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Written Testimony

Elder Justice Coordinating Council

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“Improving Local Community Responses to Elder Abuse: the Elder Shelter Model”

On behalf of The Hebrew Home at Riverdale by RiverSpring Health, a non-profit non-sectarian long term healthcare system, serving 12,000 medically fragile older adults every day, of whom 98% live below the poverty line, I thank you for the opportunity to present testimony to the Elder Justice Coordinating Council (EJCC). I speak on behalf of the entire elder justice field in acknowledging Kathy Greenlee and Edwin Walker, for their tireless, groundbreaking work in creating a prominent place for elder abuse on the national agenda. At the 2015 Decennial White House Conference on Aging, which fortuitously took place during this Administration, President Obama called for a focus on combating elder abuse, the first time in our nation’s history that a sitting President has referenced this complex, growing public health crisis. The meaning and impact of his words, both in terms of the increased visibility and resources devoted to elder abuse on a national level, are profound, transformative and historic. The EJCC and the Consumer Financial Protection Bureau are but two highly effective federal initiatives that grew out of this Administration’s recognition that elder abuse is a national crisis.

In 2012, this esteemed body recommended enhanced services for victims as a critical way to address elder abuse on a national level. The Connolly White Paper, issued at that time, stressed the complex and multi-faceted needs of elder abuse victims, who are often struggling with medical, legal, psychological, social and financial issues. Her White Paper mentioned emergency shelter as a critical and frequently unmet need among this population. Typical emergency housing options such as homeless or domestic violence shelters are ill-suited to shelter older adults who are in crisis due to elder abuse. Such victims frequently have medical needs and/or cognitive impairments that cannot be accommodated in those shelters, and the culture and range of services in existing shelters generally cater to a younger, female demographic.

Nonprofit long-term care facilities are optimally positioned to fill this key gap in elder abuse prevention and intervention services, particularly in light of Mosqueda White Paper’s recommendation that elder abuse be integrated into existing services.

The Harry and Jeanette Weinberg Center for Elder Abuse Prevention at the Hebrew Home at Riverdale (the Weinberg Center) has been working to address this gap in services since 2005, when it first opened its doors as the first elder abuse shelter in the United States. Created through the generous support and longstanding commitment to impoverished and at-risk older adults by the Harry and Jeanette Weinberg Foundation of Baltimore, Maryland, the Weinberg Center has provided over 85,000 days of shelter to victims of elder abuse, and has created a holistic service model that provides acute elder abuse victims with a safe and secure environment, a full continuum of trauma-informed medical, psychological, therapeutic and social services and a uniquely tailored legal action plan created and executed by the Weinberg Center’s attorneys in the spirit of the Steigel White Paper’s call for increased civil legal services.

The multi-disciplinary Weinberg Center team works with Hebrew Home professionals to determine optimal placement, security and services for the client based on each individual’s specific needs.

The Weinberg Center team includes:

* Joy Solomon, Esq., Director and Managing Attorney
* Deirdre Lok, Esq., Assistant Director and General Counsel
* Malya Levin, Esq., Staff Attorney
* Glendalee Olivera, MSW, LCSW, Elder Abuse Specialist
* Brooke Santoro, MSW, LCSW, Community Outreach Specialist

Housing an elder abuse shelter within a non-profit long-term care facility offers ideal synergy, leveraging the extensive pre-existing, specialized resources of a long-term care community and continuum to provide a high level of care at a low variable cost. The physical shelter is virtual, as clients are placed throughout the facility based on their medical needs. Long-term care facilities already operate with many of the features critical to the success of an elder abuse shelter: we operate 24/7; we have capacity; we maintain a skilled nursing and therapeutic staff that has been extensively trained to recognize elder abuse and are expert in understanding the clinical and psychosocial needs of older adults; we provide services for both men and women with diverse underlying conditions; and, we are using existing buildings specially designed for older adults, and thus no “bricks and mortar” are needed.

Establishing an elder abuse shelter enables a long-term care facility to serve as an active member of its surrounding community by filling a critical gap in service for victims and helping to build capacity for community agencies that benefit from partnering with the shelter. Given the prevalence of elder abuse, it is a statistical likelihood that all long-term care facilities are already unknowingly sheltering elder abuse victims, and are thus not providing the specialized services these residents truly need.

Eight years before the EJCC’s call, the Weinberg Center worked to replicate the unique and cost- effective shelter model in communities around the country. After successfully assisting 12facilities around the nation to replicate the model, the Weinberg Center organized the SPRiNG Alliance (Shelter Partners: Regional, National, Global), in 2012 to give structure to and share best practices with our shelter partners. The SPRiNG Alliance’s mission is to create a network of regional elder abuse shelters and other similar service models with collaboration working relationships, shared resources and technical assistance, common standards of excellence and a vibrant community of support and training. The SPRiNG Alliance currently conducts monthly phone calls, maintains a website with shared resources at www.spring-alliance.org and leads an annual symposium with its partners.

We are proud to report that there are active elder abuse shelters in the following communities:

**Operational Shelters**

* St. Elizabeth’s Haven – Rhode Island
* Lifespan Rochester’s Monroe County Elder Abuse Shelter Collaborative – Buffalo, NY
* Center for Elder Abuse Prevention – Jewish Senior Services, Fairfield, CT
* SALVUS Safe Haven – Delaware
* The Eddy Haven for Abused Elderly – Troy, NY
* Shalom Center for Elder Abuse Prevention at Cedar Village – Cincinnati, OH
* Crestview Senior Communities – Columbia Heights, MN
* Erie County Elder Domestic Violence Shelter Network – Buffalo, NY
* CHANA (Counseling, Helpline and Aid Network for Abused Women) – Baltimore, MD
* ElderSAFE Center - Charles E. Smith Life Communities /Hebrew Home of Greater Washington –Rockville, MD
* Jewish Senior Life, Detroit, MI
* The Jewish Home at Rockleigh – NJ

**Shelters in Formation**

* Hebrew Senior Life – Boston, MA
* Family Justice Center – Chattanooga, TN
* Abe’s Garden – Nashville, TN

This proliferation enhances services for thousands of victims across the country, and has been supported through the invaluable partnership of LeadingAge, and the Association of Jewish Aging Services. These organizations have acknowledged the critical role non-profit, faith-based long term care communities play in actualizing elder justice through sheltering, collaborating, serving and empowering victims of abuse.

The shelter model is also low cost and promises significant cost savings at the local, state and federal levels. Victims of elder abuse are more than twice as likely to use a hospital emergency room or be admitted to a nursing home than their counterparts who are not victims of abuse. By addressing the underlying cause of these repeated, costly, ineffective and inappropriate admissions, the shelter model makes sense financially as well as holistically. The federal government can, and must, do more to advance the shelter model, for older adult victims and all citizens. There are at least three changes which the federal government can make to preserve and increase shelter services to victims of elder abuse:

1. The RiverSpring Health system screens every patient, member and client in its system for elder abuse, and has identified the largest number of previously unidentified victims in the post-acute setting. The Medicare program must implement elder abuse screening as part of its required assessment and create a payment category of shelter stays following hospitalization where the primary reason for admission were injuries or other negative health consequences from elder abuse.
2. The move towards managed care has potentially dire consequences for victims needing shelter, as plans are dis-incentivized to cover shelter stays, because it is seen by managed care companies as being a more costly level of care. Medicare and Medicaid programs receiving federal funding must be required to categorize elder abuse as a clinical diagnosis for which an elder abuse shelter can be paid for providing specialized care.
3. The cost savings created by diverting victims out of endlessly repeated medical crises and into shelter programs capable of addressing their multidisciplinary needs must be further studied on a national level. Concrete numbers will continue to drive effective interventions and will allow our nascent yet highly impactful clinical, research and provider community to develop additional intervention and prevention strategies.

In our role as providers of shelter and holistic services to victims of abuse, the Weinberg Center at the Hebrew Home has had the opportunity to implement additional EJCC recommendations within the communities we serve. Consistent with Recommendation #6, the Weinberg Center has provided individualized training on elder abuse across professional disciplines. We have crafted unique training programs for doctors, nurses, occupational therapists, social workers, pharmacists, law enforcement, the Judiciary, Adult Protective Service workers, meals on wheels delivery personnel, and doormen, among others. Many of these trainings incorporate the versatile and sophisticated materials and modules developed by Naomi Karp and the Consumer Financial Protection Bureau’s Office of Older Americans. Our legal team has embraced the mission of increasing awareness, understanding and education on elder abuse among attorneys, judges and court personnel, a priority emphasized by the 2012 Steigel White Paper. Judge Deborah Kaplan, the New York Statewide Coordinating Judge for Family Violence Cases, has created the Judicial Committee on Elder Justice, a multidisciplinary advisory and action committee in line with the Steigel White Paper. Through the Weinberg Center’s leadership on that Committee, as well as the New York State Bar Association Elder Law Section’s Elder Abuse Committee and the American Bar Association Senior Lawyers Division Elder Abuse Task Force, we have made significant strides in raising consciousness, understanding and action on this issue within the legal community, locally and nationally. Through our partnership with New York State Courts Access to Justice, we are training an elite cadre of guardians ad litem to be specialist in identifying and responding to elder abuse. As referenced by the Wood White Paper, this program furthers that goal. Every existing shelter throughout the United States and new ones yet to be created, has the opportunity to become a force of change through collaboration.

The Weinberg Center has been a leading proponent of the prominence and proliferation of multidisciplinary teams, whose benefits and efficacy were outlined by the Mosqueda White Paper. As a founding member of the New York City Elder Abuse Center, with Mark Lachs and Risa Breckman, we have helped found three multidisciplinary teams in our area, cohosted a national symposium and authored a White Paper on the issue. The shelter model is a microcosm of the sort of cross disciplinary work that must occur in every community to effectively address the complexities of elder abuse.

All of our diverse community based work stems from our vantage point as the progenitors of a unique and flexible model with the potential to benefit communities across the country. We have come so far under the leadership of the EJCC, and look forward to partnering to ensure further success. Elder abuse is a powerful and aggressive force, and the response of our government must continue to be equally strong and decisive. This administration and this EJCC clearly demonstrate that we have the strength to harness and to ensure the dignity and freedom of older Americans.