NYC RESPONDS:

SHARED RESPONSIBILITY: JOINT ACTION

DEVELOPING A NYC ROADMAP TO ADDRESS ELDER ABUSE

JUNE 2016
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Dear Colleagues,

*Shared Responsibility, Joint Action* is a call to action for a culture change of how we, as a city, collectively implement this elder abuse Roadmap. Systems change requires a groundswell of active support from *all sectors of the city's leadership, community organizations and residents* to create a fundamental shift in attitude and possibilities to ensure that all New Yorkers understand the depth of this human crisis next door to them and the need to respond in a thoughtful way. Addressing elder abuse through collective, planned action will make a difference in preventing and responding to elder abuse. Developing community and governmental responses that engage older adults, other community residents and organizations, and professionals from an array of disciplines will serve to harness energy for practical solutions that are possible when we work together. Taking action that shows that there are solutions to elder abuse will encourage others to join us.

Elder abuse victims and their families cannot continue to be left out on their own. This Roadmap is a living document intended to set a foundation for action from an array of directions with broad participation of key and interested players. It is our hope that over time the Roadmap will serve to come up with new solutions we haven’t thought about yet and to create space for victims of elder abuse to feel comfortable to speak for themselves.

LiveOn NY thanks the Planning Committee for providing thoughtful input into developing the two Roadmap planning meetings. Geoffrey Rogers, Director of Learning and Development, Brookdale Center for Healthy Aging, was an excellent facilitator who successfully kept the discussion moving and on target. All of this was made possible by the NY Women’s Foundation who funds LiveOn NY’s Elder Abuse Initiative work. We also thank LiveOn NY’s great teamwork of Bobbie Sackman, Director of Public Policy, for overseeing the Roadmap planning process and Andrea Cianfrani, Deputy Director of Public Policy, for authoring the report.

LiveOn NY is grateful for all the dedicated individuals who work on elder abuse issues, some for decades and some newer to this arena. It is together, along with holding the dignity of all older adults uppermost in our actions, that we will take *Shared Responsibility, Joint Action* to end the scourge of elder abuse.

Igal Jellinek  
Executive Director

David V. Pomeranz  
Board President
About LiveOn NY

LiveOn NY is a non-profit organization that makes New York a better place to age by working on policy, advocacy and innovative programs. LiveOn NY has a membership base of 100 organizations that provide more than 800 community based programs, which range from individual community-based centers to large multi-service organizations. LiveOn NY’s policy and advocacy work focuses on community-based services, elder abuse prevention and services, affordable senior housing with services, caregiver supports and other issues impacting older New Yorkers. We also operate a robust outreach and enrollment program to assist older adults to access public benefits.

LiveOn NY’s policy efforts provide the voice for seniors and the aging services network when policy decisions are being made and coordinates and mobilizes action when those decisions impact older adults. Fundamental to LiveOn NY’s advocacy strategy is an understanding of the political, budgetary and economic climate of city and state governments, and building collaborative relationships with other organizations. LiveOn NY is also seen as a primary resource for city and state government legislators and agencies to both provide input on policy and information regarding the older adult community as well as to disseminate important information to the aging network.

Shared responsibility, joint action is a call to action for a culture change of how we, as a city, collectively implement this elder abuse roadmap. Systems change requires a groundswell of active support from all sectors of the city’s leadership and residents to create a fundamental change to ensure that all New Yorkers understand the depth of this human crisis next door to them and the need to respond. Elder abuse victims and their families cannot continue to be left out on their own. Shared responsibility, joint action - accomplishing what this city could be proud of - saying "no" to elder abuse, finally.
LiveOn NY Elder Abuse Initiative (EAI)

FOCUSBING ON ELDER ABUSE VICTIMS’ SERVICES AND PREVENTION

With grant funding from the New York Women's Foundation, LiveOn NY developed the Elder Abuse Initiative (EAI) to advocate for systemic policy changes that would improve elder abuse victims’ and prevention services, as well as the handling of elder abuse cases by institutions such as the New York City Police Department (NYPD) and financial institutions. LiveOn NY also advocates for city and state funding for elder abuse victim and prevention services. Through the EAI, LiveOn NY also convened the LiveOn NY Elder Abuse Coalition comprising of over 30 organizations to develop meaningful policy to address elder abuse. LiveOn NY also works with domestic violence (DV) organizations to ensure elder abuse is specifically addressed in the context of domestic violence and understood.

THE HIDDEN CRIME AND CRISIS OF ELDER ABUSE AND A SYSTEM UNEQUIPPED TO ADEQUATELY ADDRESS IT

According to the 2011 "UndertheRadar: NYS Elder Abuse Prevalence Study," for every case of elder abuse reported to an authority, 24 cases go unreported. For financial related elder abuse, that number rises to 1 in 44. Further, 9% of all NYC residents, nearly 120,000 people age 60+ have experienced elder abuse. An astounding 260,000 older New Yorkers statewide are currently experiencing elder abuse. The demographic reality of an aging population means the number of abuse incidents is likely to rise.

On World Elder Abuse Awareness Day June 15, 2016, the New York State Office of Children & Family Services (OCFS) released a ground breaking study title The New York State Cost of Financial Exploitation Study to quantify how much financial exploitation is costing victims, the government and service providers in New York state. The study looked at real cases, the majority of which were older adults, and included the value of the property stolen, government resources necessary to deal with the exploitation and new government benefits the victim required as a result of the exploitation (Medicaid, SNAP, etc.)

The findings are that financial exploitation of adults results in an estimated $1.5 billion in annual costs to NY. This is staggering and shatters previous estimates. These cases are notoriously also difficult to pursue, and recovery of funds is difficult. To give some perspective, the 2008 MetLife study that is often cited put the national cost of these crimes at $2.9 billion nationally.
Clearly, the OCFS study shows that the costs to New York State are far higher. Unless a comprehensive, cohesive plan that involves a cross-disciplinary approach and adequate funding is developed and implemented, meaningful policy will not be developed or enacted.

While this crisis continues to escalate, both city and state funding has not come close to addressing the issue. Given the gravity of the issue, to date, New York State and New York City have left elder abuse services substantially underfunded. Mayor Bill de Blasio administration's FY17 budget included $1.5 million for Multi-Disciplinary Teams (MDTs) for the first time, plus $2 million in baselined funds for prevention and victims' services.

Despite these very recent advances at the city level, as this Roadmap clearly demonstrates the need far outweighs the funding. It is LiveOn NY’s hope that this Roadmap report can help shed light on the specific areas that require our collective action.

**GOAL OF DEVELOPING A NYC ROADMAP TO ADDRESS ELDER ABUSE — LOCALIZING THE ISSUE**

The federal Department of Justice and Health and Human Services along with stakeholders from across the country developed and issued the National Elder Justice Roadmap Report in 2014.vii Through this current process, LiveOn NY aimed to further localize the issue of elder abuse and discuss potential policy and action items to raise the profile of this critical issue that affects tens of thousands of older New Yorkers each year.

According to a 2016 report by the Frameworks Institute titled “You Only Pray that Somebody Would Step In”: Mapping the Gaps Between Expert and Public Understandings of Elder Abuse in America”, a major challenge to addressing this complex issue is that of responsibility. Specifically, “[t]he public widely insists that ‘everyone’ is responsible for addressing the problem of elder abuse, yet people hesitate to ascribe full or ultimate responsibility to any particular party. The vague idea that we are each responsible is, in practice, somewhat empty, leaving a vacuum in which no one is truly responsible. Put simply, people struggle to assign responsibility for this social issue. The responsibility vacuum—and unwillingness to assign responsibility to society collectively—
undermines the rationale for addressing elder abuse through public measures and further reinforces fatalism.\textsuperscript{viii}

Building on its advocacy and programmatic work, and through this Roadmap process, LiveOn NY has had the opportunity to work closely with leaders from cross-disciplines including government, law enforcement, the legal community, social services, foundations, domestic violence, financial industry, healthcare and others. Through this work, what has become abundantly clear is the need to convene the cross disciplines to create and coordinate the necessary shared responsibility to properly address elder abuse. By accepting a shared responsibility for addressing the issue, we can best identify and outline the short term and long term steps and goals that must be addressed to break down silos and maximize resources to address this complicated issue. By collectively identifying the challenges and potential recommendations for action from the organizations and leaders who have been working on elder abuse every day, the goal is for the Roadmap to actualize these thoughtful ideas to build a system and infrastructure with shared responsibility.

As with any public policy initiative, the Roadmap is meant to be a living document, one that LiveOn NY hopes will commence a coordinated effort with specific recommendations to build upon the work that is already being done, and which will move New York City forward with a shared responsibility for addressing elder abuse.
NYC Roadmap Guiding Principles

Because meaningful policy change can only occur through this shared responsibility and through joint action, several principles guided the Roadmap process from its inception through this final report. Those principles focused on:

- Societal and cultural change;
- Shared responsibility;
- Impact of elder abuse on older adults;
- Ensuring diversity and cultural competency in all actions;
- Practical problem solving; and
- Utilizing a multi-disciplinary approach.

By relying on these principles throughout the entire process, participants were able to make contributions and develop this Roadmap to allow groups to work through collective action and toward practical, attainable goals.

NYC ROADMAP PROCESS OVERVIEW

On October 27, 2015 and December 10, 2015 over 50 thought leaders and key stakeholders participated in a facilitated discussion with the goal of localizing the issue of elder abuse and building broad based consensus for practical, attainable goals and policies in New York City.

Participants included leaders from multiple disciplines including government, law enforcement, legal community, direct and social services, foundations, domestic violence, financial industry, healthcare and others. The event was facilitated by Geoffrey Rogers, Director of Learning and Development, Brookdale Center for Healthy Aging, and was made possible by funding for LiveOn NY’s Elder Abuse Initiative from The New York Women’s Foundation. Representatives from various disciplines were seated to ensure a balanced discussion and to enhance collaboration. Participants engaged in an energetic and synergistic exchange of ideas, both through a large group discussion and smaller table discussions.

The group was challenged with identifying challenges and specific, practical, attainable recommendations for action in the areas of direct services and policy. LiveOn NY issued an Interim Report in December. The group reconvened on December 10, 2015 to focus on three specific challenges and concrete action steps. Several recurring themes emerged. To digest the incredible amount of information in a logical way, seven Challenge areas were identified and all Recommendations for Action were arranged to respond to these challenges. An overriding direction identified by the participants was that all Recommendations for Action must address cultural competency and diversity.
NYC ROADMAP GUIDING PRINCIPLES

Roadmap Planning Committee:

Risa S. Breckman, NYC Elder Abuse Center, Weill Cornell Medical College Division of Geriatrics and Palliative Medicine
Jean Callahan, Brookdale Center for Healthy Aging
Catherine Christian, New York County District Attorney’s Office,
Andrea Cianfrani, LiveOn NY
Ann Marie Cook, Lifespan of Greater Rochester, Inc.
Donna Dougherty, JASA LEAP Queens
Deirdre Lok, Harry and Jeanette Weinberg Center for Elder Abuse and Prevention
Martha Pollack, JASA
Bobbie Sackman, LiveOn NY
Joy Solomon, Harry and Jeanette Weinberg Center for Elder Abuse and Prevention
Facilitator: Geoffrey Rogers, Director of Learning and Development, Brookdale Center for Healthy Aging
Summary of Seven Challenges and Recommendations for Action

There is a lack of clarity about existing elder abuse services, resources and protocol in NYC.

There are multiple challenges to how services are provided now. The existing system is fragmented, underfunded and is not designed to meet the needs this extremely vulnerable population.

Because it is a hidden crisis, elder abuse is not clearly defined, recognized or understood.

Elder Abuse is not fully incorporated into existing laws, regulations, policies and procedures, thus leaving older adults unprotected and without recourse.

Elder abuse – at all levels – is not a priority. The issue must be elevated and prioritized by all levels of government and communities to be recognized as a community and health crisis.

Family dynamics play a crucial and central role to the issue of elder abuse. The current system is not designed to address elder abuse as a family issue.

Community dynamics play a crucial, central role to the issue of elder abuse. The current system is not designed to address elder abuse as a family issue.

CHALLENGE: THERE IS A LACK OF CLARITY ABOUT EXISTING ELDER ABUSE SERVICES, RESOURCES AND PROTOCOL IN NYC.

Participants noted that in order to build a sustainable infrastructure, “we need to know what we already have, what they do and what their reach is.” Also, we need to “get everyone to the table and fill in the gaps.” There is a general uncertainty about where people can turn for services, and even more specifically, what services are available. Notably, “there’s a lack of understanding on
SUMMARY OF SEVEN CHALLENGES AND RECOMMENDATIONS FOR ACTION

the part of the public about what’s going to happen if you report elder abuse. To report it, people need clear expectations about the response is going to be and who will be affected."

**Recommendations for Action include:** A citywide assessment of services and asset map, a 24-hour elder abuse hotline, creating a service manual and establishing organizational best practices and policies.

**CHALLENGE: THERE ARE MULTIPLE CHALLENGES TO HOW SERVICES ARE PROVIDED NOW. THE EXISTING SYSTEM IS FRAGMENTED, UNDERFUNDED AND IS NOT DESIGNED TO MEET THE NEEDS THIS EXTREMELY VULNERABLE POPULATION.**

Participants commented that it was often unclear about the connection points between agencies. Further, that “our systems are set up to handle crisis, not long-term issues with families.” There was discussion about inadequate funding at every level and that funding must include outreach, particularly to underrepresented and underreporting communities. Concern was also expressed for “family, friends and neighbors because we are asking them to become directly involved, but their level of stress is profound and there is no support for them.”

**Recommendations for Action include:** A drastic increase in funding, a shift in the system to be more proactive and preventative instead of operating in crisis mode, better assessments, increased funding for trained elder abuse specialists, better compensation and support for the workforce, increased coordination with the medical community, a 24-hour elder abuse hotline, co-location of services in senior housing and single stop providers and addressing the unique needs of older adults.

**CHALLENGE: BECAUSE IT IS A HIDDEN CRISIS, ELDER ABUSE IS NOT CLEARLY DEFINED, RECOGNIZED OR UNDERSTOOD.**

Participants discussed that “couples who have been in long-term domestic violence relationship don’t see it as elder abuse.” Further, “We need to be more aware of the terminology we are using, as ‘elder abuse’ may not resonate with seniors.” Finally, there was some extensive conversation on the issue of ageism and how it affects the public’s view of elder abuse.

**Recommendations for Action include:** Education/Training, Outreach and funding for a Public Awareness Campaign. All efforts should be culturally appropriate, targeted to different ethnic and cultural groups, LGBTQ and caregivers, among others. Training should be focused in a number of area including law enforcement, medical community and young adults. Training should also include city agencies including the Department for the Aging (DFTA), Human Resources
SUMMARY OF SEVEN CHALLENGES AND RECOMMENDATIONS FOR ACTION

Administration (HRA), Department of Health and Mental Hygiene (DOHMH), Department of Housing and Preservation (HPD), Department of Homeless Services (DHS), among others. Training should also include professionals that often engage with older adults, including attorneys, medical professionals, financial professionals, service providers and the faith based community. Further advocates and service providers across the human services spectrum need training on elder abuse and aging issues. Elected officials should regularly include elder abuse in public speeches and policy discussions. These actions would work towards a societal cultural change as elder abuse is increasingly included in public policy discussions.

CHALLENGE: ELDER ABUSE IS NOT FULLY INCORPORATED INTO EXISTING LAWS, REGULATIONS, POLICIES AND PROCEDURES, THUS LEAVING OLDER ADULTS UNPROTECTED AND WITHOUT RECOURSE.

Because of the above challenge that elder abuse is hidden and not clearly defined, participants also discussed that because laws and regulations tend to be modeled around something specific, the broad issue of elder abuse may not fit into definitions needed for meaningful policy. This presents many challenges, and there are very “ripe” areas of policy, both regulatory and legislative, and big and small, for us to examine to see how elder abuse can be more effectively integrated into current and new policy.

Recommendations for Action Include: Reviewing current law and regulations and identifying gaps for new policy, examining policies and procedures for opportunities to better serve elder abuse victims, review domestic violence and child protection policy to understand potential parallels to elder abuse, passage of elder financial exploitation legislation and addressing complicated housing issues.

CHALLENGE: ELDER ABUSE – AT ALL LEVELS – IS NOT A PRIORITY. THE ISSUE MUST BE ELEVATED AND PRIORITIZED BY ALL LEVELS OF GOVERNMENT AND COMMUNITIES TO BE RECOGNIZED AS A COMMUNITY AND HEALTH CRISIS.

This challenge again addresses the issue of shared responsibility for the issue and its gravity. Participants noted that “the crisis far outweighs the resources we have, and that makes it overwhelming.” Further, there is a feeling that there is a “lack of collective political will” to increase resources.

Recommendations for Action include: Increased funding for services and prevention to match the great and growing need, cultural changes within government and organizations to address the
problem, and funding from government, business and philanthropic organizations for elder abuse related programs.

**CHALLENGE: FAMILY DYNAMICS PLAY A CRUCIAL, CENTRAL ROLE TO THE ISSUE OF ELDER ABUSE AND THE CURRENT SYSTEM IS NOT DESIGNED TO ADDRESS ELDER ABUSE AS A FAMILY ISSUE.**

Thoughtful discussion centered around the complexity of elder abuse cases, which provide challenges that may impede reporting and how services are currently provided. Of note, “the victim may feel shame, seeing this as their failure as a parent, or admitting they can't take care of their own affairs.” Also, the older adult often has the most resources in the family and is responsible for supporting the rest of the family.

There may be immigration issues - whether it is the older adult, the abuser or other family members. Regardless, no one is going to do anything to call attention to that. A common answer from a victim is, “Don't help me, help my son” because the older adult wants help and rehabilitation for the abuser, not punishment or jail.

**Recommendations for Action include:** Work with Family Justice Centers and domestic violence survivors’ organizations to learn best practices to understand how they treat and support the family unit in addition to the survivor. Funding for legal services to address complicated housing and other legal issues when there is elder abuse.

**CHALLENGE: COMMUNITY DYNAMICS PLAY A CRUCIAL AND CENTRAL ROLE TO THE ISSUE OF ELDER ABUSE. THE CURRENT SYSTEM IS NOT DESIGNED TO ADDRESS THIS AS A COMMUNITY ISSUE.**

Participants discussed that we can't “treat elder abuse in a vacuum.” Instead, it must be addressed as a community issue, similar to how we fight community violence. Other challenges arise because elders may ask “how will I be perceived in my community?” We need to work more closely with community-based organizations and clergy.

**Recommendation for Action include:** Direct outreach to community leaders, civic leaders, elected officials and government leaders, especially places where seniors regularly visit such as salons, banks, community centers, coordination with faith-based organizations, creating business incentives to encourage “age-friendly” community businesses, and including elder abuse in discussions about community violence.
IMPORTANT PROGRESS IS BEING MADE

While discussions focused on challenges and recommendations to improve elder abuse services and policy, it would be an oversight to not mention that there were many positive examples of progress. We are pleased that the NYPD has recognized elder abuse as an important issue, as evidenced by the appointment of a point person in the Domestic Violence Unit overseeing elder abuse cases at One Police Plaza. LiveOn NY has also participated actively in the Crime Victims’ Advocates Group run through the NYPD. This involvement led to LiveOn NY working with the NYPD to develop and film an elder abuse training video for its officers. City funding, while still insufficient, has increased. Fraud departments at banks are looking more closely at exploitation of older adults, and training their workforce. Multiple Disciplinary Teams (MDTs) are tackling complex cases and facilitating vital communication between multiple disciplines, which not only help in that particular situation, but in all cases moving forward.

It is this progress that LiveOn NY and the participants are eager to build upon with the shared responsibility of effecting meaningful change on elder abuse.
NYC Roadmap Next Steps

The recommendations in this Roadmap are based on the ongoing dynamic of “Shared Responsibility: Joint Action.” While each stakeholder and each organization has individual responsibilities and missions, there are several broad based goals that we can approach together. By doing so, we are assigning responsibility to each organization as well as a common responsibility to ensure we advance policy, legislation and direct services forward.

Based on the Challenges and Recommendations for Action identified as noted above and vibrant discussion from the group, LiveOn NY proposes the formation of seven focused cross-discipline Work Groups to identify both short term and long term goals that will effect systems change. Through the work of these groups, NYC stakeholders can cultivate the shared responsibility in specific areas to advance meaningful elder abuse policy. It is important to note that some of these groups will need to address both short term and long term goals. It is also important to understand that the success of the Roadmap process relies on the idea of shared responsibility and joint action and an investment and commitment by individuals and groups to work on these issues.
24-HOUR ELDER ABUSE HOTLINE WORK GROUP. The establishment of a 24-hour elder abuse hotline, similar to the hotline that exists for domestic violence, would provide a resource for victims, families, caregivers, the community and others. This Work Group will examine existing services and models, including the Domestic Violence hotline, staffing models, including roles for volunteers, budgetary needs, cultural competency, a public outreach and awareness campaign for the hotline and suggestions for connecting a hotline with NY Connects and the existing aging network and how to incorporate into existing infrastructures. *A hotline responds directly to the challenge identified that there is a lack of clarity about existing elder abuse services, resources and protocol in NYC.*

ELDER ABUSE TRAINING AND RESOURCES WORK GROUP. The Work Group will examine existing elder abuse resources, including resources for agencies and professionals and resources for the public, identify unmet gaps and needs and review current and past resource directories and make recommendations on updating resources. *The work of this group will respond to the challenges that there is a lack of clarity about existing elder abuse services, resources and protocol in NYC and also that because it is a hidden crisis, elder abuse is not clearly defined, recognized or understood.*

HEALTH WORK GROUP. The medical community is on the front lines of recognizing elder abuse, and there is a great amount of work that can be done with cross disciplines to ensure victims are receiving the help they need. The Work Group will examine protocol for discharge planning of elder abuse victims, outreach to hospitals to increase better communication involving elder abuse victims, successes from health care professionals as to what is working, engaging the medical community in multi-disciplinary approach in discharge, child protection protocols and ways to frame elder abuse as a medical and public health issue. *The work of this group will respond directly to the challenges that elder abuse – at all levels – is not a priority: the issue must be elevated and prioritized by all levels of government and communities to be recognized as a community and health crisis. Also, elder abuse is not fully incorporated into existing laws, regulations, policies and procedures, thus leaving older adults unprotected and without recourse.*

LEGISLATIVE AND REGULATORY WORK GROUP Because elder abuse is a hidden crisis and not clearly defined, is not fully incorporated into existing laws, regulations, policies and procedures, thus leaving older adults unprotected and without recourse. This Work Group will examine: possible changes with state statues to protect elder abuse victims, key provisions to focus on amending/changing/adding elder abuse victims,
policies and procedures where elder abuse can be inserted (without the need to amend statutes), such as training for certain professions, financial exploitation statutes, identifying and enact changes within the court system to accommodate the unique needs of elder abuse victims, including homebound seniors. This Group will work with the NYPD and District Attorneys offices and organizations to identify legislation, regulations and procedures that can be strengthened to help and protect elder abuse victims. The Group will also work with Judge Deborah Kaplan, Statewide Coordinating Judge for Family Violence cases, in her ongoing focused efforts to train judges and court personnel on dementia, aging, family dynamics of elder abuse, vision/hearing impairment and examine existing models and pilot programs. The work of this group responds directly to the challenge that elder abuse is not fully incorporated into existing laws, regulations, policies and procedures, thus leaving older adults unprotected and without recourse.

FAMILY VIOLENCE WORK GROUP The Roadmap process spurred a great amount of productive discussion about working closely with the domestic violence community, as well as tapping into resources that are already there. This Work Group will examine overlapping with domestic violence agencies and organizations and how to maximize resources, examining successes of incorporating older adults into existing programs and coalitions and recommend ways to expand these effort and building, improving and increasing capacity of domestic violence and sexual assault programs to work with older adults. The work of this group will respond directly to several challenges including there is a lack of clarity about existing elder abuse services, domestic violence resources and protocol in NYC; there are multiple challenges to how services are provided now. The existing system is fragmented, underfunded and is not designed to meet the needs this extremely vulnerable population; family dynamics play a crucial, central role to the issue of elder Abuse and the current system is not designed to address elder abuse as a family issue; and community dynamics play a crucial and central role to the issue of elder abuse. The current system is not designed to address this as a community issue.

MENTAL HEALTH WORK GROUP With New York City's strong commitment to mental health resources, participants felt it necessary to ensure elder abuse services were fully incorporated into these efforts. This Work Group will review the New York City Mental Health Roadmap and make recommendations to ensure elder abuse victims are included, identify mental health needs of elder abuse victims in order to make recommendations on adequate and competent services, review data and programs already providing mental health services to elder abuse victims in the system, training for
professionals in trauma management, including mental health services for defendants, work with the State court system to provide input on training for judges on family dynamics of elder abuse cases, dismissal of cases, orders of protection and effects of allowing defendant back into home. The work of this group will respond directly to the challenges that elder abuse – at all levels – is not a priority: the issue must be elevated and prioritized by all levels of government and communities to be recognized as a community and health crisis, and also that elder abuse is not fully incorporated into existing laws, regulations, policies and procedures, thus leaving older adults unprotected and without recourse.

**BUDGET WORK GROUP** Overshadowing the entire Roadmap process was a shared belief that the elder abuse services and prevention system is grossly underfunded. There are a number of reasons for this including the fact that elder abuse is a hidden, underreported crisis, a lack of government resources, political will, and others. Underfunding also creates a vicious cycle for service providers, particularly in underreporting cultural communities, because without funding specifically for outreach and education, it is very difficult to “prove” the need for an already underreported crisis. Thus, services providers are unable to build a sustainable system through increased funding because often, it does not appear the need is there. This Work Group will examine: developing a blueprint for a multi-agency NYC-based Elder Abuse budget that includes funding for elder abuse services education, outreach, training and law enforcement, including culturally competent education and outreach and expanding services by neighborhood and by community agencies that already serve their communities. Because budget effects all aspects of elder abuse services and policy, the work of this group will directly and indirectly respond to all seven challenges identified through the Roadmap process.
Conclusion

LiveOn NY is proud that New York City’s stakeholders and leader convened through this Roadmap process to identify challenges and recommendations for action in the areas of direct services and policy.

By working to identify common challenges and specific recommendations for action to directly address those challenges in the area of policy and direct services, we have identified a common path on which we can contribute through our own organizations to address elder abuse. Through the ideology of “Shared Responsibility: Joint Action,” we will continue to advance policy and direct services forward and ensure the issue and the victims do not remain invisible.
Roadmap Collaborators

AARP New York  
Bronx District Attorney's Office  
Brookdale Center for Healthy Aging & Longevity of Hunter College  
CaringKind (formerly Alzheimer's Association, New York City Chapter)  
Community Agency for Senior Citizens (CASC)  
CONNECT, Inc  
Crime Victims Treatment Center, Mt. Sinai St. Luke's and Roosevelt Hospitals/Downstate  
Crime Victims Coalition  
Downstate Coalition for Crime Victims  
EverSafe  
Harry and Jeanette Weinberg Center for Elder Abuse and Prevention  
Heights and Hills  
Isaac H. Tuttle Fund  
Jewish Association Serving the Aging (JASA)  
Jewish Association Serving the Aging (JASA) LEAP Queens  
John A. Hartford Foundation  
Kings County Office of the District Attorney  
Lifespan of Greater Rochester, Inc.  
LiveOn NY  
LiveOn NY Senior Activator Corps  
Neighborhood Selfhelp By Older Persons Project (SHOPP)  
New York Asian Women's Center  
New York Bankers Association  

New York City Adult Protective Services (APS)  
New York City Council  
New York City Department for the Aging (DFTA)  
New York City Elder Abuse Center (NYCEAC)  
New York City Human Resources Administration (HRA)  
New York City Police Department (NYPD)  
New York County District Attorney's Office  
New York State Office for the Aging (NYSOFA)  
Office of the Mayor, Mayor's Office of Criminal Justice  
Mayor's Office to Combat Domestic Violence (OCDV)  
Queens District Attorney's Office  
Safe Horizon  
Sanctuary for Families  
State of New York Uniform Court System  
Staten Island District Attorney's Office  
The Carter Burden Center for the Aging  
The Fan Fox and Leslie R. Samuels Foundation  
The New York Community Trust  
The New York Women's Foundation  
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Weill Cornell Medical College Division of Geriatrics and Gerontology
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<td>Steven Newman</td>
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<td>Public Health Solutions</td>
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<tr>
<td>Jeanette Puryear</td>
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<td>Mid-Bronx Senior Citizens Council</td>
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<tr>
<td>Janet S. Sainer*</td>
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<td>Marvin Tolkin</td>
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<td>John W. White</td>
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<td>Judy Willig</td>
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<td>Judy Zangwill</td>
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<td>Sunnyside Community Services</td>
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<td>Igal Jellinek</td>
<td></td>
<td>Executive Director</td>
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* In Memoriam

Id.

iii Id. at 2, 54.


