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## A COMMUNITY RESPONSE TO COMPLEX ELDER ABUSE CASES ...6

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## WESTCHESTER COUNTY'S MULTIDISCIPLINARY TEAM: **A COMMUNITY RESPONSE TO COMPLEX ELDER ABUSE CASES**

By Malya Kurzweil Levin, Esq. and Joy Solomon, Esq.  
in collaboration with the Westchester County Multidisciplinary Team

Ms. P., a 92-year-old retired teacher lives in the home she and her husband purchased in the 1950s. A widow for more than a decade, Ms. P. continues to be an active member of her Westchester community, singing in the church choir and leading meetings of a local quilting club. Two years ago, Ms. P. is diagnosed with breast cancer. Ms. P's daughter, 55 and suffering with manic-depressive symptoms, returns to her childhood home to care for her mother. Soon, she is helping herself to Ms. P's ATM card and the pain pills her mother

has been prescribed for the side effects of chemotherapy. She screams at her mother with increasing frequency, saying Ms. P. is a burden. Strange bills arrive in the mail, but Ms. P., improperly medicated due to her missing pills, weak from chemotherapy and the psychic burden of her daughter's anger, can't bring herself to open them. She stops attending church and her quilting club. Her friends assume it's because she's ill, until one night, a concerned neighbor hears another round of yells from the house and calls Adult Protective Services.

**A**T THE BEGINNING OF 2012, THE LEADERSHIP of several key organizations realized each was struggling with the same problem: how to appropriately and effectively address complex cases of elder abuse like the one described above. Westchester County has a rich array of governmental and non-profit organizations dedicated to elder abuse prevention and intervention, but historically each agency often found itself unable to provide the support necessary to truly make a lasting difference in the lives of victims like Ms. P.

Elder abuse victims may have medical, legal, mental health, safety planning and case management needs, and professionals within specific disciplines often found

themselves unable to fully assess a client's situation in order to create a comprehensive plan. Clients were frequently receiving services from multiple agencies, without an easy way to communicate with each other about their respective activities and their clients' progress.

"Elder abuse cases are invariably complex and require carefully coordinated services implemented by a diverse array of organizations and professionals in order for interventions to be effective," according to John Befus, Deputy Commissioner of the Westchester County Department of Social Services. "Without a mechanism for different agencies in Westchester to communicate and collaborate, elder abuse victims are at risk for receiving incomplete

or duplicative services."

Based on a successful California model, then District Attorney, now Chief Judge of the NYS Court of Appeals Janet DiFiore suggested the creation of an elder abuse multidisciplinary team (MDT). Since its first meeting in January 2012, the team has worked on nearly a hundred complex elder abuse cases.

"We have supported the creation of this multidisciplinary team since its inception," said Westchester County Executive Robert P. Astorino. "As the name suggests, we are breaking down bureaucratic silos, so we can treat people on a holistic basis: know the full extent of the problem and then put the full complement of our capabilities to work on solutions."

Elder abuse is defined by the Centers of Disease Control and Prevention as an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.<sup>1</sup> Elder abuse can take various forms, and includes physical, psychological, or sexual abuse, neglect, abandonment, and financial exploitation. It can often constitute a crime, but even when it does not, abuse has significant implications for the health and well-being of older adults. A victim of elder abuse is 300% more likely to die<sup>2</sup> and more than twice as likely to use a hospital emergency room as a counterpart who has not been the victim of abuse.<sup>3</sup>

Current data indicates that one out of every 10 people over 60 who live at home in the United States is the victim of abuse, neglect or exploitation.<sup>4</sup> This number has been continuously growing. Indeed, the actual number of elder abuse victims may be significantly higher, given that for every case of elder abuse reported to law enforcement or social services agencies, 23 more go unreported.<sup>5</sup> Financial abuse is particularly rampant, costing older New Yorkers between \$352 million and \$1.5 billion annually.<sup>6</sup>

Elder abuse MDTs have been successful in addressing these complicated issues in communities around the country. An MDT generally consists of a group of professionals representing different agencies, and with different backgrounds and areas of expertise who all work to address elder abuse within the same geographic area. The team meets regularly to discuss emergent complex cases of elder abuse, gathering relevant information and then strategically crafting a multi agency action plan for each client. Subsequent meetings include follow-up discussions in which progress is assessed and the action plan is modified as needed. Through the MDT, professionals who serve the same geographic areas can also ensure they are not duplicating services, thereby providing optimal assistance to the client.

Several key stakeholders in

Westchester County have participated in MDTs since 2012. They include: The Westchester District Attorney's Office; Westchester County's Department of Social Services/Adult Protective Services; the New York State Office of the Attorney General; Westchester County Senior Programs and Services; the Harry and Jeanette Weinberg Center for Elder Abuse Prevention at the Hebrew Home at Riverdale; and the Pace Women's Justice Center. The effort has grown to include a robust array of public and private agency professionals serving Westchester's older adults: community social workers, case managers, physicians, psychologists and mental health professionals, law enforcement officers and lawyers, legal services attorneys, hospital professionals and dementia care experts. Held once a month at the Adult Protective Service office in White Plains, the team has made significant progress in helping victims of elder abuse like Ms. P. receive appropriate and effective services.

Ms. P. was admitted to the hospital, dehydrated and in pain. After she was medically stabilized, the MDT developed a strategic plan to assist and ensure her safety. Civil attorneys visited Ms. P. in the hospital to begin the process of representing Ms. P. in petitioning for an Order of Protection against her daughter. Ms. P. was transferred directly from the hospital to an elder abuse shelter program, where she was able to receive comprehensive medical, legal and therapeutic services. With an Order of Protection, several hours a day of professional home care and ongoing therapeutic support, Ms. P. was able to return home and resume her life as an active and independent member of the community. Her story might have a radically different ending if not for Westchester County's MDT.

"When I represent an elder abuse victim, that victim needs many other types of services – therapeutic, medical, case management, just to name a few – in order for my work to have any lasting impact," says Roberta Goodman, Staff Attorney in

the Pace Women's Justice Center's Elder Justice Unit. "Through the MDT, legal action is a part of a holistic strategic plan implemented by a host of professionals with different types of expertise. This leads to increased success for all agencies and professionals involved, and, most importantly, safer and brighter futures for the older adult victims we serve."

Attorneys interested in learning more about the Multidisciplinary Team and the assistance it provides can contact its coordinator, Malya Levin, Esq., Staff Attorney at the Harry and Jeanette Weinberg Center for Elder Abuse Prevention at the Hebrew Home at Riverdale, at [malya.levin@hebrewhome.org](mailto:malya.levin@hebrewhome.org).

## Endnotes

- 1 Center for Disease Control, *Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements*, 2016.
- 2 Dong X, Simon M, Mendes de Leon C, et al. *Elder self-neglect and abuse and mortality risk in a community-dwelling population*. JAMA. 2009;302(5):517-526.
- 3 Dong, XinQi. *Medical Implications of Elder Abuse and Neglect*. *Clinics in Geriatric Medicine*. 2005; 21.2:293-313.
- 4 United States Departments of Justice, Health and Human Services. *Elder Justice Roadmap Project Report*, pg. 2, 2014.
- 5 Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, New York City Department for the Aging. *Under The Radar: New York State Elder Abuse Prevalence Study*, pg. 2, 2011. Available at: <http://www.ocfs.state.ny.us/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf>. Accessed May 28, 2015.
- 6 New York State Office of Children and Family Services, *The New York State Cost of Financial Exploitation Study*, pg. 12, June 2016.

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