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PROTECTING OUR SENIORS: SUPPORTING EFFORTS TO END ELDER ABUSE

FIELD HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

ONE HUNDRED TWELFTH CONGRESS

FIRST SESSION

HARTFORD, CT

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PROTECTING OUR SENIORS: SUPPORTING EFFORTS TO END ELDER ABUSE

TUESDAY, AUGUST 23, 2011

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Hartford, CT

The Committee met, pursuant to notice, at 10:00 a.m. in Room 2C, Legislative Office Building, 300 Capital Avenue, Hon. Richard Blumenthal, presiding.

Present: Senator Blumenthal [presiding].

OPENING STATEMENT OF SENATOR RICHARD BLUMENTHAL

Senator BLUMENTHAL. I want to welcome everyone here today. Wonderful for me to be back in Connecticut and to be with some of the advocates in an area that I consider to be really one of the most important to this Congress during this session, and certainly to me. Even though I'm a freshman Senator, I've been very privileged to be working with Senator Herb Kohl, who is chairman of the Aging Committee, and I want to express my appreciation to him for the great work that he has done on the subject we're going to address today, and also for giving me the opportunity to have this hearing.

We're convened today on the subject of elder abuse. We have some extraordinarily important and informative witnesses, and I want to just tell you that I will welcome your questions and comments for the second panel. Unlike most legislative hearings in this building when they are done by state committees, we are not going to have public testimonies. This hearing will have only invited testimony. But the second panel will be available for your questions or comments that can be submitted in writing, and we welcome them and hope that you will submit them.

And I want to say how grateful I am to the advocates and the professionals who are here today, as well as a number of the victims, because your contribution will be extraordinarily important.

We're going to begin with Assistant Secretary Kathy Greenlee from the Department of Health and Human Services, who is well known for both her passion and her experience, extraordinary experience over many years on this subject, and who has come to Connecticut to be with us.

I want to also thank Robert Blancato, who is a long-time national advocate and original architect of the Elder Justice Act, for lending his expertise and voice to this hearing; and, of course, to our other witnesses, Sandra Timmermann, Pamela Giannini, and Ms. Neysa Stallman Guerino, for the great work that they've done here in

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Hartford, our state capital, and on the front lines on this subject across the state.

But, of course, first and foremost I want to thank the victims who are here today for their courage and perseverance in coming forward, your strength in telling your story and lending your voice.

I see that we've just been joined by Senator Edith Prague. I thank her for being here. She is a long-time advocate on this subject. And the victims who are here today, Robert Matatva of Unionville, a hero, a veteran who fought for this country, is going to be talking as part of the second panel.

But a number of others who are not going to be on the panel but who are here to lend their support and their personal account, Diane McCone of Bridgeport, who was harassed and threatened and really beaten by her landlord's son in a horrific ordeal that left her homeless and terrified when she should have been respected and revered, thank you for being here.

And I want to thank James Beck, the conservator of the estate of Buddy Harkness, Robert Harkness, who is here for Mr. Harkness today. He is a quadriplegic and was the victim of absolutely horrendous abuse at the hands of a nurse, a supposed professional who physically and emotionally abused him and is now actually serving a prison term as a result. But that kind of punishment will never compensate for the harm that she did, and Mr. Beck is here as the conservator of his estate.

I want to just put in context the problem that we're here to discuss today. This problem of elder abuse is the crime of the 21st century. Some have called it that with great truth. It is literally epidemic in our country, and it is a problem that is unseen, invisible, often ignored, disregarded. One in 10 seniors will suffer this year from elder abuse, but in the vast majority of cases the abuse will go unreported. In fact, for every case that's reported, 13 will be unreported, and that is a tragedy, and it is itself an indictment of our society.

Connecticut can be proud of a lot of what it's done, but it's failed to do enough. We had the fourth lowest budget among 35 states surveyed in 2009 to combat elder abuse. Out of 3,800 cases, only 446 were properly resolved in our state that year. So we have a lot of work to do. We're one of five states that received no Federal funding in that year for the work that we do on elder abuse, or insufficient funding, and just to give you some idea of the dimensions of this problem nationwide, it will affect thousands, perhaps millions of our seniors, and often the victim will be in the family, a family member, with the perpetrator. Often it will be a relative who commits elder abuse, and people in positions of trust, whether it's guardians or family members or caregivers, need to be more carefully scrutinized and given attention.

The lack of awareness is an enemy here, and one reason we're here today is to combat that lack of awareness. We need to sound an alarm so that family members will be aware of it, look at bank accounts and credit card records so that they can see instances of financial exploitation within the family. Three billion dollars is lost by seniors who are victims of financial abuse every year, and that is an amount that is growing, as is the physical and emotional abuse.

So I have some proposals. I've been privileged to join with Senator Kohl in offering a number of proposals, and I think there's a potential to go beyond them. There's been a lot of work done by the Federal Government in this area, but I think that strengthening our Federal justice system and enabling states to do more in criminal enforcement is very, very important.

We proposed, for example, establishing an Office of Elder Justice in the United States Department of Justice to provide support to state prosecutors, and I believe that that Office of Elder Justice can be empowered not only to support state prosecutions but also Federal prosecutions with enhanced penalties through the Mail Fraud Act and other kinds of Federal statutes that are designed to combat elder abuse. And Connecticut can actually provide a model in providing for those enhanced penalties because we've done it here, as you know, and I know that Senator Prague was instrumental in supporting that effort, as I was when I was attorney general, very supportive.

So I think there is a tremendous potential to do here what we did for child abuse. Child exploitation enterprises are prohibited. So should be senior and elder exploitation enterprises, and that kind of effort which I'll be describing in greater detail at the end of the hearing.

I would welcome your ideas, your comments, your thoughts, your questions. And after that opening statement—I apologize for its length—I would like to invite Kathy Greenlee to testify.

She is an extraordinary professional. Before becoming Assistant Secretary in the Department of Health and Human Services and confirmed by the Senate in June of 2009, she was the Secretary of Aging for the State of Kansas. And in that capacity, she led a Cabinet-level agency with 192 full-time staff members and a total budget of $495 million. She has literally devoted her life to this subject, with tremendous results in Kansas and nationally. She is now the fourth Assistant Secretary in the Department of Health and Human Services, Assistant Secretary for Aging, and she has not only tremendous experience but also integrity and passion for the subject.

Thank you for being here, Secretary Greenlee.

STATEMENT OF KATHY GREENLEE, ASSISTANT SECRETARY FOR AGING, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Secretary GREENLEE. Thank you, Senator. Thank you for inviting me. It's not only nice to be here with you this morning in Hartford, but it was very nice to meet with you earlier this summer, and I think, hopefully, you can tell from our meeting that I share both your personal and professional commitment and passion to this particular issue.

I would also like to acknowledge the people sitting behind me even though I can't see them directly, the state leaders that are here, the advocates and the seniors themselves that are also critical to working with us all on this particular cause.

The Administration on Aging is dedicated to protecting the rights of older people and to preventing their abuse, neglect, and exploitation. Elder abuse is a substantial global public health and human

rights problem. The World Health Organization has declared that elder abuse is a violation of one of the most basic and fundamental human rights, to be safe and free from violence. Yet, in a recent study, 1 in 10 older Americans reported being abused or neglected in the past year, and many of them experienced different kinds of abuse.

Unfortunately, elder abuse appears to be on the rise. Available data from state adult protective services agencies show an increasing rate in the reporting of elder abuse. In spite of the accessibility of adult protective services in all 50 states, as well as mandatory reporting laws for elder abuse, an overwhelming number of cases of abuse, neglect, and exploitation go undetected and untreated each year. You mentioned the same statistic in your opening comment, that for every 1 case that is reported, or comes to the attention of law enforcement and other professionals, 13 others do not ever get public attention or professional attention.

These trends are particularly alarming considering what we know about the negative consequences of experiencing abuse. Older victims of even modest forms of abuse have up to 300 percent higher mortality and morbidity than a nonabused person. Victims of elder abuse have had significantly higher levels of psychological distress and lower perceived self-efficacy than older adults who have not been victimized. Older adults who are victims of violence have additional health care problems than other adults, including increased bone and joint problems, digestive problems, depression and anxiety, chronic pain, high blood pressure, and heart problems.

The direct medical costs associated with violent injuries to older adults are estimated to add over $5.3 billion to the nation's annual health expenditures, and the direct costs associated with elder financial exploitation were estimated to be $2.9 billion in 2009, an increase of 12 percent over 2008.

For nearly 40 years, the Administration on Aging has provided Federal leadership in elder justice programming designed to prevent and address elder abuse and their consequences. Over the last 20 years, in particular, AoA programs have taken a more active role in supporting first responders, those programs of adult protective service that are directly responding to cases of elder abuse. Over two-thirds of adult protective services programs at the state level are housed in a state unit on aging.

The National Adult Protective Services Association has been a partner with us, as I said, for 20 years. This has resulted in a number of projects and activities specifically targeted to enhance APS programs such as national training, core competency, and live Web seminars on emerging issues for adult protective services. In fact, the 2006 amendments to the Older Americans Act authorized states to use part of their Federal funding allotments for adult protective services, and many states report doing so.

Despite these efforts and the critical role of APS' first responders, programs across the country report many unmet needs. For each of the past two years, Senator, since I have been serving as Assistant Secretary, I hold a conference call with the states right after the beginning of a state legislative cycle. I have done this twice in a row to get all of the state directors to tell me the state of the states, what's happening to state budgets. I start with Med-

icaid because that is a significant problem. I talk about the supportive services that states provide in terms of additional funding for nutrition.

But in each of the last two years, probably the most scary and sobering number that I've gotten back from the states was their direct input to me with regard to APS, that as the states around the country are experiencing economic hardship, APS caseloads are going up, while many states are laying off or furloughing APS case workers. I have not heard of a state that treats an APS worker as an emergency worker, as you would law enforcement. So they are not exempt from furlough or layoff, just at a time when we have increased financial pressures on the states and increased problems with elder abuse, especially financial exploitation.

Also, what I know from talking to states and in my work in my home state of Kansas, we have a national problem with lack of consistent data both at the state level and the national level on case statistics or program outcomes, making it difficult to demonstrate how very important this program is to vulnerable adults and seniors.

In response, this administration continues to try to increase the effectiveness of elder justice and APS programs across the country. On July 1st of this year, the Administration on Aging published a program announcement to fund the first Federal Adult Protective Services Resource Center. This center will be dedicated exclusively to supporting APS programs with the purpose of enhancing and improving the consistency and quality of APS programs. The center will be funded with $200,000 a year for up to three years, and we will begin our operation by the end of next month.

In addition, the President's 2012 budget includes a request for $50 million for APS demonstration grants to the Administration on Aging to help implement the Elder Justice Act. This would be the first-ever Federal request for dedicated funding for adult protective services. The President's 2012 budget also recommends an increase of $5 million for the Long-Term Care Ombudsman Program, critical partners, and I think most of us understand that the reason we have the ombudsman program was in response to abuses taking place in nursing homes in this country in the 1970s. Their mission with regard to adult abuse is paramount to their particular charge.

The President's budget also recommends $1.5 million to begin addressing elder abuse in Indian Country. We are looking forward to making a grant announcement soon about looking at elder abuse in Indian Country from a way that is culturally competent to address the issues with Native Americans in a way that works for them and their particular culture so that we can work on APS in all settings.

It's important to note that elder rights programs are but one of a larger component of other formal and informal supports authorized by the Older Americans Act that help older individuals maintain their health and independence. The Older Americans Act programs remain one of the most important home- and community-based services programs that we have for seniors in this country. Older Americans Act programs are efficient, and they help build system capacity.

I'm committed to working with you, with other members of the Special Committee on Aging, as well as the HELP Committee to work on reauthorizing the Older Americans Act as a critical anchor for all of the services that we need for seniors. I also look forward to working with you on this particular issue.

I am committed to working on promoting the dignity and independence and health of seniors, and there is nothing that underpins that more than helping someone live a life free of abuse of any sort. I look forward to your ideas and more opportunities to work with you as we both return to Washington. Thank you very much.

[The prepared statement of Kathy Greenlee appears in the Appendix on page 40.]

Senator BLUMENTHAL. Great. Thank you so much. I have some questions which are designed to draw on your experience not only in the Federal Government but as a state official who knows firsthand and brings this passion and commitment to addressing this problem.

I wonder if you could tell us a little bit about why you think it is so underreported. Is it because family members are often involved? Is it simply that it's difficult to detect? If you could, perhaps expand a bit on that subject.

Secretary GREENLEE. I don't think there's one answer to why it's so underreported. I think one of the complexities of elder abuse is that it doesn't fit neatly into any one category, and you can thread it out to multiple things like financial exploitation; self-neglect, which we don't see with younger populations when we talk about abuse; physical abuse; and late-life domestic violence. The problem that we have is that we have not been able to isolate and look specifically at elder abuse as a social movement and work with seniors in settings where they live.

I know from working in the area of mental health, for example, that seniors won't come to a mental health clinic or service. We must go to the primary care physicians. I think what's lacking is the ability to embed in other systems where seniors naturally occur, the opportunity to screen and provide services and training and law enforcement in a variety of settings.

That's why you see in communities like the triad approach where you've got multiple types of professionals who are intervening, because you will see this in a church setting, you'll see this in a doctor's office, you'll get a call from law enforcement occasionally, or it will be unseen.

I am passionate also in talking about family caregivers because 80 percent of the long-term care that we have in this country for people comes from the family, and that's a core component of our long-term care system. But unfortunately, when you talk about caregivers, you also have to talk about elder abuse. So I think family caregivers are also a new partner at the table that we must work with to make sure that caregivers provide support, that we can provide intervention with caregivers, and also understand as a society that when someone receives care from an individual, they are tremendously vulnerable, and we must have other supports in place to help protect them.

Senator BLUMENTHAL. "Vulnerable" I think is exactly the right word. When a family member is involved, the problems of detection

and apprehension may be even more difficult. So I wonder if you've thought at all about ways that that kind of problem can be detected.

Secretary GREENLEE. Senator, I will give you my personal ideas. I have not had the opportunity to move forward on those at all. I have experience working in the field of domestic violence in the 1980s, and at that point, working with law enforcement, we were encouraging law enforcement to interview the victim and the alleged perpetrator separately so that we could get honest information from the victim.

I would like to, in the area of elder abuse and caregivers, reach out to the medical community to talk specifically to doctors and nurses and others who see seniors and encourage them to examine seniors physically and emotionally by themselves, outside of the presence of a caregiver, perhaps with the caregiver because we often need the caregiver, but to understand that just because someone has dementia doesn't mean we should automatically shift all of the conversation to the caregiver and leave the senior out of the conversation.

Those are my ideas about protocols that we could look to so that we have the professionals who can help us do the screening and help us identify if someone is being abused.

Senator BLUMENTHAL. Would you be in favor of expanding the mandatory reporting features of the current law, analogizing it to some of the child abuse protections that we have where school officials or nurses or doctors are actually required to report? Would you similarly expand the Federal mandatory reporting?

Secretary GREENLEE. I think so, but I'd want to take a look at it. There is an issue with elders that's different than with children, and that's the fact that they are adults and they have the right for autonomy and self-determination, and that always underpins any sort of discussion about whether it's appropriate to intervene on their behalf against their wishes.

So there are some policy issues there that are complicated, but also a law enforcement role that's critical. Finding that balance and being able to respect the independence of the seniors is important. So I'd be willing to be at the table as we work through those kinds of questions.

Senator BLUMENTHAL. Well, I think that's an important area to consider.

You mentioned very appropriately the fact that workers in adult protective services and similar kinds of state agencies are not given the emergency status or may not receive the kind of priority that other law enforcement officials do. And I wonder whether there are some states that do provide that kind of status.

Secretary GREENLEE. Senator, I don't know because I've not polled all of the states. Based on my personal experience in Kansas with APS workers, I was not running the APS program, but I know that they were not exempted or considered to be law enforcement-type first responders. Certainly in the national call that I've had with states, we ask about this specifically, and I have not had a state identify that they're treated separately. There may be some that are, but certainly I have been alerted to this concern of grow-

ing case loads, decreasing staff members and the severe budget crisis that states are facing.

Senator BLUMENTHAL. And I wonder if you could talk a little bit about the Older Americans Act and why it's so important to reauthorize that bill in light of the comments that you've made already.

Secretary GREENLEE. The Older Americans Act was passed in 1965 as a part of three laws that are critical to seniors and their health and longevity, Medicare and Medicaid being the two that are larger certainly. The Older Americans Act was passed to provide preventive services for seniors, to provide supportive services to seniors who are vulnerable and at-risk, to help them stay healthy and independent in their homes, to avoid worse outcomes if they stay at home and they don't have support, or avoid needing to move to a nursing home.

That need for seniors has not decreased. In fact, we have the same commitment and the same desire voiced by seniors, with increasing numbers needing those supports.

I think it's important we provide good programs, we have good outcomes. But having a meal, having in-home supports, transportation to the doctor, ombudsman services, preventive health services, these are critical components of helping very at-risk seniors remain independent and healthy. We have wonderful programs, good best practices, and this is a good time to talk about what we can do in this country in a positive, bipartisan way for our seniors to help them retain their dignity and longevity in the community. It's a very, very good program.

Senator BLUMENTHAL. When you think about the elder abuse problem and reauthorizing the Older Americans Act or providing the kind of resources that you suggested, in a way reducing the cost of elder abuse in terms of injury that requires hospital care sometimes but certainly medical care almost always, and other kinds of costs that may be more difficult to quantify, it's really very cost effective to reauthorize the Older Americans Act and take stronger action to prevent this kind of abuse.

Secretary GREENLEE. I'm glad you put both of those together in your question. I think it's important to look at the services that we provide and be able to quantify the savings to the medical system or to the Medicaid system. That's valuable for Federal and state governments to be able to demonstrate that this is cost effective and efficient.

It's also the right thing to do for people. I personally believe that especially when you're talking about elder abuse and some of these basic services, that that's the role of government, to provide a protective level to help people, and I think that's equally important as we talk about elder abuse.

The Older Americans Act has a long history of working in this field of elder abuse and elder justice. The passage of the Elder Justice Act as a part of the Affordable Care Act gives us new mechanisms to move forward. That's why I was so excited about the President's budget recommendation to provide the first dedicated Federal funding for adult protective services so that we can use our background, our expertise, and move forward with APS.

As I mentioned, two-thirds of the state units on aging run both. I know Ms. Giannini is going to talk today, because she's in charge

of both programs here. And in the states that run both, they will tell you that critical tools for an adult protective service worker are Older Americans Act programs that they can offer to help someone get out of a situation of abuse and maintain their independence.

Senator BLUMENTHAL. I wonder if you could talk a little bit about the resource center idea, because for many of us here it may be a new concept, and what it would do, how it would impact this problem.

Secretary GREENLEE. I talked a lot in my testimony about adult protective services. That is a government-supported intervention for elder abuse that fits in the confines of a much broader topic, a much broader conversation. We want to support a National Center on Elder Abuse that considers all settings, much like you and I were discussing, with doctors and other professionals, but also have the expertise to work directly with APS to provide assistance for them on training, and to look at what sort of data we need to be gathering.

As I talk to APS workers and have gone to the APS conference, I often hear that the fractured nature of the state-by-state system makes it difficult to identify best practices and training. I think the role of the Federal Government can be to pull this up and distribute it back out so that all states can benefit from the good practices of other states and help them share among themselves as we look for new opportunities to continue to expand our support for them.

Senator BLUMENTHAL. And a number of states actually like Connecticut have enhanced penalties punishing elder abuse. I know it's not a new construct to you, but I wonder what you would think about adapting it to the Federal Government.

Secretary GREENLEE. You know, Senator, you're asking me about law enforcement and criminal questions, which I really cannot——

Senator BLUMENTHAL. It's unfair.

Secretary GREENLEE [continuing]. Well, I cannot respond to that issue. But I would like to work with the Department of Justice in any venue and sit at the table and talk about what that would mean if penalties were enhanced. Anything we can do to increase the support for law enforcement I believe we should do, whether that's the police, an investigating body, or the prosecutor. I'm quite willing to help and look at those partnerships.

Senator BLUMENTHAL. You know, so many of these problems are related, if only because some of the people who commit these crimes may have committed other kinds of crimes that also prey on vulnerable people. The people who prey on seniors may be the same people who prey on children. And so enhancing the penalties for crimes against children may be very appropriate for people who prey on seniors. And I think that, again, the Adam Walsh Act, where we have enhanced at the Federal level the penalties for crimes committed against children, provides a useful model for how we can avoid some of the constitutional problems but still provide really tough, effective penalties at the Federal level that in turn can influence what happens at the state level.

You know, we have with us today a conservator for Buddy Harkness, who was the victim of some horrific abuse, and yet the person who committed that crime is serving only a 14-year sen-

tence, which, in my view, knowing the facts as a one-time prosecutor, it's certainly less than I think a lot of folks would think was merited. So I think that the more we can impact the awareness and the kind of attention that's given to this problem, as you're doing today, as you've done for a long time, is very, very important.

Secretary GREENLEE. Senator, I agree with you. I think that the penalty needs to reflect the seriousness of the crime. It shouldn't be excused in some way or overlooked because the person is old.

I also believe that when we talk about law enforcement, that we have to deal with the very complicated issue of families because that's what you and I both have been talking about this morning. We need to make it very clear to families that these are criminal behaviors, that it's not okay to spend your loved one's money or to take advantage of them, and that they will be treated as criminals and prosecuted as appropriate, that this is something, not necessarily a crime of strangers or acquaintances but a very personal crime of families, and that becomes more heartbreaking but also more complicated to resolve, I think.

Senator BLUMENTHAL. And I think your reaching out to prosecutors is very important because it really has to be a multidisciplinary effort, which I know you're encouraging to be done.

Secretary GREENLEE. Yes.

Senator BLUMENTHAL. You mentioned in your testimony the idea of a national plan, which suggests that you're working on even more in terms of what HHS will do, and I'd like to give you the opportunity to expand on that.

Secretary GREENLEE. Senator, I was just very excited that the Elder Justice Act passed as a part of the Affordable Care Act, and my excitement was tempered by the fact that it was passed without an appropriation. The states do get some money federally to deal with adult protective services, but it's a state-by-state decision based on how they spend their Social Services Block Grant.

The goal of the Elder Justice Act was to provide dedicated funding to make sure that we have the resources in every state. The President's budget recommendation for 2012 was a down payment of a way for us to get started on implementing the Elder Justice Act by providing demonstration grants. I'm committed to continuing to work on that issue, to bring it to the attention of the administration, to work with the advocates. There were some major victories in passing this law, and I hope to see them realized.

Senator BLUMENTHAL. My hope is that this Congress will also reauthorize the Violence Against Women Act. I think we need to do that, which again is related to elder abuse. So perhaps you'd like to comment from your experience. I know in my experience and from what I've read, women are more likely actually than men to be victims of elder abuse. Would you agree, or not?

Secretary GREENLEE. There were two murders last week in Washington, D.C. of elders, a woman who was 91 who was killed by her husband who was 20 years younger—this is a domestic violence situation—and a woman who was killed allegedly—I mean, these are investigations at this point—by a neighbor who was a teen.

So we have domestic violence going up, we have acquaintances taking advantage of seniors, and we have strangers who are perpe-

trating violence. We have seniors who are sexually assaulted. We must work with the two major movements, both domestic violence and sexual assault, to make sure that those movements recognize and serve the growing number of seniors who are victims. We have increasing numbers of seniors coming with the aging of the baby boom, and those domestic violence and sexual assault services are critical and very supportive.

I know the Vice President has been someone who has been a champion especially of the Violence Against Women Act. I think he was one of the primary sponsors of that law. So I'm also looking forward to being able to work with the Vice President's Office to bring attention to elder abuse. It's the third version of a very significant problem that we all need to address.

Senator BLUMENTHAL. Well, I think your discussion today has been enormously helpful, and I really want to say how much I am looking forward to continuing this work with you, and I know that Senator Kohl as chairman of the committee is absolutely committed to it. He's very enthusiastic about you being here today and about this hearing. So I want to congratulate you and Secretary Sebelius for the great work that you've been doing, and again thank you for being here today. If you have anything you'd like to say in closing, I would welcome it.

Secretary GREENLEE. I had mentioned the support of the President in the budget, the Vice President with the Violence Against Women Act, but I appreciate you bringing up the Secretary. As most people know, I've had the privilege of working with Kathleen Sebelius for 16 years, so I have many titles with her—commissioner, governor, secretary. She and I have worked well together for a long time, and she knows of my commitment. And I likewise know of hers, that these issues of abuse are important to her. She's always been very supportive of this work, and I look forward to generating every idea we can think of so that I can take those ideas to her and find other ways for HHS to be supportive.

Senator BLUMENTHAL. I hope this message reaches the supercommittee that's been established by the Congress to propose solutions to the debt and the deficit, and as much as I am in favor of reducing unnecessary and wasteful government spending, and we have to reduce the deficit, we have to reign in the debt, I think we need to do it in smart ways that are also cost-effective in preventing additional spending and cost, which stopping elder abuse clearly does.

And so I hope that your message will reach the Congress even before we come back and before the plan is submitted in November, and anything I can do to help you in that way I'd be happy to do.

Secretary GREENLEE. Thank you. Let's hope it reaches the supercommittee in a good way and not a bad way.

Senator BLUMENTHAL. Right.

Secretary GREENLEE. Yes. Thank you, Senator.

Senator BLUMENTHAL. Well, thank you so much for being here.

Secretary GREENLEE. Thank you.

Senator BLUMENTHAL. We are going to go to the second panel.

[Applause.]

And I'll invite them to come forward.

[Pause.]

Let me—I think since the space is limited here, maybe what we can do is take two and then the remaining three members of the panel separately.

So let me first welcome, and I really mean welcome, Robert Matatva, who is a resident of Unionville, where he moved in 1928. He served in the United States Marine Corps during World War II, joined after Pearl Harbor, was stationed in Guadalcanal, and then fought in the South Pacific, and with good reason is a member of the Iwo Jima Association, Survivors Association. He married Elizabeth Bette Deegan in May of 1946. They had four children, and he started the Edward Motor Service in Unionville, Connecticut, in 1948. So he's been a resident of Connecticut for a long time, although he lived for a while in Florida, a veteran who fought with tremendous courage and distinction in World War II and truly deserves to be called one of the members of the Greatest Generation.

Thank you for being here, Mr. Matatva.

And we are also going to hear from Sandra Timmermann, who is Assistant Vice President at MetLife and Executive Director of MetLife Mature Market Institute. She's a nationally recognized gerontologist with over 25 years experience in the field of aging. Before joining MetLife she held senior staff positions with several national aging organizations, including the American Society on Aging, AARP, and SeniorNet, and earlier in her career she worked for various corporate clients as an account supervisor and in public relations and marketing. She's now responsible for research, education, and consulting on aging at MetLife and its business partners, and she has a B.A. degree from the University of Colorado, and she has an M.A. and a doctorate in education degree from Columbia University.

Thank you both for being here. And why don't we begin, Mr. Matatva, with your testimony, if you would be kind enough.

STATEMENT OF ROBERT MATATVA, CONNECTICUT RESIDENT AND ELDER ABUSE SURVIVOR

Mr. MATATVA. Good morning. My name is Robert Matatva, and I'm from the great Connecticut town of Unionville, the town where I grew up, started a business, built a home, and raised a family. This is a state and a country that I love, and I'm the one who served with honor and dignity as a World War II veteran.

I come to you to testify as a proud survivor. I survived World War II, serving in the 3rd Marine Division in the South Pacific. I survived a gunshot wound in the back which left me 87 percent disabled and made me a Purple Heart veteran. I survived the loss of my kid brother at the Battle of Iwo Jima. I survived losing the love of my life, my soul mate, my wife, of cancer at a young age. I survived being diagnosed with cancer myself on two separate occasions. I share this with you because I am proud that I have always been a fighter, a survivor who could handle whatever situation may come my way no matter how big or troubling that problem may be.

But today, I join you to share my story as a survivor of elder abuse. This is a story that is much harder in so many ways for me to share with you because I was victimized at the hands of some-

one I loved. I served my country with pride and love, and I have tried to serve my family the same way. But in all the 90 years, I could never have prepared for the hardship that I would be put through by a member of my family, a person that I once trusted, loved, and called him my son.

He is the reason I am here today to share with you my story of survival and stand up for all those who have been victimized and for those that are still being victimized at the hands of those they know and trust. My son did to me what the flood of the Farmington River failed to do in 1955 when it threatened to take away my business. After that flood I developed a motto, "washed out but not washed up." My motto stayed true for all the years that followed the flood in 1955 until my son, who worked for me in my business since he was a kid and whom I trusted and loved, washed it all away without me even knowing it.

But my story starts in much simpler times, before this hearing, before my business, properties, and home were withheld or destroyed. It starts here in Connecticut after the war when I returned home from the South Pacific. I came home to a country I had fought for and was unable to get my job back because of my disabilities. I refused to become a victim. I decided I would start my own business, and in 1948 I opened up an auto repair business in Unionville. I named the business Edward Motor Service after my kid brother Eddie, who was killed on Iwo Jima.

After starting my business, I then built a home for me and my late wife Bette to start a family in. I built this dream house for us with my own hands. I built the whole house by myself. In that home we raised our four children, one who years later would take away all that I worked for, a business and a beautiful home at the lake, summer home, and a home included.

In my later years I left the business, Edward Motor Service, and my properties here in Connecticut to my son John, and I went to Florida. My son John told me that he would watch the business, my properties and my finances in trust for me. I never wrote anything down, demanded I have my own attorney or anything. He told me there was no need. It was a good faith arrangement, and the paperwork he was giving me to sign would be just a formality, and he would only look after things until I returned.

I signed my estate over to my son, all my finances, because I trusted him. I had no mortgages or anything on anything that I owned.

In 2010, 26 years after my wife Bette had died of cancer, and just a few years after I myself was diagnosed with cancer for the second time, I returned home to Connecticut from Florida. I returned home to spend my remaining years with my family and loved ones. I had planned on living out my remaining years at the home where Bette and I started our family and shared so many memories.

However, when I arrived at my home, my son refused to let me in. He told me if I wanted my house back, I'd better get a good lawyer. He then began and demanded I pay him $1,000 a month if I wanted to live there. I was heartbroken. I was shocked to find that he had developed the back parts of my property as two-family houses without my knowledge. Strangers had more access to my

property and home than I did. I learned that he had also done what the flood of Farmington had failed to do. I felt washed up.

I had fought all my life to make a better country, state, and town for my kids to grow up and start their own families in. I trusted my children, as any father would. I'm lucky to have three wonderful children, Robert, Patricia, and Mary-Jo, who are with me today here. They have made me proud and have been taking care of me. However, their brother, my son, failed me and hurt me in a way that no amount of words or testimony could appropriately describe and do justice.

I gave him everything I had worked so hard for. My other three children did not ask or expect anything, any properties or any business from me, and what I gave him to take care of and preserve he took over ownership 100 percent. I have nothing left. He left me out in the cold and demanded I pay him or get a good lawyer if I wanted to stay in a home which I built with my own two hands and raised him in. He left me out in the cold. I never thought that I would be a victim. I never thought that my own son would turn me into a victim of abuse. However, as I testify today, I'd like to think that I am doing so as a survivor.

While this situation is not resolved, I have not given up. I will not give up. If today's hearing helps one person in a familiar situation and helps another to prevent this from happening to them, I'll be happy and proud. I will have survived this horrible experience and all of us will have won a great victory. Thank you.

[Applause.]

[The prepared statement of Robert Matatva appears in the Appendix on page 51.]

Senator BLUMENTHAL. Thank you, Mr. Matatva. Thank you.

I have some questions for you, but I'm going to ask that Sandra Timmermann give her testimony before I go ahead.

STATEMENT OF SANDRA TIMMERMANN, Ed.D., ASSISTANT VICE PRESIDENT AND DIRECTOR, METLIFE MATURE MARKET INSTITUTE

Dr. TIMMERMANN. Thank you very much, Senator. I'm very pleased to be here today, and I compliment the committee for focusing on elder abuse.

And in addition, I'm a constituent and a representative of a constituent employer, so I want to thank you for your long history in addressing this topic in our state.

And then I also want to thank Mr. Matatva for putting a human face on what I'm going to talk about, which is a study that we conducted on financial abuse. So I thank you very much for sharing your story.

Mr. MATATVA. Thank you very much.

Dr. TIMMERMANN. The Mature Market Institute of MetLife is a research and education entity within the company, and we share a similar goal with the committee to create greater public awareness of the extent of the problem and steps that families, the community, and policymakers can take to tackle it.

This morning I would like to highlight a national study that we recently released on elder financial abuse, and then offer some suggestions for older people and family members to help prevent it.

The main finding from the research was startling, and actually you referred to it earlier in your opening remarks, and that is that the annual financial loss by victims is estimated to be at least $2.9 billion, and that was a 12 percent increase from the $2.6 billion we estimated in 2008.

These two studies were really the first to assign a dollar value to the financial impact of elder abuse, and we think it's just the tip of the iceberg because, as you know, it's very difficult to document these kinds of figures. And in the case of financial elder abuse, we estimate that four out of five cases go unreported, so it's even a higher report situation.

We also found that 51 percent of the perpetrators were strangers, and this would be people like home repairmen, telephone solicitors, or maybe common criminals who see an elder in a shopping mall or something of that sort. Thirty-four percent were family members—that applies to something that Mr. Matatva spoke about—or were friends, neighbors, and caregivers, people that the victim trusts. And 12 percent were business professionals, including nursing home operators.

You mentioned earlier about the profile of the victims in your remarks. We found that the average victim in our analysis is a woman in her 80s living alone, exhibiting visible signs of cognitive or physical impairment, and requiring some type of assistance, yet still trying to be independent. These are all conditions that give the perpetrator a good opportunity to strike.

We know that elder abuse can affect people of all walks of life, but I think the greatest impact is on those who have limited incomes, and then they find themselves wiped out of their savings. You put a good story forward for us, but I also wanted to talk about a few other cases that we analyzed for the study as an example of putting another human face on what we found, and I'll just read a few of these off. I think they're quite interesting.

Two water purification salesmen were arrested for taking more than $37,000 from an 88-year-old woman for filtration equipment valued at no more than a few hundred dollars.

A 29-year-old woman pleaded guilty to stealing more than $100,000 from two disabled people. She married one of her victims, a 64-year-old man who suffered from mental and physical handicaps, and took more than $50,000 from his bank accounts. She also cashed checks worth $60,000 from a 90-year-old dementia patient.

An 85-year-old woman received a phone call from her granddaughter saying that she was out of the country and needed money to get home, and it turns out it wasn't her granddaughter at all and she'd wired money to a con artist.

Two nursing home operators left over 300 residents without basic necessities such as food and medicine as they attempted to defraud Medicare and Medicaid for over $30 million.

Policy interventions are important, and we're gratified that you're addressing those. There are also some preventive measures that can be taken by older people themselves and family members. For example, we recommend that people make it a point to carefully monitor their financial affairs. They should check credit card and bank statements regularly, use direct deposit to prevent mail theft, and not let anybody sign checks on their behalf.

For telephone scams, we suggest using an answering machine and caller I.D. to screen the calls and then sign up for the National Do Not Call Registry, and of course put legal documents and important papers in a secure location, and consider the benefits of a durable power of attorney so that a trusted individual can make financial decisions if needed.

And, of course, family members have a role to play as well, although we do know so many family members are the perpetrators. But many caring family members are not aware that their loved one has been financially mistreated. So it's really important to be on the lookout for signs of abuse. Things like changes in mood or appearance may suggest abuse. Other signs are hesitation in speaking openly, anxiety, changes in sleeping and eating patterns, that sort of thing.

One's decreased ability to manage financial matters is often an early sign of dementia, so observing changes in managing daily activities, paying bills, losing papers, forgetting appointments are red flags that families should be aware of and might call for a cognitive evaluation.

Tip sheets on preventing elder financial abuse, as well as the full MetLife Elder Financial Abuse study, conducted with the National Committee for the Prevention of Elder Abuse, our website. They can be downloaded from www.maturemarketinstitute.com.

In conclusion, elder financial abuse can decimate incomes and assets, both great and small, can fracture families, and cause premature institutionalization. And despite the growing public awareness stemming from high-profile financial abuse cases—Mickey Rooney and the philanthropist Brooke Astor are examples—it still remains underreported, underrecognized, and underprosecuted.

Thanks again for sponsoring the hearing. It takes a really important step in calling attention to the problem.

[The prepared statement of Sandra Timmermann appears in the Appendix on page 53.]

Senator BLUMENTHAL. Thank you very much. Thank you to both of you. I have some questions, and I would invite folks who want to submit other questions to do so in writing, and we'll collect them from you if you just raise your hand.

I'm going to begin with you, Mr. Matatva. You used a very important word in your testimony, "trust." I gather that there were no indications that you could not trust one of your children.

Mr. MATATVA. Well, originally I was informed by a family attorney that what I was doing was to protect my other children from taxes when I died, and I said, well, what if I want to come back? He advised me that no matter what——

Senator BLUMENTHAL. By the way, I don't want you to talk too much about what lawyers told you because——

Mr. MATATVA. No, no.

Senator BLUMENTHAL [continuing]. I don't want to impact what may be occurring in your life so far as your legal status is concerned.

Mr. MATATVA. No. I just want to say that I was victimized and didn't realize what I was doing. It was a very bad mistake, and as I said, it took me my 90 years to realize that you can be taken today. You have to be very careful, be very careful with anything

that you do, or don't sign anything until you get a lot of respect and talk from people that know or can help you out.

Senator BLUMENTHAL. So sometimes it helps to seek counsel from a professional before you——

Mr. MATATVA. That's right.

Senator BLUMENTHAL [continuing]. Sign something when you're dealing with a family member.

Mr. MATATVA. That's for sure.

Senator BLUMENTHAL. Well, that's where I'm going because I know that you have very strong support, as you mentioned earlier, from other family members who, by the way, are here today. Three of your children are here today in support of what you're doing, and without belaboring the obvious, your courage and strength and fortitude in coming forward today is really remarkable because it sends a message to others who may be victims that they should come forward as well and seek help.

Mr. MATATVA. Well, that's what my reason for being here is, to try to prevent someone else from the same thing happening to them that just has happened to me. And as I say, if we do save one or two people, we have a victory.

Senator BLUMENTHAL. And your family helped you when——

Mr. MATATVA. They helped me. They certainly helped me 100 percent, and that's why they're here today. They're here today to help me. And as I told you, I don't have that many more years left. I've got to try to get this thing resolved so that the rest of my family can benefit a little from all my hard work. And I thank you very much for inviting me.

Senator BLUMENTHAL. Well, I will be very blunt, which is that a lot of people would not want what they might see as the embarrassment, even though it shouldn't be, of coming forward and telling their story, or the public attention that might be entailed, and it takes a very big man, I mean not big in stature, big in character to do what you're doing today.

Mr. MATATVA. Thank you very much.

Senator BLUMENTHAL. Ms. Timmermann, I wonder if you could comment, because the MetLife study that—and, by the way, I recommend it very strongly—comment on the likelihood of women versus men being victims of elder abuse. We have obviously both women and men represented here today, and I think that the MetLife study, if I'm not mistaken, says that men are more likely to be the perpetrators. Sixty percent of the perpetrators are men. But women are more likely to be the victims, and if you could talk a little bit about that.

Dr. TIMMERMANN. Yes. We found that there were twice as many victims who were female as opposed to male, and of course part of it is longevity because women do live longer, and unfortunately it's likely that as you live longer, you do develop some chronic conditions. I thought what Secretary Greenlee mentioned was important too. So many of us want to be independent as long as possible and age in place. It's our life to live, and sometimes we want to be home even though there are some dangers around us. But many elders are in a very tenuous situation because they are showing some signs of vulnerability, yet they still are hanging on to their hope

that they can stay at home. Also many people were very trusting in the generation that I'm talking about are very trusting.

So when someone is coming to the house, particularly a woman who needs home repairs who might very well be a widow because, again, woman outlive men, a nice young man who wants to help with home repairs, or a nephew, I think the vulnerability shows because they do need help.

Senator BLUMENTHAL. One of the questions that really, I think, follows from that comment and is a question from Laura Snow, who is the program director of the Center for Elder Abuse Prevention at the Jewish Home for the Elderly, what role do you think financial institutions can and should play in the detection of these kinds of problems?

Dr. TIMMERMANN. I think that's very important and really one of the reasons that we were interested in the study as well, because financial professionals are interacting with older clients, and many of their clients have been with them for years and years, and they have the client relationship. If a client walks into the office of someone they've known for years and asks them to change the name of the beneficiary on their will or on some legal papers, the financial advisor is really on the front line.

And so there's no easy answer to that. They really do need to report it certainly to a compliance officer, to the manager of their agency, and then of course adult protective services. And we tried to help the advisors think about the ethical issues involved, because it's so important for them to respect the desires of their client without breaking the confidence. At the same time, you don't want to put someone in danger. So it is something we all care about in the field of financial services.

Senator BLUMENTHAL. What do you think about mandatory reporting requirements? It would not have helped Mr. Matatva because his transaction didn't go through a financial institution or other kind of service that might have reported the problem if they could have detected it. But financial institutions have access to checking accounts and other records that can reflect either sizeable or untoward kinds of use of money, and should they have some kind of mandatory reporting requirement or, for example, doctors or others who may see physical abuse?

Dr. TIMMERMANN. It seems to make sense in principle. I'm not a financial service advisor. I'm a researcher and educator and was brought into the company for that reason. So I'm not able to answer that definitively, but I really do feel that advisors need to be strongly encouraged at this point to do something, because if they don't, they're not only putting the client in danger but they're also endangering their practice, and I think it makes sense to me that we need to move forward in this direction.

Senator BLUMENTHAL. Do you think that institutions of the kind for which you work are doing enough? Should they do more? Can they do more?

Dr. TIMMERMANN. I think that the whole area of ethical behavior is very important in all the professions. Every company that wants to continue to operate ethically needs to have this high on their agenda. The reason we did the study was to call public attention to it—that's the role that my department plays—but we also want-

ed to make people within the company more aware of issues like this because as you have pointed out, this is the crime of the 21st century. People are not as aware of this as they should be.

Senator BLUMENTHAL. And do you have an explanation as to why financial exploitation seems to be underreported based on your experience and your study?

Dr. TIMMERMANN. I think it's hard to find dollar figures. I also think some of the things you mentioned about elders' embarrassment really have something to do with it. And then the amounts may seem small, but for many people the smaller amounts really impact their retirement security. Financial exploitation hasn't been addressed in the same way physical and emotional abuse, and I think as time goes on we'll see more and more reporting of the issue.

Senator BLUMENTHAL. One of the other questions that we had, actually again from Laura Snow, is related to the methods of your study, the methods of the MetLife study, which used a survey of newspapers and public reports. Do you think it accurately reflects the type of perpetrators that we discussed a little bit earlier?

Dr. TIMMERMANN. We've worked with the top researchers because in my department I don't have experts in every area. So for this study we worked with the National Committee to Prevent Elder Abuse, and that is a consortium of many organizations, as well as some academics from Virginia Tech and the University of Kentucky. And as we met about this, we thought how we were going to get a handle on monetary losses because on a state by state basis, it's very difficult to get these figures. The methodology is outlined in the study if people want to look into it. I know it sounds unusual, but it was our best way of beginning to chip into this, and we did our best to extrapolate the losses for a period of time and then analyze what this would mean on an annual basis.

We also looked on the holidays to see if there was an uptick in this type of activity based on the news analysis, and there was—mainly by strangers. They were incidental crimes that took place, robberies or burglaries. As we continue with this research—we'll do it every few years—we are working really hard to call attention to the issues so there will be more reporting of figures—and I hope other researchers will try to dig into this on a state by state basis as well.

Senator BLUMENTHAL. Was the uptick around the holiday time in—you mentioned thefts and robberies. Was it primarily home intrusions, or were they financial exploitation of other kinds?

Dr. TIMMERMANN. It included things that happened on the outside—in shopping malls, parking lots—as well as some home intrusions. I think, too, that family members who are long-distance caregivers come home at Christmas, and more aware at the time of what might have happened. If you're a long-distance caregiver and you're away for six months and come home for the holidays, realize something is happening, you may be more likely to report. So I'm hoping that journalists will also be tuned into this issue more than they have been and increase their coverage. That's what we were hoping as a secondary outcome.

Senator BLUMENTHAL. Great. Do we have any other questions from the audience?

[No response.]

I guess not.

Again, I want to thank both of you for being here today. Again, Mr. Matatva, thank you for your service to our nation and for being here today, and hopefully we can keep in touch with you. Contrary to what you mentioned a little while ago, you're around for a long, long time and eventually regain access to your home. And we'll be fighting for you and working with you in that endeavor as well. Thank you. Semper fidelis.

Mr. MATATVA. I want to thank you both for myself and my family.

Senator BLUMENTHAL. Thank you.

Mr. MATATVA. Thank you very much.

Senator BLUMENTHAL. Thank you.

[Applause.]

We have three more participants in today's hearing, and we're going to pull a chair up.

I mentioned earlier that we were joined by the co-chairman of the Aging Committee, Edith Prague, State Senator Edith Prague, who has been just a tremendous leader in this area and has really contributed enormously to the work of our state legislature. I've been very privileged to work with her, and anybody who has questions about elder abuse or any other subject affecting seniors, she is a resource. So catch her while she's here.

Senator PRAGUE. Thank you.

Senator BLUMENTHAL. I'm also grateful to Senator Kelly, who is here today. I've spent time with him. If you could, raise your hand. You may be less well known. Thank you for joining us.

Now I want to express my appreciation to the three next witnesses, and let me introduce them maybe not in the order that they're sitting, but I'll ask you to testify in this order.

First of all, Pam Giannini, who has been Director of the Bureau of Aging, Community and Social Workforce in the State Unit on Aging in the Connecticut Department of Social Services. That long title I think fails to do justice—I hope I got it right—to the enormous contribution that she has made over the 32 years that she's been in state government in various capacities, but all of them dealing with human beings and human welfare, and particularly our seniors. She's been responsible for elderly nutrition, caregiver support, Alzheimer's respite, legal service development, really in dealing with the management of all the Older Americans Act responsibilities and programs. She now has responsibility and has had responsibility over the years for many of those areas and brings tremendous experience and expertise to her testimony today.

I'd like to thank Neysa Guerino, who is at the Yale Management and Training Institute in New Haven. She is Executive Director of the Agency on Aging at South Central Connecticut, whose acronym is AASCC. I hope I got that right. She's responsible for that agency's $46 million budget, which employs about 150 people, and she oversees the implementation of Federally mandated programs, state and local requirements for fiscal program operation, and she represents AASCC as a liaison to state and local governments, as well as area planning groups and community initiatives.

She actually began with the organization in 1988 as the assistant director, and she was appointed executive director in 1998, and she has a variety of other community involvements with organizations and initiatives which are truly too lengthy to mention. But she is a graduate of the University of California, and she has a B.S., a Bachelor of Science in social work.

Finally, Mr. Bob Blancato, welcome to you again.

He is the president of Matz, Blancato and Associates, a full-time firm integrating strategic consulting, government affairs, advocacy services, and association and coalition management. And he is the national coordinator of the Elder Justice Coalition, which is a bipartisan, 650-member organization. He has had a long-time involvement in organizations that deal with the problems that we've been discussing today in the private sector, but he's also been former House staff member, House of Representatives, and spent 17 years on the House Select Committee on Aging staff. So he, too, brings a wealth of experience. He's received many awards for his work, including the Arthur Flemming Award and Advocate of the Year Award from the Older Women's League.

Welcome to all three of you. And why don't we begin with you, Ms. Giannini?

STATEMENT OF PAM GIANNINI, DIRECTOR, BUREAU OF AGING, COMMUNITY AND SOCIAL WORK SERVICES

Ms. GIANNINI. Good morning, Senator Blumenthal.

Senator BLUMENTHAL. It's still morning.

Ms. GIANNINI. I know. I just checked to see. It was still morning.

I want to thank you for inviting us all here today to talk about this very important topic. It's been a large percentage of my career that I've spent on protective services for the elderly. One of my past experiences was as the coordinator of protective services for the entire State of Connecticut and wrote the first, with the assistance of staff, the first training manual for protective services in the State of Connecticut.

So I am absolutely thrilled that you have placed a spotlight on this issue, not only for the State of Connecticut but nationally, and I hope that you will be able to bring the information from Connecticut back to your committee and share it with those that will make some great decisions about how we can move forward with this program because we need your help. Even though we have some good work being done on the ground right now, we can always build upon that and make it much better.

I'd like to start my presentation this morning by just providing an overview of the Protective Services for the Elderly program here in Connecticut. Protective Services for the Elderly was established in 1978 in Connecticut, and it's in the General Statutes at 17b-450. Since the beginning, the protective services program has served elders over the age of 60. Our program activities include investigation of situations of abuse, neglect, abandonment and exploitation, and facilitating related crisis intervention and stabilization.

The Protective Services Program for the Elderly seeks to help vulnerable elders to prevent injury, maintain health, and preserve legal rights. Within that context, the program espouses values that respect the elders' rights to self-determination, dignity, confiden-

tiality, and independence. This includes the right of competent elders to refuse services and make their own decisions. Service interventions are meant to support elders in the least restrictive environment, facilitate informed decision-making, and utilize family and community resources. The program in Connecticut is termed a short-term crisis intervention and stabilization program.

And while most PSE services are provided to elders living in the community, social work staff also conduct investigations in long-term care facilities.

Our philosophy in Connecticut about protective services is that it's solution focused and places resources on partnering with the elder to ameliorate the circumstances that have brought them to Protective Services for the Elderly. There is less emphasis on determining culpability. However, when circumstances rise to the level that requires legal recourse against alleged perpetrators, law enforcement is contacted for further investigation and potential prosecution.

You referred in your opening comments to some statistics about protective services in Connecticut and the number of confirmed cases of abuse. We in Connecticut look towards—you know, we had allegations this past year of 4,600 cases. Of those, about 3,600 were investigated as being termed in need of protective services. But we don't use the term as other states do regarding substantiation, and therefore that's how we get into that data reporting issue that Assistant Secretary Greenlee talked about. We're not comparing apples to apples and oranges to oranges here.

So we need some kind of consistency nationally about how we do our reporting and how we collect that reporting; and, of course, there's always a cost associated with that, and that's what we have to recognize.

We have specific definitions of elder abuse here in Connecticut by statute. The definitions include abuse, which is the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caretaker of services which are necessary to maintain physical and mental health of an elderly person.

Neglect refers to an elderly person who is either living alone or not able to provide the services which are necessary to maintain physical and mental health for himself or herself, considered self-neglect, or who is living with a responsible caretaker and is not receiving such necessary services from the responsible caretaker.

And exploitation, which we heard about this morning from Mr. Matatva, refers to the act of or process of taking advantage of an elderly person by another person or caretaker whether for monetary, personal, or other benefit, gain, or profit.

And abandonment is just that, when someone leaves an older person without any recourse, where they desert them or willfully forsake an elderly person by their caretaker or person that is supposed to be responsible for them.

Connecticut's—the process here in Connecticut is that we receive reports both written and verbal from any person who believes an elder is being abused, neglected, or exploited. Upon receiving such a report, the Department is mandated by the Connecticut General Statutes to investigate that allegation. Initiation of an investigation must occur within 24 hours to 5 days, depending on the sever-

ity of the allegation. The investigation includes meeting with the elder, investigating the complaint, and ultimately working with and advocating for the elder to help them to achieve their desired outcomes. Social workers must simultaneously assess the elder's need for assistance, the immediacy of the need, the availability of the resources to assist the elder, and the ability and willingness of the elder to accept assistance.

This past year, as I said, we had 4,607 referrals of alleged abuse in all the various categories, which include emotional abuse, exploitation, neglect, physical abuse, self-neglect, and sexual abuse. We feel that that is only the tip of the iceberg in Connecticut, just as all the other statistics show. Probably there are 10 times that many people that need these services that have gone unreported to our department.

Staffing within the State of Connecticut is relatively limited. PSE investigations are conducted by 81 generalist social workers in the Department of Social Services through the regional offices. These direct service staff also provide support in other programs, including the Personal Care Assistance and Acquired Brain Injury Medicaid Waivers, and Individual and Family Services, the Conservator of Person Program Services, and other programs for persons with disabilities.

So in Connecticut, we do not have staff that are specifically dedicated to Protective Services for the Elderly. They are generalist providers, and so they have to balance the different cases that they have and their case loads depending on the priority of those cases.

I want to talk a little bit about the budget for Protective Services for the Elderly and our expenditures. The PSE budget, exclusive of our staff costs, is a little under $250,000 a year. That's not very much funds to provide direct services to this very vulnerable population.

The services we provide are supportive in-home and community-based services such as homemaker, companion, home health, major cleaning and chore services, medical care if someone does not have medical coverage for a short period of time, emergency housing, and legal assistance.

It should be understood that the social work staff associated with the provision of these services is funded by the State of Connecticut. No Federal funds are utilized to support these positions.

My quick calculation is that for those 81 staff people that work partially for this program and their supervisors and management, it's close to $5.5 million.

It's important to note here in Connecticut that there is a vital role that's played by the Connecticut Homecare Program for Elders. It's available and state funded and Medicaid Waiver option. It helps in supporting elders age 65 and older to get needed supports. It serves as a preventive measure because staff are often able to identify problems at the onset, negating the need for a PSE intervention. Moreover, the program is there as a frequent solution for issues of neglect and allows elders to receive support from caregivers that are not abusive or exploitive.

So if Protective Services goes into someone's home and finds a self-neglecting situation, or someone just doesn't know about the services that are available and they're willing to accept services,

our social workers work to get them eligible for the Connecticut Homecare Program for Elders and services are provided, and they're kept safe in their own home.

Connecticut's Protective Service Program would be unable to successfully assist these vulnerable elders if it were not for the support and services provided through many of our partners. These include the access agencies; municipal social services and senior centers; health care providers such as homecare agencies, hospitals and community health centers; domestic violence service providers; the Department of Public Health; the Area Agencies on Aging; companion and homemaker providers; law enforcement, and all our other legal partners.

One of the questions you had asked prior to us coming to this hearing is how could the Federal Government help, and we have many suggestions. You can continue, the Federal Government can continue by doing the good work that has begun and by advocating for the following. We need an infrastructure that provides a Federal home for adult protective services and supports the efforts of protective services through additional funding for prevention, education, outreach, and staffing needs. I must caution you, we do not need any more unfunded Federal mandates. We do need your assistance for some funding in support of what has passed in the Elder Justice Act and appropriate dollars for those things.

We need support for Federal guidance on the development of program standards. Standards for nationwide operation of such a program need to be developed and enforced. As you can see, Connecticut's program only serves people over the age of 60. Other states have APS, adult protective services, for people over the age of 18. In Connecticut, we just have protective services for our elders.

We would like access to funding through Federal formula grants based on state population size, age of population, and number of persons with disabilities.

We would like to strengthen our connection with law enforcement and coordinate much better. A mandate that firms up the relationship between protective services and the excellent work done by law enforcement at the local level would be very helpful to us. Stronger education and action on crimes against the elderly and those with disabilities is also needed. And Connecticut's work with the Chief State's Attorney needs to be built upon to assist local law enforcement in answering the ever-growing needs of this population.

I'd also—Connecticut has a very vibrant TRIAD program, and you have been instrumental when you were here as the Attorney General in support of that, and we would like to continue that collaboration and expand it where we have community partners, the police and local businesses targeted to assisting the population, and this is valued by the entire community.

We have some next steps here in Connecticut that we're interested in exploring, and we'd like to work in concert to strengthen our relationship with our partners. This includes ongoing and increasing collaboration with Connecticut Judicial Branch and our legal service providers to facilitate legal advocacy and justice. We continue to work to expand our multidisciplinary team efforts where we bring groups together at all levels. Our Area Agencies on

Aging are instrumental in continuing that with the money that's provided through the Older Americans Act under Title 7. It's not a whole lot of money, but it is a wonderful effort when people can get together and talk about difficult cases and how those can be resolved, and bringing in law enforcement, bringing in social service providers, bringing in different representatives of the community to educate them in how we can resolve these issues.

So we are in the early stages as well of exploring opportunities for the development of statewide financial exploitation prevention and awareness partnerships with the Connecticut Department of Banking and Connecticut financial institutions. We're just at the first steps of doing that. We've done some work with People's United Bank here in Connecticut, as you know, and we'd like to expand that to other banks. Bank employees are not mandatory reporters in the State of Connecticut presently, and there is some controversy over whether that would be appropriate or not, but we'd like to look at that as a possibility.

We'd like to thank you for this opportunity, and I would be thrilled to work with you on this issue in any way I can. Thank you very much.

Oh, and by the way, if anyone would like to report a case of protective services that they think there's a need in the community, there's a 1–800 number, and since this is televised, I'd like to share that with you. It's 1–888–385–4225. And that goes into our regional offices. So thank you very much.

[The prepared statement of Pam Giannini appears in the Appendix on page 57.]

Senator BLUMENTHAL. Thank you very much.

Ms. Guerino.

STATEMENT OF NEYSA STALLMANN GUERINO, EXECUTIVE DIRECTOR, AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT

Ms. GUERINO. Thank you. Thank you, Senator Blumenthal, for this opportunity to testify on elder abuse. I am here today as Executive Director of the Agency on Aging of South Central Connecticut and representing my colleagues in the other area agencies in the State of Connecticut through the Connecticut Association of Area Agencies on Aging.

We are all private nonprofits, and we touch the lives of thousands of older adults through our Aging and Disability Resource Centers, through our SHIP projects, through the Statewide Respite Program, the Medicare Savings Patrol programs, the National Family Caregiver programs, as well as through our Title III of the Older Americans Act programs. So you can see, we have a wide touch into the lives of older adults in our community.

Our staffs are seeing more and more cases in the area of self-neglect, financial abuse by both paid and family caregivers, as well as physical neglect by caregivers not attending to the physical needs of the frail, older adults they care for. I'd like to share with you several examples of what we have experienced as Area Agencies on Aging.

The first case. An elderly woman called the Area Agency to request help paying for a homemaker. The care manager scheduled

a home visit and found the client sitting in a recliner in the kitchen surrounded by clutter. Several rooms were unusable due to the extreme debris and dirt. The woman was covered in a blanket, and the care manager noticed several roaches on the blanket and under the chair. Upon removing the blanket, the care manager found that the client had open wounds on her legs and the roaches were rampantly crawling on her body. Of course, protective services was called, as well as the client's doctor, who ordered a VNA assessment. The client was subsequently hospitalized.

Case two. Ms. G. lived alone in elderly housing and had been diagnosed in the early stages of Alzheimer's type dementia. Through the Connecticut Homecare Program that Pam mentioned earlier, Ms. G. received services of a homemaker who assisted her with cleaning, meal preparation, and grocery shopping. Ms. G.'s son assisted the client with managing her checking account. In reviewing the account, the son noted there were three withdrawals totaling $1,060. The police and elderly protective services were notified. The police obtained bank video showing the homemaker in the bank withdrawing the money.

Case three. Ms. M. is a 74-year-old female who is legally blind and has multiple medical issues. She has two daughters that live near her and offer support. In addition to her daughters' support, Ms. M. also receives care management, homemaking, home delivered meals again through the Connecticut Homecare Program for Elders. Another daughter is also in the area and is a suspected drug user, and sometimes stays with Ms. M. in her apartment. This daughter frequently asks Ms. M. for money, allegedly to help her move on in her life and get her own place to live. At times when Ms. M. refused to give her daughter money, the daughter would verbally abuse her. Ms. M. did call the police when her daughter yelled at her. However, no arrest was made.

Several months later, Ms. M.'s care manager was notified that the daughter took her food stamp card and spent the balance of $312, which was her grocery money for the remainder of the month. She reported to the care manager that her daughter went into her purse and stole the card. Through encouragement by the care manager, Ms. M. did take action and called the police. A restraining order was issued against her daughter, and the daughter was required to pay the money.

Case four. Mr. S. was admitted to the Connecticut Homecare Program, an 81-year-old widow with fairly advanced dementia. He was living alone in his home of 40 years. His daughter came up from the south to help with the program applications, as well as Medicaid applications. Mr. S. also had a son who was somewhat involved in his care.

With the care manager's urging, Mr. S.'s daughter took Mr. S. for a geriatric assessment where he was diagnosed with fairly advanced Alzheimer's disease and recommended 24-hour supervision to be made. Conservatorship was also recommended, so his son and daughter became coconservators of the person and the estate through our probate courts.

An old friend agreed to take care of him, and the daughter returned back to her home in the south. The friend was very controlling and was very resistant to accepting the programs, so we had

some trouble getting the care plan implemented for this gentleman. She would often threaten us that if things didn't go her way, she would no longer care for him. The son was providing care when this friend was not able to or the formal services were not there. All of his personal care needs were being managed by the friend and his son.

We continually tried to assess if the son was providing all of the care that he had assured us he was providing. An incident was discovered that Mr. S. was being left alone with a special lock on the door so that he would not wander. The friend/caregiver opened the mail one day and discovered that the son had opened up a number of credit cards in his name and was using them, and the bills were reflecting large overdue balances.

All of this resulted in an Elderly Protective Services referral and multiple appearances in probate court. In the probate court, he was assigned a guardian ad litem to ensure that the 24-hour care was provided, and eventually an attorney was appointed as the conservator of the estate. The issues of financial exploitation and personal neglect concerns resulted in weekly probate appearances for accountability to the probate judge.

Finally, Mr. S. was assigned a new conservator of the person that was not related, and it was felt that he was required to move to a skilled nursing facility. He subsequently passed away at the nursing facility.

As you can see from this case, and like all the stories I have presented, they require intensive, timely intervention, and require a team of professionals in multidisciplines to safeguard the individuals, most critically individuals with cognitive impairment.

The Agencies on Aging are just one resource in our larger network of professionals which I think Pam outlined, adult protective services, social workers, banks, the police, and the prosecutors, which are endeavoring to educate the public about, prevent, and intervene in situations of elder abuse. All of us are involved, and we're greatly heartened to see the major provisions of the Elder Justice Act passed as part of the Affordable Care Act.

The Elder Justice Act is intended to facilitate the coordination among the stakeholders, establish uniform standards for response, and increase the public resources that are invested into the key public health and safety issues. We need all of it. To meaningfully respond, we need full implementation of the provisions of the act and enhanced staffing and resources for such vital partners and community programs.

Education is also needed for our community law enforcement, banks, home- and community-based service providers on signs of abuse, the reporting requirements. And finally, we'd like to recommend that a national registry for all in-home providers with criminal histories related to elder abuse would serve as a helpful tool to both our community providers and those of us serving the elders in our community.

We appreciate your attention to elder abuse. It needs and certainly is deserving of that population. Thank you for giving me this opportunity, and I'm glad to answer any questions you may have.

[The prepared statement of Neysa Stallmann Guerino appears in the Appendix on page 63.]

Senator BLUMENTHAL. Thank you.
Mr. Blancato.

STATEMENT OF BOB BLANCATO, NATIONAL COORDINATOR, ELDER JUSTICE COALITION

Mr. BLANCATO. Thank you, Senator. Good morning again.

Yes, we can do this. Here we go.

Thank you for the opportunity to testify on behalf of the nonpartisan Elder Justice Coalition. Our now more than 750 members appreciate the strong commitment this committee has to promoting elder justice by helping to prevent elder abuse. And I would also note that Ann Montgomery from the Senate Committee on Aging is here, and she has been a great champion at the staff level of this issue as well.

You bring an additional level of credibility and experience to this issue because of your outstanding work as Attorney General of this state, and your efforts at combating elder abuse were very effective. But we commend you for your leadership on elder justice just in your first year in the Senate. Serving as a cosponsor of the End Abuse in Later Life bill, as well as the Elder Abuse Victims Act, and your request for a GAO study on ways the Federal Government can support state, local, and private efforts to combat financial exploitation is very important.

We commend you not only for holding this hearing but for your interest in policy strengthening APS programs. We look forward to working further with you and your staff. In light of the fact that policy to strengthen APS programs could be included in the Older Americans Act, we are especially interested in working with you and members of the authorizing committee to see how this upcoming reauthorization of the Older Americans Act can further strengthen our commitment to elder abuse. And, in fact, this afternoon I'm going to be speaking at a listening session that they're holding down in the Senate HELP Committee on this very topic.

One thing is not in dispute, and we've heard a lot about this this morning. Elder abuse is a growing national problem. When you factor in the nonreporting issue, and we've heard numbers already, there's a most recent New York study that says for every reported elder abuse, 23 or more cases go unreported. Elder abuse takes all forms, but financial abuse is the most prevalent in 44 of our states in this country. The average victim of elder abuse is an older woman living between 75 and 80. But today, according to the Census Bureau, 48 percent of all women 75 and over now live alone.

Yet our Federal response to this growing problem is anything but growing. If you consider funds spent on adult protective services from the Social Services Block Grant, and funds for elder abuse prevention and the ombudsman program in the Older Americans Act, it totals less than $200 million. By contrast, we spend upwards of $7 billion on child abuse prevention programs.

We are all looking for ways to save Medicaid dollars in this $330 billion budget. Let us invest in preventing elder abuse and keeping some of its victims from having to turn to Medicaid. That's something for the super committee to think about, Senator, as you pointed out earlier. The investment in the Older Americans Act and elder abuse could do a lot of good.

We most certainly appreciate your recognition of and support for adult protective services in our nation. An original member of our coalition and one of our most steadfast advocates is the National Adult Protective Services Association. APS is established by statute in every state to receive reports of abuse, neglect, and exploitation of older persons. The work of APS is as important to vulnerable adults as child protective services are to children. Yet, despite its nationwide status as a response system for victims of vulnerable adults and elder abuse, as you know from the most recent GAO report, it has no national infrastructure. As a result, APS offices are faced with ever-increasing caseloads, shrinking state budgets, and are struggling to survive.

Yet we find it both amazing and appalling that there are still 13 states that provide no funding for APS from the Social Services Block Grants.

An important missing dimension for APS is the lack of a dedicated Federal funding stream, but we are all very pleased, as we've heard today, that this was addressed with the passage last year of the Elder Justice Act. I know you are familiar with this landmark legislation. My only additional comment about the Elder Justice Act is our fervent hope that, with your help, we can secure first-time funding for the act as proposed by the President in his FY 2012 budget, as Secretary Greenlee mentioned. We have 15,000 postcards signed by people from 39 states in our office supporting that very position.

The main element in the President's request is $16.5 million for adult protective service demonstration grants. We view this as an important first step in building a national infrastructure for APS services. There is no question that another way to enhance the standing of APS is to allow it to have a first-time home within the Federal Government. We believe this action will prove important if it prompts the administration to move even more quickly and implement the provision of the Elder Justice Act which calls for a permanent home within HHS for APS.

We feel this office should collect and disseminate data on an annual basis, and do it in coordination with the Department of Justice. The absence of good data has impeded legislative action on elder justice, pure and simple. This needs to change, because in this environment, data can drive dollars.

We also support the administration's call for a State Adult Protective Service Resource Center. We agree such a center is needed by the field and think it's important to have it codified in statute. We look forward to discussing with you the idea of having this APS resource center be an extension of the National Center on Elder Abuse. We await the announcement by AoA of their new national center, and following that we can see what possibilities may exist.

Essentially, we see your support as a critical catalyst to aid adult protective services, the men and women who are on the front lines in each state to help investigate and help victims of elder abuse and prevent future victimization. It is time the perpetrators of elder abuse stopped having the upper hand.

As Mr. Matatva so eloquently stated, we must never forget that a victim of elder abuse is never the same. And according to the statement of findings in the Elder Justice Act, victims of elder

abuse have three times the risk of dying prematurely. What greater motivation do we have to act, and act now? Thank you very much.

[The prepared statement of Bob Blancato appears in the Appendix on page 66.]

Senator BLUMENTHAL. Thank you.

[Applause.]

Thank you all. Thank you for your very powerful and important testimony.

I have a number of questions. And again, I'm going to invite the audience to submit questions. And I want to thank each of you now, and I will reiterate it, for being, as Mr. Blancato characterized it, in the trenches, on the front lines, because you are truly dealing with this problem, as Secretary Greenlee is, at a higher level, in a different set of trenches, and Mr. Matatva has fought his own battles, and Ms. Timmermann. All of you who have been here before us today really are fighters in this effort.

So let me just begin, Ms. Guerino, by asking you. You mentioned that there is no—Ms. Giannini mentioned that there is no APS program as is found in other states. Would that be helpful, do you think, in Connecticut to the work of your agency?

Ms. GUERINO. Certainly. We are targeted to individuals 60 and older. So PSE does address that. But as we're opening up the long-term care doors and removing the silos and looking at long-term care for anyone over 18, we are learning and engaging with many more younger disabled individuals. But there is a huge gap in services for anyone under 65, really. Sixty to 65 you're limited, but you're okay. But you get under 60 and it's particularly difficult. And as we are seeing early onset of some Alzheimer's type diseases, those caregivers are in extremely stressful situations and financially very difficult situations, and there's not a lot of help out there at all.

Senator BLUMENTHAL. And where do you see the biggest gap in coordination between yourself and the state or other agencies?

Ms. GUERINO. I think it's more so law enforcement and the local towns, the way that they handle the finding and how they get it to us, and then the expectations. I think education is needed because everyone expects the other person has the power to do that. And to things that have been said a number of times today, the self-determination right complicates all of this. We can't go in with a magic wand and say you have to remove all this clutter, and there's usually—it's a very complicated issue. But having a uniform response and a uniform methodology for all of us I think would be extremely helpful.

Senator BLUMENTHAL. So more coordination with law enforcement in determining who has what responsibility, is that what you mean?

Ms. GUERINO. Responsibility and what we do, who do we call first, who do we call second, what's available out there, what's our kind of menu of options available to us right now. I think it's hit or miss with the officer that you get, with the town that you receive. We cover 20 towns in our region. All of them are going to respond differently, and I'm sure Pam can actually answer that even more eloquently, whether they call PSE, whether they call the

Area Agency on Aging, it's all different, or whether they call their local social worker in their town, if their town has that. It's really very different how all of them respond to the kind of case findings out there.

Senator BLUMENTHAL. Towns respond differently, and law enforcement agencies in those towns respond differently.

Ms. GUERINO. Absolutely.

Senator BLUMENTHAL. And how about the state? Do you go to the Chief State's Attorney's Office or state prosecutors?

Ms. GUERINO. We have utilized that appropriately.

Senator BLUMENTHAL. How do you decide whether you go to the state or to local prosecutors or to state's attorneys?

Ms. GUERINO. You're asking me a question I can't answer.

Senator BLUMENTHAL. That's fine.

Ms. GUERINO. So I'd have to talk to my staff in order to do that, but Pam probably can.

Ms. GIANNINI. I can say this, Senator, that Neysa is correct in that the local response is different town by town, situation by situation. In some towns they have a detective that's designated to assist in any kinds of abuse cases, and in other towns it's the patrol officer, whoever that might be.

When we work with law enforcement, we work with the prosecutor's office. Sometimes we call the Chief State's Attorney's Office to assist us in working with the prosecutor and getting them active on a case if we don't feel they're putting forth enough effort.

But it's all dependent on the resources that are available in the town, in the Chief State's Attorney's Office even. We used to have an elder abuse unit in the Chief State's Attorney's Office. That no longer exists. Although they are still supportive of us, it's not as ultimately available as it has been in the past. So there are difficulties in that.

Sometimes in towns, it's just that some officer has a very deep interest in this population, and we know to call Officer Jones because he has been very active on another case, and that's how protective services workers work. They find somebody that they can work with and they keep on going back to that source because it has been helpful and they find an interest in it.

It's all about education. It's all about sharing that information, making sure officers are aware of the specific laws that pertain to people over the age of 60 as opposed to the younger population, and how to enforce those. And often we hear when we go into situations where it really is some criminal activity, the older person doesn't want to prosecute their family member, or the older person isn't a reliable witness according to a police officer. So you have to work all that kind of stuff together.

Senator BLUMENTHAL. I'm interested in your comment that Connecticut has no adult protective services, and therefore receives no money from the Federal Government for APS. Would it be helpful to redefine or recharacterize Federal programs so as to be eligible for that funding?

Ms. GIANNINI. Well, I think that knowing the history since I've been around a long time, in Connecticut there hasn't been a great deal of support for adult protective services from the advocacy groups for persons with disabilities, and I think that's one of the

reasons why we've never gone down that road in Connecticut. Is there a need? I would say, yes, there is. From what I've seen and from what I know about the severity of the cases we're getting on that younger population, there seems to be a need for that type of intervention. So some funding, national direction on that would be helpful.

Senator BLUMENTHAL. And also your point about—and it may be related—the emphasis—I'm going to paraphrase rather than quote—the emphasis on service rather than what you call culpability, which I interpret to mean law enforcement or prosecution, would it be helpful do you think for there to be more emphasis on the law enforcement or deterrence aspect?

Because really you're dealing in your job with, in effect, providing remedies, providing care and intervention, all of you are really, and the deterrent aspect would be important for some of the scams that prey on seniors, whether they be home repair, which I saw commonly as Attorney General, or financial exploitation pitches that are often too good to be true, and are, but prey on seniors ranging from selling gold to selling stocks. The list goes on.

So I'm wondering whether more emphasis on culpability and prosecution would be worthwhile.

Ms. GIANNINI. As I said, our model here in Connecticut is more of a social service model. But the emphasis on culpability at the same time while helping the person to live in the community I think would raise the bar a little bit in the deterrent area. But that would depend on the support that we were able to get from law enforcement and the prosecution end of it.

Gathering the evidence, looking for the evidence, staff needs a lot of training in that area and has to be supported with law enforcement because we do not have that model here in Connecticut.

Senator BLUMENTHAL. Mr. Blancato, what do you think about that issue both here in Connecticut and really nationwide? You've been fighting this battle for most of your career, and fighting with extraordinary diligence and dedication. So perhaps you have a perspective.

Mr. BLANCATO. Thank you, Senator. I think it's really about the Federal Government playing catch-up and utilizing the resources that should be applied in a coordinated way to fighting elder abuse. I mean, one of the things that we found fascinating that was written into the Elder Justice Act was the creation of a coordinating council which would take all the entities in the Federal Government that have some work in dealing with elder abuse, some of which we know and probably some of which we don't know, to mandate they come together and come up with a strategy inside the Federal Government as to how to address this, and through that process we might find some additional funding streams that we didn't even know could be helpful in this regard.

So I think that we've got to—on the law enforcement side, it's regrettable that the Elder Justice Act split apart. At one point it was one comprehensive bill that included what is now the Elder Abuse Victims Act. That's got to get finished. That's as critical a bill as the main Elder Justice Act because of its emphasis on law enforcement, to give the ability to local communities to take models like they have in San Diego and in New York and in Spokane, Wash-

ington, where they have dedicated prosecutors doing elder abuse cases and doing phenomenal work not only in their community, but they've become national spokespeople for how to do prosecutions correctly.

We need to better train law enforcement, because you can't stop what you don't report, and that's really the whole key with elder abuse. And law enforcement needs a better understanding of it so they can help assist in the detection and avoidance.

So I'm for anything that's going to bring a wider array of resources to the table.

Senator BLUMENTHAL. Let me use that excellent comment to segue into some of the audience questions, and I have many more questions for all of you. But I have the great luxury of being able to talk to you personally, and I hope we will continue to work together because I'm really going to be focusing on this issue in the work that I do in the Senate, and I know you have spent your careers literally working on this issue.

So the first question which really deals with exactly the point that you just raised comes from Senator Prague, who says that the State of Connecticut had a senior abuse unit in the office of the Chief State's Attorney. Because of budget constraints, the unit was closed. And can the Federal funding to deal with elder abuse be used to reinstate this unit?

Mr. BLANCATO. Well, the funding that's out there, the Elder Justice Act funding, probably could to some degree. But I think the focus with Elder Justice money is the dedicated funding stream for adult protective services, the additional support for the long-term care ombudsman program, the creation of grant programs for things like forensic centers so we can do a better job of helping to detect elder abuse. So I think it may be a stretch to think the Elder Justice Act could do it, but there may be some other—and the Elder Abuse Victims Act, I suspect that could be an avenue for support.

But I think the problem that troubles me, and I guess a lot of the advocates for elder justice, and this is something that we're all going to confront come the fall, if you go through a whole fiscal year like last year, in FY 2011, with all the cuts that were made, not a single new program was funded last year by the Federal Government in fiscal year 2011. The Elder Justice Act is a new program. What is going to happen to new programs in this environment? Are they going to have a chance? And if so, how are you going to make that case?

I mean, I think we can make the case, but there's got to be a feeling that new money can still become available in a new program, and I think we have a great test model here to show where, if you invest properly, you can save the big-ticket programs like your Medicare and Medicaid dollars if you're allowing people to remain home and getting services at home, preventing elder abuse. So I think that's where we have to spend some time focusing and recognize that new programs do deserve to get funded even in this environment.

Senator BLUMENTHAL. And a question also I believe from Senator Prague to Ms. Giannini. Is it a requirement that social workers

who work in the protective services program have any educational training in geriatrics so that they are sensitive to elderly issues?

Ms. GIANNINI. When we hire social workers for protective services or any of our social work programs, we in the last five years or so have been looking toward hiring people based on their experience and training. Most are Master's level social work people that we are hiring with either a background or are in the process of getting their Master's in social work. And if they're to work with these various populations, not only do they come with training already that we are looking for, but we also provide on-the-job training that provides sensitivity education towards those that are older and those with disabilities.

Senator BLUMENTHAL. Thank you. I am going to try to ask as many of these questions as I can, and I'm going to ask them verbatim without editing them as best I can read them.

The next question is from Helen Campbell of Colbrook. How much investigation has there been into abuse in long-term care facilities? What percentage are seniors that are involved in putting together programs and legislation?

Ms. GIANNINI. Sounds like a two-part question to me. But our social work staff does investigate cases of abuse in long-term care facilities, but we work very closely with the Department of Public Health on cases where the abuse is internal to the facility. We also work with the long-term care ombudsman program in the identification of these cases.

There was a second part to that that I missed, something about the percentage of—I'm not really sure what the—could you read the last part of that?

Senator BLUMENTHAL. I'll read it again.

Ms. GIANNINI. Yes. Thank you.

Senator BLUMENTHAL. What percentage are seniors that are involved in putting together programs and legislation? I think the question——

Ms. GIANNINI. Oh, how——

Senator BLUMENTHAL [continuing]. Really is how involved are seniors?

Ms. GIANNINI. What percentage, how involved are seniors in the development of programming? Well, we work with AARP on certain things. We work with the Area Agencies on Aging in the development of their regional plans where they do assessments as to the needs of older people, and that's how at the State Unit on Aging we do a three- to four-year planning document that pulls in information through focus groups that we hold around the state, and we build upon the regional plans that the area agencies do at the local level as well.

Senator BLUMENTHAL. This next question is from Nancy Shaffer, the state ombudsman, and concerns the reasons for under- or nonreporting, essentially the fear of retaliation based on the experience of the ombudsman and the efforts made to alleviate that fear. Maybe you could comment on the fear of retaliation as a reason for non-reporting and other reasons that there is under- or nonreporting. And that's a question I would pose to all of you.

Ms. GIANNINI. I'll start and let my colleagues add. I think that the fear of retaliation is very strong in all environments, whether

it be in a long-term care facility, assisted living, or in the community.

I know for a fact, I remember when my father was in assisted living here in Connecticut I remember him complaining about them not delivering his medications on time. And I said, well, dad, we need to talk to them and let them know about this situation so that you can get your medications when you need it. And he turned to me and said, oh no, don't do that, I don't want to, they'll do something else if I complain about it. And this was a gentleman who was well educated, knew what he was doing, but he knew that because of his disabling condition, he knew he was in need of services and did not want to upset the apple cart.

So I would say that retaliation, fear of retaliation is a component of why people don't report, along with issues of they're ashamed, along with issues that they don't want to get their family members in trouble and they want to stay in the environment that they're in and they have fear that they would have to go either into a nursing home or a different location in order to live.

Ms. GUERINO. I think the dependency that many older adults feel, that they need someone else to care for them or to provide some portion of their care, is just crippling to them. And to potentially—you know, what they say is if I report that, I potentially won't have anyone to care for me; or better the devil I know than the devil I don't know.

And so to change that, as Pam pointed out, to either move to another location, whether it be a nursing facility or another location, it's just too much for them to really—they believe it's not as bad, and I think like all of us do. We convince ourselves it's not that bad. We want something to be real. We keep saying it's not that bad, it could be worse. I'm very lucky my daughter comes every day.

And so the retaliation is what does create those kinds of things, and the fear of having no one to care for them. I can't underestimate the power of that for older adults seeking a remedy to it. It's just too scary. The options are just too scary, and they don't know about a lot of options that are out there, and they're still a very proud group, and to allow any semblance of not the perfect family. It's still just not acceptable in our communities, particularly in the smaller communities.

This is a doctor who served the entire town for years. Nobody is going to say anything. No one is going to believe me kind of thing.

Senator BLUMENTHAL. Mr. Blancato.

Mr. BLANCATO. I would concur with all of their statements, and I also have to interject an apology, Senator, that the Assistant Secretary and I both have a plane to get back to Washington because we're involved in that Senate HELP thing this afternoon. But any questions that have arisen that are directed to me I'm more than happy to respond to for the record later, working with Rachel and whatever.

But I think it's a great service you did by having this hearing, and your involvement and interest I think is going to aid the cause tremendously, and we thank you for the opportunity to be here today and join you.

Senator BLUMENTHAL. I have been in your situation before serving as a Senator, testifying down in Washington and having to catch a plane in the other direction. So I am more than sympathetic and enormously grateful to both you and the Assistant Secretary, and you're excused with thanks.

Mr. BLANCATO. A pleasure. Thank you very much.

Senator BLUMENTHAL. We have a couple of more questions, and we're near the end of our hearing in any event. So I'm going to ask a few more questions.

Thank you very much, Assistant Secretary Greenlee, for being here and for staying as long as you did. And thank you, Mr. Blancato.

I want to ask a question that's been submitted by Laurie Julian of the Alzheimer's Association, the Connecticut chapter, which refers to the GAO report on guardianships, cases of financial exploitation, neglect and abuse of seniors, fraud that results from poor communication between state courts and Federal agencies that may allow guardians to continue abusing their victims, and many of the patients in the study involved individuals with dementia. What oversight and vetting of guardians can be done? Difficult question, but important.

Ms. GIANNINI. This question may be bigger than me. So I think that in Connecticut, where we have a conservatorship program, and we do have guardians for persons with developmental disabilities, but under conservatorship program, it's the probate court's responsibility to vet the conservators to make sure that they are providing the duties and the care that they're supposed to be providing. And if someone is having a problem or knows of a conservator that is not appropriately caring for their assigned ward, then they have to request a status hearing in the probate court, and the probate court has been very, very responsive in keeping on top of this. And I think that, in Connecticut, the system is fairly good.

I, you know—we rarely—we have heard of some instances where conservators have been problematic, and if it's brought to the attention of the probate court, they answer and they work with that, and that's basically how we handle it here in Connecticut.

Senator BLUMENTHAL. Did you have a comment, Ms. Guerino?

Ms. GUERINO. The only comment is to probably agree. There are issues with conservators in their capacity to serve in that role, and some take it, unfortunately, too lightly, their responsibility. Or again, the separation of personal choices, that the individual that's conserved may still be able to make and the conservator's responsibility, and we see clashes there sometimes, or just no response because there's no agreement of things. So decisions are made sometimes that are not either in the best interests of the individual or leads to a potential neglectful abuse situation. We have had conservators that we have contacted that many months, if not years have gone by. They have never seen the individual in person.

So the issue is there. Despite some good systems that we have, the issue is there, and it just happens. Conservators appointed don't know all the people that they're conserving.

Senator BLUMENTHAL. I think you've answered the last question, or at least addressed it partially, which comes from Nancy in Torrington. Probate court rulings are not always in keeping with

the APS' service provider's recommendations, resulting in the progress made with the elder to be negated by the court ruling. It is frustrating. So you may have addressed that question.

Ms. GUERINO. Yes.

Senator BLUMENTHAL. I want to thank you. I'm not going to give a detailed closing statement because we really are involved very much in a work in progress. So I don't think I can conclude this hearing. I think the hearing will go on, and the work that we do together.

Clearly, we need to raise awareness and attention. That's been a theme here, as has been the need for more funding. I can't promise as a single United States Senator, a freshman who is, by the way, 97th in seniority, that I can address that issue single-handedly, but I know that we have a coalition and a group of Senators led by Senator Kohl who have a very high degree of commitment and dedication to this issue.

I hope that we can make progress on data collection. A theme here has been the need for more information, as well as a resource center, a home for adult protective services, better cooperation between the Federal Government and the State of Connecticut, which is, after all, my priority. The State of Connecticut is first and foremost what interests me, and I am absolutely committed to working with you, the State, private agencies, others who have been here today, and maybe most important, the victims who are represented here, continuing to fight for them, whether it's Mr. Matatva or Ms. McCone or Mr. Harkness. I hope he is listening from his home. Each of them have stories that are riveting and profoundly significant and more persuasive and powerful than anything that I can say here, really anything that any of our witnesses can say.

And I want to thank you for putting a face and voice on some of your clients, but more importantly the folks who are here today to lend their support.

I believe that there needs to be more done by the Federal Government, an Office of Elder Justice in the United States Department of Justice; more reporting, whether it's mandatory, not unfunded mandates for sure, but mandatory reporting that enables the flow of information to go to you; more training and education of the prosecutors so they can do a better job. I realize that consultation with them is often a serendipitous process depending on who is the most interested and who will take your cases.

And raising that awareness I think also may require stronger penalties. I believe strongly mandatory penalties may be appropriate, but certainly enhanced penalties, just as we've done through the Adam Walsh Act for child abuse, which will in turn raise the level of interest on the part of our state and Federal prosecutors. The State of Connecticut has led the way on this issue by enhancing penalties, and the Federal Government can do much the same.

So that is a kind of preview of what I see as the agenda before us. I want to thank all of you for being with us today. It's been for me a very informative and productive session. I realize that for you, for the advocates and professionals who work in this area, you've heard some of it before, maybe more than you would like about the shortcomings and the gaps, but I think making a record

for the United States Senate has served a profoundly important service, and I thank all of you for being a part of this proceeding.

And so for the Committee on Aging, this committee is adjourned. The record will remain open in case anyone would like to submit anything in writing—this is standard procedure for a Senate committee—for the next 10 days.

[Whereupon, at 12:20 p.m., the hearing was adjourned.]

APPENDIX

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Testimony of

Kathy Greenlee
Assistant Secretary
Administration on Aging
U.S. Department of Health and Human Services

Before the

Special Committee on Aging
United States Senate

Field Hearing on
Elder Rights and the Older Americans Act

Hartford, Connecticut
August 23, 2011

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Thank you, Senator Blumenthal, for the opportunity to testify at this important hearing on elder justice. I appreciate the opportunity to share with you the Administration on Aging's (AoA) commitment to this important issue and the role of the Older Americans Act (OAA) in helping to protect and serve victims of abuse, neglect, and exploitation. As a Federal advocate for older Americans and their concerns, AoA is dedicated to protecting the rights of older people and preventing their abuse, neglect, and exploitation.

Elder abuse is a substantial global public health and human rights problem. The World Health Organization has declared that elder abuse is a violation of one the most basic and fundamental human rights: to be safe and free of violence.[1] In a recent nationally representative study, one in ten older Americans reported being abused or neglected in the past year, and that many of them experienced it in multiple forms.[2]

Unfortunately, elder abuse appears to be on the rise. Available data from State Adult Protective Services (APS) agencies show an increase in reports of elder abuse between 2000 and 2004.[3] And despite the accessibility of APS in all 50 States, as well as mandatory reporting laws for elder abuse in most States, an overwhelming number of cases of abuse, neglect, and exploitation go undetected and untreated each year. While estimates on the incidence and prevalence of abuse vary, the National Academy of Sciences estimated that only one in 14 cases of elder abuse ever comes to the attention of authorities.[4]

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These trends are particularly alarming considering what we know about the negative consequences of experiencing abuse. Older victims of even modest forms of abuse have up to 300 percent higher[5] morbidity and mortality rates than non-abused older people. Victims of elder abuse have had significantly higher levels of psychological distress and lower perceived self-efficacy than older adults who have not been victimized.[6] Older adults who are victims of violence have additional health care problems than other older adults, including increased bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems.[7] A recent MetLife Mature Market Institute study estimated the direct costs associated with elder financial exploitation were estimated to be $2.9 billion in 2009, a 12 percent increase from 2008.[8]

For nearly forty years, AoA has provided continual Federal leadership in strengthening the elder justice programming designed to prevent and address elder abuse and these consequences through the OAA.

- The Long-Term Care Ombudsman Program was established in 1972 to represent the rights and advocate on behalf of older residents living in nursing homes, assisted living, and other residential settings.
- In 1987, a new objective to protect elderly from abuse, neglect, and exploitation was added to Title I of the Act. A separate authorization of funds for elderly abuse prevention services was also created under Title III Part G. This had previously been allowed, but appropriation authority not reserved.

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- The National Center on Elder Abuse (NCEA) was created in 1988 as an information clearinghouse on abuse, neglect, and exploitation, including best practices in prevention and treatment, serving as a repository of research, and conducting demonstration projects to promote effective and coordinated responses to elder abuse, neglect, and exploitation.
- In 1992, the Title VII Elder Abuse, Neglect, and Exploitation Program was established to provide funding to support State and community-based elder justice networks that protect vulnerable seniors and provide them with critical information, and the NCEA received a permanent home in Title II.
- The 2006 Older Americans Act amendments added provisions in Title II for the assistant secretary on aging to designate a person for elder abuse prevention and services with the responsibility for development of plans for a coordinated, national elder justice system. In addition, Title VII's "Elder Abuse, Neglect, and Exploitation Program" was renamed "Vulnerable Elder Rights Protection Services", and broadened the authority for States to carry out a range of elder justice activities, such as financial literacy and elder shelters, and to initiate multidisciplinary elder justice activities.
- Most recently, the Elder Justice Act was passed and signed into law in 2010. The Elder Justice Act provides authority for additional attention in this area, including highlighting critical issues through citizen participatory advisory councils; enhancing APS programs and data; and improving the quality of care in nursing facilities through enhancements to the Long-Term Care Ombudsman Program, establishing a system to report crimes in nursing homes, and assisting States to

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implement criminal background check programs for employees with direct access to patients.

And over the years, AoA program efforts have taken a more active role in supporting the "first responders" to reports of abuse, neglect, and exploitation: APS. Over two-thirds of APS programs are located in and administered by State units on aging. The National Adult Protective Services Association has been a partner in AoA's NCEA for over 20 years. This has resulted in a number of projects and activities specifically targeted to enhance APS programs, such as a national training library, core competency training modules, and live web seminars on emerging issues for APS. And the 2006 amendments to the OAA authorized States to use part of their Title VII allotments for APS, and many States report doing so.

Despite these efforts and the critical role of APS as "first responders," programs across the country report many unmet needs. In the last two annual All State Directors Calls on the impact of the economy on aging programs, we heard that in these hard, economic times, States have had to make hard choices and many APS programs have experienced budget cuts. As a result, APS programs have had to cope with limited staffing to carry out even the most basic program functions of receiving and investigating reports of abuse, and training budgets for those remaining staff has been significantly reduced, and in some cases eliminated altogether. Exacerbating the problem is a widespread lack of consistent national and State data on case statistics or program

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outcomes, making it difficult to demonstrate how effective this program is in serving vulnerable adults and seniors.

In response, this administration continues to try to increase the effectiveness of elder justice and APS programs across the country. On July 1, 2011, AoA published a program announcement to fund the first Federal APS resource center. This center will be dedicated exclusively to supporting APS programs with the purpose of enhancing and improving the consistency and quality of APS programs and services across the country. The center will be funded at $200,000 per year for up to three years, and will begin operation by September 30, 2011. In addition, the President's FY 2012 budget includes a request for $15 million for APS demonstration grants under Section 2042 of the Social Security Act (as added by the Elder Justice Act of 2009). In addition, the FY 2012 President's budget includes an additional $5 million request for the Long-Term Care Ombudsman Program and $1.5 million to begin addressing elder abuse in Indian Country through demonstration programs.

AoA's elder rights programs are but one component of a larger system to keep older adults independent and in their own homes. Taken as a whole, AoA's performance measures and indicators form an interconnected system of performance measurement akin to the three legs of a stool (efficiency, outcomes and targeting) holding up AoA's mission and strategic goals that include:

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1. Empowering older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options;
2. Enabling seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
3. Empowering older people to stay active and healthy through Older Americans Act services and the preventative care benefits under Medicare;
4. Ensuring the rights of older people and prevent their abuse, neglect and exploitation; and
5. Maintaining effective and responsive management.

As the former secretary of aging for the State of Kansas, and now having the honor to serve as the U.S. assistant secretary for aging and listening to individuals and families in a variety of settings, I have seen firsthand how the OAA reflects the American values we all share:

- Supporting freedom and independence;
- Helping people maintain their health and well-being so they are better able to live with dignity;
- Protecting the most vulnerable among us; and
- Providing basic respite care and other supports for families so that they are better able to take care of loved ones in their homes and communities for as long as possible, which is what Americans of all ages overwhelmingly tell us they prefer.

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For more than a year, we have received reports from more than 60 listening sessions held throughout the country, and received online input from interested individuals and organizations, as well as from seniors and their caregivers, about the reauthorization of the OAA. This input represented the interests of thousands of consumers of the OAA's services. We continue to encourage ongoing input and discussions.

During our input process we were consistently told that, as it is currently structured, the OAA is very helpful, flexible and responsive to people's needs. We also heard a few themes, I will mention two today:

FIRST: Improve program outcomes by:

- Embedding evidence-based interventions in disease prevention programs;
- Creating incentives to enhance performance;
- Encouraging comprehensive, person-centered approaches;
- Providing flexibility to respond to local nutrition needs; and
- Continuing a strong commitment to efforts to fight fraud and abuse.

SECOND: Remove barriers and enhancing access by:

- Extending caregiver supports to senior parents who are caring for their adult children with disabilities;
- Providing ombudsman services to all nursing facility residents, not just older residents; and
- Using Aging and Disability Resource Centers as single access points for long-term care information to public and private services.

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Let me give three brief examples of areas we would like to discuss as you consider legislation:

- **Ensuring that the best evidence-based interventions for helping older individuals manage chronic diseases are utilized**. These have been effective in helping people adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits.
- **Improving the Senior Community Service Employment Program (SCSEP) by integrating it with other seniors programs.** The President's 2012 budget proposes to move this program from the Department of Labor to the Administration on Aging at HHS. We would like to discuss adopting new models of community service for this program, ranging from intergenerational service that assists children, assistance with helping seniors remain independent in their homes, and continuing to support community organizations that rely on SCSEP participants for their valuable work contributions.
- **Combating fraud and abuse in Medicare and Medicaid by making permanent the authority for the Senior Medicare Patrol Program (SMP) as an ongoing consumer-based fraud prevention and detection program** -- and by using the skills of retired professionals as volunteers to conduct community outreach and education so that seniors and families are better able to recognize and report fraud and abuse.

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The Older Americans Act has historically enjoyed widespread, bipartisan support. One of its great strengths is that it does not matter if an individual lives in a very rural or frontier area, or in an urban center – the programs and community-based supports it provides are flexible enough to meet the needs of individuals in diverse communities and settings. Based in part upon the extensive public input we received, we believe that the reauthorization can strengthen the OAA and put it on a solid footing to meet the challenges of a growing population of seniors, while continuing to carry out its critical mission of helping elderly individuals maintain their health and independence in their homes and communities. We look forward to working with this Committee as the reauthorization process moves forward.

Thank you again, Senator Blumenthal, for your leadership on these important issues and for your invitation to testify today. I would be happy to answer any questions.

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Witness Testimony: Robert Matatva

August 23, 2011

United States Senate Special Committee on Aging

My name is Robert Matava and I am from the great Connecticut town of Unionville, the town where I grew up, started a business, built a home and raised a family. This is a state and a country that I love. It is one that I have served with honor and dignity as a World War Two veteran.

I come before you to testify as a proud survivor. I survived World War Two serving in the 3rd Marine Division in the South Pacific. I survived a gunshot to the back, which left me 87% disabled and made me a Purple Heart Veteran. I survived the loss of my kid brother in the battle of Iwo Jima. I survived losing the love of my life, my soul mate and wife to cancer at a young age. I survived being diagnosed with cancer myself on two separate occasions. I share this with you because I am proud that I have always been a fighter, a survivor who could handle whatever situation may come my way, no matter how big or troubling that problem may be.

But, today, I join you to share my story as a survivor of elder abuse. This is a story that is much harder in so many ways for me to share with you, because I was victimized at the hands of someone I loved. I served my country with pride and with love; I have tried to serve my family the same way, but in all my 90 years, I could never have prepared for the hardship that I would be put through by a member of my family- a person that I once trusted, loved and once called a son. He is the reason I am here today, to share with you my story of survival, and to stand up for all those that have been victimized, and for those that are still being victimized at the hands of those they know and trust.

My son did to me what the flood of the Farmington River had failed to do in 1955 when it threatened to take out my business. After that flood I developed a motto, "Washed out, but not washed up." My motto stayed true for all the years that followed the flood of 1955-- until my son who had worked for my business since he was a kid and whom I had trusted and loved, washed it all away, without me even knowing it.

But, my story starts in much simpler times, before this hearing, before my business, properties and home were withheld or destroyed. It starts here in Connecticut after the war when I returned home from the South Pacific. I came home to the country I had fought for and was unable to get my job back with my disability. I refused to become a victim. I decided I would start my own business, and so in 1948 I opened an auto repair company in Unionville. I named the business, "Edward Motor Service" after my brother that I lost in the war. After starting my business, I then built a home for me and my late wife Bette to start a family in. I built this dream house for us with my own hands and in that home we raised our four children, one of whom years later would take away all that I had worked for, business, lake property, and home included.

In my later years, I left the business, Edward Motor Service, and my properties here in Connecticut to my son John, and I went to Florida. My son, John, in Connecticut told me that he would watch the business, and that my properties and my finances were "in trust" for me. I never wrote anything down or demanded that I have my own attorney review the arrangement. He told me there was no need, that it was a "good faith" arrangement, and that the paperwork he was giving me to sign was just a formality, and he would only look after things until I returned. I signed my estate over to my son, all my finances, because I trusted him.

In 2010, twenty-six years after my wife Bette had died of cancer and just a few years after I myself was diagnosed with cancer for the second time, I returned home to Connecticut from Florida. I returned home to

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spend my remaining years with my family and loved ones. I had planned on living out my remaining years at the home where Bette and I started our family and shared so many memories.

However, when I arrived at my home, my son refused to let me in. He told me that if I wanted my house back I better get a good lawyer. He then began to demand that I pay him $1,000 a month if I wanted to live there. I was heartbroken. I was shocked to find that he had developed the back parts of my property as two-family houses without my knowledge. Strangers had more access to my property and home than I did. On top of this, I learned that he had also done what the flood of the Farmington River had failed to do. I felt washed up.

I had fought my whole life to make a better country, state and town for my kids to grow up in and start their own families in. I trusted my children as any father would. I am lucky to have three wonderful children, Robert, Patricia and Mary-Jo. They have made me proud and have taken good care of me. However their brother, my son, has failed me and hurt me in a way that no amount of words or any length of testimony could appropriately describe and do justice.

I gave him everything I had worked so hard for. My other three children did not ask for or expect any of these properties or the business from me, but he did. And when I gave them to him to take care of and preserve, he took over ownership 100%. I have nothing left to give my other three children. When I came home, my son didn't let me in. He left me out in the cold and demanded I pay him or get a lawyer if I wanted to stay in the very home I had built and raised him in.

I never thought that I would be a victim. I never thought that my own son would turn me into a victim of abuse. However as I testify today I like to think that I am doing so as a survivor. While this situation is not resolved, I have not given up. I will not give up. If today's hearing helps one person in a similar situation or helps another to prevent this from happening, then I will be happy and proud. I will have survived this horrible experience and all of us will have won a great victory.

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Protecting Our Seniors: Supporting Efforts to End Elder Abuse

U.S. Senate Special Committee on Aging Hearing
Chaired by Senator Richard Blumenthal

Testimony of Sandra Timmermann, Ed.D.
Vice President and Director
MetLife Mature Market Institute

August 23, 2011
Hartford, CT

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Senator Blumenthal,

I am pleased to be here today, and I compliment the Committee for focusing on elder abuse and what can be done to eradicate it. In addition, as a constituent, and a representative of a constituent employer, I also want to thank Senator Blumenthal for his long history in our state of addressing this topic.

The Mature Market Institute, a research and education entity within MetLife, shares a similar goal with this Committee, to create greater public awareness of the extent of this problem and steps that families, the community and policymakers can take to tackle it. This morning, I'd like to highlight a national study that we recently released on elder financial abuse and then offer some tips for older people and family members to help prevent it.

The findings from the research were startling. The annual financial loss by victims is estimated to be at least $2.9 billion, a 12% increase from the $2.6 billion we estimated in 2008. And this is just the tip of the iceberg, as four out of five cases go unreported.

Fifty-one percent of the perpetrators were strangers such as home repairmen, telephone solicitors or common criminals. Thirty-four percent were family members, friends, neighbors and caregivers. And twelve percent were business professionals, including nursing home operators. We found that the average victim is a woman in her eighties, living alone, exhibiting visible signs of cognitive or physical impairment and requiring some type of assistance—optimizing the opportunity for abuse by all types of perpetrators.

Elder financial abuse can affect people of all walks of life, but it often has the greatest impact on those who have limited assets and find themselves wiped out of their meager savings.

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To put a personal face on the problem, here are a few cases that we analyzed for the study:

- Two water purification salesmen were arrested for taking more than $37,000 from an 88-year-old woman for filtration equipment valued at no more than a few hundred dollars.
- A 29-year-old woman pleaded guilty to stealing more than $100,000 from two disabled people. She married one of her victims—a 64-year-old man who suffered from mental and physical handicaps—and took more than $50,000 from his bank accounts. She also cashed checks worth $60,000 from a 90-year-old dementia patient.
- An 85-year-old woman received a phone call from her "granddaughter" saying she was out of the country and needed money to get home. It turns out it wasn't her granddaughter, and she had wired the money to a con artist.
- Two nursing home operators left over 300 residents without basic necessities such as food and medicine as they attempted to defraud Medicare and Medicaid of over $30 million.

Policy interventions are important, but there are also some preventive measures that can be taken by older people themselves. We recommend that they:

- Make it a point to carefully monitor their financial affairs. They should check credit card and bank statements regularly, use direct deposit to prevent mail theft, and not let anyone sign checks on their behalf.
- Use an answering machine or caller ID to screen calls, and sign up for the National Do Not Call Registry.
- Put legal documents and important papers in a secure location, and consider the benefits of a durable power of attorney so that a trusted individual can financial make decisions if needed.

Family members have a role to play as well:

- Since many older people do not report that they have been financially mistreated, it is important to be on the lookout for changes in mood or

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appearance that may suggest abuse or neglect such as hesitation in speaking openly with others, anxiety, and changes in sleep or eating habits.

- One's decreased ability to manage financial matters is often an early sign of dementia. Observing changes in managing daily activities, paying bills, losing papers and remembering appointments are "red flags" to families that call for a cognitive evaluation.

Tip Sheets on preventing elder financial abuse as well as the full *MetLife Study of Elder Financial Abuse*, which we conducted in conjunction with the National Committee for the Prevention of Elder Abuse, can be downloaded from our website, www.maturemarketinstitute.com.

In conclusion, elder financial abuse has been called the "crime of the 21st century." It can decimate incomes and assets both great and small, fracture families, and cause premature institutionalization. Despite the growing public awareness stemming from high-profile financial abuse cases, it still remains under-reported, under-recognized and under- prosecuted.

Thank you again for sponsoring today's hearing. It takes an important step in calling attention to this crime, and presenting program and policy solutions to combat it.

Respectfully Submitted,

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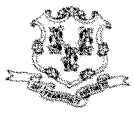

Connecticut's Protective Services for the Elderly Program

Presented to Senator Richard Blumenthal

August 23, 2011

Program Overview

The Protective Services for the Elderly (PSE) Program was established in 1978 pursuant to Connecticut General Statutes §17b-450. Since its inception, the PSE Program has served elders age 60 or older. Program activities include the investigation of situations of abuse, neglect, abandonment, and exploitation and facilitating related crisis intervention and stabilization.

The PSE Program seeks to help vulnerable elders to prevent injury, maintain health and preserve their legal rights. Within this context, the program espouses values that respect elders' rights to self determination, dignity, confidentiality, and independence. This includes the right of competent elders to refuse services and make their own decisions. Service interventions are meant to support elders in the least restrictive environment, facilitate informed decision making, and utilize family and community resources.

While most PSE services are provided to elders living in the community, social work staff also conduct investigations in long-term care facilities.

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The philosophy of Connecticut's PSE program is solution-focused and places resources on partnering with the elder to ameliorate the circumstances that have brought them to the PSE program. There is less emphasis on determining culpability; however when circumstances rise to the level that requires legal recourse against alleged perpetrators, law enforcement is contacted for further investigation and potential prosecution.

Programmatic Definitions

The following definitions govern the PSE Program's actions:

- "Abuse" includes, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caretaker of services which are necessary to maintain physical and mental health of an elderly person.
- "Neglect" refers to an elderly person who is either living alone and not able to provide the services which are necessary to maintain physical and mental health for himself or herself or who is living with a responsible caretaker and is not receiving such necessary services from the responsible caretaker.
- "Exploitation" refers to the act or process of taking advantage of an elderly person by another person or caretaker whether for monetary, personal or other benefit, gain or profit.
- "Abandonment" refers to the desertion or willful forsaking of an elderly person by a caretaker or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a responsible caretaker or other person.

The Process

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Connecticut's PSE program may receive reports, both written and verbal, from any person who believes an elder is being abused, neglected or exploited. Upon receiving a report alleging abuse, neglect or exploitation, the department is mandated by Connecticut General Statute §17b-452, to investigate the allegation. Initiation of investigation must occur within 24 hours to 5 days depending on the severity of the allegation. The investigation includes meeting with the elder, investigating the complaint and ultimately working with and advocating for the elder to help them to achieve their desired outcomes. Social Workers must simultaneously assess the elder's need for assistance, the immediacy of that need, the availability of resources to assist the elder and the ability and willingness of the elder to accept assistance.

Program Statistics

CT Protective Services for the Elderly
Alleged Abuses
SFY '11

Description	Count
Emotional Abuse	584
Exploitation	786
Neglect	1191
Physical Abuse	464
Self-Neglect	1561
Sexual Abuse	21
	4607

Administrative Framework

Staffing

PSE investigations are conducted by 81 generalist social workers in the Department of Social

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Services' regional offices. These direct service staff also provide support in other programs including the Personal Care Assistance and Acquired Brain Injury Medicaid Waivers, Individual and Family Services, the Conservator of Person Program, and other disability service programs.

Program Budget and Expenditures

The PSE budget (exclusive of staff costs) is $239,664 which funds direct services such as:

- Supportive In-home and Community Based Services (Homemaker, Companion, Home Health Assistance, major cleaning)
- Medical Care
- Emergency Housing
- Legal Assistance

It should be understood that the social work staff associated with the provision of these services is funded by the state of Connecticut. No federal funds are utilized to support these positions.

Also important to note is the vital role that the Connecticut Homecare Program for Elders (CHCPE), available in a state funded and Medicaid Waiver option, plays in supporting elders age 65 and older to get needed supports. It serves as a preventive measure because staff are often able to identify problems at the onset negating the need for PSE intervention. Moreover, the program is a frequent solution for issues of neglect and allows elders to receive support from caregivers that are not abusive or exploitive.

Community Partners

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Connecticut's PSE program would be unable to successfully assist these vulnerable elders if it were not for the support and services provided through our many partners. These include but are not limited to:

- Access Agencies,
- Municipal social services and senior centers
- Healthcare providers such as homecare agencies, hospitals, and community health centers;
- Domestic Violence Service Providers
- Area Agencies on Aging
- Companion and homemaker providers
- Law Enforcement, and
- Other legal partners

How Can the Federal Government Help?

The Federal government can help by continuing to do the good work that it has begun by advocating for the following:

- Infrastructure that provides for Federal "Home" for Adult Protective Services and supports the efforts of protective services through additional funding for prevention, education, outreach and staffing needs.
- Support for Federal Guidance on the Development of Program Standards- standards for nationwide operation of such a program needs to be developed and enforced. Note Connecticut's program serves those 60 years and older. Other states have programs for those over the age of 18.
- Access to funding through federal formula grants based on state population size, age of population and number of persons with disabilities.
- The strengthening of law enforcement coordination- a mandate that firms up the relationship between PSE and the excellent work done by law enforcement at the local level. Stronger education and action on crimes against the elderly and disabled is needed. In Connecticut work with the Chief State's Attorney needs to be built

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upon to assist local law enforcement in answering the ever growing needs of this population.

- Expansion of Community TRIADS where collaboration between community partners, the police and local businesses is targeted to assisting this population and is valued by the whole community.

Next Steps for Connecticut's Protective Services for the Elderly Program

We continue to work in concert and strengthen relationships with our partners. This includes ongoing and increasing collaboration with the Connecticut Judicial Branch and Connecticut Legal Services to facilitate legal advocacy and justice. We are in the early stages of exploring opportunities for the development of a financial exploitation prevention and awareness program in partnership with the Connecticut Department of Banking and Connecticut financial institutions.

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Testimony by the
CT Association of Area Agencies on Aging (C4A)
Prepared by Neysa Stallmann Guerino
for the
Senate Special Committee on Aging
August 24, 2011

Senator Blumenthal and members of the committee, thank you for this opportunity to testify on elder abuse. My name is Neysa Stallmann Guerino. I am the executive director of the Agency on Aging of South Central CT. Today I am representing the Connecticut Association of Area Agencies on Aging.

The Agencies on Aging in CT are private nonprofits and touch the lives of thousands of older adults through our Aging and Disability Resource Centers, Statewide Respite Program, Medicare Savings Patrol, CHOICES (State SHIP), National Family Caregiver Support Program, Connecticut Home Care Program for Elders, community education, as well as through our Title III of the Older Americans Act funded providers and numerous regional programs. Our staffs are seeing more cases in the area of self neglect, financial abuse by paid and family caregivers as well as physical neglect by caregivers not attending to the physical needs of a frail older adult. I will share with you several examples that we have experienced:

CASE ONE:
An elderly woman called the AAA to request help in paying for a homemaker. The Care Manager scheduled a home visit and found the client sitting in a recliner in the kitchen surrounded by clutter; several rooms were unusable due to the extreme debris and dirt. The woman was covered in a blanket and the Care Manager noticed several roaches on the blanket and under the chair. Upon removing the blanket, the Care Manager found that the client had open wounds on her legs and roaches were crawling on her body. Protective Services was called as well as the client's MD who ordered a VNA assessment. The client was subsequently hospitalized.

CASE TWO:
Ms. G alone lived in Elderly Housing and had been diagnosed with the early stages of Alzheimer's type dementia. Through the CT Homecare Program for Elders Ms. G received the services of a homemaker who assisted her with cleaning, meal preparation and grocery shopping. Ms. G's son assisted the client with managing her checking account. In reviewing the account, he noted three withdrawals totaling $1,060. The police and elderly protective services were notified. The police obtained bank video tapes showing the homemaker in the bank on the dates of the withdrawals.

CASE THREE:
Ms. M is a 74 year old female who is legally blind and has multiple medical issues. Ms. M has two daughters that live near the client and offer support. In addition to her daughters' support, Ms. M also receives care management, homemaking and home

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delivered meals through the CT Homecare Program for Elders.

Another daughter is a suspected drug user and sometimes stays with Ms. M in her apartment.

This daughter frequently asks Ms. M for money allegedly to help with finding her own place to live. At times, when Ms. M refuses to give her daughter money, she had been known to verbally abuse her. Ms. M does call the police when her daughter yells at her, however, she was not arrested for this.

In July Ms. M's care manager was notified that the daughter took her food stamp card and spent the balance of $312.00 which was Ms. R's grocery money for the month. Ms. M reported to the care manager that her daughter went into her purse and stole the card. Through encouragement by the care manager, Ms. M did take action and called the police. A restraining order was issued against her daughter. The daughter was required to repay the money to Ms. R.

Case Four
Mr. S was admitted onto the CT Home Care Program for Elders as an 81 year old, widowed male with fairly advanced dementia. He was living alone in his home of 40+ years in South Central CT. His daughter had come up from her home down south to assist with the program and Medicaid applications. Mr. S had a son, who was somewhat involved in his care. With the Care Manager's urging, Mr. S's daughter took Mr. S for a geriatric assessment, where he was diagnosed with fairly advanced Alzheimer's Disease and recommendations for 24* supervision were made. Conservatorship was also recommended. Mr. Smith's son and daughter became co-conservators of person and estate through probate court.

An old friend of Mr. S's agreed to take care of him. Mr. S's daughter returned to her home down south.

Mr. S's friend (primary caregiver) was very controlling and was resistant to Mr. S accepting program services at first and would often threaten to stop caring for Mr. S if things did not go her way. Mr. S's son was to provide care whenever the client was without formal services or whenever his friend was not available. All of Mr. S's personal care needs were being managed by his son or his friend.

The AAA continually tried to assess if Mr. S's son was providing all of the care that he assured the Care Manager that he was providing. There was an incident when it was discovered that Mr. S was being left in the home alone with a special lock on the door so that he would not wander. Mr. S's friend, who would open any mail that came into the home discovered that Mr. S's son had opened up credit cards in Mr. S's name and was using them; the bills reflected unpaid balances.

All of this resulted in referrals to Elderly Protective Services and multiple appearances in probate court. In probate court Mr. S was assigned an attorney as his Guardian Ad Litem

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to ensure that Mr. S received 24* care and eventually an attorney was appointed as Mr. S's conservator of estate (rather than the son and daughter). The issues of financial exploitation and personal neglect resulted in weekly probate court appearances for accountability to the probate judge. The probate judge also made a visit to Mr. S's home to assess safety and the locked door issue. Finally, Mr. S was assigned a new conservator of person (non-related) and it was felt that Mr. S required a skilled nursing facility. Mr. S did subsequently pass away in the facility. The conservator of estate reported plans to continue to research the financial exploitation by Mr. S's son and to determine if the credit cards were taken out in Mr. S's name after he began developing cognitive issues.

Situations like all of these in the stories I shared require intensive, timely intervention and require a team of professionals to safeguard the individual, most critically, individuals with cognitive impairment.

The Agencies on Aging are just one resource in a larger network of professionals (adult protective services, social workers, banks, police, and prosecutors) endeavoring to educate the public about, prevent and intervene in situations of elder abuse. All involved were greatly heartened to see major provisions of the Elder Justice Act passed as part of the Affordable Care Act. The Elder Justice Act is intended to facilitate coordination among stakeholders, establish uniform standards for response and to increase the public resources that are invested in this key public health and safety issue. To meaningfully respond, we need full implementation of the provisions of the Act, and enhanced staffing and resources for such vital partners as protective services and the elder abuse units of the offices of chief states' attorneys. Additionally, education is needed for our communities, law enforcement, banks, home and community based service providers on signs of abuse, and reporting requirements. Finally, a national registry for all in-home care providers with criminal histories related to elder abuse would also serve as a helpful tool.

Elder Abuse needs and deserves our attention. Again, thank you for giving me this opportunity to provide testimony.

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Witness Biography: Bob Blancato August 22, 2011

Bob Blancato is President of Matz, Blancato, & Associates, a full-service firm integrating strategic consulting, government affairs, advocacy services and association and coalition management. Bob is the National Coordinator of the Elder Justice Coalition, a bi-partisan, 650 member organization. From 2000-2006, Bob served as President of the National Committee for the Prevention of Elder Abuse and remains on its Executive Committee. He currently serves as the Executive Director of NANASP, the National Association of Nutrition and Aging Services Programs. Bob is a former House staff member and spent 17 years on the House Select Committee on Aging. He also served as Executive Director of the 1995 White House Conference on Aging and on the Policy Committee for the 2005 Conference. Bob most recently became Chairman of the Commonwealth Council on Aging in Virginia. He was appointed by Governor Tim Kaine. He holds a Bachelor of Arts from Georgetown University and a Masters of Public Administration from American University. In 2010, Bob has received a number of awards for his work on elder justice including the Arthur Flemming Award from NASUAD, and Advocate of the Year award from Older Women's League.

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THE ELDER JUSTICE COALITION
A NATIONAL ADVOCACY VOICE FOR ELDER JUSTICE IN AMERICA
JOHN B. BREAUX, HONORARY CHAIR • ROBERT B. BLANCATO, NATIONAL COORDINATOR

Written Testimony of Bob Blancato, National Coordinator, Elder Justice Coalition
Field Hearing of the Senate Special Committee on Aging
Strengthening Federal Support for State Efforts to End Elder Abuse, Neglect and Financial Exploitation
Hartford, Connecticut
August 23, 2011

Chairman Kohl, Senator Blumenthal:

Thank you for the opportunity to testify on behalf of the non-partisan Elder Justice Coalition (EJC). Our more than 750 members appreciate the strong commitment this Committee has to promoting elder justice by helping to prevent elder abuse. You bring an additional level of credibility and experience to this issue because of your outstanding work as Attorney General of this state and your efforts at combating elder abuse were very effective. We also commend you for your leadership on elder justice in your first year in the Senate serving as a cosponsor of the End Abuse in Later Life bill as well as the Elder Abuse Victims Act. In addition your request of a GAO study on ways the federal government can support state, local and private efforts to combat financial exploitation was also very important.

We commend you not only for holding this hearing but also on the legislation you are preparing to introduce. We were pleased to be provided with a draft copy of the bill and look forward to working further with you and your staff prior to its introduction. In light of the fact that your bill will amend the Older Americans Act, we are especially interested in working with you and members of the authorizing Committee to see how the upcoming reauthorization of the Older Americans Act can further strengthen our commitment to elder justice.

One thing is not in dispute this morning. Elder abuse is a growing national problem. The National Institute of Justice says almost 11 percent or 5.7 million persons over age 60 reported suffering from some form or abuse in the past year. Yet when you factor in non-reporting, numbers grow dramatically. A recent NYS study says for every report of elder abuse, 23 or more go unreported. It takes all forms, yet financial abuse is among most prevalent in 44 states. You will hear the impact of financial abuse from Sandy Timmermann of the MetLife Mature Market Institute. The average victim of elder abuse is an older woman living alone between 75 and 80. Today according to the Census Bureau, 48 percent of all women over 75 live alone.

Yet our federal response to this growing problem is anything but growing. If you consider funds spent on adult protective services from the Social Services Block Grant, and funds for elder abuse prevention and the ombudsman program in the Older Americans Act, it totals less than $200 million. By contrast, we spend upwards of $7 billion on child abuse prevention programs.

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THE ELDER JUSTICE COALITION
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JOHN B. BREAUX, HONORARY CHAIR ♦ ROBERT B. BLANCATO, NATIONAL COORDINATOR

We are all looking for ways to save Medicaid dollars with its $333 billion budget. Let us invest in preventing elder abuse and keeping some of its victims from having to turn to Medicaid.

We most certainly appreciate your recognition of and support for adult protective services in our nation. An original member of the Elder Justice Coalition and one of our most steadfast advocates is the National Adult Protective Services Association (NAPSA). Including the Connecticut Department of Social Services, APS is established by statute in every state to receive reports of abuse, neglect and exploitation of older persons. The work of APS is as important to vulnerable adults as child protective services are to children. Despite its nationwide status as a response system for victims of vulnerable adult and elder abuse, as you know from the recent GAO report, it has no national infrastructure. As a result, APS offices are faced with ever increasing caseloads, shrinking state budgets and are struggling to survive. Yet we find it both amazing and appalling there are still 13 states which provide no funding for adult protective services from its main funding source, the Social Services Block Grant (SSBG). It might make sense if there was no elder abuse in those states but we know that is not the case.

An important missing dimension for APS, the lack of a dedicated federal funding stream was addressed with the passage last year of the Elder Justice Act. I know you are familiar with this landmark legislation. My only additional comment about the EJA is our fervent hope that with your help we can secure first time funding for the Act as proposed by the President in his FY 2012 budget. The main element in his request is $16.5 million for Adult Protective Services Demonstration grants. We view this as an important first step in building a national infrastructure for APS services.

There is no question that another way to enhance the standing of adult protective services is to allow it to have a first time home within the federal government. Your bill would propose a Federal Office of Adult Protective Service Programs in the Administration. We believe your proposal will prove important if it prompts the Administration to move more quickly and implement a provision of the Elder Justice Act which calls for a permanent home within HHS for APS.

Your proposed bill outlines the key roles and functions for this office and its Director and should this office be named before your bill is passed we hope the Administration will get proper guidance from what you propose.

We especially agree with your language to have this office collect and disseminate data on an annual basis and do it in coordination with the Department of Justice. The absence of good data has impeded legislative action on elder justice pure and simple. This needs to change. In this

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environment data can drive dollars. Similarly we support your proposal to have this office collect and disseminate research related to the provision of APS.

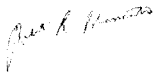
We also support your call for a State Adult Protective Services Resource Center. We agree such a center is needed by the field and think it important to have it codified in statute. We look forward to discussing with you the idea to have this APS resource center be an extension of the National Center on Elder Abuse (NCEA). We await the announcement by AoA of the new NCEA and following that we can see what possibilities may exist.

We also agree it would be important to have current issues concerning adult protective services programs included in reports to Congress.

Essentially, we see your bill as a critical catalyst to aid adult protective services-men and women who are on the front lines in each state to help investigate and help victims of elder abuse and prevent future victimization. It is time the perpetrators of elder abuse stopped having the upper hand.

We must never forget that a victim of elder abuse is never the same. And according to the statement of findings in the Elder Justice Act, victims of elder abuse have three times the risk of dying prematurely. What greater motivation do we need to act?

Respectfully Submitted,



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Testimony of Jeanne Franklin
Member, CT Commission on Aging, CT Coalition on Aging, and the Board of the Southwestern CT Agency on Aging
Submitted for the U.S. Senate Special Committee on Aging
August 23, 2011

I wish to comment on the topic of Elder Abuse. I feel it is extremely important, complex and difficult, and it has been a concern of mine for sometime. I feel there two aspects on which I wish to comment:

1. The lack of understanding what Elder Abuse is, what to do if a Senior is suspected of being abused, either him/herself or by a caring family member or friend.
2. The fear associated with reporting to appropriate government of service organization responders because of retribution and impact to and reaction by the perpetrator.

First, most adults do not know how to recognize signs of abuse or, if they do, where to go. I feel there needs to be much better provision of information on how to recognize abuse, how to understand what makes up abuse, and where to turn for help. I feel this should take place on two levels.

First, a long range plan to institute education about Elder Abuse, and, in fact, all types of abuse such as sexual, racial, religious etc. abuse in schools, churches/temples, mosques, etc., starting with teens and up. But the element of time necessary to implement an education plan will not help with the more immediate situation.

The more immediate response could be greatly helped if Legislative Leaders implement clear laws related of Elder Abuse; then, to mount a PR blitz involving all media to bring it to the attention of the public.

But I feel that number 2 is at least as important. I have observed situations in which the concern was with fear of how the perpetrator would be treated, how that person would react by withdrawing any support, being sent to jail, abusing in a worse way, and other problematic behavior and attitude. There is also concern that a report will lead to police action toward a relative. All these make the problem for the Older adult more extreme and complicated.

This 2nd issue is even harder to address. I sincerely hope that Senator Blumenthal's wonderful efforts to launch the discussion on Tuesday will result in some major and constructive ideas.

These are among a number of concerns, and are also aspects of other categories of abuse.

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Thank you, Senator Blumenthal, for focusing attention, and hopefully response, on this very serious and important topic.

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Written testimony: Robert "Buddy" Harkness of Waterbury, CT
August 23, 2011

I want to thank Senator Blumenthal for his concern and support for the elderly and disabled. I am unable to personally appear and address you today. Even so, the topic of elder abuse is very important to me.

I am a 65 year old quadraplegic born with cerebral palsy. I have always needed the assistance of others for all of my basic needs. As I've gotten older my medical conditions have gotten worse. I need a feeding tube to help me eat. I now have use of only one finger on my left hand. My care is complex and at times challenging.

As a child my family did their best to take care of me at home. At age 17, they had no choice but to place me in long-term care. The hospital was my home for the next 28 years. For the last 20 years I have lived my dream, to live in my own apartment. For me to remain in my home has taken a lot of work from many good people.

As I have learned, you must be very careful when having someone come into your home and provide care. For many years I suffered physical, verbal and emotional abuse in my home.

Since all this happened, I've learned that caregiver abuse is very common. Some would say it is epidemic. Each one of us has their part to do. Individuals need to know that any form of abuse is unacceptable. Speak up. Let someone know that something is wrong.

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Sunset Shores
Adult Day Health Center
720 Barnum Avenue Cutoff - Stratford, CT 06614
(203) 380.1228 (office) – (203) 380.1481 (fax)
www.cteldercare.com

As a Registered Nurse working in the field of geriatrics, I find nothing more disturbing than having to make a referral to elderly protective services for a case of potential abuse or neglect of a client. I must say that in my past experience of twenty years in the nursing field, I feel the response time for referrals made to DSS- elderly services division, must be met with more of a sense of urgency. I also feel it is not appropriate that a client is able to remain with an alleged abusive person until elderly protective services completes the investigation. I feel it would be in the best interest of all parties involved if the client was removed from the environment, especially if the client resides with the alleged abuser. If the person does not reside with the potential abuser, there should be a method to protect them until the investigation is complete, such as a temporary restraining order. I had an unfortunate situation with a client attending our day program, Sunset Shores. Despite placing a referral to protective services when the client had a substantial amount of bruising to her body, she was able to remain in the home environment until the investigation was complete. During the time of the investigation, the workers were unable to determine if the client was truly being abused. Despite the outcome and the fact that the client did eventually get placed into a long term care facility, the interim of time that the client was allowed to remain in the home environment was entirely too long. It seemed very neglectful to me that this situation was allowed to happen for months on end before the client was actually removed from the home and placed in a safe haven. The law enforcement only further complicated matters because of jurisdiction issues related to where the client resided as opposed to where the client attended the day center. I don't feel in these situations that there is time for such issues. I feel in these situations we must err on the side of caution to protect an elderly client, especially when many of these clients are not physically or cognitively able to protect themselves. Thank you for an opportunity to express my opinions on this very important topic.

Carol Hennessey RN
Sunset Shores Adult Day Health Center
Stratford, CT 06614

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My name is Diane McHone and I work for a nonprofit agency in Bridgeport. The agency is called Groundwork Bridgeport. Our agency provides lawn care service to the elderly homeowner in Bridgeport and the surrounding areas.

With the help of SWCAA who provides us with a grant to offset the cost of the service. I have been working with SWCAA for about five years, and have referred some of my clients who need services we don't provide to SWCAA.

I know that SWCAA has many programs for the elderly and also have many resouces that they can provide.

In June 2009 I was in a crisis situation and I contacted SWCAA to see if they could help me.

I was living in an apartment in Milford. The owner of the house contacted me and told me I needed to find another apartment because her son was moving up here in August form Florida and she needed the apartment for him.

I contacted several real estate offices and told them what I needed and what I could afford. However, at that time no one had anything available. But they said they would keep looking and contact me if they found something.

I also contacted my friends and my church so I had a lot of people looking for me. And everyday I bought the newspaper to check and see if anything was available.

But as I am on a fixed income and also have a dog , I was having a really had time finding something. I notified my landlady and informed her of everything.

The landlady's son moved up to Connecticut the first week of July and immediately started harassing me because I wasn't out of the apartment.

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One Saturday morning he came to my apartment and when I answered the door he slammed the door into my arm and my chest, he pushed his fist into my face and threatened to kill me and blow up me car.

I was able to shut the door and I immediately called the police. My neighbor across the hall gave the police a written statement regarding what he had heard.

I was terrified. The police took all the information including the address of his mother which was wear he was staying. They also took pictures of the arm which was very swollen and beginning to show signs of bruising.

An arrest warrant was sworn out for him. After they arrested him a provestive order was order, and he wasn't allowed to make any sort of contact with me.

I went to Milford Hospital for x-rays on my arm. It was badly bruised but fortunately nothing was broken. My arm was put in a shoulder sling to rest.

The doctors at the hospital asked me what had happened, the doctor told the nurses and told them to check around to see if the could find me an apartment.

When I went to work on Monday I called Pat Knebel at SWCAA to see if there was any way that the could help me or if she new any place I could go for help.

She said that she would give the information to one of her associates that work with the various organizations that could help me.

A very nice person by the name of Lisa from SWCAA contacted me. I explained everything to her. She started making calls and checking around.

At that point I had only one option and that was to move out of the apartment and put my furniture in storage and sleep in my car. This

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was the worst situation I have ever been in and believe me I was scared to death.

I know that Lisa worked very very hard to help me. She finally put me in touch with a Social Worker from the Jewish Home for the Elderly, her name was Jessica Lewis.

Jessica started checking places where I might be able to stay, including the Center for Women and Families but there just wasn't anything available.

I was very distrot and scared. I had a place to store my furniture and a friend was going to take care of my dog. But it seemed like my only option was to park my car in the back lot where I work and sleep in the car.

I was moving out of my apartment on Friday. Needless to say I was very upset and scared. On Thursday Jessica Lewis called me and said she had a nice place for me to stay up at

They have a small house on the property that has several bedrooms. It as a nice and safe place where I could relax and really concentrate on finding an apartment. I could stay there free for a month. I was very grateful.

Lisa at SWCAA and I were in constant contact and looking from a permanent place for me. Lisa also told me SWCAA had a program that could provide me with a security deposit for my rent.

Several years ago I had put an application in at Saranor Apartment Senior housing in Milford, but I had never heard from them. I finally called them and they said they still had my application and would review it and contact me.

Several days later they contacted me and said they had an apartment for me to see. And that if I liked it I could have it. I went to see it and immediately took it.

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I contacted Lisa at SWCAA and she put me in contact with someone who I met and they provided me with the security deposit for my apartment.

I moved into my apartment on October 2009, and I am now about to renew my lease starting my third year. I am so happy and safe in my new place.

Without the help of Lisa at SWCAA and Jessica at the Jewish Home for the Elderly I don't know what would of happened. I guess I would have just been another homeless statistic.

I work with SWCAA for my clients and I send people who call me looking for various help that we can't provide, I put them in contact with SWCAA. This is a great agency with great people who really care about you and work extremely hard to help you.

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Testimony of

Laura Snow, MPH, Program Director of the Center for Elder Abuse Prevention, a community service of The Jewish Home for the Elderly in Fairfield, CT

Submitted for

a Field Hearing of the Senate Special Committee on Aging in Hartford, CT

August 23, 2011

Senator Blumenthal, I thank you and the entire Senate Special Committee on Aging for calling a field hearing on elder abuse and for hosting a similar forum in Washington, in March, which featured Mickey Rooney's story. I am honored to share our perspective about the problem of elder abuse in Connecticut and the needs our clients face.

My name is Laura Snow, and I am the Program Director for the Center for Elder Abuse Prevention, a community-based program of The Jewish Home for the Elderly in Fairfield, Connecticut. Our mission is to empower victims of elder abuse through safe haven and services, and champion safer communities for older adults.

OUR CLIENTS

Also here with me today are the stories of our clients, such as Bob, a thirty-year Sikorsky employee and victim of financial exploitation and neglect by a friend; Vera, a hardworking mother, now grandmother in Bridgeport, and victim of physical abuse by her son; Bill, a veteran, fireman, and victim of fraud, exploitation, and neglect; and Mary, a wealthy widow in Stamford and victim of physical abuse by her daughter. I will focus on just one, though, and that's the story of Helen.

Helen is in her late eighties, has mild memory impairment, uses a walker or wheelchair on days she is feeling weak, and regularly attended an adult day program in Fairfield County. The staff at the Adult Day Program knew Helen well, and had started to notice a change in her behavior over the span of a couple of months. One day, she got off the bus with a gash across her forehead. Concerned, the program director asked her what happened and she revealed after much hesitation that her daughter had thrown a can of deodorant at her from across the room, and that this was not the first time she had been physically aggressive towards her. Helen also said that she was scared of her daughter and afraid of what she might do next. Having participated in a training conducted by our staff, the director called both Protective Services and our program, knowing that shelter might be an important option for Helen.

Upon our arrival, we worked with Helen to plan her next safe steps. Presented with the choice to stay in a confidential location that could meet her needs, Helen decided to do so. Working

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together with police, Protective Services, and the Adult Day program staff, we were able to help Helen leave without her daughter knowing where she was going. Helen stayed in the elder-ready safe haven for two weeks, during which we helped her acquire her personal belongings, extricate her finances from her daughter, receive medical attention for her injury, counseling, and daily care for her specific needs. We also helped her fulfill her wish to live near her other daughter in Florida in an Assisted Living community.

Helen is one of fourteen people The Center for Elder Abuse Prevention has coordinated shelter for since opening in September, 2007 and one of 200 referrals to the program for an array of services. We have offered the option of elder-ready safe haven to many more, knowing that one day they might choose to enter. In the field of elder abuse, outcomes are not always successful, but Helen's case is certainly a success story.

We believe that there are many more out there like Helen, who have not come forward or cannot come forward. Even when clients do come forward, we are continually struck by the lack of resources for them and the vacuum of best practices or research to advocate for them. You know from the testimony of the panel that spoke in March in Washington, D.C. that this is not a problem specific to Connecticut.

OUR PROGRAM

Modeled after a safe haven program in Riverdale, New York, to meet the needs of Fairfield County, we were the second of its kind in the nation when we began. The Center carries out its work specifically through three main areas: intervention, collaboration, and prevention.

Emergency, confidential, safe haven is an option of last resort for many of our clients. To help mitigate mistreatment, we can provide older adults with a geriatric assessment and intensive care management, often involving transportation, geriatric medical consultation, and advice through the system of institutions and resources, be they financial, legal, counseling, medical in nature to help them achieve safety. We have connected these services and advice to clients in the domestic violence docket teams in criminal court, as well as with staff at probate court. To date, we have helped over 200 individuals.

While we draw from a large support network within our organization and community, we are a staff of two individuals. We make these efforts collaboratively with many community partners, many of whom are in the room today, in both formal and informal avenues. Formally, we convene and coordinate CAPE, the Coalition for Abuse Prevention of the Elderly, a group of over 40 agencies and business that are working together to address elder abuse through advocacy, awareness, and professional training.

To prevent elder abuse or reduce the progression of active cases, we have taught over 3,000 professional and about the dynamics of elder abuse, reporting requirements, and not only who to call for help, but what that process might look like when they do.

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OUR NEEDS: Attention and Research

Often it seems that Society's current system of resources just have not caught up to the experiences of our clients, ultimately, hindering our ability to serve clients better.

We need to bring the same awareness, research, resources, and attention to elder abuse as we have given to child abuse and domestic violence over the past 30 plus years.

We work in a field with little research on best practices or evidence-based methods. Without research on perpetrators, we must craft and target prevention training around what we know and see through our clients' experiences, combined with the scant suspicions in the studies that do exist. Without research and best-practices, and with limited budgets, we are unable to prioritize more effective intervention strategies over others. Without research and best-practices, we continually debate how to intervene at critical moments in transitions of care or financial relationships that could be deleterious. In the financial arena, in particular, we do not have screening methods to determine trustworthy stewards of seniors' finances, and our court system does not have adequate support or methods for oversight of appointed conservators. I should note that our program focuses so much on financial mistreatment, because it is so rampant, and to quote Candace Heisler, a former prosecutor and national expert on domestic violence and elder abuse, "no matter how a case is presented to me, whether physical, emotional, neglect or sexual in nature, I will rule in financial exploitation until I can rule it out." Finally, without research and best practices, we find while helping a client, whose factors of mistreatment and family may span multiple states, that there is an extreme patchwork of statutes and resources.

Telling victim's services organizations to serve older clients is not enough. They also need the guiding principles to do so.

We hope that one day there will be a national network of elder-ready shelters and greater consistency of comparable services. We also hope that we can reduce the tide of cases and the need for resource in the future with more prevention efforts. Without more attention, we can not even approach these outcomes.

There are potential financial benefits to these efforts that I can only reason, but not prove. That type of analysis is also sorely needed. However, I encourage us all here today to turn to the moral imperative we should have to help those who experience mistreatment, exploitation, and trauma at the hands of someone they trusted. We have taken incredible strides in domestic violence, and we can bolster those efforts for the unique needs of older victims. You, Senator Blumenthal and your colleagues, took the first step to make these achievements a reality with passage of the Elder Justice Act. Please continue this standard of attention.

For our clients, it did not matter if the perpetrator was a caregiver, a daughter, or a friend. It did not matter if they were of great wealth from the Gold Coast of Connecticut, or of little means

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from our inner-cities. It did not matter if they were a fireman, wife, mother, friend, or caregiver. What mattered is that it happened to them, and they share the same emotional scars.

I thank you for calling this important hearing today on their behalf.

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