | General Funds | 1004 | 31,514 | | | | |
| 19. | | | I-A Receipts | 1005 | | | | | |
| 20. | | | Program Receipts | 1028 | | | | | |
| 21. | | | Other | | | | | | |
| FOR BUREAU USE ONLY | | | | | | | | | |
| 44 KEY NUMBER | | | | | | | | | |

JUSTIFICATION

This position will be necessary to provide information and referral, case assessment, case planning, authorizing and arranging for the placement of elderly in a residential care facility or adult foster home. It will also be responsible for assuming a portion of the current adult protective services caseloads which are in excess of the 50 cases per worker recommended on the national level.

13 REQUEST FOR
NEW POSITION

AGENCY Health and Social Services
Social and Economic Assistance
PROGRAM for the General Population

BRU Program Services

COMPONENT Adult Services

FY 34

Page 6 of 7

Revised Date