



HB1191- Task Force on Preventing and Countering Elder Abuse

House Judiciary Committee – March 2, 2023

Testimony of Adam Rosenberg, Executive Director, LifeBridge Health Center for Hope

Position: **SUPPORT WITH AMENDMENTS**

---

I write in SUPPORT of HB1191, with friendly amendments. The bill creates a Task Force on Preventing and Countering Elder Abuse to address gaps in Maryland’s laws, such as widening Maryland’s narrow definition of “vulnerable adult” as just those who lack capacity to meet basic needs and the definition of “abuse” as physical only.<sup>1</sup> The unfortunate lived experience of the thousands of older adults in Maryland who silently experience financial, emotional, sexual abuse and harm at the hands of caregivers, family members and others deserve a comprehensive approach to addressing their violence and finding safety.

Center for Hope provides integrated trauma-informed crisis intervention and prevention for over 6,000 patients and community members in the Baltimore region each year who have experienced elder abuse, domestic violence, child abuse, or community gun violence. Center for Hope is a subsidiary of LifeBridge Health, a regional health system comprising Levindale Geriatric Center and Hospital, Sinai Hospital, and Grace Medical Center in Baltimore; Northwest Hospital in Reisterstown; and Carroll Hospital.

**Elder Justice deserves a nationally recognized multidisciplinary model of excellence- including forensic interviews.** Center for Hope’s Elder Justice Program was created over two years ago to provide an evidence-based approach to the growing, but often overlooked, crisis of serious harm caused to older adults. The pilot is based on the 40 year old evidence-based, victim-centered multidisciplinary model which is supported by the US Department of Justice and is followed by over 900 nationally accredited children’s advocacy centers in the U.S.<sup>2</sup> This proven, tested model is also the standard which over 20 child advocacy centers (CAC) in Maryland adhere to and is codified under Md Code, Crim. Proc. §11-928. The Maryland Children’s Alliance is the local chapter of the National Children’s Alliance, providing technical assistance on national standards for the state’s child advocacy centers. For decades, CACs have been the trusted partner of local law enforcement, social services, and prosecutors. Many child advocacy centers, including ours, receive requests from these partners to assist in coordinated investigations in complex cases beyond child abuse, including vulnerable and elder adults.

For the reasons stated below, we suggest the following friendly amendments:

Page 3....the following members appointed by the Governor:

.... (vi) one representative of the Maryland Human Trafficking Task

p. 3 line 25 Force -and

p. 3 line 26 (vii) one member of the Maryland Children’s Alliance

page 4 “In making recommendations under paragraph (1)(ii) of this subsection, the Task Force shall consider

---

<sup>1</sup> Md. Code, Family Law § 14-101

<sup>2</sup> National Children’s Alliance, 2023, <https://www.nationalchildrensalliance.org/cac-model/>

...p. 4, line 16 (vi) evidence-based ways to identify, respond to, report, investigate and prosecute elder abuse

The child advocacy center model is a national best practice that can provide a roadmap for Maryland's future response to elder abuse. CACs regularly convene a multi-disciplinary team of experts, including forensic interviewers, law enforcement, medical experts, mental health professionals, family advocates, prosecutors, and social services professionals to respond to each allegation of child abuse. A **forensic interview**, conducted by a highly trained social worker, elicits a neutral narrative response in a victim's own words. It is digitally recorded and available for this team of professionals, which allows for the client to only have one interview, rather than endure the trauma of repeated interviews across different agencies, and the incur risk of inconsistent or incomplete statements to various investigative bodies.

Advocacy centers also encourage co-location of partners to create efficiencies and helping all team members to achieve each of their legislated mandates in an investigation while keeping the survivor at the center of all efforts.

Upon conclusion of the coordinated interview, all team members gather to discuss next steps in the investigatory and healing process which can include a variety of administrative and civil proceedings, safety planning, caregiver support and resources, counseling, medical services, and prosecution. The forensic interview preserves the survivor's best statement and can be used in a variety of future settings. Ongoing coordination in advocacy center model will prove critical to coordinated provision of services in an older population, especially as memory, health, and availability of witness may decline.

The multidisciplinary model also ensures that the client, victim, and family has access to support and follow up care. This multidisciplinary model, begun in the 1980s, has been proven, tested, and refined over decades and is now approved and funded by the U.S. Department of Justice and supported by decades of research.<sup>3</sup> Two thirds of the nation's counties are now served by a nationally accredited child abuse center. Each center must meet 10 rigorous standards of excellence every 5 years. These standards are re-evaluated by a national body of experts and improved every 5 years as well.<sup>4</sup>

Building on the success of the CAC model, in 2018 Center for Hope extended that same multidisciplinary team approach to our human trafficking response. Our team, working with Maryland Children's Alliance, drafted the state's Child Trafficking Multi-Disciplinary Team guidelines. Center for Hope also serves as the regional navigator for Baltimore's response to human trafficking.

**The multi-disciplinary advocacy center model is a proven and successful strategy** for coordinating many partners all sharing in the interest of finding justice for survivors of elder abuse and violence. Just as the family justice center, hospital response, and trafficking teams have been included in SB797 and

---

<sup>3</sup> See, e.g., Beyond Case Review: The Value of the Role of Team Facilitator in the Multidisciplinary Team/Children's Advocacy Center Model NCJ Number 304305 (September 2021), U.S. Office of Juvenile Justice and Delinquency Prevention

<sup>4</sup> <https://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/>

will be consulted in the quest for a coordinated approach for elder justice, we urge the committee to include a representative of the child advocacy center community to share in their expertise as to what has worked, what can be improved, and how we can leverage existing capacity in Maryland.

**Evidence-based elder justice response.** The Center for Hope has extended the multidisciplinary team response to our elder justice program. Rather than starting with a blank untrained team, we have adapted the model and have trained our team of experts to be able to expand their response for elder and vulnerable abuse justice. Our Baltimore team includes our team of trained forensic interviewers, team coordinators, data analysis, mental health professionals, law enforcement, Baltimore City Department of Health, Baltimore City Department of Adult Protective Services, and medical personnel who convene to review cases related to older and vulnerable adults. This problem-solving team of experts collaborates to identify gaps in services and systemic improvements that will better protect Maryland's senior and vulnerable populations. Team members who address, investigate, and ultimately prosecute these cases will be co-located at Center for Hope. The US Department of Justice continues to also release federal grant opportunities based on this MDT elder justice model to be replicated across the country, including for the expanding field of **forensic interviewing of older adults**.<sup>i</sup>

We support the Task Force's mission, and emphasize that a comprehensive approach to elder abuse should also include the perspective of a model such as a children's advocacy center, as well as the victim-centered approach it embodies. Amendments are suggested above for the inclusion of a member of the Maryland Children's Alliance to participate in this important task force that will define the next important field of victim advocacy in Maryland.

### **Preventing and Countering Elder Abuse Requires More than Prosecution**

The task force is also charged with making recommendations on ways to prosecute elder abuse. A proper response to prevent elder abuse also includes a review of how elder abuse is identified at all levels, and ultimately reported to law enforcement, adult protective services, and other agencies. Prosecution becomes regrettably less effective without a robust reporting mechanism and a strong investigative support system. A review of our state's response to elder abuse should include an examination of mandatory reporting laws on elder abuse, definitions in the family and criminal codes, and a coordinated trauma-informed way to assist older adults. Amendments are suggested below to expand on considerations to ultimately improve prosecution of elder abuse with the inclusion of reporting and investigations.

**For all of these reasons, we request a FAVORABLE SUPPORT of HB1191 with amendments.**

**Adam Rosenberg, Esq.,  
Executive Director, Center for Hope**

[arosenberg@lifebridgehealth.org](mailto:arosenberg@lifebridgehealth.org) (410) 469-4664

---

<sup>i</sup> Elder Justice Initiative PowerPoint: Forensic Interviewing of Older Adults (2015), US Department of Justice, Office for Victims of Crime