

California Elder and Disability Justice Coordinating Council (EDJCC)

June 11, 2026 | 10:00 a.m. – 1:00 p.m.



Welcome

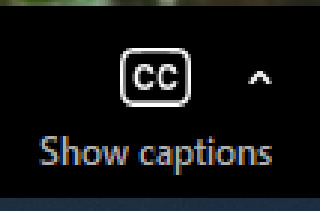


Carroll De Andreis

*Manager, Master Plan for Aging (MPA) Stakeholder Engagement
California Department of Aging (CDA)*

Meeting Accessibility



- **American Sign Language (ASL)** interpreting is provided
- Closed captioning is available during this meeting
- To initiate closed captioning (cc):
 1. Click the cc icon on the Zoom toolbar 
 2. Click “Show captions” to display spoken meeting content as text
 3. Click “View full transcript” to review previous caption text
- If the (cc) icon does not appear on your toolbar, select “More”, then select “Captions” and begin at Step 1 above

Meeting Logistics



- Meeting slides, materials, and recording will be posted to [CalHHS MPA - EDJCC](#) webpage.
- Council Members: Please update your name display in Zoom by right clicking the upper right corner of your video and selecting “rename”.
- Please turn on your camera while the meeting is in session.

Virtual Meeting Operations



- The chat function is enabled for Council Members, California Department of Aging (CDA) and state staff, and invited guests to share meeting-related resources and information. **NOTE:** select “EVERYONE” from the drop down when sharing information in the chat.
- The public will be able to view content shared in the chat during the meeting.
- The chat and the Question/Answer functions are not enabled for comments and questions from public attendees
- We invite the public to provide comments. Please hold comments until the designated Public Comment period.
- Additional public comments and questions can be directed to Engage@aging.ca.gov

Public Comment



Attendees joining by **phone**, press *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.



Attendees joining by **webinar (Zoom)**, click the raise hand button to join line. The moderator will announce your name or the last 4 digits of your phone number and will unmute your line.

Note: Public commentators will have 2 minutes.

For additional public comment, email Engage@aging.ca.gov

Council Purpose, Equity Guiding Principles, and Agenda



Ranjana Maharaj

*Legal Assistance Developer
California Department of Aging*

Council Purpose



The goal of the Elder and Disability Justice Coordinating Council is to increase coordination and develop recommendations to prevent and address the abuse, neglect, exploitation, and fraud perpetrated against older adults and adults with disabilities.

Equity Guiding Principles



We recognize that past and current interventions, and services intended to prevent mistreatment have had negative consequences for some victims, families, and communities as the result of systemic discrimination and biases. To counter these negative impacts and to ensure equity and inclusion moving forward, we are committed to letting the following principles guide all aspects of our work in planning, coordination, and program development.

**CalHHS Guiding Principles and Strategic
Priorities**

Equity Guiding Principles

cont.

1. We recognize that all adults deserve to live free from abuse, neglect, and exploitation.
2. We acknowledge the existence of systemic racism, discrimination, and negative impacts. In order to combat its impacts, we must center equity at all stages of our council's work.
3. Centering around equity does not just mean creating equitable solutions for all older adults and adults living with disabilities but also recognizing that implicit bias exists within all of us. We are committed as a group to acknowledge and explore biases while doing the work of this council.





Equity Guiding Principles

cont.

4. We acknowledge that while older adults and adults living with disabilities have many overlapping interests, they are distinct communities, and any policies that are observed or recommended by this council should examine impacts to each community.
5. We recognize the importance of hearing directly from older adults and adults living with disabilities, their lived experiences should always be centered as we move forward with the work of this council.

EDJCC Council Members



EDJCC Co-Chairs

Susan DeMarois, *Director, CA Department of Aging*

Bertha S. Hayden, *Associate Vice President Justice for Seniors & Dependent Adults, Bet Tzedek*

EDJCC Members

Ali Chiu, *Institute on Aging*

Alicia Morales, *Adult & Long-Term Care Division Santa Cruz County*

Aneliza Del Pinal, *Sourcewise & California Association of Area Agencies on Aging (C4A)*

Bill Proulx, *Senior Network Services*

Carla Perissinotto, *University of California San Francisco*

Carol Sewell, *California Elder Justice Coalition*

**EDJCC
Council
Members**
cont.

Daniel Salinger, Caregiver

Elyse Michelle Brummer, AgeUp

Greg diGiere, The Arc of California

Hannah Lidell, Disability Rights California

Heather Bates, Transform Health LLC

Jamie Jensen, California Commission on Aging

Janie Whiteford, California IHSS Consumer Alliance

**Jason Sullivan-Halpern, California Long-Term Care
Ombudsman Association**

**Jennifer Moore Ballentine, Coalition for Compassionate
Care of California**

Layla Anderson, Self Advocate



EDJCC Council Members

cont.



Luis Bravo, *Self Advocate*

Maureen Sullivan, *WEAVE*

Melissa Jacobs, *Sacramento County Senior & Adult Services*

Mischa Jackson Kennedy, *Inland Legal Services, Inc.*

Renita Polk, *County Welfare Directors Association*

Sandra L. Longnecker, *Riverside District Attorney's Office*

Sarah Hooper, *UCSF-UC Law SF Medical-Legal Partnership for Seniors*

Scott Pirello, *San Diego District Attorney's Office*

Tabitha Sebastian, *Wise & Healthy Aging*

EDJCC Council Members

cont.



Tom Scott, *CA State Association of Public Administrators,
Public Guardians and Public Conservators*

Tony Anderson, *Association of Regional Care Agencies*

Vivianne Mbaku, *Justice in Aging*

Meeting Agenda



10:00 a.m. | Welcome and Meeting Logistics

10:05 a.m. | Agenda and Guiding Principles

10:15 a.m. | Opening Remarks

10:25 a.m. | World Elder Abuse Awareness Month

10:35 a.m. | Agency Spotlights

Part I: Department of Health Care Services

Part II: Department of Justice

11:05 a.m. | California Department of Social Services: Adult Protective Services Update

11:20 a.m. | Break

Meeting Agenda *(continued)*



- 11:35 a.m. | Forensic Nurses: Optimize Outcomes for Elder Victims
- 11:55 a.m. | Ageism and Elder Mistreatment
- 12:15 a.m. | Aging and Disability Lived Experience Advisory Board (ADLEAB)
- 12:30 p.m. | EDJCC Discussion & Recommendations to California Health & Human Services Agency (CalHHS)
- 12:45 p.m. | Public Comments
- 12:55 p.m. | Closing Comments
- 1:00 p.m. | Adjourn

Welcome



Susan DeMarois

*Director, California Department of Aging
EDJCC State Co-Chair*

World Elder Abuse Awareness Month (WEAAD)



Bertha Hayden

*Associate Vice President Justice for Seniors & Dependent Adults, Bet Tzedek, EDJCC
Stakeholder Co-Chair and Legal Services Subcommittee Chair*

Jason Sullivan-Halpern

*Executive Director, California Long-Term Care Ombudsman Association,
Adult Abuse Response Subcommittee Chair*

Alicia Morales

*Director Adult & Long-Term Care Division & Public Guardian-Conservator for
Santa Cruz County, Conservatorship Subcommittee Chair*



**WORLD ELDER ABUSE
AWARENESS DAY**

Building Strong Support for Elders

**World Elder Abuse
Awareness Month**



Council Questions and Discussion

Agency Spotlights



Alicia Hernandez

*Supervising Fraud Investigator II, Audits and Investigations
Department of Health Care Services*

Vincent Bonotto

*Supervising Deputy Attorney General
Division of Medical Fraud & Elder Abuse
Department of Justice*

Adult Protective Services (APS) Update



Jim Treggiari

*Program Administrator of APS
California Department of Social Services*



Council Questions and Discussion



Break: 15 minutes

Forensic Nurses: Optimize Outcomes for Elder Victims Agency



Taylor Johnson

*BSN, RN, SANE-A, Sexual Assault and Forensic Examinations
(SAFE) Clinic, Riverside University Health System*



Forensic Nurses and optimal Elder Abuse Outcomes

Taylor Johnson RN, BSN, SANE-A
Forensic Nurse Examiner in the SAFE
Clinic at Riverside University Health
Systems



What is a forensic nurse?



- Law enforcement
- District Attorneys
- Geriatric Clinic
- Advocacy services
- Cross reporting to CPS, APS, Ombudsman
- California Victim Compensation Board
application

Elder Abuse Exams



Geriatric Clinic Assessment

- Functional history (ADL's)
- Nutrition and Hydration
- PHQ2 (mental health screening)
- Montreal Cognitive Assessment

Case Study #1



Case Study #2

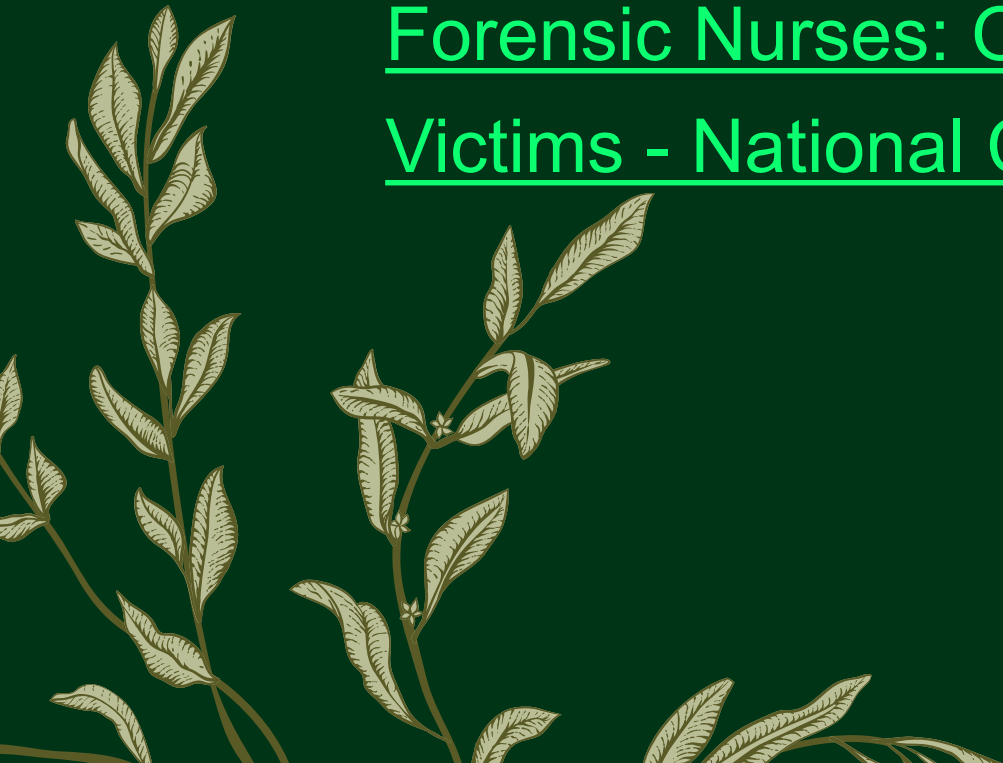


In Summary

- Examiners are trained to detect injuries that may be overlooked by law enforcement and other first responders who may lack specialized knowledge, proper equipment, and space to conduct a comprehensive assessment.
- Forensic nurses can testify on behalf of the evidence, findings and statements made by the patients during the exams.

Thank you

Forensic Nurses: Optimizing Outcomes for Elder
Victims - National Center on Elder Abuse





Council Questions and Discussion

Ageism and Elder Mistreatment



Lori Mars, JD, LLM

*Director, National Center on Elder Abuse,
University of Southern California*



The Intersection of Ageism and Elder Abuse

Lori Mars, JD, LLM
National Center on Elder Abuse
Elder Abuse Guide for Law Enforcement
Assistant Professor, Department of Family Medicine
Keck School of Medicine of USC

Words



Ageism Defined

“The stereotyping, prejudice, and discrimination against people on the basis of their age”

World Health Organization



Aging, Ageism, and Misconceptions

- Aging is solely a process of decline
- Only older people are aging
- Older people are all the same

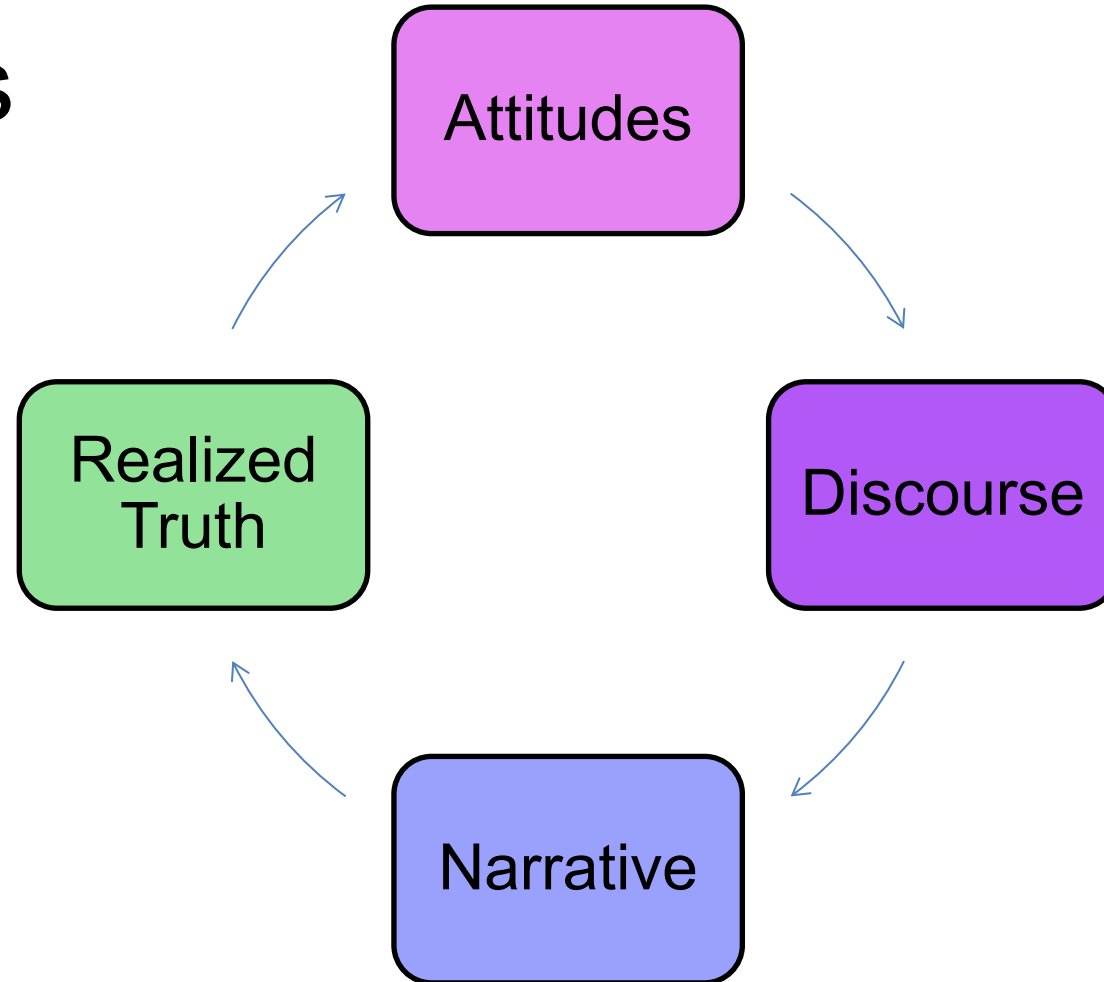


Grace and Frankie



Ageism Realized

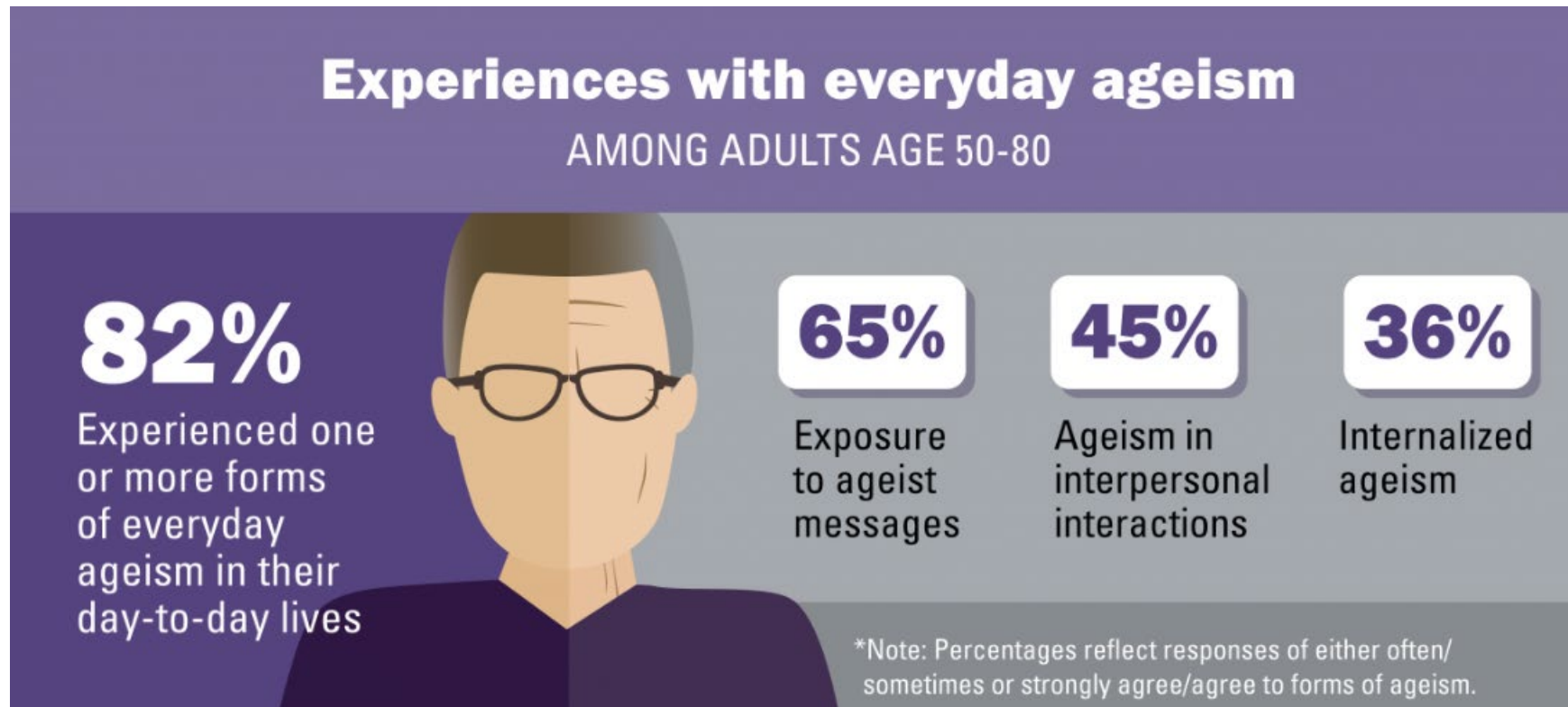
The Process



(Mis)perceptions



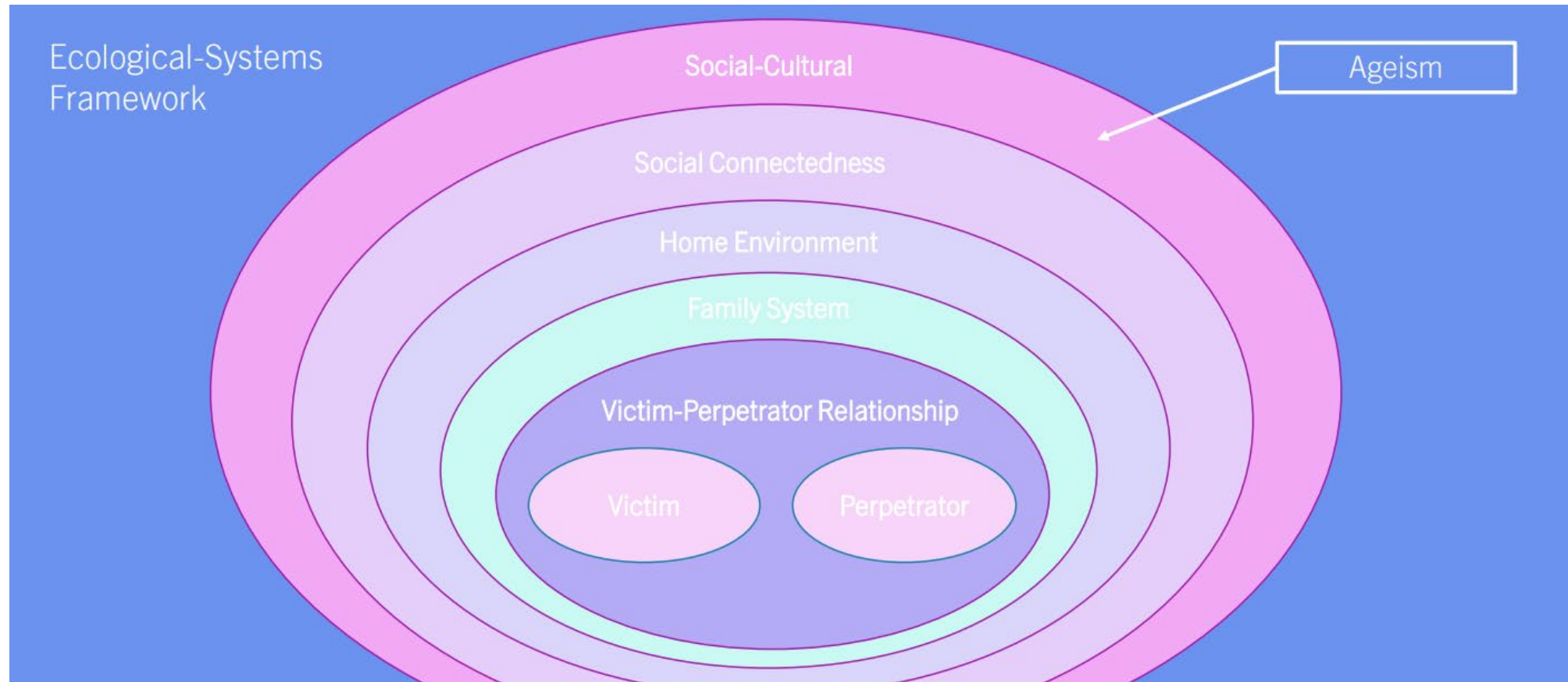
Experiences with Ageism



Ageism: Impact

- **Employment discrimination**
 - Stereotypes of older employees as less competent, trainable, efficient, and technologically proficient.
 - Biases can hinder the ability to gain employment, attain promotions, and retain jobs.
- **Increased social isolation and loneliness**
 - Exclusion and marginalization
 - Social rejection may result in the loss of critical companionship and loneliness in older age.
- **Internalized ageism**
 - Self-directed negativity and eroded self-confidence, manifesting in self-deprecating and harmful thoughts and comments.
- **Health care inequities**
 - Negative attitudes towards older patients by medical providers compromised the quality of patient care and health outcomes.
- **Financial Loss**
 - Ageism costs the U.S. \$63 billion in annual health care expenditures.

Ageism and Elder Mistreatment

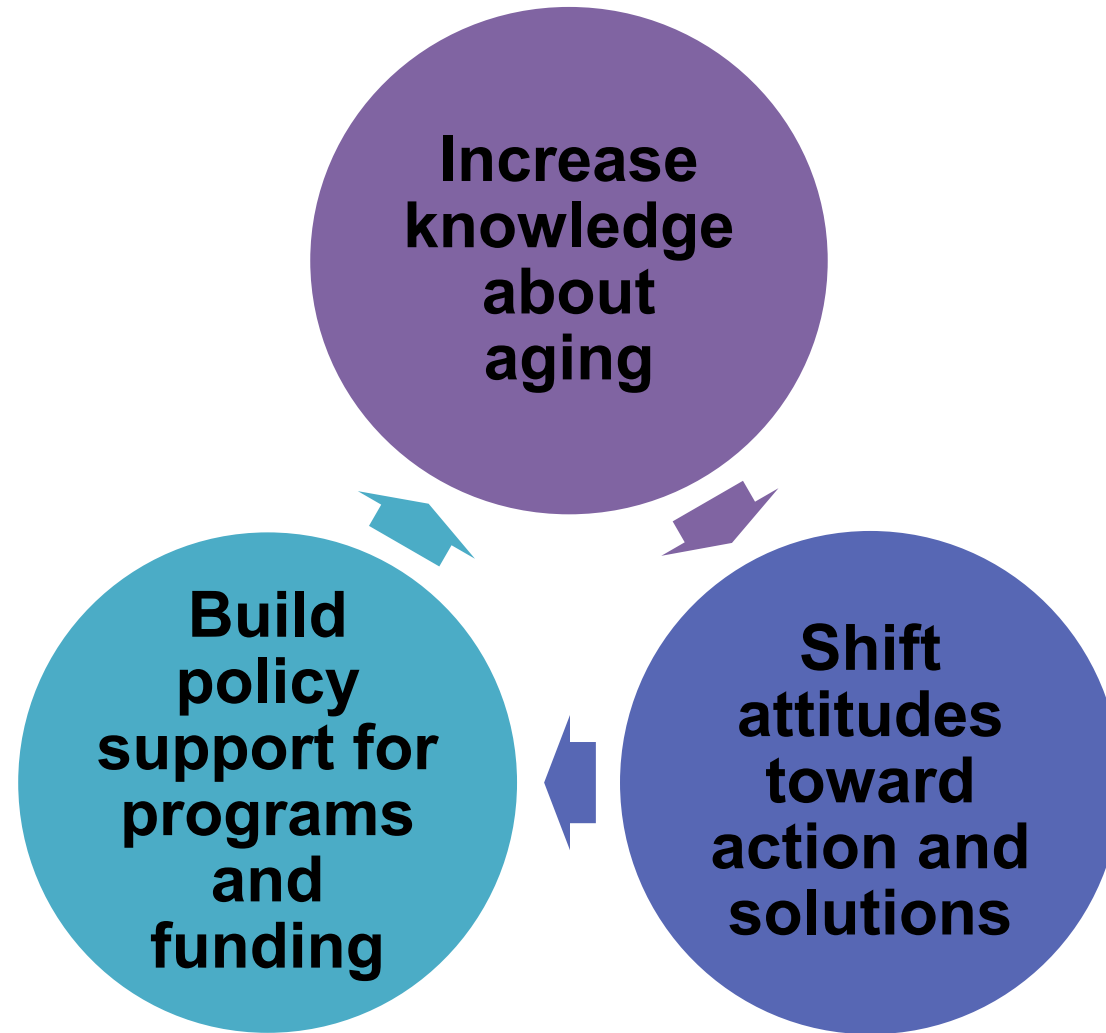


Unnatural Causes: The Case of the Texas Serial Elder Murders

How the fatal age bias of police and others made it easy for a serial killer to continue his spree against two dozen older women in the Dallas area



Why Reframe?



How Does Reframing Work?


Changes in communication lead to




Changes in discourse lead to



Changes in thinking lead to



Changes in behavior lead to



Changes in policy and practice

Changing the Narrative

Original

Aging is the process of decline

Older people are the “other”

Aging is a crisis

Finite resources



Reframed

Meaning making in later life

Focus on “us”

Accurately define aging

Solutions-oriented resolutions

Facilitate Accurate Conversations About Aging

- Discuss aging accurately and recognize ageism as a problem
- Explain the supports we need to live meaningful lives as we age
- Embrace self-determination and avoid paternalism
- Highlight solutions and opportunities for engagement



Reframing Elder Abuse

- Address the social conditions that enable and ignore elder abuse
- Appeal to our society's shared value of justice
- Engage in a solutions-oriented approach to age-bias and elder abuse



NCEA RED FLAGS OF ABUSE

National Center on Elder Abuse

Does someone you know—a senior or adult with a disability—display any warning signs of mistreatment?



» Neglect

- Lack of basic hygiene, adequate food, or clean and appropriate clothing
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Person with dementia left unsupervised
- Person confined to bed is left without care
- Home cluttered, filthy, in disrepair, or having fire and safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Untreated pressure “bed” sores (pressure ulcers)



» Financial Abuse/Exploitation

- Lack of amenities victim could afford
- Vulnerable elder/adult “voluntarily” giving uncharacteristically excessive financial reimbursement/gifts for needed care and companionship
- Caregiver has control of elder’s money but is failing to provide for elder’s needs
- Vulnerable elder/adult has signed property transfers (Power of Attorney, new will, etc.) but is unable to comprehend the transaction or what it means



» Psychological/Emotional Abuse

- Unexplained or uncharacteristic changes in behavior, such as withdrawal from normal activities, unexplained changes in alertness, other
- Caregiver isolates elder (doesn’t let anyone into the home or speak to the elder)
- Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring



» Physical/Sexual Abuse

- Inadequately explained fractures, bruises, welts, cuts, sores or burns
- Unexplained sexually transmitted diseases

Signs of Elder Abuse

Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. Common types of elder mistreatment include physical, sexual, emotional/psychological, or financial abuse, neglect, or self-neglect. Elder abuse impacts people of all ages, identities, and backgrounds.

Did you know?

1 in 10 community-dwelling older adults experiences abuse every year.

1 in 2 older adults with cognitive impairment experiences abuse.

What are the signs of mistreatment?

Physical Signs



Dehydration or unusual weight loss



Missing daily living aids (glasses, walker, or medication)



Unexplained injuries, bruises, cuts, or sores



Torn, stained, or bloody underclothing



Unattended medical needs



Unexplained sexually transmitted diseases

Emotional & Behavioral Signs



Increased fear or anxiety



Isolation from friends or family



Unusual changes in behavior or sleep



Withdrawal from normal activities

Financial Signs



Fraudulent signatures on financial documents



Unusual or sudden changes in spending patterns



Unpaid bills

Report known or suspected abuse as soon as possible:

Programs such as Adult Protective Services (APS) and the Long-Term Care Ombudsmen are here to help. For reporting numbers, contact Eldercare Locator at **1-800-677-1116** or visit www.eldercare.acl.gov. In cases of urgent danger, call **911** or the local police or sheriff.



Don't stand by, stand up to elder abuse. You can make a difference.



Keck School of Medicine of USC

This document was completed for the National Center on Elder Abuse and is supported in part by a grant (90ABRC0002) from the Administration on Aging, U.S. Department of Health and Human Services (HHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or HHS policy. LAST DOCUMENT REVISION: NOV 2023

College Students and Ageism



National Center on Elder Abuse

College Students Q&A on Ageism

According to the World Health Organization, older people*

NCEA
National Center on Elder Abuse

STEREOTYPES
How we think

PREJUDICE
How we feel

AGEISM

DISCRIMINATION
How we act

Ageism results in **individual and societal harms and exacerbates other forms of disadvantage**⁶

ness and education about older age, some level of confusion, discomfort, or people.⁸ Students, however, with inhibited decreased levels of ageism,¹⁰

What is ageism?

Ageism refers to **stereotypes** (how we think), **prejudice** (how we feel) and **discrimination** (how we act) towards others or ourselves based on age.

Who does ageism impact?

Ageism impacts people from all walks of life, at every stage of life. Although age bias can be directed at both young and older adults, it most prominently affects

How does ageism impact us as we age?

Ageism skews perceptions of the healthy aging experience, individual aptitudes, personal agency, and the vast diversity among the older population.

At the **individual** level, age-bias is manifested in private communications and social exchanges that stigmatize aging and devalue the abilities of older adults. It can contribute to internalized ageism and social isolation.¹

Societal ageism appears in public discourse, media depictions, and everyday culture. It can result in employment discrimination, discrepant health care, and economic disparities for older people.²

Age prejudice is embedded in **institutional** practices, policies, and procedures that reinforce and perpetuate bias and discriminate against older adults. Structural inequities serve to degrade the quality of life for older adults.³

Why should ageism matter to college students?

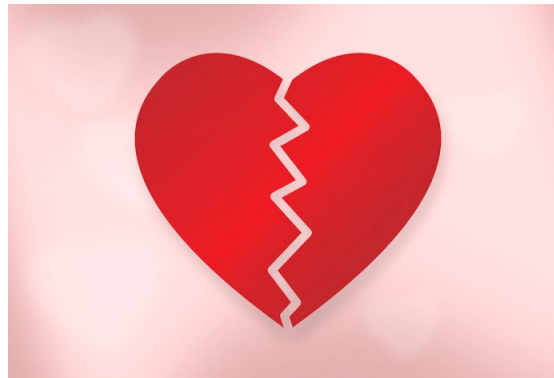
Ageism results in social, economic, and legal injustice. It is an insidious, often unrecognized, and socially accepted bias that diminishes the capabilities and contributions of older people. In addition to eroding elder rights, equity, and dignity in aging, ageism tears at the very fabric of a democratic society. It can also contribute to elder mistreatment. Age-prejudice is a pervasive and growing concern that impacts everyone across the age continuum.

College Students Q&A on Ageism

1

In Scams, It's Not the Victim's Fault

“They should have known better” ...
they were “tricked” ... they were “duped”



Shifting the Focus in Fraud

DON'T USE	SAY THIS INSTEAD
Scammers tricked you.	Scammers are professional criminals.
She was duped into handing over her money.	A criminal stole her life savings.
How could you fall for that? Didn't you see the flags?	This isn't your fault – you experienced a crime.
How much money did you give them?	How much did the criminal steal?
You should have known it was too good to be true.	Fraudsters use elaborate lies to convince us of their legitimacy.
Fraud only happens to older people.	Fraud affects people of all ages and backgrounds.



Personal Frames, Positivity, and Health



How to be Part of the Solution

- Challenge ageist stereotypes about aging, whether directed toward others or oneself
- Use respectful, person-centered language with and about older adults
- Accurately explain facts relating to elder abuse and aging
- Advance solutions-oriented approaches to promote elder rights and justice



Connect with the NCEA



1-855-500-3537 (ELDR)



ncea-info@acl.hhs.gov

National Center on Elder Abuse

<https://ncea.usc.edu/>

USC Center on Elder Justice

<http://eldermistreatment.usc.edu/>

THANK
YOU!



Council Questions and Discussion

Aging and Disability Lived Experience Advisory Board (ADLEAB)



Sarah Steenhausen

Deputy Director, California Department of Aging

Meet the Board Members

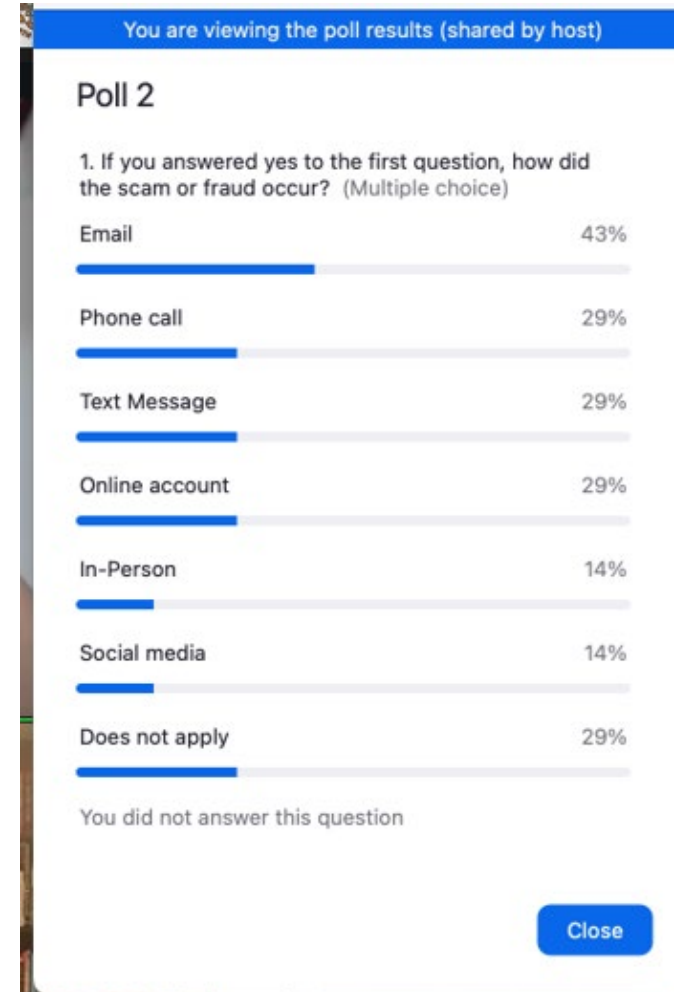


May AD-LEAB Meeting

Focus: Financial Scams and Fraud



- 66% experienced attempts and/or incidents of financial fraud in the past 2–5 years
- Fraud occurred primarily through emails, phone calls, text messages, and online accounts





Carolyn Melenani Kuali`I Berkeley, CA

“I’m really open to scam because I use technology all the time ... Scammers are getting better and better at what they do.”

Jennifer Chassman

Brown Los Osos, CA

“My husband taught me to look at the email address of the sender. If it’s real, it’s coming from the company. It’s not coming from Gmail or some random address.”





Lilith DeAnu Santa Rosa, CA

“One thing that I find distressing is a scam that sounds legal but it’s not.”
(referring to collection companies)

Cynde Soto Long Beach, CA

“I haven’t fallen for it yet, but I’ve had phone calls, emails, and texts ... It’s hard to figure out if it is legit or not.”



Dr. William Dailey, Jr. Fresno, CA

“I have learned that financial abuse is still one of the number one abuses among older adults and often times it’s not reported.”



What We Heard



1. Focus on awareness and prevention
2. Understanding how older adults think
3. Address isolation and loneliness



What we heard would help



- Engage older adults to design education materials
- Education materials connected to No Wrong Door system
- Service provider collaboration and coordination
- Leverage local trusted organizations
- Community helping community - peers training peers
- Community Health Workers or Peer Support Specialists
- Warm Line for information and support



Council Questions and Discussion

Recommendations to the California Health & Human Services Agency



Alicia Morales

*Director Adult & Long-Term Care Division & Public Guardian-Conservator
for Santa Cruz County, Conservatorship Subcommittee Chair*



Council Questions and Discussion

Public Comment



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Meeting Resources



- [EDJCC Members List](#)
- [World Elder Abuse Awareness](#)
- [Older Californians Month Proclamation](#)
- [California May Budget Revise](#)
- [No Wrong Door Report to the Legislature](#)
- [Department of Health Care Services](#)
- [Division of Medical Fraud and Elder Abuse](#)

Meeting Resources



- [Adult Protective Services](#)
- [California Department of Social Services World Elder Abuse Awareness Resources 2026](#)
- [Forensic Nurses: Optimizing Outcomes for Elder Victims](#)
- [National Center on Elder Abuse Ageism](#)
- [Elder Justice National Center on Elder Abuse](#)
- [Strengthening Public Health's Roles in Elder Mistreatment Prevention](#)
- [Building Coordinated Community Responses for Older Adults to Feel Seen, Informed and Empowered](#)
- [MPA Aging and Disability Lived Experience Advisory Board](#)



All meeting materials and recording are posted after this meeting on [CalHHS EDJCC Meeting Materials](#) webpage.

Future Meeting Dates

October 8, 2026 at 10:00 a.m. – 1:00 p.m.

Meeting Materials & Future Dates

Stay Connected



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Contact: Engage@aging.ca.gov

Learn more about CDA at Aging.ca.gov



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