

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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HELD AT: Council Chambers
City Hall

B E F O R E: MARGARET S. CHIN
Chairperson

COUNCIL MEMBERS:

Karen Koslowitz
Deborah L. Rose
Chaim M. Deutsch
Mark Treyger
Paul A. Vallone
Corey D. Johnson

A P P E A R A N C E S (CONTINUED)

Eileen Mullarkey
Assistant Commissioner, Long Term Care
New York City Department for the Aging

Lynn Saberski
Deputy Commissioner
Adult Protective Services

Aurora Salamone
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Joy Solomon
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The Harry & Jeanette Weinberg Center for
Elder Abuse Prevention at the Hebrew Home
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Risa Breckman
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Council of Senior Centers and Services

Nanette Shore
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Martha Pollack, Director of Elder Abuse
Services, JASA

Catherine Thurston
Senior Director for Programs
SAGE

A P P E A R A N C E S (CONTINUED)

Yasmeen Hamsa
Director of Client Services
New York Asian Women Center

Rachel Sherrow
Chief Program Officers
Citymeals-on-Wheels

CHAIRPERSON CHIN: Good morning. I'm Margaret Chin, the Chair of the Aging Committee; I was a member of this committee in the last session and very proud to now serve as the chair. I know that seniors are a viable part of the City; they helped to make it what it is today. They are also the fastest growing segment of our population. So we not only have to start planning for a city where older adults will outnumber school children for the first time in history, but we owe it to them to make sure that this is a city where they can continue to thrive and really enjoy life here as they age.

As chair I want to make sure that we're looking at the needs of seniors in every conversation we have about making New York a better, more equitable place; from housing to hunger, seniors should be a part of the discussion. And this isn't something that just seniors should feel strongly about -- aging is a universal condition; each of us will some day be a senior.

I know this committee's hearing tends to attract some of the best and most passionate advocates in the city, so I hope that as we move

forward you will be right here with us moving forward.

We're starting this session with a topic that really cuts to the core of the dangers of not focusing on issues that are impacting older New Yorkers -- elder abuse, which can be physical, emotional, sexual or financial -- is an issue that by all accounts is becoming more problematic, yet it's one that we hear so little about.

A recent study by the State estimated that 120,000 seniors in New York City have been subjected to abuse, but only fractions of those victims ever came forward to report it. While domestic violence and financial crimes can be devastating to anyone, a senior is much more likely to never recover. Elder abuse exacerbates mental and physical health concerns and makes a senior three times more likely to die within three years than a senior that hasn't experienced abuse. The Council has worked to get this elder abuse funding every year since it was cut from the budget in 2010. So I hope that we will hear what they've been able to do with those resources and whether we're doing enough as a

city to bring awareness to this issue and properly help the victims.

I personally believe that the City can do more to expand its elder abuse services, particularly those programs that are culturally competent and linguistically accessible. I know that we can't expect to completely eliminate elder abuse, but the more we bring this issue to light and focus on improving our efforts, the closer we will get.

I want to thank everyone for being here this morning and I'm gonna introduce my colleagues who are here today on the Committee, Council Member Treyger from Brooklyn, Council Member Rose from Staten Island and Council Member Vallone from Queens. And I also wanted to thank our committee staff, Kelly Taylor, who helped prepare for this meeting.

So we are gonna call on the first panel. Eileen Mullarkey, Assistant Commissioner for Long Term Care, from DFTA and Aurora Salamone, also from DFTA, Director of Elderly Crime Victims Resource Center and Lynn Saberski, from HRA, Adult Protective Services and David Szuchman; is he here, District Attorney's Office. Okay, we'll save him for the second panel. Please identify yourself before you

1
2 start, 'kay? Thank you for being here. The door
3 will be closed, 'cause we have so many committee
4 [background comment] hearings going on, so some of
5 the members of the Committee might be coming in and
6 out. Thank you.

7 EILEEN MULLARKEY: Hi, I'm Eileen
8 Mullarkey. [background comment] Good morning
9 Chairper... [interpose, background comment] Chairperson
10 Chin and members of the Aging Committee; I am Eileen
11 Mullarkey, Assistant Commissioner for Long Term Care
12 at the New York City Department for the Aging.
13 [background comments] I am joined by Aurora
14 Salamone... [background comment] Director of DFTA's
15 Elderly Crime Victims Resource Center and Lynn
16 Saberski, Deputy Commission for Adult Protective
17 Services at the Human Resources Administration. On
18 behalf of DFTA, Acting Commissioner Steven Foo, I
19 would like to thank you for this opportunity to
20 testify on identifying and preventing elder abuse.

21 Elder abuse is an issue that presents
22 particular challenges. Like domestic violence, it
23 involves the violation of a trusted relationship.
24 Elder abuse is difficult to combat because it often
25 remains hidden. The City remains committed to

continuing the fight against elder abuse through various efforts, including direct services, research, education, outreach, and community collaboration

The impact of elder abuse. Elder abuse is defined as a destructive behavior that is directed toward an older adult, occurs within the context of a relationship denoting trust and is of sufficient intensity and/or frequency to product harmful physical, psychological, social, and/or financial affects of unnecessary suffering, injury, pain, and decreased quality of life for the older adult impacted by the abusive relationship.

The specificity of laws varies from state to state, but elder abuse includes acts of commission and omission, both intentional and unintentional. It is difficult to say how many older Americans are abused, neglected or exploited in large part because the victims often do not report abuse. The United States Senate Special Committee on Aging has estimated that there may be as many as 5 million victims every year. A 2011 study commissioned by the New York State Office of Children and Family Services, of which DFTA was a partner, examined the prevalence of elder abuse in New York State using a

random survey sample and compared it with reported elder abuse cases. The study found that 7.6 percent of the seniors interviewed statewide and 9 percent of those in New York City reported being victims of elder abuse. We know that many forms of abuse are often underreported and elder abuse is no different.

The same study found that less than 1 percent of older adults in New York officially report elder abuse. It is unclear how these figures compare to other cities or states [background comment] across the country because this study was groundbreaking. It was the first statewide study to take a comprehensive look at the prevalence of elder abuse. The study does however point to the great importance of and need for the work DFTA is doing in conjunction with HRA and other City partners to educate the public and to work to prevent elder abuse.

Assisting elder abuse victims.

Unfortunately, elder abuse is a crime of opportunity that afflicts a vulnerable population. Recognizing the seriousness of this crime among older New Yorkers, DFTA operates the Elderly Crime Victims Resource Center to provide direct resources and referrals to victims of elder abuse, as well as to

1
2 coordinate DFTA's education and prevent efforts
3 regarding this important agency mission. The Elderly
4 Crime Victims Resource Center can be reached by phone
5 from 9 a.m. to 5 p.m. Monday through Friday by
6 dialing 3-1-1. After hours callers are instructed to
7 contact Safe Horizon's hotline, which ensures that
8 24/7 telephone assistance is available.

9 The Center receives daily referrals from
10 community social service agencies, hospitals,
11 physicians, attorneys, the New York City Police
12 Department and the general public regarding elderly
13 victims. In FY 2013, the Center provided services to
14 approximately 1,830 victims. In addition, DFTA has
15 also been training its senior center and case
16 management staff in elder abuse protocol since the
17 passage of Local Law 43 of 2008. [background
18 comment]

19 DFTA also contracts with nine community-
20 based organizations to provide direct services to
21 victims of elder abuse, as well as to develop
22 prevention activities that include trainings and
23 outreach. The work of these contracted agencies goes
24 far beyond information and referral. Service
25 providers provide [background comment] long-term case

management services to clients, many of whom present complex cases. Providers may assist victims of elder abuse by helping them secure orders of protection, providing long-term counseling, accompanying victims to court, examining powers of attorney and other legal documents, working with the police to place victims on high propensity lists and working closely with district attorneys to aid in the prosecution of cases.

Five of the nine community-based contractors have attorneys on staff to provide legal services on behalf of clients. In FY 2013, elder abuse agencies contracting with DFTA assisted approximately 1,280 victims of elder abuse in New York City. These agencies provided more than 17,930 direct service hours to clients.

The City also conducts training and workshops on elder abuse for both seniors and staff, including district attorneys, court personnel, police officers and social workers. In 2013, nine community-based organizations conducted workshops that were attended by more than 3,340 seniors and approximately 1,360 staffers. In addition, DFTA requires certain service providers to screen for

elder abuse during intake and assessments. Case management agencies that provide services to home-bound clients ask screening questions related to elder mistreatment of all clients during the initial in-home assessment and at the time of each reassessment. DFTA's contracted caregiver programs also pose questions regarding potential abuse.

Furthermore, as part of DFTA's new web-based client data system, [background comments] known as the Senior Tracking Analysis and Reporting System or STARS, elder abuse agencies and the database developers created an elder abuse module. This module includes a comprehensive set of questions that DFTA developed in consultation with elder abuse service providers and criminal justice agencies to identify incidences of abuse.

Collaborative efforts. Recognizing that elder abuse is too complex for one agency to tackle on its own, the City has put in place a collaborative response which ensures that thoughtful and innovative solutions are put into practice and that scarce resources are utilized effectively.

In 2006, DFTA and its sister agencies formed the New York City Elder Abuse Network, NYCEAN.

1
2 NYCEAN was formed from a nucleus of agencies that
3 indicated a strong desire to expand and strengthen
4 their elder abuse prevention activities. This
5 network brings together city agencies, law
6 enforcement officials and diverse community
7 organizations that focus on elder abuse.

8 In addition to DFTA, members of the
9 network include HRA's APS program, the NYPD, the New
10 York City Housing Authority, the District Attorney's
11 offices, the Family Justice Centers, court personnel,
12 hospital staff, the New York City Elder Abuse Center,
13 the Brookdale Center on Aging, and nonprofit
14 community agencies that provide elder abuse service,
15 as well as other stakeholders.

16 NYCEAN operates as a focal point in New
17 York City for team consultation on difficult and
18 multi-issue cases, advocacy and legislative
19 initiatives, training, public awareness and
20 prevention campaign, as well as systems coordination
21 and service integration.

22 The New York City Elder Abuse Center,
23 another joint effort which DFTA and HRA's APS
24 programs are partners, utilizes a collaborative,
25 multidisciplinary team approach across systems and

disciplines to effectively and efficiently respond to complex cases of elder abuse. Launched in 2009, NYCEAC is governed by Weill Cornell Medical College's Division of Geriatrics and Gerontology and a steering committee comprised of leaders from the fields of elder abuse, aging, social and protective services, criminal justice, healthcare research, and domestic violence. Steering committee members represent more than 20 government and nonprofit organizations, including HRA and DFTA.

NYCEAC has developed two Multidisciplinary Teams, MDTs, one in Manhattan and one in Brooklyn, which coordinate care and create solutions for the growing number of complex cases of elder abuse in New York City. MDTs employ a case consultation model which involves reviewing, discussing and coordinating cases of elder abuse and neglect and identifying systemic and resource problems that can be brought to the attention of others for strategizing and intervention.

NYCEAC has limited funding from private foundation grants and income contributions and is currently seeking to create sustainability for

existing MDTs and to establish MDTs in other boroughs.

The Human Resources Administration's APS programs play an equally vital role in the City's investigation and response to elder abuse. While DFTA generally works with voluntary clients, APS is mandated to assist those who lack sufficient mental and/or physical capacity to cooperate with efforts to assist them. When appropriate, [background comment] DFTA and APS refer clients to each other based on their respective programs criteria. Following my testimony, HRA will provide more details regarding their APS program.

Continued advocacy. DFTA and its partners in the City and State will continue our extensive efforts to address the issue of elder abuse among older adults, but there always more work to do. Enhanced outreach and education are essential to ensuring that the general public and potentially vulnerable seniors are aware of elder abuse and that resources are available should they ever encounter it.

In the past, domestic violence public awareness campaigns have been very successful and

comparable efforts are likely to bring greater attention to the issue of elder abuse. Moreover, a lesson learned from the prevalence study is that more sophisticated data collection methods are needed to better understand the extent of elder abuse in the state. We support efforts to develop a centralized repository to capture data on the elder abuse statewide that can inform policymakers and the public.

We also recognize that the collection of information is not enough. DFTA also supports enhanced penalties and the enactment of new laws that would allow for more vigorous prosecution of the full range of crimes involved in elder abuse cases. Examples of such legislation include New York State Senate Bill Number 6221, sponsored by Senator David Valesky and Assembly Bill Number 7892-A, sponsored by Assembly Member Joan Millman, which would authorize banks to refuse payments of monies when there is reason to believe that a vulnerable adult is being financially exploited. The bills would also allow banks to provide APS and other law enforcement officials, agencies and social service officials responsible for investigating such cases with access

to records relevant to suspected financial exploitation of a vulnerable adult.

Thank you again for this opportunity to testify; I am pleased to answer any questions you may have.

LYNN SABERSKI: Good morning, Chairperson Chin and members of the Aging Committee. I am Lynn Saberski, the Deputy Commissioner for Adult Protective Services, part of the Emergency and Intervention Services within the Human Resources Administration. I'm very pleased to be here today with the Department for the Aging to discuss this very important topic and to highlight APS' efforts in combating elder abuse. First a short introduction to Adult Protective Services.

Our program is mandated by New York State to provide protective services to adults 18 and older who have mental and/or physical impairments and are at risk in the community with no one willing and able to responsibly assist them.

Today APS provides assessment services to approximately 3,500 clients monthly and undercare services to over 5,000 clients a month citywide. This makes New York City's APS the largest municipal

1
2 APS program in the country. HRA has seven APS field
3 offices, two each in Brooklyn and Manhattan, and also
4 three APS vendors who provide services in Brooklyn,
5 the Bronx, Manhattan and Queens.

6 In addition to being the largest APS
7 district, we are also growing. Overall, referrals
8 have increased 34 percent from 2008 to 2013 and
9 yearly assessments completed have increased by 25
10 percent. Of particular interest to this committee,
11 our population of clients 60 and older stands at 62
12 percent. APS offers a wide range of case management
13 services which include assistance in obtaining and
14 recertifying Social Security Supplemental Security
15 Income, SSI, or Social Security Disability, SSD.
16 Also, financial management of Social Security
17 Benefits, heavy duty cleaning, petitioning for
18 guardians ad litem in housing court, and community
19 guardians in Supreme Court, as well as assistance in
20 obtaining governmental benefits, such as rent and
21 utility arrears grants, cash assistance and
22 Supplemental Nutrition Assistance Programs or SNAP
23 benefits.

24 It is important to note that APS is the
25 only state-mandated reporter of abuse occurring in

the community; mandated to report to the NYPD with a discretionary report to the district attorney.

I would also like to note an element of APS work that is sometimes overlooked. Although the work of APS is similar to that of the Administration for Children's Services in its protective aspect, our clients are unlike children in that legally they are assumed to have capacity and the right to self-determination, which adds a unique challenge to our work.

To address our growing caseload, APS has focused on increasing operational efficiencies and broader community collaboration. In terms of operational efficiencies, we've initiated a comprehensive automated accounting system called Financial Focus, which assists in managing APS' 2,100 active representative payee clients; development of a new automated case management system, which will provide far more support to field staff, is nearing completing and implementation is expected in 2014.

Over the years APS has also recognized the value of community collaboration through our APS Advisory Council, borough meetings with the New York City Housing Authority social work staff on a

1
2 quarterly basis and out ongoing partnership with
3 DFTA. APS provided extensive data for the prevalence
4 study noted in DFTA's testimony. We frequently
5 collaborate on cases, share referrals and update
6 joint procedures, such as initiating Meals-on-Wheels
7 for APS clients as needed.

8 APS is also an original member of the New
9 York City Elder Abuse, NYCEA, initiated by DFTA, and
10 a steering committee member of the New York City
11 Elder Abuse Center, NYCEAC, founded by the Weill
12 Cornell Medical Center.

13 As members of the NYCEAC steering
14 committee, APS and DFTA are on the forefront of
15 combating elder abuse through multidisciplinary
16 teams, MDTs, an important step forward in addressing
17 the needs of vulnerable disabled and elderly
18 individuals in the community. Most recently, in
19 January of this year, DFTA arranged a meeting with
20 the NYPD to discuss how the NYPD, DFTA and APS can
21 best serve elders in the community.

22 APS is also a member of a safe team,
23 established by the Manhattan District Attorney's
24 Office to strengthen collaboration between service
25

providers and financial institutions in addressing financial exploitation.

Elder abuse challenges. As referrals to APS have climbed, referrals with one or more allegations of abuse have also increased. For 2013, 35 percent of APS referrals included one or more allegations of abuse, neglect or financial exploitation, an increase of almost 10 percent over just the last five years.

These cases are increasingly complex, often alleging multiple forms of abuse and they present difficult challenges for APS.

The clients, due to their mental impairments, are often not reliable reporters. And even when in danger they are rarely willing to relocate, even if just temporarily. In most cases a family member is the alleged abuser and clients deny abuse, either for fear of reprisal by the abuser or to protect the abuser from arrest and possible prosecution. Abusers sometimes deny entry to the home, requiring court and police intervention for APS to execute an order to gain access.

In other situations, feuding family members exchange accusations of abuse and

1
2 exploitation and APS must investigate various
3 potential avenues to determine what is actually
4 occurring in the home. Where financial exploitation
5 is alleged, access to bank and other financial
6 records can frequently prove problematic, despite
7 some recent advances by New York State and the
8 federal government.

9 Our list of challenges however is not
10 meant to say that there are no tools... [interpose,
11 background comments] to investigate abuse and to
12 address it when allegations are confirmed. All of
13 our staff are trained to recognize and respond to
14 abuse and several of our HRA field offices have also
15 identified staff members who specialize in abuse work
16 and are given the most challenging abuse cases.
17 These specialized staff members also receive ongoing
18 training on abuse issues and are our representatives
19 at the MDT meetings.

20 NYCEAC MDTs are currently, as DFTA
21 testified, operating in Manhattan and Brooklyn with
22 more planned. The expertise of physicians, forensic
23 accountants and DAs in the early phases of case
24 assessment [background comments] provide much needed
25

support in determining how to focus an investigation and where appropriate, field support as well.

The relationships established through these MDTs prevent an overlap of services and ensure that all avenues of investigation are fully considered and explored. Although the Bronx, Queens and Staten Island do not yet have formal NYCEAC MDTs, all have regularly scheduled community roundtables through APS where abuse cases are discussed and jointly addressed.

There are also more specific services to address abuse. To investigate financial exploitation, APS can seek an accounting from an client's power of attorney, pursuant to New York State Law and can compel disclosure in court if the documents are not timely provided. APS also seeks financial records from financial institutions and thanks to guidance provided recently by five federal agencies, banks have now been advised that they can provide such records without breaching confidentiality.

Where financial exploitation is occurring, APS can become the representative payee for the client's Social Security Benefits, keeping

the funds out of the hands of the exploiter. As noted above, we can enlist the aid of the NYPD and the DA's office in both investigation and prosecution.

In cases where the client is at risk and lacks the capacity to appreciate the seriousness of the risk, APS can petition in Supreme Court for a community guardian. In abuse cases, guardianship is used, for example, to bring an action to evict an abuser or to manage and protect private funds.

APS can also seek the assistance of our community partners in helping clients obtain orders of protection in family court, provided the client is willing to enforce the order.

Looking forward, APS will continue to recognize the unique needs of abuse victims in the work we do by providing specialized training to staff and increasing our collaborative efforts with community partners.

In 2013, APS had the opportunity to coordinate with elder advocates, such as Lifespan of Rochester and the Council of Senior Centers and Services of New York City, the New York Bankers Association and the Manhattan District Attorney's

Office in developing legislation to assist APS in investigating financial elder abuse. An important provision in the proposed legislation will provide banking institutions with clear authority to share financial information when requested by APS during an investigation. Existing New York State Social Services and Banking Law are currently ambiguous as to what financial information can be provided when requested by APS. Current law can be read very narrowly, minimizing the financial information received to a single monthly balance statement, which is of little value when investigating financial elder abuse.

APS will continue to work with Deputy Mayor Lillian Barrios-Paoli and our partners to see this important legislation passed this session. APS is committed to meeting the challenges of elder abuse in every way possible and we feel that the current public and private partnerships and the work we are doing within APS provide the framework needed for this very difficult and important work. Thank you for the opportunity to be here this morning.

CHAIRPERSON CHIN: Thank you for your testimony and we've been joined by Council Member

1
2 Koslowitz from Queens, welcome. I'm gonna allow my
3 colleagues to ask questions first just in case they
4 may have to run to another hearing. So Council
5 Member Vallone; do you wanna start?

6 COUNCIL MEMBER VALLONE: Good morning
7 everyone, Council Member Vallone.

8 You mentioned that there are MDTs in
9 Manhattan and Brooklyn, but not the other boroughs;
10 what's the future steps for that?

11 LYNN SABERSKI: 'Kay, the MDTs current...
12 these are very formally structured MDTs functioning
13 in Manhattan and Brooklyn where established
14 primarily... they were established through the efforts
15 of the New York City Elder Abuse Center; Weill
16 Cornell Medical Center has obtained funding for those
17 teams to operate and to continue; probably they will
18 be testifying later and talk more in detail; there is
19 additional funding expected and planned and
20 additional teams will be opening in the other
21 boroughs when that additional funding is received.
22 But as I mentioned in our testimony, in the meantime
23 the other boroughs do have community roundtables that
24 meet on a regular basis, some monthly, some bi-
25 monthly, some quarterly and they... [interpose]

COUNCIL MEMBER VALLONE: Who runs the community roundtables?

LYNN SABERSKI: They're different, APS runs some, I think in Staten Island is one of the community-based organizations runs it, but they do focus on... [interpose]

COUNCIL MEMBER VALLONE: How would we obtain additional information for those groups in the... [interpose]

LYNN SABERSKI: Sure.

COUNCIL MEMBER VALLONE: different counties that would like attend those?

LYNN SABERSKI: Okay... [interpose]

COUNCIL MEMBER VALLONE: So you can provide those?

LYNN SABERSKI: We can get that to you.

COUNCIL MEMBER VALLONE: Go ahead, Council Member.

[background comment]

CHAIRPERSON CHIN: Oh...

COUNCIL MEMBER VALLONE: Yeah, let me... can I just finish off on the point?

CHAIRPERSON CHIN: Yeah, let... let Council Member Vallone finish this, yeah.

1
2 COUNCIL MEMBER VALLONE: And when the...
3 timeframe, you had mentioned that there's a time
4 elapse between the initial assessment and the time
5 that they are reassessed if there's a claim of abuse;
6 what is that timeframe?

7 LYNN SABERSKI: I...

8 COUNCIL MEMBER VALLONE: You had
9 mentioned in the original testimony.

10 EILEEN MULLARKEY: Yeah, the... in the case
11 management agencies that DFTA funds that work with
12 primarily the home-bound clients, they're assessed
13 and reassessed once a year, but every two months the
14 case manager is also in touch with them by phone; if
15 they need to be visited more frequently they would,
16 so if some... the case managers are trained so if
17 something was to alert them that there was a concern
18 about elder abuse they would follow up right away.

19 COUNCIL MEMBER VALLONE: So does your
20 case managers co-work with... DFTA's and APS' case
21 managers work together on elder abuse or are they
22 segregated?

23 EILEEN MULLARKEY: They're separate, but
24 there is a lot of work together; there's the DFTA-
25 funded case management agencies that may identify

1
2 abuse; if they felt like it was a client who needed
3 APS assistance they would refer to them or consult
4 with them... [interpose]

5 COUNCIL MEMBER VALLONE: Who makes that
6 decision?

7 EILEEN MULLARKEY: The case manager that
8 DFTA funds and then we also have our elder abuse
9 programs in the community; they would refer clients
10 to them as well, 'cause they really have more of the
11 expertise in terms of following up. The case
12 managers that we fund, we train them so they have
13 good knowledge in terms of evaluating and seeing
14 signs, but not necessarily in terms of following up;
15 providing the counseling, that kind of expertise
16 happens through our elder abuse-funded programs.

17 COUNCIL MEMBER VALLONE: So how are the
18 case managers assigned to elder abuse files and
19 clients; what type of training do they have?

20 EILEEN MULLARKEY: They have a training...
21 it's like a several-hour training and then part of
22 their assessment tool; I think there's 8 to 10
23 questions that are specific questions about elder
24 abuse that they ask every client and based on those
25

1
2 questions, you know if any of the responses were yes,
3 that would prompt them to intervene somehow.

4 COUNCIL MEMBER VALLONE: At some point do
5 they get access to the apartment to do a persona
6 interview...? [crosstalk]

7 EILEEN MULLARKEY: They... the case
8 management agencies have to do the assessment in the
9 home, so yeah, they see the apartment, they see who's
10 living there; they'll see how people are interacting
11 if there's anyone there.

12 COUNCIL MEMBER VALLONE: And at what
13 point is the determination made that their living
14 quarters are not safe or if there's additional
15 situations going on in that home; how does it
16 escalate?

17 EILEEN MULLARKEY: They may... they do an
18 intake over the phone, so something could be
19 identified there, they could... then when they... they
20 follow that up with an in-home assessment; if they
21 felt that there was elder abuse there's a protocol
22 that they check in with the supervisor; it escalates;
23 generally ending in a referral to one of our elder
24 abuse programs who again, they really have the
25 expertise in terms of working with the client.

1
2 COUNCIL MEMBER VALLONE: Well, I'm
3 concerned if there's a situation there and there's
4 elder abuse present; how much time elapses from the
5 initial assessment till it escalates to supervisor,
6 the district attorney's called or a family member's
7 involved?

8 EILEEN MULLARKEY: If there's an elder
9 abuse situation, the case managers are not to leave
10 the home, they're to call the supervisor. If there...
11 you know, they can leave the home and be in the
12 hallway if they felt like making the call in front of
13 someone would bring more risk to the client, but it's
14 dealt with that day.

15 COUNCIL MEMBER VALLONE: It's dealt with
16 that day. So let's run through a quick example; if
17 Mr. Jones calls in and says there's something amiss
18 in his apartment, the case manager at that point; how
19 much time would elapse from the initial call to
20 getting in to the apartment?

21 EILEEN MULLARKEY: Can you say that
22 again? If the... [interpose]

23 COUNCIL MEMBER VALLONE: Senior calls,
24 someone who needs help; disability, says I'm being
25 abused in my apartment or I fear for a lack of my

financial records being stolen or I can't feed myself; how long from that initial phone call is someone sent to the house or the apartment?

EILEEN MULLARKEY: That kind of phone call, it's unlikely that would come to a case management agency; that kind of phone call, let's say if it was through 3-1-1, would come to our Elderly Crime Victims Resource Center, which Aurora oversees staff there and... do you wanna say a couple works?

COUNCIL MEMBER VALLONE: So what happens next?

AURORA SALAMONE: 'Kay. Well...
[interpose]

CHAIRPERSON CHIN: Could uh... can I just interrupt for a minute? When they talk about case management, we could probably talk with the service provider agency, they're here later; they can talk more about that...

COUNCIL MEMBER VALLONE: Okay.

CHAIRPERSON CHIN: I think what you are talking to is maybe somebody calling a hotline or...
[interpose]

EILEEN MULLARKEY: Uhm-hm.

CHAIRPERSON CHIN: or calling 3-1-1 to report it.

EILEEN MULLARKEY: Uhm-hm.

COUNCIL MEMBER VALLONE: And to go to the commissioners then... we'll follow up on the case manager later... if a guardianship is instituted, this is where there are numerous concerns in the elder world and the guardianship world as to APS' time management, getting in there; how is a determination made if someone's incapacitated?

LYNN SABERSKI: Original determination would be made by a case worker that someone appears to lack capacity; we have at HRA a group of physicians who are psychiatrists and to confirm a lack of capacity and to help us determine eligibility for guardianship the psychiatrists do an in-person evaluation of the client and then we must petition Supreme Court. So Supreme Court is ultimately the arbitrator of whether the person has capacity or not.

COUNCIL MEMBER VALLONE: So Commissioner Chin, when we have a separate meeting, maybe we could have a... [interpose]

CHAIRPERSON CHIN: Yeah, we'll look at that.

COUNCIL MEMBER VALLONE: further debate on guardianship procedures in New York. Thank you very much.

CHAIRPERSON CHIN: Thank you. We've also been joined by Council Member Deutsch from Brooklyn... wow; Brooklyn is in the house today. Alright, Council Member Koslowitz; you have a question?

COUNCIL MEMBER KOSLOWITZ: Out of curiosity, what borough has the most seniors?

EILEEN MULLARKEY: Queens.

COUNCIL MEMBER KOSLOWITZ: Right. And there's no services that... like, you have in Manhattan, you have in Brooklyn and Queens has the most seniors. I believe my district is one of the highest cases of seniors and we get a lot of elder abuse, because you have three generations of -- for instance, a Bukharian community, and they're out of touch as they come into their own, they... by working and being out there and then you have the other... the older generation that's there and is kind of out of the loop; I think a lot of this goes ignored and there's not enough services and especially in a borough that has the most seniors. Do you have the

breakdown of communities and where are your services in Queens that...

EILEEN MULLARKEY: We can get back to you and provide you with the breakdown of clients; we have, for our contracted agencies, and there's nine elder abuse contracted agencies, two are in Queens, that... [interpose]

COUNCIL MEMBER KOSLOWITZ: Where are they in Queens?

EILEEN MULLARKEY: They serve the whole... they serve the whole borough.

COUNCIL MEMBER KOSLOWITZ: Where is their location?

EILEEN MULLARKEY: Uh... [interpose]

AURORA SALAMONE: Rego Park.

EILEEN MULLARKEY: Rego park.

COUNCIL MEMBER KOSLOWITZ: I represent Rego Park... [interpose]

EILEEN MULLARKEY: Okay.

COUNCIL MEMBER KOSLOWITZ: and I have to tell you that I have a lot of cases of elder abuse in my community and it doesn't seem like they're getting the services that they should be getting, because many times they'll call my office, they won't give a

1
2 name, they won't give their name, they won't give
3 their location, because they're afraid they'll have
4 no other place to go if they're live with a child or
5 the child's living with them and it's not a child,
6 it's usually an adult...

7 EILEEN MULLARKEY: Adult child.

8 COUNCIL MEMBER KOSLOWITZ: I mean I know
9 of a case where someone spent all the parent's money...

10 EILEEN MULLARKEY: Uhm-hm.

11 COUNCIL MEMBER KOSLOWITZ: and we're not
12 talkin' about... we're talkin' about children, but
13 we're talking about older children in their 40s and
14 50s who literally was the beneficiary of the... being
15 in charge and taking all of the money and at the end,
16 when the person got sick, they had to go into a state
17 hospital. So you know, I think we have to
18 concentrate on areas where there are a lot of adults,
19 you know, that do have problems and we have to give
20 them some kinda confidence to reach out to people and
21 I don't think that it's being done fairly, especially
22 when you say Queens has the most senior citizens, and
23 obviously what made them pick Rego Park?

24

25

EILEEN MULLARKEY: I don't know what made them pick that location, but the whole borough is covered, so the person that would have... [interpose]

COUNCIL MEMBER KOSLOWITZ: But if you live in the Rockaways, to come to Rego Park is very difficult. And... and... [crosstalk]

EILEEN MULLARKEY: The... the...

COUNCIL MEMBER KOSLOWITZ: you know there's buses; you know in colleague Paul Vallone's district, to get to Rego Park is very difficult and most of these people don't drive.

EILEEN MULLARKEY: They do home visits as well.

COUNCIL MEMBER KOSLOWITZ: They do what?

EILEEN MULLARKEY: They do home visits to the seniors as well.

COUNCIL MEMBER KOSLOWITZ: How many people work in Rego Park; do you know the amount of people?

CHAIRPERSON CHIN: I think the next panel... we're gonna have someone who's gonna talk more about the teams that are doing the work, so... [crosstalk]

1
2 COUNCIL MEMBER KOSLOWITZ: I... I just
3 wanna bring it to the attention that if Queens has
4 the most seniors they should be given more attention.

5 AURORA SALAMONE: The provider who covers
6 that area is in the house and I believe they will
7 present, but they have attorneys on staff as well as
8 social work staff; what... [interpose]

9 COUNCIL MEMBER KOSLOWITZ: Who do they
10 have on...

11 AURORA SALAMONE: Attorneys, who also
12 work with cases of financial abuse and they have
13 social work staff and interns that go out. One of
14 the things about elder abuse is that you don't
15 necessarily have to come to the site. The
16 contractors go out; they'll meet seniors in a
17 luncheonette, 'cause we've done it, they meet seniors
18 in the senior center, they'll go to a library; they
19 might even go to a park to meet somebody, so we
20 always wanna make sure that the client is safe. They
21 don't have to come to the service provider, the
22 service provider could come to them. And you're
23 right, there isn't enough services for all the
24 clients that need help, but... [interpose]
25

1
2 COUNCIL MEMBER KOSLOWITZ: I mean you
3 have 2.3 million people that live in Queens and to
4 have one location in the borough and... and the other
5 boroughs also that don't have, you know those
6 services, the Bronx, Staten Island, you know they
7 have seniors too and they deserve to have you know
8 equal... probably Manhattan has the least amount of
9 seniors and the services are in Manhattan. So I'll
10 speak to the person that provides services in Rego
11 Park. Thank you.

12 CHAIRPERSON CHIN: Thank you. I'm not
13 sure we have all the services in Manhattan either. I
14 think one of the things that we're gonna be talking
15 about [background comments] in this hearing is also
16 the resource question. In my opening statement I was
17 saying that the Council has put back the money for
18 elder abuse, which is not a lot of money, less than a
19 million dollars, okay, and the past administration
20 has cut that funding... [interpose]

21 COUNCIL MEMBER KOSLOWITZ: Now, uh you...

22 CHAIRPERSON CHIN: so you're talking
23 about \$800,000 for the whole five boroughs is not
24 enough funding, so that's something I think as the
25 Council we need to really... [crosstalk]

COUNCIL MEMBER KOSLOWITZ: No, without a doubt, no...

CHAIRPERSON CHIN: work with the administration on that.

COUNCIL MEMBER KOSLOWITZ: I'm not saying that, you know, they should take the services out of Manhattan 'cause they have the least amount of seniors; what I am saying is they certainly should provide more services than they have in Queens for elder abuse since Queens was the one who had the most amount of elderly people.

CHAIRPERSON CHIN: Yep and we've gotta make sure the administration hear that. 'Kay. Council Member Treyger.

COUNCIL MEMBER TREYGER: Thank you, Chairwoman Chin. My question is for Deputy Commissioner Saberski. Just for the purpose of clarity, how would you define adult or elder abuse?

LYNN SABERSKI: The same way as in DFTA's testimony; I mean we try to... we work together on these MDTs and one of the things we do is focus on a common definition of elder abuse. For APS, our mandate is to serve adults 18 and older, so we are investigating and responding to abuse against all

adults 18 and older, but the focus of our collaborations with the community through the MDTs have been on elders 60 and older and it... [interpose]

COUNCIL MEMBER TREYGER: Yeah. One of my concerns are those adults and seniors who suffer from mental health problems and who are not able to realize that they are being abused, particularly our... you know, the Governor has made it a priority to mainstream folks out of psychiatric institutions back into communities to provide them with the least restrictive environments and my concern is, what type of services are we providing them, who are probably the most vulnerable, who might be victims of abuse but may not realize it, so what are we doing at the city level to address this state initiative to mainstream more folks back into our communities?

[background comment]

LYNN SABERSKI: I mean, APS works on a referral system, so any case that's referred to us we investigate; if somebody has impairments and is eligible for our services, they're gonna have a psychiatric evaluation and the psychiatrists often recommend community services -- in-patient; outpatient -- we work, you know, referrals to the ACT

1
2 teams, to the support of case management teams. You
3 know, on that aspect of the needs of the mental
4 health community we really work through a referral
5 network to other services, we don't have direct
6 services, but we do have the psychiatrists who can
7 evaluate, [background comment] provide diag... you
8 know, diagnoses and then recommend specific clinical
9 services that individuals might need.

10 COUNCIL MEMBER TREYGER: So how often...

11 [interpose]

12 LYNN SABERSKI: Most of our clients are
13 impaired, I mean...

14 COUNCIL MEMBER TREYGER: Yeah. How often
15 would an ACT team pay a visit to an adult or senior
16 that's in need of services?

17 LYNN SABERSKI: I don't... we don't have
18 numbers tracking that; I just don't know; I don't...
19 you know ACT has very specific criteria, but if the
20 clients meet that criteria we're going to apply for
21 an ACT team.

22 COUNCIL MEMBER TREYGER: Because my
23 concern is that I don't want these things to simply
24 be check-listed, that we just... [interpose]

25 LYNN SABERSKI: Yeah.

1
2 COUNCIL MEMBER TREYGER: checked a box --
3 we did it. My concern is, are we measuring progress;
4 are we providing these adults who need help with
5 actual help? I'm familiar with this issue because
6 there have been cases in my district where folks who
7 have been mainstreamed out of adult homes or
8 psychiatric institutions; they have visits with ACT
9 team, a psychiatrist would come, see nothing... they
10 claim to see nothing wrong; meanwhile there are
11 issues, there are problems and sometimes I know that
12 medication should be adjusted, for example, people
13 who suffer from certain mental health illnesses, and
14 it's not. So to me it should just be mindful of the
15 fact that we're not just simply here to checklist
16 things; we're here to really track and monitor
17 progress and growth in that, and whatever help that
18 we can do from the city level to provide additional
19 staffing and resources, please let us know, because
20 we take these issues very, very seriously.

21 LYNN SABERSKI: We do as well; I mean and
22 our assessment, for example, is very detailed; we
23 look at actual medication bottles, we look at
24 expiration dates, we reach out to physicians, so we
25 are looking at, you know, the total person -- medical

1
2 needs, social, housing, everything. And our new
3 system, which we expect to be implementing this year,
4 we will have a lot more information about the
5 specific services that individual clients are
6 getting; you know, some of that we just don't have
7 right now.

8 COUNCIL MEMBER TREYGER: Thank you.

9 CHAIRPERSON CHIN: Thank you. Council
10 Member Deutsch.

11 COUNCIL MEMBER DEUTSCH: Yeah, good
12 morning. My concern is a little bit different than
13 Councilman Treyger's; my concern is is that when you
14 have a senior... when you have an elderly that tells
15 someone, mentions to someone that I'm being abused,
16 that person may be 80 years old, 90 years old and
17 when he or she mentions it, sometimes we don't take
18 it serious that something is going on, we say, you
19 know, that person has Alzheimer's, he or she doesn't
20 know what they're talking about, but something needs
21 to be done. What is being done regarding outreach to
22 let the community know that if someone does complain
23 about some type of elder abuse by a home attendant,
24 by a homecare worker, that it should be taken serious
25 and make a phone call; do you have a hotline that

1
2 people could call, and that's number one, and number
3 two is, if you do have, what type of response is
4 there to such a call and how serious is that call
5 taken?

6 LYNN SABERSKI: You wanna do uh...

7 EILEEN MULLARKEY: Uhm...

8 LYNN SABERSKI: and I'll just...

9 EILEEN MULLARKEY: we encourage people to
10 call 3-1-1 and I had mentioned earlier that the... our
11 case management agencies that deal with the homebound
12 seniors have a training on elder abuse and they also
13 assess for it; there's a training also for senior
14 center staff, because like... like you just mentioned,
15 if someone happens to mention something there needs
16 to be a protocol in place that staff know what to do
17 about that, whether it be call 3-1-1 or to contact
18 one of the elder abuse programs that we fund to get
19 some help for that senior, so someone with the
20 expertise can really assess them to see what's going
21 on [background comment].

22 COUNCIL MEMBER DEUTSCH: So what staff is
23 this, uh...

24

25

EILEEN MULLARKEY: The senior center staff, the Department for the Aging does a training for them as well.

COUNCIL MEMBER DEUTSCH: Okay, let's say it's a... I get a phone call from a secondary person or a senior citizen tells me, I'm being abused and I'm just... I just walk past her in the street; she goes, excuse me sir, but I'm being abused; I'm gonna call 3-1-1?

EILEEN MULLARKEY: You're gonna call 3-1-1 and you would be connected to the Elderly Crime Victims Resource Center, which is stationed at Department for the Aging. [background comment] Do you wanna say something?

AURORA SALAMONE: Actually we've gotten calls like that where... [interpose]

COUNCIL MEMBER DEUTSCH: I'm sure you have; I just...

AURORA SALAMONE: we have. People will call 3-1-1 and then you get just a very short blurb, walked in the street and met this older client who said they were being victimized, so then we would call the referral source to find out if they have anymore details, like, do they know where the person

1
2 lives; we don't really need a name, but if we know
3 where the person lives we could try 4-1-1 and get a
4 phone number or... then send one of the contracting
5 agencies maybe to make a visit to see what is
6 actually going on in that person's home and what kind
7 of services they want. So we have gotten calls like
8 that.

9 COUNCIL MEMBER DEUTSCH: Okay, so if it's
10 a homecare worker or home attendant and that case
11 manager walks inside and the home attendant says
12 everything's okay, so what is the protocol of that
13 person...? [interpose]

14 AURORA SALAMONE: Actually, even if... if
15 the client is saying that my home attendant smacked
16 me or hit me or pushed me or hasn't... doesn't allow me
17 to speak to anybody, we would call the homecare
18 agency and then ask for a nurse or a social worker
19 from that agency to go out and assess the client to
20 make sure that everything is okay. And if the person
21 is uncomfortable, we could insist that the home
22 attendant be changed and we have done that.

23 COUNCIL MEMBER DEUTSCH: 'Kay.

24 LYNN SABERSKI: And at Adult Protective
25 Services, we have a specific phone line; you can also

1
2 refer by fax or online, and we have a scripted
3 interview when we do an intake; takes 15 to 20
4 minutes to go through all the questions and there are
5 specific questions about what the impairment might
6 be; is there abuse; what kind of abuse, so we
7 certainly take all of it with the utmost seriousness,
8 that's our job; it's what we do. We also do
9 outreach; for example, later this month or it's next
10 month, we're gonna be talking to a gathering of the
11 managed long-term care providers, you know part of
12 the new way that homecare services are delivered in
13 New York City and New York State, and we're going to
14 be talking to them about Adult Protective Services,
15 including elder abuse and how to respond, how to
16 reach out to us if they see that in the homes where
17 they're taking care of clients.

18 COUNCIL MEMBER DEUTSCH: Thank you. What
19 kind of outreach, let's say I wanna bring, you know,
20 someone in my district to talk about elder abuse...
21 [interpose]

22 LYNN SABERSKI: Uhm-hm.

23 COUNCIL MEMBER DEUTSCH: to different
24 civic associations; who would I call in order to get
25 that done?

1
2 AURORA SALAMONE: Well all of our
3 contract providers in the community, the nine that we
4 have, they go out and do community-based
5 presentations, so they would be happy to come to one
6 of your meetings to present, 'cause in our testimony
7 we talked about the number of clients that... seniors
8 that they actually go out and do presentations to or
9 workshops and also professionals.

10 COUNCIL MEMBER DEUTSCH: Great.

11 LYNN SABERSKI: And for APS, you can
12 either call me or one of our... or the borough office,
13 you know where you're located in Brooklyn; I can get
14 you those numbers.

15 COUNCIL MEMBER DEUTSCH: Right. Thank
16 you.

17 CHAIRPERSON CHIN: In our next panel,
18 they're gonna talk about the outreach that the group
19 does. But I just have one question for the panel
20 here. I mean, do you think that there's enough
21 sufficient awareness among senior or family members
22 to know... or friends... to know that they can report
23 elder abuse, in terms of public awareness campaign?

24 LYNN SABERSKI: Honestly, I think there
25 could be a lot more done. There have been campaigns,

1
2 for example, on domestic violence now for years and
3 we don't have something parallel in the elder abuse
4 community. I think it is needed. [background
5 comment]

6 CHAIRPERSON CHIN: Thank you. I know
7 we're gonna ask that question of a service provider
8 and advocates, but there is no mandatory reporting
9 for elder abuse. What do you think about mandatory
10 reporting; would that help in terms of awareness and...

11 LYNN SABERSKI: I mean, Adult Protective
12 Services is mandated to report, so we are the
13 mandated reporter, but no one else is mandated to
14 report, for example to us, at this point. I don't
15 know of it would help. Studies have shown in some
16 states where when they initiated mandatory reporting,
17 reporting went up drastically for a short period of
18 time, dramatically and then it comes down back to
19 levels where it was before; I think the outreach, the
20 education is essential, that we need people to
21 understand, to know about it, to know what to do
22 about it; that's the piece that I think is absolutely
23 critical.

24 CHAIRPERSON CHIN: Okay. Thank you.
25 Council Member Vallone has a follow-up question.

COUNCIL MEMBER VALLONE: You had mentioned... good morning. You had mentioned that you're going to increase efficiency with a financial focus and an auto case management system; when will those begin; when will those kick in?

LYNN SABERSKI: The financial focus has been already implemented several years ago and it has enabled us, for example, to get the rent checks out three days earlier than we did previously to clients; now we're implementing, as part of that, a print-to-mail system so that it cuts even off, you know, more time... [interpose]

COUNCIL MEMBER VALLONE: So that's just internal for your department?

LYNN SABERSKI: Right, so it's internal to APS.

COUNCIL MEMBER VALLONE: And the case management now; what is the difference?

LYNN SABERSKI: Case management difference, there are many differences. One of the things that's different about this... right now we really have a database; not a case management system. When we have the new system, which we call APS net, one of the things that's important about it is that

1
2 it has logic behind it, so that it helps guide the
3 decisions. In other words, if the criteria are that
4 you're impaired, you're at risk and there's no one to
5 assist you, if you answer yes to all of those
6 questions but then you check that the person is not
7 eligible, the system will stop you and ask you; how
8 are you making that decision if you checked yes to
9 these questions; similar things like that, it's...
10 [interpose, crosstalk]

11 COUNCIL MEMBER VALLONE: So the case
12 management worker will have better guidelines...

13 LYNN SABERSKI: They'll have better
14 guidelines; it also will capture a great deal more
15 information so that we'll know exactly what services
16 we are providing and to how many clients and it will
17 help... [crosstalk]

18 COUNCIL MEMBER VALLONE: And when do you
19 think this will start?

20 LYNN SABERSKI: prioritize for workers;
21 it'll show them exactly what visits are due, what
22 forms are due, a lot of that and it'll be more
23 efficient, 'cause actually, they don't do specific
24 forms, they answer questions and provide information
25

and the forms are created automatically and... for the most important forms.

COUNCIL MEMBER VALLONE: And when will this begin?

LYNN SABERSKI: We are anticipating August/September right now.

COUNCIL MEMBER VALLONE: And what percentage, if any, of the case managers are social workers?

LYNN SABERSKI: A small percentage at APS.

COUNCIL MEMBER VALLONE: Is there any movement to change that or increase?

LYNN SABERSKI: Not at the present time, no.

COUNCIL MEMBER VALLONE: 'Kay. Thank you.

CHAIRPERSON CHIN: Well I wanna thank this panel for coming today. Thank you very much. [background comments] So we're gonna call up the next panel; before we do that, can we ask the sergeant to guard that door [laugh] and make sure people don't go in and out, because it's really distracting. Thank you.

1
2 Risa Breckman, from the Weill Cornell
3 Medical College, the Elder Abuse Center, David
4 Szuchman from the District Attorney's Office, you're
5 finally here, and Joy Solomon, from the Weinberg
6 Center at the Hebrew House in Riverdale. [background
7 comments] Okay, I don't have any further questions.
8 You can start. [background comments]

9 DAVID SZUCHMAN: Good morning Chairwoman
10 Chin and members of the Committee on Aging; my name
11 is David Szuchman and I'm a Executive Assistant
12 District Attorney and Chief of the Investigation
13 Division at the Manhattan District Attorney's Office,
14 the office of Cyrus Vance. Thank you very much for
15 affording us the opportunity to testify before you
16 here today and on behalf of Mr. Vance, he's very
17 pleased that I'm here to present testimony for you.

18 Every year, as you know and you've heard,
19 an estimated 4 million older Americans become victims
20 of elder abuse and according to a recent survey,
21 there are around 260,000 older adults who have been
22 victims of at least one form of elder abuse in New
23 York State between 2008 and 2009. Since 1900 the
24 percentage of Americans 65 years and older has more
25 than tripled and the number has increased almost 13

1 times. New York State has the third largest number
2 of elderly citizens in the nation and here in New
3 York City senior citizens account for approximately
4 13.5 percent of the population. And as the senior
5 population is poised to grow even further over the
6 next decade, it's almost certain that there'll be a
7 steady rise in the number of elder abuse cases in New
8 York.
9

10 The Elder Abuse Unit of the New York
11 County District Attorney's Office investigated and
12 prosecuted more than 800 cases involving victims who
13 are age 60 years or older each year. In fact, there
14 were 896 arrests and 817 arraignments connected with
15 crimes against older adults. This is a disturbing
16 figure and it only hints at the pervasiveness of the
17 problem and what is yet to come in the coming
18 decades. Fifteen years ago domestic violence was
19 considered a secret crime; it was uncovered and
20 unearthed in large part due to media. Today I would
21 say that same crime is now elder abuse, especially
22 the financial exploitation of senior citizens; it's
23 widely unrecognized, underreported and it hinders
24 prosecution.
25

The MetLife Mature Market Institute

estimated that nationwide in 2010 elder financial exploitation costs Americans at least \$2.9 billion, with a b, dollars, a 12 percent increase from \$2.6 billion estimated in 2008. These numbers are not surprising to those of us in law enforcement who are responsible for handling reports of larceny, forgery, cons and other schemes to defraud seniors. The current state of the economy only serves to exacerbate this growing trend. This is one of the reasons why District Attorney Vance restructured our Elder Abuse Unit so that it covers both the office's Trial Division, where domestic violence cases are handled and our Investigation Division, where financial crimes are prosecuted.

Earlier this month DA Vance, Chief of the Elder Abuse Unit, Liz Loewy and Chief of Staff to the Investigation Division, Michael Sachs, presented at an event co-hosted by the DA and the Securities Industry and Financial Markets Association entitled, "Industry Safeguards for the Older Investor." This included many private sector leaders, public sector leaders, prosecutors, professors; they talked about the science behind the aging of the brain, the

regulatory landscape as it pertains to protecting senior investors and the identification of recourse of financial crime against older investors. With an audience of financial professionals, elder service providers and seasoned prosecutors, this conference shows just how important financial exploitation of the elderly has become across professions. The repercussions are every bit as devastating as crimes involving physical abuse and sometimes even more so.

In addition to the loss of funds, victims suffer from emotional trauma and depression, as well as compromised access to food, medication and housing, leading to a poorer quality of life. Given the rapid graying of the City and our nation, it is more important than ever to continue our efforts to dialogue with financial service providers and aging professionals to improve and enhance our response to elderly victims of financial crime.

Make no mistake, it's not just limited to financial exploitation; the largest growing area however involves the financial exploitation of seniors and the offenses often involve different forms of abuse occurring contemporaneously -- the elderly father who is robbed by his drug-addicted son

1
2 also suffers from a black eye and bruises; the older
3 woman who is sexually abused as she takes her morning
4 walk and then has her jewelry stolen after she is
5 assaulted. At the same time, elder abuse cases
6 involving vulnerable senior victims are among the
7 most difficult to prosecute. A number of older
8 victims pass away soon after the case is reported.
9 As in domestic violence cases, victims are terrified
10 and often economically reliant on their abusers,
11 which I heard in the last panel; emotional ties
12 persist as well. Financial abuse cases involving
13 parents and grandparents entail the same obstacles
14 and more; victims confide their belief that since
15 they raised the abuser they must somehow be
16 responsible for the problem. Other victims are not
17 simply reluctant to testify; they lack the ability to
18 participate in the prosecution of their abuser due to
19 physical or mental infirmities.

20 Take for example the case of a 95-year-
21 old resident of a nursing home who escaped Nazi-
22 controlled Austria in the late 1930s and decades
23 later entrusted her finances to a professional. The
24 accountant, who was our defendant in this case,
25 oversaw the victim's bank accounts and had access to

her personal checks; from 2008 through 2010 the victim developed Alzheimer's; this defendant stole more than 100 checks from the victim's personal checking account by forging them in the name of the victim's attorney and making them payable to himself. The proceeds of the theft were used to pay rent, fund a business, pay for hot tub repairs, and were deposited into his personal checking account to total about \$1.2 million. He pled guilty to one count of grand larceny in the first degree and was sentenced to 2 to 6 years in the state prison; the victim passed away in May of 2012 at the age of 97.

Elder Abuse Unit prosecutors work closely with agencies like Adult Protective Services and the Department for the Aging, as experience has made it clear that more support that an older victim receives from law enforcement, local social service providers, healthcare professionals and banks working as a team, the more likely it is that prosecution will be a success. Toward that end, we have conducted educational forums at the grassroots level, including visits to hospitals, senior centers and colleges. Virtually every Meals-on-Wheels worker in the City

has been trained on the issue, a project we undertook jointly with the Weinberg Center at the Hebrew Home.

In 2011, our office also initiated the City's first Elder Fatality Review Team, Unit Chief Elizabeth Loewy, Lynn Saberski, who oversees New York City's Adult Protective Services, and Jonathan Hayes, Senior Medical Examiner from the OCME, jointly chair this multidisciplinary effort. The team is also comprised of representatives from the New York Attorney General's Office, Department for the Aging, Department of Health, local medical centers, the Weinberg Center and other agencies. The group meets bi-monthly to evaluate elder deaths in which abuse or neglect may have played a role. It is disturbing and surprising to note that although New York City teams were formed years ago for the purpose of reviewing fatalities related to domestic violence and child abuse, it was not until three years ago that a fatality review team was formed by the City to evaluate elder deaths in which abuse or neglect may have been an issue.

To better empower law enforcement to do more on these cases, I would like to discuss a couple

of legislative agenda items that might be of particular interest to this committee.

First... and I don't know if you're aware that we actually had commissioned a white-collar task force report that DA Vance did last year that includes many of these items that I'm going to discuss. First, consider the challenges of memorializing the statements of an elderly victim -- many older victims suffer from age-related degenerative mental conditions involving cognitive impairments, such as Alzheimer's or other forms of dementia. The victim's advanced age is likely to have been the very reason why he or she was targeted in the first place. In some cases the older victim may be the only witness in the case. Sadly, many elderly victims who appear to be healthy at the outset of the investigation or at the time of the arrest pass away before the case goes to trial. The elder's death, although attributable to advanced age, may be sudden and come with little warning.

Prosecutors in New York are hamstrung by the void in Article 660 of the Criminal Procedure Law, because witnesses of advanced of age are not eligible to be examined conditionally unless they

1 suffer from demonstrable physical illness or
2 incapacity at the time the application is made. In a
3 case prosecuted a few years ago, an elderly man in
4 his 90s, said to be in good health for his age, was a
5 victim of a theft by a long-time home health aide; he
6 passed away after the aide's arrest, but before the
7 case was presented to the grand jury. The case was
8 prosecuted but would have been unprovable if we
9 hadn't had a confession in that case. In another
10 recent case a defendant stole \$46,000 from a woman in
11 her 80s who was not physically ill; after the case
12 was indicted the victim passed away unexpectedly; the
13 case was resolved with a misdemeanor plea.

14
15 These were cases in which the people did
16 not move to preserve the victim's testimony under CPL
17 Section 660.20, as the statute does not authorize an
18 application for a conditional examination based
19 solely on the victim's advanced age if he or she is
20 otherwise in good health.

21 In order to serve the interests of
22 justice, prosecutors and defense attorneys should be
23 able to seek to preserve the testimony of witnesses
24 who are of advanced age. Offenders should not be
25 able to game the system, delaying trial in the hopes

1
2 that the older witnesses or the older victims will
3 pass away before trial. Conditional exams for people
4 over the age of 75 would preserve the testimony of
5 these witnesses in the unfortunate event that
6 something happens rendering them unable to testify.

7 Second, there's a glaring lack of
8 recognition in New York's clear laws regarding the
9 mental capacity of the victim in larceny cases. New
10 York Law was recently amended to target physical
11 assaults committed against elderly victims. In
12 contract with most other states in the country
13 however, New York has not addressed the financial
14 exploitation of impaired adults. The sad fact is
15 that many older adults who suffer from age-related
16 cognitive disorders may be unable to understand basic
17 arithmetic, let alone their own finances; they may
18 not even remember signing a check, a will or a deed
19 or giving permission or authority to transfer
20 ownership or funds; some can barely communicate. For
21 those reasons, the mental infirmity can complicate a
22 larceny prosecution and the penal law requires proof
23 that a defendant wrongfully took, obtained or
24 withheld property from an owner; in other words, that
25 property was taken without consent. A mentally

1 disabled victim cannot give meaningful consent, so a
2 victim cannot testify nor execute a sworn
3 certification that her property was taken without
4 consent. We rely on different types of evidence in
5 order to deal with that issue.
6

7 A solution would be to add new language
8 to the larceny statutes providing that there is no
9 defense to a prosecution for larceny if the defendant
10 obtained consent to take, withhold or obtain property
11 where such consent was obtained from a person who the
12 defendant knew or had reason to know was mentally
13 disabled.

14 Finally, we support the passage of
15 legislation that authorized banks to refuse the
16 transfer of money when there is reason to believe
17 that a vulnerable adult is being financially
18 exploited and directs that such cases be referred to
19 Adult Protective Services or the appropriate social
20 services official. And as you heard I think earlier,
21 there was legislation recently introduced in the
22 Assembly in regards to many of these issues that I'm
23 going through right now that we very much support
24 that come from the white-collar task force and 26
25 states have some form of legislation requiring that

1 financial institutions or financial services
2 professionals report cases of potential elder
3 exploitation. Whether a case involves millions of
4 dollars or a small retirement account, every case
5 must be subject to rigorous scrutiny. Financial
6 institutions are first in the line of defense and
7 often see cases involving suspicious activity long
8 before law enforcement or APS actually takes any
9 notice or is able to take any notice. Social service
10 agencies need to be involved so that the basic needs
11 and dignity of all vulnerable adults are protected.
12 This proposed legislation would in essence permit
13 banking organizations to refuse to disperse monies in
14 cases where they have reason to believe that the
15 transaction is fraudulent and mandate that financial
16 institutions to refer this to APS.
17

18 These are far from the only proposals
19 that could help prosecutors appropriately investigate
20 and charge crimes against the elderly, they are three
21 concrete proposals that the New York State
22 Legislature could readily enact that would have an
23 immediate impact; if this committee is interested in
24 discussing these or other initiatives, my office is
25

happy to have further conversations with you or your staff.

In closing, thank you very much, Chairwoman Chin and the entire committee for affording me the opportunity to testify here today; the committee and its interest is most appreciative and most encouraging for those who are committed to helping victims of elder abuse. Thank you.

JOY SOLOMON: Chairwoman Chin and member of the Committee on Aging and the Council; my name is Joy Solomon; I'm the Director and Managing Attorney for The Harry and Jeanette Weinberg Center for Elder Abuse Prevention at The Hebrew Home in Riverdale. This committee has an admirable history as a trailblazer on behalf of elder abuse victims.

The Weinberg Center, a comprehensive prevention and intervention program for victims of elder abuse living in all five boroughs of New York City was established in 2005 as the nation's first emergency regional elder abuse shelter located within a long-term care facility. To date the Weinberg Center has provided over 50,000 days of shelter for victims of elder abuse from across New York City.

The Weinberg Center has created a holistic service method that provides elder abuse victims with a safe and secure environment, a full continuum of medical, psychological, therapeutic and social services and a uniquely tailored legal action plan. As a virtual shelter located within The Hebrew Home of Riverdale's long-term care facility, the multidisciplinary Weinberg Center staff team works with Hebrew Home professionals to determine optimal placement, security and services for clients based on each individual's special needs. The Center provides a sanctuary for victims of elder abuse with the goal of helping victims to safely return to their own homes or to secure alternate housing.

The Weinberg Center is proud of our long-standing and strong partnership with this committee and with the City Council at large. We applaud the Council's long-standing recognition that elder abuse is a form of family violence and are proud to be involved in our city's effort to integrate elder abuse services into its mission to combat domestic violence.

In 2006, the Weinberg Center received its first domestic violence empowerment initiative, Dove

1 [phonetic] funding. In the nine years since, the
2 Council has continued Dove funding and remains a
3 vital supporter of the Weinberg Center and its
4 mission. We have partnered with Safe Horizon on a
5 variety of initiatives over the past nine years, most
6 recently an employee domestic violence prevention
7 program for the entire Hebrew Home staff, the first
8 of its kind in the country. We have also developed
9 strong partnerships with all of the City's Family
10 Justice Centers, including most recently serving as
11 an on-site partner at the newly opened Manhattan FJC.
12 Many other of our partners around this room -- the
13 Department for the Aging, APS, the New York City
14 Elder Abuse Center and the DA's offices in all five
15 boroughs.

17 As an elder abuse shelter, our referrals
18 originate from community-based service professionals
19 located throughout New York City, from educational
20 sessions at senior centers, such as Bronx House;
21 Riverdale Senior Services to presentations at the
22 Queens Family Justice Center Wellness Day to
23 partnering with Citymeals-on-Wheels and the Manhattan
24 DA's Office to train their volunteers to speak to
25 NYPD officers at roll call we have prioritized

communicating, connecting and collaborating with professionals in the fields.

Of course research reveals that the vast majority of elder abuse goes underreported. Our team conducts educational trainings on the signs, symptoms and appropriate response to elder abuse for a broad gamut of professional and community groups, including hospital and healthcare employees, members of law enforcement, financial institution employees, legislators and doormen. Over the past several years our efforts have focused on several cohorts who support we believe is critical in combating the elder abuse epidemic. With the Bronx DA's office and Bronx APS services we co-hosted a meeting with representatives from over 25 banks entitled, "Reality of Elder Abuse in the Banking Industry." The goal of this meeting was to alert financial service professionals to the deluge of money older adults lose annually to exploiters, \$2.9 billion other people have mentioned today, and the ways in which their actions are inaction in the face of suspicious activity is critical to financial services.

The Weinberg Center is committed to seeking out nontraditional audiences who are also

1
2 first responders; building service workers are one
3 such audience. Since 2006 we have partnered with
4 32BJ SEIU to offer tailored interactive sessions to
5 groups of doormen, security personnel and maintenance
6 staff as part of the union's continuing education
7 coursework, a program that garnered widespread media
8 attention, including a feature in the New York Times.
9 We are currently in the process of developing a more
10 extensive web-based curriculum for union members with
11 our union partners.

12 As an elder abuse shelter located within
13 a long-term care facility, outreach grows as the
14 Hebrew Home's family of services expands. The Hebrew
15 Home currently offers skilled nursing, post-acute
16 rehabilitation, assisted living, independent living,
17 and managed long-term care, serving more than 13,000
18 older adults in the New York area. As the Home's
19 service offerings and breadth continue to expand, the
20 Weinberg Center gains additional access to additional
21 population and individuals in need of elder abuse
22 education, screening and services.

23 As the face of healthcare and the nature
24 of aging are changing so rapidly, the predation of
25 abusers and the opportunism of scammers are growing

consistently. We view their persistence as a charge to likewise grow our own program until every older adult's right to live in safety and dignity is protected. We look forward to continuing to partner with this committee and the Council on new and expanded endeavors and service of that shared goal. Thank you.

RISA BRECKMAN: Hi. Hi, good morning. Thank you Council Member Chin and the entire committee for holding this important hearing today. My name is Risa Breckman and I'm the Director of the New York City Elder Abuse Center, a highly collaborative initiative of 27 government and nonprofit organizations that aims to prevent abuse and improve the way professionals, organizations and systems respond to it. I'm happy to talk with you further about what the New York City Elder Abuse Center does, but for my few minutes today I'm going to speak about elder abuse through a wide-angle lens and then provide you with one overarching recommendation. I've also provided written testimony that is more detailed and zooms in on a number of specific prevention and detection suggestions.

1
2 So to begin; the words elder abuse,
3 neglect and exploitation are a shorthand umbrella
4 term for what is truly a broad and complex criminal
5 justice, public health and human rights issue that
6 has been largely under-studied, woefully underfunded
7 and mostly ignored.

8 Elder abuse is a problem of great
9 magnitude; millions, millions of older Americans are
10 abused, neglected and exploited and therefore it is
11 really called now an epidemic in its early stages;
12 it's only gonna get worse. In New York State we know
13 that at least 1 in 13 older adults are abused each
14 year and this is an underestimate, as the research
15 did not survey those with diminished capacity. Less
16 than 5 percent of abuse is known to service response
17 systems. The problem is on the rise as baby boomers,
18 77 million strong, advance towards old age. And the
19 oldest, those 80 and over, are most vulnerable
20 because of their higher rates of physical and mental
21 impairments; 40 percent of current abuse is in the 80
22 and over age group.

23 And the nature of abuse is complex.
24 First, the types of abuse older adults experience are
25 varied and attest to the problem's breath. You've

1
2 heard people talk about physical, sexual and
3 psychological abuse, neglect and financial
4 exploitation, so while abuse can result in fractures
5 and bruises, many times it comes in the form of
6 medical illnesses being ignored, medications not
7 being given and entire life savings being wiped out.
8 Since abuse types tend to co-occur, victims often
9 experience more than one type and abuse can be
10 intentional or unintentional, difficult to discern,
11 but critically important to do when developing a
12 response, so you can imagine how long it takes to
13 resolve these situations once they're brought to
14 attention.

15 Victims can have a broad range of
16 characteristics. Many victims have chronic health
17 problems, mobility and sensory impairments
18 exacerbated by the abuse, although some do not. Many
19 victims have no cognitive impairment, but many do and
20 I think people have been asking about that today,
21 which increases abuse risk. Indeed, nearly 50
22 percent of people with cognitive impairment are abuse
23 victims. The type of impairment and the degree to
24 which it impacts function must be properly evaluated
25 and considered when responding to abuse; again,

1 something that's very difficult to do. Many victims
2 are socially isolated, a risk factor for abuse and
3 also a devastating outcome of it. Many victims have
4 mental health issues, like depression, shame, guilt,
5 anxiety and fear and traumatic responses that leave
6 them unable to cope; all these issues need to be
7 addressed and then the question is; by whom?

8
9 So there is no prototypic victim and the
10 many factors I've described make prevention,
11 detection and intervention complicated and time-
12 intensive endeavors; each case often requires
13 coordinated help from professionals from across
14 disciplines and systems, and there are no prototypic
15 abusers, so 20 percent of abuse is perpetrated by an
16 intimate partner which overlaps with domestic
17 violence, but much abuse is at the hand of other
18 family members, some with a drug addiction or a
19 severe and persistent mental illness requiring
20 treatment. Some perpetrators use abuse as bullying
21 tactics to obtain power and control, others see older
22 people as a source of money and an easy, ready
23 target, with greed or entitlement the prime
24 motivator; in some cases caregiver stress might be a
25 more appropriate frame. So we must utilize a number

1
2 of conceptual models to understand the problem and on
3 a case by case basis to effectively respond to
4 victims, help abusers and hold them accountable.
5 Nothing is simple in this field and one size does not
6 fit all. The consequences are serious; these include
7 increased morbidity and mortality for victims and
8 increased hospitalizations, victims are four times
9 more likely to be placed in nursing homes than non-
10 victims, usually paid for through Medicaid, which is
11 one way society bears the cost of abuse, and since
12 abuse can occur in nursing homes, this outcome has
13 many concerned.

14 As noted, elder abuse intersects with a
15 multitude of systems and services, including law
16 enforcement, criminal justice, adult protective
17 services, healthcare, mental healthcare, civil legal
18 services, domestic violence, sexual assault, care-
19 giving, aging services, long-term care, financial
20 services industry, to name only some of the key
21 systems, thus coordinating an effective response
22 often takes considerable experience, knowledge,
23 advocacy and time. And all of this speaks to the
24 need for training for those on the front lines about
25 aging, signs of abuse, assessment, intervention

1 strategies, services, coordinating care, conceptual
2 frameworks, and about diminished capacity and who and
3 how to assess functional capacity to determine
4 consent. We need strong leadership and a coordinated
5 citywide prevention, detection and response strategy
6 that is clearly prioritized, articulated, properly
7 funded and well implemented, unfolded with a
8 timeline. In my written testimony I put forward a
9 number of recommendations, one of which is to
10 increase funding for the city-funded elder abuse
11 programs to a level commensurate with the need. But
12 my one key recommendation I wanna stress to you today
13 is for the City to establish a New York City elder
14 justice coordinating council modeled after the
15 federal one. The coordinating council would bring
16 key government agencies together to identify
17 priorities, develop an action plan and oversee
18 implementation. The federal design also envisioned
19 an advisory board comprised of community-based
20 stakeholders proposing short-term and long-term
21 strategies to the coordinating council. Both the New
22 York City coordinating council and the New York City
23 advisory council would need proper staffing and would
24 need to meet regularly to accomplish these goals and
25

1
2 be accountable perhaps to the City Council for a
3 timely progress report. This is a concrete and
4 foundational recommendation and immediately
5 actionable and I hope you serious consider it. Thank
6 you so very much for your time.

7 CHAIRPERSON CHIN: Thank you, thank you
8 for your testimonies. [background comment] Okay,
9 Council Member Vallone.

10 COUNCIL MEMBER VALLONE: Good morning.
11 I'd just like to say, as an elder law attorney for
12 over 22 years, I'd like to thank you for what you're
13 doing and taking the time to give us recommendations
14 to fix these issues; I wish the cameras in the other
15 room were here, 'cause this is ongoing and it's
16 something we will face whether it's a child for a
17 parent, a parent for a grandparent, a social worker
18 or someone in the court system. David the
19 recommendations of the legislation, we will
20 definitely put resolutions with our Chairwoman, Miss
21 Chin to do that. Joy, is there any... is it just in
22 the Bronx; is it throughout the other boroughs, the
23 services you provide?

24 JOY SOLOMON: The services are for... oh,
25 sorry. The services are for all five boroughs of

1
2 Manhattan and we have, over the 10 years we've been
3 open, serviced people from all five boroughs of
4 Manhattan, yes.

5 COUNCIL MEMBER VALLONE: Do you have
6 plans to have additional outreach within... Queens is
7 obviously my district and northeastern Queens has the
8 highest percentage of seniors in the city...

9 [interpose]

10 JOY SOLOMON: I... yes, during... I was able
11 to identify that we've provided shelter every year
12 for... 20 percent of the people that we bring in are
13 from Queens, but we will continue to do outreach in
14 Queens, absolutely... [crosstalk]

15 COUNCIL MEMBER VALLONE: Can you provide
16 to us on the committee many of the dates, 'cause I'd
17 like to coordinate with you the next time...

18 [crosstalk]

19 JOY SOLOMON: We can... yes, absolutely.

20 COUNCIL MEMBER VALLONE: And this federal
21 system; is there any move on the city level to try
22 the coordinating council to move along that process...?

23 [crosstalk]

24 RISA BRECKMAN: Well I mean this is...
25 yeah, so that's the question; I mean as... I think that

1
2 there's a lot of collaborating and coordinating going
3 on; I mean we have multidisciplinary teams and we
4 all... I mean, you know, we all work pretty closely
5 together, but I think that, just from the questions
6 that are being put forward today, I mean I think it
7 would be really important if all of the key
8 government agencies were in a room and people were
9 able to take a look at, you know, what are we
10 providing, what are the gaps in a really planful way;
11 we need a roadmap to move forward, we need to
12 prioritize the priorities and you're gonna hear about
13 some fabulous work; people have a lot of priorities
14 that they've identified because they've been steeped
15 in the work; I mean this is coming from deep
16 knowledge and experience, but we really need a way
17 forward together, we need a way to have you know
18 these planful conversations and we need to kind of,
19 like you know, this is a serious problem that's only
20 gonna get worse and we need to be ready and that's
21 how you get ready, so... [crosstalk]

22 COUNCIL MEMBER VALLONE: Well that
23 sounds... that sounds... sure, Miss Chin and I are all
24 over something like that. I have to tell you, in the
25 court system, since I was a court evaluator for 20

1
2 years, many of... there's not many judges, attorneys;
3 institutions that protect the seniors that we're
4 talking about and the same conversations are going on
5 now, saying how can we get together, because there's
6 so few people doing this and less and less wanna get
7 involved because of the restrictions in guardianship,
8 on abuse, so maybe we can coordinate also through the
9 court system and the DA's something like this and I'm
10 sure our chairperson... she had mentioned doing that,
11 so we're fully behind that.

12 RISA BRECKMAN: Wow, great. Thanks.

13 CHAIRPERSON CHIN: Thank you. We've also
14 been joined by Council Member Johnson, who's the
15 chair of our Health Committee; he's not on this
16 committee, but we welcome you. Do you have any
17 questions? [background comment] Okay. A question
18 for the District Attorney's Office; so Manhattan... do
19 you guys... do all the district attorneys in the five
20 boroughs sort of work together on this issue?

21 DAVID SZUCHMAN: Each office has their
22 own program and their own programs; of course we do
23 speak and we do compare notes and we do collaborate
24 on cases, especially where there are
25 multijurisdictional, we do have conversations about

1
2 these issues and we do try to learn from one another.
3 So yes; I mean, I know we have a couple of council
4 members here from Queens; Queens District Attorney's
5 Office does some great work on financial crime in
6 general, so we do have a very good working
7 relationship with them and some of the other offices.

8 CHAIRPERSON CHIN: Yeah, because when you
9 mentioned about the legislation or changes that you
10 wanna make, I guess question is, like do all the
11 district attorneys, do you all see the importance of
12 changing some of the laws and be able to work
13 together to do that...? [interpose]

14 DAVID SZUCHMAN: Yeah. Well I'm not
15 speaking directly for each of the offices; I would
16 imagine the issues that I outlined here would be
17 adopted by each and every one of the District
18 Attorney's offices; as I mentioned, DA Vance had
19 convened a white-collar crime task force last year
20 and part of those recommendations came out regarding
21 prosecutions of elder abuse. The legislation that's
22 been introduced in the Assembly is an outgrowth of
23 that task force report, which many of the DA's
24 offices had representation on as well. So every DA's
25 office is keen to the difficulties of prosecuting

1
2 these kinds of case; we are all looking for solutions
3 and help in getting these cases over the goal line;
4 we need that help, so we're very excited that the
5 Assembly has introduced it and I imagine that each of
6 the DA's in each of the five boroughs will be very
7 interested in these solutions.

8 CHAIRPERSON CHIN: Well we really thank
9 District Attorney Vance for really taking leadership
10 on this and thank you today for coming to testify. I
11 guess to the advocates, when DFTA was testifying
12 earlier they were saying that you have these
13 interagencies and all these working groups that... it's
14 coming together; I know the funding I mean is like... I
15 know the City Council put in, what, \$800,000 in the
16 last couple of years and the administration has cut
17 the funding; I mean how much resources do you foresee
18 to really get this campaign going to really make this
19 work, to help, you know, advocate and prevent elder
20 abuse?

21 RISA BRECKMAN: Well, you know I... I mean
22 that's an excellent question and again, I think that
23 goes back to this idea of having people sitting
24 around and talking about, you know what are... you
25 know, what is it that we want to achieve, what are

our priorities; I think... \$800,000, I think you could... four or five times that... I... I... I mean I... you know, and when you're... if you think about only 5... less than 5 percent of the victims are even known to a service response system, and we're already stretched so thin, the same people who are providing the direct services... and you heard me describe the complexity of these case; I mean these aren't things that you just do quickly, these take considerable time, they take significant resources; we bring to the table, through the Center, forensic accountants, geropsychiatry, geriatricians. I mean these cases really require a lot of skill. So if you think about these people who are doing the direct service work are also the same bench that's being tapped to go out and do the training; you need considerable expertise and knowledge to train people and so we're tapping the same bench... the same people here testifying today are the ones doing direct service work, so we're always... you know, so it's a very small group and we need to enlarge it. Yeah.

CHAIRPERSON CHIN: I think one other thing I mentioned earlier in my opening statement; I haven't even heard about, in terms of language

capacity; I mean there are a lot of immigrant communities that probably don't even deal with this issue, even though we know it's happening, so in terms of a lot of the outreach and services... [interpose]

RISA BRECKMAN: Yeah.

CHAIRPERSON CHIN: their language, you know, cultural competency, all those also have to come in to play... [interpose]

JOY SOLOMON: I think that the cultural competency issue is one that we... in all of these teams and organizations we think about and realize really how much we need to learn and how many more resources we need to support a real understanding of so many cultures that exist within the five boroughs.

CHAIRPERSON CHIN: Yeah; I mean we also asked some of the advocates to come and testify to talk about their experience and some of the... [crosstalk]

RISA BRECKMAN: Absolutely.

CHAIRPERSON CHIN: immigrant community that they don't even wanna talk about elder abuse, but it's happening there, so we wanted to make sure that as we go forward that we do advocate for the resources to really do a great, you know outreach and

1
2 education campaign on this issue. One final question
3 I have is; what do you think about mandatory
4 reporting?

5 JOY SOLOMON: You know part of it I think
6 comes back to the issue that you just asked about
7 resources; that, you know, the reporting is only as
8 good as what comes on the other side of it; you know,
9 what happens when a report is made and what that
10 looks like. So I think part of the issue is, you
11 know, you wanna be able to follow up appropriately
12 and have the resources to do that, so I think it does
13 come back to, you know, what do you need and what are
14 the priorities? So I think that that's a really big
15 issue in terms of mandatory reporting and I think
16 Lynn Saberski talked earlier about, you know when we
17 look at other states, all the other states have it;
18 you know, what are we seeing, so I think that it is,
19 you know, something that again, these teams have
20 talked about; have different opinions on, but I think
21 a lot of it really does come down to the resources
22 that support the reports that are made.

23 CHAIRPERSON CHIN: Yeah. Thank you... I
24 think also earlier, DFTA was talking about case
25 management; I mean a lot of us know from the

advocate, those case managers are stretched...

[interpose]

RISA BRECKMAN: To... yeah.

CHAIRPERSON CHIN: I mean I... I just can't see how they can be checking on whether there's elder abuse when they have case loads of over 60 or more of, you know, elders that they have to... [interpose]

RISA BRECKMAN: Absolutely.

CHAIRPERSON CHIN: check in on.

RISA BRECKMAN: That's right. And again, it's just part of this larger conversation of, you know, how are we going to... you know, what resources do we need to really be serious about this problem, to really be combating it; how do we reallocate resources in a smart way and you know, all the things that you're mentioning, data collection people have mentioned, there's very difficult themes that thread through this problem; we have ageism, we have, as you talked about, you know, this hearing is about prevention and screening, very complex, complicated issues there that are gonna take money, you know to accomplish, so.

CHAIRPERSON CHIN: Well thank you very much for testifying today. Oh, Council Member Johnson, did I hear a question? Okay, go ahead.

COUNCIL MEMBER JOHNSON: Thank you Chair and thank you all for being here; I apologize that I was late; I was in the hearing next door. I'm Corey Johnson; I represent the 3rd Councilmanic District of the Lower West Side of Manhattan, from Canal Street to 63rd Street, and I just have a few comments and then a question.

I have a huge number, of course, of seniors in my district, as we all do, but I believe that the first naturally occurring retirement community in New York City started at Penn South, the Mutual Redevelopment Houses, which is a major part of my district and how we have one at Manhattan Plaza as well in Hell's Kitchen, very active senior communities who are engaged and a lot of seniors that require significant help from home healthcare aides and case managers, so this is an incredibly important issue for me and one that I've heard a lot about from seniors in my district. I just have a question... again, I apologize if this was asked before; what type of outreach is currently done by DFTA or

1
2 nonprofits or other city agencies with regard to
3 getting information out there to educate senior who
4 may not know; are things being given out at senior
5 centers, at food pantries; at other places that
6 seniors typically congregate on a daily or weekly
7 basis to educate them on what their recourse is; what
8 actually elder abuse... what constitutes that; many of
9 them may not know, so I wanna understand how seniors
10 are being educated on what their rights are and how
11 they can respond in situations like this.

12 RISA BRECKMAN: I mean I can't really... I
13 don't feel comfortable talking for Department for the
14 Aging; I think that they're right... you know, but...
15 yeah, so that's...

16 JOY SOLOMON: And I just... I think that as
17 a community of all the elder abuse practitioners that
18 are here and government agencies, there are efforts I
19 think with... in many of the organizations by
20 themselves or in coordinated ways to provide outreach
21 to seniors; you know, different agencies work
22 together to do programming and to educate the
23 professionals as well as direct services to senior
24 and education for seniors, so I know we've worked...
25 we, the Weinberg Center, have worked in collaboration

1
2 with many of the organizations that are here to do
3 that, so that is I think part of what each of us do,
4 you know even though our goal may be providing direct
5 service, we've had to really take on creating a big
6 part of what we do to get out there, because without
7 doing that I think you're right, it's... you're losing
8 a lot of really important momentum and people don't
9 even know that their rights are being violated or the
10 professionals don't even know what the red flags are
11 or how to even notice it, so we need to educate on
12 all levels.

13 COUNCIL MEMBER JOHNSON: And I just ask
14 this in a... not to put you on the spot or... I ask this
15 in a constructive way about your relationship with
16 DFTA; I mean do you feel like the current levels of
17 education and targeted outreach to these populations
18 and working with the advocates for seniors and the
19 elderly that enough is being done by our city and
20 educating providers and the folks that are receiving
21 direct services?

22 JOY SOLOMON: I mean I can say that, you
23 know in the training that I do it's very often that
24 people are learning about elder abuse, even the words
25 elder abuse for the very first time. So I can't

1
2 really comment on DFTA particularly, but I think, you
3 know from the highest levels of government and people
4 that work with older people, to the seniors
5 themselves, that you know, this is nowhere where it
6 needs to be in terms of people's awareness,
7 understanding or you know, intervention.

8 RISA BRECKMAN: And I'll add to that, you
9 know I think our colleagues do an amazing job; I'm
10 impressed every day by the work, the phenomenal work
11 that people are doing at DFTA, at APS and across the
12 City, it's really quite something and I'm... it's a
13 real honor to be considered a close colleague of
14 theirs, but we do have to balance public awareness
15 with what capacity we actually have to serve and I
16 think that we have these discussions all the time in
17 the field; if we do a hardcore press in getting the
18 word out and we just don't have the infrastructure to
19 help, we're creating a big problem, so we need to
20 grow both the public awareness with the service
21 capacity and by the way, when I said we need four or
22 five times more than the \$800,000, I was talking
23 about that for direct services, but I mean we need
24 even more for public awareness, so I just wanna say,
25 that's where we're starting.

1
2 DAVID SZUCHMAN: I'll just throw in from
3 the DA's perspective, we are very much... and I won't
4 comment on DFTA, but we very much are out there on
5 our own working with partners as well, because we
6 recognize that there aren't enough resources combined
7 even to get this done. So we are in the senior
8 centers ourselves, we're working with our partners to
9 get into the senior centers, we're working with
10 council members, we're working with assemblymen, you
11 know, whoever it is that is interested in this issue
12 we are partnering with to make sure that we get the
13 word out on financial literacy, on abuse; you know,
14 whatever we can do; we have a robust immigrant
15 affairs program that combines the two issues
16 together, because it is a cross issue in many
17 different communities.

18 COUNCIL MEMBER JOHNSON: I appreciate
19 that and I just wanna echo that I consider seniors to
20 be one of the most, you know vulnerable groups in New
21 York City, given that many of them are alone and may
22 not have the familial relationships that other
23 populations in our city have. And Chair Chin, I just
24 would like to request, given that I got here late to
25 ask my question, if maybe we could, and the Committee

Council, if we could get some answers from DFTA on my question just about outreach in a targeted way and their educational... [crosstalk]

CHAIRPERSON CHIN: They provided... they provided testimony, so we could give you a copy of that.

COUNCIL MEMBER JOHNSON: Thank you very much for allowing me to speak today.

CHAIRPERSON CHIN: Thank you. So thank you for testifying today and we look forward to working with you on this issue. This only the beginning, so we will definitely follow up. Thank you. [background comment]

We'd like to call up the next panel. Martha Pollack, from JASA, Bobbie Sackman and... oh, and Nanette Shore from Legal Services. Everybody knows Bobbie, so. [background laugh, comments]

BOBBIE SACKMAN: [laugh] Hi, good morning. [background comments] Hi, good morning. I'm Bobbie Sackman, Director of Public Policy with the Council of Senior Centers and Services. What I thought I would do is not read per se the testimony, but I've been taking some notes where we say things

1
2 that are in common, but in a way just to reiterate
3 certain issues.

4 CSCS has received a grant from the New
5 York Women's Foundation; it was the first major grant
6 that was for older women and so for the last two
7 years we've been able to convene a coalition of
8 partners from all disciplines; in fact, everybody
9 that testified here today is a part of our coalition.
10 And Risa Breckman is correct; everybody works really
11 closely together; what we're able to bring to the
12 table is the advocacy side, you know we don't have a
13 direct service, so that gives us the time and the
14 expertise to do the advocacy and again, we rely on
15 the experts to do the services.

16 And in terms of your question,
17 Councilwoman Koslowitz, we actually Googled it and I
18 hate to say this, but Brooklyn has 400 more seniors
19 than Queens and... but the point is... and Manhattan is
20 number three, but that's not even the point; the
21 point is to raise all boats or ships or whatever
22 you're supposed to raise. So Staten Island doesn't
23 have as many people, but they actually have a
24 terrific, a great team out there that works on elder
25 abuse and of course, the Bronx as well. And as

1
2 you've heard many times over today, we're very
3 underfunded. So CSCS, we've been... some beginning
4 conversations with City Council, is going to request
5 \$4 million. We're thrilled that the \$800,000 finally
6 got baselined, just as we're thrilled that everything
7 got baselined at DFTA and we should thank all of you,
8 because obviously we might have had nothing to get
9 baselined if it wasn't for City Council and now is
10 the time to move forward, so we're asking for \$4
11 million. We also are looking on the state level and
12 asking actually for \$5 million statewide. So I just
13 wanted to mention that.

14 Also... let me just go through this... we...
15 what you've heard here is that elder abuse is 20 or
16 30 years behind domestic violence and again, just to
17 reiterate; what does that mean? It means there's not
18 enough funding, there's not enough programs, there's
19 not enough laws to protect people, there's not enough
20 elder abuse awareness campaigns; has been mentioned
21 that the City launched a \$250,000 That's Abuse
22 Campaign last fall from the Mayor's Office of
23 Domestic Violence and of course, that's a terrific
24 campaign and probably many of us saw the ads on the
25 subways and buses and other places, but you got to

1
2 see all the faces up there. And I think what's
3 really important is it's not just only for the elder
4 adult; it's for their family members or their friends
5 or their neighbors who see these ads and realize, oh
6 boy, something's going on and I've wondered, where
7 can I report or is this elder abuse. We worked with
8 City Council 'bout a year ago with the former chair
9 of the Aging Committee and some of the members... some
10 of the folks here rather, and there's now an elder
11 abuse brochure for City Council Members to order for
12 their offices and we hope through your office we can
13 actually publicize that to make sure that they do
14 order it and that's another great outreach way of
15 doing things.

16 We do have... actually, to answer your
17 question, Councilwoman Chin, what we do have in here
18 is everything definitely needs to be culturally
19 competent, even to the degree that we've heard that
20 there are times that the NYPD will ask the
21 perpetrator to translate for the victim... need more be
22 said? Obviously that's not the way to do business.
23 So absolutely, everything needs to include... and I
24 think, to the best of their ability and with all the
25 underfunding, it comes to \$9.50 per victim in this

city, when you do a lot of math. You have to pay people, you have to bring in bilingual staff and it costs money.

We've also been doing a lot of work on the state level with legislation and I'm pleased that we heard from... that we know today that DFTA and we know that both HRA and Adult Protective Services supports our state legislation; they have, under the former administration; they continue under this administration -- Vance's DA Office, they mentioned it as well -- and basically what this bill would do; it would stop the bleeding so that a bank can stop the disbursement of funds if something is suspicious, take a step back, look at it and if they wanna move forward and hold onto those funds, not allow a transfer of funds, they can go to Adult Protective Services, but what's important is it's not only reporting, it's disclosing, so one of the huge frustrations of APS is sure, we can get a notification, Mrs. Smith is being ripped off, but then they don't get the documents in time or in timely manner, so months can go by before they stop the bleeding and a lot of money could be lost. So our hope is that this legislation, which has 40

1 organizations statewide have signed on, include DA
2 Offices, City government, et cetera, that we got
3 through the Senate last year unanimously; we're
4 working with the Assembly now to see if we can come
5 up with some language, because they've hit a snag in
6 some of the language, but we've really gotta get it
7 through, 'cause every year we don't get this through
8 and enacted is a year we haven't helped the seniors.
9 And you've asked... or people have asked several times
10 about mandated reporting and I think what this bill
11 is meant to do is take a big chunk, where a lot of
12 the problems are, which are financial institutions
13 being able to report; it gives them some civil
14 immunity so that they feel if they act in good faith
15 no one's gonna come after them and it takes a big
16 chunk out of the problem. It's not the end of the
17 story; as you heard, there needs to be criminal
18 legislation and I think there needs to be probably
19 even more civil kind of legislation, but it's a major
20 step forward and if City Council were able, perhaps
21 through a resolution or whatever, to be able to
22 support this; you know, that would be great, that
23 would carry a lot of weight, I believe and... and as
24
25

far as I know, obviously, since the city agencies support this; so does the mayor.

I just wanted to talk a little bit quickly about the NYPD; we've also convened... so by the way, when we did the state legislation, when we've talked about funding and now we're gonna talk about the New York Police Department, we've done this as part of this coalition, we've convened and so we get informed at CSCS as what are the issues. And the NYPD... again, just as the field of elder abuse needs a lot more attention or we believe the NYPD could step up to the plate and do more and it... it's not to say they're not doing something, but I think there's a lot more training and understanding and you heard about the complexity of the problems and so one of the recommendations that there should be a person who specializes in elder abuse, both at One Police Plaza and in the Mayor's Office of Domestic Violence, and I think obviously that would elevate it to attention paid and development of policies and programs. The other is to evaluate all of the police department's domestic violence protocols and procedures as to the impact on elder abuse and if necessary, revise them. In the past, Adult Protective Services has used what

1 they call "the finest message," which is a quick
2 briefing about elder abuse during the roll call and
3 that should be reinstated. And as you might have
4 heard, New York is actually the leader in the country
5 of the multidisciplinary teams known as MDTs,
6 coordinated through the New York City Elder Abuse
7 Center and it's a great team effort; basically it's
8 case review and how could they move forward to help
9 people and the police have not been an active
10 participant where in other localities across the
11 country they are, so how do we take a look... and we're
12 hoping that with a new police commissioner, with a
13 new administration, new leadership in the City
14 Council, that there's a way to move forward together;
15 no one's looking for any adversarials; like how can
16 we learn and how can we open this up more and Risa's
17 idea of an elder abuse task force of city agencies
18 and community partners would be great and CSCS would
19 love to play a role in that; again, since we've been
20 able to convene groups across the city.

21
22 The other things I just wanted to mention
23 were standard protocol for addressing and recorder
24 elder abuse incidents and establishing a citywide
25 database so you could see what are the gaps in

1 service and if we need to do further research; I'm
2 sure we do, on elder abuse. And I think that's it;
3 there's one other thing I just wanted to quickly
4 talk... just very quickly. You've seen the connection
5 between if you underfund other DFTA services like
6 case management, then it has an impact on other
7 things; you can't visit somebody once a year and
8 think that your eyes and ears for elder abuse, 'cause
9 as you've also heard, most seniors are gonna say a
10 word; they're scared, they're ashamed or whatever.
11 And I wanted to put in a word for Adult Protective
12 Services, 'cause I think Lynn Saberski works very
13 hard and it's a very... you know, they get the highest
14 risk clients that and maybe they need to take a look
15 -- this is what I heard her say -- so maybe we need
16 to take a look at their caseload sizes there as well
17 and the funding; I know we all went through budget
18 cuts over recent years, and how does it compare to
19 Child Protective Services -- that's me saying this,
20 not Lynn -- and is there a way we could look to have
21 lower caseloads and more resources at APS as well?
22 Thank you.

24 CHAIRPERSON CHIN: Next.

1
2 NANETTE SHORE: Good morning Chairwoman
3 Chin and members of the committee; my name is Nanette
4 Shore and I'm an attorney, a family law supervisor at
5 Legal Services New York City Bronx. And just
6 quickly, to introduce my organization before I go to
7 the subject matter.

8 We are a constituent corporation of legal
9 services for New York City, which is the largest
10 provider of free civil legal services here in the
11 city. We serve in the areas of elder law, housing,
12 family, consumer, domestic violence, foreclosure,
13 immigration, disability, and education and we try to
14 bring a holistic approach to our representation,
15 including group action, policy work, community
16 outreach and social work support. In the Bronx
17 office, where I work, we assist many families with
18 elder law matters of various kinds and in 2013 we
19 served over 600 elders age 60 or older. We've also
20 been working with the Bronx Family Justice Center to
21 offer family law help to survivors of elder abuse in
22 order of protection cases.

23 In 2013 our office took a leading role in
24 organizing an Elder Abuse and Support Consortium, a
25 community consortium in the 18th Council District,

1 which serves the Castle Hill, Parkchester and
2 Soundview communities in the Bronx and the mission of
3 this consortium is to create a coordinated community
4 response to elder abuse and the group includes Rain
5 Multi Service Center, the Parkchester Enhancement
6 Program for Seniors, of course the Hebrew Home-
7 Weinberg Center, the Archdiocese, the 43rd Police
8 Precinct, the Bronx DA's Office, City Council Member
9 Palma, and State Assembly Members Crestville
10 [phonetic] and Sepulveda. So it's a very local
11 effort. We've started a rapid response list serve;
12 we're also envisioning outreach to elder providers
13 and our goal is to build a very local community-based
14 model that can complement the more borough-wide focus
15 and I know the question was asked earlier about
16 groupings in different boroughs and the Bronx does
17 have an elder abuse task force that's borough-wide
18 that is coordinated by the Bronx District Attorney's
19 Office. So this is sort of a local complement to
20 that.

22 Our goal... well initially the focus of the
23 consortium was on elder abuse services; we have come
24 to see that this effort needs to be imbedded in a
25 broader focus on services for the elderly and so we

1 have integrated that mission to the consortium. We
2 think that when people have alternatives to the
3 assistance of an abusive individual they will be less
4 vulnerable to abuse services such as low-cost taxi
5 cabs, which are negotiated with local companies,
6 volunteers who go to seniors' homes and help them pay
7 their bills and monitor their checking accounts,
8 encouraging elders to use debit cards and direct
9 deposit instead of cashing checks; these kinds of
10 prevention strategies, you know, really implemented
11 on a grassroots level can have a very strong
12 preventive impact.

14 I think people have already spoken about
15 some of the main prevention approaches, which I would
16 just say that members of our consortium certainly
17 share in terms of multidisciplinary approaches,
18 working outreach to seniors through people that have
19 long-term trusting relationships with them, such as
20 senior centers and a focus on broader quality of life
21 aspirations for the elderly, rather than... you know,
22 as a lens through which to look at elder abuse. And
23 I think, you know, as we've heard, dependence and
24 social isolation, both of the elder and of the
25 caregiver, can really increase the risk further;

1
2 legal knowledge, such as letting elders know and the
3 professionals who work with them, for example, if a
4 family member, individual, stays in your home for 30
5 days or longer, you're gonna have to take them to
6 housing court to evict them; that's really important
7 information to know and having that kind of
8 information can have a preventive affect.

9 So and I guess just as a final remark,
10 and this is really based on conversations in the
11 consortium, we also feel that supporting the elderly
12 and preventing elder abuse should be accompanied by a
13 strong emphasis on elders' privacy and autonomy and
14 we've had quite a few conversations as we've been
15 developing in really our early phase here as to how
16 to support elders, prevent elder abuse, but also
17 safeguard privacy and autonomy, including
18 confidentiality when we're sharing information and
19 having our multidisciplinary discussions. So thank
20 you for the opportunity to speak here.

21 MARTHA POLLACK: These chairs were not
22 made for short people. Good morning; I'm Martha
23 Pollack; I'm the Director of Elder Abuse Services and
24 JASA. Chairperson Chin, thank you so much and
25 esteemed committee members, Council Member Koslowitz,

1
2 that you so much for holding this hearing. All of us
3 who are here today are really like a family, we
4 worked together every day, we consult, we share our
5 frustrations and our successes and it's so empowering
6 for us to have a voice and to know that you are
7 listening and sensitive to the needs of a very
8 vulnerable population and programs that are
9 struggling with a lot of very low funding to reach
10 all the need that exists.

11 On behalf of the trustee staff and
12 importantly, our clients of JASA, I'm here today to
13 focus on the need for expanded funding for elder
14 abuse programs.

15 Elder abuse services, preventions and
16 interventions are essential for protecting vulnerable
17 elders from dangers and in many cases, life-
18 threatening situations. We are particularly grateful
19 that the members of the Council recognize the urgency
20 of these needs for services and maintained our
21 funding to 2014 and now we are delighted that the
22 funding has been baselined; we no longer have to give
23 pink slips to our staff every year 'cause we don't
24 know whether or not the funding is gonna be
25

1
2 reinstated, so this is truly an advance in that
3 direction.

4 JASA is a recognized leader in elder
5 abuse prevention, we provide educational sessions for
6 hundreds of professionals and consumers, both through
7 our community-wide trainings that we do throughout
8 the boroughs of Manhattan, Brooklyn and Queens and
9 also through our Elder Abuse Training Institute we
10 provide five interdisciplinary trainings a year, plus
11 we are the co-sponsor for the citywide annual New
12 York City Elder Abuse Conference; this year it is on
13 June 3rd; everyone is invited to attend. The topic
14 is going to be resolving mental health issues and
15 their impact on elder abuse.

16 JASA works very closely with NYCEAC, New
17 York City Elder Abuse Coalition, New York City Elder
18 Abuse Network, we participate actively in the MDTs,
19 both in Brooklyn and in Manhattan; we are also
20 staffed at the Family Justice Centers. Every year we
21 serve approximately 700 older adults and since 1998
22 we have a unique service model where we have an
23 interdisciplinary team of a social worker and a
24 lawyer who offer a safety net to help those who would
25 otherwise remain silent. We work closely with the

1
2 DA's Office, Department for the Aging, Adult
3 Protective Services, case management agencies,
4 interagency councils and other community-based
5 organizations. I would now like to give you an
6 example of one of the cases that we were involved
7 with.

8 Mrs. L, age 77, lives with her 35-year-
9 old son; she reported that he had a pattern of
10 cursing and yelling at her and recently showed signs
11 of being more aggressive in his behavior. In
12 addition to verbal abuse, he was now making
13 intimidating physical gestures and threats, he was
14 also demanding money. Mrs. L said that her son had a
15 history of alcohol abuse and had been inviting guests
16 to the home who were carrying narcotics. Mrs. L.
17 said she was extremely fearful for her safety and
18 physical well-being. JASA staff immediately helped
19 Mrs. L establish a safety plan; these are people who
20 went out to her home to meet with her and to assess
21 the nature of her situation. They urged her to
22 accept LEAP services and to participate in our
23 support groups -- we offer support groups to elder
24 abuse victims in Brooklyn, Queens and Manhattan; we
25 provide their transportation to get them to our

1
2 offices; no matter where they live in the borough, we
3 provide the transportation for them.

4 Mrs. L credits the professional
5 assistance of JASA staff and the ongoing support from
6 the group members in her support group in helping her
7 to decide to pursue an order of protection from
8 Family Court. This petition was successful and her
9 son was removed from the home. LEAP services provide
10 her still with support through the group and
11 individual counseling.

12 Now I'd just like to list the LEAP
13 services that we provide. It had been asked about
14 the... what exists in Queens in terms of a
15 multidisciplinary team -- JASA chairs a Queens task
16 force on elder abuse that meets in Family Court on a
17 monthly basis and members of that task force include
18 APS, the DA's Office, Safe Horizons and other CBOs in
19 Queens. Throughout our programs we assist clients to
20 resolve elder abuse crises, we accompany them to
21 court and act as advocates with landlords, utility
22 companies, banks and other organizations, we help
23 them secure entitlements and benefits and prevent
24 actions such as eviction proceedings and utility
25 cutoffs; we have ongoing support, both individual and

1
2 group, we also work with the alleged abusers by
3 trying to provide them with referrals for mental
4 health services, for caregiver programs and for
5 substance or benefits and entitlements. We provide
6 these services in their homes as well as in our Rego
7 Park office; most of our work is done in the field.

8 In Queens and in Brooklyn we work a lot
9 in the Family Justice Center, which is part of Family
10 Court and in Manhattan, also we work very much
11 closely with people in their communities, in places
12 where they feel safe where they can meet with us and
13 talk.

14 We provide direct representation through
15 free legal services from our attorneys to secure
16 orders of protection, recover real property and other
17 assets, prevent evictions and loss of homes and
18 obtain entitlement where there is a need for legal
19 intervention to resolve bureaucratic obstacles.

20 We provide financial assistance to
21 purchase safety devices, such as changing locks and
22 emergency cell phones; we pay for transportation to
23 take clients to court appointments and to our support
24 groups.

1
2 We are also involved in the Family
3 Justice Centers, as I mentioned and we provide
4 extensive outreach and education to professionals.
5 I'm sorry some of the committee members left, 'cause
6 I was just chomping at the bit to respond when people
7 were asking about what kinds of trainings and
8 educational outreach is available. JASA staff go
9 throughout the boroughs to small groups, to senior
10 centers, to religious-based organizations, to
11 communal organizations, anyone who invites us to
12 come, we're there to speak, to present; we do a lot
13 of presentations to older adults and we often have
14 family members who come as well, so we try to get the
15 word out as much as possible.

16 I've just described a large array of
17 services and these services are provided with very
18 thin staffing pattern. In both Brooklyn and Queens,
19 we have two social workers that cover the entire
20 borough; we do have some social work students who
21 assist. On average our caseloads are about 150
22 clients a months, with 12 to 15 new referrals on a
23 monthly basis. These social workers are required to
24 be available on a flexible schedule to address
25 crises, to accompany clients to court, which as we

1
2 all know can take a day; you know, sometimes more,
3 and to resolve other service complex needs. We also
4 do a lot of advocacy; we reach out to our elected
5 officials, we try to meet with them to educate them
6 and we try to make ourselves available if a
7 constituent from a particular City Council person.. if
8 the Council staff is concerned that someone might be
9 abused or being neglected, we encourage them strongly
10 to call us immediately so we can help them assess
11 whether or not further services are needed.

12 So anyway, although outreach and
13 community education are a very important part of what
14 we do, the funding is just not there to allow us to
15 do all the outreach we would like to do and as Joy
16 Solomon pointed out, even if we get these referrals,
17 if we don't have the staff to assist them, then we're
18 falling down really in our commitment to assist every
19 older adult who needs this assistance.

20 Only elder prevention programs like JASA
21 and our sister agencies which also funded by the City
22 Council can address these comprehensive needs. We
23 work closely with APS, which deals with a different
24 population; the LEAP clients are able to make their
25 own decisions, even though we may not agree with some

1 of the decisions they make and they may refuse to go
2 ahead in reporting abuse and involving the police,
3 'cause they're afraid for their family member or a
4 caretaker who's been very involved with them and
5 they're afraid of being alone, but these are the
6 challenges we deal with. We applaud the initiative
7 spearheaded by DFTA to establish an ongoing dialogue
8 with the Mayor's Office on domestic violence. Again,
9 the police play a very important role and in some
10 case we have wonderful relationships with local DVOs
11 who really are aware of the issues. The issue of
12 ageism is such an important consideration because
13 often people are not educated as to the specific
14 capabilities and in sometimes some of the
15 vulnerabilities of older adults and a lot of
16 assumptions are made; I hate to say it, on the part
17 of professionals who are there to assist in the
18 community, because they don't understand that seniors
19 are capable of making decisions of reporting problems
20 and that is often overlooked when an officer is
21 called out to a situation and just ignores the
22 situation because they feel that the older person is
23 not reporting accurately and it's heartbreaking for
24 us.
25

1 funding that's being provided now, so do you... Martha,
2 do you think that the number that Bobbie threw out,
3 \$4 million; is that a good start?
4

5 MARTHA POLLACK: Whatever Bobbie says is...
6 is... [laughter] right on the mark. I mean she and I
7 spent a little time working on some of these figures,
8 [background comment] yeah, two great math geniuses,
9 but it's crucial, because we can just... we can't
10 sustain the programs without sufficient... this type of
11 funding and it's big, but it's essential.

12 CHAIRPERSON CHIN: Council Member
13 Koslowitz.

14 COUNCIL MEMBER KOSLOWITZ: Thank you.
15 Did I hear you say that you have two social workers
16 for Queens... [crosstalk]

17 MARTHA POLLACK: Yes.

18 COUNCIL MEMBER KOSLOWITZ: for Queens and
19 Brooklyn?

20 MARTHA POLLACK: No. No, two in
21 Brooklyn; two in Queens and we have one in Manhattan;
22 we serve 59th Street and below.

23 COUNCIL MEMBER KOSLOWITZ: And you have
24 400 clients... [crosstalk]
25

1
2 MARTHA POLLACK: Well... well in... between
3 all three programs we have 700 clients. In Queens we
4 have about 275 clients that we see on an annual
5 basis.

6 COUNCIL MEMBER KOSLOWITZ: And two social
7 workers?

8 MARTHA POLLACK: And two social workers.
9 And it's just the tip of the iceberg; I know that you
10 had expressed this concern and also Council Member
11 Vallone; there are huge numbers of seniors who are
12 not getting these services. Now granted in some
13 cultures they're very reluctant to report these
14 issues, so we have to respect the cultural dimension
15 of this. And again, all of our programs are trying...
16 as you can see through everyone who spoke here today,
17 we do a lot of public awareness and still it's just
18 the tip of the iceberg in terms of reaching people.

19 COUNCIL MEMBER KOSLOWITZ: I'm very
20 familiar with JASA; I've been working with JASA for a
21 lot'a years and you do a great job, but it's almost
22 impossible, impossible to reach the people with only
23 two social workers with a very high number of
24 seniors.

25 MARTHA POLLACK: Right.

1
2 COUNCIL MEMBER KOSLOWITZ: And it's
3 almost like they tie your hands; it's almost... they're
4 abusing you, they're abusing you in the sense that
5 you don't have enough money to hire more people...

6 MARTHA POLLACK: Right.

7 COUNCIL MEMBER KOSLOWITZ: and I'm sure
8 there are people that do come to you that you can't
9 service because you only have two social workers or
10 they... it's an immediate... they want immediate
11 attention and you can't give it to them, you know to
12 that degree. So certainly you deserve more money,
13 you've done a great job, you know, in the borough;
14 I'm very familiar with you and I have to say, there's
15 no better advocate for seniors than Bobbie Sackman,
16 no better advocate... [interpose]

17 NANETTE SHORE: Who's a senior herself.
18 Yes.

19 MARTHA POLLACK: Yeah. If I could just...
20 if I could just say though, however, if there was an
21 emergency, the LEAP workers will respond, we do not
22 put people on waiting lists; if it's a case where we
23 feel that perhaps Adult Protective Services would be
24 more appropriate, we will make that referral if
25

there's a question of competency, but no emergency is left unattended... [crosstalk]

COUNCIL MEMBER KOSLOWITZ: No, I'm not saying that, but you know, some of these people need a little more than you know, just... it's impossible to have two social workers working with 275 people.

BOBBIE SACKMAN: Councilwoman, just in a way, to reiterate what you're saying, 'cause you used this... almost like an abuse situation, the current funding levels... and I would also argue the current laws and programs in place, the City has been neg... they've been negligent and there is a policy of negligence here on a macro level and so what you're hearing today is what it would take to move forward and at least chip away at that... and maybe it's more than just chipping, we need some leaps forward, but in terms of changing the scene and I think a lot of it, which is so important about today's hearing, is educating City Council, but also in your negotiations with the Mayor's Office and then, you know, bringing this to the Office of Immigrant... no... well yes, Immigrant Affairs, but actually, also Domestic Violence. The whole idea that DFTA should be working with other city agencies and not in isolation by

1
2 itself, but we do, we have a city policy of
3 negligence and... [crosstalk]

4 COUNCIL MEMBER KOSLOWITZ: No, absolute...

5 BOBBIE SACKMAN: and we... we shouldn't be
6 willing to live with that now that at least we have
7 what we have, this information and everybody's trying
8 so hard, so... [crosstalk]

9 COUNCIL MEMBER KOSLOWITZ: I agree with
10 you... I agree with you 100 percent. How many people
11 do you have working total in the agency?

12 MARTHA POLLACK: In JASA?

13 COUNCIL MEMBER KOSLOWITZ: Yeah.

14 MARTHA POLLACK: Oh god, it's uh...

15 COUNCIL MEMBER KOSLOWITZ: In Queens.

16 MARTHA POLLACK: Oh in Queens?

17 COUNCIL MEMBER KOSLOWITZ: Uh, right.

18 MARTHA POLLACK: Well we have a case
19 management program in Far Rockaway and we do cover
20 the Rockaways as well... [crosstalk]

21 COUNCIL MEMBER KOSLOWITZ: Right, I know;
22 you have a beautiful housing... [interpose]

23 MARTHA POLLACK: Yeah. We have housing
24 there; we house 1,000 residents in our housing there.
25 Well the programs... actually mostly now predominantly

1
2 in the Rockaways, in this area of Queens where your
3 district is we have the elder abuse program and we
4 have the legal program; we had case management; we
5 lost that through time through the City Council
6 funding, so we had case management out in the
7 Rockaways and we do have other social services and
8 Meals-on-Wheels and senior centers that are there and
9 we do have one senior center in Hollis that's still
10 intact; we have lost some other senior centers.

11 COUNCIL MEMBER KOSLOWITZ: It's really a
12 shame, really a shame; we'll fight for you.

13 MARTHA POLLACK: Thank you.

14 COUNCIL MEMBER KOSLOWITZ: I'll fight for
15 you.

16 CHAIRPERSON CHIN: Thank you. Thank you
17 to this panel for coming in. The last panel, we have
18 Catherine Thurston from SAGE, Yasmeen... how do you
19 pronounce the last name? [background comment]
20 Hamsa, okay, at New York Asian Women Center and
21 Rachel Sherrow from Citymeals-on-Wheels. Is there
22 anyone else that wants to testify; if you do, you
23 have to fill out one of the slips? Thank you.

24 CATHERINE THURSTON: Good afternoon,
25 Chair Chin and the Committee on Aging members. On

1
2 behalf of SAGE, Services and Advocacy for Gay,
3 Lesbian, Bisexual and Transgender Elders, I would
4 like to thank you for holding this hearing on elder
5 abuse. My name is Catherine Thurston and I am the
6 Senior Director for Programs at SAGE. We are the
7 country's oldest and largest organization dedicated
8 to improving the lives of LGBT older adults and have
9 provided comprehensive social service and community-
10 building programs, including the nation's first full-
11 time LGBT senior center located in the Chelsea
12 neighborhood for more than 30 years. As a result of
13 the fact that LGBT older adults are far more likely
14 to age in isolation without traditional family
15 caregiver supports, they often must rely on
16 professional paid caregivers or in some cases create
17 relationships with the sole purpose of care-giving,
18 relationships which often lead to situations of
19 physical exploitation or of neglect. Care providers
20 may be unwilling to work with LGBT elders, whether
21 they be hostile or untrained. LGBT older adults in
22 nursing homes and assisted living facilities may be
23 particularly at risk for neglect and abuse, despite
24 the fact that this treatment is a violation of
25 Federal Law.

Few nursing home and assisted living providers have had any training in how to diffuse or counter hostility from other patients or residents. Nursing homes are regulated under the Federal Nursing Home Reform Act, which requires all nursing homes receiving federal funds to make available to residents written policies protecting them from abuse and neglect. Yet while these rights theoretically provide some protections, many LGBT elders still hide their identities, feel uncomfortable launching complaints or are not well enough to self-advocate.

Having lived through times when being LGBT was stigmatized or illegal, many LGBT elders distressed law enforcement authorities and are thus unlikely to report instances of abuse or neglect which may be taking place in their own homes. In many instances, LGBT older adults do not report incidents of abuse or neglect because they are afraid of being outed by their abusers.

A recent national study on LGBT health found high rates of victimization and discrimination among LGBT older adults; the study found that 82 percent reported having been victimized at least once in their lives and 64 percent reported experiencing

victimization at least three times. This abuse could be verbal or physical threats as well as financial exploitation.

Targeted interventions are needed to better identify the causes of elder abuse and neglect among LGBT older adults, to educate service providers and LGBT people themselves about this issue and to reach out with services that meet the special needs of LGBT seniors who are at risk.

SAGE is currently working to meet those challenges by providing social service and case management support and financial literacy programs to help prevent physical exploitation and abuse aimed at LGBT elders. In addition, SAGE works with LGBT victims of elder abuse and provides individualized services to support and protect them. Within the limits of our resources, SAGE provides training to service providers all over the city on identifying and treating LGBT older adults at risk for abuse or exploitation.

We hope that the Committee on Aging and other members of the City Council will continue to support our LGBT older adults across New York City who are most at risk and prioritize their need to age

in place safely. Your support continues to be greatly valued and appreciated. Thank you.

YASMEEN HAMSA: Good morning Chairperson Chin and distinguished members of the Committee; my name is Yasmeen Hamsa and I am the Director of Client Services at New York Asian Women Center. New York Asian Women Center is the largest Asian-American-focused domestic violence agency in the country, a premier human trafficking serving organization and a national demonstration project that provides model services to survivors of sexual assault. The center provides a safe haven through multilingual support programs and shelter services.

Thank you so much for allowing us to speak today around identification and prevention of elder abuse. I'm really here today to focus on the lack of appropriate services afforded to Asian survivors of elder abuse. As you know, the population of seniors is rapidly growing and appropriate services are needed to address the unique needs of survivors. In the last 14 years the number of Asians over the age of 65 has increased by 52 percent and continues to grow. Reports have found that the number of Asian survivors identified by law

1 enforcement have been significantly low in numbers; I
2 believe the OCFS report found that it was 3 percent
3 that were identified by law enforcement. The numbers
4 are low, but not because the problem is not prevalent
5 within the community, but rather cultural dynamics
6 impacts survivors' ability to seek services.

7 Perpetrators of elder abuse are often family members,
8 spouses or significant others; filial piety or
9 placing families before self is highly a valued
10 principle in Asian culture, yet Asian elders endure
11 abuse at the hands of their allegedly loyal children
12 at alarming rates. With secrecy and denial, Asian
13 elders face financial exploitation, neglect and
14 outright physical violence, with few places to turn
15 for help. Moreover, the exact principles of family
16 loyalty shrouds these acts of violence and secrecy,
17 often preventing Asian elders from reporting abuse
18 and seeking help; involving service providers or law
19 enforcement can be viewed as bringing shame to their
20 families, which allows for Asian elder abuse
21 survivors to suffer in isolation without the support
22 needed to deal with the trauma that they're enduring.

23 In order to address the growing needs of Asian and
24 Asian-Americans suffering from elder abuse, we've
25

1 actually recently partnered with the Kings County
2 District Attorney's Office and JASA to create the
3 first coordinated approach in Brooklyn to address
4 elder abuse in the Asian-American community, a fast-
5 growing community that has never been the focus of
6 targeted, multidisciplinary elder abuse
7 interventions. Providing culturally competent
8 services in order to identify and support elderly
9 abuse survivors in the Asian community is necessary
10 in order to ensure survivors are receiving suitable
11 and appropriate services. This partnership was
12 created not just to provide direct services, but
13 mostly really to begin the discussion on elder abuse
14 within the Asian community and to help educate and
15 identify survivors. New York Asian Women Center's
16 ability really to work within the community in a
17 culturally authentic way allows us to provide
18 effective community education to organizations and
19 community members and to really help them understand
20 what elder abuse is and that there are services
21 available to them. Although this partnership is
22 really only in Brooklyn, New York Asian Women Center
23 continues to service survivors in all boroughs, as we
24 have been doing for many years. As the largest

1
2 Asian-focused domestic violence organization in the
3 country we're often called upon to provide services
4 to elder abuse survivors who may already be linked to
5 services.

6 Initially our ability to actually
7 community with survivors is why we're called, but as
8 time progresses it's evident that we're able to
9 engage survivors in ways that other service providers
10 have had difficulty doing; we're able to work to
11 ensure that the seniors' needs are met.

12 I'm gonna highlight this in a case
13 scenario in the sense that we've recently began
14 working with a survivors whose daughter was both
15 financially and physically abusive. She was referred
16 to us by a senior housing facility due to the
17 difficulties they were facing in communicating with
18 her. The survivor had recently been moved from her
19 home in Queens to a facility in a different borough.
20 She had no friends and nobody spoke her language or
21 even looked like her; she was unable to access food
22 or support that she had found to be readily available
23 prior to moving out of Queens. Prior to our
24 involvement, the facility used an interpreter to help
25 her obtain an order of protection; they actually

engaged our services because they were trying to help the survivor understand what her options were, now that the order of protection was in place. They informed us that when working with her they believed that there was actually cognitive issues, because the survivor kept insisting that she wanted to return to live with her daughter even with the order of protection in place. As we worked more closely with the survivor we found that it was not a cognitive issue; rather the interpreter used was actually unable to fully explain to her what an order of protection was prior to them obtaining one for her and what that would mean for her in regards to her daughter. In addition, the survivor was unable to express the isolation she was feeling living in the facility. With our assistance we were able to explore and visit other facilities that were in her community in which she could reside. In addition, simple things as working with the facility to obtain subscriptions to ethnic newspapers in which she was used to reading on a regular basis; we were able to find a way to have them delivered to the facility and find ways for her to reconnect with her friends who she found to be extremely a support network for her.

As you see, to address elder abuse is not just about ensuring that there are service providers available, but that service providers are also to provide culturally and linguistically appropriate services. As a Pan Asian organization, New York Asian Women Center has staff that speak over 12 languages and are of the same cultural backgrounds of the communities that we serve. The Asian community is very diverse, consisting of a variety of languages, customs and cultures. Understanding the diversity and the cultural dynamics allows us to provide services that are culturally nuanced and allows us to understand the struggles that elder abuse survivors deal with in making the decisions about their safety or even admitting that they are suffering at the hands of their loved one. In addition, our counseling models account for how Asians experience trauma, meaning we offer an array of holistic services that compliment the case management that's provided; this includes trauma-informed yoga, acupuncture, Qigong; different types of meditation. We have also been effectively able to engage a community that traditionally resists mainstream or elder abuse interventions, programs

1 based on language and cultural obstacles experienced
2 with service providers and the police. We really
3 feel that in order to ensure Asian elders receive
4 culturally and linguistically appropriate services
5 it's imperative that funds are allocated to
6 organizations that have the capacity to engage
7 survivors in a culturally and linguistically
8 appropriate manner. We are asking that the Committee
9 consider allocating a specific amount of funds to
10 organizations such as the New York Asian Women
11 Center, where these funds would be able to be used to
12 hire counselors who would be able to serve all five
13 boroughs, who are culturally and linguistically
14 competent, in addition to providing the community
15 education that's so direly needed to survivors who
16 may not be receiving it, such as, you know,
17 campaigns; we use ethnic media a lot as a way to
18 really inform in regards to, for example, domestic
19 violence or human trafficking; we work with, you
20 know, a multitude of community partners, such as
21 Salvation Army, different business associations and
22 so forth and provide all kinds of trainings around
23 domestic violence and family violence. We feel that
24 in doing so and allocating these funds the City
25

1
2 Council would be ensuring that Asian survivors will
3 be receiving services, but services that are
4 culturally and linguistically appropriate and will
5 allow them to live safe and healthy lives. Thank you
6 for your time and attention regarding this matter.

7 RACHEL SHERROW: Thank you, Chairwoman
8 Chin, for sticking around. My name is Rachel Sherrow
9 and I'm the Chief Program Officer at Citymeals-on-
10 Wheels and I obviously wanna thank you for your
11 incredible support over the years for aging services
12 and for Citymeals-on-Wheels; with our terrific
13 partnership with the Department for the Aging.

14 I'm not gonna go through all the
15 statistics that we have that we've heard today; I
16 think one of the biggest issues that we see at
17 Citymeals is ageism and if we can do campaigns and
18 public awareness and make people understand that
19 domestic violence; sexual abuse does happen to people
20 over the age of 70 or 65, that is it is real and it
21 is out there and it's a much, much higher number than
22 is actually reported, as everybody has said before
23 me, because people are afraid, because 90 percent of
24 the perpetrators are family members or caregivers.

I would like to say that Citymeals partnered with the Weinberg Center for Elder Abuse Services and Prevention, who we heard from today, as well as the Manhattan DA's Office, to train meal delivery staff throughout the five boroughs; that is something that is so important; these are the people are the eyes and ears, they're literally in the field every single day, seeing their clients in-home; often time those are the people who are the most forgotten and the ones who are hidden, so they were trained to understand what elder abuse was, to understand where they can report it if they feel that it's happening and how they can help their clients without actually, you know literally getting involved. Once we trained all of the meal delivery staff throughout the five boroughs, we turned to our huge core of volunteers and we are in the middle of training them as well and we have another training on Wednesday and that probably will complete most of our volunteer training. Again, these are people who are out there all the time, literally going into the client's homes; they're the ones who can see if things are not right and can report back.

1
2 Again, we are supportive of all the
3 partners who have spoken today and clearly the
4 biggest obstacles I think are funding and this idea
5 of ageism that we're not even part of domestic
6 violence campaigns, because elder abuse is domestic
7 violence. So I just want to say thank you again and
8 again for your support of Citymeals, your support of
9 aging services and for bringing this incredible issue
10 to light and hopefully we'll have more discussions
11 about it.

12 CHAIRPERSON CHIN: Thank you. Thank you
13 so much for coming to testify and all the great work
14 that you do. I'm so glad that you were able to come
15 today to talk, Rachel; Meals-on-Wheels... I mean the
16 volunteers, your staff and they're the ones that do
17 the daily visit and can really play a big role in
18 helping to identify elder abuse. And also, maybe we
19 could get them to help do the education outreach at
20 the same time, to get the information out to the
21 seniors.

22 RACHEL SHERROW: I forgot to mention and
23 I forgot to bring, but I will send to your office... we
24 created placemats that we delivered with the meals,
25 so they are sort of undercover and maybe less

innocuous; it's a placemat that tells people what elder abuse is and where they can report it and it's in five different languages, so we'll make sure your office gets some.

CHAIRPERSON CHIN: Oh great, that is really good. And I also wanna thank the Asian Women Center for all the great work that you guys are doing; I know that you started your elder abuse project and you said it was only in Brooklyn, so is there a plan to sort of like expand it to the other boroughs?

YASMEEN HAMSA: Well the partnership currently has started with Brooklyn; there is plans in the future, hopefully with funding, to be able to expand it to the other boroughs; we have... although this is a project in which we're more of the outreach piece, we have been serving elderly abuse survivors for quite a long time; it's just doing more of the outreach piece and expanding the services overall, to be able to have counselors that are only working on that project.

CHAIRPERSON CHIN: I think it's so important to help the, you know, the cultural competency and the language capacity; really kinda

1 know, you know the background of the victims or the
2 elders so that you can really provide the assistance.
3 So what I encourage all of you is that the budget
4 process has started and we're gonna have a whole
5 series of budget hearings in March, so I think that's
6 also a time to really make sure you come to those
7 hearings and help testify and really raise this issue
8 so that we collaboratively can work on getting more
9 funding to address this issue this time. [background
10 comment] Oh, our hearing is gonna be March 25th;
11 that'll be a long hearing. So thank you again for
12 coming out today and we look forward to working with
13 you on this issue. Anyone else that wanted to
14 testify? No. [background comment] Okay. Thank you
15 all for coming and the hearing is adjourned.

17 [gavel]

18 [background comment]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date March 3, 2014