The Joint Legislative Executive Committee on Aging and Disability

June 18, 2014
Meeting Materials

- Agenda
- Washington Health System Transformation, Laura Kate Zaichkin, Health Care Authority
- Health Workforce Committee: Healthcare Workforce Needs for the Elderly, Eleni Papadakis, Workforce Training and Education Coordinating Board
- Training Partnership, Sarah Willgress, Service Employees International Union (SEIU) Healthcare NW, Training Partnership
- Protection from Elder Abuse, Neglect and Exploitation, Bill Moss, Aging & Long-Term Support Administration, Department of Social & Health Services
- Criminal Mistreatment Statutes & Sentences, Page Ulrey, King County Prosecutor's Office
- The Case for Specialized Elder Abuse Prosecutors, Page Ulrey, King County Prosecutor's Office
- Reasonable Expectations, Susan Kas, Disability Rights Washington
- A Robust Statewide Program is Needed to Provide Targeted Supported Decision-Making Alternatives, Shirley Bondon, Office of Public Guardianship, Administrative Office of the Courts

Washington State Legislature

John A. Cherberg Building
PO Box 40466
Olympia, WA 98504-0466
(360) 786-7407

Aging & Disability
Joint Legislative Executive Committee

John L. O'Brien Building
PO Box 40600
Olympia, WA 98504-0600
(360) 786-7160

Wednesday
June 18, 2014
10:00 a.m. - 1:00 pm

Senate Hearing Rm 4
J.A. Cherberg Building
Olympia, WA

Agenda: Workforce quality and protection from elder abuse and exploitation.

1. Health care and home care workforce needs for the elderly
    - Laura Zaichkin, Health Care Authority
    - Eleni Papadakis, Workforce Training & Education Coordinating Board
    - Robyn Stone, LeadingAge

2. Workforce Quality
    a. Training Partnership
        - Sarah Willgress, Training Partnership
    b. Future of the LTC workforce
        - Bonnie Blachly, LeadingAge
        - Jay Wolford, LeadingAge
        - Stuart Ostfield, Washington Health Care Association
        - John Ficker, Washington State Residential Care Council
        - Peter Nazzal, Catholic Community Services

3. Protection from Elder Abuse and Exploitation
    - Bill Moss, Department of Social and Health Services
    - Bea Rector, Department of Social and Health Services
    - Page Ulrey, King County Prosecutor's Office
    - Susan Kas, Disability Rights Washington
    - Amy Freeman, Long-Term Care Ombuds Program
    - Shirley Bondon, Office of Public Guardianship

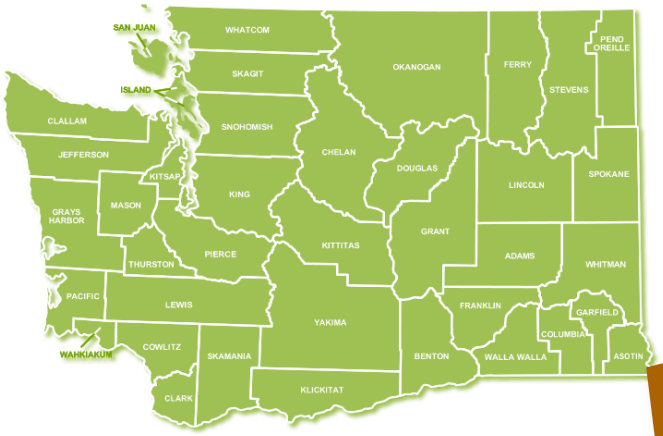
Committee information and meeting materials can be found at the Committee's webpage:
http://www.leg.wa.gov/jointcommittees/ADJLEC/Pages/default.aspx

Washington Health System Transformation

June 18, 2014

Laura Kate Zaichkin
Administrator, HCA Office of Health Innovation & Reform

Goal for Health Care



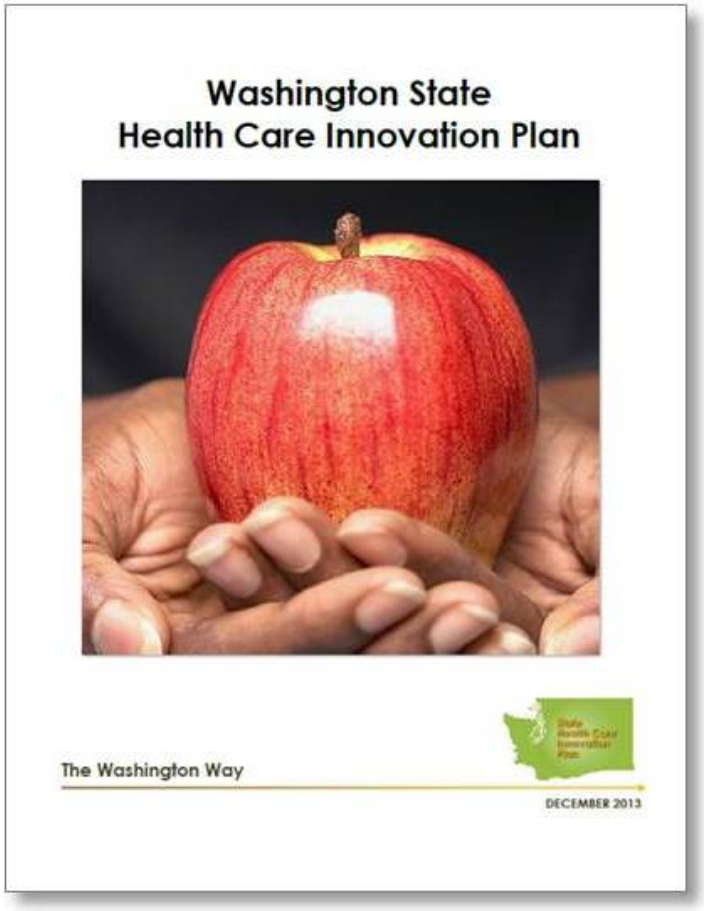
National Triple Aim:

- Better Health
- Better Care
- Lower Cost

State Goal:

A healthier Washington achieved through the Triple Aim

State Health Care Innovation Plan

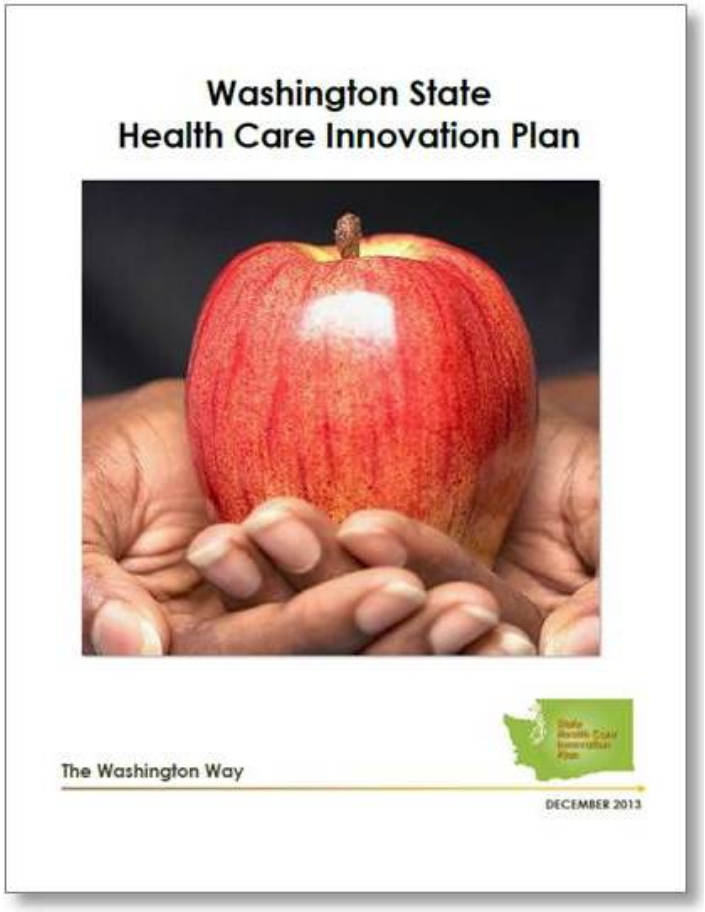


Completed: December 2013

- **$1 million** CMS Round 1 SIM pre-test award
- **8-month** planning process
- **12 State agencies**
- **More than 100** meetings & public presentations
- **Hundreds of thought-leaders** engaged throughout the state
- **Dozens** of hospitals, organizations, and MDs
- **770 Feedback Network** members

http://www.hca.wa.gov/shcip/Documents/SHCIP_InnovationPlan.pdf

State Health Care Innovation Plan



Goal - **a Healthier Washington**

- **Washington's road map** for collaborative transformation
- **The plan engages everyone** for better health, better care and reduced cost

Critical - **Legislation Enacted**

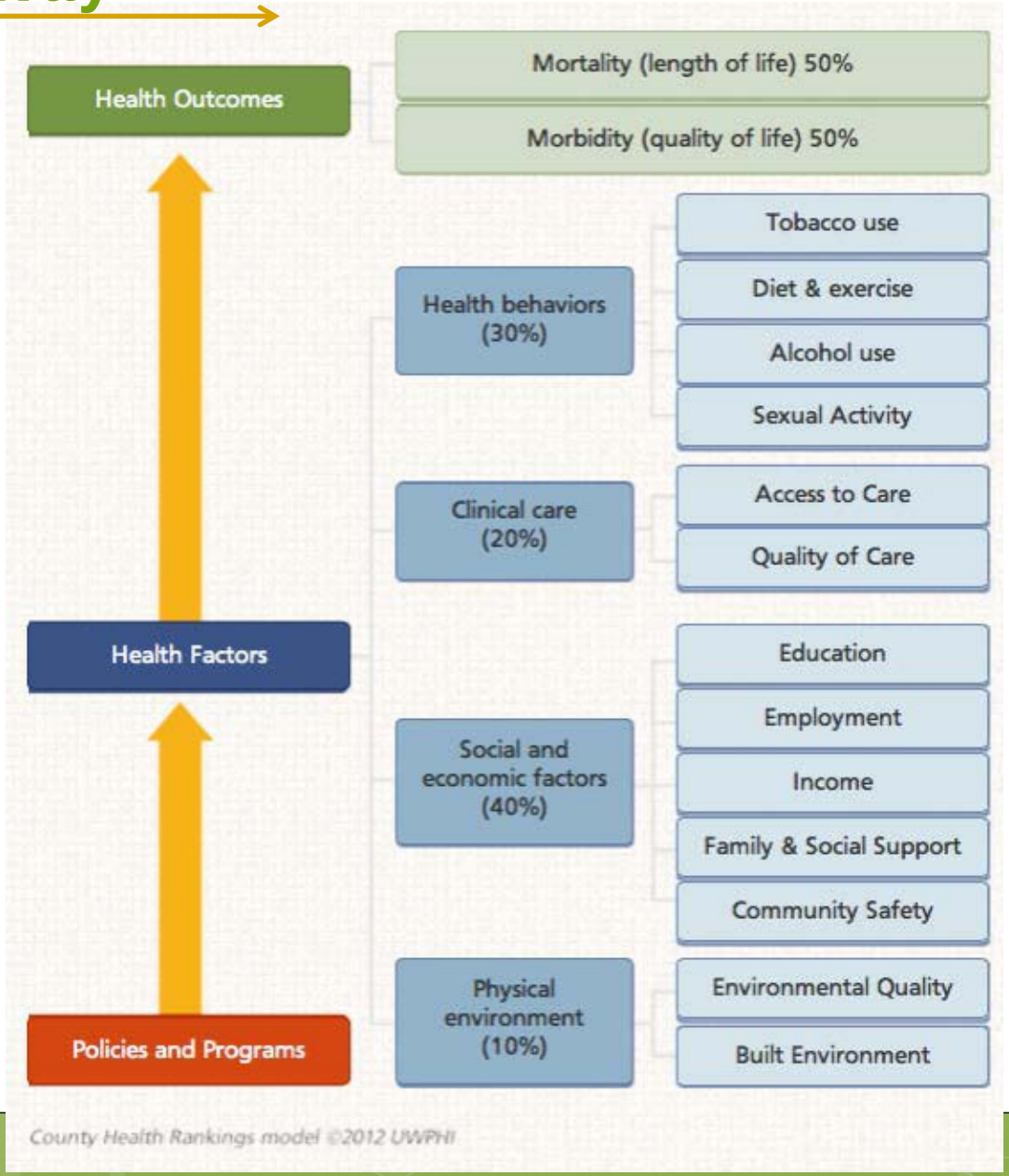
- **E2SHB 2572** – Purchasing reform, greater transparency, empowered communities
- **E2SSB 6312** – Integrated whole-person care

Potential - **Federal Financing**

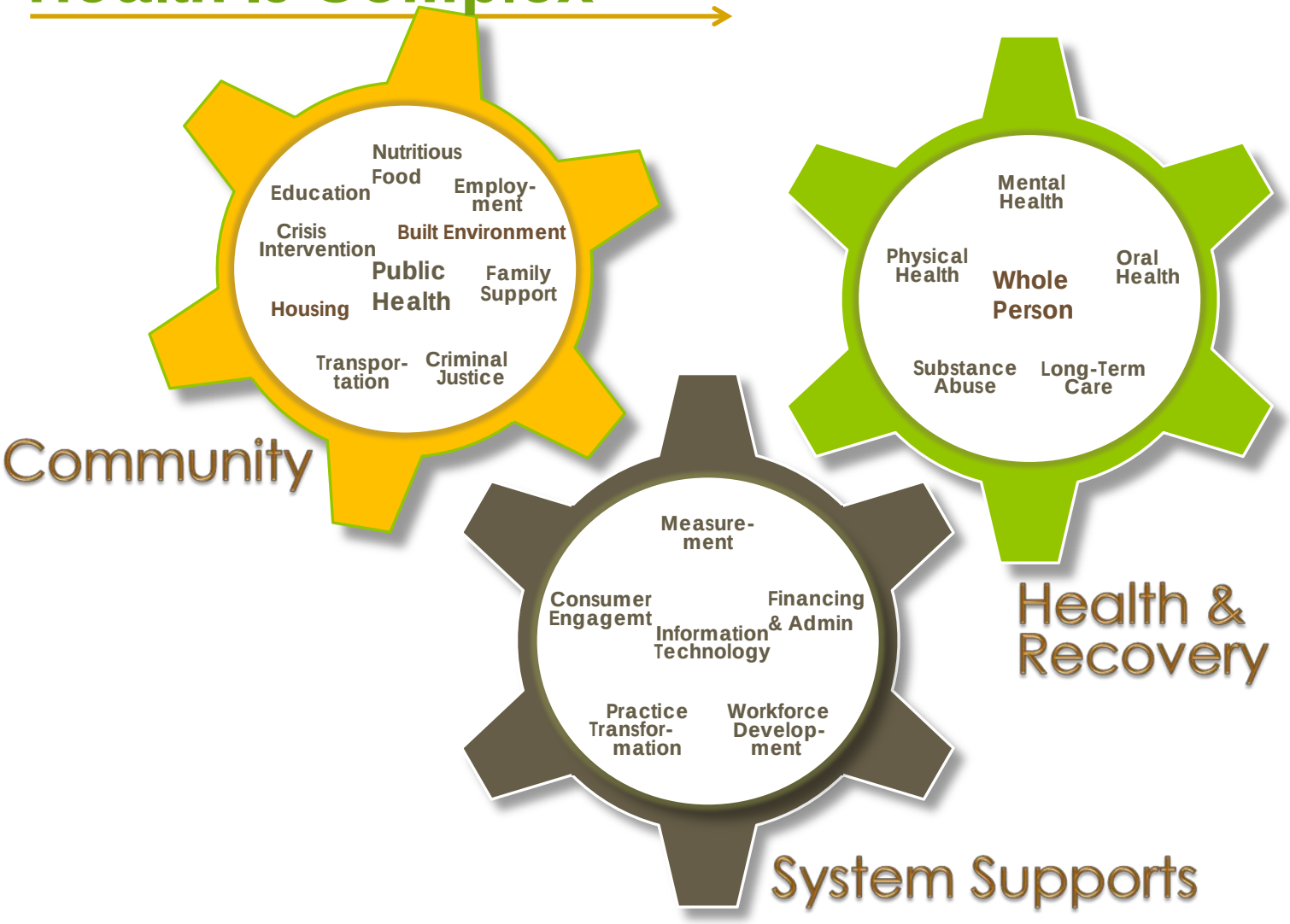
- **$700 million** for Round 2 State Innovation Models just announced

The Washington Way

A framework to achieve a healthier Washington



Health Is Complex



Three Core Strategies

Supported by HB 2572 and SB 6312

- **Build healthy communities and people** through prevention and early mitigation of disease throughout the life course
- **Drive value-based purchasing** across the community, starting with the State as "first mover"
- **Improve chronic illness care** through better integration of care and social supports, particularly for individuals with physical and behavioral health co-morbidities
  (more than 1 illness)

Seven Building Blocks

- **Quality and price** transparency
- **Person and family** engagement
- **Regionalize** transformation
- **Accountable Communities of Health** (ACHs)
- **Leverage and align** state data
- **Practice transformation** support
- **Workforce capacity** and flexibility

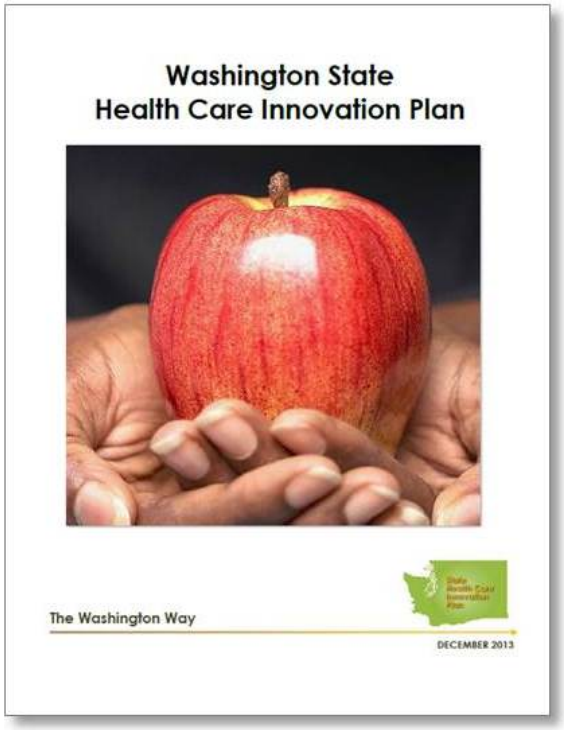
Building Block 7: Workforce capacity and flexibility

- **Evolve our workforce capacity & payment structures** to meet changing demands
- **Train our workforce** for whole-person, team-based care that addresses the needs of:
  - Integrated care (physical and behavioral health) involving the whole community
  - An aging population
  - Those with co-morbidities at greatest risk of poor health *(requiring effective preventive approaches)*
- **Encourage the workforce** to focus on:
  - Working adaptively and at top of skill level practice
  - Utilizing technical skills and tools to make the best use of health information technology
  - Preventive education and care

Ongoing Work with Health Workforce Committee

- **Increase capacity** for the physical and behavioral health integrated workforce in primary care setting to meet the needs of the aging and all Washingtonians
- **Expand education and training** for new and current workforce members to be adaptable in serving clients across the state in all stages of life in an integrated and team-based manner.
- **Utilize available tools** such as "telehealth" and Health Information Technology (e.g., electronic health records) to meet client needs in ways that are effective for all.
- **Be responsive to addressing client service needs** through current workforce data; including using an Industry Sentinel Network for real-time workforce data, incorporating updates on provider work projections, adopting evidence based and best practices.

Contact Us



Stay informed via the Innovation Plan website:
http://www.hca.wa.gov/shcip

Share your thoughts and asked to stay engaged by emailing the Help Desk: **simquestions@hca.wa.gov**

Laura Kate Zaichkin
laura.zaichkin@hca.wa.gov
(360) 725-1635

Health Workforce Committee:
Healthcare Workforce Needs for the Elderly

Joint Legislative Executive Committee
Aging and Disability
June 18, 2014

Eleni Papadakis
Executive Director, Workforce Board

Workforce Training and
Education Coordinating Board

Health Workforce Committee Background & Leadership

Background

- Workforce Board first convened healthcare stakeholders in 2001
- Healthcare Personnel Shortage Task Force created in 2002
- Task Force role formalized in statute in 2003
  - Legislative intent recognized shortages were structural, not cyclical
- Original Goal: Address concerns about a significant shortage of healthcare workers
- Broadened Goal: Focus on skill shortages
- Changed name to Health Workforce Committee in 2014

Leadership

- **Michele Johnson, Ph.D.**, Task Force **Chair**, Chancellor, Pierce College
- **Suzanne Allen, MD**, Task Force **Vice-Chair**, Vice Dean for Regional Affairs, University of Washington School of Medicine

What is the Committee's role?

- Facilitate collaboration among healthcare stakeholders and education providers
- Make recommendations to address healthcare personnel shortages
- Report to Governor and Legislature on progress made to address shortages
- Provide data and research about the skills shortage

What factors does the Committee consider?

- Rural and urban, Eastern and Western Washington
- Increasing workforce diversity
- All types of health facilities and services
- All healthcare occupations
- Impact on quality of care, cost v. benefit
- Current budgetary climate
- Prioritizing limited resources for training and upskilling Washington's healthcare workforce

Health Workforce Committee 2014 Membership

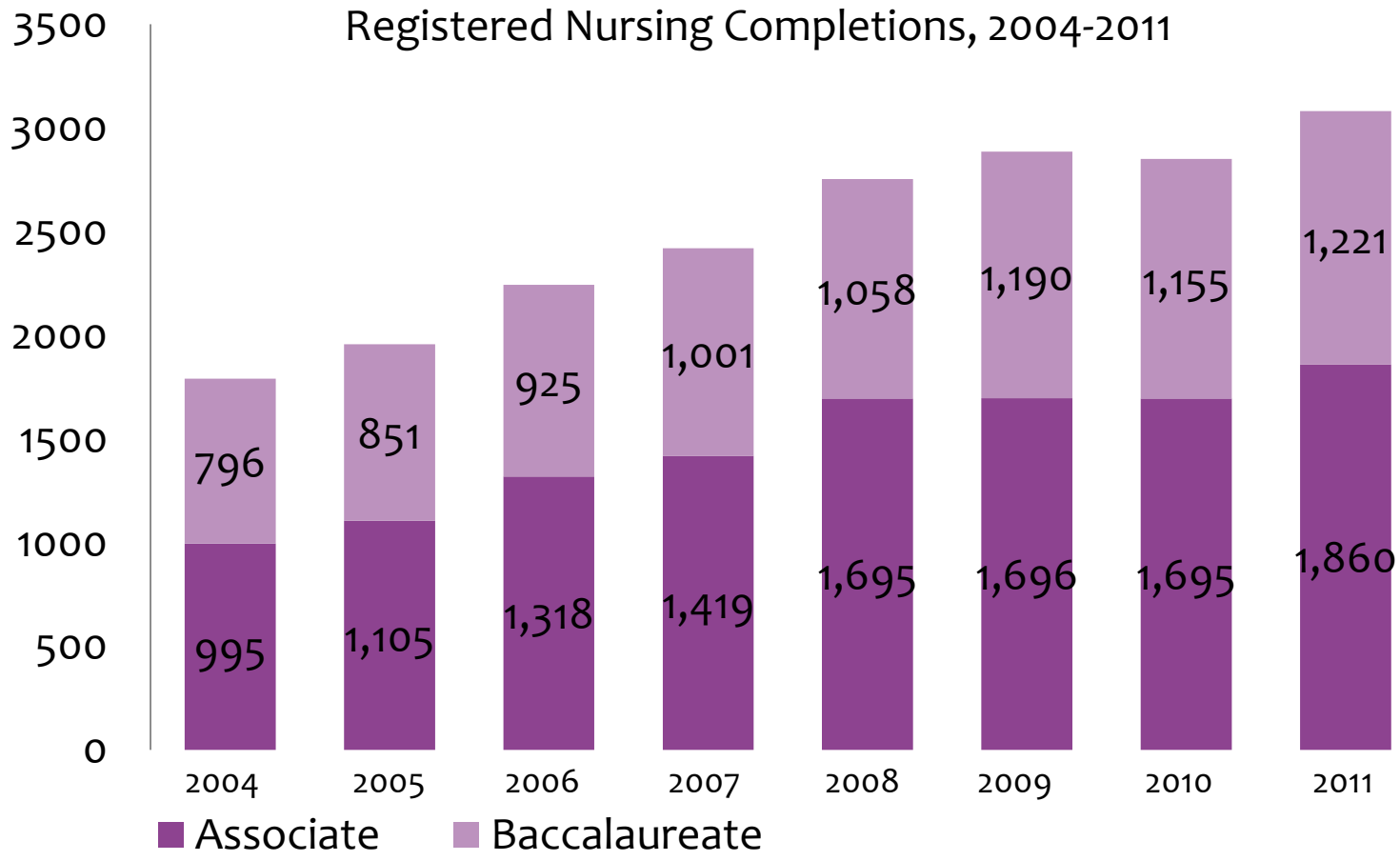
NAME	ORGANIZATION
Michele Johnson, Ph.D., Chair	Chancellor, Pierce College District
Suzanne Allen, M.D., Vice Chair	Vice Dean for Regional Affairs, University of Washington School of Medicine
Dan Ferguson	Allied Health Center of Excellence
Dana Duzan	Allied Health Professionals
Eileen McNamara	Group Health Cooperative
Kathleen Lopp	Office of Superintendent of Public Instruction
Diane Sosne	Service Employees International Union (SEIU) 1199NW
Charissa Raynor	SEIU Healthcare NW Training Partnership
Marty Brown	State Board for Community and Technical Colleges
Vacant	United Food and Commercial Workers Union
Mary Looker	Washington Association of Community and Migrant Health Centers
Deb Murphy	Washington Association of Housing and Services for the Aging
Linda Tieman	Washington Center for Nursing
Lauri St. Ours	Washington Health Care Association
Nancy Alleman	Washington Rural Health Association
Bracken Killpack	Washington State Dental Association
John Wiesman	Washington State Department of Health
Ian Corbridge	Washington State Hospital Association
Roger Rosenblatt, M.D.	Washington State Medical Association
Judy Huntington, M.N., R.N.	Washington State Nurses Association
Daryl Monear	Washington Student Achievement Council
Eleni Papadakis	Workforce Training and Education Coordinating Board

Note: Committee membership will be changing this fall to encompass a wider range of stakeholders, including behavioral health representatives.

Committee Results (Advocacy & Support)

- High employer-demand programs of study targeted funding
- Healthcare Industry Skill Panels
- Nursing program completions increased 72% from 2004-11
- Hospital Employee Education and Training (HEET)
- Basic Education and Skills Training (I-BEST) programs in healthcare
- Allied Health Center of Excellence
- The Rural Outreach Nurse Education (RONE) program
- Recovery Act and Healthcare Reform grant funds
- 2013 state funding to study feasibility of uniform clinical affiliation agreements

Nursing Program Completions Show Success of Interagency Collaboration



Source: Health Professions Education in Washington State: 2004-2011 Completion Statistics. Workforce Training and Education Coordinating Board, 2012

Health Workforce Committee 2013 Progress in Completions

Health Program of Study	Percent Increase in the Number of Program Completers from 2005-2012
Occupational Therapy Assistants and Aides	922.22%
Physical Therapist Assistants	177.55%
Ophthalmic Medical Technicians	170.00%
Psychiatric Technicians and Aides	157.14%
Nursing Assistants	110.20%
Medical Records and Health Information Technicians	106.19%
Associate Degree Registered Nurses	85.43%
Substance Abuse/Addiction Counseling	82.86%
Physician Assistants	73.33%
Nurse Practitioners	68.70%
Surgical Technologists	66.67%
Bachelor's Degree Registered Nurses	55.46%
Dental Hygienists	47.74%
Occupational Therapists	46.67%
Medical/Clinical Laboratory Assistants	34.43%

Healthcare Personnel Shortages Remain

Healthcare occupations with substantial gaps between in-state supply and demand:

- Clinical Laboratory Science/ Medical Technology/ Technologists
- Dental Hygienists
- Dental Laboratory Technicians
- Dentists, General
- Emergency Medical Technicians and Paramedics
- Health Unit Coordinator/Ward Clerk
- Medical Transcriptionists
- Occupational Therapists
- Opticians, Dispensing
- Pharmacists
- Physical Therapists
- Physician Assistants
- Radiologic Technologists
- Respiratory Therapists
- Vocational Rehabilitation Counseling

2013 Healthcare Personnel Shortages: Projected Skill Gaps

Occupational title	New Supply	Projected Annual Net Job Openings 2016-2021	Annual Gap Between Supply & Projected Demand
Vocational Rehabilitation Counseling	10	257	-247
Radiologic Technologists	239	389	-150
Clinical Laboratory Science/Medical Technology/Technologist	26	171	-145
Health Unit Coordinator/Ward Clerk	269	413	-144
Emergency Medical Technicians and Paramedics	79	193	-114
Dentists, General	64	164	-100
Physical Therapists	100	186	-86
Respiratory Therapists	36	90	-54
Opticians, Dispensing	12	64	-52
Pharmacists	198	249	-51
Occupational Therapists	66	115	-49
Dental Laboratory Technicians	10	51	-41
Dental Hygienists	229	267	-38
Physician Assistants	78	115	-37
Medical Transcriptionists	68	98	-30

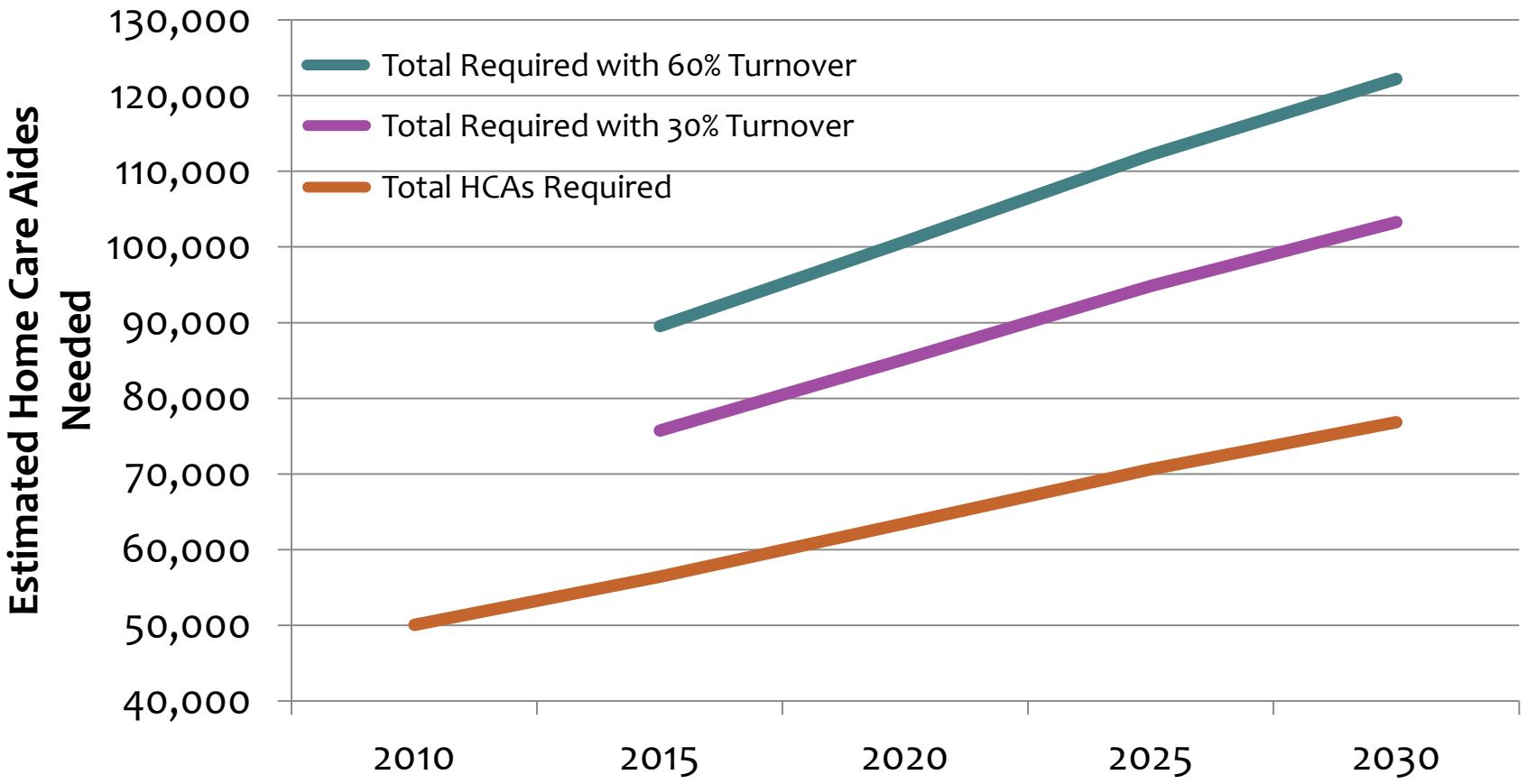
Focus on Long-Term Care Needs

Occupational title	Estimated Employment			Average annual growth rate		Average annual total openings		BLS Mean Annual Wage	Gap/Over-supply
	2012	2017	2022	2012-2017	2017-2022	2012-2017	2017-2022	May 2013	2016-2020
Certified Nursing Assistants	26,989	29,385	31,649	1.7%	1.5%	968	1,075	$ 28,850	-27775
Home Health Aides	8,886	10,301	11,673	3.0%	2.5%	448	497	$ 25,910	-577
LPNs	8,745	9,501	10,214	1.7%	1.5%	361	393	$ 48,060	665
Medical Assistants	14,288	16,067	17,752	2.4%	2.0%	615	686	$35,600	1,923
Personal Care Aides	29,964	33,494	37,369	2.3%	2.2%	878	1,084	$ 23,800	NA
Personal Care, Home Care & estimated independent providers combined	51,282	57,809	64,735	2.4%	2.3%	1,750	2,087	NA	NA
RNs	54,547	60,063	65,211	1.9%	1.7%	2,065	2,384	$76,420	282*

Source: BLS, ESD, IPEDS, Workforce Board calculations

*This count does NOT include RNs licensed by endorsement

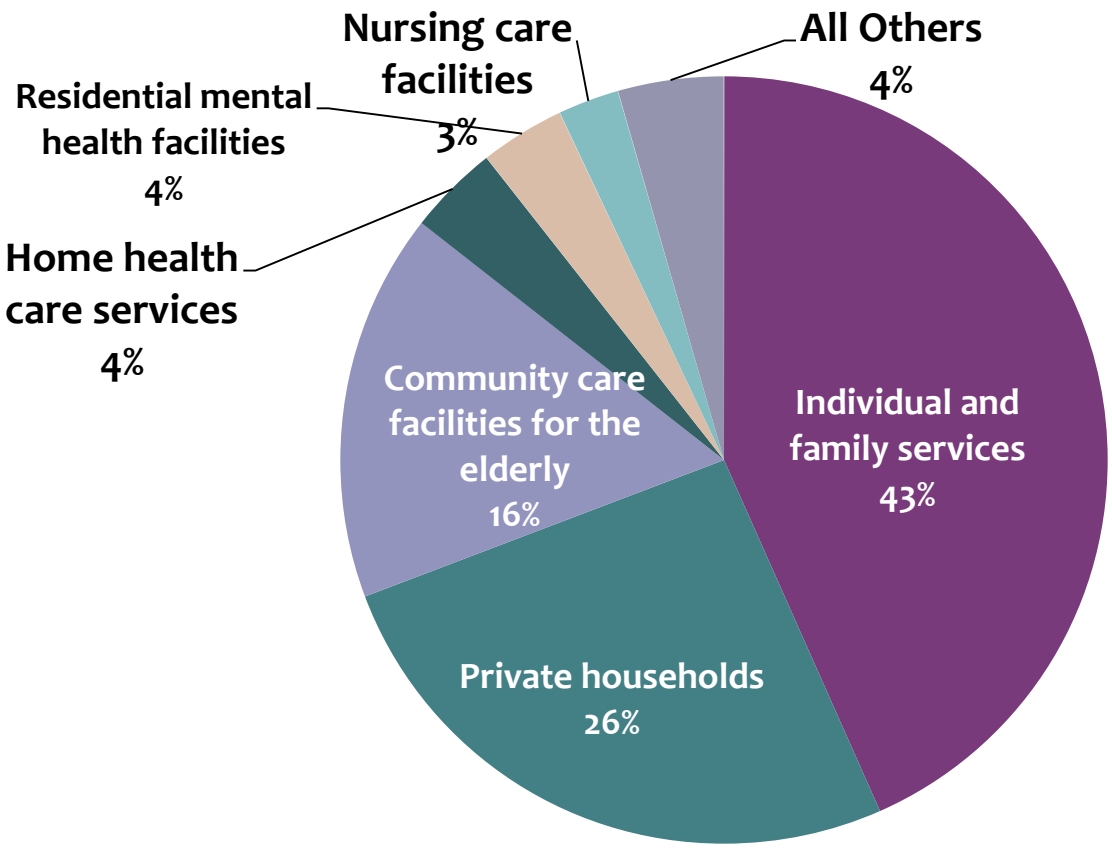
Projected Need for Home Care Aides in Washington



Source: UW's Center for Health Workforce Studies

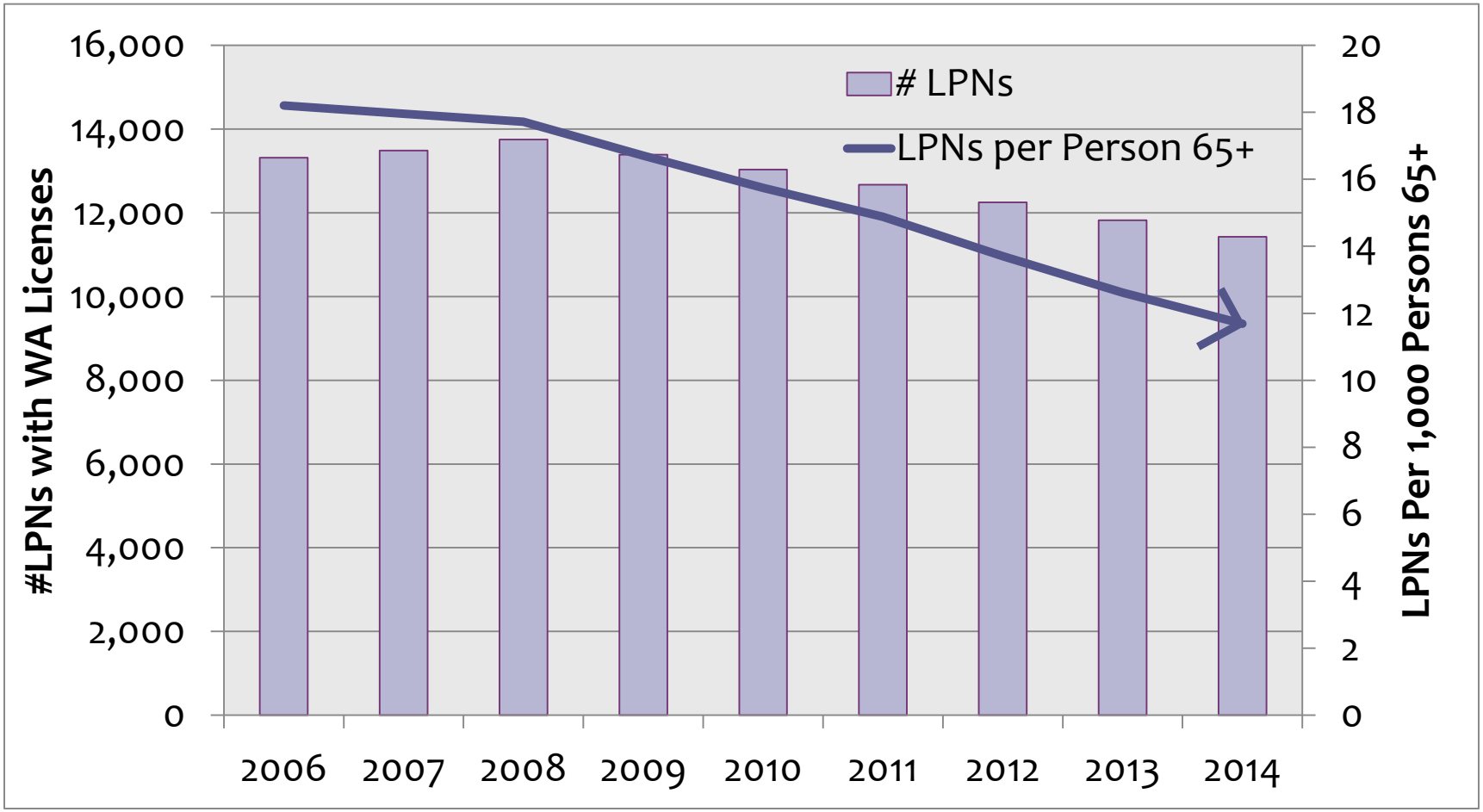
Note: The orange line represents the need based on population increase. The teal and purple lines represent additional need based on assumed turnover rates.

Industries Employing Personal and Home Health Care Aides (Nationally)



Source: Bureau of Labor Statistics

Number of Licensed Practical Nurses and LPNs per Person 65+



Source: UW Center for Health Workforce Studies, Office of Financial Management

The Affordable Care Act (ACA) and Committee Alignment

- Health Workforce Committee research has focused on Affordable Care Act (ACA) implementation the last two years due to:
  - Anticipated greatly increased demand for healthcare services
  - Uncertainty of specific needs for occupations

- 2012 and 2013 Committee research and recommendations specifically aimed at addressing ACA shortage issues.

2013 Health Workforce Committee Recommendations

- Increase primary care residency opportunities in medically underserved communities
- Restore funding for the State Health Professional Loan Repayment and Scholarship Program
- Support increased technology for delivery of healthcare career education
- **Create an Employer Sentinel Network that provides employer feedback on industry healthcare needs**
- Collect demographic information on healthcare providers with online renewals
- **Support healthcare payment reform models that provide career pathways for entry level and paraprofessional workers**

The Massachusetts Model for Long Term Care Stabilization

- Transition to "I"-centered or patient-centered care model
- Required frontline workers (CNAs, PCAs, HCAs) to become patient advocates and part of the care planning team:
  - Training for frontline workers and supervisors
  - Created frontline career ladder (2 or 3 tiers w/ wage increases)
  - Pathway to professional education (nursing, PT, OT)
  - Contextualized ABE/ESL
- Some of the Results:
  - Improved worker retention (turnover rates reduced from 300% to near zero)
  - Reduced hiring costs (wait list of applicants for ECCLI facilities)
  - Improved resident and family satisfaction
  - Improved performance on CMS patient care quality indicators

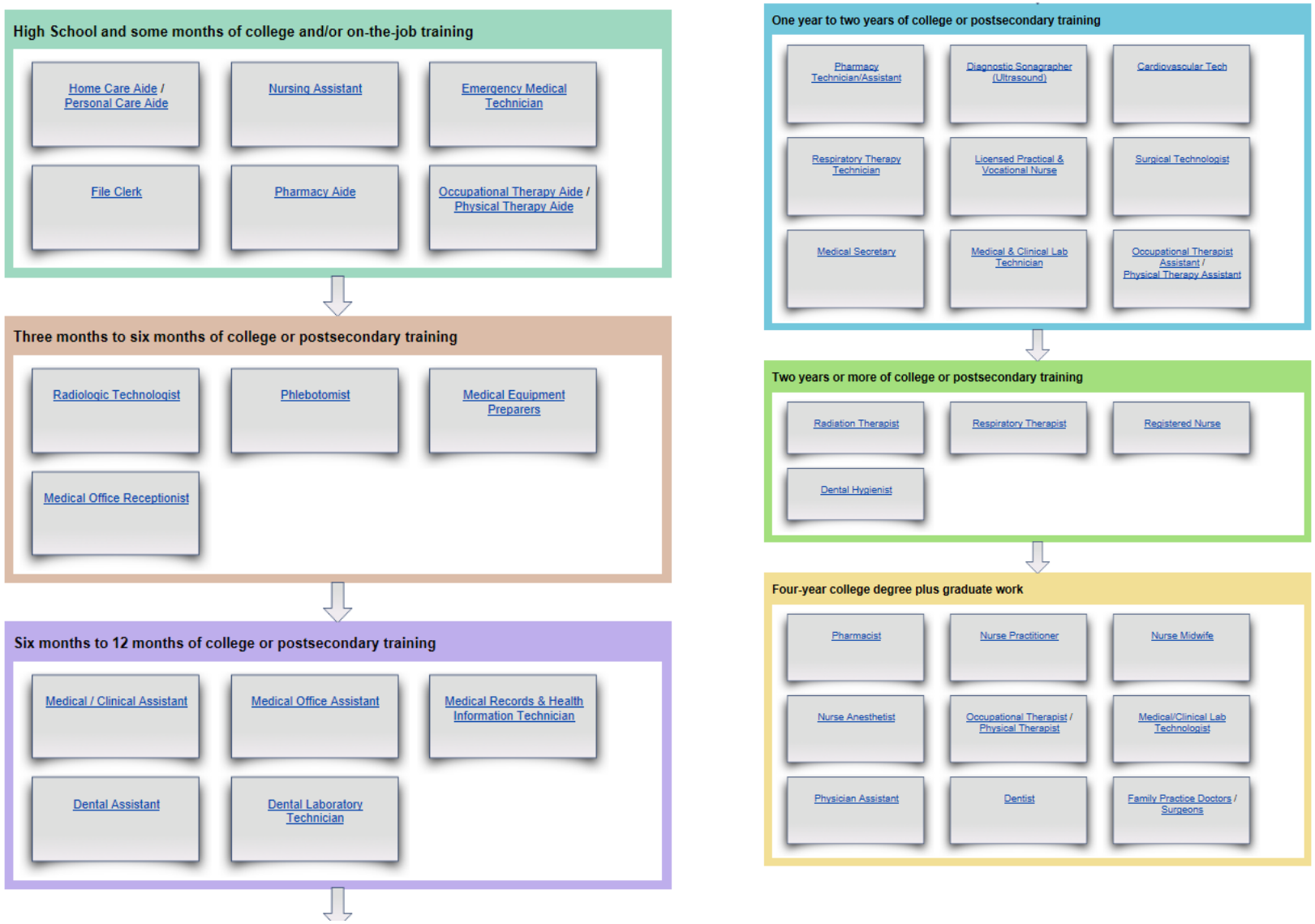
Improve Long-Term Patient Care: Address Stability of Frontline Workforce

Survey of Frontline Long-Term Care Workers

Q: What would make your job more satisfying?

- Respect as a caregiver
- Opportunities for more responsibility as a caregiver
- Opportunity to earn a higher wage

CareerBridge.wa.gov Career Ladder



Health Workforce Committee

Thank you for your interest in the Health Workforce Committee!

Next Meeting:

August 6, 9:00-12:00 PM - Pierce College Puyallup

The Committee reports annually to the Legislature with recommendations to address Washington's healthcare personnel shortage.

For more information about Health Workforce Committee activities:

http://www.wtb.wa.gov/HCTFIntro.asp



SEIU Healthcare NW
Training Partnership

WA State Legislature Joint Committee on Aging and Disability
June 18, 2014

SEIU HEALTHCARE NW
TRAINING PARTNERSHIP

BACKGROUND

Training Partnership

- A non- profit 501c3 school serving over 43,000 students annually
- Established by ballet initiative (I-1163)
- Students are primarily are Individual Providers (IP) and Home Care Aides employed by agencies (AP)
- Labor-management partnership

Training Partnership Governance

Board of Directors:

David Rolf, Chair
President, SEIU Healthcare 775NW

Nora Gibson, Secretary
Executive Director, Full Life Care

Sterling Harders
Vice President, SEIU Healthcare 775NW

Seth Hemond
Director of Member Programs and Participation,
SEIU Healthcare 775NW

Adam Glickman-Flora
Secretary-Treasurer, SEIU Healthcare 775NW

Linda Lee
Member, SEIU Healthcare 775NW & Home Care Aide

Bill Moss
Assistant Secretary, Washington State DSHS

Jesse Magana
Home Care Consumer and Disability Advocate

Franklin Plaistowe
Labor Relations Division, Washington State Office of Financial Management

Rich Nafziger
Assistant Professor, Institute for Public Service – Seattle University

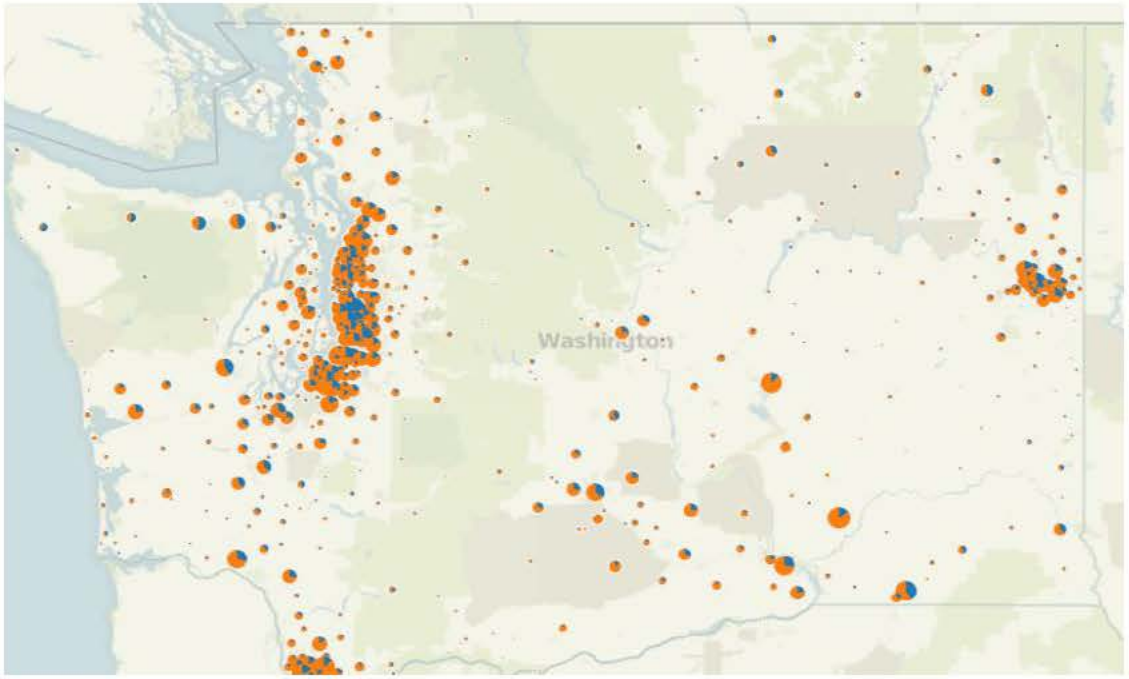
Jan Yoshiwara
Director Education Services, State Board for Community and Technical Colleges

Flanna Perkins
Regional Director,ResCare Homecare

3 Types of Training for Home Care Workers

- Basic Training, Entry Level
- Continuing Education
- Registered Apprenticeship

Training offered Statewide
Primarily Individual Providers and Agency Providers



This year we started offering Benefits Continuation to students that make good faith effort to complete Basic Training but were unable to do so prior to their deadline. Over 500 HCAs took advantage of this benefit this year to complete their training class series.

Training Offered in 13 Languages

In order of number of language speakers:

English
Russian
Vietnamese
Spanish
Korean
Cantonese
Somali
Tagalog
Cambodian
Mandarin
Ukrainian
Arabic
Lao

REGISTERED APPRENTICESHIP

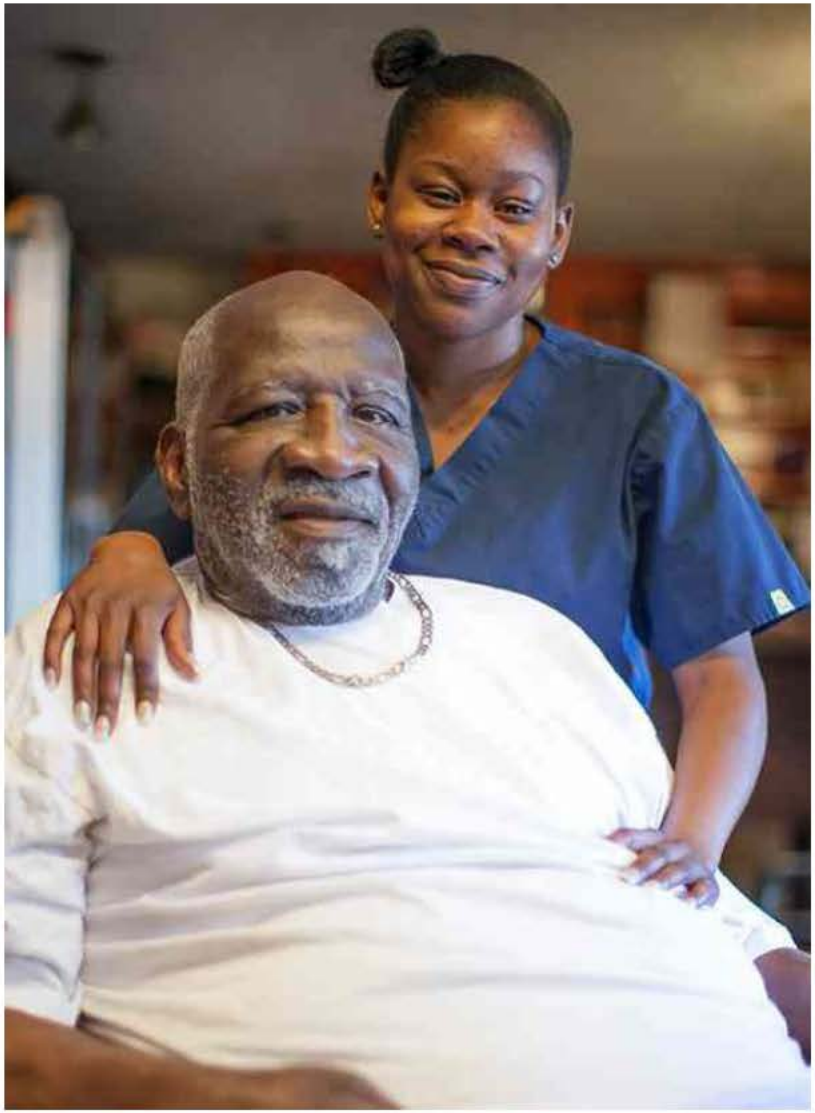
SEIU HEALTHCARE NW
TRAINING PARTNERSHIP

Advanced Training

- In-depth training
- Peer mentorship
- Higher wages, more workforce stability

"Through the apprenticeship program, I've discovered that caregiving is something that I'm good at and that will maybe eventually lead me to pursue nursing."

- Asia Mitchell,
Apprenticeship student



Career Pathway for Home Care Aides

Advanced Training
70 Hours
+
Peer Mentorship

=

Certificate of Registered Apprenticeship for Advanced Home Care Aide

=

$$
*wage differential

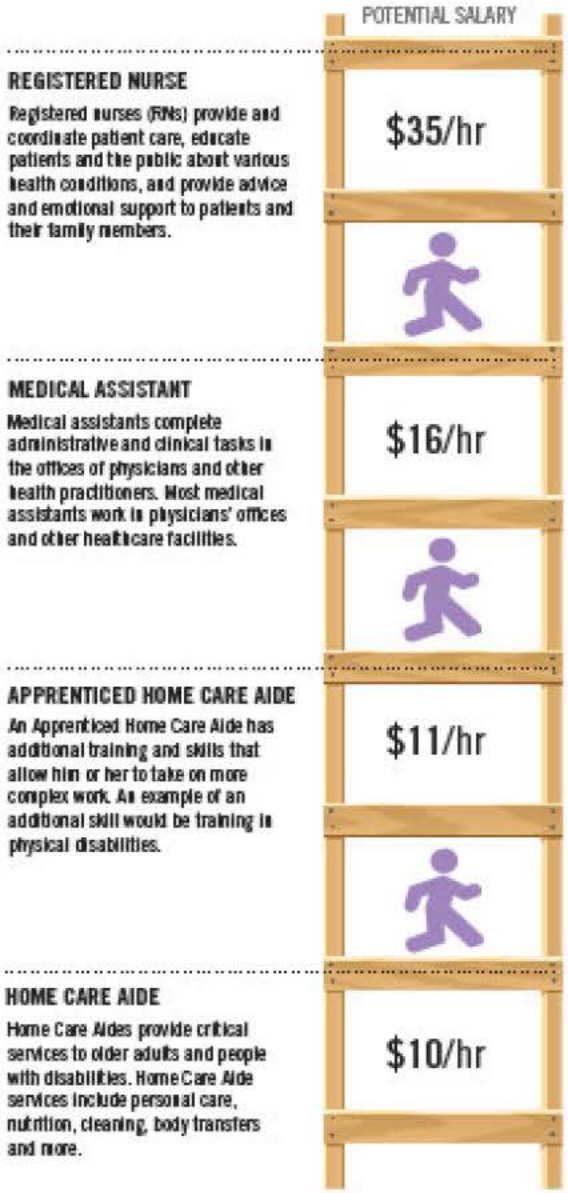
Entry-Level Training
75 Hours

=

Certified Home Care Aide
*eligible to sit for Department of Health credentialing exam

HEALTHCARE CAREER PATHWAYS

n Washington State, a health care career can start as a Home Care Aide.

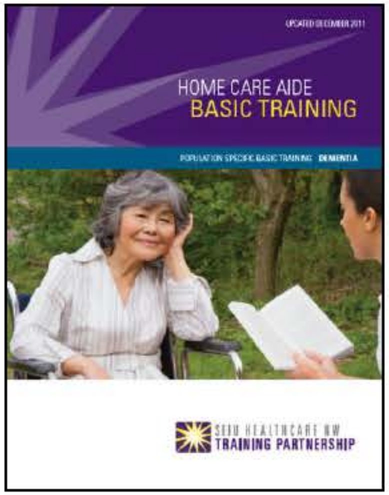


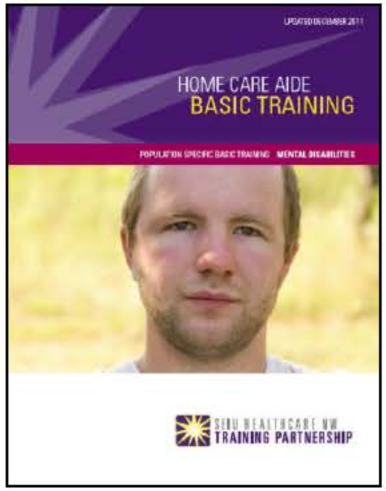
Apprenticeship Program Recognized by White House

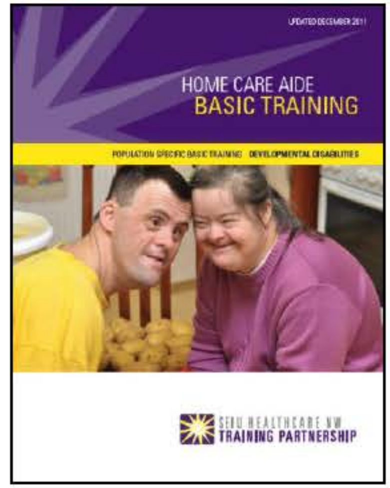
SEIU HEALTHCARE NW BENEFITS
Quality Training and Benefits to Improve Care

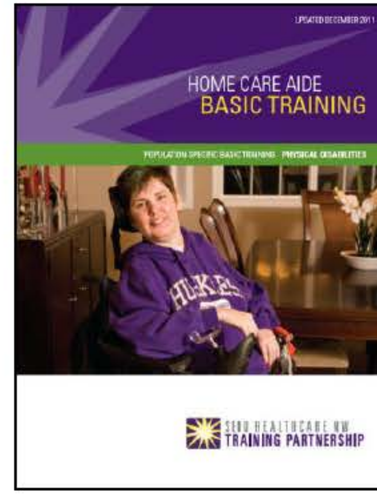
SPECIALIZATION

Population Specific Tracks









Current (BT)

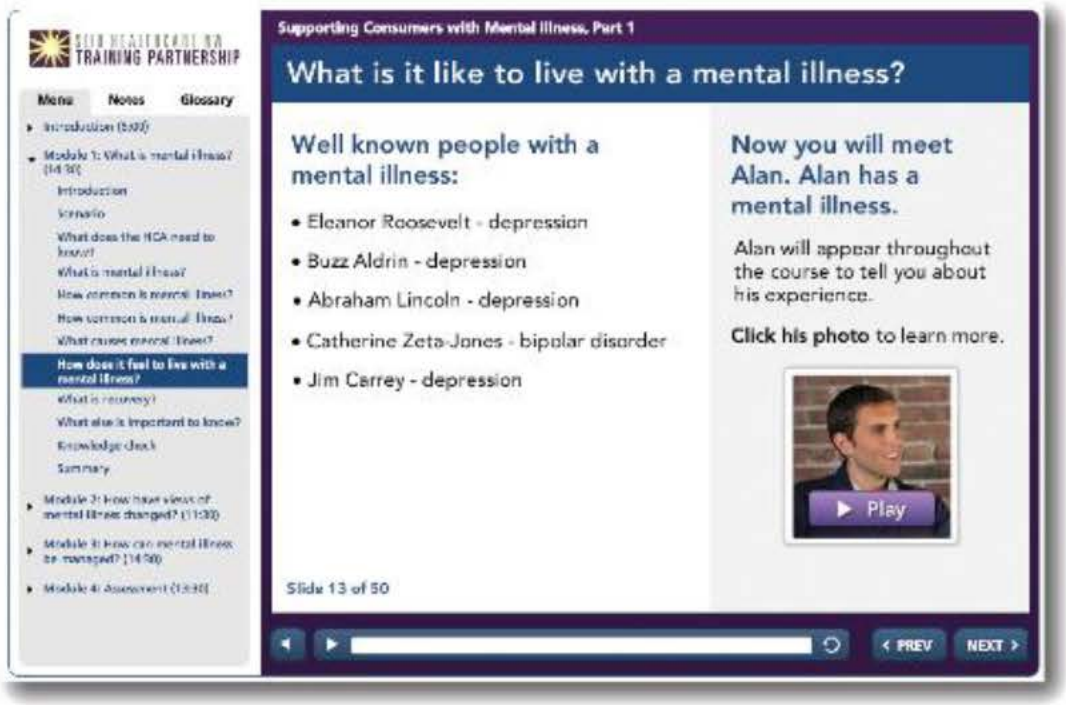
- Dementia
- Mental Health
- Developmental Disabilities
- Physical Disabilities

In Development (CE)

- Safety
- Health
- Nutrition

Continuing Education

- Over 30 new Instructor-led courses every year
- Over 10 new Online courses
- Diversity of Topics



Existing Online Continuing Education

Developmental Disabilities	Dementia	Physical Disabilities	Mental Illness
Dispelling Disability Myths	An Introduction to Dementia	An Introduction to Physical Disabilities	Supporting Consumers with Mental Illness, Part 1
The Faces of Down Syndrome	**Nutrition**	Multiple Sclerosis	Supporting Consumers with Mental Illness, Part 2
Historical Perspectives on People with Developmental Disabilities	Better Health through Nutritious Cooking	Hearing and Vision Conditions	Supporting Behavior Changes in Consumers, Part 1
Positive Behavior Support for Young Consumers with Developmental Disabilities	Cultural Competency - Nutrition	Traumatic Brain Injury	Supporting Behavior Changes in Consumers, Part 2

Existing Online Continuing Education

Health
Oral Health Basics
Denture Care and Cleaning
Gaining Consumer Cooperation for Oral Care
Providing Consumer-Directed Care for Common Medical Conditions: Dehydration
Providing Consumer-Directed Care for Common Medical Conditions: Urinary Tract Infections
Providing Consumer-Directed Care for Common Medical Conditions: Pneumonia
Providing Consumer-Directed Care for Common Medical Conditions: CHF
Providing Consumer-Directed Care for Common Medical Conditions: Seizure
Providing Consumer-Directed Care for Common Medical Conditions: Stroke
Providing Consumer-Directed Care for Common Medical Conditions: COPD
Providing Consumer-Directed Care for Common Medical Conditions: PVD
Providing Consumer-Directed Care for Common Medical Conditions: CAD

Existing Online Continuing Education

Safety	Other
Best Practices for the Professional HCA	Arthritis & Acute Mental Status Changes
Infection Control and Workplace Safety	Cultural Competency: Pain Management and Assumptions
Protecting Worker Safety Through Violence De-escalation, Part 1	Providing End of Life Care, Part 1
Protecting Worker Safety Through Violence De-escalation, Part 2	Providing End of Life Care, Part 2
Reducing the spread of infection through standard precautions	Recognizing and Reporting Consumer Abuse, Neglect and Financial Exploitation
Using Household Cleaning Chemicals Safely	Home Care Aides Make a Difference
Green Cleaning	Promoting Creativity
Body Mechanics	Relationships between Consumers
Falls Prevention	Supporting Consumer Independence
	The LGBTQ Community: Basics for a Better Working Relationship
	LGBTQ: Seniors

FY15 Online Continuing Education

Developmental Disabilities	Physical Disabilities	Health	Safety	Other
Advanced DD support	Physical Disability (from website that Marissa sent)	Medical Marijuana	Community Safety and Police	Dialysis – Support Consumers on Dialysis and what they should know
		Smoking Cessation (taking the idea of medical interviewing and applying it)	Avoiding injury/Over exertion (ILT)	First Aid/CPR
		Healthy Diet & Physical Fitness		

FY15 Online Continuing Education

Dementia	Mental Illness	Nutrition
Advanced Dementia/Alzheimer's behavior management support	Behavioral Health: how to handle difficult behaviors, dealing with difficult behaviors (break into: hearing voices,) Violence De-escalation	Diabetes Nutrition - How HCAs can support Consumer with Type Diabetes including those with fragile stage diabetes (uncontrolled) (Check PhD on Diabetes Education)
Dementia (see above)		

FEEDBACK

Current Feedback Loop

- Curriculum Needs Assessment
- Home Care Aide focus groups
- After Class Student Satisfaction Surveys
- Call Center/Contact Us Form for Student Support
- Employer Visits and Employer Support Team
- ALTSA – Quality and Training Team
- Curriculum Design Feedback

Future Training Needs

- Dealing with challenging behaviors
- Mental health
- Self-direction, community integration and philosophy of supports for people with developmental disabilities
- Specialty training and career pathways
- Complex care needs
- Involvement of home care aide on care team
- And more…

Creating a Better Feedback Loop

- Input from home care consumers
- Parent and respite provider focus group focused on training on developmental disabilities – July 15

Curriculum or Training Feedback or Suggestions?

Contact:
www.myseiubenefits.org/contact-us

THANK YOU!

www.myseiubenefits.org

Washington State Department of Social & Health Services

ALTSA Aging and Long-Term Support Administration

Protection from Elder Abuse, Neglect and Exploitation

Presented to the Joint Legislative/Executive Committee on Aging and Disability June 18, 2014

Bill Moss, Assistant Secretary, ALTSA

In 2010, DSHS convened the Adult Abuse/Neglect Response workgroup. Since that time the workgroup has developed multiple recommendations to improve Washington State's adult abuse response system.

Members include:

- AARP
- ARC
- Assistant Attorney General
- Developmental Disabilities Council
- Disability Rights Washington
- DSHS Employees (RCS, HCS, DDA)
- Law Enforcement
- Office of Public Guardianship
- State Ombuds
- Self-Advocates
- State Council on Aging
- Tribal Representatives

DSHS has adopted and implemented many of the recommendations; others are still in progress, and several initiatives need the ongoing compassionate voice of stakeholders as well as additional support from the Legislature to complete.

What has been accomplished:

- Successful implementation of the Tracking Incidents of Vulnerable Adults (TIVA) database system. The purpose of TIVA is to track, trend, and report on critical incidents across settings related to vulnerable adults and perpetrators that fall under ALTSA's jurisdiction. The system focuses on vulnerable adults living in licensed and certified settings as well as those who live in their own homes. TIVA is simple to use and is increasing overall data accuracy and integrity.
- Improved communication with law enforcement: A referral form is now faxed to law enforcement directly from the TIVA application.
- Live Intake Call Response during business hours implemented by Residential Care Services, Complaint Resolution Unit (CRU).
- Consistent method of report assignment prioritization implemented across both the Resident Client Protection Program (RCPP) and APS: 24-hour response, 5-day response, and 10-day response.
- Reduced the time it takes to assign a case for investigation by CRU.
- Through use of a 24-month federal grant (Money Follows the Person) RCS is strengthening its divisional quality assurance program across all RCS-regulated settings. The intent is improved quality assurance reporting, standardization and consistency of practice and proactive identification of areas of improvement.
- Alerts sent electronically to Medicaid case manager to improve response and risk management.

What is currently in progress:

- Potential request legislation to amend the definitions in Chapter 74.34 RCW to improve the clarity of the language, expand the definition of Vulnerable Adult to included people with developmental disabilities that have not had a formal department determination and remove barriers to substantiating allegations.

- Potential request legislation to allow DSHS to impose intermediate sanctions in the Supported Living program. This will bring the regulatory structure in line with what is available in other settings such as Adult Family Homes, Assisted Living Facilities, and Nursing Homes. This is a recommendation from Disability Rights Washington and DSHS put this request legislation forward last session with support from, and collaboration with legislators, providers, and advocacy groups.

- APS is participating in local and national pilots designed to improve and standardize identification of vulnerable adults who are unable to understand consequences of their decisions and are in need of further capacity evaluation. This includes collaboration with Cornell University and New York APS in a pilot project to develop a training curriculum on assessing decision-making capacity.

- Incorporating concepts of the 'person-centered' trauma model into the APS Training Academy. This model focuses on the alleged victim. For example, methods can be used to minimize the number of interviews for a victim who has experienced trauma.

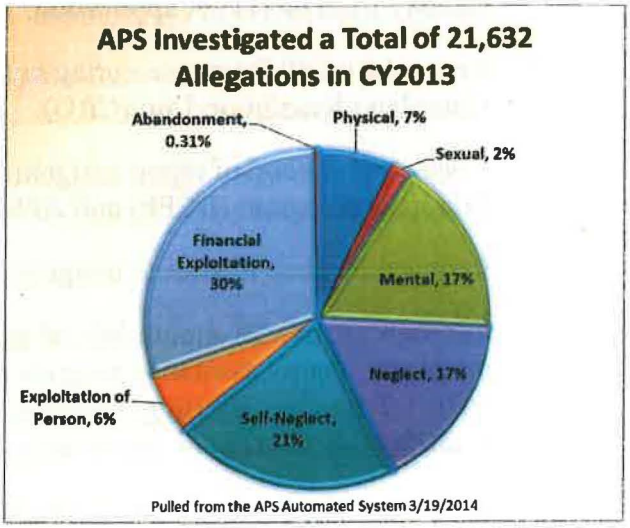
Challenges that impact the Department's ability to respond timely to protecting vulnerable adults:

<u>Financial Exploitation Cases</u>

Financial Exploitation grew by 96% from FY2005-FY2013. 30% of all 21,632 APS investigations in FY2013 were Financial Exploitation Cases.

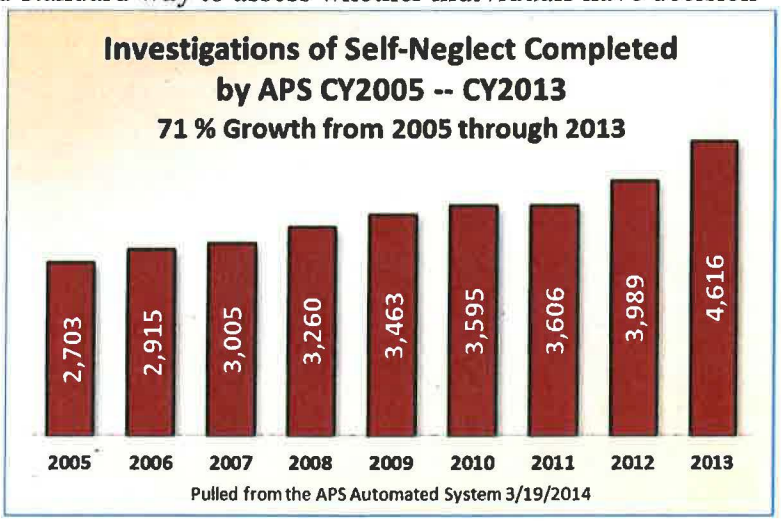
- Social workers do not have the training and expertise necessary to efficiently investigate financial exploitation cases.

- Financial exploitation cases are complex; investigations are frequently open longer than 90 days and often resolved after the victim's resources are gone.



Protecting Individuals with Diminished Capacity

- Self-neglect cases have grown by 71% since 2005.
- APS investigators need a consistent and standard way to assess whether individuals have decision-making capability for health care and financial decisions.
- Most screening tools can only be administered by professionals with higher educational levels and specialized training. The tools currently available to investigators do not adequately assess executive function or decision-making capability.



Continued support needed from the legislature:

1. Funding is needed to create six (6) positions in APS that have high-level expertise in financial investigations to provide consultation to other investigators; manage complex investigations; and establish local relationships with financial institutions and others to increase awareness and improve coordination needed for successful investigations and outcomes. This will also allow current staff to focus on other types of investigations in order to close investigations within ninety 90 days and protect vulnerable adults.
2. Funding to create three (3) positions in APS that will focus on facilitating protective orders and guardianships. This will allow APS to more quickly address protective services required by individuals who have diminished decision-making capability.
3. Continued funding is needed for RCS Quality Assurance Program Enhancements: CMS Home and Community Based Services (Money Follows the Person grant) is only funded for a two-year cycle for $720,000 (began February 2014). Funding is used for six (6) FTEs.
4. Support for legislation to amend the definition of Vulnerable Adult and the definitions of abuse in Chapter 74.34 RCW. This will allow APS to protect more people and substantiate more allegations.
5. Support for legislation granting DSHS authority to impose intermediate sanctions in the Supported Living Program.
6. Support for legislation granting DSHS authority to implement a quality assessment for Supported Living Providers which would support additional staff necessary for investigations of abuse, neglect and exploitation in these settings. The rate paid to providers would be increased to pay for the quality assessment and no general fund state dollars would be necessary.

CRIMINAL MISTREATMENT STATUTES AND SENTENCES

9A.42.020. Criminal mistreatment in the first degree
Class B Felony
Standard sentence range: 51-60 months

(1) A parent of a child, the person entrusted with the physical custody of a child or dependent person, a person who has assumed the responsibility to provide to a dependent person the basic necessities of life, or a person employed to provide to the child or dependent person the basic necessities of life is guilty of criminal mistreatment in the first degree if he or she **recklessly**, as defined in RCW 9A.08.010, causes great bodily harm to a child or dependent person by withholding any of the basic necessities of life.

___

9A.42.030. Criminal mistreatment in the second degree
Class C Felony
Standard sentence range: 6-12 months

(1) A parent of a child, the person entrusted with the physical custody of a child or dependent person, a person who has assumed the responsibility to provide to a dependent person the basic necessities of life, or a person employed to provide to the child or dependent person the basic necessities of life is guilty of criminal mistreatment in the second degree if he or she **recklessly**, as defined in RCW 9A.08.010, either (a) creates an imminent and substantial risk of death or great bodily harm, or (b) causes substantial bodily harm by withholding any of the basic necessities of life.

___

9A.42.035. Criminal mistreatment in the third degree
Gross Misdemeanor
Sentence range: 0-364 days

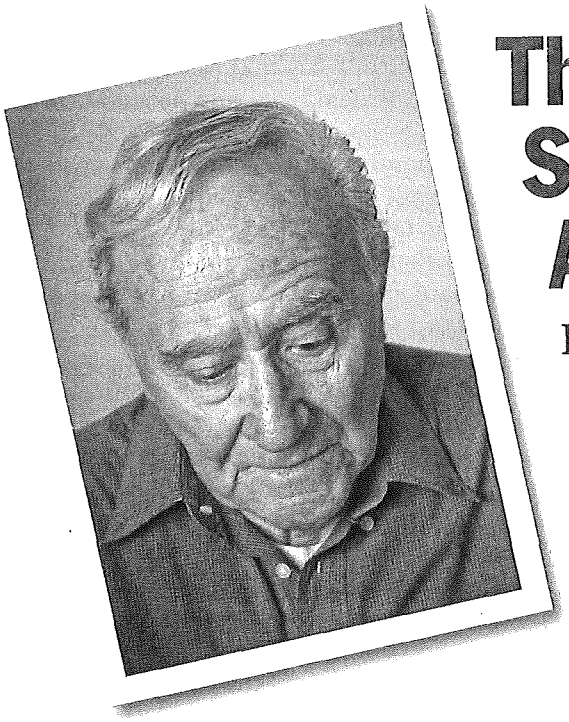
(1) A person is guilty of the crime of criminal mistreatment in the third degree if the person is the parent of a child, is a person entrusted with the physical custody of a child or other dependent person, is a person who has assumed the responsibility to provide to a dependent person the basic necessities of life, or is a person employed to provide to the child or dependent person the basic necessities of life, and either:
(a) **With criminal negligence,** creates an imminent and substantial risk of substantial bodily harm to a child or dependent person by withholding any of the basic necessities of life; or
(b) **With criminal negligence**, causes substantial bodily harm to a child or dependent person by withholding any of the basic necessities of life.

9A.42.037. Criminal mistreatment in the fourth degree
Misdemeanor
Sentence range: 0-90 days

(1) A person is guilty of the crime of criminal mistreatment in the fourth degree if the person is the parent of a child, is a person entrusted with the physical custody of a child or other dependent person, is a person who has assumed the responsibility to provide to a dependent person the basic necessities of life, or is a person employed to provide to the child or dependent person the basic necessities of life, and either:

(a) **With criminal negligence**, creates an imminent and substantial risk of bodily injury to a child or dependent person by withholding any of the basic necessities of life; or

(b) **With criminal negligence**, causes bodily injury or extreme emotional distress manifested by more than transient physical symptoms to a child or dependent person by withholding the basic necessities of life.



The Case for Specialized Elder Abuse Prosecutors

By Page Ulrey

Had 64-year-old Leonard Swenson's case been reported to the police in 1998, rather than in 2008, he would likely have been told it was a "civil matter," and that there was nothing that could be done about it. When the case was reported in 2008, Leonard was still failed by most of the systems he encountered. However, because of the dedication of a handful of people in the criminal justice system, he had the rare experience of sitting in a courtroom and watching his exploiter get handcuffed and taken to prison.

Leonard's Story

Early in the fall of 2008, Peter Montemayor, a domestic violence detective for the Renton Police Department, called me to ask for help with a case. Montemayor had been assigned to investigate an assault case involving Swenson as the victim. The case was turning out to be significantly more complex than he had anticipated, and he wondered if I could assist him with the victim interview. I was the elder abuse prosecutor for the King County Prosecutor's Office in Seattle, Washington, at the time, and it was common to receive such calls from detectives. Then, and now, depending on the jurisdiction, detectives receive little, if any, training on how to investigate elder abuse cases. Because elder financial exploitation in particular is different from the crimes law enforcement typically investigates, it is especially challenging. After receiving a brief rundown of the facts, I agreed to drive down to Montemayor's precinct to sit in on his interview of Swenson.

Despite the detective's description of Leonard as "vulnerable," I was ill-prepared for what I saw when Montemayor escorted him into the conference room. Leonard was strikingly sleight, standing at most 5'1" and weighing perhaps 120 pounds. As he pulled out a chair to sit down, I caught sight of his hands. Each one was missing his entire forefinger. Nervously, Leonard scanned our faces and waited for us to speak. Detective Montemayor cleared his throat and then began to tell him why we had asked him to meet with us. "You and your daughter came into the precinct to report that you had been assaulted and exploited by Lisa O'Neill. We need to ask you some more questions about what exactly happened to you." Leonard nodded hesitantly. When he finally began to talk, his impediment was immediately apparent. He had a great deal of difficulty enunciating his words, causing us to ask him to repeat himself numerous times. He told us he had had a stroke and couldn't speak well as a result. He answered our questions in short, spare sentences, rarely looking at us. Over the next several hours, we pulled the story from him, strand by strand.

Leonard and Joanne, his wife of 34 years, had three grown children. Leonard had worked for years at a local auto body shop, while Joanne worked at a seafood processing plant. Because he was

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image: iStockphoto

"no good at numbers," Joanne handled all of the couple's financial matters. Despite their relatively low-paying jobs, they had lived frugally. They owned their own home and had life and health insurance and very little debt.

One morning in 2005 when she was driving to work, Joanne was struck and killed by a drunk driver. In an instant, Leonard's life was shattered. His best friend, his social support, his partner, his protector, was gone. Unable to think of what else to do with himself, Leonard went back to work the following week. He began to stop at a local bar on his drive home, seeking solace in the company he found there. Unaware of his vulnerability, he talked to anyone who would listen about the loss of his wife, his grief, and his conversations with the insurance company over the settlement he would soon be receiving.

Forty-three-year-old Lisa O'Neill lived alone in a rental house in a working class suburb of Seattle. She had a boyfriend of 14 years, with whom she had a history of domestic violence; she was sporadically employed and had a massive amount of debt. In August 2006, O'Neill approached Leonard at the bar, introduced herself, and sat down next to him. After a few drinks, she asked him to come home with her. With that invitation, Leonard felt like a door that had been shut tight inside him since his wife's death cracked open. He went to O'Neill's house, sat and talked with her, and had another drink. At the end of the night, O'Neill asked Leonard if he'd like to spend the night, pointing to a guest bedroom in her basement. Leonard said yes.

After that night, O'Neill's attentiveness continued. She invited Leonard to take a break from work and come to her house for lunch. She fixed him dinners and drank with him, confiding in him about certain aspects of her troubled life. When Leonard would attempt to kiss her, she would gently push him away. Leonard told himself that these things take time. Two to three weeks after they met, having successfully kept from him the fact that she had a boyfriend, O'Neill invited Leonard to move into the bedroom in her basement. Despite the fact that he had his own home—or perhaps because of the memories there—Leonard said yes. That night, he excitedly told his daughter Beverly that he might have met her new stepmother.

About a month after meeting her, Leonard told O'Neill's father that he wanted to marry her. O'Neill's father responded that, rather than buying his daughter a ring, Leonard should pay off her truck loan. Leonard agreed, cashing out a CD in which he had invested some of the proceeds from his wife's insurance settlement to pay off the $23,000 loan. Thus began a pattern of Leonard giving O'Neill money. Fed by his hope for the future and by her promise to repay him some of the money, Leonard wrote checks to pay off O'Neill's many debts, gave her cash, and bought her a computer and anything else she wanted. Leonard told us, "She said someday we might get married, that age don't make a difference."

When Leonard moved into O'Neill's basement, he virtually disappeared from his children's lives. One day not long after he left, Beverly was reviewing her father's bank statements when she noticed a number of uncharacteristically large withdrawals. She called her father, but he didn't answer his phone. She and her brother, Tony, then went to their father's bank to see if there was anything they could do to protect his assets. As they drove into the parking lot, they saw their father's truck parked there, Leonard in the passenger seat, smoking a cigarette and O'Neill in the driver's seat. As Tony and Beverly sat there unnoticed, they heard O'Neill loudly instruct their father to cash out the remainder of his bank accounts. In a panic, Beverly called 911.

A patrol officer responded to the call at the bank and interviewed the parties. O'Neill, angry and shouting, claimed that Leonard's children were trying to prevent him from accessing his own money. Leonard, shaken and upset, insisted that he had the right to give his money to O'Neill. The police officer, having had no training on elder financial exploitation, deemed the matter a civil dispute and advised Beverly to move the money to another account to protect it from O'Neill. He did not write a report. Neither he nor the bank reported the case to Adult Protective Services (APS).

Shortly after this, O'Neill announced to Leonard that they were moving his accounts to a bank where his money would "do better." By this time, O'Neill had taken over Leonard's bill-paying, promising him she would take care of his finances. She made herself a joint account holder on his new accounts. Once this was accomplished, she began to systematically drain Leonard of his remaining assets. Whenever a check was deposited into Leonard's account, she conducted an online transfer of the money to her own account. Not knowing how to use a computer, Leonard was not aware of these transfers or of the steady decline of his account balances. Because O'Neill arranged to have the bank statements sent to a post office box, Leonard never saw them.

One day in January 2007, while he was at work, Leonard suffered a stroke. He was rushed to the hospital, where he stayed for several days. His speech significantly affected, his left side weak, and his cognition even more impaired, Leonard was discharged back to his own home and the care of his son. A week later, on his first day back at work, O'Neill approached him and asked him to move back in with her, promising that she would take care of him. Ever hopeful, Leonard agreed. Upon moving back in with O'Neill, Leonard stopped taking the medications that had been prescribed after his stroke, stopped attending his physical therapy sessions, and never returned to his treating physician for follow-up visits. He would not see his children again for the next year and a half.

Once O'Neill's hold over Leonard was secure, the emotional and physical abuse commenced. She began to call him names like "moron," "faggot," and "leprechaun." When they went out with her friends, Leonard reported, "[She told me] not to say nothing to nobody else. Don't talk. . . . I couldn't talk good anyways, so she told me to be quiet." When O'Neill became frustrated with Leonard, she began to hit him or shove him. Once she pushed him down the basement stairs and then walked away. Over time, she turned him against his children, effectively convincing him they were only after his money, and that she was his protector.

Just months after she obtained control of Leonard's financial accounts, O'Neill stopped paying his bills. Eventually, foreclosure proceedings began on his home. O'Neill arranged for him to do a short sale, transferring the proceeds from their joint account to her individual one as soon as they appeared. O'Neill returned Leonard's beloved truck to the dealer, telling Leonard he could no longer afford the payments. She allowed his cell phone service to be cut off, leaving him without a means of communicating with anyone besides her and the people with whom she socialized. Over an approximately two-year period, O'Neill drained Leonard of literally every asset he had.

In July 2008, Leonard woke up early one morning, packed his belongings in two garbage bags, and slipped out O'Neill's front door, quietly shutting it behind him. Filled with shame, anger, and grief, he began the long walk to the home of his friend and former employer, Virginia Banker. Virginia took Leonard in, and, after listening to his story, contacted his children. Beverly insisted on taking him to the local police department to report what O'Neill had done. From that visit, a report was generated and the case assigned to Detective Montemayor to investigate.

The Investigation

Beverly also reported what had happened to APS. An APS worker interviewed Leonard and his son. After finding that he was oriented to person, place, and time and was able to perform his activities of daily living without assistance, the APS investigator reluctantly concluded that Leonard was not a vulnerable adult under Washington law and closed the case.

After our interview of Leonard, Detective Montemayor and I remained in close contact and collaborated on the plan for his investigation, which involved obtaining a capacity evaluation of Leonard by a geriatric psychiatrist, executing search warrants for Leonard's and O'Neill's bank records, and conducting interviews of bank employees, O'Neill's family and friends, Leonard's children and coworkers, the car dealer who dealt with

the return of Leonard's truck, and the real estate brokers and attorneys who handled the short sale of Leonard's home.

Facts on Elder Abuse

Leonard Swenson is not alone. Millions of older adults are abused, neglected, and exploited in this country every day. *See* Ron Acierno et al., *Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study*, 100 AM. J. PUB. HEALTH 292 (2010). Yet only one in 23 cases ever comes to the attention of authorities. LIFESPAN OF GREATER ROCHESTER, INC., UNDER THE RADAR: NEW YORK STATE ELDER ABUSE PREVALENCE STUDY (2011).

Even fewer cases are investigated or prosecuted. In my experience, cases of financial exploitation such as Leonard's, where there is apparent undue influence, are even less likely to be investigated or treated as potentially criminal. Though often perceived as less serious than the forms of elder abuse resulting in physical injury or death, financial exploitation can be just as fatal. This is borne out by a study conducted by geriatrician Mark Lachs, who found that all forms of elder abuse, including financial exploitation, increase the victim's likelihood of dying prematurely by 300 percent. Mark S. Lachs et al., *The Mortality of Elder Mistreatment*, 280 JAMA 428 (1998).

King County

Why was the criminal justice system in King County more receptive to Leonard's case in 2008 than it would have been in 1998? The answer is quite simple: because in 2001, Norm Maleng, then the elected prosecutor, created an elder abuse prosecutor position in his office. His inspiration to do this was San Diego Assistant District Attorney Paul Greenwood, one of the first dedicated elder abuse prosecutors in the country. At the urging of two of my colleagues, Maleng had seen Greenwood speak and had met with him about his work. Those experiences inspired Maleng to create a similar position in our own office. The person he appointed in 2001 was me, but it could have been any prosecutor who was hard working and willing to take some risks.

My Experience

When I got the call from Detective Montemayor about Leonard, our office had had a dedicated elder abuse prosecutor for seven years. By that time, I had handled enough cases and conducted enough trainings that most detectives in King County's police agencies knew there was someone in my office to consult with on these cases. They also knew that we would actually file charges on the cases they investigated when the evidence and our resources allowed. I also had accrued enough experience to be able to handle a case like Leonard's. I knew about undue influence, and I knew that even though in Washington, as in most states, we did not have a crime of undue influence, the concept could be used in the right case to overcome a defense of consent at trial through expert testimony of a geriatric psychologist or psychiatrist who had examined the victim and argument to the jury. And by the time Leonard's case landed on my desk, I had developed some resilience. I had lost many cases and had learned the painful and common lesson in the elder abuse field that it is often the bringing of a case, not the winning of a case, that is the victory.

The Criminal Case

So in June 2009, with some trepidation, I filed one count of felony theft and one count of misdemeanor assault against Lisa O'Neill for financial exploitation and physical abuse of Leonard Swenson. When O'Neill rejected our plea offer and set her case for trial, we added 13 more counts of theft for specific felony-level takings. I had the luxury of having a second prosecutor and a forensic accountant assigned to assist me; we sifted through evidence, created a witness list and exhibits, and readied ourselves for trial.

The jury trial against O'Neill began in January 2011. The defense was, predictably, consent: Leonard loved O'Neill and wanted her to have his money. More subtly, it was an appeal to individual rights: we Americans value our freedom, including the freedom to make bad choices. Leonard Swenson made bad choices, and now the overreaching State of Washington wanted Lisa O'Neill to pay for them.

We called numerous witnesses in our case, including Detective Montemayor and the patrol officer who was called to the bank, the real estate agent and attorney who handled the short sale, the forensic accountant, Leonard's children, and Angela Heald, the geriatric psychiatrist who evaluated him. Heald testified that although Leonard did quite well on the Mini Mental Status Exam (MMSE), meaning that his memory was intact, his executive function was impaired as a result of frontal lobe vascular dementia and an intellectual disability. She concluded that he lacked the capacity to handle his own finances and was vulnerable to undue influence.

Leonard was on the witness stand for almost a day and a half, enduring hours of aggressive cross-examination by the defense attorney. On the night after his first day of testimony, an ice storm hit the Seattle area, shutting down public transportation and closing the courthouse the following day. On the morning we were set to resume, I got to the courtroom early, hoping to protect Leonard from an interaction with O'Neill. He was already there when I arrived, seated alone on a bench outside the courtroom, a bright red stain of blood on the left knee of his jeans. He had fallen on the ice on his way into the courthouse. He refused my offers of bandages or a recess to get his injury treated. He wanted to finish.

Finally, after four weeks of testimony, we gave our closing arguments. Several hours after the jury began deliberating, we were summoned to the courtroom to respond to a question from the jury: "Do we have to be unanimous in reaching a verdict of not guilty?" Our hearts sank. Then, the following afternoon, their verdict: guilty on all 14 counts of felony theft, not guilty of misdemeanor assault. The jury also found that Leonard was unusually vulnerable, thereby justifying an exceptional sentence above the standard range on each count.

In February 2012, Lisa O'Neill was sentenced to 62 months in prison, an exceptional sentence above the standard prison term of 43–57 months. Leonard attended the sentencing hearing. When asked if he wanted to speak, he simply said, "Thank you."

What Leonard's Case Reveals

Elder financial exploitation cases are, like Leonard's, often complex, involving issues such as cognitive capacity, consent, competency, powers of attorney, guardianships, and undue influence and dementia. Few law enforcement officers, 911 dispatchers, or prosecutors receive training on any of these subjects. Cases like Leonard's don't fall into any of the categories we have been taught to recognize as potential crimes: they are not scams because the victim is in some kind of relationship with the perpetrator, and they are not theft because the victim "consented" to give the perpetrator his or her assets or control of those assets.

APS, too, is often ill-equipped to handle these cases. With insufficient resources and tools to conduct screening for cognitive capacity, and little, if any, training on undue influence, APS investigators frequently screen out cases of financial exploitation on the grounds that the victim does not meet the statutory definition of the population they serve or because they determine, based on the victim's statements alone, that the financial transaction is consensual.

The result of this lack of training is that reporters of these crimes, like Beverly Swenson, who called the police from her father's bank, are often turned away from the criminal justice system and told that their complaint is "civil" in nature. Left with no recourse besides paying for a private attorney, reporters often give up, and the exploitation goes on.

In order for the criminal justice system to begin to address cases of elder abuse properly, we must have dedicated elder abuse prosecutors. What happens when a prosecutor is designated to handle only elder abuse cases is that complicated, labor-intensive cases like Leonard's are no longer pushed to the back burner in favor of simpler ones that are easier wins. Trainings are attended, knowledge is attained, and relationships with other agencies in the community are built. Undue influence is better understood, as is dementia and its impact, not only on memory, but on judgment. Virtually all larger prosecutors' offices have units specializing in child abuse, sexual

Continued on page 48

should be pursued." ABA Model Rule 1.3 cmt. [1].

Third, although lawyers must diligently represent their clients, "[a] lawyer is not bound . . . to press for every advantage that might be realized for a client." ABA Model Rule 1.3 cmt. [1].

Fourth, although a lawyer "shall act with reasonable diligence and promptness in representing a client," "[t]he lawyer's duty to act with reasonable diligence *does not require the use of offensive tactics or preclude the treating of all persons involved in the legal process with courtesy and respect.*" ABA Model Rule 1.3 & cmt. [1] (emphasis added).

Fifth, a lawyer may withdraw from representing a client (even if there is "material adverse effect on the interests of the client") if "the client insists upon taking action that the lawyer considers *repugnant or with which the lawyer has a fundamental disagreement.*" ABA Model Rule 1.16(b)(1), (4) (emphasis added).

In addition to these important "safe harbors," the ethics rules contain several statements of lawyers' affirmative right to act in a way that our professional instinct tells us should be acceptable.

First, lawyers are free to provide these clients legal advice without being asked for it. "[A] lawyer is not expected to give advice until asked by the client," but a lawyer "may initiate advice to a client when doing so appears to be in the client's interest." ABA Model Rule 2.1 cmt. [5].

Second, lawyers can give advice even if they know the clients will not like that advice. Thus, "a lawyer should not be deterred from giving candid advice by the prospect that the advice will be unpalatable to the client." ABA Model Rule 2.1 cmt. [1].

Third, lawyers can provide their clients moral as well as legal advice. The ABA Model Rules indicate that "[i]t is proper for a lawyer to refer to relevant moral and ethical considerations in giving advice." ABA Model Rule 2.1 cmt. [2].

Although perhaps not as important as the "safe harbors," these provisions should embolden lawyers to be the sort of "trusted advisors" that many clients need—even if the clients do not recognize their need.

Most lawyers want to act professionally. Even in states where ethics rules do not punish incivility, lawyers can rely on some ethics rules provisions in serving their clients while courteously interacting with everyone around them. And at the least, these ethics provisions take away any excuses that a "scorched earth" lawyer might be tempted to use. ◆

The Case for Specialized Elder Abuse Prosecutors

Continued from page 11

assault, and domestic violence, yet few have prosecutors, let alone units, specializing in elder abuse. Thanks in large part to a small grant program by the U.S. Department of Justice's Office on Violence Against Women, this is beginning to change, but we have miles to go before it is the norm.

Conclusion

Three years ago, Dan Satterberg, elected King County prosecutor after Norm Maleng's death, created a second elder abuse prosecutor position in our office. We continue the never-ending work of improving our collaboration with other agencies and disciplines through trainings and work in multidisciplinary teams. As a result, our community's response to these cases continues to improve ,and our caseload continues to increase.

As both Maleng and Satterberg understood so well, if the prosecutor's office broadcasts to the community that it will take on elder abuse by creating a dedicated position, law enforcement will investigate the cases. Adult Protective Services will make more referrals to law enforcement. And reporters who have information on a case will be more likely to report it. As is true for all elder abuse victims, no one can fully restore what Leonard Swenson lost as a result of the abuse and exploitation he suffered. But by treating what happened to him as the crime it was, Leonard's community was at least able to give him some sense that justice was finally done. ◆

Susan Kas,
Disability
Rights Washington

REASONABLE EXPECTATIONS

- Person (alleged victim) feels safe
- There is a timely response onsite (24 hours)
- To be heard (all the way through the process; accessible)
- To be taken seriously
- To not require person (alleged victim) to move in order to be safe
- To know whether allegations are going to be investigated or not
- Provider makes an immediate response
- The response is the same across settings
- If someone is found to have committed abuse/neglect, actions are taken to hold person accountable
- To be able to go to someone you trust and get help to do that if needed
- To know where to turn and where to go in order to get resources right away
- To know what happens next
- Approach by everyone involved in response is coordinated, and they are trained to know how to address these issues and victim
- To get the help needed in response to harm (even if allegations can't be substantiated; care is given to the person's sense of safety)
- Investigation is timely (enough people to start and complete investigations)
- There is no fear of retaliation, and it is safe to complain
- If self-neglect is alleged, there is some response that helps prevent further self-neglect
- Person accused of abuse does not have contact with alleged victim or other vulnerable adults
- There is an independent outside investigation (not by the facility accused)

Disability Rights
WASHINGTON
Washington's protection and advocacy system

315 - 5th Avenue South · Suite 850 · Seattle, WA 98104
t: 206.324.1521 or 800.562.2702 · f: 206.957.0729 · email: info@dr-wa.org · www.disabilityrightswa.org

FOR MORE INFORMATION

Reports Related to the Adult Abuse and Neglect Response System

"Improving Washington's Response to Abuse and Neglect," Disability Rights Washington, 2008
http://www.disabilityrightswa.org/sites/default/files/uploads/ARS%20Report%20FINAL%20%283%29.pdf

"Improving Washington State's Adult Response System," The Abuse/Neglect of Adults Who are Vulnerable Study Group convened by the Department of Social and Health Services Secretary, Susan Dreyfus, 2010
http://www.aasa.dshs.wa.gov/about/UpdateCentral/AbuseResponse/default.htm

"Adult Family Home Quality Assurance Panel Report," Recommendations to the Governor and Legislature per ESHB 1277
http://www.waombudsman.org/wp-content/uploads/2012/03/quality-assurance-panel-report-2012.pdf

"Too Little Too Late: A Call to End Tolerance of Abuse and Neglect," Disability Rights Washington, 2012
http://www.disabilityrightswa.org/sites/default/files/uploads/Too%20Little%20Too%20Late_Redacted.pdf;

"Improving payment systems and monitoring necessary to prevent errors and improve Safety," Washington State Auditor's Office Performance Audit Report No. 1009939, July 31, 2013
http://www.sao.wa.gov/state/Documents/PA_DDA_Payments_Safety_ar1009939.pdf#search=DDA%20background%20checks

Media Links About Reports and Other Alleged Incidents

http://seattletimes.com/html/localnews/2019925424_grouphomes18m.html

http://www.komonews.com/news/local/Audit-Washington-caregivers-failed-criminal-background-checks-217861041.html

http://q13fox.com/2014/03/03/developmentally-disabled-woman-burned-locked-in-room-suing-state/#axzz34wU489in

http://q13fox.com/2013/06/11/elderly-woman-chokes-to-death-on-sandwich-in-adult-family-home/#axzz34wU489in

Shirley Bondon, Office of Public Guardianship

A Robust Statewide Program is Needed to Provide Targeted Supported Decision-Making Alternatives

The following news article illustrates why this is needed:

North Bend couple accused of fraud, abusing blind, disabled teen

By David Ham

North Bend, Wash. — Posted: 8:16 p.m. Friday, April 18, 2014 – Kirotv.com

http://www.kirotv.com/news/news/north-bend-couple-accused-fraud-abusing-blind-disa/nfdGq/

King County prosecutors say Jeffrey and April Henderson stole about $19,000 of Medicaid money meant for a 19-year-old they were caring for. Detectives said that when they found the teen, who is blind and has cerebral palsy, she was covered in vomit, weighed only 67 pounds, and was moaning like an animal.

Detectives said the Hendersons spent lavishly on flat-screen TVs, computers, an iPad, iPods and an extensive reptile collection.

"The only time I saw them was the Fourth of July. They spent an extraordinary amount of money on fireworks," said Dustin Anderson, who lives near the North Bend home where the Hendersons lived.

After investigators took the teen out of the house in October 2012, the Hendersons moved to Florida.

"The house was gutted and trashed and cat piss everywhere, feces -- I mean it was horrible. He said you couldn't go in there without a respirator," said Anderson.

We tracked down Jeffrey Henderson in St. Augustine, but he kicked us off the property. King County prosecutors said they had to wait almost a year and a half to file charges because they had to put together details of the financial fraud. We asked prosecutors why the couple has not been arrested.

"They have been served notice to return for that date, regardless whether they are in Florida or not. There is a warrant for their arrest. When we file cases where the defendants are at large, the warrant is there to ensure that if they are arrested before

arraignment, they are brought to our jurisdiction as well as dealing with any new criminal allegations they may face. If they fail to appear for arraignment, then we will call on authorities in Florida to act on the warrant and may ask our Fugitive Task Force to intervene," said Ian Goodhew, spokesperson for the King County prosecutor's office.

Since the teen was taken out of the care of the Hendersons, detectives said, she has gained at least 30 pounds, and has had 19 root canals to fix teeth that were rotten. She is also attending school.

Department of Social and Health Services officials would not confirm or deny if the teen or the Hendersons were receiving Medicaid money, but said this about fraud.

"DSHS has an aggressive approach to investigating reports of fraud in its program. We solicit tips from the public, and vulnerable clients are reviewed regularly to make sure that appropriate care is being administered properly. When we find that is not the case, we inform the AG's office immediately and pass along our findings. If you know or suspect fraud in social programs, including Medicaid, you can notify DSHS by phone or email," said Kathleen Spears, a spokesperson for DSHS.

The Attorney General's Office said it investigated this case alongside federal officials but could not say how they found out about the alleged abuse.

October 2012 police enforcement removed a 19 year old female from a home where she had been in the care of foster parents since she was 7.

When she was found the 19 year old was sitting in a filthy wheelchair covered in vomit.

She was dressed in a dirty diaper only.

She weighed 67 pounds and was reported to have been moaning like a wounded animal.

Her room was covered with piles of garbage and vomit and permeated with stench.

The 19 year old is vision-impaired as a result of severe cataracts in her right eye and possible retinal detachment from a previous botched attempt to correct vision in the left eye.

She has cerebral palsy.

She had approximately 19 rotten teeth.

She hadn't been attending school and had never learn to speak or read braille.

The couple was reported to be receiving $4,100 per month in Medicaid funds for her care, which they appeared to have spent on themselves – for iPads, big screen TVs, laptops and more. Neither foster parent had a job and are alleged to have stolen more than $19,000 from her.

A public guardian was appointed and working with other professionals accomplished the following:

- She was moved to an Adult Family Home in the community, not an institution, where she is not isolated from others.

- She is receiving proper nourishment and nutrition. She has gained 27 lbs.

- She is receiving medical care to address:
  - A hernia.
  - Rotting teeth – She is scheduled for 27 root canals.

- There was an attempt to evaluate her eyes, which needed to be rescheduled, as it was determined that she is so frightened she needed to be sedated.

- She is receiving speech therapy.

- She was enrolled in and attended high school.

Although this individual needed extensive decision-making support to help her repair a life that has been damaged and broken as a result of the harmful action of others, all victims of abuse don't need the same support or the same amount of support to move toward success.

An individual who isn't able to manage money may need a **representative or protective payee** who is trained to provide guidance, instruction and assistance that when possible will provide the individual the skills needed to manage his or her own funds.

Another individual may be unable to understand the risks and benefits of **health care** procedures he or she may need, so they may need someone to explain the risks and benefits in a way they can understand and perhaps provide informed consent.

Another individual may need assistance completing applications for services he or she needs.

The decision supports needed will vary depending on the capability of each individual needing assistance, so it's important to have a statewide program that is robust and has the ability to respond in a flexible manner.

Washington has program, the Office of Public Guardianship that is not statewide. It is underfunded, and lacks the ability to be flexible and provide targeted services. It is authorized to provide guardianship services only.

Thank you.

For more information, please contact Shirley Bondon, Manager, Office of Public Guardianship, Administrative Office of the Courts, 360.705.5302, shirley.bondon@courts.wa.gov