



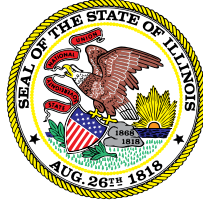
State of Illinois
Illinois Department on Aging

ELDER ABUSE TASK FORCE

FINAL REPORT
TO THE GENERAL ASSEMBLY
Senate Joint Resolution 13

January 1, 2021





**State of Illinois
327 State Capitol
Springfield, IL 62706**

Dear Friend,

As our time on the Elder Abuse Task Force comes to an end, it has been an honor to lead its members through the process of investigating current policies, examining strategies to increase public awareness of elder abuse, and identifying a long-range plan to combat elder abuse. Looking back on months of meetings and discussions, we are satisfied with all the Task Force has accomplished.

Without the positive participation of every Task Force member, this report could not have been possible. We appreciate your time and effort over the last year.

We wish to thank the Illinois Department of Aging, the Illinois Attorney General, local organizations and other community stakeholders for their collaboration and contributions throughout this process.

With this detailed plan, our work can begin. We look forward to serving the needs of aging residents in Illinois.

Sincerely,

A handwritten signature in cursive script that reads "Rachelle A. Crowe".

Sen. Rachelle Crowe
Co-Chair

A handwritten signature in cursive script that reads "Katie Stuart".

Rep. Katie Stuart
Co-Chair

BACKGROUND

Elder abuse is defined as an intentional act or failure to act that causes a risk of harm to an adult, age 60 or older. Abuse can take many forms, the most prevalent examples being physical abuse, emotional abuse, sexual abuse, passive neglect, willful deprivation, confinement, and financial exploitation. The abuse may occur in the home at the hands of a loved one or trusted caregiver or can arise from maltreatment of those residing in long-term care facilities and assisted/supportive living facilities. In addition, through a form of self-neglect, an elderly individual may fail to provide for his own needs due to a lack of means, capacity, or ability to do so while continuing to remain in his or her own home. Elder abuse can also be in the form of consumer fraud scams where vulnerable adults unknowingly give predators money or access to their finances, which can leave the vulnerable adult financially devastated.

On June 2, 2019, the Illinois General Assembly, through Senate Joint Resolution 13 (SJR 13), established a multidisciplinary Elder Abuse Task Force (“Task Force”). The Task Force was designed to foster collaboration among government officials serving the elderly in various capacities across the state. It also aimed to serve as a public forum to assess existing elder protective practices, develop approaches for increasing public awareness, and identify strategies for combatting patterns of abuse.

In describing the Task Force and its role in reducing the impact of elder abuse, Governor Pritzker stated: “In Illinois, every single person – no matter their age, gender, citizenship, sex, ability, race or religion – deserves to feel safe and secure. One case of elder abuse would be too many, but 20,000 annually is unacceptable: we need to tackle this head on. This bipartisan Elder Abuse Task Force will investigate our current elder protective practices and strategies for increasing public awareness and come up with the best possible plan to combat patterns of abuse and treat our older Illinoisans with the respect they deserve.”

The Task Force was charged with four primary responsibilities including:

1. Assessing the effectiveness of current elder protective services and laws;
2. Examining the barriers to prosecution and strategies to increase public awareness of elder abuse and reporting;
3. Studying training resources and best practices in other states; and
4. Identifying a long-range plan to combat elder abuse.

The Task Force members assigned to accomplish these responsibilities are:

Name	Organization	Title
Co-Chair Sen. Rachele Crowe	Illinois State Senate	State Senator 56th District
Co-Chair Rep. Katie Stuart	Illinois House of Representatives	State Representative 112th District
Sen. Craig Wilcox	Illinois State Senate	State Senator 32nd District
Cordelia Coppleson	Attorney General's Office	Assistant Attorney General
Barbara Eskildsen	Western Illinois Area Agency on Aging	Executive Director
Chief Brian Fengel	Illinois Association of Chiefs of Police	Mobile Training Unit Instructor
Tonya Genovese	State's Attorney's Office Madison County	Assistant State's Attorney Elder Justice Division
Lori Hendren	AARP	Associate State Director
Paul Isaac	Illinois Department of Financial and Professional Regulation	Senior Advisor to the Secretary
Aimee Isham	Illinois Department of Health	Bureau Chief for Long-Term Care
Eric Lane	Health Care Council of Illinois	Political and Grassroots Director
Bill Langheim	Illinois State Police	Captain
Beth Menz	SEIU Health Care	V.P. and Director for Home Care Division
Lois Moorman	Illinois Department on Aging	Program Administrator Adult Protective Services
Kelly Richards	Illinois Department on Aging	State Ombudsman
Gene Seaman	Illinois Guardianship and Advocacy Commission	Human Rights Authority Supervising Manager
Ashley Snaveley	Illinois Health Care Association	Legislative Director
Kristopher Tharp	Madison County Sheriff's Office	Captain
Debra Vershelde	Aging Care Connections	Executive Director
Michelle Weinberg	Legal Aid Chicago	Supervising Attorney
Dawn Wells	Illinois Department of HealthCare and Family Services	R.N., Area Manager
Aimee Winebaugh	Illinois Bankers Association	Director of Governmental Affairs

Theodore Roosevelt gave a speech in 1910 titled, "Citizen in a Republic"¹, with one section commonly referred to as, "The Man in the Arena." This part of the speech reinforces the purpose of the Elder Abuse Task Force and its members:

It is not the critic who counts; not the man who points out how the strong man stumbles or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows the great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at the least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.

The Task Force members and those that lit the way before them desire as much as our residents to assure the health, safety, and welfare of our vulnerable adults. To do this, members attended four public meetings where they learned about state agency elder abuse programs, other states' approaches and best practices related to elder abuse, and how the work of elder abuse programs impacts our legal system. They heard from members of the public who bravely shared their personal stories and offered suggestions to improve our elder abuse programs. The members of this Task Force, our engaged public attendees, and those who have valiantly advocated for elder abuse protections resemble the 'man in the arena,' they are fighting for a worthy cause and 'daring greatly' to make it better.

TASK FORCE MEETINGS

The Task Force met in person on three occasions and one occasion via WebEx between August 27, 2019 and July 15, 2020. Each meeting was led by the Task Force's Co-Chairs Senator Rachele Aud-Crowe and Representative Katie Stuart and focused on specific content speaking to the group's four primary focus areas. The differing backgrounds and experience levels of the Task Force members allowed for productive conversations and the mutual education of all involved. A brief description of each meeting can be found below:

1. On August 29, 2019, during its initial meeting, the Task Force members spent time discussing their respective experiences with elder abuse. Task Force members reported that there is great work being done by each agency; however, there needs to be a way to increase communication and collaboration among community partners. In addition, Illinois Department on Aging's Office of Adult Protective Services (APS) Program Administrator Lois Moorman led a presentation explaining the APS program. The presentation included the explanation of the APS Act, Fatality Review Teams, the APS Registry, and the educational and training requirements APS caseworkers must meet.
2. On November 15, 2019, during the second meeting, the Task Force asked that each agency providing services to individuals affected by elder abuse explain how their services assist with combating the abuse. Packets were given out containing materials provided by APS, the Long-Term Care Ombudsman Office, the Illinois Department of Public Health, the Illinois Department of Human Services, the Illinois Guardianship and Advocacy Commission, and the Illinois Attorney General's Office. A quick synopsis was given by representatives for each of the afore mentioned agencies related to the information provided in the packet. Captain Tharp of the Madison County Sheriff's Office and Tonya Genovese, Assistant State's Attorney in Madison County, presented on tools and recommendations to increase communication and cooperation between law enforcement and agencies providing services to the elderly population.

3. During the third meeting on January 28, 2020, Elizabeth Ferris, Legal Counsel to the Hampden District Attorney in Springfield, Massachusetts, discussed Massachusetts's Building Partnerships for the Protection of Persons with Disabilities Initiative (BPI). BPI is a statewide multidisciplinary team approach implemented by geographical counties and coordinated by the District Attorneys to address abuse and crimes committed against persons with disabilities. This team approach was established in a memorandum of understanding to ensure coordination amongst law enforcement, APS, and human service agencies so that individuals conducting investigations of abuse and crimes against persons with disabilities would go forward in a unified, collaborative nature. Task Force members reviewed the initiative and reflected on ways of incorporating successful techniques into Illinois' collaboration efforts.
4. The fourth meeting, originally scheduled for April 27, 2020, was postponed due to the Task Force members extensive involvement in providing direct services care and coordination in response to the COVID-19 pandemic. The group reconvened on July 15, 2020, to discuss short and long-term plans for developing and implementing increased public awareness, training, legislation, communication, and collaboration. A summary of the Spring Session proposed legislation and rulemaking was provided with an ensuing discussion about how each would impact elder abuse. With the pandemic, all proposed legislation and rulemaking was paused and will be re-evaluated during the next session. Supported decision-making, which is a tool that promotes an individual who can help guide an elderly person or person with a disability in their decision making, was discussed as an alternative in assisting the vulnerable adult. This person would assist the elderly person in the process of making decisions, such as a financial decision, looking out for possible fraudulent situations, while the final say remains with the elder. The Task Force members agreed that the long-term plan must include agencies and partners working more collaboratively together and building bridges with stakeholders to assist in developing comprehensive plans and strategies.

Even though each meeting targeted specific goals of SJR 13, there were common themes that emerged from these meetings. Several Task Force members and public attendees mentioned the need for enhanced training, specific legislation to address and/or close gaps in current statutes, expansion of TRIAD participation throughout the state, and increased communication and collaboration amongst the multitude of entities that support older adults who have encountered elder abuse. Elder abuse is an incredibly complex subject that requires short term projects and long-range plans to help improve the quality for all of our elder abuse programs. This final report provides details on how these recommendations will be addressed.

PUBLIC AWARENESS

Through a successful federal grant application to the U.S. Department of Health and Human Services, Administration for Community Living (ACL), the Illinois Department on Aging (IDoA) was awarded funding to increase public awareness of APS - specifically reporting of abuse, neglect, and exploitation- and strengthen training for APS workers. Since the previous APS public awareness campaign, additional populations have been added to the APS program including vulnerable adults who self-neglect and persons with disabilities. These additions speak to the importance of a more inclusive public and professional awareness campaign that involves a targeted approach to inform public professionals about APS and adult maltreatment. The public awareness campaign will consist of on-air and radio messages, printed, electronic, and media materials. The messages will educate the public about the reporting of self-neglect, adults with disabilities aged 18-59, and financial exploitation of older adults. Messages will include providing accurate information about what adult maltreatment is, where it happens, and how to recognize it. The campaign will educate Illinoisans that adult maltreatment and justice is relevant to them while also reducing the stigma of victimization and fighting ageism. In developing the campaign theme, IDoA obtained feedback on the draft campaign components from stakeholders including IDoA's APS Advisory Committee and sister agencies such as the Illinois Department of

Healthcare and Family Services (HFS), Illinois Department of Human Services Division of Rehabilitation Services (DHS-DRS) and Division of Developmental Disabilities (DHS-DDD) to ensure the campaign sufficiently outreached to adults with disabilities. The theme of the campaign is #Engage2Change, which aims to form a connection with the person who would make an APS report. When a person engages in making the report, they will also be part of changing the life of the vulnerable adult. The initial on-air campaign messaging ran from July to September 2020 with public service announcement style advertisements targeting professionals who potentially would report abuse, neglect, exploitation, and self-neglect (ANE/SN) in older adults and persons with disabilities. To assure mandated reporters have the information they need to make a report, IDoA developed a training targeted at these professionals. The training was recorded and posted to the IDoA website to ensure ongoing access to this training for our professionals.

Further, the campaign theme and other graphics will be utilized by IDoA to create tool kits that can be used and adapted by each of the thirteen Planning and Service Areas (PSAs), including the APS Providers within each PSA, to further opportunities for outreach locally. Providers will be encouraged to target known areas with higher rates of hospitalizations and emergency department visits as a result of abuse and neglect of adults to ensure mandated reporters are educated on making a report. Awareness tool kits for sister agencies such as the Illinois Criminal Justice Information Authority's Illinois Family Violence Coordinating Councils will also be made available for dissemination throughout the state. These kits will include brochures, palm cards, fact sheets and posters. Additionally, IDoA will use freestanding banners with the campaign theme that will be housed in each of the thirteen PSAs throughout the state and used by APS Providers on a rotating basis for various events throughout Illinois. These events would include conferences, senior events, World Elder Abuse Awareness Day events, seminars, trainings and the Illinois State Fair, which hosts senior related events at the Senior Building.

In subsequent years of the grant, there will be further implementation of the campaign, including marketing and distribution of the tool kits and outreach to the general public including mandated reporters. IDoA will air public service announcements using the #Engage2Change theme during a 13-week campaign using radio stations throughout the state. IDoA will further enhance visual elements of the campaign with the placement of 200 billboards throughout Illinois. APS is developing a plan to sustain the message post campaign, particularly in identified areas still underrepresented in reporting.

PUBLIC AWARENESS SUMMARY:

- **Develop a Campaign Theme**
- **On-Air PSAs**
- **IDoA Website**
- **Print Materials**
- **Radio Ads**
- **Billboard Ads**
- **Banners**
- **Toolkits**

TRAINING

Training is one of the most efficient and effective ways to level-set knowledge and expectations across agencies, workers, and stakeholders. Training allows for all involved in a situation to know what to expect from others and thus strengthen the quality of services provided to individuals. Training that focuses on continuous quality improvements targets gaps to assure individuals will be protected. During the Task Force meetings, training was a topic that was raised repeatedly by both members and the public. Areas of concern included reporting and responding to financial exploitation, cross training of elder abuse programs and law enforcement, and how to engage with vulnerable adults dealing with social isolation.

To address training concerns, IDoA is planning several training opportunities for professionals working with elder abuse. Financial exploitation is the leading type of abuse reported to APS with almost 8,500 reports in fiscal year 2019. Providing financial exploitation training to agencies gives stakeholders more resources and skills to address these situations. IDoA plans to host a virtual Financial Exploitation learning event, with the purpose of illuminating the risks and impact our vulnerable adults suffer when they are financially exploited. This half day learning event will include a speaker from a financial institution to educate attendees on financial abuse, how financial institutions can assist in the prevention of financial exploitation, and their role in an investigation of financial exploitation. There will be a presenter on scams targeting older adults and how attendees can intervene when a vulnerable adult is exposed to a scam. Finally, there will be a prosecutor presenting on how workers and agencies intersect in the prosecution of those who perpetrate these alleged crimes via the investigative process and necessary documentation. Since these cases can be difficult to prosecute, it is imperative that APS caseworkers understand their key role for a successful prosecution. The second half of this day will be dedicated to how APS and other elder abuse workers can assist in financial exploitation cases since these workers play a critical role in these cases.

To further address the concern of financial exploitation, there are several trainings already occurring on a smaller scale that can be expanded. IDoA and APS providers currently train financial institutions through the B*SAFE training. From January 1 through June 30, 2020, almost 2,450 financial workers were trained through B*SAFE (Bankers & Seniors Against Financial Exploitation). The goal of B*SAFE is to help bank personnel identify, report, and stop situations involving senior exploitation. This training empowers these employees to take precautions to help stop financial exploitation and protect vulnerable adults. B*SAFE training will be modified and expanded to include local police and county sheriff's departments, so more law enforcement personnel understand what financial exploitation entails for seniors. Even though this training will be focused on financial exploitation, this will also allow the opportunity to educate law enforcement partners on all aspects of Abuse, Neglect, Exploitation, and Self-Neglect (ANE/SN) so that more can be done for vulnerable adults, even if no arrest can be made. Targeting key staff at each department would be an efficient and consistent way to increase the knowledge of law enforcement partners.

As ANE/SN training efforts increase in local law enforcement departments, IDoA plans to work with the State TRIAD to increase the number of Elderly Service Officers (ESO) in our communities through supportive funding. The State's Attorney General's Office provides ESO training to law enforcement officers from around the state. This training educates law enforcement officials to raise awareness of the needs and problems of the senior community and to play a more active role in preventing crimes against older people. Statewide, more than 1,200 law enforcement officers as well as senior advocates have successfully completed this special training². More ESOs in our communities would provide a preventative approach as law enforcement partners will be better equipped to identify and report suspected ANE/SN and provide more comprehensive assistance to other elderly adults they encounter. Partnering with the State TRIAD, IDoA will explore ways to help support ESOs in several different manners such as financial assistance, scheduling quarterly meetings, exploring the creation of an IDoA liaison for ESOs, and connecting ESOs to the APS Multidisciplinary Teams to explore challenging cases. In addition, IDoA will support existing and new ESOs by providing consultation services, continuing education materials, and including ESOs in the numerous training opportunities provided by IDoA.

In order to support APS caseworkers to reduce worker turnover and improve their skillset, IDoA will be providing Simulation and Trauma Informed Trainings to the APS network through federal grant funding from ACL. Simulation Training will involve partnering with the Child Protection Training Academy at the University of Illinois at Springfield to provide a safe learning environment with realistic challenges to bolster investigator skills and confidence. Simulation Training will follow the traditional classroom training provided to onboarding APS caseworkers and will consist of real-life situations with actors playing specific roles to provide credible scenes the

caseworker must navigate. In upcoming years, this training expects to add mock courtroom experiences which will better prepare caseworkers to testify and subsequently increase successful prosecutions of elder abuse cases. Trauma-Informed Training will involve collaborating with a national expert in trauma-informed practice to complete a one-day training. Training will include how trauma affects caseworkers, review secondary trauma, and the creation of a self-care plan for caseworkers. The training will incorporate realistic case studies along with a step-by-step approach for caseworkers to consider. IDoA will work with the acquired expert to determine the best method of capturing the information provided in the training and disseminating to other entities.

In order to have a comprehensive approach to addressing ANE/SN in our communities, local prosecutors need to be engaged as well. Through federal grant funding from ACL, IDoA is developing a web based legal tool kit that will benefit these professionals who can become advocates for the most vulnerable adults. The toolkit will address a range of issues, including: ageism and implicit bias; trauma-informed interviewing and investigations; capacity, undue influence, and other evidentiary issues relating to individual cognitive deficits; measures to counteract excuse and justification defenses offered by alleged abusers; best practices for case management and court docketing; access and accommodation issues needed by older adults and individuals who have disabilities; and innovative legal interventions to protect the alleged victim in both criminal prosecutions and related civil proceedings. The project is intended to be used as an education resource kit that may be used to foster increased collaboration between the various entities and organizations providing training to law enforcement and prosecutors on maltreatment of older adults and adults with disabilities.

To strengthen the documentation of APS caseworkers, IDoA will provide a mandatory webinar series, 'Improving Documentation', to level set expectations across the provider network related to documentation. Documentation is critical to the APS Program because it provides a legal foundation and accounting of the record - what was said, the evidence, environmental factors, and any other pertinent information of a case. Further, this information allows for law enforcement and legal partners to use the documentation to potentially pursue charges or other legal outcomes. This series will review basic documentation concepts and advance through specific documentation techniques and requirements. The webinar will be broken down into sixty to ninety minutes per session each week for four weeks. IDoA will record each session to make it available for those who were not able to attend and/or if there is a need for worker remediation.

A follow-up to the Improving Documentation series, IDoA will develop additional webinars specific to APS investigations and completing APS forms associated with the investigation and casework. An investigation webinar series will include best practices for interviewing clients, alleged abusers, and collaterals; how to memorialize a scene when first arriving; what environmental factors and queues to be alerted to; and how to collaborate with community partners. This webinar series will lead into the APS form completion series that will walk an APS worker through all the required APS forms. APS trainers will discuss how best to engage clients when completing these forms, what are best practices associated with each form, and how to complete a final investigative report when an investigation is completed as required by 320 ILCS20/7.1. These webinars will ensure a standardized approach across all forty APS agencies. In addition to standardization, the training series will incorporate best practice approaches that are applied at each phase of an APS case. By providing best practices in all these areas associated with APS, the recidivism rate for APS cases should decrease as investigations are strengthened, interventions are more comprehensive, and more community partners are engaged.

With the work APS does for vulnerable adults, it is important to include education and training on diseases, diagnoses, and/or conditions that can affect a client's cognition. Understanding how diseases and conditions present and progress can allow the APS caseworkers to better assess capacity, and thus how that can impact consent. With over five million Americans living with dementia or Alzheimer's, it is important that IDoA works to provide webinars specific to many diseases, diagnoses, and conditions that are known to affect cognition⁵. These do include dementia and Alzheimer's, but also traumatic brain injuries, nutritional deficits, certain types

of infections, stroke, developmental and intellectual disabilities, and mental health. These trainings will level-set knowledge on cognitive conditions and will provide APS caseworkers with tools to increase their ability to work with clients who might be affected by a condition that influences their cognition.

Connecting with community stakeholders is critical in assuring training needs are addressed. IDoA will create an APS Training Advisory Group that can provide feedback on content, topics, and needs. This group will work with community partners and at times include previous clients of APS to gain additional perspective. To increase the opportunity for cross training and collaboration, representatives from sister agencies, law enforcement, the Attorney General's Office, and Guardianship and Advocacy Commission will be part of this Advisory Group. Through interagency collaboration, a comprehensive training curriculum will be developed that will assure the health, safety, and welfare of the State's most vulnerable adults.

TRAINING SUMMARY:

- Financial Exploitation Learning Event
- B*SAFE Training
- Increase Number of ESOs
- Simulation Training
- Trauma Informed Training
- Legal Partner Toolkits
- Education Resource Kits
- Improving APS Documentation Webinar Series
- APS Investigation Webinar Series
- APS Form Completion Webinar Series
- Cognition Webinars
- Creation of an APS Training Advisory Group

COLLABORATION

Collaboration is key to improving the quality and reach of service interactions with individuals and the entities that support clients served by APS. When we collaborate, we utilize all the resources, disciplines, and skillsets to develop the most comprehensive plan to assist individuals. To facilitate collaboration, IDoA implemented a policy in June 2020 that required collaboration between APS and Individual Care Providers, who provide Medicaid waiver services to individuals (including Managed Care Organizations). This policy memorialized best practices and speaks directly to ACL's Voluntary Consensus Guidelines³ and federal Centers for Medicare and Medicaid Services⁴ requirements centered on collaboration. IDoA continues to work with HFS to build on the partnerships with Managed Care Organizations (MCO) that can directly impact clients that have endured some form of elder abuse. This policy spells out timelines and responsibilities for all agencies involved in an elder abuse case with compliance being monitored by IDoA and HFS.

The electronic record system for Adult Protective Services is the Case Management Portal. Launched in 2018, this Portal is a web-based case management system used by all APS supervisors and caseworkers. The system was updated in December 2020 to provide enhancements for APS caseworkers to facilitate automated information-sharing that expedites communication and reduces human error. Timely communication between APS, Individual Care Providers, and MCOs strengthens the case to assure the participant's health, safety and welfare are being addressed in a collaborative effort. The updated system allows for data to be more easily analyzed and interpreted to better predict the needs and trends at the provider, regional, and state levels. This process of using data to drive continuous quality improvement provides IDoA the opportunity to develop training, host webinars, and update policies and procedures that will improve outcomes.

Another way to improve collaboration is to formalize agreements between agencies that can safely and legally allow for information sharing when jurisdictions overlap. Memorandums of Understanding (MOU) allow for interagency collaboration with law enforcement and/or fire departments who can readily access relevant

information when there are mutual clients. Since several APS provider agencies already have MOUs in place with local law enforcement and fire departments, IDoA will promote expansion of this innovative practice across all APS providers. This will require IDoA staff to travel the state providing education on the importance of these agreements to APS providers and law enforcement and fire departments that do not have MOUs. Engaging with State's Attorneys, Illinois Association of Chiefs of Police, and Illinois Sheriff's Association as these interagency partnerships will be key. These associations can assist in building rapport needed at the local level and increase buy in from department administration. Having these partners at the table will result in a more comprehensive action plan.

To build on the collaboration established with MOUs, IDoA updated the First Responders ANE/SN Guide and Resource Card that can assist first responders when they are providing care to vulnerable adults in the community (see Appendix I). This card can be used as a guide to know what conditions might indicate possible abuse, the agency and contact number to make a report, and resource numbers that can assist the individual. IDoA will distribute this resource throughout the first responder networks including the Illinois Police Chiefs and Illinois Sheriff's Association, the state TRIAD, the State's Attorneys Offices, and other similar groups and agencies.

As a larger and more cohesive group of elder abuse stakeholders is built throughout the state, IDoA also needs to find other ways to increase engagement and outreach. The Illinois State TRIAD⁶ brings together committed police officers, legal representatives, elder rights advocates, and senior citizens to prevent crimes against older adults and improve service delivery to this population. TRIAD provides the opportunity to exchange information among law enforcement, support services and senior citizens. A TRIAD is tailored to meet the needs of each local community and it can be an integral part of community policing. Areas with serious crime problems may focus initially in the areas of crime prevention and victim assistance. Where older persons are not often targets of crime, the TRIAD may decide to concentrate on reassurance programs, training for law enforcement and involving volunteers within the law enforcement agencies. The TRIAD plans activities and programs to involve and benefit both law enforcement and seniors. TRIAD sponsored activities can include but are not limited to:

- Increased involvement in Neighborhood Watch
- Home security information and inspections
- Timely information of current frauds and scams
- How to cope with telephone solicitations and door to door sales
- Elder abuse prevention, recognition and reporting
- Training for law enforcement in communicating with and assisting older persons
- Adopt-a-senior visits for shut-ins
- Intergenerational projects beneficial to seniors and youth
- Emergency preparedness plans by and for seniors
- Victim assistance by and for seniors
- Safe shopping days
- File for Life (Emergency medical information cards)
- Mature volunteers within law enforcement agencies
- Speakers bureau available to the community

In order to increase the presence of TRIADs at the local level, IDoA will work with the State TRIAD, local TRIADs, the Illinois Association of Chiefs of Police and the Illinois Sheriff's Association in the upcoming year to develop an action plan to engage local stakeholders. As TRIADs provide support and activities to older adults, IDoA will be exploring ways to provide financial support through the State TRIAD to assist in developing and supporting the expansion of local TRIADs.

TRIAD brings together several different disciplines to support communities and in particular, older adults. With financial exploitation being the number one type of abuse reported to APS, a multidisciplinary team can provide perspective and guidance on next steps in difficult financial exploitation cases. Investigating and prosecuting financial abuse of the elderly poses a unique set of challenges for police and prosecutors, one being that the offenses often appear to be civil matters, offenses for which the offender may be sued but not prosecuted. A Financial Abuse Specialist Team (FAST), can reflect a partnership of public and private multidisciplinary professionals who facilitate comprehensive services to victims of financial elder abuse. FAST consultants may include representatives from law enforcement, the probate court, senior services, government, health care, legal services, financial services, and real estate. The FAST team would routinely convene to assist workers from Adult Protective Services (APS), the Long-Term Care Ombudsman Program, and local law enforcement to help seniors that are facing financial abuse.

There is a FAST model in suburban Cook County that could be used as a springboard for statewide replication. AgeOptions, the Area Agency on Aging in Suburban Cook County, was instrumental in the development of iFAST in 2013 as a targeted effort to prevent financial exploitation of older adults in the metropolitan Chicago area. iFAST bridges gaps among social service and community-based organizations, county and state law enforcement agencies, financial institutions, legal services and state agencies. It combats elder financial exploitation through case consultation, community education, provider training and rapid response. Participating agencies include IDoA, Cook County Sheriff's Office, APS provider agencies, Circuit Court of Cook County Elder Justice Center, Office of the Cook County Public Guardian and an array of financial institutions. Increasing the use of community based multidisciplinary teams can be a helpful step in engaging resources and insight from professionals and survivors of ANE/SN.

COLLABORATION SUMMARY:

- **APS Collaboration Policy**
- **APS Case Management Portal Update**
- **Memorandums of Understanding**
- **First Responders Card**
- **Increase Local TRIADS**
- **iFAST**

SOCIAL ISOLATION

Social isolation of caregivers and older persons, and the ensuing lack of social support, is a significant risk factor for elder abuse by caregivers. Many elderly people are isolated because of loss of physical or mental capacity or through the loss of friends and family members⁷. As the COVID-19 pandemic continues, a preventative measure is to be physically distant from people to prevent becoming infected with the virus. This intervention has prevented infections from spreading but has also increased the risk for people to be socially isolated and to suffer negative mental health effects. When people are socially isolated, they are at greater risk for abuse, neglect, exploitation, and self-neglect (ANE/SN). To help address this concern, IDoA will be providing webinars to the entire Aging Network that targets educating APS caseworkers to better understand and assist persons who are socially isolated. In order to address social isolation in other populations served by APS, IDoA is coordinating efforts with DHS-DDD to provide a webinar for our Aging network regarding working with individuals who have disabilities. The goal of this webinar is to increase knowledge on how to engage persons with disabilities and develop more comprehensive, person-centered plans of care that can include addressing concerns related to social isolation. Further, IDoA plans to provide additional webinars for the Aging network that can speak directly to persons with disabilities and social isolation.

A strong foundation for the Aging network is the Area Agencies on Aging (AAA). The AAAs are a critical partner in addressing social isolation and have developed targeted programs that mirror the needs in their PSAs. It is important that these efforts are specific to each PSA as the needs and demographics can vary greatly. All 13 AAAs have been pro-active in reaching out to all older adults and strive to meet the needs of older adults to prevent social isolation. IDoA works in collaboration with the 13 AAAs and other community-based providers to combat social isolation among older adults. Loneliness and social isolation are major issues for older adults and are linked with a wide range of negative physical and mental health consequences, such as depression, cardiovascular disease, quality of life, general health, cognitive function and mortality. The primary risk factors associated with isolation are:

- Living alone
- Mobility or sensory impairment
- Major life transitions
- Socioeconomic status
- Being a caregiver for someone with severe impairment
- Psychological or cognitive vulnerabilities
- Location: rural, unsafe or inaccessible neighborhood/community
- Small social network and/or inadequate social support
- Language (non-English speaking or limited English-speaking)
- Membership in a vulnerable group (minorities, LGBTQ, etc)

The following is general list of interventions, activities and services that are currently being implemented throughout the state to address social isolation:

- The expansion of transportation initiatives for older adults
- The expansion/implementation of social facilitation interventions such as friendly visitor, telephone reassurance programs and befriending interventions
- Implementation of leisure/skill development interventions
- The expansion of disease prevention and health promotion activities
- Promotion of remote communication and technology to reduce isolation
- Supporting informal caregivers
- Coordinating intergenerational activities

IDoA has instructed the AAAs and their providers to utilize the UCLA Loneliness Scale to measure the effectiveness of the interventions, activities and services. This 3-item scale is to be utilized at least semi-annually for all participants that have been identified as socially isolated or at risk of social isolation.

To assure those who are experiencing isolation when there has been an APS report for self-neglect, IDoA implemented a Self-Neglect Policy in June 2020 that includes an additional required visit before closing an APS case. The additional visit allows the caseworker another opportunity to develop rapport with the individual and work to gain the trust of the individual. Compared to all other types of ANE, self-neglect is a growing percentage of the total number of APS reports, thus, this case type was selected first to implement a required second visit with the long-range goal to require an additional visit for all forms of ANE. The focus of all elder abuse cases is to find the least restrictive alternatives to mitigate the risk and improve the safety of the individual while respecting his/her right to self-determine. This involves engaging the individual to identify areas of strengths to develop strategies to prevent or reduce elder abuse³. Through requiring additional visits to build rapport and trust, the caseworker can help mitigate risk and improve safety while continuing to engage the client. Along with the implementation of a second required visit for self-neglect cases, IDoA is evaluating its current processes for case

closure with a focus on prevention of recidivism and ensuring the safety of clients. The new APS case management system has provided IDoA with enhanced data to better track re-occurring cases of ANE/SN which will allow a more targeted case closure process for those individuals that are determined to be at higher risk for re-occurring ANE/SN.

It is not uncommon for APS to receive reports alleging that an elderly individual is not choosing to socially isolate but rather is being deliberately confined to his or her home by a relative, power of attorney, or legal guardian. Oftentimes, these reports arise from instances when one family member is allegedly preventing others from communicating or interacting with the elderly individual. Cases of this nature can be especially difficult to evaluate because the final assessment is often reliant on the credibility of all persons involved. In addition, APS and its community partners must respect the decisions of the elderly individual with regards to who he/she chooses to associate with. Therefore, if the elderly individual refuses to consent to a meeting with an APS caseworker, his/her decision must be respected. If the alleged abuser refuses to allow the meeting, if the elderly adult lacks capacity to consent to the meeting, or if the case worker has reason to believe that the elderly individual refuses the meeting because of coercion, extortion, or justifiable fear of future abuse, the caseworker may pursue legal recourse. Specifically, 320 ILCS 20/13 and 320 ILCS 20/13.5 discuss the process by which an APS agency may petition for access to the elderly individual. APS, in conjunction with IDoA's Office of General Counsel, will work on creating and offering a training program on the procedural and substantive requirements of these petitions. This training will be offered to all APS provider agencies and community partners. However, more specifically, it is hoped that this training will be incorporated into local and/or state bar associations' continuing education programs and made easily assessable to legal service providers as they pursue legal interventions on behalf of vulnerable adults.

Social isolation does not occur in a vacuum; therefore, it cannot be addressed in a vacuum. All agencies that serve the public should commit to including social isolation as a standing meeting agenda item to bring light to this issue. Social isolation was a significant concern of IDoA and the Aging network prior to the COVID-19 pandemic. With the effects of social distancing and mask wearing, social isolation has increased with significant impact on individuals' mental health and wellbeing. IDoA will add social isolation to all of its committees, councils, and advisory board agendas moving forward to ensure this important topic is covered with all community partners and stakeholders on a regular basis.

SOCIAL ISOLATION SUMMARY:

- **Webinar on engaging people who have disabilities**
- **AAA Social Isolation Initiatives**
- **APS Self-Neglect Policy**
- **Training on Petitioning the Court**
- **Including Social Isolation on All IDoA Advisory Council Agendas**

LEGISLATION

The 101st General Assembly's 2020 Spring Session included legislation introduced by both Elder Abuse Task Force Co-Chairs and IDoA to strengthen statutes to further protect all Illinois seniors regarding abuse, neglect and exploitation.

Senator Crowe introduced four pieces of legislation to address gaps in the State's current statutes:

Senate Bill 1450 amends the Criminal Code of 2012 concerning the offenses of intimidation and aggravated intimidation. Provides that a person also commits intimidation when, with intent to cause another to perform or to omit the performance of any act, he or she communicates to another, directly or indirectly by any means, a threat to cause the person to falsify, amend, or withdraw a report of his or her abuse. Provides that a person commits aggravated intimidation when he or she commits intimidation by causing a person 60 years of age or older or known to be a person with a disability to falsify, amend, or withdraw a report of his or her abuse. Provides that aggravated intimidation under these circumstances is a Class 2 felony for which the offender may be sentenced to a term of imprisonment of not less than 3 years nor more than 14 years. Defines "abuse" and "person with a disability".

Senate Bill 3128 amends the Criminal Code of 2012 concerning the offense of financial exploitation of an elderly person or a person with a disability. Expands the scope of "person who stands in a position of trust and confidence" to include a friend or acquaintance of the elderly person or person with a disability who is in a position of trust.

Senate Bill 3534 amends the Criminal Code of 2012. Provides that a prosecution for theft by deception of a victim 60 years of age or older or a person with a disability under the theft statute may be commenced within 7 years of the last act committed in furtherance of the crime (rather than 3 years after the commission of the offense).

Senate Bill 3626 amends the Home Repair Fraud Act. Provides that a person commits home repair fraud when he or she promises a performance that he or she knows will not be completed at any time during the performance of the service.

Representative Stuart introduced one piece of legislation to address financial exploitation of seniors:

House Bill 3993 amends the Adult Protective Services Act. Expands the definition of "mandated reporter" to include investment advisors and insurance adjusters.

The Department on Aging also introduced one piece of legislation related to strengthening Adult Protective Services:

Senate Bill 3604/House Bill 4962 amends the Adult Protective Services Act. Provides that any person may report information about the suspicious death of an eligible adult to an agency designated to receive such reports under the Act or to the Department on Aging. Provides that if a mandated reporter has reason to believe that the death of an eligible adult may be the result of abuse or neglect, the matter shall be reported to an agency designated to receive such reports under the Act or to the Department for subsequent referral to the appropriate law enforcement agency and the coroner or medical examiner. Prohibits an employer from discriminating against any employee who reports information about the suspicious death of an eligible adult in accordance with the Act. Provides that any mandated reporter who is required under the Act to report a suspicious death due to abuse, neglect, or financial exploitation shall testify fully in any administrative hearing resulting from such report. Provides that a referral to law enforcement may be made after a report of a suspicious

death, depending upon the circumstances. Provides that all records concerning reports of suspicious deaths due to abuse, neglect, financial exploitation, or self-neglect and all records generated as a result of such reports shall be confidential and shall not be disclosed, with some exceptions.

Unfortunately, due to the COVID-19 pandemic, limited legislation was passed during the 2020 Spring Session. The small number of bills passed all addressed emergency measures related to COVID-19. Senator Crowe, Representative Stuart and the Department all plan to reintroduce the legislative initiatives halted by the pandemic in the 102nd General Assembly 2021 Spring Session. While the previously outlined legislative initiatives are a good start, the Department knows there is more work to be done to strengthen the legal protections for seniors throughout the State.

Another potential legislative proposal would be working with the Illinois Guardianship and Advocacy Commission (IGAC) regarding supported decision making. Supported decision making is a tool that promotes a person-centered approach and allows individuals to make choices about their lives with the support of a trusted network of people, such as family members, friends, professionals, and advocates. It is an alternative to guardianship and power of attorney where someone else makes decisions on behalf of the individual. Supported decision making can increase self-determination, which has been proven to enhance the quality of life for older adults and adults with disabilities. The idea is that an older individual has someone that assists them with decision making rather than making decisions on their behalf. This could include medical, financial, and daily decision making. There would be legal documentation signed by both parties that also defines the parameters of the assistance. The document can be revoked at any time by the individual receiving the assistance. This is a less restrictive medium than guardianship and promotes independence. This approach could also work in reducing instances of isolation. This action would require legislation because such a program does not exist in Illinois. IGAC is in the beginning stages of working on supported decision-making legislation for individuals with developmental disabilities. The process would include safeguards to prevent persons with histories of ANE or other histories from serving as the supportive individual that would leave the individual at risk for ANE. If this legislation becomes law, APS programs can utilize this process to increase autonomy and help prevent further social isolation.

LEGISLATION SUMMARY:

- **Senate Bill 1450**
- **Senate Bill 3128**
- **Senate Bill 3534**
- **Senate Bill 3626**
- **House Bill 3993**
- **Senate Bill 3604/House Bill 4962**
- **Supported Decision-Making**

FUTURE PROJECTS

One of the goals of SJR 13 was to develop a long-range plan to combat elder abuse in Illinois since the aging population is the fastest growing demographics. In 2016, 49 million adults in the United States were 65 or older, representing 15% of the population. That number is expected to reach 71 million by 2030 and 98 million by 2060, when older adults will make up nearly 25% of the population⁸. In 2018, there were an estimated 2.8 million adults aged 60+ in Illinois, representing 22% of the population. Growth among older adults in Illinois is expected to continue, with those age 60+ increasing to 25% by 2030⁹. As we look to address the impact of elder abuse in the long-term, we need to focus more on a preventative approach to ANE/SN. One approach is to utilize a screening tool to identify an elder adult's risk level for elder abuse. This requires using a tool that is valid and reliable in locations and situations that provide professionals with the opportunity to work collaboratively. This possible collaboration could include hospital systems, IDoA, HFS, and many others. One screening tool that is

simple and automated is the Legal Risk Detector which can quickly evaluate potential cases of elder abuse and financial exploitation. The app is a web-based “check-up” tool that allows medical personnel, social workers, and other allied professionals to screen older adults, including home bound people, for financial exploitation; consumer, housing and health care matters; and is specially designed to comprehensively reach and serve a population that is vulnerable to various forms of elder abuse. The proposal is to engage a hospital or hospital system, an MCO, a Care Coordination Unit (CCU), a AAA, and several APS providers along with legal aid services to participate in a demonstration project that looks to work preventatively with individuals. The idea is that patients in the hospital will meet certain criteria and the legal risk detector will be administered to the patient to determine their risk. The risk detector provides the hospital worker with an assessment report that categorizes the client’s risk as “low,” “medium” and “high,” identifies red flag issues, and automatically emails a report to legal counsel for follow-up and appropriate action. If the Legal Risk Detector determines a patient is at risk, the hospital will refer them to an MCO or CCU, legal aid services, and/or APS. Other potential resources include Adult Day Services, Money Management Services, and/or referrals for waiver services.

Another future project that would focus on prevention of ANE is increasing the use of the Tailored Caregiver Assessment and Referral (T-Care). T-Care is a care management system designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions. This system uses Web-based software and begins with a 40- to 60-minute assessment, in which the care manager meets with the caregiver, either over the phone or in person, and assesses caregiver demographics, length and phase of caregiving, obligations, and physical and emotional health. The care manager also obtains information regarding the care receiver, such as demographics, activities of daily living (e.g., walking, bathing, dressing), and instrumental activities of daily living (e.g., cooking, shopping, managing medication). Recommendations for services are specifically tailored to the caregiver’s needs, preferences, and availability as way to reduce caregiver burnout thus decreasing the risk for future ANE.

SUMMARY OF THE FUTURE PROJECTS ACTION PLAN:

- Preventatively screening clients for ANE/SN and referring to community programs for assistance
- Tailored Caregiver Assessment and Referral

CONCLUSION

There is no shortage of work being done in Illinois to help combat elder abuse. There are many agencies working to improve the lives of vulnerable adults and their families. The Elder Abuse Task Force was formed as a first step towards evaluating and enhancing current state programs to strengthen and protect the most vulnerable populations. Learning more about each state agency’s approach to combating elder abuse, how other states have established their elder abuse programs, and how to increase communication and collaboration among community partners, the Elder Abuse Task Force is presenting this final report as a building block for additional work. The training initiatives, collaboration efforts, legislation, and future projects described in this report will propel Illinois to improve its elder abuse programs. Further, it will demonstrate new and innovative ways to combat elder abuse and protect our most vulnerable citizens. As long as we all keep trying and ‘daring greatly’ to make improvements, together, we will make a difference.

APPENDIX A

Senate Joint Resolution 13

WHEREAS, Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an adult , age 60 or older , with forms of abuse including physical, sexual, neglect, financial, and emotional or psychological; and WHEREAS , Elder abuse , neglect, and exploitation is a serious problem that is severely underreported; it is estimated that only between 1 in 14 and 1 in 23 instances of abuse and neglect are actually reported; and WHEREAS, Elder abuse can have several physical and emotional effects on an older adult, including pain, soreness, fear, anxiety, and even premature death; and WHEREAS, The State has a responsibility to protect these older adults from mistreatment and exploitation; therefore, be it RESOLVED, BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that there is created the Elder Abuse Task Force to investigate the effectiveness of current elder protective services and laws, examine barriers to prosecution and strategies to increase public awareness of elder abuse and reporting, study training resources and best practices in other states, and identify a long- range plan to combat elder abuse; and be it further RESOLVED, That the Task Force shall consist of the following members who must be appointed within 60 days after the passage of this resolution:

- (1) The President of the Senate or his designee;
- (2) The Speaker of the House of Representatives or his designee;
- (3) The Minority Leader of the Senate or his designee;
- (4) The Minority Leader of the House of Representatives or his designee;
- (5) One member appointed by the Director of the Department on Aging;
- (6) One member appointed by the Director of the Department of Healthcare and Family Services;
- (7) One member appointed by the Director of the Department of Public Health;
- (8) One member appointed by the Director of the Department of Financial and Professional Regulation;
- (9) One member appointed by the Director of the Guardianship and Advocacy Commission;
- (10) One member appointed by the Attorney General;
- (11) One member representing area agencies on aging appointed by the Director of the Department on Aging;
- (12) One member representing the Ombudsman’s Office of the Department on Aging appointed by the Director of the Department on Aging;
- (13) One member representing the Adult Protective Services Office of the Department on Aging appointed by the Director of the Department on Aging;
- (14) Two members representing two different statewide organizations that advocate on behalf of nursing homes appointed by the President of the Senate;
- (15) A member representing caregivers in the Community Care Program of the Department on Aging appointed by the Director of the Department on Aging;
- (16) A member representing a statewide association that advocates on behalf of the banking industry appointed by the Director of the Department on Aging;
- (17) A member representing the Illinois State Police Medicaid Fraud Control Unit appointed by the Director of the Illinois State Police;
- (18) A member representing a statewide association that advocates on behalf of law enforcement appointed by the Director of the Department on Aging;
- (19) A member representing an organization that specializes in providing legal services for persons over the age of 60 appointed by the Director of the Department on Aging;
- (20) A member who is a certified Elderly Service Officer, serving as a law enforcement officer in a county with a population between 250,000 and 275,000, appointed by the Director of the Department on Aging; and
- (21) A member who is an Assistant State’s Attorney in a county with a population between 250,000 and 275,000 specializing in the area of crimes against those over the age of 60 appointed by the Director of the Department on Aging;

and be it further RESOLVED, That Task Force members shall select a Chairperson from among themselves; and be it further RESOLVED, That Task Force members shall receive no compensation; and be it further RESOLVED, That the Department on Aging shall provide administrative support to the Task Force; and be it further RESOLVED, That the Task Force shall hold at least four meetings, and the first meeting must be held within 30 days after appointments are finalized; and be it further RESOLVED, That the Task Force must report its findings and recommendations to the Governor and the General Assembly no later than January 1, 2021, and upon the filing of its report is dissolved; and be it further RESOLVED, that suitable copies of this resolution be delivered to the President of the Senate, the Speaker of the House of Representatives, the Minority Leader of the Senate, and the Minority Leader of the House of Representatives.

APPENDIX B

SUMMARY OF SJR 13 AND HOW THOSE GOALS WILL BE ADDRESSED:

SJR 13 Goal	Associated Proposed Recommendations	
Assessing the effectiveness of current elder protective services and laws	Legislation	
	Interagency Collaboration	
Examining the barriers to prosecution and strategies to increase public awareness of elder abuse and reporting;	Legislation	
	Training	
	Collaboration	
	Public Awareness Campaign	
Studying training resources and best practices in other states	Training	Collaboration
	Financial Exploitation Virtual Learning Event	APS Report of Substantiation Policy
	B*SAFE training	Memorandums of Understanding
	Increase the number ESOs	APS Case Management Portal Version Update
	Simulation Training	First Responders Card
	Trauma Informed Training	Increase the Number of Local TRIADs
	Education Resource Kit	iFAST
	APS Documentation Webinar Series	
	APS Investigation Webinar Series	
	APS Form Completion Webinar Series	
	Create an APS Training Advisory Group	
	Development of a preventative screening program	
Identifying a long-range plan to combat elder abuse.	Legislation	
	Training	
	Collaboration	
	Adding Social Isolation on to every IDoA agenda	

APPENDIX C

SUMMARY OF THE PUBLIC AWARENESS ACTION PLAN:

Public Awareness Recommendation	Action Plan	Projected Timeline
Develop a campaign theme	#Engage2Change selected	Started July 2020
On-Air PSAs		On air July-September 2020 On air March 2021
IDoA website	https://www2.illinois.gov/aging/Engage	
	Launched July 2020	
Print materials	Develop brochures that explain the APS program, define ANE/SN, offer resources; Develop joint APS/Ombudsman brochure to address ANE within facilities	Spring 2021
Radio ads	Illinois Broadcaster's Association to develop and air during grant year two.	Spring 2021
Billboard ads	Illinois Broadcaster's Association to develop and post during grant year two.	Spring 2021
Banners	Developed by IDoA for distribution to provider agencies.	Spring 2021
Toolkits	Compile printed resources and develop palm cards that define ANE/SN and direct individuals to resources	Summer 2021

APPENDIX D

SUMMARY OF THE TRAINING ACTION PLAN:

Training Recommendation	Action Plan	Projected Timeline
Financial Exploitation Virtual Learning Event	To increase understanding of FE and consumer scams and how to improve case documentation	Winter 2021
B*SAFE training	To expand training to local law enforcement departments	Summer/Fall 2021
Increase the number ESOs	Having more LE officers trained specifically to work with older adults	IDoA will work with the AG's Office, IL Police Chiefs and Sheriff's Associations to develop a plan to support and expand
Simulation Training	To improve caseworkers' skillsets with investigations and in the courtroom, both of which should increase successful prosecutions of elder abuse cases	Winter 2021
Trauma Informed Training	To educate how trauma affects people and cover secondary trauma to caseworkers	Summer 2021
Legal Partner Toolkits	Educate legal partners/professionals who can become advocates for our most vulnerable adults	Winter 2022
APS 'Improving Documentation' Webinar Series	To level set expectations across the provider network related to documentation	Spring 2021
APS Investigation Webinar Series	To standardize the investigation across the state utilizing best practices	Winter 2022
APS Form Completion Webinar Series	To standardize APS documentation across the state so all forms associated with an APS case are completed utilizing best practices	Summer 2021
Cognition Webinars	IDoA will provide webinars on diseases, diagnoses, and/or conditions that affect cognition	Winter/Spring 2022
Create an APS Training Advisory Group	To develop a group of stakeholders to assist in identifying training needs and effectiveness of current trainings	First meeting in Spring 2021

APPENDIX E

SUMMARY OF THE COLLABORATION ACTION PLAN:

Collaboration Recommendation	Action Plan	Projected Timeline
APS Report of Substantiation Policy	This policy directly spells out timelines and responsibilities for all agencies involved in an elder abuse case	Implemented June 2020
APS Case Management Portal Version Update	Improved automation for information sharing	December 2020
	Provides for more detailed data that is more easily extracted to allow for timely and inclusive review of the data	
Memorandums of Understanding	To allow for interagency collaboration with law enforcement and/or fire departments who can more readily access relevant information when there are mutual clients	Spring/Summer 2021
	IDoA will work on expanding this to include all APS provider agencies having MOUs in place to allow for more seamless care between agencies	Summer/Fall 2021
	IDoA will work with the Illinois Police Chiefs and Illinois Sheriff's Associations to build these interagency partnerships	Spring/Summer 2021
First Responders Card	The card provides first responders resource numbers, what conditions to look for in possible abuse situations, and the agency responsible for that jurisdiction along with their phone number to make the suspected abuse report	Spring 2021
Increase the Number of Local TRIADs	IDoA will work with the State TRIAD to help increase outreach and awareness of the need for local TRIADs	Spring/Summer 2021, IDoA will begin meeting with the State TRIAD and IL Police Chiefs and Sheriff's Associations
	IDoA will explore ways to financially support the State TRIAD	Fall 2021 or after
iFAST	To assist in difficult financial exploitation cases	Winter 2022

APPENDIX F

SUMMARY OF THE SOCIAL ISOLATION ACTION PLAN:

Social Isolation Recommendation	Action Plan	Projected Timeline
Webinar on engaging people who have disabilities	IDoA is collaborating with DHS-DD to develop a webinar to improve knowledge of how to engage with persons with disabilities.	Winter/Spring 2021
AAA Initiatives	Engagement, intergenerational programs, reassurance programs, friendly visitor, and supporting informal caregivers	Ongoing
APS Self-Neglect Policy	An additional visit is required during Assessment prior to closing a case	Implemented June 2020
Training on how to petition for access to an APS client	IDoA OGC will develop a training on the procedural and substantive requirement of these petitions	Spring/Summer 2021
Social Isolation on all IDoA external meeting agendas	IDoA will include social isolation on all committee, council, and/or advisory group meeting agendas as a standing item	Winter 2021
Supportive Decision-Making	Supported decision making is a tool that promotes a person-centered approach and allows individuals to make choices about their lives with the support of a trusted network of people, and is an alternative to guardianship	To be determined

APPENDIX G

SUMMARY OF THE LEGISLATION ACTION PLAN:

Legislative Recommendation	Action Plan	Projected Timeline
Senate Bill 1450	Amends the Criminal Code of 2012 concerning the offenses of intimidation and aggravated intimidation	To be determined
Senate Bill 3128	Amends the Criminal Code of 2012 concerning the offense of financial exploitation of an elderly person or a person with a disability	To be determined
Senate Bill 3534	Amends the Criminal Code of 2012 that a prosecution for theft by deception of a victim 60 years of age or older or a person with a disability under the theft statute may be commenced within 7 years of the last act committed in furtherance of the crime	To be determined
Senate Bill 3626	Amends the Home Repair Fraud Act that a person commits home repair fraud when he or she promises a performance that he or she knows will not be completed at any time during the performance of the service	To be determined
House Bill 3993	Amends the Adult Protective Services Act to expand the definition of "mandated reporter" to include investment advisors and insurance adjusters	To be determined
Senate Bill 3604/House Bill 4962	Amends the Adult Protective Services Act any person may report information about the suspicious death of an eligible adult to an agency designated to receive such reports under the Act or to the Department on Aging	To be determined
Supportive Decision-Making	Supported decision making is a tool that promotes a person-centered approach and allows individuals to make choices about their lives with the support of a trusted network of people, and is an alternative to guardianship	To be determined

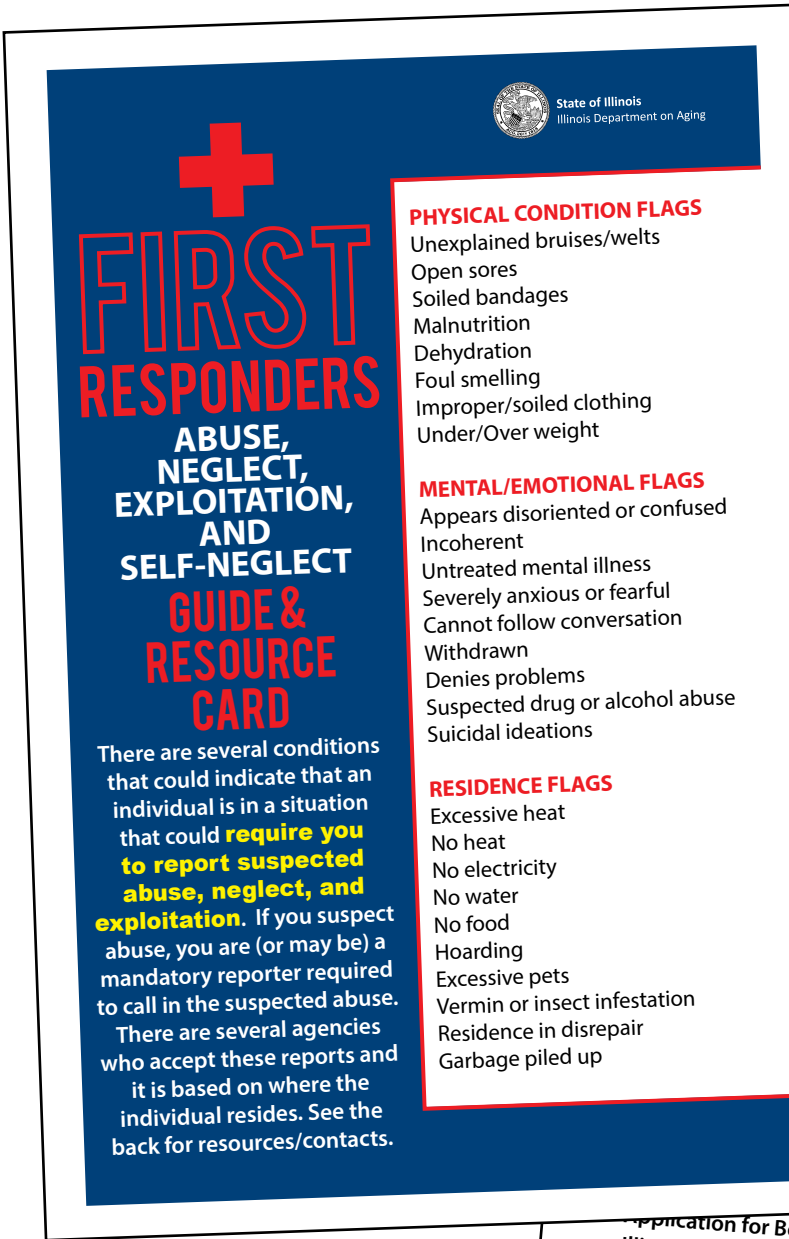
APPENDIX H

SUMMARY OF THE FUTURE PROJECTS ACTION PLAN:

Future Projects	Action Plan	Projected Timeline
Preventatively screening clients in the hospital for ANE/SN	Partner with a hospital/hospital association, an MCO, a CCU, and an APS provider	2022
	Utilize the Legal Risk Detector for hospitalized clients	
	If determined to be at risk, the client will be referred to an MCO or CCU, legal services, or other community resources prior to being discharged	
Tailored Caregiver Assessment and Referral	T-Care is a care management system designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions.	2022

APPENDIX I

FIRST RESPONDERS ABUSE, NEGLECT, EXPLOITATION, AND SELF-NEGLECT GUIDE AND RESOURCE CARD



State of Illinois
Illinois Department on Aging

FIRST RESPONDERS ABUSE, NEGLECT, EXPLOITATION, AND SELF-NEGLECT GUIDE & RESOURCE CARD

There are several conditions that could indicate that an individual is in a situation that could **require you to report suspected abuse, neglect, and exploitation**. If you suspect abuse, you are (or may be) a mandatory reporter required to call in the suspected abuse. There are several agencies who accept these reports and it is based on where the individual resides. See the back for resources/contacts.

PHYSICAL CONDITION FLAGS


- Unexplained bruises/welts
- Open sores
- Soiled bandages
- Malnutrition
- Dehydration
- Foul smelling
- Improper/soiled clothing
- Under/Over weight

MENTAL/EMOTIONAL FLAGS

- Appears disoriented or confused
- Incoherent
- Untreated mental illness
- Severely anxious or fearful
- Cannot follow conversation
- Withdrawn
- Denies problems
- Suspected drug or alcohol abuse
- Suicidal ideations

RESIDENCE FLAGS

- Excessive heat
- No heat
- No electricity
- No water
- No food
- Hoarding
- Excessive pets
- Vermin or insect infestation
- Residence in disrepair
- Garbage piled up



report abuse in a residential home:
Department on Aging Adult Protective Services Program
-866-800-1409 (24-hour hotline)
Department on Aging's Adult Protective Services assists individuals who are not caring for themselves and could have one or several of the flags listed.

report abuse in a long-term care facility:
Illinois Department of Public Health
1-800-252-4343

report abuse in a supportive living facility:
Department of Healthcare & Family Services
1-800-226-0768

Chapter 320 ILCS 20/1et seq.

help assist an individual:
Hotline: 1-888-273-8255 (TALK)
Hotline: 1-877-863-6338
1-800-272-3900

Application for Benefits Eligibility (SNAP, etc): 1-800-843-6154
Illinois Department of Human Services Help Line: 1-800-843-6154

Local Area Agency on Aging: _____ Long Term Care Ombudsman: _____

State of Illinois, Department on Aging
One Natural Resources Way, #100
Springfield, Illinois 62702-1271
www.illinois.gov/aging

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

Printed by Authority of the State of Illinois -0- IL-402-1303 (12/23/20)

References

1. The Theodore Roosevelt Center. Retrieved from <https://www.theodorerooseveltcenter.org/Learn-About-TR/TR-Encyclopedia/Culture-and-Society/Man-in-the-Arena.aspx>.
2. Illinois Attorney General's Office. Retrieved from <https://illinoisattorneygeneral.gov/seniors/eso.html>.
3. Administration for Community Living. Consensus Guidelines. Retrieved from <https://acl.gov/sites/default/files/programs/2020-05/ACL-Guidelines-2020.pdf>.
4. Centers for Medicare and Medicaid Services. Incident Management 101 presentation.
5. Office of Disease Prevention and Promotion. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/dementias-including-alzheimers-disease>.
6. Illinois State TRIAD. Retrieved from <https://www.kanesherriff.com/illinois-triad>.
7. World Health Organization. Retrieved from https://www.who.int/social_determinants/themes/socialexclusion/en/.
8. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm>.
9. U.S. Census table S0101.



State of Illinois
Illinois Department on Aging

State of Illinois, Department on Aging

One Natural Resources Way, #100
Springfield, Illinois 62702-1271
www.illinois.gov/aging

Senior HelpLine (8:30am – 5:00pm, Monday – Friday):
1-800-252-8966, 1-888-206-1327 (TTY)

Adult Protective Services Hotline (24-Hour):
1-866-800-1409, 1-888-206-1327 (TTY)

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).