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PUBLIC HEARING

before

SENATE COMMITTEE ON AGING

Report of the New Jersey Advisory Council on Elderly Abuse

August 13, 1986
Room 341
State House Annex
Trenton, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Senator Frank Pallone, Jr., Chairman
Senator Leanna Brown

ALSO PRESENT:

Anita M. Saynisch
Office of Legislative
Aide, Senate Committee on Aging

Hearing Recorded by
Office of Legislative Services
Public Information Office
Hearing Unit
State House Annex
CN 068
Trenton, New Jersey 08625

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New Jersey State Legislature

SENATE COMMITTEE ON AGING

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July 21, 1986

NOTICE OF A PUBLIC HEARING

THE SENATE COMMITTEE ON AGING ANNOUNCES A PUBLIC HEARING ON THE ISSUE OF ELDERLY ABUSE

Wednesday, August 13, 1986
Beginning 10:00 A.M.
Room 341 of the State House Annex
Trenton, New Jersey

The Senate Committee on Aging will hold a public hearing on Wednesday, August 13, 1986, beginning at 10:00 A.M. in Room 341 of the State House Annex. The purpose of the hearing is to hear the "Report of the New Jersey Advisory Council on Elderly Abuse" regarding recommendations for legislation.

Address any questions and requests to testify to Anita Saynisch (609) 292-1646, State House Annex, Trenton, New Jersey 08625. Persons wishing to testify are asked to submit nine copies of their testimony on the day of the hearing. The chairman may find it necessary to limit the number of witnesses or the time available for each witness.

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(Hearing Transcribed by J & J Court Transcribers)

SENATOR FRANK PALLONE, JR. (Chairman): Okay, can we have everyone's attention, please? We're going to start the hearing. First of all, I want to welcome all of you here today and thank you for coming. It's great to see so much interest in this subject, on behalf of so many individuals from different agencies and programs that are involved with elderly abuse and with senior citizens.

I want to first introduce the people that are at the table here. I'm Senator Pallone, the Chairman of the Aging Committee. Most, if not all, of the other Senators who are the members of the Committee are testifying at other places, either in Newark, or at other committee hearings today. So I don't necessarily expect any of the others to be here, for that reason.

On my left is Eleanor Seel -- on my extreme left is Eleanor Seel, who is with the Office of Legislative Services, the head of the Human Services Division. Next to her is Rosemary Pramuk, who's with the Senate Minority Staff, assigned to the Committee. Anita Saynisch, with OLS, who's assigned to the Committee. This is Barbara Cantrill, who's with the Senate Majority Staff, assigned to the Committee, and Jean Friedman, who's my legislative aide, on the extreme right.

As you know, the purpose of this hearing today -- well, basically, it's a continuation of a prior hearing that this Committee held, I believe, in March or sometime last spring, at which time we expressed a concern over the need for a comprehensive program to deal with the elderly abuse and neglect problem in the State of New Jersey. We did have some members of the Advisory Council on Elderly Abuse who came to the hearing at that time and testified, but indicated that they would like us to delay any legislative action on the issue until after they issued their report, which subsequently was issued in May of this year. I imagine that some of you, if not all of you, have read that report, and if you do need copies, of course, we can provide them after the hearing. But what we are doing today, basically, is

continuing that previous hearing, in the sense that we would like to have a presentation by the Advisory Council, summarizing the report and what they would like to see in terms of legislation, and then also have comments from anyone else who is interested in the issue, as I know that many of you are.

I come at this issue from a personal perspective, because I happened to work for Monmouth County Protective Services for the Elderly, going back about four years now, and saw firsthand the need for a protective service program for abused and neglected elderly, in all its aspects, whether it be financial abuse, physical abuse, problems related to alcoholism, and the gamut of concerns that we have here. And I felt very strongly at that time, particularly because the Director of Monmouth County Protective Services, who's here today, Judy Parnes, and who will testify, was very, very strong in her commitment that we needed a statewide program, probably organized through the counties, to deal with the problem of elderly abuse. And I believe that the report has basically identified that that problem is there, and that there is a need for a statewide program. And that's basically what we're going to try to outline today, and try to come up with a legislative response.

And so, without further ado, I'm just going to ask our first speaker, Mr. Sidney Willis, who is Assistant Commissioner of DCA, and is the Acting Chairman of the New Jersey Advisory Council on Elderly Abuse to be our first speaker, and present us with the the recommendations.

ASSISTANT COMMISSIONER S I D N E Y L. W I L L I S: Good morning, Senator Pallone and members of the Committee. I'm accompanied this morning by a representative from the Department's Division on Aging -- representing Ann Zahora -- Sandra Bosna, and Cheryl Edwards, representing the Division on Women, who has been responsible for the Domestic Violence Program in the Department of Community Affairs, and from which we propose to draw some of the services that the Council recommended.

I presented you with a rather lengthy statement, which, in turn, was a summary of the key points, in my judgment as Acting Chairman, of the report of the Advisory Council itself. And I thought it best for me to try to summarize my own statement for you, since it does appear to be somewhat lengthy, and then respond to any questions you might have. So if that would be a proper procedure, I'd be -- I'd like to do that.

I would begin, of course, by referring to the report itself, and the members of the Council who were appointed by Governor Kean, because of the work that they did and the experience that they brought to these deliberations. I have had the opportunity to look at some of the work in others states, and I do believe that a very solid foundation for legislative consideration now appears within our report. I believe you used the word, Senator, comprehensive, and that's what the report intended to do, and I think succeeded in doing that, providing you with very specific recommendations and, in a sense, an outline of what could be a legislative enactment that -- with the endorsement of the Governor -- would become, I think a very significant -- nationally significant program for abused elderly here in New Jersey.

So I'd like to use this opportunity at least to commend all the members of the Council. They included the representatives from the various State departments -- the Department of Human Services, and the Public Advocate, the Attorney General, and our own department, of course, plus a number of organizations, both those concerned specifically with the abused elderly, and others concerned through their other professional associations, the social workers and others, who had a knowledge about this problem, and some representatives of the elderly themselves, who have the direct understanding of what -- what's sought here. And I think that together, we reached consensus on every point save one, and I'll comment on that during my remarks. And we were together on those recommendations, and recommend them to you in their

entirety as the basis for legislation. Now, later I'll stress why that's necessary, because the parts do fit together and without all or almost all of them, it would not -- it would not be successful.

Many states, as we learned during the hearings of the Council, and during -- with reports that were submitted to us -- many states have been giving this problem attention. And in our report you'll find a listing of the numbers of states that have enacted some form of legislation. In our judgment, most of it's piecemeal. And many of the enactments are easy remedies. It's possible, for example, to mandate legislatively that there be a reporting, and leave it at that. Reporting, in our judgment, without services in place becomes -- in some respects -- a cynical gesture. We dwell at some length on that issue in our report, and I'll leave that to you to peruse at your convenience. But I think that, unless the pieces are together, there is no way that we can serve adequately the numbers of persons in this State who are or, are potentially, abused.

We make a point which, albeit a subpoint, is a point that's not often made in discussions of elderly abuse. And that is that, if there are, indeed, some four per cent of the elderly population in situations of abuse, there are, in turn, thousands and thousands of caring people who are working with their elderly parents, or with their elderly relatives, or their elderly friends, trying to provide the services that are needed, and without help from government. And we feel that those instances of abuse do include situations which arise by reason of frustration and anger of the burden of the responsibility of caring for elderly parents or relatives, and that any program for comprehensive services should include services, as well, for the abusers. It's a point that's not been popular, but one that we think is part, as well, of a comprehensive approach.

Our report recommends a decentralized approach, not one that is consolidated at the State level, although there are a

number of services that can only be rendered appropriately through the State government. And we have recommended to you that the Division on Aging administer programs for training, for public information, because many, many elderly, we know, do not -- are not aware even of the services that do exist, much less the ones that we hope will be in place by reason of your efforts, Senator. But we do recommend a decentralized program, at the county level, where each county can put together as it sees best, using the entities that perhaps can best provide each specific service. Each county can assemble the so-called core services which were identified in our report as -- in the judgment of the Council -- services that must be available to elderly persons in every county of the State. Each county would assemble those services under the coordination of the area offices on aging. And we recommended those agencies at the county level because of their experience and their credibility at the present time with elderly people, because we recognize, as we know you do, that coming forward with situations of abuse, where you're likely to be reporting the abuse of your own son, and issues of that sort are things that need a special caring and a special attention. And we recommended that the agencies best qualified to provide that service would be the area offices on aging, which exist in every county, and the whole aging network, which exists under the general supervision of the Division on Aging in the Department of Community Affairs.

Our report uses the word mandatory, and we appreciate the meaning of that. We are, as the Department of Community Affairs, much concerned about the issues of the provision of public services and the costs of those services at various levels of government. But we believe the Legislature must mandate these core services, at least in every county, but that that should be accompanied with a State aid program that will make it possible for the counties to take the pieces that they already, in many cases, do provide. There are some instances where counties provide a residential treatment. There are instances where

counties provide the meals, and services that are required when an instance of abuse occurs. And we've defined abuse quite broadly, as you'll see in your report.

There are pieces in each county. But bringing them together and bringing them up to a level that has been identified by the Council as core or essential will require some assistance to the counties. And so, we recommend a State aid program and the funding of a statewide service, in order to assure that we have regulations and procedures in place, and a central registry, training, public information, and other statewide services being rendered in support of the county programs.

We recommend a series of cautious but necessary interventions in situations of elderly abuse. I would very much appreciate, and we know the Legislature is very concerned about increasing public intervention in people's lives, and the civil rights that are involved. But we recommend -- the Council recommends that for persons over 60, we perhaps have an extra responsibility to intervene. And that was part of the reason we selected that age group. And any number is arbitrary, as you know. But we felt that elderly persons needed special attention, special care here, and the ability of a responsible agent at the county level, to intervene -- to gain access to these elderly people -- where there are reports of abuse, in order to -- in order to assure that there is some public -- some public assumption of responsibility, and if necessary, the removal of the elderly abused person from the situation, or conversely, the removal of the abuser.

Now, we do recommend there be safeguards, that there be a court order in every instance, that there be safeguards for the abuser as well, or at least the ability for post-charge intervention in the criminal procedure, so that there can be some effort to work with the family or the household -- both the abused and the abuser -- to try to work out and resolve the problems with professional assistance. And we were -- but we need these extra

powers to intervene, and that needs legislation that does not now exist.

We call for a great deal of coordination. I won't dwell on that. Obviously, with bits and pieces in each county, with the State having certain roles to play, with various departments of the State government having certain roles to play -- our Domestic Violence Program has a place. The Department of Human Services has an important place. The Human Services Advisory Planning Councils in each county need to be strengthened and assisted in these regards as well. And they have a role to play. But we focus on the area office on aging, and we require, or we would propose that you require, that each county assemble these programs under a mandatory program.

There would need to be, at the statewide level, a central registry of abuse cases. And here again, safeguards are necessary. Those files are not for public distribution. They should -- they need to be kept under strict rules and regulations. We propose you require that in your legislation, and that the Department assure that through rules, for security of the files at the State level, and also the case files at the county level.

The issue of mandatory reporting was the one point at which the Council could not come to a consensus. I said about that a few comments that I hope you will consider. Our report gives you the pros and the cons of mandatory reporting. I personally believe that there are services -- until services are in place, reporting may be something that needs to be, at the very least, held off until we know that we can do something about the case when it arises. Also, the professionals in this field have advised us quite strongly that it's counterproductive at times to be trying to work with a household with a family of several generations, and to be obliged in some way to also make a public report of that and subject the individual to possible prosecution. And also, as they point out, both the abused and the abuser may fear seeking counsel by the very fact that it's obliged that any

such effort to seek counseling also engenders a formal report.

And there are many points that I'm sure will come out in your hearing in favor of mandatory reporting. So we, in effect, at this point, are suggesting that you hear the pros and cons. We would only ask, as I've done I think several times already, but let me stress it one last time and move on, that any such requirement be accompanied by the services that people will need once the report is made.

The appropriation I've touched upon. The Council recommended an initial \$2 million appropriation. And we don't want to suggest that it was possible to analyze each county and its requirements and the costs of its current services, or even the costs of some of the services that the State is proposed to provide here under this -- under the program that we've outlined. A \$2 million appropriation may well, over a period of years, prove to be inadequate. On the other hand, we were impressed with the fact that some counties had already begun doing some of the things that we feel are necessary, and perhaps, with some minimal support, they could be encouraged to do the remainder. We're also working within an existing framework, through the area offices on aging and the Division on Aging, and so we settled on a \$2 million suggestion for the initial appropriation, and it will take several years for us and you to know the adequacy of that appropriation.

That concludes the comments that I wanted to stress with you. There's a great deal more in our report. I'm quite proud of it and proud of the people who worked on it so diligently, both at the staff level, but primarily by the Council members themselves, who met frequently and did, indeed, thrash out these issues for you in a way that made it possible for me to present here a comprehensive suggestion for legislation in this area. I'd be happy to try to answer any questions you might have.

SENATOR PALLONE: Thank you, Mr. Willis. I want to commend the Council also, because I have to say that, you know, the report is very comprehensive, particularly in terms of

identifying, you know, the types of abuse that we're concerned about, the types of core services that we need. My concern though, and the reason for the hearing today, is trying to draft this comprehensive program, and see exactly how we would attack, you know, the problems and the core services that are identified in the report. And what I would really like to focus on now, if possible, is to find out, basically, what is happening on the State level or on the county level, in terms of the elderly abuse problem. How the programs are structured, and what we're talking about in terms of changing that. In other words, what exactly we're going to be doing in this legislation to -- that's not already being done. I mean, obviously, we don't want to have a duplication of services. And I do realize that, you know, some counties and some programs do exist that provide a variety of services. And as I said before, my perspective on it, naturally, because I was there, was with the Monmouth County Protective Services for the Elderly. And I'm still not sure to this day to what extent that type of program exists elsewhere in the State, or to what extent that type of program, you know, should be duplicated, in terms of this -- this package, or this legislation.

Let me just start off by saying, in terms of the funding, the types of core services that we're talking about, emergency services, the case management, the legal assistance, the counseling with regard to social workers, if -- am I correct in -- in the statement that, as far as the Federal government or the State government is concerned right now, there's no mandate that says that if money comes to, say, the county offices on aging from the Federal government or the State government, that it necessarily would be used for an abused elderly program? Is that the case?

ASST. COMMISSIONER WILLIS: That's true. To my knowledge, there's no -- there's no Federal mandate in the national--

SENATOR PALLONE: Nor any on the State level.

ASST. COMMISSIONER WILLIS: --Federal aging programs to oblige that.

SENATOR PALLONE: Nor any on the State level.

ASST. COMMISSIONER WILLIS: Nor at the State level.

SENATOR PALLONE: So then, if you -- if a county office on aging does provide some sort of protective services program, that's only because they've decided to use block grants or whatever for that purpose on their own. They're not--

ASST. COMMISSIONER WILLIS: That would be correct.

SENATOR PALLONE: Alright, now--

ASST. COMMISSIONER WILLIS: They submit plans to us which we certify annually, and I don't believe that it's a common instance that those plans include many specific services. On the other hand, if there are, for example, temporary shelters provided by a county, there's nothing to prevent that temporary shelter from also sheltering people who may need to be removed from a situation of elderly abuse. So it's very difficult to sort out exactly what's being made available for the elderly.

Under our program, as recommended, we would mandate that there be, in fact, spaces available and maintained, available for the situations that arise in each county. Whether any county does that, I can't say. We know that that's costly. And whether the county would use some of its existing funding, we believe that, by and large, the existing funding is wisely used on services that the elderly already need, and are already enjoying. So any suggestion that some way these could be -- these new services could be rendered with existing funds does, at least, require a trade-off of some other service. And that may be what is best in that county, and we would certainly not discourage that.

Our intention here would not be to duplicate any service existing, and also to acknowledge that those existing services, if they are adequate, should remain. We would not propose the area offices on aging start down a road that's already well developed

in some other public or private entity. But each county must determine for itself that that, in fact, is there, that it's adequate, that it meets the State's standards, that it will be there for the year to come, and that the funding that is necessary, whether it be private or some public support is, in fact, dedicated for that reason. If that's there, then that should stay there.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: That's a piece of the puzzle, but there are many other pieces. And all of those have to be assembled.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: I can't say that there is any county, to my knowledge, that has all the pieces that we identified as the core services. But perhaps that will come out in your hearing.

SENATOR PALLONE: Okay. Let me take a moment to introduce, and say that Senator Brown is here. Thank you for joining us.

SENATOR BROWN: Thank you, Senator.

SENATOR PALLONE: In terms of the services that are provided, if we could just get a basic outline? For example, what type of services are provided? Do counties in general, or how many counties, maybe I could ask -- how many counties actually do have an agency that deals with abused elderly? I guess that would be the first question.

S A N D R A B O S N A: There are various programs, sponsored by various departments. For abused elderly alone, I believe the only one that exists right now -- there are two, one in Union and one in Monmouth. There are programs that are sponsored by another State agency that are for all abused people over the age of eighteen, for abused adults. But not all of these programs have all of the components of the core services that have been recommended.

SENATOR PALLONE: Okay. So that, basically, in terms of say, money that's coming through the Division on Aging, or through the offices on aging, there are only two counties that have separate agencies per se.

MS. BOSNA: There are two counties that have funded programs dealing directly with adult abuse.

SENATOR PALLONE: Okay.

MS. BOSNA: But even those programs, as I said, I don't believe have all of the core services. They may have many of them, but not all of them.

SENATOR PALLONE: Okay, now, are we -- are we suggesting that we think that it -- as part of this report, or part of this legislative recommendation -- that we would like not only to mandate a core of services, but also mandating or strongly suggesting that there should be a separate agency to deal with the abused elderly on a county by county basis?

ASST. COMMISSIONER WILLIS: No.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: Well, the answer to your first question is yes, that there would be mandated services. But a separate agency to deal with each of those pieces is not -- is not mandated under this program. We would expect that those services that are being rendered or will be rendered in the future by any public and private entity within the -- within the county would become a part of the county's program.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: And the area office on aging, its responsibility there would only be to assure that, in fact, that service is there and it's funded and it's going to be available when needed. And then, they will make that a part of their county plan and we will certify -- the Department of Community Affairs, the Division on Aging -- will certify that that service is there and all the other services are there, and that will be the certified program. We're only looking for an - -

SENATOR PALLONE: So theoretically--

ASST. COMMISSIONER WILLIS: --entity at the county level who would -- which would be responsible for assuring that all of these pieces, however they're rendered, publicly or privately, are, in fact, there.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: And that's all.

SENATOR PALLONE: So theoretically, say, an office on aging may opt to -- for example, if they want to provide legal assistance -- they might decide to hire an attorney on their own, within the office on aging, to deal with the guardianship cases. Or they might opt to set up a separate agency, such as Monmouth County Protective Services, or they could contract with another existing agency, be it even a nonprofit agency, to perform some of the services.

ASST. COMMISSIONER WILLIS: That--

SENATOR PALLONE: As long as the services are performed.

ASST. COMMISSIONER WILLIS: That's exactly correct. And I hope our incentives will encourage the use of existing agencies.

SENATOR PALLONE: Okay. And the bottom line is that, on the State level, we would be establishing what those core services are, defining it, and certifying that, in fact, the program that the county would like to implement is going to meet that State mandate.

ASST. COMMISSIONER WILLIS: Yes.

SENATOR PALLONE: Okay. And in terms of the money, the \$2 million appropriation, that is -- that, I understand, is on a matching basis? You suggested a 90% State, 10% local match, which I think is certainly enough of an incentive. I mean, if you had 50/50 maybe some of the counties wouldn't do it. But with a 90/10, I'm sure that that would attract, you know, sufficient county money.

Is that-- I'm just wondering if that figure-- That figure assumes that we're providing this core of services with

that \$2 million, or are we assuming that we're going to have to -- that the counties or, you know, private industry are going to have to kick in some money in order to -- in order to meet those core services? I mean, I see we have emergency services, legal assistance, there are a number of things to find there, and I'm wondering whether \$2 million is going to go that far.

ASST. COMMISSIONER WILLIS: Well, as I say, Senator, we could not -- we could not pin that down further--

SENATOR PALLONE: Uh-huh.

ASST. COMMISSIONER WILLIS: --for you at this stage, and we think that, with the initiation of the State program, and the charge to the Division on Aging and the responsibility to work with each county, that we can tell you a great deal more about that in about a year or two. But we do make a heavy assumption at the \$2 million level that there will be substantial funding from elsewhere. Those \$2 million were not suggesting in any particular formula. So the 90/10 or the 50/50 does not occur in the Council's report, and was not selected by the county, to my knowledge -- by the Council, to my knowledge.

We merely suggested that the State services that we knew a great deal more about at this level, would require approximately half of that appropriation, as I recall, and that the remainder could be used for incentive grants to help counties to fill in the pieces that we immediately identified as needed to match county efforts, not on a strict formula basis. And I do believe that, with the variety of sources of funding, with the existing pieces in place, the amount of money that we suggest initially should help each county to improve the services that it has. If the Legislature gives the Department of Community Affairs some flexibility in the specific definition of the core services that must be rendered, we would expect to have some give and take with each county, so that we can begin the new programs that are needed, start them at a reasonable level, learn from experience, and, at the same time, have some State dollars available to assist

the county--

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: --to move the next step, whatever that might be, for that county.

SENATOR PALLONE: I just-- I guess, you know, maybe because of where I'm coming from, with having worked for the Protective Services, I just would like to see, somehow, if we could focus the legislation, so that we do have not -- maybe not necessarily a separate agency, but at least a core group of people that are working together on the elderly abuse issue. In other words, I think, you know, the situation in Monmouth County, where, you know, basically, in the office, I think we had a few social workers, we had a part-time attorney, we had a director. And if, you know, someone called in, we would send out a social worker. That would be kind of the immediate response. And that they would, basically, analyze the case to see what type of problems existed, and then make a decision about, you know, what types of contacts had to be made. If legal intervention was necessary, there was an attorney on staff, at least part-time, who could do a guardianship or do whatever was necessary. If contacts had to be made with the prosecutor's office, because there was a criminal problem involved, then that contact was made. If there was a need for alcoholism services, that would be followed up, or there would be counseling on a regular basis. And I guess I'm just kind of prejudiced towards the notion of having a group of people that are working together to perform those services in a coordinated way. And I would be a little concerned if -- I wouldn't care whether that was in an office on aging or a private agency or a separate agency. But I would be concerned if all that we're doing was basically a referral type service. In other words, where the county, you know, simply referred this out to somebody and had a caseworker maybe go in, but when they came back, there was no necessary coordination, nobody who was actively dealing with it on a regular basis. So I don't know how we're going to frame

that, but I think -- I hope you understand my concern.

ASST. COMMISSIONER WILLIS: Yes, I do. And perhaps we can help in that regard. I would believe that the Council would certainly have intended what you are suggesting be a minimal part of any county program. It might be possible for us -- it will be possible for us to try to give you some data on what that might cost. The Monmouth County model is -- is a model for the rest of the State. I think our reluctance to begin immediately to talk about staffing was, let's not staff up--

SENATOR PALLONE: Yes.

ASST. COMMISSIONER WILLIS: --before we get a better handle on the problem in each county.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: But certainly, the intention would be that there would be somebody there who would be responsive and not -- and not simply a referral service again.

SENATOR PALLONE: Okay. Now, what about the -- you mentioned new set of powers to intervene, I guess particularly with regard to emergency services. But I really -- there aren't too many specifics about that. What exactly are we talking about? We're talking about this 24 hour response. What did you have in mind in terms of the legislation in that regard?

ASST. COMMISSIONER WILLIS: I believe the Council specifically had in mind the ability to enter in -- to gain access -- to an elderly person in their household, and also, the ability to remove that individual, if that's necessary. I'm going to--

SENATOR PALLONE: So, in other words--

ASST. COMMISSIONER WILLIS: I'd like to--

SENATOR PALLONE: --this would be almost an involuntary, in other words--

ASST. COMMISSIONER WILLIS: Yes.

SENATOR PALLONE: This is a situation where a friend says, gee, this woman is next door and she's in danger, but the woman herself hasn't called. And so you have to go in and, you

know, break and enter, or whatever has to be done. I mean, is that what we're talking about?

ASST. COMMISSIONER WILLIS: With a court order, yes. With a court order. And to -- I don't -- let's steer away from break and enter.

SENATOR PALLONE: I don't suggest to burglarize, but--

ASST. COMMISSIONER WILLIS: But we -- perhaps we better include in our report some training in basic courtesies is essential for the staff. I'm sure we'll--

SENATOR PALLONE: But in terms of--

ASST. COMMISSIONER WILLIS: --we'll do that.

SENATOR PALLONE: --the new--

ASST. COMMISSIONER WILLIS: But with -- with safeguards.

I'd like to ask Cheryl Edwards if she might address that, because that enters into a lot of the situations of domestic violence that we -- that we've had experience with, and it was the Council's view, subject to Governor's Council's staff and the Attorney General's staff, who are all working on this now, that the powers to intervene of the type that we suggested were not now in the Statutes. And so that would be something that we would ask the Legislature to provide, and with the safeguards that we suggested.

Cheryl, would you like to talk to that point?

C H E R Y L E D W A R D S: Police presently have certain powers to enter a household, based on different types of information, provided they have probable cause for legal entry. What the Council was looking for was to expand that to the social service agencies, in conjunction with the police departments and the court system. So again, Assistant Commissioner Willis is right, in that there would be -- what they're looking for are powers through the court system that would get their agency people access into a household.

SENATOR PALLONE: Well, I know that that, you know, from my memory, you know, there definitely were problems along those

lines. But I'm not sure that I understand why we can't do that now, or what kind of expedited procedure that you would want.

MS. EDWARDS: I think, primarily, to put -- to put through a system right now, where -- and in the case of child abuse, and I'm sure that DYFS will respond to some of that -- in the areas of child abuse, where an agency acts on behalf of the elderly. And can walk in and present a case to the judge that would give them rights to gain access.

SENATOR PALLONE: Oh, in other words, you're concerned about the fact that an agency might not have that power.

MS. EDWARDS: Right.

SENATOR PALLONE: I see. Well, that's kind--

MS. EDWARDS: The police could -- the police do have access, depending on the circumstances.

SENATOR PALLONE: Yes.

MS. EDWARDS: And I think that some of the circumstances, as outlined in the definition of elderly is -- as we would like to see it addressed in the State of New Jersey -- does not necessarily give law enforcement officers probable cause to enter now.

SENATOR PALLONE: So it's maybe like a standing problem on the part of the agency almost? We had that with the public -- with the guardianship cases. Initially we were concerned that the agency wouldn't have the power to intervene and bring a guardianship action, and then we had a couple of court cases where they ruled that the agency would have that power.

MS. EDWARDS: Right.

SENATOR PALLONE: So there's almost a standing problem, in a sense?

MS. EDWARDS: Well, it could be, depending on -- depending on the circumstances, particularly in the area of self-neglect, for instance. They would be -- police would have a problem getting in in situations like that, and certain social agencies would also have a problem.

SENATOR PALLONE: Okay.

MS. EDWARDS: So it's really to set up that system that would respond to the court system.

SENATOR PALLONE: Okay. I'm not sure, on the mandatory reporting issue, you know -- I read the report and the pros and cons, was there -- there was no final recommendation about it.

ASST. COMMISSIONER WILLIS: That's correct.

SENATOR PALLONE: So that, basically, you would suggest that we not deal with it legislatively at this point, as far as the Council. I mean, was your -- is your recommendation that you had no opinion at all, and therefore, we should, you know, look into it, or rather the--

ASST. COMMISSIONER WILLIS: Every person on the Council had an opinion.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: And I might say a strongly held one. And perhaps I was -- I perhaps should not have given you mine, because I am speaking, at this point, for the Council, and there will be other members of the Council who will testify on the other side of this--

SENATOR PALLONE: No, I'd like some input on it.

ASST. COMMISSIONER WILLIS: --question. But my--

SENATOR PALLONE: I mean, give us your personal view.

ASST. COMMISSIONER WILLIS: My own personal opinion is that the issue should be set aside until we can assure that the services we're talking about are in place. Then, if we find that it's necessary, that's a second step. As a first step, or as a step to be taken now which would immediately require reporting, while we're struggling to put the essential services in place in each county, is to run the risk that we have this reporting and we have this potential for -- for criminal action, and we have no services to suggest. That, I think, would be dreadful. That's my personal opinion. Council members will each give you theirs.

SENATOR PALLONE: So if I'm understanding your -- you

seem to be saying that let's -- the important thing is that we have the core services, that we provide the money, so that the counties start dealing with this, and let's not have the mandatory reporting problem or, you know, policy get in the way of all that, and maybe even end up scuttling the legislation or scuttling, you know, the more important effort. Is that--

ASST. COMMISSIONER WILLIS: That's my personal opinion.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: Yes, sir.

SENATOR PALLONE: I can understand that.

The central registry -- you mentioned a central registry. Basically, all we're talking about is that each county-- It would be a compilation of what each county does in terms of their registration. I mean, there's no--

ASST. COMMISSIONER WILLIS: Yes.

SENATOR PALLONE: --no great--

ASST. COMMISSIONER WILLIS: But it would be-- The counties would be obliged to report to the central registry every instance that is reported.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: And then the action, the follow-up actions that were taken. Part of the reason for that is, of course, a monitoring and control. But part of the reason for that is that we are sensitive to the fact that we can give you, at this point, as the Legislature, very little in factual information as to the true extent of this problem in New Jersey. And we regret that.

SENATOR PALLONE: So again, there would be an--

ASST. COMMISSIONER WILLIS: We think the only way we're going to be able to be in a position to give you this in terms of the definitions that we've evolved -- developed here, of elderly abuse, which are quite progressive, and I might say thoughtful -- to be able to give that to you in better form in the years to come, we're going to have to have a central registry. But that

also will -- we'll set up a procedure under which there will, in fact, be follow-up. We will know that the services are being rendered that are required.

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: And that we will better know what other services may be -- may be needed. Our Council suggested a set of secondary services. We were mindful of the public costs of some of the services. We wanted to take a substantial step ahead without defining a whole litany of actions that might, in fact, not be essential, or might not be essential in each and every county. So we were cautious about the core, but we did identify a number of other services. And in the years ahead, with this program in place, and with the central registry, we will be able to come back to you and indicate where that may need to be broadened.

SENATOR PALLONE: Okay. Well, that certainly sounds like it needs to be done. I don't want to keep prolonging this, because I know we have a lot of speakers, but just a couple of quick questions.

I know that I'm often asked when I talk about elderly abuse, what am I talking about. And, of course, you know, you specify physical abuse, financial abuse, psychological abuse. I just wanted to, you know, just ask the question. I mean, do you find that the -- in terms of categorizing these things, that financial abuse is maybe the major problem, or in terms of most of the cases? Because that's what I found out to be often the case, that the financial abuse problem was a major factor, and I'm wondering, you know, whether or not, in terms of the core services provided, if we've dealt with that sufficiently?

ASST. COMMISSIONER WILLIS: Perhaps Sandy Bosna could answer that.

MS. BOSNA: Yes.. Financial abuse is one of the major areas that I think we should be addressing. Also, I think one of the most important areas is psychological abuse. The core

services--

SENATOR PALLONE: The reason I mention that is because when I looked at the core services, although some of those things, you know, could relate to financial abuse, you know, I'm wondering whether or not we should have a little more emphasis on that. For example, we didn't have, in Monmouth County Protective Services, I think we had possibly a referral to deal like for -- with accountants, or people that dealt with, you know, financial problems, but it wasn't a major focus. And I'm just wondering if we should emphasize that a little more, in terms of the core services.

ASST. COMMISSIONER WILLIS: Perhaps we should, Senator. But we thought that legal assistance and counseling was a large part of that. I think we're also aware that if we know that there -- if people know that there is an agency within each county that's responsible, there may be less of a tendency. I can't give you any support for that in terms of data, but the fact that there is somewhere to go, in itself, might be a controlling factor on that. But certainly legal assistance and perhaps, as part of that legal assistance, something referenced to accounting- -

SENATOR PALLONE: Or financial counseling--

ASST. COMMISSIONER WILLIS: --support or financial--

SENATOR PALLONE: --or whatever. You know.

ASST. COMMISSIONER WILLIS: --might well be in order. And that's something that we might have understated in our report.

SENATOR PALLONE: The other thing, also, is I found, myself, that a lot of the instances of physical abuse involved alcohol abuse, or alcoholism related--

ASST. COMMISSIONER WILLIS: Yes.

SENATOR PALLONE: --problems. And there's been quite a bit, you know, expressed publicly about alcoholism in the elderly, and I just wondered to what extent you identified alcohol related problems as--

ASST. COMMISSIONER WILLIS: That came up in our hearing

and that's part of the reason we suggest that we've got to get to the abuser as well, with the counseling services and wherever we can--

SENATOR PALLONE: Okay.

ASST. COMMISSIONER WILLIS: --work at that.

SENATOR PALLONE: The other thing, you made reference to the Public Guardian for the elderly. And, as you know, I sponsored that bill. And I've been very concerned about the fact that we haven't had a Public Guardian appointed. The bill was signed by the Governor last August. It was supposed to go into effect in February. It's really about six months now, and no Public Guardian has been appointed, no regulations have been promulgated. As far as I can determine, there's no program at all. And I've been getting, you know, calls from agencies and different individuals about the need for those services. I mean, the need existed a year ago, and the need continues to exist. And I'm just wondering why the delay and what kind of schedule there is.

ASST. COMMISSIONER WILLIS: I can't answer that, Senator, but I'll certainly take your message back. Yes.

SENATOR PALLONE: We would -- you know, I would really like to have a report on that, because I know I've spoken to some of you and some of the individuals in here, and asked them why the delay, why we haven't had the Public Guardian appointed, and I don't really get any answers. So, you know, if we could get something very quickly, telling us when we're going to have one appointed and what's going to happen, because the problem is, once the person's appointed, it will probably take several months after that to have the regulations promulgated, and to hire whatever staff may be necessary, and so we're probably talking at least another six months before we actually are in a situation to take guardianship of conservator cases. And I also don't think that the courts have been made aware at all that this is an option. In other words, you know, one of the main reasons to have that office

is because, as part of a court action for guardianship or conservatorship, that the judges, you know, would know that the Public Guardian was aware that they could take advantage of that service. And I don't think anybody's even aware that the bill -- that the, you know, that there's a bill and that there's supposedly a program. So we really need to do some catching up. Fast.

Okay. Senator Brown, I don't know if you have any questions.

SENATOR BROWN: First of all, Senator Pallone, let me say that I think it's a tribute to the importance of the subject matter that on a dog day in August this meeting room is crowded. And I certainly appreciate the effort that everybody has made to come and discuss a very difficult subject.

Sid, just a general real question to you. I was talking to somebody the other day about taking care of elderly parents. And this gentleman looked at me, and he said to me, "Leanna, you know, it's really an honor to take care of my father." And I guess my general question -- I've got a specific question as far as legislation is concerned -- but my general attitudinal question, what did your Council do to -- obviously, you were aware of the abuses out there, but what are we doing here, in New Jersey, to create a climate where it is considered an honor to help the elderly who have helped all of us?

ASST. COMMISSIONER WILLIS: Senator, we did recommend a public information and education program, of which that could certainly be an important aspect. Perhaps you weren't here at the beginning of my remarks, that I did emphasize that, while there are 4% abused -- and we're very, very concerned about that, and we propose a program to deal with it -- the converse of that is that there are 96% of our elderly being, in many cases, worked with with caregivers in a sympathetic way. Their own families, their friends are assisting them. And we want to pay some -- acknowledge that, pay some tribute to that. And I would hope that

our public education on this issue would include the kinds of stress and an underscoring of that aspect of this, that you -- you've mentioned.

SENATOR BROWN: My last question, as far as legislation is concerned. This problem with the registry, and yet not having any mandatory requirement. Do you see problems there?

ASST. COMMISSIONER WILLIS: Yes. I think, in fairness, there might well be problems there. That's the other side of mandatory reporting, and a good point. Will our data in the future be more adequate because of mandatory reporting? This is something that proponents of that measure do suggest would happen, and I think that that's an important consideration for you to take into account. There are some states which are beginning to have some experience in this, and I'm not sure what the results of that might be, but I'm certain that at least one of the people who will testify before you, will give you that experience. That's a point that I would not overlook.

SENATOR BROWN: Thank you. I appreciate your coming here today.

ASST. COMMISSIONER WILLIS: Thank you.

SENATOR PALLONE: Thank you, Senator.

Mr. Willis, is there a-- Has the Council actually drafted a piece of legislation, at this point? Is there something that--

ASST. COMMISSIONER WILLIS: No, they have not. There are some tentative efforts underway, primarily coordinated through the Governor's Counsel's office--

SENATOR PALLONE: Okay. But we don't--

ASST. COMMISSIONER WILLIS: --in which we are participating.

SENATOR PALLONE: No specific legislative recommendations.

ASST. COMMISSIONER WILLIS: No, I don't have anything to present just yet.

SENATOR PALLONE: Okay. Thank you very much. Thank you for coming.

ASST. COMMISSIONER WILLIS: Thank you, Senator.

SENATOR PALLONE: I would like to have Judy Parnes, who is the Director of the Monmouth County Protective Services of the Elderly, as our next speaker. We're going to try to intersperse State agency people and people involved directly on a county level, so we can get some kind of different aspects of this at the hearing today. You're our direct person.

JUDITH PARNES: Thank you, Senator, Committee members.

I've been before you before to talk about the issues of elder abuse, specifically. The Protective Services in Monmouth County program's been in operation since 1980. We presently are able to provide many of the core services that were discussed in the Council's report. We're able to do that by having the services available through our office directly, as well as coordinating the services and the resources that are available in the county. My feelings are that many of the counties in the State -- most of the counties in the State -- presently have pieces of a coordinated protective service program for the elderly. The difficulty is that with no State mandate, the counties have been struggling to find adequate financial resources to provide the needed services for elder abuse victims. I'm certain that there is no county in the State that does not, and has not, recognized the need for some type of coordinated effort, in terms of protective services for the elderly.

The importance I would like to stress is the need to respect the rights of privacy and self-determination for all people in our society. Sometimes we forget and we have a tendency to overprotect the frail elderly in our society. And I would urge that any legislation pay careful attention to the rights of privacy and the rights of self-determination. Statistically, most of the cases of elder abuse that are being seen -- are being reported -- are in the area of self-neglect. Elderly people that,

for whatever reason, are not caring for themselves where someone, an outside person, is calling an office stating that this person may need some assistance. Very often, that elderly person is gracious, and welcomes the assistance that is then offered to them. However, there are numerous situations where the elderly person, given their options and given the resources, may still choose not to utilize them. I again stress and urge that any legislation has to be careful to respect those rights. It's a very difficult task for any service provider. And obviously, a more difficult task for any legislation to cover.

The beauty of the Council's report establishes the State Office on Aging to have statewide regulations, statewide training, so that each county's office will be working under one central way of intervention. Presently, each county's program is operating, if there is a program -- or each county's social workers that are involved in elder abuse -- are operating on professional ethics or on ethics utilized or promoted by the program or the agency that they're working under. It will be very important for a statewide program to have statewide ethics, and statewide uniform coordinated methods for intervention.

The Council's report also stresses, and was this not mentioned earlier, that the county offices of aging have an advisory council -- an advisory board to oversee the efforts that are being done on a county basis. This too is very important. And I would increase the responsibility of the county advisory council or the county review board to actually discuss cases of intervention -- primarily those of non-voluntary intervention. It would be important for this county review board to hear the types of situations that are being addressed, how they're being addressed, what agencies are being utilized, but most importantly, review the cases or any court action or non-voluntary action for the non-consenting, the most difficult client.

I would welcome any questions that you may have of me.

SENATOR PALLONE: Thank you, Judy. Well, one of the

things that you brought to mind, and I don't know if we've stressed this enough, maybe it's so obvious to all of us, is that we are, of course, primarily, if not exclusively, talking about the elderly in the community. I don't know that we've stressed that enough here today. I mean, the report, the recommendations--

MS. PARNES: That's correct.

SENATOR PALLONE: --that we're talking about, can I say, are dealing exclusively with those in the community--

MS. PARNES: Yes. Exclusively.

SENATOR PALLONE: --as opposed to institutionalized. So that's what makes the whole question of, I suppose, intervention or, you know, exactly what kind of ethics are we going to be involved in, I think even more important. Because we're talking about people in their homes, or in their own apartment. They are not those who have been institutionalized.

We mentioned before -- Mr. Willis mentioned before -- about, you know, the powers to intervene, or new set of powers to intervene. I have a feeling that that kind of relates to what you're bringing up here, and I'm wondering what measures you might -- what new measures you think would be necessary for that type of intervention. Do you feel that there has been a problem, that there's -- that the agencies, for example, don't have sufficient powers to intervene at this point, and that we should deal with that as part of the legislation?

MS. PARNES: There is a real possibility that a situation can exist where an agency cannot gain entry. I think that as a reality, that needs to be stated. However, I think most professionals that work in this area have found ways of working with the local police departments to have access, to have entry, and to speak with the elderly person. The difficulty is in following through, in terms of one social work assessment, one visit is typically not enough to really understand the dynamics of what the situation is, so that any legislation or court action would have to be able to mandate increased visitation. That's a

director who's responsible for the program, have the social workers and the attorney, you know, in the same office, working together. I mean, is-- How do you feel about that? I mean, should that be part of the legislation? Do you have some of the concerns that I have about, you know, we don't want these services just kind of dispersed all over the place?

MS. PARNES: Obviously, I have a bias towards what -- what I direct. However, there are other programs in the county that are operating differently that are providing excellent services. I do agree with you, and I think everyone here would agree that it would be very important to have one person identified as being the responsible person for all protective services reporting -- Wrong word. That there would be one person identified with the responsibility to insure that the services are being provided. I think the Council's report, in talking about the county office on aging having an advisory council to utilize all resources is an excellent way to assure that the person in the community would receive the services. But there definitely has to be a unified approach.

SENATOR PALLONE: So, in other words, we would want at least one person in each county who would have as their prime responsibility--

MS. PARNES: Right. Who would--

SENATOR PALLONE: --elderly abuse and neglect.

MS. PARNES: And who would have received the training that would be needed to provide that type of service.

SENATOR PALLONE: But they wouldn't necessarily have to have, you know, an in-house staff, per se?

MS. PARNES: I think that's a luxury. I think it works extremely well. But counties operate on differently. And there are counties that are now operating protective service programs out of their Boards of Social Services and are doing a fine job.

SENATOR PALLONE: Now, what about in terms of the money? Would this type of in-house operation that, you know, you operate,

would that be feasible with this \$2 million that we're talking about?

MS. PARNES: I would assume it would be feasible to start off with.

SENATOR PALLONE: Yes.

MS. PARNES: To really see what it would take, county by county.

SENATOR PALLONE: And then, what about in terms -- I'm getting into your budget now, but I'm just saying, what you know, we're talking about a State aid program. Would we be able to attract Federal aid? Would we be able to attract private funds? Because I know you do attract both. How would that -- how would that work?

MS. PARNES: I think -- I think, for the program to operate, you would have to utilize existing community services, and then, dependent on what services are missing within the county, that would be where the additional dollars would have to be placed.

SENATOR PALLONE: So--

MS. PARNES: Some counties may not have ample homemaker services, while other counties may have their homemaker services funding in place, and they may need additional money for legal services.

SENATOR PALLONE: Well, in other words, though, if we have this, you know, \$2 million available from the State, I guess what I'm asking is, isn't that going to make it possible for us to attract, you know, additional Federal funds for elderly abuse, or even private funds? I mean, it should--

MS. PARNES: I would assume so.

SENATOR PALLONE: And should that be built into the legislation somehow? Maybe it can't be.

MS. PARNES: I would hate for it to be built in and then to tie a program or a county's hands, in terms of providing services.

SENATOR PALLONE: Okay.

You can feel free, if you'd like to--

SENATOR BROWN: Judy, what is your budget presently?

MS. PARNES: \$200,000. We serve 600 elderly clients and their families a year. We've been maintained at 600 cases for the past two years. I'd like to think that's because we're doing a lot of prevention and community awareness and speaking to senior citizen groups.

SENATOR BROWN: Could you elaborate a little bit more on the educational component of your program, because I just happen to think that prevention is key?

MS. PARNES: Well, we routinely speak at all the senior centers and nutrition sites in the county. We also speak to any senior clubs voluntarily, that ask for either myself, a social worker, or an attorney to speak. We talk about-- We describe resources that are available in the community. We talk about substitute decision making, making plans for increased frailty, we talk about powers of attorney, limiting the powers that we sometimes give our families, remaining independent as long as possible. There are various areas that can be discussed with the elderly population before they have need to have protective service intervention.

SENATOR BROWN: But if you're really talking and trying to prevent, from the abuser point of view, which often is the middle-aged person -- you know, I'm very pleased that Tom Blatner is going to be testifying shortly, because I think there are some key connections between abuse of the young and abuse of the old. And, who does it, but the people in their middle years? And so often, I think the point that you have made about the importance of privacy, and the importance of self-determination is something that needs to be generally gotten across to society at large.

MS. PARNES: Uh-huh.

SENATOR BROWN: And I'm just wondering -- you know, obviously, that's not a part of your program at the moment.

MS. PARNES: I'm--

SENATOR BROWN: Do you speak much before Kiwanis groups and, you know, business and--

MS. PARNES: Historically, we haven't, primarily because we don't have the time. We have enough difficulty, with the limited budget that we have, to actually handle the caseload that we're carrying to do any of the additional preventative work.

SENATOR BROWN: Well, when we get a comprehensive drug program, we also -- we do the law enforcement thing, but we also do the education. And I just think, probably, we've got to beef up what we're doing as far as education in this particular area.

My last question is, last night there was discussion nationwide about vigilance in the neighborhood, as far as crime prevention and so on. I think we have to have vigilance in the neighborhood as far as the needs of our elderly. And I just think that that is as much an important neighborhood responsibility as is the crime watch. And, you know, I ought to feel some responsibility for an elderly person who's on my street, just like I do if a strange car is across the street. Are we cultivating neighborhoods to, you know, be alert to some of the needs to prevent elderly abuse?

MS. PARNES: I think we are. I think all too often, there are many neighbors that are concerned about elderly people that they know about. But sometimes they don't know where to call. And sometimes--

SENATOR BROWN: Where would I call in Monmouth? Would I call you?

MS. PARNES: If there was a concern about victimization, abuse, neglect, or exploitation, yes, I would like to say that the person would know to call my office. We do operate 24 hours a day. But I think sometimes what happens is, if there is not a lead agency, or a central place to call, then you -- the caller gets placed from one social service agency to another. So by the time they get to where they're supposed to be, they may have

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spoken to three or four service providers. And the frustration level is high. And if it's an elderly person calling about another elderly person, they may have stopped the call after the second time.

Thank you.

SENATOR PALLONE: Thank you, Senator.

I just had a couple more questions. The ethics problem that you mentioned, you would like us to incorporate that into the legislation. I'm not sure I understand how we would do that.

MS. PARNES: I'm not sure how you would either. I think that the -- there has to be a stress placed upon the issue of competent versus incompetent client, or consenting versus non-consenting client. And the rights for a person, as long as they're competent, to make choices that society may not agree with, because they are an adult, and they are not a child. Oftentimes, because people now feel more of a tendency to care for the elderly -- and I think there was not that kind of feeling maybe even ten years ago -- sometimes the do-gooder citizen neighbor may feel, because the person is not living a lifestyle that should be lived in the United States today, that the brunt is placed on the social service agency to provide services that the client themselves may not want. And it really has to be stressed, and I don't know how you do that in legislation. But I'm sure that in regulation, once the legislation is passed, that the State Office on Aging will clearly address those issues -- the self-neglecting issues, and the rights to self-determine.

SENATOR PALLONE: Do you have an opinion on the mandatory reporting that you'd like to express?

MS. PARNES: My opinion changed. It was one that I initially felt that mandatory reporting would be beneficial. By the end of the Council meetings, I too voted against mandatory reporting, for one simple answer -- one simple reason. And that is no matter how much money is appropriated for this program, more money will be needed. And I would hate that any money be

Division of Youth and Family Services, who was on the Council -- very involved with deliberations -- and also is the person who is in charge of the State's Adult Protective Services Program. And I'd also like to introduce Gerry Gloglio, who is a researcher in DYFS, who has done, I think, not only some of the most definitive work in this State, but any other state, in the area of adult protective services and elder abuse. And I would hope that you would feel, you know, -free to call on their expertise, not only today but as we go through the process.

The Report of the Governor's Council is a very, very important document. It will provide the impetus for adoption of adult protective services legislation. And I think that it is coming -- it's a very, very important issue that is very timely. Maggie Kuhn, the oftentimes controversial founder of the Gray Panthers says, "We, as a society, for all our protestations of compassion and humanity, have never come to grips with dependency, and have been unable to deal with it in any human, compassionate way." I think that Senator Brown's comments regarding the preparedness of people to deal with children as well as handicapped and senior citizens is very, very much on the mark. The report and your deliberations will hopefully meet Maggie Kuhn's challenge.

The Department of Human Services and the Division of Youth and Family Services have made considerable progress in the past nine years in addressing the needs of vulnerable adults and increasing our understanding of the problems of family violence. I think there's a very, very important point. Any discussion of elder abuse needs to be defined broadly. It involves physical acts of violence, but to a lesser extent than other forms of mistreatment. And, as you've worked in a program, you know that neglect, verbal and emotional abuse, and financial exploitation are all very, very much involved in the issues of elderly abuse. And that our experience -- our experience and the research we've done, shows that often, abuse and neglect are involved in most of

the cases.

But more research needs to be done on intra-family dynamics. We do know that elder abusers tend to be the victims' own relatives. They can range in age from teens to old age, but are generally age 40. But more needs to be known. For example, future research should assess any relationship between the way adult offspring treat their parents and the way they were treated as children themselves. And I think that Senator Brown's concern about the cycle of family violence, and how does child abuse relate to domestic violence, to elderly abuse is extremely important and something that, as we go through the deliberations, we should begin to try to understand.

We are in agreement with the majority of recommendations of the Council, but have major concerns in three areas. We believe that these areas must be addressed by any legislation being considered, and these three areas are: first, the age group to be served; secondly, the structure of the local service provision, which was -- Senator Pallone, your first question involved that; and thirdly, the central administrative agency to administer the State's policy on adult protection.

First, the Council on Elder Abuse recommended that only abused adults over 60 year of age be offered protective services at this time. As we are painfully aware, the last few years have seen dramatic increases in child abuse, spouse abuse, and other forms of domestic violence, including the mistreatment of vulnerable adults and the elderly. In the context of family violence, what emerges is a disturbing pattern of abuse and neglect suffered by people of all ages. Our policy should be guided by this understanding. We believe that any legislation developed should include protection for adults under 60 as well as those over 60.

We make this recommendation for these reasons, which are based on actual experience and not speculation: in 1983, DYFS began to study the needs of vulnerable adults to determine who was

at risk and what services would be provided to help them. In 1984, we funded at the level of \$327,000, which we received from the Legislature, the State's first adult protective services programs in Bergen, Passaic, Ocean and Cape May Counties. These programs, called the Adult Intervention Project, were so successful in helping those who could otherwise not have received help, that we expanded these programs to serve seven more counties with \$484,000 this year. The seven additional counties are Sussex, Middlesex, Somerset, Hunterdon, Essex, Camden, and Atlantic. Close to 5000 clients have been seen by these programs over the last three years. There are several private non-profit agencies that have provided a lot of leadership in this area, such as the program that you worked in in Monmouth County.

Nine of the eleven programs are administered by county Boards of Social Services, two by offices on aging -- in Essex and Atlantic. However, even where programs are administered by offices on aging, they serve all adults at risk, not just the elderly.

All of the programs investigate reports of abuse, neglect, and exploitation. Staff provide case management services, home care, emergency housing, clothing, food and shelter, legal services, transportation, and respite care. Our experience in these programs has shown us that a significant number of adults under 60 are being exploited, abused and neglected, as well as those over 60. In fact, a 1984 research study of the first four pilot projects showed that 38% of the clients of these programs were under the age of 60. Secondly, findings from the study showed that clients under and over the age of 60 used the same services and were subject to the same types of abuse and neglect. For example, in two of the most frequently used services, housing placement and transportation, utilization by the elderly and non-elderly was fairly consistent.

In addition, findings on types of abuse by age category showed only small variations between the elderly and non-elderly

clients. In the area of physical abuse, 53% were elderly and 47% were under the age of 60. In neglect referrals, 60% were over 60, 40% were under 60. Financial exploitation referrals showed 55% for those over 60 and 45% under 60. Even self-neglect and self-referral -- self-abuse referrals, which are by far the largest number -- particularly self-neglect -- showed 52% elderly and 48% non-elderly clients.

For example, a retarded woman of 54, living with a family that was neglecting and exploiting her, should be eligible for the same help in leaving her situation that an older person might get. She may need emergency housing, then help in finding a supervised living program, and also the support of a trained social worker to help her make the transition to a happier life. A neglected or abused victim of Alzheimer's Disease at age 53 clearly needs and deserves the same protection as someone who has reached the age of 60.

Such a policy of concern for both the elderly and disabled has guided New Jersey in running the Pharmaceutical Assistance for the Aged and Disabled Program and the Community Care Waiver Programs, which are designed to provide assistance to people, to allow them to stay in their homes and to deal with the community issue that Senator Brown brought up. These programs are a major advance in helping adults meet the high cost of health care and remain in the community, and we think the same approach should be applied to a protective services program for adults.

Clients under 60 are often at risk because of mental illness. The same issues come up. There are clients who are involved in mental retardation; the same issues come up. And we currently have statutes on the books to protect victims of child abuse and neglect and domestic violence. The elderly are part of a much broader population of vulnerable adults. Legislation should not be restricted to those over 60. Otherwise, we may be back here talking about them in the future as people who need protection, and we think it's an issue that ought to be dealt with

at this time. That's our first concern.

Our second concern has to do with the coordination of services at the county level. And Senator, I think you raised the issue, you know, quite directly in your questioning. The Council recommended that each county's program be administered through the Department of Community Affairs by a local office on aging. We believe that there should be more flexibility at the county level. In the counties where an adult protective service agency already exists, we feel that this agency should be maintained as a lead provider and current programs should remain intact. Nine out of the eleven existing programs are provided by county Boards of Social Services, who have taken a voluntary lead in this effort, and we don't think that by arbitrarily switching over to some other office at this point makes a lot of sense, but we ought to build on the success that we've had.

In those counties where no protective service program currently exists, the choice of a lead agency should rest with county officials and the human service advisory council planning process which is recognized by county government. If there is natural leadership -- like we heard from Judy's testimony -- there's natural leadership in providing protective services in the visiting nurse association, family service association, or other kind of private non-profit agency, there ought to be the flexibility for that agency to become the lead agency.

We definitely agree that there should be a lead agency, but we really urge the Legislature to consider flexibility at the local level, rather than arbitrary selection at the State level.

Our third area of concern relates to the central administrative agency that will administer the State's policy for adult protection, which includes elderly abuse. The Council on Elder Abuse recommends that the Department of Community Affairs be given this responsibility. We believe the Department of Human Services, I suppose not surprisingly, should be given this responsibility. As I stated earlier, we believe that the State

should take a comprehensive approach to family violence, and that the responsibility for family violence policy should be vested in one place. The problem of family violence is one that should be dealt with uniformly. To separate the problems and give responsibility to more than one department to administer is to fly in the face of current thinking in this area. And one of the biggest problems we've all faced is who is responsible for what, and I think that we're trying to correct that.

As I mentioned earlier, the Department of Human Services is currently responsible by Statute for protection and services to victims of child abuse and neglect. I do think there are a lot of analogies in looking at the similar processes. And we're also responsible by Statute for domestic violence and services to vulnerable adults in boarding homes. We also, on a voluntary basis, with funds from the Legislature, fund the 11 pilot projects for adult protection. We have a central registry. We think that we ought to use the expertise that we've developed and not start from scratch.

DYFS funding for adult protective services with Federal matching funds totals \$2.8 million. We already have a sizable program within our department. In addition, during fiscal year 1986, special awards from the Department of Human Services to counties totalled an additional hundred and eighty thousand dollars for community education and network development, and I couldn't agree with Senator more -- that we have to build the education component.

We had an interesting discussion a couple of weeks ago about child abuse and the need for parenting. And Senator Brown asked me if I had firsthand experience. I said I do not yet have children, but I do have a mother. And I can tell you, in the same vein, that we said I was never prepared, in my umpteen years of education -- more than I want to remember -- I never had any preparation for how to deal with children. My mother has just turned 70. She lives alone in upstate New York, out in a rural

area. And I'm facing a number of the same issues, you know, that we discussed. And I never, in all the years of education, had any preparation for this. And I think that unless we, as a society and government, come together and say we know these problems are going to occur, and prepare people for them, we're really missing the boat and we're going to have more protective services as a result, which is what we're all trying to get away from.

The definitions and key program elements proposed by the Council on Elderly Abuse are almost identical to the program requirements for adult protective services in the 11 pilot programs. Again, I feel we ought to build on the experience and success we've already had. Our Department supervises County Welfare Agency service operations, which are designated to provide services to SSI recipients, who constitute a large percentage of clients needing protection. We have responsibility for the Medicaid program, public assistance, home care programs, mental health services, programs for the developmentally disabled. We have been involved in a respite care program for aged and handicapped people. And again, I think what we want to do is to try to have everything in one place, so we can deliver the services in the most effective manner.

I would hope that you would give careful consideration when you decide where this administrative responsibility for adult protective services would rest. And I think that if I feel anything, that I think we ought to look at this particular problem in the broader context of family violence and what's happening to our community at large, in terms of how we're treating all people who reside in families, however you want to address the family. Because I think the issues run consistently through how we're treating people, not only the elderly and handicapped, in some cases, women who have had a position of less power in the home -- which we're trying to correct -- and children as well.

It is our belief that new programs for adult protective services should be integrated into the ongoing protective services

of our Department. This would assure consistent approach and would draw upon existing expertise, but avoid duplicative administration and would facilitate public accountability. And that's the final point that I want to make, is I think that all these programs that deal with central registries, we have experience in child abuse -- we have experience in mandatory reporting, which I can comment on if you'd like me to -- I think it's important that all this be placed in one place at the State level, so that people like the Public Advocate know where to go to hold responsible, where people like Senators and, you know, who are holding us accountable know that there's one place. And I really believe in strong public accountability, particularly when you get into mandatory reporting and those kinds of issues.

I'm hopeful that you'll find this testimony useful. As I said, we have -- we've done some research, and I would hope that you would call upon the expertise that we have in New Jersey in this area. I've brought along copies of the research project, which we'll make available to you. And I thank you very much for your interest and commitment in dealing with this very important issue.

SENATOR PALLONE: Thank you. I want to say it's refreshing to have the departments come in and ask that the program be in their department, because we -- at our last public hearing, which dealt with home health care, most of the departments said they didn't want the program. So now we have them saying they do, fighting over it rather than the other way around.

You know, when you talk about the question of the age, you know, whether it's going to be 60 or above, whether it should be more comprehensive, the problem is that this Committee's always dealing with that. You know, in other words, our mandate is for the elderly. And it comes up in almost every context. Are we going to have a program just for people over 60 or over 65, or are we going to have something more comprehensive? And, you know,

oftentimes, it comes down to a question of cost. In other words, if we're identifying a problem for senior citizens, and we know that maybe we can set it up that way and it's going to cost so much, that becomes -- that becomes a primary reason for doing it. Because we've identified it among seniors and we want to deal with that, and if we go into a much broader perspective, we're going to have a problem with cost. I don't really have any questions, other than to say I don't know how -- I don't disagree with you, but I just think that I've found that, you know, we have this problem with abused elderly and we would like to address it, and I'm afraid if we get into a much broader program, we're going to be talking about a lot more difficulty in framing the legislation and in coming up with the funding for it.

MR. BLATNER: I think that -- you know, I have been an advocate for targeting services in the past. I think that, without the kind of material that we've developed through our research that -- I mean, it just shows, with these 11 pilot projects that we've set up, you know, which were set up on a voluntary basis -- the outreach was, you know, done on a voluntary basis -- that the evidence -- I mean, this is very empirical evidence and it's very compelling -- that the needs of the people over 60 and some of the handicapped people that we're dealing with and people under 60 are so identical that they're almost using the program on an identical basis. And I don't even -- I know even where there is a program that tries to restrict the age to over 60, they're serving this group anyway. And I think that while we're addressing this, I honestly believe we'll be coming back at some point in the future to say, well--

SENATOR PALLONE: Yes.

MR. BLATNER: --there's a gap that we left out. I'm saying, you know, why don't we deal with it--

SENATOR PALLONE: Yes.

MR. BLATNER: --up front? I think our experience is with the funds, that the services are the same, the people who are

coming forward have the need--

SENATOR PALLONE: Yes.

MR. BLATNER: --and at some point, we're going to be dealing with it.

SENATOR PALLONE: Well, I understand what you're saying. I think we definitely have to take that into consideration. But it should -- it always seems to be the same problem. I mean, even -- like, for example, with the Public Guardianship bill -- that was the big issue. You know, are we going to have the Public Guardian available for those under 60? And we finally decided, well, we better limit it to over 60, because it makes it, you know, in terms of the funding, in a more neat package. But I don't know how to come to grips with that.

RICHARD O'GRADY: If I may respectfully interject here, I think there is a need for some consideration around the efficiency of services. While we're dealing here today with the issue of elder abuse, many of the agencies that are involved, either at the ends of the spectrum, or even in the daily handling of some situations are also involved in some ways in providing other arrays of services. For example, the county Boards of Services provide about \$7 million worth of homemaker services through block grants. And one of the issues that I tend to be concerned about is the difficulties in terms of the efficiency of systems if, in effect, dollars for people are segmented out in such a way that people will find themselves bounced from one spot to another spot and we'll have duplicate administrative systems. So it is -- you know, while cost is an issue, and I think we have to be concerned about it, there's also a detail on cost in terms of whether funding is available.

SENATOR PALLONE: Senator?

SENATOR BROWN: I've got real problems with the 60 in this particular instance. Do you think you would have gotten more sharp differentiation if you had chosen, say, 75 as a cut off? I can't believe that for -- if you say 75 and older, there wouldn't

have been a much greater symptom of problems than if you take 60. I had a real experience last week, and went to a 105 birthday party. I mean, when you go to a birthday party of somebody who's 105 and she's doing very well, and so on -- I mean, if we're putting elderly in the whole range from 60 to 105 in our society, it really does make you rethink some of these numbers.

MR. BLATNER: Gerry, do you want to comment on that?

GERALD R. GIOGLIO: Yes. In terms of the adult intervention projects, the agencies that are providing the services have that age as the point at which folks can come in and get the service as age 60. That's called elderly, okay? But -- and so, these people were included in the project. They were allowed to come in the project, as long as they met certain other qualifications. Young or old were served.

Think of it in terms of the demographics, and perhaps it becomes a moot point. In a mere 20 years, the baby boom generation is going to be old. And while we say, okay, we have a problem, we're going to serve the elders. Okay, they're a small population, and within that population there are some abused elders, that's an even smaller population. And we can pump some amounts of money in there and try to deal with that. In a very few years, and short-term -- those are short-term kinds of considerations. In a very few years, we're going to have to deal with a massive number of people straining social systems. Straining health systems. So, in making these plans, we're -- it becomes a moot point to deal just with the narrow focus of population right now that's over age 60.

MR. BLATNER: You're going to be hearing, I believe, some testimonies from people who are out in the front line, you know, dealing with these issues. And I think that there are two issues that I would ask you to consider and take a look at. One is, if you open up a service like this, and it is sort of a relief, and it's finally there and people, you know, people are going out into the home and dealing with their problems and

arranging, you know, case management or whatever the kind of service they need, I would, you know-- I think that the people who have been running the services have found not only the needs identical, but how can we, you know, somebody-- If we open up the services needed, how can we arbitrarily, you know, cut off a person at age 60 because they are -- I mean, I think one of the rationales for the report dealing with 60 years, because that was the mandate of that particular committee.

SENATOR PALLONE: Uh-huh.

MR. BLATNER: I understand your mandate. I think all the time that, you know, within social services somebody says, we're not going to serve somebody because that's not within our legal mandate. And I think that what we tried to -- or to do is to reverse the thinking and say, we want to start from the needs of people out there. And maybe we have to change our thinking up here. Let's change our thinking.

I think the other thing has to do with the symbolic meaning of referral. You know, you think of-- It's very difficult for people, particularly in protective services, to come forward for help. And, you know, one of the most devastating things, and I've talked to people time and time again, and it's a terrible problem with our own DYFS offices, people call up for help -- they've taken the big step to come for services -- and you don't fit into our program, you go someplace else. It's extremely discouraging. And I've had that with, you know, a number of public agencies myself, and it's one of the worst kind of things to experience.

SENATOR PALLONE: That's true.

MR. BLATNER: And I think that, you know, there ought to be a place where people can reach out to and that person's going to answer the phone and say, you know, we're here to help. We're not going to send you someplace else.

SENATOR PALLONE: Okay.

SENATOR BROWN: The last question I have, Tom, is what

can DYFS do at this moment in time to really help prevent elderly abuse? What can you start doing tomorrow--

MR. BLATNER: You know, I think we--

SENATOR BROWN: --that you're not doing today?

MR. BLATNER: I think our first effort was to try to get some of these core services in place in the 11 counties. This year already, we have taken \$180,000 that you've given us to get a community education program that deals with, you know, the care of the elderly, and how do you prepare people for dealing with people who are going to be dependent on you as they get into older age. We're trying to tie that in with the offices on aging, any, you know, network that, you know, that deals with the general population. And I--

SENATOR BROWN: Can you send the Committees copies of these--

MR. BLATNER: Yes.

SENATOR BROWN: --programs--

MR. BLATNER: Yes. Yes.

SENATOR BROWN: --that are out there?

MR. BLATNER: Yes.

SENATOR BROWN: You must have fancy fliers or something.

MR. BLATNER: Yes. I can send you that, because I think that, you know, with all these different programs, unless we -- people think of community education as like a frivolous thing that we shouldn't do unless we have the protection in place. But if we don't begin to put the prevention in place, 20 years from now we're never going to have enough funds to deal with protective services. And I think that we-- You know, at some point, we have to say, we have to prevent this stuff in a very, very aggressive way.

SENATOR PALLONE: Okay. Well, thanks a lot. We'll definitely take that into consideration -- you know, the recommendations that you made.

MR. BLATNER: Thank you.

SENATOR PALLONE: Thanks again.

We're going to try to, again, as I said, skip around and have somebody from the county now -- Mr. Philip Pearlman, who's the Director of the Union County Division on Aging.

PHILIP H. PEARLMAN: Thank you, sir. Senator Pallone, Senator Brown, good morning. Thank you for allowing me to appear before you today. I'm Philip Pearlman, the Executive Director of the Union County Division on Aging. I'm also the current President of the New Jersey Association of Area Agencies on Aging. And I'm speaking to you today primarily as the Executive Director of the Union County Division on Aging. I'm also here to support the testimony of Lois Hull, who is the immediate past President of NJ4A, who is speaking on behalf of the 21 county offices on aging.

The issue of elderly abuse is not new. However, the focus of attention on this problem is new in the State of New Jersey, since the creation of the Advisory Council on Elderly Abuse and the report issued by them on May 15 of this year. I support the findings in that report and I would take this moment to publicly thank the many dedicated persons who served on the Advisory Council, whose efforts brought about this report. It is an important first step.

As you are aware, and the report has underscored, we need a system and a systematic approach toward addressing the problem of elderly abuse. I believe the system should include an educational effort to raise the awareness and sensitivity to the problem within the general population, as well as the service providers who are in a position to recognize and identify specific cases of abuse.

We also need a means of gathering data. Currently, all estimates of the incidence of abuse are based on percentages which are generally accepted as reflective of the national population. In order to understand and address the problem, we need specific data to reflect the New Jersey experience.

The third ingredient in this statewide system is a State agency and local agencies to accept the responsibility for planning, developing, and implementing the system to address elderly abuse. The report recommends the Division on Aging within the Department of Community Affairs to be the central State agency, and in each county, the office on aging to be the local agency. I support this recommendation, because I believe the network of these agencies is best suited to plan, implement, and administer programs designed to serve the elderly residents of our State.

The Union County Division on Aging has already initiated a county-wide effort to address the problem of elderly abuse. An ad-hoc committee has been meeting for over a year. And during that time, we have developed an inventory of services, some working definitions of various forms of abuse and, most importantly, we have been allowed to hire a Planner/Coordinator, whose primary focus is elderly abuse. We are now in a position to move forward and we need one very important thing. We need legislation such as the Advisory Council's report recommends, which will protect and prevent abuse and neglect of the elderly. The legislation is the next step in addressing the problem and will provide the basic tools we need in order to develop a comprehensive, consistent, coordinated system. The report outlines the components of such a system, and that is why I give it my unqualified support.

The New Jersey Legislature has a well documented record of addressing many of the needs of our elderly residents. I firmly believe you will extend that record by addressing the problem of elderly abuse. My concern and respectful suggestion to you is the need for legislation as quickly as possible. I recognize the legislative need for moving with deliberate speed, but I encourage you to increase the tempo of that deliberate speed and give us the basic tools we need: a law, regulations, and the funds to develop and initiate a statewide system which can address

the problem of elderly abuse.

Thank you for your kind attention and continued support.

SENATOR PALLONE: Thank you, Mr. Pearlman. I understand you've been made the President of the Directors of the county offices recently?

MR. PEARLMAN: Yes, sir. That's correct.

SENATOR PALLONE: Congratulations.

MR. PEARLMAN: Thank you.

SENATOR PALLONE: Since you're, you know, since you're in the position of being a Director of -- I call them offices on aging, but I guess they have different names in different counties.

MR. PEARLMAN: Yes.

SENATOR PALLONE: I'm just wondering if you'd give us an idea, like in Union County, what would happen now with an individual, for example, you know, someone who's in their house and is concerned about their well-being and a neighbor calls. I guess they would call the Office on Aging or the Division on Aging, and express a concern, for example, that that person, you know, needs attention. What kind of services would be provided now, for example, in Union County, for--

MR. PEARLMAN: Well, that's part of the basic problem. It would depend where the call came. If it came--

SENATOR PALLONE: Okay.

MR. PEARLMAN: --in the instance you're describing, through our office, we do not have social workers on staff at the present time, so we would utilize a social worker from the Adult Service Unit of the Board of Social Services. In the event that the call came into the police, then it may follow a route that would lead to a dead end. What I'm suggesting to you is that we do need a systematic approach to the problem. And what we've been trying to do, at this point, through this ad hoc committee, is to get the players -- or the potential players -- in these kinds of situations to start talking with each other. It's a slow process.

We've gotten some success, notably, in that we've been invited to the police academy for one day training to sensitize the incoming police officers.

SENATOR PALLONE: There is, then, in Union, I guess, an Adult Protective Service or some sort of program within the county Board of Social Services, then? Is that how that operates?

MR. PEARLMAN: Yes. Each of the Boards of Social Services have that kind of unit. Mr. Blatner referred to it as dealing primarily with SSI recipients, but they can also do certain kinds of interventions with any elderly resident of the county.

SENATOR PALLONE: Well, if you -- you know, not only from the Union County, but I guess also, you know, from a State perspective, I mean, if these type -- if we did enact legislation that provided for these kind of core services, do you have a suggestion about how you would set it up, say in Union County? I mean, I'm not trying to put you on the spot, because we're all--

MR. PEARLMAN: No, I understand.

SENATOR PALLONE: --you know, it's all speculation at this point, but I'm just wondering how you would--

MR. PEARLMAN: I'll be perfectly honest with you. I'm not sure exactly how we would set it up. It would have some financial implications, naturally, in terms of how much funding came down. We do not provide a great many direct services through our office. Generally, we find that if we can coordinate the efforts of the existing service providers in the county, it comes out to be a less expensive way of doing it. So that, I would suspect that what our role would be in elderly abuse would be this central coordinating effort in planning, in terms of trying to get some educational information out there, and bringing of the various service providers into some sort of confluence.

SENATOR PALLONE: Well, you mentioned that you're hiring a Planner/Coordinator whose primary focus is elderly abuse. In other words, that would be, say, the key person. I mean, if we

had this legislation and the financing available, that person might be designated as the key person for elderly abuse.

MR. PEARLMAN: Yes.

SENATOR PALLONE: Okay.

MR. PEARLMAN: I would use that person to build whatever additional kinds of things we could do.

SENATOR PALLONE: What is the -- what is this Planner/Coordinator -- what does that envision, that person--

MR. PEARLMAN: That person's been--

SENATOR PALLONE: --to do at this point?

MR. PEARLMAN: --on board now for about two months, and is really trying to pick up. As I've indicated, we've had this ad-hoc committee meeting, and is trying to keep that committee focused on some very specific kinds of tasks in terms of developing a system when this legislation finally comes down.

SENATOR PALLONE: So they're basically -- they're talking about say, coming up with a plan or a program. They're not actually implementing one at this point, because there isn't the -- there isn't the money available--

MR. PEARLMAN: Yes. Exactly.

SENATOR PALLONE: --I take it. Okay.

Any questions?

SENATOR BROWN: I have a quick question. Our population in Morris County is 400,000. I'm not quite familiar with what your population is in Union.

MR. PEARLMAN: We're a little bit larger, Senator. We have about a half million, and about 100,000 seniors.

SENATOR BROWN: Of those 100,000 seniors, how many lives would you say were affected by your Division's activities, your department's activities? A quarter of them, would you say?

MR. PEARLMAN: I'd like to say all of them, but I'm not sure that I can even come up with an accurate estimate. In terms of direct kinds of services--

SENATOR BROWN: How many of those seniors in your county

would say -- would know that your office exists? To be perfectly frank, I'm a State Senator. I will be lucky if out of my 183,000 constituents, if maybe 20% of them know I exist. I was wondering what--

SENATOR PALLONE: I'd say 15.

SENATOR BROWN: He's right. The polls would show you. Between -- I was trying to make it sound a little bit better, Senator, but you're right. It's 12 to 15.

MR. PEARLMAN: I have no way of giving you a hard figure. But if I had to pick a number, I would say that it would probably be somewhere between 15 and 25%. It's amazing how many people don't know we exist in each of the 21 counties of this State.

SENATOR BROWN: And if our emphasis is on prevention, and we're looking for, you know, an understanding, an appreciation, an importance of what older people have to bring to society, is the best vehicle for providing the society the interest group itself? Do you follow me?

MR. PEARLMAN: Sure. But we have to start there and then expand it. Because part of what we have to do is make a lot of seniors aware that they have some rights that are being infringed upon. And for a variety of reasons, they are not being -- they're not standing up for their rights, particularly in the area of financial abuse. They're being subjected to a lot of demands by people that live with them, generally middle-aged children, who are subverting their funds, or whatever. I think we have to start with the group -- with the seniors, and let them know that, you know, you don't have to take this, then spread it to the community at large -- particularly to people who are in a position to see these kinds of abuses. And they're all over. You know, people in emergency rooms, cops, social workers, neighbors. You talk about neighborhood watch. If we could get that kind of sensitivity and awareness, I think we would really be well down the road toward preventing a lot.

SENATOR BROWN: You mentioned the specific example of sensitivity training for the police. Can you give me one other specific example of something that your operation has done this year to enhance seniors' respect for themselves?

MR. PEARLMAN: Nothing yet. We're still just nibbling at the edges.

SENATOR PALLONE: Thank you. Thank you, Mr. Pearlman.

MR. PEARLMAN: Thank you.

SENATOR PALLONE: I can see that you feel that there's a clear necessity for this type of program, and that if the financing was available that you would be interested in implementing it right away. So that's what we're about.

MR. PEARLMAN: Yes.

SENATOR PALLONE: Thank you.

MR. PEARLMAN: I'm one of those agencies that will say to you straight out, yes, we'd like to see it come down.

SENATOR PALLONE: Thank you.

MR. PEARLMAN: Thank you.

SENATOR PALLONE: Is Naomi Epps here?

NAOMI N. EPPS: Yes.

SENATOR PALLONE: Chairperson of the New Jersey Chapter of the National Caucus and Center for Black Aging.

MS. EPPS: That's right.

SENATOR PALLONE: You're also a member of the Advisory Council.

MS. EPPS: That's right. I am a senior citizen, and I'm sort of amazed this morning that we have no senior citizens sitting in front of us. All youngsters.

Now, in 1971, I was a delegate to the White House Conference on Aging. In 1981, I was also a delegate to the White House Conference on Aging. I am a Board Member of the National Black Caucus on Aging on a national level. I'm President of the National Caucus on Black Aging for the State of New Jersey, and also President of the National Black Caucus on Aging for Passaic

County.

I was previously a public school teacher for 45 years. For 13 years, since I've retired, I've worked full-time with senior citizens on city, county, State, and on the national level. I am proud to be a member of the New Jersey Advisory Council on Elderly Abuse, as well as a senior citizen who voluntarily works on city, county, State, and national levels, for the rights and entitlements of senior citizens.

As a member of the Elderly Abuse Council, I can tell you that many months and much energy has expended in accomplishing the information which has been given to us. We are in need of services for prevention and also services alleviating abused elderly. And in doing so, address the abuse of the elderly. Mandatory reporting will help to alert abusers to the legal rights of the elderly, and the abusers' risks are much greater. People can't afford to look the other way rather than get involved.

The community needs to become aware of the needs of the abused elderly. Community forums could make this a possibility. Mass media also should be used to alert families and communities of services available.

Setting of standards and providing technical assistance to the counties in setting up services would alleviate many of the problems, rather than waiting for problems to happen or present themselves -- not after the fact.

We wish for our concern of the problems of the elderly abused to be translated into a State appropriation of \$2 million to the New Jersey Division on Aging, because the New Jersey Division on Aging and the county agencies on aging, are aware of the senior citizens' problems. They work with them every day. The seniors in the county and on State level know now where to find the offices on aging all over the State. And it would be to the advantage of the people and the abusers to have the office on aging as the agency working with the abuse department.

The State grants would assist the counties in expansion

of services, or -- in many cases -- initiating new ones in order to meet the needs of our County Office on Aging, in providing training of community awareness and fostering educational efforts. Financial support is a must in local offices on aging.

The sooner the recommendation of the Council becomes legislation, the better off the seniors of New Jersey will be. The life span will be just a little bit longer, because a little more love, peace, joy, and happiness will enhance the lives of those we love.

Should you keep on living until you will become an elderly person -- there is only one way to avoid it -- need I say more? This protective service is long overdue. What we are doing here today is long overdue. We can no longer hear no evil, see no evil and do no evil where our senior citizens are concerned.

SENATOR PALLONE: Thank you, Miss Epps. Can I ask you, I noticed that you specifically stated that you thought that mandatory reporting would help. Were you one of -- I take it you might be one of those on the Council that disagreed on the issue of mandatory reporting? I just ask you if you--

MS. EPPS: I like-- See, if you were a senior, and a thing's happening to you, you might be fearful to say, because you assume that nobody's going to care. We can't afford to turn our heads when these seniors are being abused. I'll tell you one instance that there -- one of the prosecutors mentioned in our meetings. One mother, who was 85 years old, was taken to the hospital. An emergency. The son was 65 years old. He came to the hospital, asked that he see his mother. Of course, the people on duty granted that request. He went in and had a sexual relationship with his mother. When the doctors found out about it, they examined the mother. The semen was there and active. Now, God only knows what happened to that mother when she was in the home.

That's just one of the many things that happen to seniors. Somebody needs to talk about it. Somebody needs to do

something about it. You only realize what's happened to seniors when you are out in the field. Most of you people sit in the office, and you're only here when somebody comes in to tell you. If you're out in the field, if you have workers out in the field, or if you're a senior, you hear so many things that would actually make you cry, where seniors are suffering, not only financial abuse. Many times they go to the store to buy products -- a refrigerator, air conditioner. You get stuck with a big price. You want to pay the bill. You know you're stuck. You get this TV or appliance home, it doesn't work. You can call the store. Of course, young folk do it too. I mean, young people have these same problems, but it's more of a drastic problem if a person has an illness, and you need that air conditioner, and that air conditioner doesn't work.

SENATOR PALLONE: Okay.

MS. EPPS: These are many problems that we have, and we need somebody to help us to solve these problems. We can't solve them by ourselves.

SENATOR PALLONE: Are the-- Did you want to introduce the two individuals that are with you? I don't know if they wanted to speak, or--

MS. EPPS: He can introduce himself.

ED HUBSCHMITT: Yes.

MS. EPPS: Tell them who you are.

MR. HUBSCHMITT: My name is Ed Hubschmitt. I'm on your list. I snuck up here, I hear. I know Leanna. But I am -- what do you call it? I'm here as the elderly. I am the elderly. But I will say this, that I'm very active in senior citizen circles, and I have what do you call it? The first I thought about elderly abuse is when I got this notice through the mail, that there would be a hearing today. And I tell you, I go to local clubs, I go to the -- I belong to the County Advisory Council, I go to Jersey City, the New Jersey Senior Citizens meetings, and I have never heard discussed elderly abuse. And I've been -- four or five

years I've been a senior citizen. But I'll tell you, I read the -- the what do you call it, the report twice. And I would say, from my point of view, that you give priority attention to the public awareness part of this thing. Because for me, like I say, I've been active for a good five years, and I have just about heard nothing about senior citizen abuse.

SENATOR PALLONE: Okay. That--

MR. HUBSCHMITT: That's what I--

SENATOR PALLONE: I think that--

MR. HUBSCHMITT: That's my comment.

SENATOR PALLONE: It's true. And that's one of the things you mentioned, Senator, about the need for public awareness and education.

SENATOR BROWN: But to the right target. And I would like to just ask a question. Why don't you introduce yourself first?

MS. EPPS: Yes.

SENATOR BROWN: And then--

HELYNE SEKANICS: I'll be happy to. My name is Sekanics. I'm also on the Office on Aging. I'm also active in many organizations.

I just wanted to make a comment. As I was walking down the corridor, a man was coming out of the Ladies' Room. And I of course went up, and he said, we've come a long way. He didn't say baby, though, for obvious reasons. But there probably was a logical explanation for that, and I thought, yes, we have come a long way. Here I am sitting here, listening to the pros and cons, I believe they are. I cannot hear too well, because I awakened this morning fairly early and turned on the TV because I couldn't fall asleep. The program, guess what? Abuse. A wife beating program -- picture, with Sally Struthers, and she was being beaten to a pulp. Child abuse, elderly abuse, wife beating, and all, what is this world coming to? I'm a product of the old school. I went to Catholic school. Love thy neighbor, honor thy mother and

thy father. What has happened to that? We are in a world that is just frightening. And it's more frightening to the elderly because, number one, they're frail, their health is failing, they have to worry about housing, they cannot drive the car anymore, they have a transportation problem, they cannot afford good food, they're worried about finances, and then they have to worry about being abused also. This is a very sad commentary.

Anything you can do to help them would be appreciated. We don't have to have this kind of a world to live in. It's frightening.

SENATOR PALLONE: Thank you.

Go ahead, Senator.

SENATOR BROWN: Senator, I just wanted to say, since I have mentioned Morris County before, I am very pleased I represent two towns in Passaic County, Ringwood and West Milford. And certainly, Passaic County has a very good Office on Aging operation. I've been very, very impressed.

I've got to ask you a question, however, as a former school teacher. Will you not think that this is a basic problem that we've been talking about, abuse in society, that how can we get more inter-generational activity, more inter-generational respect, and does not that go back, basically, to the schools and the home?

MS. EPPS: Frankly speaking, I think the public schools need a course. I don't think it needs to wait until you get to high school. I think that the Board of Education, on the State level, I was a Commissioner on the Board of Education for six years too, I think the State Board of Education, and maybe you could help to recommend this to the State Board, that the public schools need to have seniors come into the building to let them know that all of us are not senile, that we are intelligent, that we have a whole lot to offer, and that because we are growing old, we are wise -- a little bit wiser than the average person. Because of longevity of living, not because we have Ph.D.s and all

that other, but merely because the longer you live, you should be able to learn just a little bit more. And I think too that the seniors, the offices on aging all over the State, should be more into using the high school students, using the young people, so that the gap between the seniors and the younger people will not be such a drastic one. There's so many things that the seniors could do for the young people. You know, when I was a child, grandmama, aunts, uncles, and everybody lived on the same street. Everybody's child was my grandmother's child. But the kids nowadays have the keys around their necks. They don't know -- mother's gone to work. The economy of the country has caused a whole lot of things where the families are concerned. We need to find some ways and means of getting these families that have children in harmony with the elderly in the neighborhood. Usually, at least twice a year -- now I'm into the schools quite frequently -- but at least twice a year, Christmastime and in the summer time, we have Christmas parties for the seniors. The high school kids, the elementary school kids come in and give the programs during the holiday seasons. I never have had a program, since I've retired, that I did not have children -- elementary children, sometimes the kindergarten, as low as the kindergarten children, or preschool children, high school children, college teenagers -- to come in and take part in those programs. And the schools will be very happy to do that, if they're invited. It's an outlet for the children, and it is an enjoyment for the seniors.

SENATOR PALLONE: We have a -- Senator Costa has a bill -- I think it was released from this Committee and voted in the Senate -- that would provide, I guess, as part of the family life curriculum, that there would be a program dealing with seniors and basically, I guess, along the lines of what you're suggesting.

MS. EPPS: It would be rather nice. The youngsters would enjoy it, the seniors will feel useful. You know, many

times, you grow up--

SENATOR BROWN: And the middle-aged will be less frazzled, so maybe there'll be less abuse.

MS. EPPS: That's right. You know, many children think that senior citizens are not human.

SENATOR PALLONE: We're going to send you a copy of that bill.

MS. EPPS: I appreciate it.

SENATOR PALLONE: Take a look at it.

MR. HUBSCHMITT: Yes.

SENATOR PALLONE: Take a look at it and see what you think about it.

MS. EPPS: Thank you.

SENATOR PALLONE: It was by Senator Costa who's on -- a member of the Committee.

Thank you very much.

MS. EPPS: Thank you.

MR. HUBSCHMITT: Thank you.

MS. SEKANICS: Thank you very much.

SENATOR PALLONE: Our next speaker will be Mr. D. Miller, who is the Director of the Legal Services Corporation of New Jersey. Your first name I don't have. Just a D.

MELVILLE D. MILLER, JR.: Thank you, Senator. My first name is Melville, as is indicated on the--

SENATOR PALLONE: Oh.

MR. MILLER: --copies of the testimony that I have submitted previously.

I thank you for the opportunity to testify this morning. My written statement is quite brief, and really addresses three points, which I will simply summarize now, and then I would, I think, offer an observation or two on a question that emerged this morning as well, which is the need for additional powers. Is there really a need for additional powers of intervention?

First, the position of Legal Services as an agency

which serves a large number of elderly people in this State, from a number of perspectives: we serve the elderly directly, we see instances of abuse, we are asked to represent individuals who have been abused, we are sometimes asked to represent other family members who are onlookers, who see an abuse situation -- financial or otherwise -- in a family. We really see it from a perspective. We don't always -- we're not always in a case on the side of the victim. It leads to, I think, a perspective which is -- has some ambivalence in it. I think you -- when you represent different parties in different kinds of cases, you begin to see all the sides and all the difficulties in the situation. It leads us to very strongly support the emphasis -- and this is the first point I want to make in the Council's report -- the emphasis on service, on supportive service, on the need to develop, focus a system of support which has a clear goal, which is maintenance of the family unit, people in the family unit, to the extent possible, and seriously try to provide the service that makes that possible, rather than a focus on prosecution or a focus on reporting. Reporting is important. Prosecution in serious cases is important. But the focus, I think, of remedial legislation in this area has to be on service and on support.

In our own case, providing legal assistance, Legal Services agencies cover all 21 counties in the State, and we stand ready. As I indicated, we are now involved in a number of these cases. We stand ready to provide assistance in whatever form is necessary. We clearly, as I think a lot of the other provider services would say if they were here today, are not funded at a level adequate to do the task. In our case, the estimates that we have are 12 -- we're able to meet 12 to 15% of the need for our services among the population affected, including the elderly. I'm not sure whether we're worse off than other providers or not, but there's a very serious shortfall, and it is that kind of support for provider services that we hope will take, consume the bulk of the \$2 million that is being recommended.

On the mandatory reporting issue, which is the second aspect of my testimony, we are opposed to mandatory reporting at this point. Having looked at the experience in a number of other states, it seems, to say the least, unclear that mandatory reporting itself is the reason for a higher incidence of reporting. Indeed, one-- Our analysis of one state in particular, Massachusetts, suggests that the most significant factor by far in the higher incidence of reporting after the passage of its remedial legislation was the educational campaign, the public relations campaign, the heightened community focus on elderly abuse, the need to step in. A very -- as a number of speakers have indicated today, a very careful balance has to be struck here between individual rights -- rights of privacy -- and the proper powers of people who are mentally competent. And, at this point, without clearer -- much clearer -- evidence from the experience of the other states which do have mandatory reporting that it has made an important difference, without that evidence, we think it's a mistake to cloud the remedial legislation with it at this point. So we concur with the -- in effect, the recommendation of the Council on this one as well, that -- that the issue not be dealt with at this point, and therefore left -- be left voluntary. And it's always subject, obviously, to reexamination at a future date.

The third thing is on the question of the, I guess, interdepartmental question of who should have primary responsibility for overseeing State's and counties' response to elderly abuse. Our concern is that there be a focus on the problems of the elderly, the abused elderly. We do see, because of our other work, entitlements, family domestic, financial matters, and other issues which are much more unique to the elderly. Legal issues which occur at a much greater frequency among elderly than among the rest of the population. This leads us to think that the same may be true in other areas of services as well, and that it's very important that the problems -- the

unique problems of the elderly be given a focus and more concern than if it's-- This is remedial legislation that is ultimately sort of subsumed under the Jurisdiction of an agency that's going to look at -- see it as an issue of abuse, primarily, rather than an issue of abuse affecting the elderly. But that focus on the unique problems of the elderly may get lost, that the particular services that the State and the counties have developed over the years to respond to the unique problems of the elderly may be lost a little bit in translation. And so, on balance, although we are hardly the experts on resolving interdepartmental disputes, on balance, we support the Council's recommendation that the Department of Community Affairs be given this responsibility, because it's most -- more likely to keep a focus on the problems of the elderly. We don't deny, for a moment, as well, the problems of abused people in other aspects of society. But, for example, the most common form of domestic abuse that we see, which is inter-spousal abuse, is not in the vicinage of the Department of Human Services, but rather, to the extent that State government has a formal response, it's partly that department, it's partly Community Affairs, through the Division on Women. There's a multi-faceted kind of approach, focusing on the problems of abused spouses. And we think that that kind of focus on the sort of subset of the target population is key here as well.

Lastly, on the question that seemed to emerge a little bit from the prior testimony around the grounds for intervention, at least the way I see it, coming at it from a legal perspective, there needs to be clarification here. Not so much expansion, I think, but clarification. It's clear that a number of the instances of abuse of elderly people that are implicitly being talked about here today are criminal acts. Physical violence, some sorts of -- some kinds of financial abuse, may it involve fraud or theft. In any of those situations where criminal acts are involved, I think no one would dispute that a probable cause for intervention and a visit by prosecutorial authorities was

found by a judge, then people could and would go. I think what we're a little worried about and focused on is those other situations where there's abuse and there -- it doesn't rise to the level of a criminal act. I think a probable cause standard still needs to apply at that point, but I think it's also likely that the kind of array -- we heard somebody earlier this morning make an allusion to arrangements that are worked out with local police and agencies where somehow, people manage to get in. I think that really needs to be clarified and standardized and all the agencies and police and social service agencies as well need to be very clear what the grounds are that justify that kind of intervention. And I would hope that in the legislation, if you ultimately do consider legislation, that at least there be that kind of clarification of the grounds of intervention. I think it's probably going to be necessary to be able to go into more situations than just criminal acts. And in that sense alone, more specificity and legislation is probably called for. How far I think is really a drafting question that I'm not prepared to address today.

SENATOR PALLONE: I tend to agree with you that -- I mean, because I think if you don't have some clarification, you might -- you basically leave it up to the individual situation, a court action or whatever. And, you know, if we can clarify it, that would certainly be better, rather than leaving it open and, you know, on a day-to-day basis.

One of the things I just wanted to ask, I see that you mentioned in this -- in your statement that, unless substantial resources are made available to permit the provision of the key services -- of the core services -- that the legislation might not achieve its goals. Do you feel that the \$2 million that's being suggested would be sufficient for the services we're talking about? I mean, I--

MR. MILLER: I--

SENATOR PALLONE: It's difficult, but--

MR. MILLER: Judging by simply our little microcosm, if that's what it is, of legal assistance, I think we could easily use a good portion of that on legal assistance alone, without even getting to other services. Analogizing and expanding from that --extrapolating from that -- I would be very worried about the \$2 million figure. I'm not at all sure that's adequate. I can't speak--

SENATOR PALLONE: Uh-huh.

MR. MILLER: --I think, authoritatively about the provision of other services, but I do have, instinctively, a feeling that if you pass legislation and appropriate \$2 million and we gather around these tables two years from now to assess the extent of the impact, I would be very surprised if there would be very many provider agencies coming to you and saying, yes, we're fully funded, quite happy, and the two million was adequate. I think we probably need to take a harder look, almost agency by agency, of what -- what's there and what might be necessary. But I -- I doubt that two million is adequate.

SENATOR PALLONE: Well, one of the-- You know, you mentioned the legal assistance in the context of the funding. And, obviously, you agree that the legal assistance is -- needs to be one of the core services. Do you have any opinion about -- well, I'm just trying to think of how that's provided. I mean, for example, with the Monmouth County example, where I was, we had a -- we had me, or they had somebody else after I left part-time, actually in-house. And I'm just wondering, do you envision this being coordinated in some counties, say, through Legal Services, as opposed to an in-house part-time attorney, or as opposed to, I suppose, you know, referring cases on an ad-hoc basis? How would Legal Services fit into it?

MR. MILLER: I would hope that in most-- I think, in most counties, Legal Services would be prepared and willing to step in and try to play that role. And I would hope that in most counties that would be considered. I would think in about 12 or

13 counties now, directly -- in 12 or 13 counties, area offices directly fund legal services programs to provide a variety of legal assistance to elderly people.

SENATOR PALLONE: See, the only reason I mention it is because I remember, when I was working in Monmouth County, that there were times when we called Ocean-Monmouth Legal Services, for example. And they were not able to deal with a lot of the people, for different reasons. I don't know why they didn't qualify, because of the nature of the service, I think in some cases, the nature of the case that we were dealing with that didn't come within their realm that had been defined by State law, or by regulation. I'm--

MR. MILLER: That may be a problem -- not a problem, but a situation unique to Ocean-Monmouth and perhaps one or two other Legal Services. Every Legal Services office, by definition, if it can only meet 15% of the need, has to set priorities.

SENATOR PALLONE: Yes.

MR. MILLER: And each--

SENATOR PALLONE: But even in terms of the types of cases, if I'm not mistaken.

MR. MILLER: Yes. Absolutely. And there's no question that when you can only -- when 85% of the people, eight out of ten or more have to be turned away, you're going to have to make, as Legal Services, some very severe decisions about the kinds of cases you do and don't take. It's not just on financial eligibility grounds.

SENATOR PALLONE: But there also is the problem of the financial eligibility, because many of the cases that I had -- well not many, but certainly a few that I remember--

MR. MILLER: Were over income--

SENATOR PALLONE: --dealt with rather, you know, wealthy individuals. And then they weren't able--

MR. MILLER: I think--

SENATOR PALLONE: --to go through the Legal Services at

all.

MR. MILLER: I think what's evolved with Legal Services firms in a number of counties and the Bar Association is an arrangement which has several tiers: Legal Services direct provision of service for the very poor, a reduced fee tier -- sometimes those referrals coordinated by the Bar Association or by Legal Services program for people who are slightly more able to afford, and then a referral system at full fee for people who are able to afford, where the family clearly has assets. I think that a Legal Service firm inherently doesn't have any bar or impediment to participating in that kind of scheme at the point at which it makes sense.

SENATOR PALLONE: Yes.

MR. MILLER: What has happened in a lot of counties -- not, I think, in Monmouth, frankly, and probably Monmouth is unique in this sense in the State -- but in a lot of counties over the past five years, Legal Services programs have developed a very close working relationship with the county bar association. And there are referral schemes which have, you know, very sort of careful logistical arrangements to them. And I don't think that situation obtains--

SENATOR PALLONE: Yes.

MR. MILLER: --as I said, anywhere else.

SENATOR PALLONE: I just think, you know, maybe because I'm a lawyer, but I think that, you know, we have to look into the whole question of how -- how, you know, we're going to deal with the legal services because, again, coming from the bias of having been where the agency actually had their own lawyer, albeit part-time, it seemed to make it a lot easier. And a lot of times, if you had to refer to Legal Services, at least when I was there, there was a problem in terms of the type of case and certainly in terms of the income eligibility. But, you know, I'm glad--

MR. MILLER: I think that's the wisdom, in some ways, of the Council's recommendation that that decision ultimately be made

at the county level--

SENATOR PALLONE: Yes.

MR. MILLER: --as demonstrated here. Because in -- as I said -- a large--

SENATOR PALLONE: It depends on the county.

MR. MILLER: --majority of the counties they have worked out a good working relationship.

SENATOR PALLONE: Okay. Well, I guess you've made it quite clear how you feel about the mandatory reporting. Basically, it goes along with the other speakers.

I have no further questions.

MR. MILLER: Okay.

SENATOR PALLONE: Thanks again.

MR. MILLER: Thank you very much.

SENATOR PALLONE: I was going to suggest we take a break, although I know there were two individuals who said that they were going to have to leave soon. And I guess that's Mr. Schreiber and Miss Hull. If we took a 15 minute break, would you be able to stay, or -- All right. Why don't we take a 15 minute break, and then we'll continue. It's a quarter to one, and we'll come back at one o'clock.

(Recess)

(After Recess)

SENATOR PALLONE: We're going to start the hearing again, because I know there are quite a few that would still like to testify, and the first person that we have is Lois Hull, who's the Executive Director for the Essex County Division on Aging.

L O I S H U L L: Thank you, Senator. Good afternoon.

As a member of the New Jersey Advisory Council on Elder Abuse, I am pleased to speak with you as you begin your deliberations of the elder abuse issue and consideration of

legislative responses to this difficult and complex problem. My remarks are offered on behalf of the New Jersey Association of Area Agencies on Aging and the 21 county Offices on Aging serving New Jersey's older adult population.

Unlike almost all the many older adult issues confronted by policy-makers, elder abuse defies simple analytical attempts at clarification. First of all, the very fundamental question, "What is it?" can plausibly be answered in a variety of ways. In addition, we do not really know, empirically, either the extent or the causes of elder abuse. After more than a decade of national debate, we still do not really know the answers to these questions. And yet, a majority of the states have adopted legislation in an effort to deal more effectively with the problem and, ultimately, to help prevent it. Some of these resulting programs have proven to be effective in some ways. Others actually run the risk of doing more harm than good to elderly clients and their families.

It is my deeply held hope that New Jersey will benefit from the experiences of other states, and that we may enact legislation that will reflect a number of vitally important concerns. And there are three that I have mentioned.

One, that acts of commission must be seen as conceptually distinct from acts of omission. Violence must be viewed as different in kind and cause from neglect. The overwhelming majority of verified reports, in those states with reporting laws, indicate that between 70 and 80% of the cases reported are neglect, and that the largest percentage of reports within the neglect category are self-neglect.

Two, older adults are not children. Strict reliance on existing child abuse legislation and programmatic strategies will, inevitably, result in inappropriate solutions when addressing the needs of mature people.

Three, legislative action in the area of protection, legal intervention, central information registries, and reporting

mandates will not substitute for substantial increases in service dollars, intelligently allocated and administered.

Because it was the most contentious item on the Advisory Council's agenda, I would like to briefly discuss mandatory reporting. In view of the enactment of mandatory reporting statutes in 37 states, it is obviously a very compelling and attractive alternative. All this, in spite of the absence of any scientific data to document the usefulness of reporting laws in gathering information, or the effectiveness of reporting laws in ensuring community services. Clearly, the vulnerability of frail elderly people to a wide range of abuse and exploitation is great, and we wish to bring all our resources and knowledge to bear in aiding victims and families. However shameful and socially repulsive elder abuse is, emotionally and politically based reactions to elder abuse will only further disenfranchise an already depressed elder population. Unfortunately, mandatory reporting legislation is a popular target for enactment, because it appears to solve the problem of elder abuse while costing very little.

Older people, and their caregiving families, need advocacy and supportive services: health, social, financial, psychological, housing, and medical. These services must be made readily available and easily accessible to those for whom they are appropriate. They must be administered in a way that precludes duplicative and intrusive procedures, which ensures coordination, and guarantees confidentiality.

The aging network in New Jersey, all 21 county offices on aging, the State Division on Aging, and many local community-based service providers, operating under the Older Americans Act, stands ready to assist you in any way possible in your quest for the most effective and responsible response to this real and terrible problem.

Those are my written comments. As I said to you before the break, I wanted to try and clarify one point that came up

earlier, regarding the importance of Legal Service Corporation and legal services with small letters instead of capital letters. We operate -- we administer and contract for legal services through the Legal Services -- Essex/Newark Legal Services. We have established a separate older adult Legal Services office in Essex, with two full-time and one part-time attorney. We also contract for these kinds of -- I'm uncomfortable with the phrase protective services, but I will use it, because you'll know what I'm talking about. We contract for those kinds of services through the Community Health Law Project, which is an outstanding multi-county agency in New Jersey. The Legal Services attorneys are an important component in that program, because they represent the client in any adversarial action taken. A Legal Services Corporation attorney cannot petition for guardianship or conservatorship, it's my understanding, but rather, the Law Project petitions -- or could petition -- and insures that the rights of the older adult are guaranteed by making sure that a Legal Services attorney is representing the client. And so that all those actions are, indeed, adversarial actions.

SENATOR PALLONE: All right. You're confusing me a little bit, though. In other words, one of the things that Legal Services Corporation, you know, the Federally funded program -- they're not allowed to get involved, for example, in bringing a guardianship or conservator action? Or conservatorship action?

MS. HULL: I can't speak for the umbrella organization of Legal Services Incorporated. But the older adult unit sees their role--

SENATOR PALLONE: Uh-huh.

MS. HULL: I suspect it goes back to the Corporation's charter.

SENATOR PALLONE: You see, you know the problem. I mean, maybe we should have gotten into it a little more with the gentleman when he was here, but I've always felt that there were two problems with Legal Services Corporation, the Federal program,

because, on the one hand, it's clearly set up for those who are in need. In other words, they have financial eligibility.

MS. HULL: Uh-huh.

SENATOR PALLONE: And usually, it means you have to be on some sort of--

MS. HULL: Right.

SENATOR PALLONE: --public assistance. I think that's it. Otherwise you're not eligible.

MS. HULL: Well, except that in our county, and I suppose in others, we use Older Americans Act money to support that service. And we have an agreement with the Corporation--

SENATOR PALLONE: Okay.

MS. HULL: --so that they can serve. They can define need outside of financial need.

SENATOR PALLONE: So, in other words, you're able to -- you're paying them through the Older Americans Act to perform additional services--

MS. HULL: Right.

SENATOR PALLONE: --other than what they would--

MS. HULL: Right.

SENATOR PALLONE: --normally be able to perform.

MS. HULL: They do, I know, try very hard to refer clients who could utilize the private bar back to the private bar.

SENATOR PALLONE: Right.

MS. HULL: They're not interested in competing.

SENATOR PALLONE: But you don't know if that -- if that type of thing is going on in other counties, where, you know, funds that you administer or that you have available and are using to supplement Legal Services Corporation, you don't know whether that is true elsewhere.

MS. HULL: Well, I'm sure other offices are providing legal services, but I suspect that we are doing more. We are a very large county.

SENATOR PALLONE: Yes. See, they also have gotten --

the Legal Services Corporation -- over the years has, because of Federal guidelines, has also gotten much stricter in terms of the types of cases. They've been much more narrowly defined than they were maybe ten years ago. So it seems to me there are a lot of restrictions, but I don't really know all the details. Maybe we'll try to find that out.

I'm still not sure though. You said that you have a -- a legal services program for the elderly that's separate from the Legal Services Corporation?

MS. HULL: It is physically housed in a separate place.

SENATOR PALLONE: Right.

MS. HULL: And the two and a half attorneys who work there, with paralegal assistance--

SENATOR PALLONE: Right.

MS. HULL: --only serve older people.

SENATOR PALLONE: Only serve older people.

MS. HULL: And, indeed, the managing attorney of that office is the Chairman of the New Jersey Bar Association's Committee on the Elderly. So--

SENATOR PALLONE: And they-- Those groups -- in other words, these two and a half people, whatever -- they probably can do the whole gamut of activities. In other words, whatever you would want them to do in terms of legal services for the elderly, be it public -- be it guardianship--

MS. HULL: Well, nothing that's fee generating, of course. And--

SENATOR PALLONE: Yes.

MS. HULL: And they're-- Because the demand is enormous, they do have to be selective--

SENATOR PALLONE: Yes.

MS. HULL: --and they have established priorities. The vulnerable population is a very high priority for them.

SENATOR PALLONE: But there's not limits in terms of the types of services they can provide, or the types of

individuals, other than that they have to be a certain age?

MS. HULL: Not that I'm aware of.

SENATOR PALLONE: Okay.

MS. HULL: No.

SENATOR PALLONE: I think that's pretty unique, though. I don't think that's true elsewhere.

MS. HULL: I don't--

SENATOR PALLONE: I don't know.

MS. HULL: I don't know either.

SENATOR PALLONE: I'm just suggesting that it might not be.

MS. HULL: Well--

SENATOR PALLONE: Okay.

MS. HULL: But still, we require the services of Community Health Law Project so that the program is well-rounded program. And that's--

SENATOR PALLONE: Yes. Yes. I don't know. The whole area of how we're going to provide this, the legal services, I think we have to look into in some detail to make sure that -- that that component, that core service that's been identified as necessary is going to be provided on the county level.

MS. HULL: I would also agree with your earlier statement about emphasizing financial counseling services. And it was interesting, when we started Our Friend the Advocate Program which we operate through the Community Health Law Project, our Board of Freeholders was very concerned when we talked about -- we did a presentation -- that the fact that we would provide financial counseling. And I guess what they thought we meant was the kind of thing that middle-class people do when they invest in the stock market. And that was not what we meant. We had to explain that it meant, you know, helping people figure out a family budget and managing their money, and -- but that, yes, sometimes the counselor would be giving very important and significant advice, and that it was a different responsibility in

kind from a lot of other kinds of services we provided. But it has-- It's clear that it's an essential service in this kind of program. You have to be willing to take on that responsibility, take it very seriously, because there are a great many people who need that kind of assistance--

SENATOR PALLONE: Uh-huh.

MS. HULL: --which they can't get elsewhere.

SENATOR PALLONE: Okay.

MS. HULL: We've found that to be an essential component of that program.

SENATOR PALLONE: All right. Thank you very much.

MS. HULL: Okay.

SENATOR PALLONE: And we have Mr. Meyer Schreiber as our next speaker.

DR. MEYER S. SCHREIBER: Thank you.

SENATOR PALLONE: You have to identify your affiliation for me. I've forgotten.

DR. SCHREIBER: Okay. My name is Meyer Schreiber. I have the pleasure of serving as President of New Jersey Citizen's Coalition for Nursing Home Reform. Since I've given you a statement, in the best interests of time, I'll just summarize the two basic points in the statement.

First, our coalition is very much concerned that the concept of institutional abuse is left out. And by institutional abuse, we refer to abuse, neglect, or exploitation of older persons that's created or maintained by an institution, agency, or service provider that denies the older individual his or her basic rights. I could give you numerous instances in nursing homes, as well as in the general community. In fact, since we're a nursing home group, let me give you one example in a nursing home and one community example.

In the nursing homes, there are many individuals who have no relatives or friends. And the decisions about their money or their person, or the medical care, or social treatment is

coopted by the administration. And we feel that this is a form of abuse in the terms that people's moneys may be taken without any understanding of whether they're being used very, very properly.

If we go outside the nursing home field, professional literature is replete with examples of where agencies, by their own lack of sensitivity, or own lack of supervision, only make things worse for the older person who comes to them. So that I know, Mr. Chairman, you're very much interested in the Public Guardian program, and an article in one of the law journals last year, the Public Guardian in Los Angeles had absconded with the funds of many of elder -- the elder people whom he was supposedly to protect. We would call that a form of institutional abuse. There are other kinds of agency or institutional abuse which -- there's not only financial, but sexual or not paying heed to the basic needs of the person who comes to them.

The second concern we have about the report is that the report focuses on the formal social welfare and legal system and the network of agencies at the State, county, and local level. Nowhere in the report has there been any full and basic consideration to a host of citizen, public, neighbor, and similar voluntary efforts that have grass roots daily contact with a host of people in local communities -- what we would really call a vital network of friends and neighbors. In essence, what I'm saying is that the Advisory Council basically, except for one or two senior citizens, was a cadre of professionals employed, voluntary, and state agencies at different levels of government as well, who really were talking to each other professionally; that the lay public and the community were really not in there. And the plans they lay out -- their strategies, their map, their conceptual framework -- deals with professionals talking with professionals. We find that very, very difficult, because we think that adult abuse is not only a problem of the elderly. Senior citizens -- and I speak as a 67 year old senior citizen -- senior citizens should not be the only ones concerned about

elderly abuse. It should be a concern of high school kids, the man or woman that goes to the Kiwanis Club meeting, the people who hang out at the corner bar, the people who are attending the same church or veterans group or play bingo. These people have to be helped. Senator Brown raised this question. And unless we involve them, I don't think there is any assurance we have that professionals have the answers. But certainly, it would not be detrimental to our planning around elderly abuse to bring in a host of what I would call grass roots, citizen, public organizations to be involved in the total phenomenon of family violence as Mr. Blatner has raised.

I'd like to take advantage of the opportunity to change hats for a minute and speak on my own behalf. I am an Associate Professor of Social Welfare at Kean College in New Jersey. I was the first President of the New Jersey Coalition for the Protection of Vulnerable Adults. And I'd like to just comment briefly on a few things that people have said who have participated in the Council deliberations, things that are of concern to me.

I found the discussion in the report assigning the primary responsibility to the Division on Aging not surprising, since they were the ones who created the Council with the Governor. Then, along comes Mr. Blatner and says, let's play with my baseball and bat, and let's do it under Human Services. And we haven't heard from the gentleman in the Health Department who's sitting behind me, who might say the Health Department wants it. I submit, Senator, there's a sense of deja vu. And one of the problems with the Senate and the Assembly and the staff and everybody else working on it is that they forget the lessons of history. I participated in the development of the Boarding Home bill almost 12 years ago. I served as a consultant to the Assembly Corrections, Health and Welfare Committee on Boarding Homes. The biggest problem we had in the formulation of the Boarding Home bill is which of the three human service programs in the State -- Health, Human Services, or Community Affairs -- would

take over boarding homes. They promised Assemblyman Scardino that they would work together. Every year we have had people at the grass roots, at the firing line, at the direct service level, yelling about Community Affairs comes in and doesn't know what Human Services is doing. This one doesn't know what the other is doing. To this day, if you speak to workers who visit boarding homes, they will tell you that particularly Human Services and Community Affairs are not synchronized. Health really deals with a different aspect of the problem. They put their house in order. But here, we have had a long experience with boarding homes, a less numerically significant problem than elderly abuse or serving older people, yet there has been no mechanism worked out where they know who's visiting, they know how reports are exchanged. Sure, one or two counties have made some innovations, there's been some creativity. But on a whole, if you speak to workers all over the State, they will give you a litany of complaints about how the boarding home situation still hasn't been resolved, because you're relating to different State regulatory and administrative agencies.

I think it behooves the Senate, if there is a bill to be developed, to insure that there is some means of fixing responsibility and accountability so we don't have this kind of shell game with, you know, now you see it, now you don't, where commissioners appear before committees such as this and say, we're working together, but yet, when you go to the bottom rung of the ladder of the worker intervention, they are not working together. So I will urge that something be done extremely carefully in the formulation of the bill.

Secondly, which relates to boarding homes and a question of whose turf is this going to be on, is that no mention's been made of feedback and monitoring. Now, here, this Committee is talking about creating a bill. What assurances are we to have that the bill will do what it's supposed to do? The history of New Jersey's social and public policy has been very limited

oversight work in seeing whether the original intentions were ever carried out and were ever followed up on. Senators change, staff change, senior citizens change. There is a whole shifting process. But unless there is some way of having feedback and monitoring, I'm afraid that we may come back ten years from now, if we're still around, and discuss the same issue as I've indicated in boarding homes.

Third, as a college -- State college faculty member -- I can't but express the sentiment which I've expressed many times that what a terrible contradiction we have. We have nine State colleges, and yet very few of them, if any, have been involved in the process of evaluating State programs, of helping in monitoring, in serving as helpers to Senate committees such as the one which you chair, Mr. Chairman. There is a great deal that could be gained from some organic linkage between a State college that could look at what is happening to elderly abuse, to get a third opinion. A college or a university that doesn't have an affiliation with a particular program or a particular point of view. On one hand, the Governor speaks about our State colleges should be areas of excellence. But yet, in the public service, there's been very, very little opportunity. I hope this Committee might push that idea along a little further.

The final thought is on access. I had shivers going up my spine as I listened to some of the people talking about they are going to see to it that people who are self-abusing and people who are not taking care of themselves, we will have safeguards for entering into their homes and we talked about the police and so on. I submit, I think we're on very, very dangerous ground. I think that we have so much intrusion of the State into the affairs of citizens, I would think that this Committee, in designing any legislation, would want to weigh very, very carefully this whole question of bulldozing our way in, strong-arming our way in. I think we have here a very terrible situation. The rights of people against their needs. And the lawyers have pushed the

pendulum all the way to the rights, so we're very much rights oriented. And if we're going to stick to the rights orientation, I think we should be extremely, extremely careful about entering one's house under anything but the current constitutional protections of privacy that prevail today. I sure as hell would not permit anybody to come into my house unless there was an awful good reason. And if I wanted to live a particular lifestyle and wasn't hurting anybody else, I don't know why it would be the province of a particular State agency or a county agency or a local agency to tell me how to lead my life. I think, under current legal arrangements, I have that responsibility on my own. And I would urge that this matter of access be reassessed and reevaluated.

Thank you very much, Senator.

SENATOR PALLONE: Thank you. I just wanted to ask you, when you talked about the first point, institutional abuse, now I take it that when we're dealing with this legislation and the Advisory Council's report, and we say that we're focusing on the problem in the community, I don't think that's meant to suggest that -- that whatever program is set up would not be necessarily available for individuals who are institutionalized. But I think that, unless I'm reading it wrong, but I think what I don't understand is, we do have an Ombudsman for the institutionalized elderly. And my understanding is that the Ombudsman office is mainly concerned about what I would call -- what you refer to as institutional abuse. In other words, problems with nursing homes, with facilities in general, with operators of facilities. I mean, that subject area I don't think we do intend to deal with with this legislation. But on the other hand, we don't have-- I don't think we should give the impression that whatever protective services or program for abused elderly that's set up under this legislation would not necessarily -- an individual would still be able to take advantage of it. Just because they happen to be in a boarding home or in a nursing home doesn't mean that they would be

excluded from it.

DR. SCHREIBER: No.

SENATOR PALLONE: But I mean, you see the distinction I'm trying to draw there. You're not suggesting that with this bill we deal with institutional problems? Because I think that's something the ombudsman's supposed to take care of.

DR. SCHREIBER: I would see it a little differently. I think we have a very fine Ombudsman, who's very sensitive and very forceful. However, there are very severe limits and constraints. Our Citizens Coalition has discussed with him this matter of the individual who is 87 years old, has \$50,000 in the bank or \$10,000 in the bank, hasn't got a living relative or a friend. The administrator of the home takes on the financial management. Now, we think there should be some legislative safeguards. That there has to be reporting once a year to the courts. There has to be some accounting about the decisions. Maybe an outside third party. Maybe it would be an agency like the one that formerly employed you. But currently, there isn't any. And the Ombudsman cannot create that. So we're saying there is a void that has to be filled.

But I also must emphasize again, there are community agencies that do not always act in the best behalf of people in their care. Doctors several years ago coined the term "iatrogenic" to describe where treatment causes the harm. And I think we're starting to see, in all the helping arts literature, instances of where treatment is causing harm.

SENATOR PALLONE: I understand. So what you're saying is that the--

DR. SCHREIBER: That agencies sometimes have to be far more accountable--

SENATOR PALLONE: Yes.

DR. SCHREIBER: --than they are now.

SENATOR PALLONE: Well, perhaps, then we might need some legislation to deal with that. In other words, what you're

saying is that you'd like to have some kind of oversight over how operators of nursing homes or boarding homes deal with their patients' finances.

DR. SCHREIBER: Well, even take any of the agencies.

SENATOR PALLONE: Umm.

DR. SCHREIBER: Look, I'm a college faculty member. I'm evaluated four times a year. I have to be evaluated every five years to get tenure, for promotion. I welcome it. Fine. They'll evaluate me. I think I do a good job.

SENATOR PALLONE: Okay.

DR. SCHREIBER: How many times is any of the -- are any of the agencies we discussed today -- who looks at them and says, are they delivering what the public tax dollar--

SENATOR PALLONE: Yes.

DR. SCHREIBER: --provides for? We have privatized many of the services in the elderly realm.

SENATOR PALLONE: Okay.

DR. SCHREIBER: Are they meeting what they're supposed to deliver?

SENATOR PALLONE: In other words, it's-- I still don't-- I see what you're saying now, and I think that that is a problem. And I would like to, you know, we'll talk to you about it. I'd personally like to talk to you about it.

DR. SCHREIBER: I'd be delighted.

SENATOR PALLONE: I don't see it, though, as something that would be part of this legislation, because that really is an institutional problem.

DR. SCHREIBER: Well, it--

SENATOR PALLONE: And I think it should be dealt with either by the Ombudsman or through a different bill.

DR. SCHREIBER: Well, we've met with the Ombudsman, we're meeting with Medicaid, we're meeting with the Public Advocate on it. But what we're saying is that we're looking for a happy home--

SENATOR PALLONE: Yes.

DR. SCHREIBER: --for some of these views.

SENATOR PALLONE: Sure.

DR. SCHREIBER: I think--

SENATOR PALLONE: Why can't the Ombudsman deal with that? You said he can't. Why not?

DR. SCHREIBER: Well, he feels that this is an area that he's not sure whether -- unless we come with a specific instance of where this harm was done -- but from a preventive point of view, he hasn't worked out a way. And we're talking with him.

SENATOR PALLONE: Okay.

DR. SCHREIBER: There's a dialogue.

Yes, I think what I'm really trying to say is that, as some of the senior citizens have said, we're a consumer group. We're made up of relatives and friends. And we are now demanding more of both programs and the professionals.

SENATOR PALLONE: Uh-huh.

DR. SCHREIBER: We feel that the public agencies like the Legislature, or the State Aging Program or whatever must start responding to the concerns of consumers--

SENATOR PALLONE: Yes.

DR. SCHREIBER: --because we are seeing some of the effects of what's happened.

SENATOR PALLONE: Okay. I understand what you're saying, and I think that we definitely have to look into that. I just don't think that it would be part of this legislation.

DR. SCHREIBER: All right. Well, I would say, for instance, if you want to write a bill according to the way the Council suggested--

SENATOR PALLONE: Yes.

DR. SCHREIBER: --what way would you measure two years from now, if an appropriation came up in the Senate, whether you would vote for the appropriation? How would you know those moneys were spent and adequately served people--

SENATOR PALLONE: Yes.

DR. SCHREIBER: --in the way you intended?

SENATOR PALLONE: We definitely would need some oversight as to, you know, whether or not the bill is being implemented properly. And we can build that into the legislation. I think we should. And I agree with you completely.

Okay.

DR. SCHREIBER: Well, thank you very much.

SENATOR PALLONE: Thanks a lot.

Okay. Rick Greene, from the -- Director of the Gerontology Program, Department of Health.

I have a feeling you're not going to suggest that you run the program.

M A R I A N N E R H O A D E S: No. Not this afternoon. Senator Pallone, good afternoon, and legislative staff. I'm Mary Ann Rhodes, Director of Governmental Relations for the Department of Health. First I'd like to commend you, Senator Pallone, for your hard work this summer, bringing to the public the awareness of a number of issues involving the elderly. And today we are here to speak on the abuse of the elderly.

With me, to represent the Department of Health, is Rickey Greene, Coordinator of our Gerontology Program. Although Rick served on the Council for Elderly Abuse, and will speak to some of the recommendations, he is representing the Department of Health this afternoon.

SENATOR PALLONE: Thank you, Mary Ann.

MS. RHOADES: Thank you.

R I C K E Y G R E E N E: Good afternoon, Senator.

The Department of Health strongly endorses the recommendations developed by the New Jersey Advisory Council on Elderly Abuse. We commend the Advisory Council on their thorough analysis of the problem and their concise and insightful solutions.

We, as a society, have a responsibility to protect our

most vulnerable members. We believe that adequate safeguards exist to protect the institutionalized elderly. It is now time to extend this protection to the elderly living in the community. When the recommendations contained within this report are implemented, we will have made a significant advance toward attaining this goal.

I was the Department's representative on the Advisory Council. In our meetings, we focused on many issues pertaining to abuse and neglect of the non-institutionalized elderly. I will limit my testimony to addressing three of these recommendations.

Many others today testified regarding incidents of abuse and neglect committed by family members of the elderly. I will focus on a significant unregulated group of caregivers, who provide care in the home for a fee.

In particular, we would like to emphasize the following recommendations of the Advisory Council: First of all, we agree that a need exists to identify one coordination agency at the local level and designate them with the responsibility for prevention, identification, and treatment of elderly abuse, neglect, and exploitation. We concur with the Advisory Council's recommendation that county offices on aging be designated as the lead agency.

Secondly, we believe that the recommendations pertaining to public awareness and training are crucial to any successful campaign against abuse and neglect. We must educate the public -- and particularly family caregivers -- of the resources available in the community to assist children and spouses of the elderly in their role as caregiver. Too often, those most in need of service are unaware of community resources. Likewise, we support the need for the Division on Aging to develop and implement a standardized training curriculum for a wide variety of professionals.

And finally, we believe that it is essential that funds be appropriated to implement the recommendations contained within this report.

One of my responsibilities is also to operate the certification program for Homemaker-Home Health Aides. Over the past few years, we have suspected that abuse and neglect occurs among the elderly at home. On occasion, an elderly person would contact our office to complain of inadequate care, physical attacks, extortion, or intimidation that they have been subjected to by personnel from temporary employment agencies of Homemaker-Home Health Aides who are not affiliated with any agency.

The existence of a problem regarding health care can result in conflict for the elderly consumer. Families and individuals are often very dependent on the continued provision of health services in their home. And, as a result, many are therefore reluctant to or fear reporting inadequacies or limitations in the care received. At the present time, there is no focal point for dealing with consumer problems involving those personnel providing care in the home for a fee.

The following illustrates some of the recent abuse and neglect complaints that have been reported to our office. The first was a case that occurred in Mercer County. It involves a certified Homemaker-Home Health Aide, who was not working for an agency. In this case, the patient was a 77 year old woman with a history of diabetes, cancer and arteriosclerosis, who was unable to communicate intelligently. The patient's daughter asked the aide, upon employment, if she would agree to give her mother insulin injections. The insulin to be injected was not premeasured or placed in syringes. One month later, the elderly patient was treated in the emergency room of Helene Fuld Hospital for diabetic shock. The aide was self-employed and did not work under the supervision of a registered nurse.

The second case occurred in Hudson County. Again, it involved a certified Homemaker-Home Health Aide, not working for an agency. In this case, it involved an 85 year old woman with Parkinson's Disease, diabetes and hypertension, who was discovered

by a visiting nurse with a black eye, bruises, and other marks on her body. She was found to be in an extremely neglectful condition, despite a 24 hour live-in homemaker, who had been hired privately. The woman was totally bedridden, confused, and laying in a fetal position. Upon hospitalization, she was found to be dehydrated, anemic, and to have three decubiti, one of which was infected. The elderly woman was subsequently transferred to a nursing home and the Hudson County Prosecutor's Office awarded guardianship.

The next case was one that was reported to the Department June 11, 1986. It involves an uncertified Homemaker-Home Health Aide from an agency not regulated by the Department of Health. I'm quoting from the complaint. "My mother has had terminal brain cancer for the past three years. After two operations, she is now in the final stage of cancer. She is paralyzed, unable to function at all on her own, confined to bed, and sometimes gets her facts mixed up when communicating with people. However, there are many days when she is very bright, communicative, and able to understand exactly what is going on around her." Unquote. The elderly woman wanted to live in her own home, so the family hired a 24 hour live-in from a temporary employment agency. The family subsequently received complaints from neighbors that the woman was entertaining relatives as well as her boyfriend.

I'm quoting again. "We entered my mother's house with three police officers at approximately 3 AM and found the aide and her boyfriend in bed, asleep together. My mother's bedroom had been closed shut, no window open. It was approximately a hundred degrees in there, according to the thermostat in her bedroom. If she had called out during the night for a seizure, and she can call out, no one could have heard her, since her voice is very weak. The house was not only dirty, it was filthy. My mother was in a dirty and wet diaper."

The next day, the family hired a registered nurse. And

they helped change the mother's bed. Quote, "We found the sheets stained with urine, which we could not even wash out. It obviously hadn't been changed in days. We found crusted dirt under her breasts from lack of washing there. Bedsores were beyond healing, for lack of using and prescribing the right medication, and her general physical condition was totally in neglect. This is a case of gross negligence on the part of the agency. I understand the aides are to be checked upon once in a while, but no one, at any time, ever came to my mother's house to check on the aide."

These examples illustrate a significant gap in the Department's regulatory authority over agencies providing health care in the home. At the present time, only home health agencies are licensed by the Department of Health. The 64 home health agencies receive annual licensure inspections based upon stringent quality of care standards.

In addition to the above licensed agencies, there are two other provider groups providing health care in the home. There are 21 voluntary homemaker agencies, which meet the standards that are set by their state association. The second provider group includes approximately 200 temporary help service agencies, or private employment agencies that provide homemakers, home health aides, or private duty nurses. All of these agencies must be registered as staffing agencies with the Department of Law and Public Safety. However, regulations pertaining to those agencies essentially govern business practices, and do not address quality of care standards. At the present time, the Department of Health has no authority to impose penalties over these agencies for inappropriate patient care.

We believe that all persons functioning in the capacity as a Homemaker-Home Health Aide must complete an approved training course and be certified by the Department. Furthermore, all aides must work under the supervision of a professional. Finally, patient care standards must be developed for all agencies

providing health care services in the home.

We have been working closely with the Departments of Law and Public Safety, Human Services, and Community Affairs to develop an appropriate solution. We envision that the response will entail a restructuring of our present regulatory approach, with a minimal set of licensing criteria. These criteria would incorporate quality of care standards, and require all aides to be certified and working under appropriate supervision.

The last section of the testimony that we presented to you describes the Department's current role in investigating abuse complaints over those health care facilities that we presently license. And that is done in cooperation with the Ombudsman's office.

At this point, I'll answer questions that you might have.

SENATOR PALLONE: Your examples and the statements that you made about the home health care I, you know, find particularly interesting. And I'm just wondering, is this something that would be -- you would need legislation for? Are we talking about restructuring the regulations, or we're saying -- or you're saying that you don't actually have the authority -- statutory authority?

MR. GREENE: The Department has no licensing authority over these agencies that provide. We only have authority over the 64 home health agencies.

SENATOR PALLONE: So, in other words, you would need some kind of statutory basis--

MR. GREENE: Yes.

SENATOR PALLONE: --to have that kind of licensing. Is that something that has been proposed, or is there any legislation on it right now pending?

MR. GREENE: There's no legislation pending at this point.

SENATOR PALLONE: Oh.

MR. GREENE: We have been working with the other

departments to develop a response to this problem.

SENATOR PALLONE: Uh-huh. And there's nothing that legislators like better than to know that there's legislation that needs to be formulated. I shouldn't say that, but it's true.

What-- I mean, I'd be very interested in, you know, dealing with this. And, obviously, I guess, you know, you're bringing it before us today because you'd like to see that type of authority. I don't really know what the reason may be why it hasn't been done in the past. I guess it's just that the area is growing, and there are probably more people involved in these kind of services now than there were before. And therefore, there's this whole--

MR. GREENE: There's been--

SENATOR PALLONE: --group of people that weren't licensed that weren't maybe around previously.

MR. GREENE: There's been a rapid proliferation of agencies--

SENATOR PALLONE: Yes.

MR. GREENE: --providing care in the home, due to the increased demographics--

SENATOR PALLONE: Right.

MR. GREENE: --of the elderly population--

SENATOR PALLONE: Right.

MR. GREENE: --and also as a result of the patients being discharged from--

SENATOR PALLONE: Exactly.

MR. GREENE: --from hospitals.

SENATOR PALLONE: The same problem that we talked about with that DRG hearing, with people, in some cases, because of the nature of the system, you just may need a lot more home health care, and therefore, you have the people out there.

MS. RHOADES: And many people prefer to stay at home.

SENATOR PALLONE: Right.

MS. RHOADES: And so, it's a service that is needed.

MR. GREENE: The other factor, though, that's in here is that many of these people are not -- are self-employed and not working for an agency.

SENATOR PALLONE: Uh-huh.

MR. GREENE: They have been certified by the Department of Health, but we do not have any mechanism to decertify them or to invoke any penalties against them for practicing as a freelance agent.

SENATOR PALLONE: Okay. I understand.

Well, again, this doesn't seem to necessarily fit within the confines of, I think, the Advisory Council's report and the terms of legislation that we were discussing. But rather, it seems to me, something where we would need separate legislation, unless I'm missing something. Am I right in that respect?

MR. GREENE: I agree with you. We wanted to bring this to your attention because we've only recently been able to document some of these cases.

SENATOR PALLONE: Right.

MR. GREENE: And we feel that this -- this type of unregulated care has great potential for abuse and neglect.

SENATOR PALLONE: Uh-huh.

MR. GREENE: And the primary recipients of home care are the elderly and disabled.

SENATOR PALLONE: Okay. Well, I appreciated you bringing it to our attention, and I'm certainly willing to work with you or Mary Ann in formulating a response to it, because clearly, there's a need. And it's probably only going to get worse, from what I can see, in terms of proliferation of services.

MS. RHOADES: Thank you.

MR. GREENE: Thank you.

SENATOR PALLONE: Thanks again.

I see you don't want to be the lead agency for the protective services.

MS. RHOADES: Well, we concur with the Council's

recommendation.

SENATOR PALLONE: Okay. Thank you, Mary Ann.

Yes. Cornelia Thum, who is the Chairperson for the New Jersey Coalition for the Protection of Vulnerable Adults.

CORNELIA B. THUM: Thank you, Senator Pallone.

This is my first opportunity at testifying before a Senate Committee, and no one ever warned me that I'd end up being tired, hungry, and cold before the day was over.

SENATOR PALLONE: I'm sorry. I know it's freezing in this room.

MS. THUM: I know.

SENATOR PALLONE: But I don't know what to do about it. I don't know who--

MS. THUM: I don't--

SENATOR PALLONE: Can we-- Is there something we can do, Eleanor?

MS. SEEL (Committee Aide): They're going to check now about the windows.

SENATOR PALLONE: Would that help a little?

MS. SEEL: Yes.

SENATOR PALLONE: I guess so. Yes.

MS. SEEL: It would make us warmer.

SENATOR PALLONE: All right. Why don't we try that?

MS. THUM: I thought--

SENATOR PALLONE: I noticed it when I came in.

MS. THUM: I thought all the warm bodies this morning would help, but it didn't.

In the interests of time, because I know it's been a long day for everyone, you have the written testimony, but I would like to just highlight a few points if I could.

The Coalition believes strongly that any protective services or abuse type legislation really needs to deal with all adults. We have protection in place for children. If we distinguish between the elderly, then there is a segment of the

population that will not be served, and I'm sure, as a legislator, you also are concerned with all of the citizens of New Jersey.

There is nothing to say that a person who is under the age of 60 cannot be abused or exploited by their senior citizen parent. So think of things somewhat in the reverse. There are situations where you have emotionally disturbed or developmentally disabled people who are adults, who live with their older parents, and the older parents are exploiting them. So I think we need to look at the entire spectrum.

I know there's a concern that seniors will not have full availability of all the resources if we try to stretch ourselves too thin and encompass everyone. I think what you will find is that seniors will still receive the majority of the services and have the majority of their needs met. The statistics from the Adult Intervention Project counties show that 38% of the total were under the age of 60. This is not the majority, obviously. But there still is that definite need.

My work on the Legislation Subcommittee of the Advisory Council indicated that many states do have adult protective services legislation. And I believe there are 37 or 38 states that have that. If that's the case, in looking at it, well over half of them covered 18 and over, as far as the population that they served. So those are some arguments to consider that entire population.

Given that that is the example, that we attempt to encompass everyone who is an adult, I think it's important, then, that the overall monitoring and vested authority be in the Department of Human Services, and that is because they have responsibility for the entire age group, both under the age of 60 as well as over.

On a local level, it can be decided -- the county Boards of Social Services or some other county department, depending upon the wishes of that local county as to who the best people are to provide it. Because there are many places, as has been indicated

before, that there's a lot already going. A lot of the county welfare boards already do protective services.

The final thing that I wanted to highlight was your concern about mandatory reporting. Should we or shouldn't we? We had some very animated discussions on the Advisory Council as to the importance of mandatory reporting, and I myself, as a professional, have vacillated in my view on it too. The Coalition, however, has taken a position that mandatory reporting should be in place for professionals. They should be required to report any incidences of abuse that they determine -- that they uncover. As far as the general public, there should be no penalty for failure to report.

I know that one of the other concerns is that there be adequate resources in place for people if -- once the situation has been reported -- there has to be some mechanism to respond to the needs, so that there really needs to be an adequate appropriation. And, in my honest opinion, \$2 million will never do it. It's a wonderful start, but it's not going to do it.

In my own county -- and I am a County Welfare Director in Somerset County -- in my own county, I spend over \$600,000 on purchasing home care. And all but 11% of those cases are senior citizens. So there is a lot of need, and there is a lot of service that is required to provide any kind of program that's going to address this, and I think it's going to cost a lot of money.

And basically, that's a summary of the comments that we have.

SENATOR PALLONE: Thank you. I don't remember whether the Advisory Council's report made that distinction, between mandatory reporting for professionals versus the public at large. Did they comment on that?

MS. THUM: I don't remember, to tell you the truth. We went back and forth so much on our position and it was really, you know, the votes were won over half either way, you know,

during the course--

SENATOR PALLONE: And the professionals are not--

MS. THUM: --of the deliberation.

SENATOR PALLONE: Professionals are not required to report at this -- right now. They're not required to report.

MS. THUM: No. No. At this point in time, there is no provision for mandatory reporting, except in child abuse situations.

SENATOR PALLONE: Would some of the concerns or objections to mandatory reporting that were kind of brought out in the hearing, would those similarly apply to professionals? Do you think that, if we had mandatory reporting for professionals there'd be less objection to that?

MS. THUM: I think it would be something that they're more accustomed to feeling as a commitment to the problem and also, because of the child abuse, many of the same type of professionals are going out into situations where they might be encountering an older person as well -- whether it be a doctor or an emergency room in a hospital, or something of that sort, where there is already required reporting.

SENATOR PALLONE: Okay. Well, we'll look into that distinction that you're bringing up.

MS. THUM: Okay.

SENATOR PALLONE: It might be a basis for a recommendation for the legislation. Thanks a lot.

MS. THUM: Okay. Good. Thank you. Thank you for being so patient.

SENATOR PALLONE: Sorry you had to wait.

MS. THUM: That's okay.

SENATOR PALLONE: Okay. I'm just going to go down the list, then. Is Sharon Gower here?

S H A R O N G O W E R: Yes.

SENATOR PALLONE: Assistant Program Coordinator for the Salem County Office on Aging.

MS. GOWER: Good afternoon. I'd just like to say, first, that our Office on Aging is a direct service provider, and we do actually go into the homes and investigate these cases. We do offer protective services at this point, including a licensed psychiatrist that will go into the home on our request for a psychological evaluation, as well as legal services are offered also. Okay?

We are presenting this afternoon just a very brief case history to present a perspective of the problems that are involved in this sort of investigation and the frustration that can be encountered. Okay?

The following is a report of elderly abuse with which our office was directly involved: A 75 year old woman, living in a secluded section of Salem County, called our office to see if she could have assistance with her housekeeping. On our first visit, it was noted that the woman, whom we'll call Ruth, had several bruises on her face and a severe bruise on her shin. When she was questioned about these, she stated that her 35 year old grandson had inflicted them during one of his, quote, "fits." unquote. Also, during this incident, he had thrown a knife at her and had punched a hole in the wall.

We instructed her to contact the municipal court and to have a complaint signed against her grandson, and her grandson arrested. The Office on Aging assisted her with all steps and even accompanied her to court. This was just one instance of the abuse that occurred over the next five years. Ruth and her grandson had many confrontations. Each time, we would assist her in the registering of the complaint and the Judge would imprison the grandson for six months. Always, within two weeks after each incarceration, Ruth would begin receiving calls from her grandson, begging to be released and promising that he would never hurt her again. Each time, Ruth was sure that things would be different. Each time she would take her grandson back into her home, and it was always with the same results. After a short period of good

behavior, he would inflict an even more brutal beating. The beatings were never for the same reasons. It might be because he wanted money for cigarettes and beer, or he wanted her to prepare him food, which he would then throw at her.

In June of this year, Ruth once again went to file a complaint. After the complaint was signed, the State Police went to Ruth's home to arrest her grandson. When they arrived, he was found dead of an apparent overdose of drugs. This ended the physical abuse for Ruth, but the emotional scars live on.

This is just one example of the abuse cases which we encounter. Other cases dealt with have been mental abuse to the elderly. We encountered a case where family members felt it was quite satisfactory to leave their father restrained in a bed all night in his own home alone, while they slept peacefully ten miles away.

The Salem County Office on Aging feels that there are many agencies who back off from dealing with these sticky cases. In conclusion, elder abuse is a very real concern to all offices on aging. Finding ways to deal quickly and to prevent further damage is a priority. Cooperation of other agencies is also a must.

SENATOR PALLONE: Thank you. I wanted to ask you, you seem to be a little unique, in that you actually are directly involved in the services for the elderly. In other words, you have people on staff?

MS. GOWER: Yes, we do. I am one of those people myself--

SENATOR PALLONE: Okay.

MS. GOWER: --who investigates in the home.

SENATOR PALLONE: Oh, you're the Assistant Program Coordinator.

MS. GOWER: Yes.

SENATOR PALLONE: I see. Well, do you think that Salem County, if we had this legislation, would most likely handle it

in-house? In other words, probably hire individuals to work within the Office on Aging?

MS. GOWER: I cannot speak really for administrative decision, but it's certainly my belief that that's how it would be handled. We provide directly nearly all of the services of the Office on Aging in Salem County. We do, as I said before, contract with a licensed psychiatrist to go into the home with us in investigations when we feel it is warranted, or just to get some advice even on how to proceed ourselves with a particular case. We do have in place a legal referral system, and our office, through Title III funds, will provide legal services also.

When we receive a -- either anonymous complaint or a tip or any sort of indication that an abuse may be occurring, we do go out and look into the situation, try to offer assistance, and an assessment, and follow it through to the best of our ability.

SENATOR PALLONE: How does the legal referral work? Is that a -- private attorneys, as opposed to Legal Services Corporation?

MS. GOWER: Okay. I believe I am fairly clear on this matter. We do have an attorney who works in conjunction with our office and provides directly for certain services that are covered by our Office on Aging at no fee to the client; for example, guardianship situations, wills for senior citizens, and certain other situations. Beyond that, we have a legal referral contact with the bar association. And, dependent upon income, there is a sliding scale on the percentage that the client would pay, up to complete payment of their usual fee.

SENATOR PALLONE: Is that attorney you mentioned initially, he's then paid like on a per hourly basis by your office? Is that how it works? Or contracted?

MS. GOWER: I am not certain how that is actually provided, but he is contracted to provide the services.

SENATOR PALLONE: Okay. Salem County, I guess, is a smaller, though, in terms of the numbers that you deal with, as

opposed to, say, you know, Essex, or--

MS. GOWER: Salem County is smaller population. However, it is very spread out. And we have a commute -- for example, one case that I was dealing with recently required a 45 to 50 minute commute for me to reach the home of the people and investigate and stop in and check on--

SENATOR PALLONE: Yes.

MS. GOWER: --in on the matter. So, yes--

SENATOR PALLONE: I only mention the smallness, because I wonder, you know, if the fact that there aren't as many cases there makes it easier for you to deal with it more directly, as opposed to maybe what might happen, say, in Essex or Hudson County. I tend to think that small is better, so I'm not being critical, but--

MS. GOWER: Yes.

SENATOR PALLONE: I'm just, you know, I'm just wondering if, you know, if some the larger counties would handle it the same way.

MS. GOWER: It's impossible for me to say.

SENATOR PALLONE: Yes.

MS. GOWER: We are rural and smaller, with its own unique set of problems. I think that's one of the things that needs to be taken into consideration with legislation, is that there is a great variety of needs within the State.

SENATOR PALLONE: I think we're really seeing--

MS. GOWER: There's a great--

SENATOR PALLONE: --that today.

MS. GOWER: --difference.

SENATOR PALLONE: The more people we listen to, I can see that, you know, the way the services are being handled and would have to be handled really do vary quite a bit.

MS. GOWER: And I would like to add, just as a personal comment, that I believe many cases of abuse are discovered in out-of-the-way fashion, just by accident, either with a

home-delivered meal going into the home, or after an illness, if a visiting nurse notices something unusual and contacts another agency. And it's my own opinion that a lot of abuse is found out through inadvertent means, rather than having someone actually contact an agency, in the majority of cases, to report such a problem.

SENATOR PALLONE: I think that's true from my own experience, too.

Okay. Thank you very much.

MS. GOWER: Thank you.

SENATOR PALLONE: Susan Castano? Middlesex County Child Adult Protection Coalition.

S U S A N C A S T A N O: It's a big name. I'm here representing the Adult Committee of the Middlesex County Child Adult Protection Coalition. And I'm also the Project Coordinator of the Adult Intervention Project. It's one of the DYFS programs that was just funded in Middlesex County. So I submitted testimony for the agency also, but I'm testifying on behalf of the Coalition.

First, we'd like to commend the Advisory Council on their efforts to address the issues concerning elderly abuse. The provision of protective services to vulnerable adults is a difficult task, having legal, ethical, and fiscal ramifications. In order to enact any type of legislation around this issue, legislators must be able to rely on input from those providers who have first-hand experience in these cases. The Adult Committee of our Middlesex County Child Adult Coalition has a wealth of experience, and we'd like to share it with you.

Our Committee was formed in 1981, and we consist of 25 agencies in Middlesex County that serve the adult population. Our primary goal is to foster the prevention and alleviation of abuse and neglect in Middlesex County. Member agencies are committed to protection of the vulnerable and endangered adults over age 18.

And I'll give you an idea of our philosophical perspective.

Our goals are to provide quality services, primarily through creative and flexible casework strategies, sharing responsibility and expertise through formal and informal channels, to assist clients who wish to remain in their own homes to do so as long as possible, utilizing community-based services, until institutionalization is the only feasible solution, to protect the client's right to self-determination and the maintenance of his or her preferred lifestyle -- this includes the right to refuse needed services, the right to die at home, the right to determine lifestyle even in the face of risks, and the right to decide goals despite impairment or poor judgment, unless incompetence has been determined by the courts -- to maintain existing family and other support systems by utilizing the least restrictive and intrusive service alternatives, respecting and extending the personal family strength which has sustained the person until this point in their lives, and to give priority to the interests of the client when these come into conflict with community interests.

The Committee opposes mandatory reporting of abuse of adults in community settings, because of its potential use as an agent of social control.

The Committee will make itself available to educate the community about rights and needs of vulnerable older adults, especially when there is a point of conflict between the individual and community interests.

Abuse and neglect of the elderly is not a new problem, and agencies have been intervening and working towards -- and, in many cases achieving -- resolution of these problems for some time. The work on adult protective services in Middlesex County has taken the form of establishing programs using cooperative efforts of member agencies. This work resulted in the Adult Protective Services Initiative, a one year United Way venture grant, which was coordinated by Visiting Nurse Association, in cooperation with seven member agencies. This grant was the

beginning of a comprehensive approach to adult protective services in Middlesex County.

Upon termination of this grant, in March of 1986, we were funded -- the Middlesex County Board of Social Services was funded by DYFS for -- at the Adult Intervention Project, which is basically a continuation of our network that's already been established. We use the central registry, and we have a central coordination -- Coordinator -- myself -- for case planning. Our goal is to provide the most amount of service in the least restrictive way, without duplication. We provide most of the services that the Council has recommended in the report.

We believe in using funding to the best advantage of the client. That means not duplicating services on the county level, and on the State level, not creating duplicate systems which require expenditure of funds for bureaucratic structures, rather than for services.

Many agencies are providing a range of services that comprise protective services, from assessment, family counseling, legal aid, case management, to placement in nursing homes. They have a mandate to do so from legislation that establishes their program and provides their funding, including the Community Mental Health Centers Act, the Older American Act, Title XX of the Social Security Act.

We find that the cases involving abuse and neglect situations in which we must intervene require a great amount of expertise, time, and service. We needed greater access for vulnerable clients to increased and additional services.

In order to illustrate our position on legislation, we'll follow the format submitted by the Governor's Advisory Council. Our recommendations will be substantiated by our own data and expertise of the many agencies associated with our Committee.

The first one is the age group to be served. Though we realize the Advisory Council was to address elderly abuse, it is

our experience that adults may become vulnerable at any age, and due to similar factors, which include loss of ability for self-care, mental and/or physical impairment, acute stress on a caretaker, isolation from support systems, and unavailability of needed services. We recommend the issue of vulnerable adults under 60 be also addressed. We also urge that whatever agency is designated to implement a protective service program be able to service all adults over age 18. Our fear is a duplicate system being set up that would waste administrative funding and fragment services. We believe the same kinds of services offered to prevent abuse and neglect, exploitation and self-neglect in the elderly should be available to all those who need them, regardless of age.

A definition of elderly abuse, we must again stress that adults of all ages may become vulnerable to physical, psychological, financial abuse, as well as neglect and self-neglect. Of course, we conclude that more elderly are being neglected, as opposed to physically abused. We also find cases of financial exploitation. Self-neglect is also a major issue, and one of the most difficult to address.

Mandatory reporting, the Adult Committee also, as stated before, does not favor mandatory reporting. We feel that we must concentrate on finding preventative measures and solutions to the problems. We must make services more accessible to people and their families, rather than alienating those very families with which we must work. This is especially important when working with the frail elderly who, in many cases, wish to continue to remain in their own homes and continue to live with or near their relatives.

We would like to see efforts go into the direction of public awareness and education on the issues, backed up with a comprehensive, coordinated program of adequately funded services. Once this is in place, we feel reporting will occur voluntarily.

Regarding access, in our present practice, we found very

few occasions when we were not able to gain access. Again, we believe that creative casework by trained professionals usually will lead to client access. In cases where we feel efforts to protect the vulnerable person has failed, we will involve the police. Our fear in legislation of mandatory reporting is abuse by agencies, using the law as an easy way out, without respect for the civil rights of the client.

We're-- As I said before, we're strongly in favor of a comprehensive public awareness campaign. And, as far as the central administrative agency is concerned, we believe that any agency designated to run a protective service program must be able to address the issues of abuse and neglect for all adults. We believe the Division on Aging can't. It can only service the over 60 population.

And, as far as services are concerned, we basically support all the services that were in the recommendations for the -- by the Advisory Council. We just want to emphasize that we really need -- that the regulations for access to the services must be streamlined and flexible. And we should be able to get them on an emergency basis when we need them. Sometimes we have to wait two or three weeks, and it might be too late.

And funding, we're also concerned about -- lack of adequate funding for certain things, such as home health care -- and we're also concerned about recent Medicare denials for social work, nursing, home health, and transportation services. The DRG system in the hospitals often results in premature discharge of a frail patient to the community without adequate support. In considering funding, legislators must take this into account. We urge that funding be allocated for the purchase of service, rather than to set up a new system.

Thank you for consideration of our comments.

SENATOR PALLONE: Thanks a lot. That was pretty comprehensive--

MS. CASTANO: Okay.

SENATOR PALLONE: --so I'm not going to ask any questions. Thanks again.

The next person was Mr. George Hayden, Senior Safeguard at the Ocean County Sheriff's Office.

GEORGE HAYDEN: Thank you, Senator Pallone, and the Board you have in front of you, working on this subject.

In the Ocean County Senior Safeguard, we are rather new in the business, but we are making progress in attaining the values of what we had set out to do.

Ocean County remains one of the fastest growing counties in the country. It also has one of the largest concentrations of older Americans anywhere in the country. This population also brings to Ocean County its own unique set of problems. Not only are resources stretched to the limits to provide services, but previously minor problems become major problems, due to the size of the older population.

Presently, there are approximately a 102,000 senior citizens in Ocean County. The House Select Committee on Aging estimates that approximately 4% of the older Americans suffer from one kind of abuse. When dealing with the population of 102,000, this comes to an astronomical figure of 4,080 people. While we hope that this figure is highly inflated for our area, we also realize that when we are dealing with such large numbers, we have here, in Ocean County, a problem which must be remedied.

The Ocean County Board of Chosen Freeholders have formed a task force, consisting of elected officials on all levels of government -- Federal, State, county, municipal -- service organizations, law enforcement, private industry, and medical professionals, the members of the senior community to study a problem, making recommendations and effectuate programs to remedy the problem.

In Ocean County, the Sheriff's Department has been one of the leading agencies in this endeavor to provide much of the support needed to make this type of organization work. The

Department has set up a 24-hour hotline to provide one central place for people to report abuse or victimization, provided the personnel to man this line, and the personnel to develop proactive response to the problem of senior victimization and elder abuse.

One of our most potent weapons at the disposal of the task force is public awareness, by keeping this issue in the front of the people's minds. And we hope to meet only decreasing numbers of incidents, but to also increasing the percentage of reporting. Studies have been shown that our recent years, one of our three cases of children abuse are being reported, but only one case in five of the elderly abuse. By providing one central reporting place, and making the people aware that someone does, indeed, care about them and what happens to them, we hope to at least begin to remedy the problem. While many of our calls received on our hotline are referred to other agencies, we do make follow-up calls to the agency and/or people who place the call. We have found that this helps to dispel the idea of the Big Brother, and the idea of a large, uncaring government bureaucracy.

Since the inception of the task force, there has been an improved spirit of cooperation among the involved agencies. This agency has been brought together under one umbrella type of organization, which has not only improved cooperation among them, but also gives each agency an inside contact with each other agency. By this networking of agencies, we have greatly reduced the amount of time necessary to respond to the individual's unique needs. This has, to a great extent, eliminated people being shuffled from one agency to another. Many of the callers who have taken advantage of our 24 hour hotline have said that they used to think that no one cared about them or their families. With the large public awareness direction which has been taken by the task force, we have been able to reach a large, silent, and forgotten portion of our society. All of the different agencies involved in our task force have been able to reach out and help people who would otherwise be unreachable.

Finally, the perhaps most important -- importantly, at our monthly meetings, during the public forum section of the meeting, the heads of different service agencies are directly responsible to the public and to the media. On September 11, 1985, the Ocean County Board of Chosen Freeholders established by resolution the Ocean County Task Force on Senior Victimization and Elderly Abuse. The object of this task force is to study the issues of victimization and abuse of the elderly and to take appropriate action, when needed, to combat this serious problem; to hold public hearings, promote the rights of elderly, to coordinate the many different groups and services that we already work toward a solution, and to serve as a public forum for such other aspects as will be brought to its attention.

We have achieved some degree of success in bringing the attention to the public and their problems of our elder population. This has been accomplished through a major public awareness program, with the assistance of our Congressional task force members, and we have been able to reach an unprecedented number of people. The majority of our members are either public figures or in the eyes of the public through their careers or position in the community. This has been an added weight to our ability in the task force to help formulate policy and direct different programs.

With the authority vested in different members of the task force, we have the ability or expertise to not only make recommendations, but to effectuate, where necessary, immediate change. The diverse backgrounds of the disciplinaries of our members serve to complete any other way. If one agency has a problem reporting to it, we -- with which it is unfamiliar, well, then, there will be another one which will help on some expertise in the matter.

And if you take your brochure, Senior Safeguard, this brochure is our line of defense. We give this out to seniors all over our county. We publish it in various papers, and we also

find that it's a great response of our -- Sergeant Mindak and his staff and myself and Mr. Feirstein -- we make public appearances at all senior congregations. We do this on a suggestive basis, and they are glad to hear what we are doing.

Now, when you take senior abuse, it goes far deeper than just a complaint. In this field of eight years of service to seniors, I have found and handled every conceivable sad prospect that a senior could have. And if I had the time, I would itemize some of them. But just briefly, what we are trying to do in Ocean County, and we do it through the Sheriff's Department, because of one main reason. The business on hand in the Sheriff's Department is open 24 hours a day, seven days a week. And this gives us the most best, competent way of communicating with a senior 24 hours a day and every day. And they are now using it, because the police department and other agencies are so worked that they cannot, sometimes, get into the proposition as quick as we could. And only recently, we have had cases come to us where they needed immediate attention.

I'm going to outline one case. It happened in the early part of March, in very, very severe weather. I received this call at ten past seven on a Sunday morning. And when I talked to this widowed lady, up in years, very, very sick -- in fact, so sick, there was no hospital here in Jersey that could handle her case, and she was transferred to a hospital in Boston. And the operation was a success. She was brought back home by special ambulance on the airlines, and now is doing very well. But her sickness enables her to have immediate attention. So this morning, on a Sunday, ten past seven, she called me and she says. "I was referred to you because I know your department will act quick." Well, I said, "Lady, what is your problem? Is it that serious?" And she said, "If I don't get heat within the next hour, I will die." I says, "Where do you live?" And she gave me her address. I says, "Why haven't you had heat?" "I haven't had heat for two and a half days in this cold weather." Now, how

would I get to the Sheriff's Department, and get our crew working? I took it in hand myself. I called the Dover Township Police Department, told them of the plight, and I said, "You get there before I do. Get an ambulance." We happened just about to arrive at about the same time. Well, now, what did we find? Her service contract, very simple matter, is on a year to year basis. But in the contract, it didn't say parts must be paid for. And her heating system broke down three times in 60 days.

Now, it goes further than that. There was a life involved here. The police department called the oil company, and demanded 60 minute service on that heater, which they did. Then, I followed it up the next day. The heat worked, she was able to move around. I had to get a homemaker to come in and help her, til she could get back on her feet and be a normal person again.

Now, that one case looked minor, but it wasn't minor when you go out and analyze it. And this is one fault I have with agencies. I shouldn't say our agencies, because Ocean County has opened up a very good, quick service. But like everything else this day with a budget, they cannot do a job the way they would like. Some of them do it by telephone. Some of it, go out into the field and investigate. And that is one way. It may cost more, because of mileage, but it is one way to get to the sick person and help. In all the testimony this morning, I haven't heard one person say, "Let's step up, part-time -- any kind of help -- to get to these various agencies."

Now, we have had great response from our Social Service Department in Ocean County. But at times, they are overworked and the case will lay. And that is our response, in the Sheriff's Department. If you can't get it today, let's get a day set, or we will take it over. And as you notice, we have these representatives listed on the back of our brochure. There's one of us that will go out and make a personal call. And when we do that, it lightens the work on the agency. And it will help, because a serious case must be handled that day, and not let it go

to another day. I have covered cases where victimization was a problem, and only through family trouble the problem would arise. And it is that point -- well, I call it sometime insanity. Because families do fight. And very, very viciously. I've had a case where a wife died and the old gent was just put aside, like you take a package and put it on the side. He had a beautiful little home, seven acres of ground. The man wanted to live. But due to the shock of family, it ruined him. But it happened to be they took him out of the State of New Jersey and my good work was halted. And I do find that he's still trying to come back.

But the point I want to bring out is, if we had that case on time, we could have coped with it on a 24-hour basis. So when we say appropriation, and when we say agencies, and when we look into how we're going to implement all of this aging problem, it's an emergency problem. And you can take it on a national basis or a local basis. It is due to the fact that they know old people can't help themselves. And just recently, we had a case where a young fellow, 19 years old, watched this old lady go in to cash her Social Security check. And they watch the banks. Now, this fellow saw the money going in and out of the -- over the counter. She didn't have 25 foot from that front door of the bank and he beat her and held her up. Of course, old people fall down quicker. They can't fight back. But we did manage to catch this 19 year old kid before he got too far away, thanks to some good people. But a lot of people won't butt in.

This is only part of the victimization. And I say it takes a senior to serve a senior, because they feel more confident when they talk to you. And I practice to not let young social workers go out on a call. And I-- It's maybe an insult to that worker, but when I talk to them, they feel, yes, if we can get results, it's better. And the old people today are worried. We take them to the nutrition centers. And they tell us, on the way home, will you stop in? I want to get something in the grocery store. They're afraid to walk. Now, what do we do now? We have

the Ocean County bus to take them to the nutrition site. And one or two days out of the five, that bus driver is instructed, stop at this store or that store -- usually the big supermarket, and they can get everything under one roof -- and we give them two extra hours to make that stop and bring back the products they need.

I could go on and on, but the problem today is the drug habit. They need money for drugs. They're going to take the old people first, because they know there's no way. I've had a case where a wife died and the children said, "Pop, come live with us." Their intention wasn't to live with them. They wanted him and his money. Well, what happened after two months? The old gent says, "I'm going down to get a newspaper." That was his exercise. And he'd go down and get the newspaper, maybe about eight, ten blocks. But the paper didn't come in this day, and what was Pop going to do? He went two doors away and had a beer. That kind of mix-up developed into a drinking man, and the son-in-law told his wife, "Get the Pop the hell out of here, or we'll break this home up." And there was two children involved. So when I got in on it, I had to fight two sides of the family and straighten it out. Well, it took me two weeks. But the home is together. And it was constant looking in.

So you see, a social worker wouldn't have that time, with the caseload they have. And that's one thing that I would like to see in these hearings. Quick action. We do it through our Sheriff's Department because of quick action, seven days, seven nights.

And if there's anything else, I would like to help you.

WILLIAM FEIRSTEIN: May I say something now?

SENATOR PALLONE: Sure. Could you--

MR. FEIRSTEIN: First--

SENATOR PALLONE: Your name -- I know it, but you tell us.

MR. FEIRSTEIN: Feirstein. William Feirstein.

SENATOR PALLONE: Right.

MR. FEIRSTEIN: We appeared before you on a number of occasions, in Long Branch.

First, I'd like to thank you folks, because you have to have an awful lot of patience to listen to all this since early this morning. And I too -- we work together, Mr. Hayden and myself work together as a team. There are times when two of us have to go out. And sometimes, George, you take this case, I'll take that case. Now, to give you a little instance, we have our liaison officer, who's connected with us -- with the Department of the Sheriff's Department -- and Sergeant Mindak will call us if there's anything in Lakewood or close to it. Remember one thing -- that we have four hospitals in Toms River and in Lakewood, with the over 100,000 seniors that we have in those particular two localities. And they volunteer their services as volunteers in the hospital. And so, we decided that we would help in this particular instance, with the Sheriff's Department. There are eight of us who do that work. Now, you receive the -- we receive the phone call from this Sergeant Mindak that there was a case, particular case, in Lakewood, would I take over? Yes. Certainly. I went up to see the house. Up to the home. And I found out that a son had been taking the parents' checks -- Social Security checks -- forging their names to it, putting it in his bank, and when Dad wanted some money, he wanted a haircut, "I need some money for a haircut." He said, "Put my -- have your mother--" this is the way he expects himself, "--have your mother put a plate over your head and she'll give you a haircut." So the father became incensed. He became angry. He called the office of the Sheriff's Department. They called me: Will you go up and find out what's going on, Bill? I said, "Certainly." "But," I said, "now wait a minute. Supposing he's a six footer? And who knows what he can do to me? First, I'd be trespassing. And secondly, look, who knows what he would do?" He says, "Well, I'll tell you what. Supposing you call up Sergeant -- Lieutenant Lynch

of the Lakewood Police Department?" And I happen to know the lieutenant. I called him up, he said, "Sure. Come on down here. I'll give you an officer in uniform, with a car. You both go up there and you'll have a better chance of being successful." Well, we went up there and I found out the son had been taking, for months, had been taking the checks of the mother and the father, putting it in his bank, and he's been living with the parents and taking their checks. And the parents were only too glad at least they had a place to call their home. It was their house. But, nevertheless, the son had been taking their checks. The father didn't have a dime. But this broke the camel's back. He could no longer take it, and the father became angry and called the Department.

All right? Now, I went up there. And the moment he saw the cop, he knew that there was something wrong. We went in the evening, because during the day we figured he was working. And sure enough, I brought the attention to the son, and I says, "First thing, you are breaking the law, because this is a Federal offense. You cannot sign -- forge your parent's name to your checks and put it in your bank. That belongs to your parents, unless they are just completely disabled and unable to write. Under the circumstances, they must get their checks for themselves and do with it -- dispose of that money as they please, not up to you to do it," I says. "Remember that." And he was, as I thought, a six foot one fellow, because I find out later on that he was over six foot. And where the wife chimed in, he might just as well have taken me and who knows what he would have done? But with an officer in uniform, he was scared stiff.

Well, all right. Now, the father was greatly relieved. He called up the Sheriff's Department, thanked them very much. I was there, after the August -- as soon as the checks came out. I went up to find out, to check on it, to make certain that it did not revert back again to the son. The father grabbed hold of me and kissed me all over. I said, "All right. All right. Thank

you." I realize just -- "I'm glad -- very, very happy to help you."

Now, that was one instance. Now, we have other instances where we have helped other people. A woman went ahead, went into another party's home--

SENATOR PALLONE: Do you mind -- you mind if I cut you off? I -- I appreciate your giving us the examples, but--

MR. FEIRSTEIN: You see, you receive the statistics.

SENATOR PALLONE: Yes.

MR. FEIRSTEIN: But we are giving you instances--

SENATOR PALLONE: Oh, I know.

MR. FEIRSTEIN: --of where there's actual abuse--

SENATOR PALLONE: We know. It's true.

MR. FEIRSTEIN: --and victimization.

SENATOR PALLONE: Sure.

MR. FEIRSTEIN: That is what we wanted to come here--

SENATOR PALLONE: I appreciate it.

MR. FEIRSTEIN: --to explain to you, that --All right. I won't give you that. We can give you a dozen stories.

SENATOR PALLONE: No, I appreciate it, because -- I mean--

MR. FEIRSTEIN: It's getting late.

SENATOR PALLONE: I know it's a fact, and, you know, that situation that you gave me, with the Social Security checks, I could give you five myself. I mean, to be honest with you, you know, we know. And I think what you're trying to make aware to the Committee is that, you know, we're -- the whole question of abuse and the answer to it is not necessarily a function of, you know, a set agency. That there are others out there who are dealing with it, and this is a -- you know, when I look at it, this is certainly an excellent program the way it's been outlined. The brochure is excellent. And, you know, I'm sure Senator Brown would say the same thing. I even get the calls at my office, at my Senate office. I mean, the type of a situation you outlined,

we've had a situation like that, where they actually called the Senate office. So, I mean, there are various ways of dealing with it, and I don't -- certainly don't want to suggest to you that, you know, the type of program that we're talking about would, you know, is the only answer to the problem, because I know that that's not the case. And I know that the type of situation that you have here, I mean, I think it would be great if we could emulate this throughout the State. I don't know whether any other Sheriff's Department has something like this.

MR. HAYDEN: We just received a plaque from the Federal government--

SENATOR PALLONE: Sure.

MR. HAYDEN: --for work for one year. Because we're a baby.

SENATOR PALLONE: Yes.

MR. HAYDEN: We're just beginning.

SENATOR PALLONE: And I'm sure that, you know, if some of them were made aware of it, that they would like to do a similar type program.

I just wanted to ask you, though, I think you made it clear, although I'm not sure. The hotline is manned by volunteers like yourselves?

MR. HAYDEN: No, it's manned--

MR. FEIRSTEIN: No.

MR. HAYDEN: --by the Sheriff's -- full staff of the Sheriff's Department.

SENATOR PALLONE: But then they ask people like yourselves--

MR. FEIRSTEIN: Like ourselves.

SENATOR PALLONE: --to get involved. Those are the--

MR. FEIRSTEIN: You're right.

SENATOR PALLONE: Those are the people on the back that are the senior representatives.

MR. HAYDEN: Yes.

MR. FEIRSTEIN: Right.

MR. HAYDEN: Yes.

MR. FEIRSTEIN: Eight deputies and senior representatives.

SENATOR PALLONE: So in other words, they'll call you to go out and investigate a situation and--

MR. HAYDEN: Yes.

SENATOR PALLONE: --and then make a referral or whatever.

MR. FEIRSTEIN: Right.

MR. HAYDEN: If you say you're a victim, you call the Sheriff's Department--

SENATOR PALLONE: Right.

MR. HAYDEN: --that's better than calling the police department.

SENATOR PALLONE: Sure.

MR. HAYDEN: Because then they segregate it and they go to the agency. Of course, they back -- the police will back us up. But we get quick response.

SENATOR PALLONE: Sure.

MR. HAYDEN: Within an hour, we cover everything.

SENATOR PALLONE: You know, and I agree also that--

MR. HAYDEN: At no cost.

SENATOR PALLONE: --dealing with the problem immediately is very important.

MR. HAYDEN: That is.

SENATOR PALLONE: Because--

MR. HAYDEN: One of the most.

SENATOR PALLONE: --one of the things--

MR. HAYDEN: There's no cost to anyone.

SENATOR PALLONE: Yes. One of the things that, you know, we may find with this legislation is that we're able to extend, you know, that immediate service. Because if you -- I don't know that that many of the speakers went into it today. But

many of the individuals who spoke today about the type of existing protective services programs that they have probably neglected to mention that many of them require time. You know, some of the social workers or people that spoke today are, you know, they're dealing with a -- maybe four hours a day, or a limited of number of hours a week. And they're not always available even eight hours a day--

MR. HAYDEN: Well, that's why we put it in--

SENATOR PALLONE: --because of funding limitations.

MR. HAYDEN: --the Sheriff's Department.

SENATOR PALLONE: So I appreciate it.

MR. HAYDEN: Because we're seven days--

SENATOR PALLONE: Yes.

MR. HAYDEN: --and seven nights--

SENATOR PALLONE: I don't mean to cut you off--

MR. HAYDEN: --holidays--

SENATOR PALLONE: --but we just, you know, we've got a couple more people, so--

MR. FEIRSTEIN: We're available any hour of the day.

SENATOR PALLONE: All right.

MR. FEIRSTEIN: We volunteer our services, much the same thing as I do many a time, because I belong -- I'm President of another organization. I belong to 14 organizations, of which I am an officer in seven.

SENATOR PALLONE: Right.

MR. FEIRSTEIN: And I do many, many, many things. I write for three newspapers, a senior column, and I even write a bulletin for my lodge, and I'm going home tonight, I have to write my column, and I'll be up until maybe one, two o'clock in, until it's finished and typed up and ready to go. Tomorrow morning.

SENATOR PALLONE: You better rest a little. All right. Thanks a lot for your testimony.

MR. HAYDEN: Senator, did you know about this program that went in July 1?

SENATOR PALLONE: This is community--

MR. HAYDEN: The community care program for the disabled?

SENATOR PALLONE: Yes.

MR. HAYDEN: Now, this-- This started July first.

SENATOR PALLONE: Right.

MR. HAYDEN: But, you see, it's something that hasn't reached around yet. So we are pushing it through our Social Service Department.

SENATOR PALLONE: Uh-huh.

MR. HAYDEN: But if anybody wants to do-- What this really is is a PAA extension.

SENATOR PALLONE: Uh-huh.

MR. HAYDEN: In other words, if you're over the line by a hundred or 200 or \$300, it can be broke down and brought into the PAA guideline.

SENATOR PALLONE: Okay.

MR. HAYDEN: So the Human Services didn't mention it today, but a Miss Saltin (phonetic), at the Human Services over here on Quakerbridge Road, she was the one in charge of it for the county -- for the State.

SENATOR PALLONE: Is that the one that was as a result by Senator Van Wagner? Is that--

MR. HAYDEN: That's right.

SENATOR PALLONE: Okay.

MR. HAYDEN: And then she will take care of it through your social service. But the thing is, the senior citizen must come in. They don't go out.

MR. FEIRSTEIN: I'll tell you, Senator, we're doing even a greater thing--

SENATOR PALLONE: Okay.

MR. FEIRSTEIN: --not that we're trying to boast. I only want to get it to the public that we are now fighting the doctors for the Massachusetts law--

SENATOR PALLONE: Oh, I know about that.

MR. FEIRSTEIN: I introduce that here, in Massachusetts--

SENATOR PALLONE: All right.

MR. FEIRSTEIN: --because Claude Pepper, Representative Claude Pepper of Florida notified me, in November what was going on, and let me know step by step by step. And I have it introduced already here, and--

SENATOR PALLONE: Oh, we're fully aware of that. And that's something that we're going to have to deal with also.

MR. FEIRSTEIN: That we've got--

MR. HAYDEN: And they kindly have met with us.

SENATOR PALLONE: Right.

MR. FEIRSTEIN: They met with us. Now they want to meet us again. And I says, well, what can you put on the table that hasn't already been discussed?

SENATOR PALLONE: Okay.

MR. FEIRSTEIN: Of course, it has nothing to do with this Committee, but we are fighting for that.

SENATOR PALLONE: No, I understand.

MR. FEIRSTEIN: Eventually, we hope to have the senior citizens know that they do not have to pay any more, so you can walk into a doctor and have him take care of you.

SENATOR PALLONE: Okay.

MR. FEIRSTEIN: And -- because a lot of people will not go in, as I told the doctors, that people do not wish to -- they go into a doctor for -- to be treated--

SENATOR PALLONE: I know. It's a problem.

MR. FEIRSTEIN: --they have to eat dog food for the rest of the month. And we do not want that, because we are human beings--

SENATOR PALLONE: Okay. All right.

MR. FEIRSTEIN: --and not dogs.

SENATOR PALLONE: All right. Thanks a lot.

MR. HAYDEN: Thank you.

SENATOR PALLONE: Can we ask you, could we have a few more of those Senior Safeguard pamphlets?

MR. FEIRSTEIN: Yes. Here they are.

SENATOR PALLONE: And also the one that you mentioned. Do you have an extra copy of the one--

MR. HAYDEN: Yes.

SENATOR PALLONE: --the new program?

MR. HAYDEN: Right here we have them all.

SENATOR PALLONE: Could I have that, or you only have the one?

MR. HAYDEN: Now, that's in the State--

SENATOR PALLONE: Okay.

MR. HAYDEN: Because that's more or less--

SENATOR PALLONE: Yes. I'd like to just see what they've been putting out.

MR. HAYDEN: But if you break it down, under the guidelines, this is the guidelines.

SENATOR PALLONE: Okay. Thanks again.

MR. HAYDEN: Okay. .

SENATOR PALLONE: Esther Abrams?

(Due to equipment interference, a few sentences were unrecorded. Senator Pallone called on Irmgard S. Herz to testify at this point.)

I R M G A R D S. H E R Z: --River for several years. But they are now getting too greedy, and are rushing each section to completion faster than the previous one, raising the prices and reducing the quality and workmanship. They hire untrained, inexperienced laborers to do the work. They don't give the buyers time to do a proper inspection prior to taking title. The few rooms with ceiling lights have only 34 watt bulbs, insufficient light to see defects. The time allotted me was less than 30 minutes. I was not allowed to read the report, and therefore did not sign it and so informed the attorney at the closing.

Day after the closing, on Friday, February 21, a telephone installer and the exterminator informed me that the crawl space was unfinished, no vapor seal had been installed, and was full of garbage. Access to this crawl space is from a clothes closet, and I contacted Hovson on Monday, February 24, by telephone and was told that they would have someone meet me at the house the next day after 1 PM. I made a special trip from Ridgefield Park and waited all afternoon in vain.

I called again February 25, and they denied having promised to clean the crawlspace. The following Sunday, I went back to the house, prior to moving, to bring a few things down and vacuumed the carpeting, because, at a previous visit to the house, I saw that all types of workmen were walking over the new, unprotected carpeting with dirty, muddy shoes. My vacuuming did not get the carpeting clean, nor did it raise the matted carpeting. I requested that the carpeting be replaced or at least steam cleaned. To this day, nothing has been done about this.

The stove top in the kitchen had a deep scratch in it, which was not visible until I put 60 watt bulbs in the hood. Hovson refused to have this repaired or replaced, claiming since it was not noted at the original inspection, it was not their responsibility.

In June, I finally contacted Roper, the manufacturer, and within two weeks they replaced it with a new stove top. If Hovson had only told me to contact Roper, I would have gladly done so.

But all the arguments are upsetting and affect my health. I suffer from severe asthma and colitis. My chimney leaked badly during the heavy, prolonged rains in April, and I called the emergency service, but got no response. In May, Carole Restino (phonetic) tried to convince me that all chimneys get wet inside the house when it rains. And on June 5, they finally sent a contractor to recaulk around the chimney on the roof. But during the recent rainstorm, some leaks still showed on

the chimney.

One of the screens in my bedroom didn't fit, and I found this out when I awoke one morning with insect bites all over my arms and neck. I called the emergency service. They replaced the screen promptly, only to find that the replacement didn't fit either. Well, then they told me I just had to learn to live with it. I finally found the address of the window manufacturer and wrote to them. They sent their field representative, who found the screen an eighth of an inch short. He placed an order for a one eighth wider screen and promised to send me the same within three weeks. My neighbor at 16 Camrose Street, Frances Sandow (phonetic), had complained repeatedly to Hovson's about several ill-fitting screens and was told by Carole Retino that there was nothing wrong with her screens, even though she had to stuff paper into the gaps to keep insects out. I told the manufacturer's representative about this, and he found that several of her screens have to be replaced. They will also be sent to her when completed.

The crawl space under my house was finally cleaned out, including the insulation and the vapor seal installed. When I requested the Building Department to reinspect, they found that the peripheral insulation was missing, and the same old hassle started all over. Finally, they sent some kid to insulate, and again it was not done right, according to the inspector, Mr. Nimmo (phonetic). It took a couple more weeks to get that fixed.

I wrote to HOW. That's Homeowner's Warranty Company, and they arranged a meeting between Hovson, the Building Department, Consumer Protection of Ocean County, and an arbitrator. But the results were less than satisfactory. The paneling in my den has two flaws in the wood. One was noted in the original inspection. The other is in the middle of the wall. Two panels in the center are warped. The grooves in the paneling are not matched up with the furring strips and have nails all over the smooth sections. I cannot accept this sloppy workmanship, and

have never seen anything like it in any other house.

Hovson refused to replace this. I wanted to install additional paneling at my own expense, but I can't do this until Hovson has replaced the existing paneling. Once the homeowner makes any change, they won't even touch it. Until this paneling is completed, I can't finish unpacking my books and papers, because my bookcases have to be moved, along with my secretary desk cabinet. I can't hang curtains, drapes, or blinds until those are in place. I can't hang my pictures, nor put my chairs, lamp, and table in their proper place. I can't have guests, because since March 5, I live in a messy living room, den, and dining room.

There are still a few minor things to be fixed, but my health, physically and mentally, is getting me down. I have a file an inch thick, and will be glad to provide copies of all the details on request. The time allotted to me today does not permit me to go into all the details now. But being an elderly widow without children or husband and in poor health, I have been subjected to mental abuse, with the aim to get me to a point where I will give up fighting for my rights and spend more of my own funds to correct all the major defects which are the builder's responsibility and should have been avoided in the first place if properly trained craftsmen had been used in putting up these houses, and/or if the building inspectors would withhold occupancy certificates until the homes are fit to live in.

May I respectfully suggest that this State promptly pass a law to make it mandatory to retain in escrow a percentage of the purchase price of new houses sold to the elderly, so that they can enjoy their retirement homes in peace, without being abused and harrassed by unscrupulous builders who want to make a huge profit at our expense, and give us as little as possible in return.

In the name of my fellow sufferers, I thank you most sincerely for this opportunity to bring this serious and long

overlooked situation to your attention. May God bless you for helping the old, the widows, and the disabled, according to his Commandments and the future laws of this beautiful State, New Jersey.

SENATOR PALLONE: Thank you, Miss Herz. I understand -- Well, let me say this. Your particular problem, you know, is obviously one that should be looked into. And you live in Toms River, right?

MS. HERZ: Yes. In Holiday City South.

SENATOR PALLONE: Okay. And--

MS. HERZ: I bought a brand new house at the expense of about half of my life savings.

SENATOR PALLONE: Well, I'd like to bring -- I assume that's Senator Russo's district, right?

MS. HERZ: No. It's Senator Connors.

SENATOR PALLONE: Oh, all right. Well, what--

MS. HERZ: I finally, ten days ago, contacted his office, but they have a lot of cases ahead of me and so on and so forth.

SENATOR PALLONE: Well, we'll have the individual situation looked into. But as far as the legislation that you're suggesting--

MS. HERZ: Uh-huh.

SENATOR PALLONE: --you know, I don't know exactly how it would be phrased or drafted, but, you know, it might be a possibility to look into the whole question along the lines of what you're suggesting that -- recognizing that, you know, elderly individuals have a particular problem sometimes with these situations, because you just don't have the capacity, or you can't deal with it the way somebody who's younger might be able to, to check all these things out and, you know--

MS. HERZ: Well--

SENATOR PALLONE: --and have the time and patience and everything to really -- to get on top of it. So I think-- I

understand what you're suggesting. I don't know if it would--

MS. HERZ: I've had enough patience since February, Senator.

SENATOR PALLONE: No, I don't mean patience.

MS. HERZ: But the thing is--

SENATOR PALLONE: I mean, it's sometimes difficult for senior citizens to check all these things out and follow up on them all, because it's just -- it can just become impossible.

MS. HERZ: Well, especially when there is a widow, and being disabled on top. For instance, my driveway. When that was installed, it was such a botched up job, it was so wavy and all--

SENATOR PALLONE: Uh-huh.

MS. HERZ: --when you looked at it long enough, you could get seasick. I had to fight with Hovson's for the longest time. Finally, this Carole Restino came one day. She says, "Well, we're not going to do anything about this." I said, "Look, there are puddles there and everything else, and I have to step on the gas again to get into the garage at a point where I should slow down."

SENATOR PALLONE: Uh-huh.

MS. HERZ: She said, "Well, if you go through the wall call me. And as far as the driveway is concerned, next time it rains, if there's a puddle, send me a picture." I said, "Like hell I will." So she walked away. A couple of weeks later, they sent the fellow back and he didn't want to do -- put another layer on. He wanted to patch it. And I argued with him. And finally, when all the men in the neighborhood gathered around, then he finally did it and still didn't do it right. I still have puddles every time it rains or the sprinklers go on. And what happens in the winter, Senator, when it snows and that snow melts when the sun shines and--

SENATOR PALLONE: Uh-huh.

MS. HERZ: --refreezes at night? I have a skating rink, instead of a driveway.

SENATOR PALLONE: Well, what I would like to do is to look into the possibility of some legislation or oversight on it and get back to you.

MS. HERZ: And possibly even the law should include every homebuyer. I don't know.

SENATOR PALLONE: Oh, no. That's what it would have to be.

MS. HERZ: You see--

SENATOR PALLONE: The-- Something for the elderly or specifically for everyone.

MS. HERZ: --years ago, I worked in the building industry. I was a credit manager at Plainfield Lumber and I worked for Liberty Fuel Oil Company in Newark, where we did installation of heating and air conditioning. And it was an established, unwritten law that on any new construction job, or new installation, there was a 10, sometimes 15% retainer--

SENATOR PALLONE: Uh-huh.

MS. HERZ: --til the next heating or cooling season and the system had proved satisfactory.

SENATOR PALLONE: Right.

MS. HERZ: Any legitimate enterprise will allow that. Hovson's will not. You can't even bring along your own attorney to the closing, because either you take their conditions or not.

SENATOR PALLONE: Uh-huh. Okay. Well, I promise you that I will definitely look into it.

MS. HERZ: I'd agree -- you see, I spoke to the Town Administrator, Mr. Karas (phonetic), in Berkeley Township.

SENATOR PALLONE: Uh-huh.

MS. HERZ: I was over in the building inspector's office, and one time the Chief Inspector, Mr. Lasky (phonetic), came to the house. He had promised to come back with a senior vice president from Hovson's. That's a month and a half ago, and he still hasn't come.

SENATOR PALLONE: Okay.

MS. HERZ: I went to Consumer Protection Agency. Their-- They should be eliminated. No, seriously, Senator.

SENATOR PALLONE: Okay.

MS. HERZ: Because they do not earn their salaries. They write one form letter. They don't even follow up. When I called again, they told me, well, that's all they do. There's nothing more they can do.

SENATOR PALLONE: Okay. Well, I promise you we will look into it, both specifically--

MS. HERZ: I would greatly appreciate it.

SENATOR PALLONE: --and in terms of the general legislation.

MS. HERZ: All right. I certainly would appreciate it.

SENATOR PALLONE: Okay.

MS. HERZ: And I thank you for listening to my tale of woe.

SENATOR PALLONE: Thank you for waiting so long, also.

MS. HERZ: That's quite all right.

SENATOR PALLONE: That's the end of our list of speakers.

Yes? Did you--

GRETCHEN JACOBS: No one put me down as a witness to speak.

SENATOR PALLONE: Oh, yes. Please--

MS. JACOBS: But, obviously, though I would like to speak.

SENATOR PALLONE: Come on up. Sure.

MS. JACOBS: Thank you.

My name is Gretchen Jacobs. I work for the New Jersey Developmental Disabilities Council. And I'm here -- I'm a research specialist at that Council, and I can't speak on behalf of the Executive Director, Catherine Rowan, she-- I was here to get information, but I'd like to speak as -- in my capacity, if I may, as well as a concerned citizen.

SENATOR PALLONE: Sure.

MS. JACOBS: I appreciate your remark about trying to narrow your work to the age 60 and above population, because -- Pandora's Box phenomenon, so to speak. But I would like to recognize -- for you to recognize the concern of the growing developmentally disabled population, that that population is, indeed, reaching senior citizen status, whereas years ago, they used to not -- whether they were physically disabled or mentally disabled, they just didn't reach that age. And now they are. And so, I'd like you to keep in mind that sector of the population. And when tracking and data becomes available, by whichever administrative agency, that they track if a person is disabled or not. And I realize there's a lot of problems with the definition of disabled from a physical impairment, to a mental impairment, to retardation or something like that, but the idea would be as defined as you could get it to break down. It would help not only because the Council, as an example, does planning and coordinating for the disabled population -- the developmentally disabled population, in particular. And the more statistics that are generated about their needs -- their problems and their needs -- then they can better coordinate all of the agencies that are involved.

And it's real tough to get a definition of developmental disabilities and that disabilities have everybody agree on that, sure. But at least if -- when the minimum data set is tracked about this population, because I notice in your report, they just do the minimal -- age, sex, that kind of thing -- the disabled population is particularly vulnerable to abuse. Especially the mentally incompetent people, as well as the physically disabled. This is a growing problem. And one of the reasons that I came here today is because I'm going to be putting on a conference in this area, as part of the Council's public relations initiative to increase awareness about issues. And the issue of incest as a form of abuse among the physically disabled people and the

mentally retarded people. So it is a concern for us.

And as I said, I can't speak on behalf of my Executive Director. Something else, though, that's an issue, is that the training -- when that point was raised, the need for training and educating the public, the training needs, in terms of prevention and education for the developmentally disabled population, is different than -- would have to be different than it would be for the average population. They have very special needs and abilities in their training needs. And there already are mechanisms in place to do that. People have been very qualified to do that.

Our university affiliated facility, they-- That's what their specialty is, is to develop training curriculums. And the Division on Developmental Disabilities. They've got an excellent training component. So perhaps, when that comes in place, when you -- if you work out your training and education component, that you take into consideration for your disabled population in particular, there are agencies that have expertise in that. They can be available for you. I'm sure they'd be willing to do that.

So I just wanted to share those concerns, as a -- sort of as a citizen and in my research specialist capacity, if I may.

SENATOR PALLONE: Well, thank you.

MS. JACOBS: Okay?

SENATOR PALLONE: Thank you for coming.

MS. JACOBS: Thank you.

SENATOR PALLONE: Okay, anyone else? Otherwise, we're going to close the hearing. And I just wanted to thank everyone again for coming. I think we brought out a lot of good points today, and also all of you sitting up here to help us with the hearing. And the two recorders who I failed to mention previously, who have been sitting here all afternoon -- all morning and afternoon, Priscilla Parks and Mary Jane Zimbleman

Thank you for your help.

Okay. Thanks again.

(HEARING CONCLUDED)

APPENDIX

REMARKS OF SIDNEY L. WILLIS
ASSISTANT COMMISSIONER
DEPARTMENT OF COMMUNITY AFFAIRS
BEFORE THE SENATE COMMITTEE ON AGING
AUGUST 13, 1986

During the proceedings of the New Jersey Advisory Council on Elderly Abuse this year, it was my privilege to act as Chairperson, representing Commissioner Leonard S. Coleman, Jr. As such, I supervised preparation of the report of May 15, and chaired the discussions which led to its recommendations.

May I say at the outset that Advisory Council members worked hard and long to develop their proposals. These are well-considered and balanced. They are an expression of the deep concern of professionals in the field of aging, organizations of senior persons, lawyers and other members of the law enforcement community in New Jersey, and numerous State officials. These recommendations deserve your sympathetic attention. The Advisory Council urges enactment of a statute to implement a comprehensive program to prevent and treat elderly abuse as recommended in their report.

My purpose this morning is to highlight a few aspects of the report. My summary is not a substitute for the report which I hope you will read in its entirety. Nor is it my intent to pick and choose among several more popular concepts in the Council's report. Rather, it is to endorse the recommendations in their entirety. Only a comprehensive program will be useful to the abused elderly, and to their abusers who are victims as well.

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New legislative policy will not be adequate without programs, without new powers at the county and State levels, or without funding. Conversely, newly funded programs will similarly fall short without a clear statement, enacted into law, of a formal State policy regarding elderly abuse.

As the Council's report makes clear, a series of actions are sought by the Legislature, by several departments, by county and local governments, by the Courts, and by professionals and citizens who witness elderly abuse. All have their responsibilities and obligations if this problem is to be meaningfully addressed.

The problem of elderly abuse is national in scope. Many states, now including New Jersey, are giving it the serious attention it deserves. In some states, only piecemeal or easy remedies are being proposed. It proved easy in a few states, for example, to promulgate that everyone must report instances of elderly abuse to the proper authorities. But, as we learned, without responsive services in place, mere reporting is meaningless. And, without new governmental powers to intervene -- even to protect the elderly from themselves -- reports alone are cynically useless.

In New Jersey, consistent with the comprehensiveness we seek, the Council on Elderly Abuse also recognizes the concomitant severe problems of abusers themselves and the attention and support they need.

Newspaper accounts on the release of the Council's report understandably focused on the pain and hopelessness felt by those senior citizens who have been abused. We learned these cruel incidents do occur. But, we also learned of the thousands of caregivers who try to provide support and services to their elderly relatives or friends under the most difficult circumstances and without outside help. And, we learned that those few who may abuse elderly under their care are often driven to such acts through despair, frustration, ignorance, or anger at the responsibilities thrust on them for which they were not fully prepared. So, we needed to include within our proposals such help and assistance as abusers and potential abusers may need as well. If implemented, the report's recommendations would do that.

The report recommends a decentralized program. While many aspects of a comprehensive attack on elderly abuse must be administered directly by the State government -- for examples, training, public information, and the maintenance of a central registry of reported incidents -- the actual provision of most direct services would be within county governments. Our studies found a remarkable number and diversity of essential services being provided now by many progressive counties, but we also discovered that there was little uniformity to these and no central county planning to assure known instances of elderly abuse were being systematically dealt with.

Thus, our recommendation is that the Division on Aging, in the Department of Community Affairs, set standards and certify programs which meet minimum standards in each county. And, we recommend that the Area Agencies on Aging, which exist in each county, be charged with preparing elderly abuse plans and with assuring that all necessary services are available through the various county public and private agencies.

State financial aid in partial support of county programs is recommended. But, we believe these services are so essential that the Council is recommending the Legislature make mandatory that counties provide at least the minimum core services identified in our report. No abused senior citizen should find themselves in any county without some capability to deal with their problem.

The report calls on the Legislature to specify a series of "core services" and a series of "secondary services." The core services were found by the Council to be essential to assure that a basic response system will be in place. The Commissioner of Community Affairs, through the Division on Aging, would be charged with defining that system in rules and regulations, as well as of certifying that at least the core services are in place in each county. These, together with support which would be made available statewide will assure all elderly persons they need not endure alone the types of abuses we have identified.

The report recommends a new set of powers to intervene in instances of elderly abuse. We recognize the deep policy and constitutional concerns the Legislature may have with increased public intervention. But, we felt it was essential that a responsible agency be able to gain access to an elderly individual where reports of abuse existed. And, we felt it was essential that the public be capable of removing a clearly abused individual or the abuser from such a situation if the evidence was present. But, we limited our definition to include only persons 60 years and over. And we required concurrence by a court before such powers could be utilized.

We are mindful of the civil rights of the elderly and we are sensitive to the need for procedural safeguards clearly spelled out by the Legislature. But, the Council has recommended these limited, new forms of intervention because of the needs we have identified.

I won't dwell on the details contained in the report regarding proposed standard setting, service availability, certification, training, and public information activities the Council recommended be provided on a statewide basis by the Division on Aging. Needless to say, as direct help becomes available to the abused elderly, there will need to be intensive efforts to make that assistance known to the elderly, and to citizens who become aware of instances of elderly abuse.

Proposed safeguards of the civil rights of elderly persons will need to be made clear to both those working in programs and those who may find themselves involved with these type situations. And, professionals will need to be trained to deal with these situations. Training would be provided in the manner proven effective in the domestic violence programs of the Department of Community Affairs.

There will need to be intensive planning and coordination in each county if all of the existing and newly proposed services are to be brought to bear where needed. To the extent existing agencies and existing services can be effectively utilized to meet these problems, they should be. To do so will require further bringing together public with private agencies, social welfare personnel with law enforcement officers, state with county administrators, and a myriad of sources of funding, some newly proposed. To accomplish all this requires elderly abuse planning, fully integrated within existing planning efforts, particularly the Human Services Advisory Planning Councils becoming increasingly effective with support by the Department of Human Services. As recommended by our report, the County Offices on Aging will bring their extensive network, their expertise and the confidence of elderly persons that they enjoy all over the state to bear on this problem; working fully in conjunction with other social service coordinative mechanisms.

If the recommendations of the Council on Elderly Abuse are followed, a central registry of all reported elderly abuse cases will be maintained at the State level in a manner which will enable us to more fully monitor the extent of this problem. Recognizing the Legislature's concerns with the misuse of any such registry, the Council calls for safeguards, enacted in statute and implemented by rules and regulations of the Department of Community Affairs to assure the security of these files.

But, effective intervention action and the design of future necessary programs dealing with elderly abuse requires more complete data. As the senior population of the State explodes in number and as the very old continue to be the fastest growing segment of the State's population, this problem will become greater. The Council regrets it could not now provide the Legislature with more definitive data on its extent. But, without a central registry and systematic compilation of data, as well as recording of the actions taken by public agencies to deal with individual abuse situations, we will find ourselves a decade from now similarly unable to advise the Legislature on the specific extent of this problem. So the Council calls for a statewide central registry, but wisely leaves to each county, also under formal controls, the active maintenance of specific case files.

The sole issue in which the members of the Council could not come to consensus has to do with mandatory reporting. As I mentioned earlier, some states have required all citizens or all professionals, having evidence that an abuse situation may exist, be obliged under state law to report that situation to criminal authorities. Our report provides a great deal of information both for and against such provisions of state law in New Jersey. Assuming the Legislature would enact needed programs to provide services, the negative aspects of a mandatory reporting law without services to offer after a report is made, would be ameliorated. However, from the point of view of many of the professionals in the field of aging, it may be years before all services sought are actually in place. And a legal obligation to report may be counterproductive while a professional social worker is working with the family concerned. Indeed, both the abused and the abuser may fear seeking counseling if they will be immediately subject to the possibility of criminal investigation and prosecution of family members.

Thus, the Department's present position on mandatory reporting is that the case for or against mandatory reporting is not yet complete. The Legislature should hear both sides from experts who will be testifying before you.

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Finally, the Council's report calls for a \$2 million annual appropriation, at least for the first several years. This size appropriation will provide the Department of Community Affairs with sufficient resources to initiate the central registry, the statewide hot line, and working with each county, to define the specific services they could render in their county. Training and public education would also be initiated with these funds.

A limited amount of state aid would be available to every county to assist in supplementing services which may be unavailable there, to initiate new programs, and to demonstrate various approaches to dealing with elderly abuse in each county. It would take a year or two to promulgate specific rules and regulations and to certify programs in each county.

At some future date, the Legislature may wish to reconsider support to be available to counties by way of financial assistance. At the end of the first two-year phase, the Department and the counties would have a more complete basis for knowing costs and for defining the extent of service problems and their remedies in each county. Also, needed adjustments to the definitions of core services could be made by the Division on Aging or the Legislature after experience is gained.

Thus, some uncertainty still remains as to the full cost and scope of a complete response to elderly abuse in New Jersey. But, we agree with the Council that a substantial beginning should be made and that a mandatory program at the county level should be accompanied by state financial assistance.

The Advisory Council on Elderly Abuse hopes the Legislature will shortly consider a comprehensive statute which incorporates all of their recommendations.

Thank you for the opportunity to address you.

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Warren County Legal Services

STATEMENT OF
MELVILLE D. MILLER, JR., PRESIDENT
LEGAL SERVICES OF NEW JERSEY
TO
NEW JERSEY SENATE COMMITTEE ON AGING

August 13, 1986

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My name is Melville D. Miller, Jr., and I am President of Legal Services of New Jersey (LSNJ). I appear today at the request of the Chairman of this Committee to address the issue of elderly abuse. LSNJ is the statewide coordinating agency for all of the fourteen local Legal Services programs in the state. These programs provide free legal assistance in civil cases to New Jersey residents who are not able to afford lawyers on their own. In 1985 we provided assistance to over 35,000 people, more than 15% of our clients are senior citizens. Many of our cases involve domestic abuse situations. Most typically these are interspousal, but a significant number involve abuse of elderly or handicapped individuals, as well as children. We are called upon to represent the spectrum of participants, from the victims to abusers to other family members.

I have also served as a member of the New Jersey Advisory Council on Elderly Abuse, which prepared the report that you have under consideration. LSNJ is in agreement with and supportive of all of the major tenets of the report. Today I wish to highlight just a few of our most significant areas of interest.

Perhaps most important of all, we want to underline the service and support emphasis in the report. Contrary, perhaps, to popular belief, the most important problem with elderly abuse is not its identification and reporting. It is instead taking steps to ameliorate and even resolve the situation without simply uprooting the abused person from the home environment. As the report states and as you will undoubtedly hear over and over today, removal of the person from the home, frequently against their will notwithstanding the abuse, is the most expensive and least desirable solution to the problem. The report lists all of the critical or "core" services that the Council members deemed essential. It also

describes a range of other assistance. Unless substantial resources are made available to permit the provision of these key services, elderly abuse legislation will not achieve its goals. Families which have occurrences of abuse are invariably under considerable stress, whether it be economic, psychological, physical or some combination.

I would also note that the provision of legal assistance is identified in the report as one of the core services. This does not mean just assistance to the individual or family at the time of initial intervention by a government agency, such as guardianship or conservatorship. In the majority of cases it also means legal assistance to the individual or family on other legal matters that they face, ranging from housing to consumer transactions to entitlement for government benefits. Very frequently, the situations at issue in these other legal cases affect the individual or family ability to simply subsist, since they involve questions of shelter and a minimum income. Just as frequently, it is these very situations that create the stress which promotes a potential for interfamilial violence. At present Legal Services is able to represent only an estimated 15% of the people who are eligible for our help and have legal problems. The level of support for Legal Services must be substantially increased if we are to deal effectively with legal problems in families experiencing elderly abuse.

The report does not provide for mandatory reporting of abuse situations. A central reporting and registry mechanism is called for, along with standardized procedures to intervene and investigate alleged abuse. The mandatory reporting question was easily the most difficult and divisive issue that the Council considered. Legal Services strongly opposes mandatory reporting. Experience in other states analyzed to date

does not show that mandatory reporting makes a difference. The evidence from states which have closely looked at the question, such as Massachusetts, is that it is the publicity and enhanced public awareness which accompanied passage of elderly abuse protections that leads to increased reporting. Mandatory reporting is part of a much larger issue: the degree of government intrusion into people's private lives that is desirable and justifiable. Forced reporting by family members may run directly contrary to the goal of keeping families together, with necessary supporting services, wherever possible. Moreover, perhaps even more seriously, knowing that people they seek help from will have to file a report, family members are extremely likely to be discouraged in the first instance from reaching out for counseling or other help when they know there is a problem. In instances of abuse the most important single goal is to have the individuals involved reach out and obtain help. Mandatory reporting is very likely to discourage this help-seeking behavior.

It should be pointed out that the Council considered a wide range of alternatives on the reporting question, including limiting mandatory reporting to instances of physical abuse, as well as exempting family members and professionals from whom help is sought from the reporting duty. In the end, however, all of these alternatives seemed more clumsy and difficult than a straightforward voluntary system, accompanied by substantial publicity and encouragement of people to come forward and seek help. The Council recommitted the issue to the Division on Aging staff for much more comprehensive study of the experiences in other states, and is prepared to take up the issue again in the future in the light of this analysis.

Finally, in devising a comprehensive response to elderly abuse it is

essential to make the most effective use of governmental and private resources already in place. Agencies currently providing services should have their efforts supplemented, not supplanted. Services and programs under the jurisdiction of different departments of state government should be closely coordinated. The Council ultimately endorsed continuation of service provision through the current area office on aging network. It is contemplated that the help and expertise of protective service units currently located within county offices of social services would be utilized for initial intervention and investigation when abuse is reported, and that matters would be referred to offices on aging for analysis of what supporting services were necessary and how they would best be provided. Response can only be effective if these existing agencies are utilized and if their efforts are coordinated.

New Jersey Citizen's Coalition For Nursing Home Reform

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Testimony
Dr. Meyer S. Schreiber
President

The Senate Committee on Aging
The Senate of The State of New Jersey
Wednesday, August 13, 1986

My name is Meyer Schreiber. I have the pleasure of serving as the President of The N.J. Citizen's Coalition for Nursing Home Reform. This organization was founded two years ago by relatives, friends and professionals interested in (1) improving the quality of care in N.J.'s nursing homes; (2) seeking out community based alternatives to nursing home care and (3) assuring skilled nursing care, as well as other medical and social provision, to all persons in need.

For The Citizen's Coalition, I wish to express two concerns relative to the recent Report of The New Jersey Advisory Council on Elderly Abuse.

1. There is no reference to what we refer to as "Institutional Abuse". This term, as our group defines it, refers to abuse, neglect or exploitation of elderly persons that is created and maintained by an institution, facility or service provider, that denies that older individual his or her basic rights.

Many years ago the spotlight both nationally, and in our state, was turned on abuses in nursing homes. Several years later the State Commission of Investigation turned our attention to similar practices in the state's boarding homes.

Our observations, as reported by our members and others, is that one glaring example of such institutional abuse is the lack of any substantial safeguards that would protect the vulnerable individual who is defenseless and unguarded as he or she has no relatives or friends and is alone in the world, and in the nursing home. Consequently decisions may be made about that individual's medical care, social treatment, utilization of funds, and that person's overall being. In many ways this older person's rights and needs yield to those of the institution.

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Testimony
N.J. Citizen's Coalition
For Nursing Home Reform

Our survey indicates that there are no clearly defined safeguards extant either in the regulatory agencies (The State Health Dept and the State Dept. of Human Services) or in the Office of The Ombudsman for The Institutionalized Elderly to protect such persons from being abused, neglected or exploited. Further, none of these state agencies or The Ombudsman knows who such persons are in terms of moving to assure that they are indeed cared for properly.

A few examples may help illustrate this concern further.

An individual without relatives and friends may have his or her funds managed by the home in a variety of arrangements. There is no mandated reporting and accounting for disbursement of such monies.

Individuals who have no friends or relatives are often moved from their rooms and floors to make way for new patients. This is often accomplished without regards to the person's ties to the floor where ties and relationships have been developed with other patients and with staff. This is often done to the poor person to make room for the private pay patient.

Our Citizen's Coalition urges this legislative committee to consider legislative remedies to deal with this situation.

2. The report focuses upon the formal social welfare system and the network of agencies and programs at the state, county and local level. Nowhere in this report has any full and basic consideration been given to the host of citizen, public, neighbor and similar voluntary efforts who have direct grass roots daily contact with a host of persons in local communities. They are part of a vital network of friends and neighbors.

These individuals and groups must be incorporated into the total campaign against abuse, neglect and exploitation of elderly persons.

Our Citizen's Coalition recommends to this committee, and to the state and county agencies involved, that there be mandated inclusion of such individuals and groups in planning and activities related to abuse, neglect and exploitation and that funding be made available for such groups.

For The Citizen's Coalition, I wish to thank this legislative committee for making possible needed public participation and dialogue regarding this report. The report was developed basically by a cadre of professionals in many capacities. That is fine but this hearing, and other other means, needs to capture the interest and concern of all citizens. It is helpful and reassuring to see today's developments as a step in that direction.

DEPARTMENT OF HEALTH TESTIMONY
BEFORE THE SENATE COMMITTEE ON AGING
ELDER ABUSE

Rickey Greene
Coordinator, Gerontology Program
August 13, 1986

THE DEPARTMENT OF HEALTH STRONGLY ENDORSES THE RECOMMENDATIONS DEVELOPED BY THE NEW JERSEY ADVISORY COUNCIL ON ELDERLY ABUSE. WE COMMEND THE ADVISORY COUNCIL ON THEIR THOROUGH ANALYSIS OF THE PROBLEM AND THEIR CONCISE AND INSIGHTFUL SOLUTIONS.

WE, AS A SOCIETY HAVE A RESPONSIBILITY TO PROTECT OUR MOST VULNERABLE MEMBERS. WE BELIEVE THAT ADEQUATE SAFEGUARDS EXIST TO PROTECT THE INSTITUTIONALIZED ELDERLY. IT IS NOW TIME TO EXTEND THIS PROTECTION TO THE ELDERLY LIVING IN THE COMMUNITY. WHEN THE RECOMMENDATIONS CONTAINED WITHIN THIS REPORT ARE IMPLEMENTED WE WILL HAVE MADE A SIGNIFICANT ADVANCE TOWARDS ATTAINING THIS GOAL.

I WAS THE DEPARTMENT'S REPRESENTATIVE ON THE ADVISORY COUNCIL. IN OUR MEETINGS, WE FOCUSED ON MANY ISSUES PERTAINING TO ABUSE AND NEGLECT OF THE NON-INSTITUTIONALIZED ELDERLY. I WILL LIMIT MY TESTIMONY TO ADDRESSING THREE OF THE RECOMMENDATIONS.

MANY OTHERS TODAY WILL BE TESTIFYING REGARDING INCIDENTS OF ABUSE AND NEGLECT COMMITTED BY CHILDREN AND SPOUSES OF THE ELDERLY. I WILL FOCUS ON A SIGNIFICANT UNREGULATED GROUP OF CAREGIVERS WHO PROVIDE CARE IN THE HOME FOR A FEE.

IN PARTICULAR WE WOULD LIKE TO EMPHASIZE THE FOLLOWING RECOMMENDATIONS:

- . WE AGREE THAT A NEED EXISTS TO IDENTIFY 1 COORDINATING AGENCY AT THE LOCAL LEVEL AND DESIGNATE THEM WITH THE RESPONSIBILITY FOR PREVENTION, IDENTIFICATION AND TREATMENT OF ELDERLY ABUSE, NEGLECT AND EXPLOITATION. WE CONCUR WITH THE ADVISORY COUNCIL'S RECOMMENDATION THAT THE COUNTY OFFICES ON AGING BE DESIGNATED AS THE LEAD AGENCY.
- . WE BELIEVE THAT THE RECOMMENDATIONS PERTAINING TO PUBLIC AWARENESS AND TRAINING ARE CRUCIAL TO ANY SUCCESSFUL CAMPAIGN AGAINST ABUSE AND NEGLECT. WE MUST EDUCATE THE PUBLIC AND PARTICULARLY FAMILY CAREGIVERS OF THE RESOURCES AVAILABLE IN THE COMMUNITY TO ASSIST CHILDREN AND SPOUSES OF THE ELDERLY IN THEIR ROLE AS CAREGIVER. TOO OFTEN, THOSE MOST IN NEED OF SERVICE, ARE UNAWARE OF COMMUNITY RESOURCES. LIKEWISE, WE SUPPORT THE NEED FOR THE DIVISION ON AGING TO DEVELOP AND IMPLEMENT A STANDARDIZED TRAINING PROGRAM FOR A WIDE VARIETY OF PROFESSIONALS.
- . IT IS ESSENTIAL THAT FUNDS BE APPROPRIATED TO IMPLEMENT THE RECOMMENDATIONS CONTAINED WITH THIS REPORT.

ONE OF MY RESPONSIBILITIES IS TO OPERATE THE CERTIFICATION PROGRAM FOR HOMEMAKER-HOME HEALTH AIDES. OVER THE PAST FEW YEARS WE HAVE SUSPECTED THAT ABUSE AND NEGLECT OCCURS AMONG THE ELDERLY AT HOME. ON OCCASION AN ELDERLY PERSON WOULD CONTACT OUR OFFICE TO COMPLAIN OF INADEQUATE CARE, PHYSICAL ATTACKS, EXTORTION, OR INTIMIDATION THAT THEY HAVE BEEN SUBJECTED TO BY PERSONNEL FROM TEMPORARY EMPLOYMENT AGENCIES OR HOMEMAKER-HOME HEALTH AIDES WHO ARE NOT AFFILIATED WITH ANY AGENCY.

20x

THE EXISTENCE OF A PROBLEM REGARDING HEALTH CARE CAN RESULT IN CONFLICT FOR THE ELDERLY CONSUMER. FAMILIES AND INDIVIDUALS ARE OFTEN VERY DEPENDENT ON THE CONTINUED PROVISION OF HEALTH SERVICES IN THEIR HOME AND MANY ARE THEREFORE RELUCTANT TO OR FEAR REPORTING INADEQUACIES OR LIMITATIONS IN THE CARE RECEIVED. AT THE PRESENT TIME, THERE IS NO FOCAL POINT FOR DEALING WITH CONSUMER PROBLEMS INVOLVING THOSE PERSONNEL PROVIDING CARE IN THE HOME FOR A FEE.

THE FOLLOWING ILLUSTRATES SOME OF THE ABUSE AND NEGLECT COMPLAINTS THAT HAVE BEEN REPORTED TO OUR OFFICE:

MERCER COUNTY: CERTIFIED HOMEMAKER-HOME HEALTH AIDE NOT WORKING FOR AN AGENCY.

THE PATIENT WAS A 77 YEAR OLD WOMAN WITH A HISTORY OF DIABETES, CANCER AND ARTERIOSCLEROSIS, WHO WAS UNABLE TO COMMUNICATE INTELLIGENTLY. THE PATIENT'S DAUGHTER ASKED THE AIDE UPON EMPLOYMENT IF SHE WOULD AGREE TO GIVE HER MOTHER INSULIN INJECTIONS. THE AIDE AGREED AND ASSURED THE DAUGHTER THAT SHE HAD LEARNED TO ADMINISTER INJECTIONS. THE INSULIN TO BE INJECTED WAS NOT PRE-MEASURED OR PLACED IN SYRINGES. ONE MONTH LATER THE ELDERLY PATIENT WAS TREATED IN THE EMERGENCY ROOM OF HELENE FULD MEDICAL CENTER FOR DIABETIC SHOCK. THE AIDE WAS SELF-EMPLOYED AND DID NOT WORK UNDER THE SUPERVISION OF A REGISTERED NURSE.

HUDSON COUNTY: CERTIFIED HOMEMAKER-HOME HEALTH AIDE NOT WORKING
FOR AN AGENCY.

THE PATIENT WAS A 85-YEAR-OLD WOMAN WITH PARKINSON'S DISEASE,
DIABETES AND HYPERTENSION, WHO WAS DISCOVERED BY A VISITING
NURSE WITH A BLACK EYE, BRUISES AND OTHER MARKS ON HER BODY. SHE
WAS FOUND IN A EXTREMELY NEGLECTFUL CONDITION, DESPITE A 24
HOUR LIVE-IN HOMEMAKER, WHO HAD BEEN HIRED PRIVATELY. THE WOMAN
WAS TOTALLY BEDRIDDEN, CONFUSED AND LAYING IN A FETAL POSITION.

UPON HOSPITALIZATION, SHE WAS FOUND TO BE DEHYDRATED, ANEMIC, AND
TO HAVE THREE DECUBITI (BED SORES) ONE OF WHICH WAS INFECTED.
THE ELDERLY WOMAN WAS SUBSEQUENTLY TRANSFERRED TO A NURSING
HOME AND THE HUDSON COUNTY PROSECUTOR'S OFFICE AWARDED GUARDIAN-
SHIP.

ESSEX COUNTY: UNCERTIFIED HOMEMAKER-HOME HEALTH AIDE FROM AN
AGENCY NOT REGULATED BY THE DEPARTMENT OF HEALTH.

THE FOLLOWING IS FROM A COMPLAINT WE RECEIVED DATED JUNE 11, 1986:
"MY MOTHER... HAS HAD TERMINAL BRAIN CANCER FOR THE PAST THREE
YEARS. AFTER TWO OPERATIONS SHE IS NOW IN THE FINAL STAGES OF
CANCER. SHE IS PARALYZED, UNABLE TO FUNCTION AT ALL ON HER OWN,
CONFINED TO BED, AND SOMETIMES GETS HER FACTS MIXED UP WHEN
COMMUNICATING WITH PEOPLE. HOWEVER, THERE ARE MANY DAYS WHEN
SHE IS VERY BRIGHT, COMMUNICATIVE AND ABLE TO UNDERSTAND EXACTLY
WHAT IS GOING ON AROUND HER.

THE ELDERLY WOMAN WANTED TO LIVE IN HER OWN HOME SO THE FAMILY HIRED A 24 HOUR LIVE-IN FROM A TEMPORARY EMPLOYMENT AGENCY. THE FAMILY RECEIVED COMPLAINTS FROM NEIGHBORS INDICATING THAT THE "AIDE'S" BOYFRIEND WAS STAYING OVERNIGHT CONTRARY TO THE FAMILY'S INSTRUCTIONS.

"WE ENTERED MY MOTHER'S HOUSE, WITH 3 POLICE OFFICERS AT APPROXIMATELY 3:00 A.M. AND WE FOUND (THE AIDE) AND HER BOYFRIEND, IN BED, ... ASLEEP TOGETHER. MY MOTHER'S BEDROOM DOOR HAD BEEN CLOSED SHUT, NO WINDOW OPEN. IT WAS ABOUT 100° IN THERE ACCORDING TO THE THERMOSTAT IN HER BEDROOM ... IF SHE HAD CALLED OUT DURING THE NIGHT FOR A SEIZURE (SHE DOES CALL FOR HELP), NO ONE COULD HAVE HEARD HER SINCE HER VOICE IS VERY WEAK ... THE HOUSE WAS NOT ONLY DIRTY IT WAS FILTHY, MY MOTHER WAS IN A DIRTY AND WET DIAPER."

"THE NEXT DAY, JUNE 10, 1986, WHEN WE HIRED AN R.N. AND WE HELPED CHANGE MY MOTHERS BED, WE FOUND THE SHEETS STAINED WITH URINE WHICH WE COULD NOT EVEN WASH OUT. IT OBVIOUSLY HADN'T BEEN CHANGED IN DAYS. WE FOUND CRUSTED DIRT UNDER HER BREASTS FROM LACK OF WASHING THERE, BED SORES WERE BEYOND HEALING FOR LACK OF USING AND PRESCRIBING THE RIGHT MEDICINE, AND HER GENERAL PHYSICAL CONDITION WAS TOTALLY IN NEGLECT."

"THIS IS A CASE OF GROSS NEGLIGENCE ON THE PART OF (THE AGENCY). I UNDERSTAND THE AIDES ARE TO BE CHECKED UPON ONCE IN A WHILE BUT NO ONE, AT ANY TIME EVER CAME TO MY MOTHER'S HOUSE TO CHECK ON (THE AIDE)."

BERGEN COUNTY: CERTIFIED HOMEMAKER-HOME HEALTH AIDE NOT WORKING
FOR AN AGENCY

"MY MOTHER HAD A STROKE WHICH WEAKENED HER RIGHT LEG, ARM AND SPEECH. I WORK AND HAD TO FIND SOMEONE TO WATCH OVER HER. I HAPPENED TO SEE AN AD IN THE BERGEN NEWS. I WAS LUCKY TO HAVE MY OFFICE ON THE SECOND FLOOR OF WHERE I LIVE, I KEPT GOING UP AND DOWN STAIRS TO SEE WHAT WAS HAPPENING. THIS WOMAN BARELY FED MY MOTHER. SHE IMMEDIATELY PUT RESTRAINTS ON HER. AROUND HER WAIST AND THEN TIED HER HANDS TO THE BED. MY MOTHER CRIED, BUT SHE TOLD ME THAT SHE HAD TO DO THIS SO THAT MOM WOULD NOT FALL. IN THE MEANTIME, EVERYTIME I LOOKED OUT OF THE WINDOW I WOULD SEE THIS WOMAN OUT ON THE PORCH SMOKING. THIS WAS THE REAL REASON FOR TYING HER, SO THAT SHE COULD ATTEND TO HER NEEDS AND NOT MY MOTHER. I WOULD SEE HER BRING FOOD TO MOTHER AND TAKE IT AWAY AS IT WENT IN. SHE NEVER SAT WITH MOTHER, NOR DID SHE ATTEMPT TO GIVE HER ANYTHING (LIQUIDS ETC.) IN BETWEEN. I MADE MOTHER'S DINNER AND FED HER."

THESE EXAMPLES ILLUSTRATE A SIGNIFICANT GAP IN THE DEPARTMENT'S REGULATORY AUTHORITY OVER AGENCIES PROVIDING HEALTH CARE IN THE HOME. AT THE PRESENT TIME ONLY HOME HEALTH AGENCIES ARE LICENSED BY THE DEPARTMENT OF HEALTH. THE 64 HOME HEALTH AGENCIES, WHICH ARE CERTIFIED FOR MEDICARE REIMBURSEMENT, RECEIVE ANNUAL LICENSURE INSPECTIONS BASED UPON STRINGENT QUALITY OF CARE STANDARDS.

24x

IN ADDITION TO THE ABOVE LICENSED AGENCIES, THERE ARE TWO OTHER PROVIDER GROUPS PROVIDING HEALTH CARE IN THE HOME. THERE ARE 21 VOLUNTARY HOMEMAKER AGENCIES WHICH MEET STANDARDS SET BY THEIR ASSOCIATION THE HOME CARE COUNCIL. THE SECOND PROVIDER GROUP INCLUDES APPROXIMATELY 200 TEMPORARY HELP SERVICE AGENCIES OR PRIVATE EMPLOYMENT AGENCIES THAT PROVIDE HOMEMAKERS, HOME HEALTH AIDES OR PRIVATE DUTY NURSES. ALL OF THESE AGENCIES MUST BE REGISTERED AS STAFFING AGENCIES WITH THE DEPARTMENT OF LAW AND PUBLIC SAFETY, DIVISION OF CONSUMER AFFAIRS. REGULATIONS PERTAINING TO THESE AGENCIES ESSENTIALLY GOVERN BUSINESS PRACTICES AND DO NOT ADDRESS QUALITY OF CARE STANDARDS. AT THE PRESENT TIME THE DEPARTMENT OF HEALTH HAS NO AUTHORITY TO IMPOSE PENALTIES OVER THESE AGENCIES FOR INAPPROPRIATE PATIENT CARE.

WE BELIEVE THAT ALL PERSONS FUNCTIONING IN THE CAPACITY AS A HOMEMAKER-HOME HEALTH AIDE MUST COMPLETE AN APPROVED TRAINING COURSE AND BE CERTIFIED BY THE DEPARTMENT. FURTHERMORE ALL AIDES MUST WORK UNDER THE SUPERVISION OF A PROFESSIONAL. FINALLY, PATIENT CARE STANDARDS MUST BE DEVELOPED FOR ALL AGENCIES PROVIDING HEALTH CARE SERVICES IN THE HOME.

WE HAVE BEEN WORKING CLOSELY WITH THE DEPARTMENTS OF LAW AND PUBLIC SAFETY, HUMAN SERVICES AND COMMUNITY AFFAIRS (DIVISION ON AGING) TO DEVELOP AN APPROPRIATE SOLUTION. WE ENVISION THAT THE RESPONSE WILL ENTAIL A RESTRUCTURING OF OUR PRESENT REGULATORY APPROACH WITH A MINIMAL SET OF LICENSING CRITERIA. THESE CRITERIA WOULD INCORPORATE QUALITY OF CARE STANDARDS AND REQUIRE ALL AIDES TO BE CERTIFIED AND WORKING UNDER APPROPRIATE SUPERVISION.

FINALLY, I WOULD LIKE TO INFORM YOU OF THE DEPARTMENT'S ROLE IN INVESTIGATING ABUSE AND NEGLECT IN HEALTH CARE FACILITIES THAT WE LICENSE.

THE DEPARTMENT OF HEALTH'S DIVISION OF HEALTH FACILITIES EVALUATIONS AND LICENSING SERVES A DUAL ROLE IN RESPONDING TO ALLEGATIONS OF SUSPECTED ABUSE OR EXPLOITATION OF THE ELDERLY. ALLEGATIONS OF ABUSE GENERALLY COME TO THE DIVISION IN THE FORM OF A COMPLAINT RELATIVE TO THE SERVICES PROVIDED IN THE HEALTH CARE FACILITIES LICENSED BY THE DEPARTMENT.

IF AN ALLEGATION PERTAINS TO SUSPECTED ABUSE IN AN ACUTE CARE HOSPITAL, THE INVESTIGATION IS CONDUCTED BY DIVISION STAFF. EACH ALLEGATION AND THE RESULTS OF THE INVESTIGATION ARE REPORTED TO THE DIVISION OF CRIMINAL JUSTICE.

WHEN THE ALLEGATION INVOLVES AN INDIVIDUAL OVER AGE 60 RESIDING IN A LICENSED HEALTH CARE FACILITY OTHER THAN AN ACUTE CARE HOSPITAL, THE INFORMATION IS REFERRED IMMEDIATELY TO THE OFFICE OF THE OMBUDSMAN FOR THE INSTITUTIONALIZED ELDERLY.

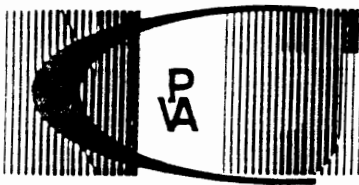
THE OMBUDSMAN'S OFFICE, BY VIRTUE OF ITS ENABLING LEGISLATION INVESTIGATES ALL ALLEGATIONS OF SUSPECTED ABUSE OR EXPLOITATION OF THE ELDERLY RESIDING IN LICENSED HEALTH CARE FACILITIES.

IF THE RESULTING INVESTIGATION BY THE OFFICE OF THE OMBUDSMAN IDENTIFIES A VIOLATION FOR A LICENSING REGULATION, THIS INFORMATION IS

IN TURN, REFERRED TO THE DEPARTMENT OF HEALTH FOR ENFORCEMENT AND APPROPRIATE SANCTIONS AGAINST THE LICENSED HEALTH CARE FACILITY.

THE DEPARTMENT OF HEALTH AND THE OFFICE OF THE OMBUDSMAN WORK COOPERATIVELY TO PROTECT ELDERLY CITIZENS OF NEW JERSEY RESIDING IN LICENSED HEALTH CARE FACILITIES.

THE RECOMMENDATIONS OF THE ADVISORY COUNCIL EXTEND THE SAME PROTECTION TO THE ENTIRE ELDERLY POPULATION AND SIGNIFICANTLY STRENGTHEN THE PROCESS BY DESIGNATING A SINGLE AGENCY TO COORDINATE ALL EFFORTS.



The New Jersey
Coalition For the Protection Of Vulnerable Adults
P.O. Box 936, Somerville, New Jersey 08876

Senate Committee on Aging

Public Hearing

August 13th, 1986

Presented by:

Cornelia B. Thum, Chairperson

Thank you for the opportunity to present testimony at this Public Hearing and present our organization's thoughts on legislation pursuant to the Report of the New Jersey Advisory Council on Elderly Abuse.

In the State of New Jersey a significant portion of the general population may be viewed as vulnerable adults. These individuals present a variety of unique needs which often cannot be met by existing family and community resources.

In the State of New Jersey there is no comprehensive legislation to protect these vulnerable adults. Instead what exists are fragmented federal, state and local social policies and programs. It is significant that the Senate Committee on Aging is interested in proposing a legislative remedy to this situation.

The Coalition, which is comprised of representatives of state and county agencies, local private agencies, and academia, offered their collective thoughts to the Governor's Advisory Council on Elderly Abuse regarding legislation. Our recommendations are noted in the following statement:

COMPONENTS NECESSARY FOR COMPREHENSIVE
ADULT PROTECTIVE SERVICES LEGISLATION

The New Jersey Coalition supports the following:

1. Coverage under the law should be for adults 18 years of age and older, not just the elderly.

Reason: All adults are entitled to protective services. The development of parallel or separate service systems for persons over and under age 60 would be prevented.

2. The target population should be specifically focused on adults who are subject to abuse, neglect, or exploitation, including individuals who are self-neglecting, and:

- a) are a danger to themselves or others, or
- b) willing to accept services

Reason: A carefully defined target population limits the authority of the public agency to those situations where adults are unable to protect themselves.

- 3. The focus of the law should be on making protective services available to community residents which include residents of boarding homes, rooming houses and residential health care facilities.

Reason: Protective services are already available to persons residing in institutional settings through the Office of the Ombudsman, the Office of the Public Advocate, and others.

- 4. The County Welfare Agencies (CWA) should be responsible to receive and act on reports of abuse, neglect, or exploitation. The Department of Human Services (DHS) and the CWA's should make every effort to integrate existing services in implementing the law.

Reason: The CWA's are the most appropriate vehicle because: a statewide network is already in place; protective services for boarding home residents are already under the jurisdiction of the CWA's; and a broad variety of generic services are available.

- 5. a) Reporting should be required of professional persons in the course of their employment, with fiscal sanctions for failure to report. Other citizens should be encouraged to report, but not subject to sanctions. A time frame for reporting should be established.

Reason: It would be inappropriate to hold the general public legally responsible for determining the need for protective services.

- b) Confidentiality: All reports should be held confidential. Reporters should have immunity from any civil or criminal liability. An expungement process for unsubstantiated reports should be available on appeal.

Reason: Lack of this protection would be a deterrent to reporting.

- c) 24-hour response: The Department of Human Services should maintain a 24-hour hotline and a central registry.

Reason: Delay in reporting could adversely affect the person in need of protective services.

6. County Welfare Agencies should be enabled to respond to reports with full support of the law. This response should include access to the person reported in need of protection, and access to collateral information from other agencies, financial institutions, and individuals. Assistance from local police should be available.

Reason: Investigatory authority needs to be clearly set forth to allow the agency a quick response in assessing risk to the individual.

7. To protect the civil rights of individuals, all involuntary services must be court ordered, short term, and used only when there is risk of imminent death or serious harm. Provision for notifying the adult in need of protection of court action is necessary. The adult in need of protection must have a right to counsel.

Reason: A short-term emergency court order meets the need for protection while upholding civil rights.

8. The court should have the authority to authorize payment for services on behalf of an adult in need of protection from the adult's estate, when resources are available.

Reason: Public funds should be targeted to those individuals who are unable to purchase needed services.

9. A community review process of involuntary services should be available in adult protective services. The development of community review boards, similar to current child placement review boards, is recommended to serve three functions. The boards would be available to the court to review petitions for involuntary services, provide a mechanism for periodic review of actions taken by guardians on behalf of their wards, and periodically evaluate the continuing need for guardianship.

Reason: The review board would serve as an administrative aid to the court to protect the civil rights of individuals. It would provide a needed mechanism for follow-up and review which does not exist in the currently overburdened court system.

10. A realistic appropriation needs to be attached to any adult protective services legislation.

Reason: The present level of social services funding is not sufficient to meet the expanded needs of a new target population. The mandatory reporting provision of the law will significantly increase the number of referrals. The passage of an adult protection law will require the development of new services.

In summary, the Coalition respectfully urges that any Legislation be comprehensive to encompass all adults. If that were to be accomplished, it makes sense to place responsibility for monitoring, setting standards, and policy making to be placed within the Department of Human Services.

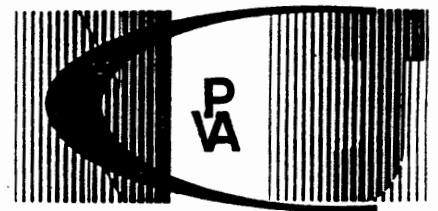
This would then accomplish a remedy to a long overdue need for comprehensive adult protective services legislation in New Jersey.

**Current members of the coalition
come from the following settings:**

**Academia
Advocacy Groups
County Boards of Social Services
County Protective Service
Coalitions
Home Health Agencies
Hospitals
Legal Service Agencies
Local and County Offices On
Aging
Mental Health Agencies
Multi-Service Programs
New Jersey State Government
Private Citizens
Senior Citizens Groups**

**NEW JERSEY COALITION
FOR THE
PROTECTION
OF VULNERABLE ADULTS
Est. 1982**

A group of consumers,
professionals, and other
concerned individuals
dedicated to advocacy
on behalf of vulnerable
adults in New Jersey.



P.O. Box 936
Somerville, New Jersey 08876

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THE COALITION SEEKS TO DO THE FOLLOWING:

1. Inform the citizens of our state, elected officials, government and social service agencies, and the media of the unique problems of the vulnerable adult.
2. Analyze current legislation and policy in order to initiate recommendations for state action.
3. Provide a forum where citizens, consumers, professionals and others may meet to discuss their concerns about the needs of vulnerable adults and generate appropriate action.
4. Advocate for all adults over 18 years of age in the areas of administrative, legislative and judicial policy leading to improved service delivery.

PAST AND CONTINUING ACTIVITIES:

- Co-sponsorship of the annual Kean College Adult Protective Services Institute.
- Production of an Adult Protective Services slide presentation to be used throughout the state for community awareness and education.
- Membership on the Governor's Advisory Council on Elder Abuse.
- Development of a position paper concerning comprehensive service legislation.
- Relevant speakers invited periodically to inform group re: topics of common interest.



The Coalition meets on the second Wednesday of every month at 10:00 a.m., at a Central N.J. location.

For further information, please write, or call:

Cornelia Thum
201-526-8800

or

Karin Sanwald
609-757-6506

33x



Middlesex County Child Adult Protection Coalition

P.O. Box 1052, New Brunswick, New Jersey 08901

Senate Committee on Aging: Public Hearing on the Issue of Elderly Abuse

Wednesday, August 13, 1986

This testimony regarding the recommendations of the New Jersey Advisory Council on Elderly Abuse is the position of the Adult Committee of the Middlesex County Child/Adult Protection Coalition. We commend Governor Kean and his Advisory Council on their diligent efforts to address the issues concerning elderly abuse. The provision of protective services to vulnerable adults is a difficult task, having legal, ethical, and fiscal ramifications. In order to enact any type of legislation around this issue, legislators must be able to rely on input from those providers who have first hand experience with these cases. The Adult Committee of our Middlesex County Child/Adult Protection Coalition has a wealth of experience and would like to share it with you.

The Middlesex County Child/Adult Protection Coalition was formed in 1981 and consists of two committees, the Child Committee and the Adult Committee. Members of the Adult Committee represent 25 agencies in Middlesex County: (See attached) The Coalition's primary goal is to foster the prevention and alleviation of abuse and neglect in Middlesex County. Member agencies are committed to the protection of vulnerable and endangered adults (over age 18) from the following philosophical perspective. Our goal is:

- A. to provide quality services primarily through creative and flexible casework strategies, sharing responsibility and expertise through formal and informal channels.
- B. to assist clients who wish to remain in their homes to do so as long as possible, utilizing community-based services until institutionalization is the only feasible solution.
- C. to protect the client's right to self-determination and the maintenance of his/her preferred lifestyle. This includes the right to refuse needed services, the right to die at home, the right to determine lifestyle even in the face of risks, and the right to decide goals despite impairment and poor judgment unless incompetence has been determined by the courts.
- D. to maintain existing family and other support systems by utilizing the least restrictive and intrusive service alternatives, respecting and extending the personal and family strengths which have sustained the person until this point in their lives.
- E. to give priority to the interests of the client when these come into conflict with community interests. The committee opposes mandatory reporting of "abuse" of adults in community settings because of its potential use as an agent of social control. The committee will make itself available to educate the community about the rights and needs of vulnerable older adults, especially when there is a point of conflict between individual and community interests.

Abuse and neglect of the elderly is not a new problem and agencies have been intervening and working toward and in many cases, achieving resolution of these problems for some time. The work on Adult Protective Services in Middlesex County has taken the form of establishing programs using cooperative efforts of member agencies. This work resulted in the Adult Protective Services Initiative, a one year United Way Venture Grant, which was coordinated by Visiting Nurses Association in cooperation with seven member agencies. This grant was the beginning of a comprehensive approach to adult protective services in Middlesex County. Upon termination of Adult Protective Services Initiative in March 1986, The Division of Youth and Family Services funded Adult Intervention Project at the Middlesex County Board of Social Services which is basically a continuation of the established network, utilizing a Central Registry for effective case planning. Our goal is to provide the most amount of service in the least restrictive way, without duplication. We believe in using funding to the best advantage of client - that means not duplicating services on the county level, and on the state level not creating duplicate systems which require expenditure of funds for beaurocratic structures rather than for services.

Many agencies are providing a range of services that comprise "protective services," from assessment, family counseling, legal aid, case management, to placement in a nursing home. They have the mandate to do so from legislation that establishes their program and provides their funding including the Community Mental Health Centers Act, The Old Americans Act, Title XX of the Social Security Act. We find that the cases involving abuse and neglect situations in which we must intervene, require a great amount of expertise, time and service. We need greater access for vulnerable clients to increased and additional services.

In order to illustrate our position on legislation, we will follow the format submitted by the Governor's Advisory Council. Our recommendations will be substantiated by our own data and expertise of the many agencies associated with our committee.

I. AGE GROUP TO BE SERVED

Although we realize that the Advisory Council was to address elderly abuse, it is our experience that adults may become vulnerable at any age due to similar factors which include loss of ability for self care, mental and/or physical impairment, accute stress on a caretaker, isolation from support systems, and unavailability of needed services. For example:

- a. A 55 year old man suffering from Alzheimers Disease living alone found wandering.
- b. A 49 year old women with Multiple Sclerosis and psychological problems, confined to a wheelchair, combative with caretaker, in danger of eviction.
- c. A 56 year old man confined to wheelchair due to rheumatoid arthritis unable to maintain his own hygiene, living in unhealthy unsanitary conditions.

The Adult Committee recommends that the issue of vulnerable adults under 60 be also addressed. We also urge that whatever agency is designated to implement a protective service program, be able to service all adults above age 18. Our fear is a duplicate system being set up that would waste administrative funding and fragment services. We believe the same kinds of services offered to prevent abuse, neglect, exploitation, and self neglect in elderly should be available to all those who need them, regardless of age.

II. ELDERLY ABUSE DEFINED

Again, we must stress that adults of all ages may become vulnerable to physical, psychological and financial abuse as well as neglect and self neglect. From our case studies, we can conclude that many more elderly are being neglected as opposed to being physically abused through actual physical assault. It must be noted that in many cases in which we intervened, use of the elder's finances for their care vis a vis the family's need to use the finances for other purposes was an issue.

The health problems experienced by the elderly have also been observed by our members to be a contributing factor to the increased stress on the family which in turn, contributes to the abuse or neglect or increases the potential for abuse. In most of the cases, the physical and mental condition of the elders is very fragile, limiting their ability not only to care for themselves but to initiate outside contact to secure help, as well. The existence of health problems requiring medical care or at least, medical supervision and help with physical care is a key factor in increasing the elder's risk of abuse/neglect and making their need for assistance more critical.

III. MANDATORY REPORTING

As stated previously, the Adult Committee of Middlesex County Child Adult Protection Coalition does not favor mandatory reporting. We feel that instead we must concentrate on finding preventive approaches and solutions to these problems. We must make services more accessible to elders and their families, rather than alienating those very families with which we must work. This is especially important when working with frail elderly who in many cases, wish to continue to remain in their own homes and continue to live with or near their families.

We would like to see efforts go into the direction of public awareness and education on the issues backed up with a comprehensive coordinated program of adequately funded services. Once this is in place, reporting will occur voluntarily.

IV. ACCESS BY PUBLIC AND SOCIAL SERVICE AGENCIES

In our present practice we have found few occasions when we were not able to gain access. Again, we believe that creative casework by trained professionals usually will lead to client access. In cases where we feel efforts to protect the vulnerable person has failed, we will involve the police. Our fear in the legislation of mandatory reporting is the abuse by agencies: using the law as an easy way out, without respect for the civil rights of the client.

V. PUBLIC AWARENESS/TRAINING

We strongly support a Public Awareness/Education Program to define the problem and sensitize people to the issues of the vulnerable adult. We also believe that training professionals is of utmost importance to be able to perform the tasks involved in this kind of work.

VI. CENTRAL ADMINISTRATIVE AGENCY

We in Middlesex County have a cooperative system in place using a Central Registry for client tracking and case coordination. We believe that any agency designated to run a Protective Service Program must be able to address the issues of abuse neglect for ALL adults so that in the future when a committee studies the needs of the 18 - 60 year old population at risk, a duplicate system in a separate agency will not have to be established.

VII. SERVICES

The nature of abuse/neglect situations are not only very complicated but each one is unique. This demands that corresponding solutions to the situations must also be unique. At least there must be available to the vulnerable person a broad range of services and resources to draw upon. This would include:

1. Sheltered Care When a vulnerable adult must be removed from a dangerous situation, it is necessary to have a bed available in an appropriate facility. The frail condition of many of the adults in this situation necessitates placement in an environment that can provide temporary shelter, supervision and access to emergency medical care, if necessary. Less frail older adults may need to secure other temporary housing.
2. Chore Services To restore or maintain an acceptable standard of living of clients' physical environment, it may be necessary to provide housekeeping, maintenance, and other chore services unique to protective service cases.
3. Respite Care Respite for the caregiver may be provided through temporary placement of the elder in an institution or assignment of a skilled aide to the home.
4. Live-in Homemaker Services Live-in care will be needed in some cases, both for emergency and long term situations.
5. In-Home Psychiatric/Medical Services When the situation requires a psychiatric medical evaluation and the physical and/or mental condition of the adult makes it impossible to obtain it by any other means, it becomes necessary to bring this service in the client's home. Should competency be an issue and/or in the event legal proceedings become necessary, the availability of the psychiatrist in the case will be required.
6. Home Repair Services When the safety of the person is endangered and volunteer sources cannot be found it may be necessary to purchase these services.
7. Home Health Aide Care The committee recognizes that, due to the critical nature and intensity of the problems in protective service cases, home health aides with special training and skills are needed. These situations must be given priority for home health aide placement and the placement procedure must be expedited.

8. Timeliness and Availability of Services Additional home delivered meals are needed in certain areas of the County with the flexibility to purchase these meals on an as needed basis. Regulations regarding access to such services must be streamlined and as flexible as possible. If it is determined that person in frail health is being neglected and is in need of nursing home placement, a bed must be obtained as soon as possible. To expect a person in such condition to wait even 2 or 3 weeks is inhumane. The same case can be made for any in-home services as well - if a comprehensive assessment has been made and homecare services are needed to alleviate a dangerous situation, they must be available as soon as possible. This may necessitate an agreement among service providers to accept or share intake and assessment procedures for example, and to agree to give priority to situations that meet an agreed upon definition of abuse/neglect.
9. Funding We are concerned about the lack of adequate funding for home health care as well as recent medicare denials for social work, nursing, home health, and transportation services. The DRG system in the hospitals often results in premature discharge of a frail patient to the community without adequate supports. In considering funding, legislators must take this into account. We urge that funding be allocated for purchase of services rather than to set up a new system.

Thank you for your consideration of our comments regarding legislation for prevention of abuse and neglect of our vulnerable citizens. If you would like any data collected regarding adult protective services from A.P.S.I. project or the Adult Intervention Project, please do not hesitate to contact the Coalition.

Prepared by
Susan Castano, M.SW, A.C.S.W.
Chairperson
Adult Committee
Middlesex County Child Adult Protection Coali

SC:vp

38x

PLACE
STAMP
HERE

AFFILIATED AGENCIES

xbc
Middlesex County Child/Adult
Protection Coalition
Post Office Box 1052
New Brunswick, New Jersey 08903

Catholic Welfare Bureau
CMHC-Rutgers Medical School, University of Medicine and Dentistry of New Jersey
Community Outreach Program for Senior Adults (COPSA)
Division of Youth and Family Services of New Jersey
Douglass Advisory Services for Women
East Brunswick Senior Center
Family Services Association of Middlesex County
Jewish Family Services of Raritan Valley
Jewish Family Services of Northern Middlesex County
John Adams PTA-Redmond Street, No. Brunswick
John F. Kennedy Medical Center
Madison Avenue Day Care Center
Middlesex County Board of Social Services
Middlesex County Department of Human Services
Middlesex County Economic Opportunities Corp.
Middlesex County Head Start
Middlesex County Mental Health Administration
Middlesex County Juvenile Aid Officers Association
Middlesex County Juvenile and Domestic Relations Court
Middlesex County Legal Services Corporation
Middlesex County Office on Aging
Middlesex County Prosecutor's Office
Middlesex County Superintendent of Schools
Middlesex General University Hospital
New Brunswick Senior Resource Center
North Brunswick Township Department of Human Services
Open Door Alcoholism Program
Perth Amboy General Hospital
Piscataway Township Police Department - Juvenile Division
Planned Parenthood of Middlesex County
Puerto Rican Action Board
Puerto Rican Association for Human Development, Incorporated
Raritan Bay Community Mental Health Center
Retired Senior Volunteer Program of Central Jersey (RSVP)
St. Peter's Medical Center
South Amboy Memorial Hospital
Supportive Parent Aide Network (SPAN)
Middlesex County College
Visiting Homemaker - Home Health Aide Service of Middlesex County
Visiting Nurses Association of Middlesex County
Voluntary Action Center of Middlesex County
Women Aware, Incorporated
Women Helping Women
Woodbridge Multi-service Program on Aging
YWCA of Central Jersey

*We Also Welcome
Individual Membership*



Middlesex County

Child Adult Protection Coalition

est. 1981

WHO WE ARE

The Middlesex County Child/Adult Protection Coalition is composed of volunteers and representatives of service providing organizations and agencies in the county. Its primary goal is to foster prevention and alleviation of abuse and neglect in Middlesex County, recognizing that abuse and neglect is cyclical and continually impacts on individuals throughout their lives.

HOW DO YOU CONTACT US?

VOLUNTARY ACTION CENTER

AT
249-8910
MONDAY - FRIDAY
9:00 A.M. - 5:00 P.M.
OR WRITE TO:

Middlesex County Child/Adult
Protection Coalition
Post Office Box 1052
New Brunswick, New Jersey 08903

The Coalition meets quarterly - please call for time and location.

ADULT AND CHILD COMMITTEES

These committees meet monthly to assess service needs and exchange resources/information for each specific population. Projects are developed, speakers invited, and cases presented for discussion. Please call for more information.

WHAT WE DO

1. Promote cooperation and coordination among the Middlesex County organizations, agencies and individuals who are engaged in the delivery of services to prevent abuse and neglect.
2. Further public awareness on the issues and encourage the development of resources for the prevention and alleviation of abuse and neglect.
3. Advocate for the implementation of laws and services for the protection of children and adults.
4. Provide technical assistance to improve programs for the prevention, identification, referral, and treatment of abuse and neglect.
5. Conduct research or factfinding projects deemed necessary to evaluate the adequacy of community resources for abused and neglected individuals.

☐ Yes, I would like to become a member of the MCC/APC. Enclosed please find a check/money order in the amount of \$5.00 for annual dues.

☐ Yes, I would like to be a volunteer for the MCC/APC.

☐ Yes, I would like to be included on the MCC/APC mailing list.

.....
.....

Name _____

Address _____

Organization _____

Telephone # _____

**OCEAN COUNTY TASK FORCE ON SENIOR
VICTIMIZATION AND ELDERLY ABUSE**

1. James SaxtonUnited States House of
Representatives
 James J. HowardUnited States House of
Representatives
 Damian G. MurrayOcean County Freeholder
 James J. ManciniOcean County Freeholder
 Patricia A. HinesOcean County Board of
Social Services, Deputy Director
 William L. PolhemusOcean County Sheriff
 Jack BroganOcean County Sheriff's Department,
Chief Warrant Officer
 George YetmanFirst National Bank of Toms River
 Phil RubensteinOcean County Office on Aging,
Director
 George N. ShigoOcean County Sheriff's Department,
Detective
 James MaddenState Ombudsmans Office for the
Institutionalized Elderly
 Jules L. MindakOcean County Sheriff's Department,
Sergeant
 George TompkinsOcean County Mayor's Association,
Mayor of Seaside Heights
 Kenneth LloydDover Township Police Department,
Bureau of Crime Prevention
 Nathaniel RothAttorney at Law
 Kenneth LeakeOcean County Consumer Affairs
Department, Director
 Michael Patmas, Dr.. . . .Community Memorial Hospital
 Louis BlazikSenior Representative
 William FeirsteinSenior Representative
 Angela ZazzaraSenior Representative
 Marie FosterSenior Representative
 Ann FarrellSenior Representative
 George HaydenSenior Representative
 Helen MackSenior Representative
 Lillian KenterSenior Representative
 Charles Houston.Mayor, Pine Beach
 George Brogan.County Alcoholism Coordinator
 Anne FinneganCoordinator - Women's Commission

OCEAN COUNTY SHERIFF
William L. Polhemus

HOTLINE
(201) - 929 - 2185



**THE OCEAN COUNTY BOARD OF
CHOSEN FREEHOLDERS**

Joseph H. Vicari, Director
 H. George Buckwald, Deputy Director
 John C. Bartlett, Jr.
 James J. Mancini
 Damian G. Murray



**OCEAN COUNTY SHERIFF'S DEPT.
SPECIAL PROJECTS**

Chief Warrant Officer
 Sergeant
 Detective
 Prog. Dev. Asst.
 Detective
 Mascot

Jack Brogan
 Jules L. Mindak
 George N. Shigo
 Nancy J. Comellas
 Kevin Fitzpatrick
 Abigail



Senior
Safeguard

**OCEAN
COUNTY
SHERIFF'S
DEPARTMENT**



Our two most precious resources are our children and our elderly. These are the two ends of the human spectrum of life. They are also the two most vulnerable members of our society. There are many programs today aimed at the prevention of child abuse, but relatively few which deal with the abuse of the elderly. The majority of the programs are geared toward economic, medical, and nutritional sustenance. Our "Senior Safeguard Program" will deal not only with these important issues, but will also address senior abuse, victimization and financial exploitation.

TYPES OF ABUSE

Physical abuse is the most prevalent type of abuse today. This includes not only overt physical acts, but negligence and financial abuse as well. Our seniors are also victims of less obvious abuses, such as violations of their rights and psychological abuse. There are many degrees and variations of these abuses, such as active neglect, passive neglect and self-neglect.

Physical Abuse

The infliction of pain or injury, physical coercion; slapped, bruised, sexually molested, physically restrained.

Psychological Abuse

The infliction of mental anguish; called names, treated as a child, frightened, humiliated, threatened, intimidated or isolated.

Active Neglect

Failure to fulfill obligation of care, including a conscious and intentional attempt to inflict physical or emotional distress on the elder.

Passive Neglect

Failure to fulfill an obligation of care excluding a con-

scious and intentional attempt to inflict physical or emotional distress on the elder.

Financial Abuse

Illegal or improper exploitation and/or use of funds or other resources.

Violation of Rights

Breaching of rights that are guaranteed to all citizens by the Constitution, Federal Statutes, Federal Courts and the States.

Self-Neglect

Self-inflicted physical harm and the failure to take care of one's personal needs.

PREVENTION OF ABUSE

Awareness

We must be aware of the problem of Elder Abuse.

1. Governmental awareness.
2. Sociological awareness.
3. Personal awareness.

Participation

There must be a combined effort on the part of Government, private industry, the Medical and sociological organizations as well as, the elderly's own special interest groups to fight this problem.

CLEARING HOUSE

The Ocean County Sheriff's Dept., Special Projects Unit will work as a referral bureau for the reporting of the different types of Elder Abuse. Our Hotline number will be answered 24 Hours a day, 7 days a week.

ELDERLY ABUSE Some Contributing Factors

Family Hostility and Conflicts

More Family Members in the Work Force

Stress

Illness

Inadequate Income

Unrealistic Demands

Lack of Understanding

Time Commitments

Decreased Capabilities

WE CARE!



DO YOU?



NEW JERSEY STATE LEGISLATIVE COMMITTEE

CHAIRMAN
Mr. Thomas Weber
12 Kent Place
Metuchen, NJ 08840
(201) 548-2886

VICE CHAIRMAN
Mr. John W. Gilbert
15 Sindia Road
Ocean City, NJ 08226
(609) 399-2937

SECRETARY
Mrs. Marie Himes
P.O. Box 1024
Bricktown, NJ 08723
(201) 477-9014

Mr. Chairman, members of the Senate Committee on Aging, my name is Esther Abrams and I live in Princeton, NJ. I am a member of the AARP State Legislative Committee of New Jersey, and am here today representing the Task Force on Legislative Concerns of the New Jersey Commission on Aging, of which the AARP State Legislative Committee is a voting member.

I speak for the Task Force in commending the New Jersey Advisory Council on Elderly Abuse for its very fine report. Our members are in accord with the Council's recommendation that legislation be enacted "which would include services designed to help prevent abuse, to alleviate the suffering of abused elderly and to address the abuser."

National estimates suggest that approximately 4% of elderly population suffer abuse. Given the fact that New Jersey's population age 60 and over is already very large and is still growing dramatically, and that at present as many as 50,000 older citizens in our state may be suffering abuse, certainly there is a growing need for legislation to be enacted and services to be provided that will help the abused.

The Task Force on Legislative Concerns, as an arm of the Commission on Aging, has worked closely with the New Jersey Division on Aging. Our members are aware of the many excellent services provided by the Division on Aging and the County Offices, to New Jersey's elderly citizens. We agree with the Council's recommendation that the lead agencies be the County Offices on Aging, with oversight responsibility assigned to the New Jersey Division on Aging. We feel the target group for Elderly Abuse Prevention Legislation should be age 60 and over.

We are appreciative of the depth of the Council's report and its subsequent recommendation that education is a very necessary ingredient in legislation that would provide complete services---community education as well as that which would help the abuser as well as the abused.

In conclusion the Task Force on Legislative Concerns agrees with the findings of the New Jersey Council on Elderly Abuse and is in support of its recommendations in regard to legislation and implementation.

