Cross Site Evaluation of Four Elder Abuse Forensic Centers

Final Report to the Archstone Foundation
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Final Report Q1-Q8

Introduction

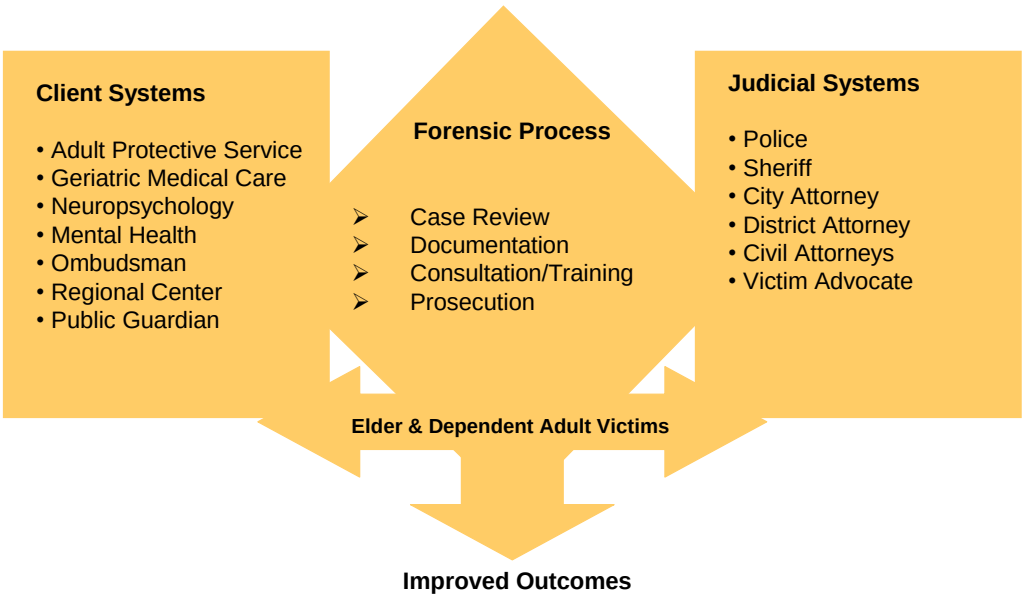
The first Elder Abuse Forensic Center was established in Orange County California in 2003. Since that time three more Centers have been launched throughout California. In January 2011, the four Centers, all of which had received funding under the Archstone Foundation's Elder Abuse Funding Priority, received additional two-year grants from the Archstone Foundation. The University of Southern California was funded to evaluate the four Centers. The main purpose of this cross-Center evaluation is to improve the quality of life of older adults by advancing understanding of a program designed to address elder abuse: the Elder Abuse Forensic Center model.

An Elder Abuse Forensic Center (referred to in this report as the "Center") is a multi-disciplinary team (MDT) that includes participants from social services, criminal justice, and health services (Schneider et al. 2010). Compared to other MDTs in elder abuse, a distinguishing feature is that Centers are staffed full-time, and have the capacity to address cases beyond consulting during scheduled meetings. Centers offer an evidence-based resource to address complex cases of mistreatment of elders and persons with disabilities. Cases may include physical, psychological, financial, neglect, and self-neglect or any combination of these abuse types. By using a team-based approach as a means to reduce fragmentation and improve communication and problem solving, the Centers change the way elder abuse is investigated, mitigated, and prosecuted.

As shown below in the Figure of the Los Angeles Center (Navarro, Wilber, Yonashiro & Schneider; 2010), Centers offer a one-stop setting for professionals from a variety of disciplines. Through weekly face-to-face interactions, team members discuss cases, make recommendations and address problems using a team-based approach. Team members also provide ongoing services (e.g., client assessment, compiling and

reviewing evidence, reviewing medical records, etc.) within their scope of practice and the constraints of their roles and the organizations involved (Schneider, Mosqueda, Falk, & Huba, 2010).

Figure 1. Los Angeles County Elder Abuse Forensic Center Model



The model builds upon an adaptation of Wagner's Chronic Care Model designed to interpret the chronic care services established by the Care Advocate Model (Alkema, et al., 2007).

Building on work by Navarro et al (2010) and Schneider et al (2010) and who provided the background and rationale for the Elder Abuse Forensic Center model, this Final Report seeks to expand our knowledge of the Center model by comparing and contrasting all four California Centers, identifying lessons learned, and describing promising practices. The Centers included in the Report are the original program in Orange County (OC), the Los Angeles County Elder Abuse Forensic Center (LA), the San Francisco Elder abuse Forensic Center (SF), and the Hope Team in San Diego (SD). All were well established in their respective geographical service areas when the evaluation began and all are planning to continue to provide service after the grant funding is finished.

The information presented in this report provides a window into shared experiences of the four California centers as they developed into self-sustaining and fully institutionalized components of their community's response to elder abuse and neglect. While there are core components of a basic forensic model, each Center has distinguishing features designed to meet the needs of their communities. This report is structured according to specific goals of the evaluation as follows:

I. Compare and contrast each Center's structure, process, functions, and to the extent feasible outputs/outcomes.
II. Examine lessons learned, including promising practices and areas for program improvement.
III. Develop a forensic center database, including standardized data collection across the four Centers.
IV. Disseminate results to inform replication and equip Centers with products and data to inform sustainability.

It is our hope that this final report will inform others who would like to start a forensic center by providing a through description of what a Center does, what is needed to develop and maintain a Forensic Center, and what is needed to sustain a Forensic Center over time.

Methods

Evaluating four Centers located in geographically distant and diverse parts of California required a mixed methodological approach using qualitative and quantitative analyses of information gather from a variety of sources. Evaluation materials included quarterly reports, information from biannual convening, conference calls, Center visits, and survey data.

Quarterly reports

Quarterly reporting templates were designed to gather standard services and activities from each Center such as number of clients served, new cases reviewed, triaged cases, team meetings, team building exercises, and training/outreach activities. Reporting

templates also included specific questions designed to evaluate specific aspects of the forensic model.

Convening material

Information from two convening meetings provided an opportunity to identify challenges, discuss possible solutions and promising practices, and work on areas of interest to all four Centers including development of a Center data base. In addition, the second convening included members of each Centers core team, which encouraged a representative voice from a variety of professionals and disciplines. For this convening, the evaluation group assigned participants to specific groups according to professional affiliation and/or discipline. During breakout sessions each group was given 5 open-ended questions: (1) What is it you would like the rest of us to know about what you do and how you work; (2) What are the two most significant barriers your discipline faces as you do your work; (3) Which of these barriers does the Forensic Center help you overcome; (4) What does the Forensic Center help you do that you can't do on our own; and (5) Thinking about the Forensic Center model, what works well for your discipline? Responses were shared with the larger group following the breakout sessions and were documented by the evaluation team.

Conference calls

Conference calls were conducted with various Centers throughout the course of the evaluation to both gather and disseminate information. Agenda items for these calls included identification of data management needs of each Center, sharing promising practices across Centers, such as using technology and tracking outcomes, and Center sustainability efforts.

Center visits

A site visit at each of the four Centers was conducted by a team of three representatives from the evaluation team during year one of the project. Visits were planned to coincide with a scheduled forensic center meeting, providing the opportunity to observe a meeting as well as administer the modified *Team Effectiveness Survey* (Navarro et al, 2010; see Appendix A). The survey consisted of 24 questions designed to assess team member's sense of mission, goal achievement, empowerment, open honest communication,

positive roles and norms, and overall effectiveness. In addition to the standard questions, team members were instructed to consider how participation on the Forensic team affects their work by responding to the open-ended question: "How has your involvement with the Forensic Center changed the way you practice?"

I. Compare and Contrast Centers

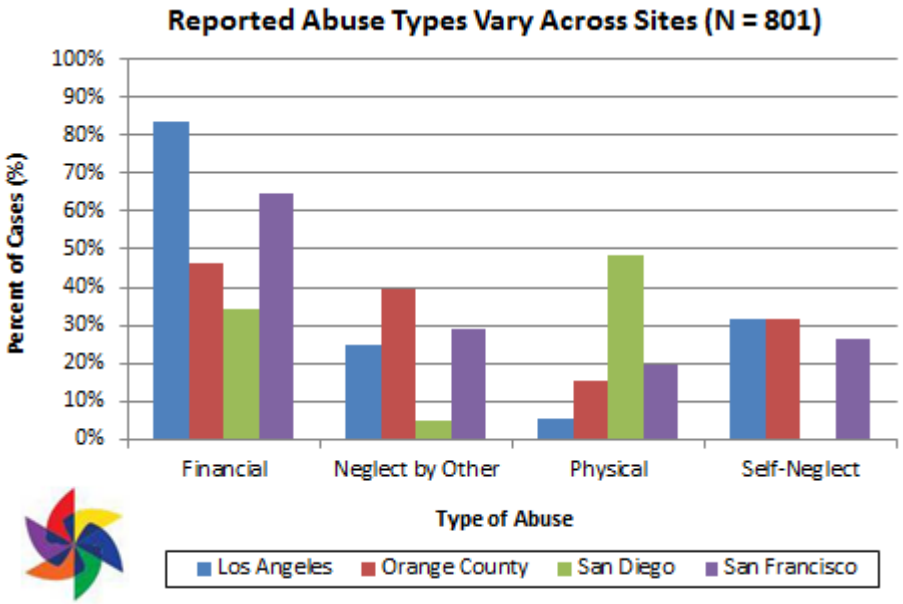
Each Center is located in a distinct area of California with unique demographics.

Mission and Goals

Each Center developed unique mission, vision and goal statements to meet the needs of their community. An examination of these statements revealed some shared key words across Centers. Common key words in mission and vision statements are: *collaboration*, *prevention*, *education*, *access to justice*, and *research*. Common key words identified in goals fall into 6 thematic areas: 1) *direct services*; 2) *education/outreach/training*; 3) *evaluation/research*; 4) *quality improvement/best practices*; 5) *team building (collaboration/communication)*; and 6) *sustainability*. Specific Center activities to meet these goals are described in detail throughout this report.

As shown in Figure 2 below, Centers also focus on different types of abuse. For example, the LA Center hears predominantly financial abuse case, whereas almost half the cases heard by the SD Hope Team are physical abuse cases.

Figure 2



Comparison of Structures

The structure of a Center plays an important role in facilitating its goals and activities. Structure also influences the type of cases Centers receive and process. Although there is variation across Centers, distilling the core components of structure is important to those interested in replicating the model. This section compares and contrasts the Centers' structure including affiliation, location, personnel, and technology. While locations differ among centers, all are able to accommodate a variety of professionals in a shared facility for regular meetings and ongoing collaboration.

Two of the centers, LA and OC, are affiliated with medical center campuses and two centers (SD and SF) are affiliated with aging/social services agencies. San Diego's team meetings are held at the court house where they have access to an internal data base, making team meeting highly efficient for on-the-spot sharing of critical case information. Holding meetings at this location allows the team access to background data (police reports, arrest history, pending criminal prosecution) that informs how to proceed with the case. San Diego uses WebEx to present meeting notes and other case material

electronically, allowing those not physically present to fully participate in collaborative process.

Both SF and OC are advantaged by being physically located at facilities that house APS staff, creating easy access to case information. The San Francisco Center is housed in the Department of Aging and Adult Services (DAAS); the OC Center occupies a space within Orange County's APS building. These strategic co-locations allow for strong interaction, consultation, and relationship building.

LA is located in a relatively central area with easy access from a number of freeways in order to serve a large catchment area. To move beyond what might have been a geographical barrier given the County's large geographic size, conference calling is available to presenters who have difficulty getting to the meeting site and computers are available to quickly access medical and legal data important to moving cases forward.

As shown in Table 1 below, there was variation across the Centers in the number of meetings, the time spent and the cases heard. Meetings per month ranged from 2-4, and the length of the meetings ranged from 1-2 hours. The LA Center had the most new cases per quarter (36), which it accommodated by meeting for two hours each week.

Table 1:

Meetings & Presentations

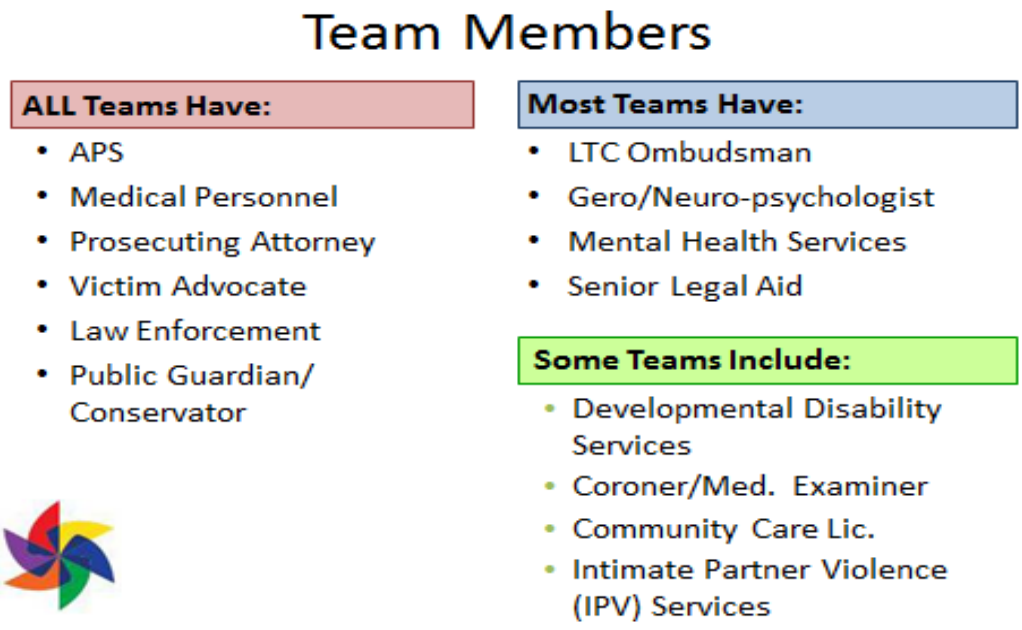
	LA	OC	SD	SF
Meetings per month	4	4	2	3
Hours per meeting	2	1	1.5	1.5
New Cases per Mtg.	3-4	1-2	4-5	2
New Cases per Qtr.	36	22	29	9

Who is at the table?

Across the four Centers, 19 different disciplines have been identified as Center participants. As shown in the Table 2 below, Center teams are comprised of core

members (roles that are seen at each Center) and ancillary members (those represented at some Centers based on the Center's specific needs). LA has the highest representation of all potential team members with 15 of the 19 possible professions/agencies represented. Reflecting diversity across Centers, OC has 12, SF has 11, and SD has 8. Although representation differs according to the unique needs and available resources, in addition to having a coordinator staff the Center, core team roles must be present and actively participating to be considered a forensic center and not another type of elder abuse MDT.

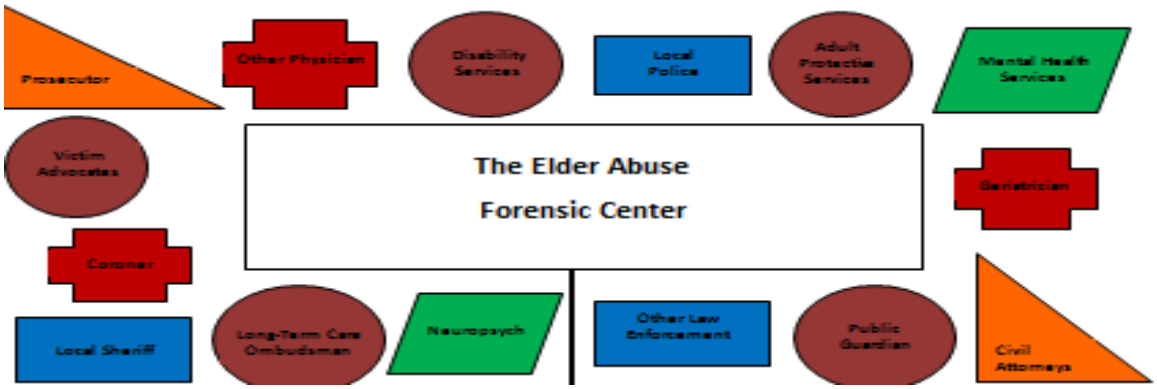
Table 2: Core and Ancillary Members



Centers bring together core team members at regularly scheduled meetings to hear cases, make recommendations and carry out plans to address the case. In addition to the project coordinator, core participants, vary across the four Centers. LA's team meetings always include a geriatrician or gerontologist, a district attorney, a law enforcement representative, a public guardian, and a neuropsychologist. OC always has a geriatrician or gerontologist, an APS worker, an ombudsman, and a neuropsychologist. SD's core team is made up of a civil attorney, a victim advocate, a free legal aid

representative, a client advocate, and most distinct, a client. Because of its structure, SF is able to accomplish its goals and activities with a smaller team with core membership from APS, law enforcement, and a gero-psychologist

Figure 3: Centers Bring Together Diverse Professionals



Gaining the Perspectives of Core Team Members

At a convening of core team members, professionals from each center were organized into groups of similar roles (e.g., Prosecutors, APS) and asked to discuss issues from their perspective. They were then asked anonymously; "*Are you and your counterparts from the other three centers, more like 'peas-in-a-pod' or 'apples & oranges' in terms of your role in the forensic center*." Representatives from APS, health and mental health, and public guardians all felt they were similar, while civil and prosecuting attorneys and program coordinators felt their roles were different from one another. APS workers commented that they all deal with the same barriers and issues. Most of the health and mental health professionals felt they were like "peas in a pod" related to common goals and outcomes. They also felt similar in the way they dealt with barriers and depth of involvement in the work they do. Public Guardians identified the struggles they have in obtaining capacity declarations and dealing with difficult families as what makes them "peas in a pod." In contrast, civil and prosecuting attorneys commented that they had different models applied to a variety of areas of law to reach the same goals. Prosecuting attorneys commented that they all had different perspectives that overall

focused on the same conclusions. Program coordinators also commented on the difference of involvement in victim advocacy across Centers.

There is no consistent pattern across Centers related to who presents cases. Although APS workers are the most likely to bring and present cases, LA and OC both report a variety of presenters including DA, Victims Advocate, Public Guardian, and Law Enforcement. Similarly, APS workers are the sole presenters at the SF center. This seems to be the most logical referral source as APS is the reporting agency for elder abuse cases.

Challenge/Solution in Case Referral and Presentation:
Relying predominantly on one source to refer cases to the Center was identified as a potential challenge to ensuring adequate numbers of case referrals. A practical solution that was offered is to encourage referrals from a number of sources. For example, at the SD Center cases are referred by a variety of community partners. The SD Center coupled this referral strategy with an approach to ensure greater control and predictability over the meetings by having only the coordinators present the cases to the larger team. This approach was used to reduce last minute changes that may disrupt schedules and cause animosity among team members.

As Table 3 shows, the Centers have variations in leadership, location and forensic approach. The differences in term influence how team members engage in the collaborative process. The Center coordinator, referred to as “the hub to a larger working wheel” and arguably the most important member in all four Centers, dedicates the majority of his/her full-time hours to coordinating the center activities. While leadership across all Centers has stayed fairly constant over the years, the discipline or professional expertise of team leaders influences case processing. LA and OC Centers are directed by geriatricians and gerontologists who support a clinical/medical approach. In contrast, leadership is provided in the SD and SF Centers by professionals in the legal and psychological fields.

Table 3:

Leadership, Location & Approach

	LA	OC	SD	SF
Leadership	Geriatrician	Geriatrician	DA & Legal Svcs	Psychologist & OA Svcs
Site of Location	Non-Profit	APS Office	Legal Services	APS Office
Model	Clinical/ Medical	Clinical/ Medical	Legal/ Human Services	Legal/ Human Services

Challenge/Solution to Address Changes in Key Personnel: Although Centers appear stable, all four Centers report changes in key personnel and rotation of agency staff through their Center as problematic. Centers adapt to the fluidity and reconfiguration of the team structure by having protocols to introduce and train new members to the forensic model in a timely manner. They also encourage members to have sufficient overlap such that those who are leaving can help socialize and educate their replacement.

A central element to a successful Center is the ability for team members to share case information across agencies without violating provisions of the Health Insurance Portability and Accountability Act (HIPAA) or other privacy laws. It is standard practice for each center to obtain a Memorandum of Understanding (MOU) with core team members (see sample in Appendix B); however, those needing an MOU varies across centers because of different core membership. All four Centers report formal MOUs with three team members: District Attorney (DA), Adult Protective Services, and Law Enforcement. LA has four additional MOUs with the City Attorney, Victim Advocate, Mental Health Services, and Real Estate District Attorney. SD has five additional MOUs with the City Attorney, Victim Advocate, Public Guardian, Free Legal Aid for Seniors, and

Client Advocate. OC has eight additional MOUs with the geriatrician, Victim Advocate, Ombudsman, Public Guardian, Neuro/Geropsychologist, Mental Health Services, Free Legal Aid for Seniors, Intimate Partner Violence (IPV) team member, and DSS/Community Care Licensing. SF's only other MOU is with APS.

Each Center prioritizes specific activities to address elder abuse. These activities are listed by site in Table 4.

Table 4

Center Specific Activities	
LA	• Victim evaluation • Testifying in civil or criminal court • Case advice/consultation by telephone • Meetings (outside of weekly meeting) regarding cases • Report/grant preparation (for court preparation or center sustainability
OC	• Documentation, database management, scheduling • Assessments, medical records review • Training • Outreach • Sustainability
SD	• home visits • court hearings • finding community resources • case research • networking/community outreach
SF	• psychological evaluations • capacity declarations • medical exams/record reviews • case updates • community outreach

During the breakout sessions of the May, 2012 convening, participants were asked a series of questions related to their specific work at the forensic center.
Below, Table 5, are comments from each group:

Table 5: Summary of Responses by Core Roles

What are some of the key barriers you face as you do your work that the Forensic Center helps you overcome	
Attorneys	Money
Law	Staffing
Prosecution	Resources (money, time, investigation), education, tracking statistics, delay in cases
Victim Advocate	Clients not accepting services
Social Services	Confidentiality, consent, refusal of services, lack of access for clients and agencies
Med/Psych	Money, policy (not keeping patients long enough), right to self-determination, poor documentation
Program Coord.	Confidentiality issues, communication among disciplines
Public Guardian	Confidentiality issues, staffing, public doesn't know who we are, obtaining capacity declarations
What does the forensic center do that you can't do on your own?	
Attorneys	Services outside scope of work, relationships, accountability to one another, beneficial to clients, educated courts
Law	medical information of cases, capacity declarations, information from APS
Prosecution	Medical information, access to mental health expertise, information from APS who are the 'boots on the ground', strong working relationships, information sharing
Social Services	Facilitates communication with agencies, provides a wealth of knowledge
Med/Psych	Ability to talk with everyone at one time to create a whole picture, unified advocacy and accountability
Program Coord.	Translator between disciplines, help keep everyone focused on big picture
Public Guardian	Share ideas, multiple perspectives, ability to get client history
What works well for your discipline?	
Attorneys	Learning about other disciplines, mutual respect for others, access to

	law
Law	Medical diagnoses, input from all agencies
Prosecution	Building interpersonal relationships
Social Services	Collaboration, brainstorming
Med/Psych	Increased safety with home evaluations
Program Coord.	Standardized intake form, one point person, personal relationships
Public Guardian	Access to all the great minds!

II. Lessons Learned/Promising Practices

Importance of "38 hour" team collaboration

Team forensic work is usually done in a weekly or bi-weekly meeting, however much of the case processing continues outside of these meetings in what is termed the other "38 hours" of collaborative team work. Team collaboration outside of the team meetings was demonstrated consistently across Centers. Each center emphasized the importance of continued and consistent team work beyond the weekly or bimonthly team meetings in moving cases forward. Across all four Centers, the program coordinator is seen as central to effective collaboration. Other professionals who are routinely involved in collaboration outside of the team meetings include the geriatrician, APS, DA, civil attorney, city attorney, victim advocate, ombudsman, law enforcement, public guardian, neuro/gero psychologist, and other mental health professionals. Time is of the essence in many elder abuse cases, and team members report that effective and efficient collaboration from the forensic center processes help move cases through the system.

Utilization of technology

Each center found a way to utilize technology to address needs specific to their Center. One of the common uses of technology was to overcome communication challenges. For example, using teleconferencing at the LA Center allows workers from distant APS Centers to access the forensic team. San Diego utilizes WebEx as a tool for facilitating meetings by electronically presenting meeting notes and materials in real-time, allowing those who are unable to physically attend the meeting to share in the team meeting collaborative process.

For all the benefits of e-communication, there are some limitations. For example, presenting cases remotely is not the same as presenting a case in person to a group who is sitting around a table. The presenter is not able to experience important non-verbal communication which takes place as the case is processed.

Team building

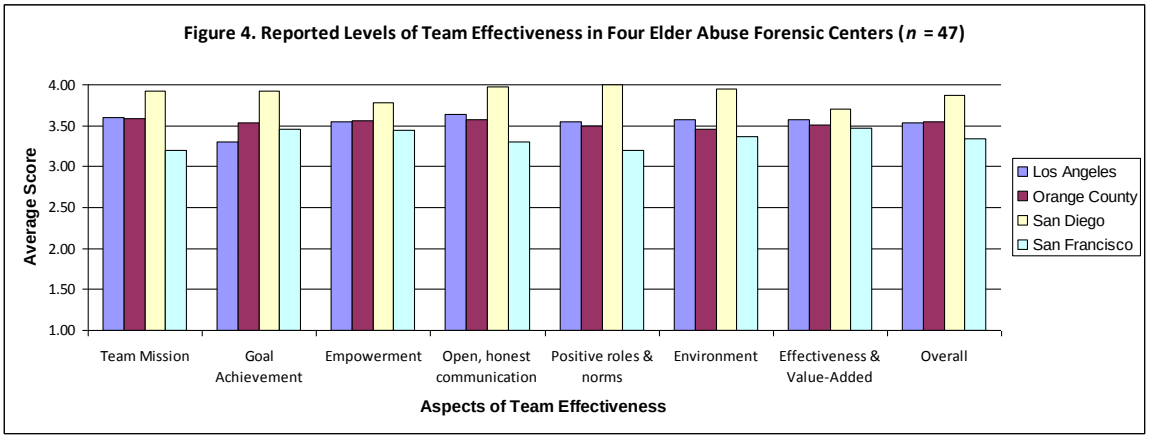
The importance of relationship building among team members is central to the success of a forensic center. Several approaches were discussed that foster a sense of collaboration. Ongoing team building activities to orient new members to the team process was a practice shared by all centers. It should be recognized that team development is a process and that it takes time to learn each other's language, vantage points, occupational culture, and decision-making process. Team building approaches that foster team development facilitate orderly, well-run and well-attending team meetings. Barriers to relationship building stem from the fact that law enforcement, social service agencies, and public guardianship officials may have differing or competing priorities and ideas of what constitutes a "good" case outcome. Team building activities such as annual retreats, roundtable discussions on how to enhance the team, and other structured meeting activities serve as ways to find common ground and bring members closer to the shared goals of Center.

An issue identified by several Centers early on regarding the reluctance of APS workers to present cases to the forensic center team has been mitigated over the years through ongoing team building activities. One team observed, "our team is only as effective as our partnerships are strong", and it is the ability of good staff to facilitate and nurture these partnerships.

Team Effectiveness Inventory

To gain a better understanding of which team members contribute which specific elements to the investigative process, as well as how team members viewed strengths and areas that need work, a team effectiveness inventory, was adapted for forensic centers by Navarro and colleagues (2010). Seven aspects of team effectiveness: Team Mission, Goal Achievement, Empowerment, Open Honest Communication, Positive

Roles and Norms, Environment, and Overall Effectiveness & Added-Value were assessed on a 4 point Likert scale, ranging from 1, strongly disagree to 4, strongly agree. The survey was briefly introduced by a member of the evaluation team during a Center visit and administered by the Center coordinators to all team members present at the meeting. Most participants needed 5-10 minutes to complete the paper inventory. A total of 47 forensic center team members participated in four Centers, representing approximately 80% of Center attendees: LA (14 respondents), OC (13 respondents), SD (9 respondents), and SF (11 respondents) (Figure 4).



"Value added" responses

In addition to the team effectiveness, team members were instructed to consider how participating on the team affects their work. Participants were asked to respond to the open-ended question: "How has your involvement with the Forensic Center changed the way you practice?" Responses capturing the overall themes are as follows:

Adopting a "forensic eye"

> *"I have the knowledge going into a case of what might be expected or needed to take the case forward."*

Improved work-up and clear outcomes

> *"I document differently – more specifically and carefully; now always considering that the case may end up in court."*

Access to resources

I am able to prosecute more cases because of cognitive impairment expert evaluations, review of medical records, and testimony."

Improved inter-agency collaboration

"It has increased collaboration with other agencies and fostered more/better communication and understanding."

"Instant communication of all members in one room at the same time, and quicker access on the phone or by email when not in team session."

Hands-on training

"I have more awareness of the process that happens after mandated reporting has been completed."

"I have more information about what is needed in order to get more cases prosecuted."

"Ripple effect"

"I am able to take information I learned here at the forensic center back to my staff for them to do their jobs better."

"Because of the forensic center or organization has been able to expand our resources. We are confident in the other member's work and ability. We know that if we need to reach out to them, we will receive the help and support we need to reach our goals."

Measuring success

Exploring how each Center defines and measure success is important to identifying measurable outcomes. What may be an important outcome to one Center may not be as

important or pertinent to another, depending on a number of factors including the type of clients served. As part of the Q6 report, a list of 8 "good case outcomes", generated from the Q5 report were listed and Centers were asked to rank order the outcomes according to what is important to the goals of their Center. Client safety and/or protection is given the highest priority ranking by all centers. The goal of Centers is to keep clients safe not only from present harm, but also from future harmful situations. Because SD works solely with clients who have the capacity to make their own decisions, client's self-agency and self-sufficiency was given a high priority. In contrast, the other three Centers serve professionals who bring case material about clients rather than having the clients directly involved. As a result, clients in these three Centers include people who have cognitive impairment. For these centers, a good outcome for some of the cases might be conservatorship rather than self-agency in order to achieve client protection for those who lack capacity. If prosecution is considered an important outcome, it is supported when there are med/psych reports and guidance from the DA to ensure that the detectives do everything possible to collect and document relevant information. Table 6 includes common outcomes, usable by a variety of Centers.

Table 6: "Good Outcomes" identified by Centers

	LA	**OC**	**SD**	**SF**
Safety/Protection	X	X	X	X
Prosecution	X	X	X	
Further investigation, Linkage to resources, Proper treatment (medical/psychiatric)	X	X	X	
Restraining order/Legal remedies			X	X
Self-sufficiency			X	
Preservation of assets				X

In keeping with the core mission of multidisciplinary teams, all four Centers prioritize safety and protections for vulnerable adults. Respondents in LA, OC and SD regard prosecution as a good outcome. The fact that SF did not identify this as an outcome is most likely due to the infrequent attendance of a District Attorney at their meetings. Unlike SD where meetings are held at the court house, providing easy access to legal services, SF has had a harder time bringing legal services to the table. The ability to

follow-up on cases--providing further investigation, needed resources, and proper medical and/or psychological treatment--is seen by three of centers as necessary to a good case outcome. The reason SD does not identify this as an important outcome is that their model emphasizes the direct support they give to the client to becoming self-sufficient and pro-active in seeking out services for themselves rather than being provided with these services. While only one center (SF) identified preservation of assets as a good outcome, through narrative information in quarterly reports it is apparent that other Centers see this as an important outcome, particularly those that have a large proportion of financial abuse cases (LA and OC).

Repeated themes related to approaches to challenges included case finding, case tracking, and moving cases forward. Centers reported that their relationship with APS is important to good case finding and referral. For example, SF stated that by discussing issues of last minute case cancellations with APS, they are now more aware of the disruption this causes. SD is unique in that they must turn away victims from outside their catchment area and so they have begun to identify pro-bono attorney services for these victims. Practices to facilitate good case tracking include hiring a project assistant to track the cases, contacting the original presenter for follow-up and enter the new information into the database, and formalize the practice of having the DA report to APS about prosecution outcomes. Responsive medical and psychological evaluations were also cited as helping to move criminal and conservatorship cases forward by helping APS in appropriate care planning and helping detectives work more efficiently.

III. Forensic Center Database

A major challenge expressed by each Center is gathering and maintaining case data in a systematic and functional manner. Each Center collects and maintains their own program data using a collection of data management tools including multiple Excel spreadsheets alone or in conjunction with a Microsoft ACCESS database. There appears to be little uniformity across centers regarding strategies and practices for case referral, tracking and follow-up. LA uses a case “update file” in which meeting notes, minutes, goals, recommendations, and case updates are maintained and updated to-date. Additionally, they use Excel spreadsheets to manage client referral information,

track services provided and document case outcomes. OC uses a *CaseKeeper* spreadsheet to track case characteristics, recommendations, and progress. Case recommendations are followed up at subsequent meetings, but outcomes are often not identified until months later. SF uses a Microsoft ACCESS database that tracks client information. SD uses paper-only documentation that they keep in case files while they await implementation of a system-wide web-based program that has been delayed numerous times over the course of the project.

Standardized Intake/referral

The ability to triage cases was reported by all Centers as pivotal to running an efficient weekly or bi-weekly team meeting. This requires determining which cases are most urgent, which are routine, and which can be addressed without presentation to the entire team, increasing the Center's efficiency and productivity. Over the course of this evaluation, all four Centers reported that missing information on the intake/referral form hampers the flow of the forensic meetings and case processing efforts. A common approach has been to complete the intake form as much as possible prior to the meetings without any updating of information.

Developing a standardized intake form with relevant fields for all four Centers was identified as important goal and an essential step in facilitating cross-Center case tracking. The form itself was completed working with the Center of Excellence before the four-site evaluation began (see Appendix C). This form consists of five sections including: (1) which team members are requested to consult on the case, (2) the referring agency, (3) client information, (4) perpetrator information, and (5) abuse information with a field for additional information in narrative style. The form was put into operation by each Center between January 2011 and June 2011. All Centers reported that they consistently used the standardized form. Center staff is responsible for inputting referral form information into their respective Excel or Access data management systems. Overall, Centers are happy with the standardized form, but some glitches are still reported concerning incomplete/incorrect intake data by participating partners, especially regarding physician contact and medications, and tracking of prosecution outcomes.

Standardized case processing and tracking

A cornerstone of the forensic model is the ability to work in real time to process and follow cases from intake through case resolution, whatever the outcome. The ability to follow cases as they progress through the medical, social, and legal systems requires a case tracking system that can be continuously updated with new and changing information. Tracking what happens apart from and in addition to weekly meetings helps keep cases on track and moving toward case resolution.

Because Centers use multiple files to manage their data and track case progress, they report that the process of managing cases and keeping cases up-to-date is cumbersome, requiring manual data entry and updating in multiple locations. Each Center has expressed the need for a single database that can be used to gather and track case information and generate aggregate case data. All four Centers report that their ability to systematically track case information such as recommendations, next steps or action items, and case outcomes is too time-consuming given the limited and inadequate data tracking systems they have been using. With input from each Center, the evaluation team developed a standardized approach to data tracking. The development of a single forensic center database will make it possible to efficiently track information for use not only to process cases, but also for future evaluation of the effectiveness of the forensic center model on measurable outcomes. A common data management and collection system will allow cross-Center comparisons and specific data extraction to examine various program aspects among current and future Forensic Centers.

Challenges of developing a universal database

Developing a single database for use among all four Centers proved to be extremely complicated and labor intensive. The main barrier to finalizing this database and rolling it out to the four centers was achieving the balance between standardization and flexibility (i.e., delivering a database with a minimum dataset for comparison purposes and building enough tailored specificity so that it is functional and useable by each Center. For example, each center needs different searchable functionality built into the program so that they can search on case fields important to how they track cases. Therefore, the database must have searchable capability for various queries and reports including client demographics, suspected abuser information, case characteristics, goals,

activities, etc. Also, case goals and activities must be carried over from one meeting to the next in order to track activities and have reminders of outstanding tasks for each case and a way to close out outdated recommendations.

An unanticipated barrier to implementing the common database was the difficulty of incorporating the ACCESS database into existing data collection systems without creating further data management work by case coordinators. Two of the Centers are implementing the data management changes (LA and OC), however SD and SF have complex organizational issues that impede this process. SD's HOPE project is part of a larger agency that is in the planning stages of implementing a new data tracking system. SF currently has a complex data tracking system that they hope to streamline with the ACCESS database, but they have requested more flexibility to modify the form. While there is flexibility in the approach, there is concern that if the form is modified too much to meet individual Center needs, it may lose its function as a cross-Center evaluation tool.

The Universal Forensic Center Database

After a number of pilot tests and various iterations, a final database is ready to roll out across Centers. The Forensic Center database is a one-stop data management system that allows Centers to manage information related to cases and daily operations (See Table 7.)

Table 7. Types of Information Managed Through the Universal Forensic Center Database	
Case Management	
Client Information	Client contact information, communication needs, demographic background, physician contact information, type of insurance, physical and cognitive functional status, living setting, and known illnesses, addictions, and medications
Suspected Abuser Information	Suspected abuser name, organization, relationship to client, contact information, demographic information, caregiver role, living setting, communication needs, and known addiction or mental illnesses
Referral Source Information	Contact information for the referring individual
Abuse Information	History of present and past abuse, types of alleged abuse

	perpetrated, other agencies involved, reporter relation to the client, and others with knowledge of the abuse
Case Status	Tracking case progress as it is worked-up or processed for APS intervention, prosecution, or conservatorship
Case Goals	Team goals for the client and case
Case Recommendations	Team-recommended action steps, the team member responsible for taking the action, follow-up dates, and completion status
Services Provided	Medical and psychological assessments and evaluations, follow-up by law enforcement agencies, linkages with community and social services, civil legal remedies, and client and asset protection.
Case Outcomes	The final disposition of cases, including types of conservatorship awarded, prosecution of suspected abusers, institution of restraining orders, and the legal outcomes of any civil remedies sought
Miscellaneous Other Documents	Additional documentation or information relevant to the client or case, including capacity declarations, electronic bank statements, expert reports, correspondences, and applications for client services.
Forensic Center Management	
Correspondence Tracking	Management of communication efforts, including the reason for attempted contact, dates of attempted contact, and outcome of attempted contact. Users can filter the results to identify unfulfilled correspondence attempts
Forensic Center Roster	Roster of current and past Forensic Center team members and visitors
Agency Attendance	Tracking the attendance of Forensic Center team agencies

In response to requests and feedback from the Centers, the universal Forensic Center database includes several time and effort saving features to assist Forensic Center staff in their data management and reporting. With the new database, baseline client and case information can be imported from the Universal Referral Form, saving users the time entering data from the form. Information is now consolidated in a central location, eliminating or greatly reducing the need to move between several documents. The database also generates several reports that provide users with descriptive statistics on their Center's data. In the past, this type of analysis would be extremely time-consuming, requiring users to tally and tabulate the information. With the new database, reports can

be generated for a user-defined time period and include statistics on client, suspected abuser, and case characteristics; case referral source and outcomes; and Center attendance (See Appendix D– screen shots). Information generated encompasses several of the most commonly requested statistics used by the Centers to seek funding, report on activities, and demonstrate their productivity and efficacy in addressing reports of elder abuse and neglect.

The database greatly improves data collection efforts, increasing the quality, volume, and comparability of Forensic Center data. Discussions prior to and during the development of the database, revealed differences in the type of data collected and tracked by Centers. Seeking to be functional across Centers, the database incorporates many of these data collection points, ensuring the future collection and maintenance this information and building other Centers' capacity for data collection and self-analysis.

The process of developing the database also revealed limitations of existing data collection and management instruments. Because information needed to be manually entered from the referral form into an Excel document or database, some Centers entered and tracked selected client, suspected abuser, and case characteristics, resulting in a dearth of readily accessible and comparable information. Further, despite use of the universal referral form initial analyses across Centers revealed differences in data categories, limiting the comparability across Centers and specificity of findings. Use of the universal database will ensure that Centers are using standardized categories and definitions to collect information, allowing for increased power and strength in future cross-Center data analyses. Through the use of many-to-one relationships, the database also includes data collection enhancements that allow users to link cases with information on multiple suspected abusers, Center meetings, case notes, goals, and recommendations.

Using the universal database, Centers can generate data reports that provide basic descriptive statistics. Raw data is easily exportable into Microsoft Excel if additional analysis is needed. To increase ease of collaboration with researchers, users can also export a redacted raw data set that will exclude the client's last name, date of birth, address, and telephone number. Database features include password-protection and

search capabilities that allow users to search by client, suspected abuser, and case presenter name.

Dissemination

As each of the four forensic centers has become established and stable, the goal is to share lessons learned with entities in California and across the country who want to start forensic centers. A number of states have either starting a center or are in planning stages, including New York, Texas, Tennessee, Ohio, and Colorado. LA plans to use their center as a model for larger urban cities or counties with disjointed and fragmented elder abuse response systems. The strong collaboration at their Center serves as a model of what is possible for counties where APS, DA, and policy department are not connecting and collaborating sufficiently on elder abuse cases. The LA Center has shown that a Forensic Center can offer an effective model to achieve collaboration on cases. In terms of outcomes, a study funded by the National Institute of Justice demonstrated that the LA Center achieved significantly higher prosecution rates of elder financial abuse cases compared to usual care (Navarro et al., 2013). This is an important finding for two reason: elder abuse is rarely prosecuted and there is little evidence demonstrating effective interventions in elder abuse research as a whole. OC, the original Center, has been in the forefront of leadership, hosting numerous visitors from across the country who are interested in replicating the model, making available a manual for creating an elder abuse forensic center, sharing forms and protocols, and furthering research and innovative approaches to elder abuse and neglect prevention and intervention. The Center of Excellence is currently looking at how the original model is being adapted in other parts of the country, including its effectiveness in rural versus urban settings.

<u>Advice for New Centers</u>

In their final quarterly report, Centers were asked what advice they would give to a new center regarding getting core team members to the table. Below are some of the responses:

- Understand that relationship building is a key component to building a forensic center and that there will be both strong and weak partnerships, depending on who is representing each agency.

- Find inroads to partner agencies at as high a level as possible.
- A good coordinator is essential to keep activities organized and on track.
- Invite potential members to attend a meeting
- If possible, allow for the voice of the elder to be heard throughout the process.
- Getting core team members to the table is a collaborative effort that relies heavily on the interpersonal relationships between team members. One team member may have a stronger relationship to a perspective core member and it may be advantageous to have that team member extend the invitation to the table.
- It is important to continually establish connections in the community as time passes and needs of the center change and evolve.
- It is important to develop professional relationships with the leaders of the organizations the center wishes to invite.
- It is not so much the *quantity* of the membership as it is the *quality* of membership and organizational relationship.
- Invest time at the beginning allowing each agency involved to feel they are an important part of the team.

Centers were also asked what advice they would give to a new center regarding appropriate cases. Below are some of the responses:

- Though it is important for a new center to have clear guidelines regarding which cases they deem appropriate, that decision will need to be made once the forensic center has clearly identified its goals and objectives and becomes operational.
- While everyone on the team is working toward the same goal, every agency has their own limitations in getting the client to that goal. For example, while PD may have prosecution in mind, APS may have conservatorship or client's rights in mind.
- Appropriate cases are those that may have hit a road-block for resolution, can benefit from input for the forensic center team, and/or need assistance to expedite the transition of the case to the next level. Having a physician, prosecutor and other organizations on the team is very valuable for cases like this, as all members are present at the same time and communication can be expeditiously facilitated

- Be there for your team and talk about the kinds of cases that come up often. Don't define your work by what other centers are doing. Do the work that is needed in your community.

Centers were also asked what advice they would give to a new center looking for funding. Below are responses:

- Be creative and find partners
- Make it a priority to continuously look for potential funding opportunities and not wait until one source of funding is about to expire.
- Have realistic expectations of staff when drafting proposal for funding as it will be of no benefit to the center or the funder if what is promised is not delivered
- Capitalize upon the most interested potential members
- Start small. There is no need to have all the "ducks in a row"
- Look at what items are available for no-cost (e.g. meeting space)
- Consider the possibility of funding most of the forensic center services through existing resources (APS, DA, County medical services) if they understand the value of the team.
- Proper data collection illustrating an improvement in case outcomes is very important to funders, both private and public.
- Understand and plan for costly components of the model (e.g. neuropsychiatry, geriatrician).

Appendices

A. Team Effectiveness Inventory

Elder Abuse Forensic Center Core Team: LA, OC, SD, SF (*circle one)* Date: _____

Please check the box that best describes how long you have been on this team:
☐ 1-3 meetings ☐ 4-6 meetings ☐ 6-10 meetings ☐ 11 or more meetings

TEAM INVENTORY

Using the scale below, circle the number that corresponds with your assessment of the extent to which each statement is true about your team:

1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree

1	Everyone on my team knows why our team does what it does.	1	2	3	4
2	The facilitator consistently lets the project members know how we are doing in accomplishing the process.	1	2	3	4
3	Everyone on my team has significant say or influence on the team's decisions.	1	2	3	4
4	If outsiders were to describe the way we communicate within our team, they would use such words as "open", "honest", "timely", and "two-way".	1	2	3	4
5	Team members have the skills and knowledge to contribute to the task we have been assigned.	1	2	3	4
6	Everyone on this team knows and understands the team's priorities	1	2	3	4
7	As a team, we work together to set clear, achievable, and appropriate goals.	1	2	3	4
8	I would rather have the team decide how to do something rather than have the team leader give step-	1	2	3	4

	by-step instructions.				
9	As a team, we are able to work together to overcome barriers and conflicts rather than ignoring them.	1	2	3	4
10	The role each member of the team is expected to play is well-designed and makes sense to the whole team.	1	2	3	4
11	If my team does not reach a goal, I am more interested in finding out why we have failed to meet the goal than I am in reprimanding the team members.	1	2	3	4
12	The team has so much ownership of the work that, if necessary, we would offer to stay late to finish the job.	1	2	3	4
13	The team environment encourages every person on the team to be open and honest, even if people have to share information that goes against what some of the team members would like to hear.	1	2	3	4
14	There is a good complementarity between the capabilities and responsibilities of everyone on the team	1	2	3	4
15	Everyone on the team is working toward the larger mission of the Center.	1	2	3	4
16	The team has the support and resources it needs to meet the goals expected of it.	1	2	3	4
17	The team knows as much about what is going on in the organization as the facilitator does, because the facilitator always keeps everyone up-to-date.	1	2	3	4
18	The team process shows that everyone on the team has something to contribute- such as knowledge, skills, abilities, and information- that are a value to all.	1	2	3	4
19	Team members clearly understand the team's	1	2	3	4

unwritten rules of how to behave within the group.

20	The physical plant suggests and promotes team interaction.	1	2	3	4
21	The team is supportive and provides essential mentoring for new people.	1	2	3	4
22	Overall, at this point in time, how effective is this team at meeting its goals?	1	2	3	4
23	Participation on the team has changed the way I do my job.	1	2	3	4
24	Information I learn from the team discussions, is information I use on other cases I encounter.	1	2	3	4

I have filled out this form before: ☐Yes ☐No *Please check one.*

Comments:

25. How has your involvement with the Forensic Center changed the way you practice?

B. Sample MOU

ELDER ABUSE FORENSIC CENTER

ORANGE COUNTY, CALIFORNIA

Orange County Elder Abuse Forensic Center
Multidisciplinary Team Collaborative Agreement

MEMORANDUM OF UNDERSTANDING (MOU)

This Collaborative Agreement is entered into by and between the collaborative partners of the Orange County (OC) Elder Abuse Forensic Center, listed below, for the purpose of documenting the contribution, which each partner has agreed to make in support of the OC Elder Abuse Forensic Center.

The partners in the OC Elder Abuse Forensic Center are as follows:

University of California, Irvine, School of Medicine, Program in Geriatrics
County of Orange District Attorney's Office
County of Orange Health Care Agency, Behavioral Health Care/Older Adult Services
County of Orange Public Administrator/Public Guardian
County of Orange Sheriff/Coroner Department
County of Orange Social Services Agency, Adult Protective Services
Community Services Programs
Human Options
Council on Aging/Long-Term Care Ombudsman
Anaheim Police Department
California Department Public Health/Licensing & Certification
County of Orange County Counsel
Regional Center of Orange County

I. Term:

The term of this Agreement will remain in effect through December 2013, unless terminated earlier in accordance with Paragraph VI of this Agreement.

II. Background:

The purpose of the Elder Abuse Forensic Center is to provide an array of coordinated services for elders and adults with disabilities who have been abused or neglected. Each

of the agencies participating in the Center has specific responsibilities for preventing, identifying, investigating, treating, and/or remediating abuse and neglect among elders and adults with disabilities. One of the objectives of the Center is to assist each of the collaborative partners in meeting their responsibilities in a more effective and efficient manner through cooperation and collaboration. This will be achieved through interagency consultation and multi-agency team case conferences and result in the development of coordinated action plans. In addition, the Center will provide education and training to other professionals.

III. Responsibilities of all partner agencies:

To the extent possible, each of the Partners agrees to provide the following services to the OC Elder Abuse Forensic Center:

A. Partner agencies will assign staff to provide consultation and participate in case conferences with other Center participants during the "office hours" established by the Center participants. (At present, those hours are Tuesdays at 11:30 AM – 12:30 PM, however those hours may be changed with the consensus of the Center participants.) The agencies participating in the center include:

    1. University of California, Irvine, School of Medicine, Program in Geriatrics
    2. County of Orange County Counsel
    3. County of Orange District Attorney's Office
    4. County of Orange Health Care Agency, Behavioral Health Care/Older Adult Services
    5. County of Orange Public Administrator/Public Guardian
    6. County of Orange Sheriff/Coroner Department
    7. County of Orange Social Services Agency, Adult Protective Services
    8. Community Services Programs
    9. Human Options
    10. Council on Aging
    11. Anaheim Police Department
    12. California Department Public Health/Licensing & Certification

13. Regional Center of Orange County

B. Provide services to clients consistent with the mission, requirements, and mandates of their employing agency.

C. Honor confidentiality requirements of all other Center participants.

D. Support the efforts of the Center participants to secure additional funding.

E. Participate in planning and providing training for other professionals who are interested in the issue of abuse and neglect among elders and adults with disabilities.

F. Provide data, as necessary, to evaluate the effectiveness of the Center and report on Center activities.

IV. Additional responsibilities of University of California, Irvine (UCI):

A. Provide administrative support to Center, including hiring and supervising the Program Coordinator.

B. Take the lead on seeking out additional funding to support Center activities.

V. Confidentiality:

The Partners each agree to maintain all records in a confidential manner, in accordance with all applicable laws and regulations.

VI. Termination:

Any Partner may terminate their participation in the Center upon thirty (30) days written notice by sending an email and written note to:

C. Sample Standardized Referral Form

Office Use Only ☐ Urgent ☒ Routine Date: 1-1-13 Case Number: 0000

LOS ANGELES COUNTY ELDER ABUSE FORENSIC CENTER REFERRAL

Section 1 – Consultation Information (Members Requested)

☒ Adult Protective Services	☒ GENESIS	☒ D.A.	☐ Regional Center
☐ Coroner/ME	☒ Law Enforcement	☒ Attorney Other	☒ Psychologist
☒ Medical Practitioner	☒ Ombudsman	☐ Public Guardian	☐ Other (describe):

Section 2 – Referring Agency Information Referring Case Number300000

First Name	Last Name	FC Team Member	E-mail
Sally	Social-Worker	APS other: Anonymous	ssocialworker@government.gov

Office Phone	Office Fax	Mobile Phone	Supervisor Name
213.000.0000	213.000.0000	213.000.0000	Susan Supervisor

Section 3 – Client Information

First Name	Last Name	Age	DOB	Language	Translation/Communication Needs
John	Doe	80	1-1-1900	English	

Level of Education	Ethnicity	Gender	Marital Status
High school graduate	Caucasian, non-Hispanic	Male	Widowed

Address	City	Zip Code	Telephone
New Home SNF, 1111 Anonymous Street	Los Angeles	90007	213.000.0000

Physician Name	Physician Telephone	Insurance	Medications and Dosage
Dr. Jones	310.000.0000	Kaiser	Namenda 10 mg Atenolol 5 mg bid

Illnesses and Addictions
Alzheimer's dementia & hypertension

Physical Functional Status: Appears...	Cognitive Status: Appears...
Moderately Impaired	Severely Impaired

Living Setting	Lives With
Skilled Nursing Facility	Alone

Previous Reports of Abuse
☐ No ☒ Yes **Yes, explain**Allegations that another resident assaulted him

Section 4 – Alleged Abuser Information

First Name	Last Name	Organization	Age/Decade of Life	DOB
Mary	Smith	Visiting Nurses	40s	

Ethnicity	Gender	Language	Translation/Communication Needs
Caucasian, non-Hispanic	Female	English	None

Relationship to Client	Primary Caregiver?	Lives with Client	Mental Illness
Non-family but well-known to client	☒ Y ☐ N	☐ Y ☒ N	Unknown if yes:

Addiction - Alcohol	Addiction – Illicit Drugs	Addiction – Prescription	Addiction -Other
☐ Y ☐ N ☒ Unknown	☐ Y ☐ N ☒ Unknown	☐ Y ☐ N ☒ Unknown	

Address	City	Zip Code	Telephone
2222 Los Angeles Street	Los Angeles	90000	213.000.0000

Section 5 – Abuse Information

Other Agencies Involved	Reporting Party	Others with knowledge of abuse
LAPD, Ombudsman & Bet Tzedek	Family/Friend	New Home SNF staff

Types of Abuse (Check all that apply)

☐ Abandonment	☒ Financial – Other	☐ Self-Neglect	☐ Physical – Constraint or Deprivation
☐ Abduction	Est. loss $	☐ Neglect by Others	☒ Physical – Medication
☒ Emotional	☐ Isolation	☒ Physical – Assault/Battery	☒ Undue Influence
☐ Financial – Real Estate	☐ Sexual	☒ Physical – Chemical Restraint	☐ Other

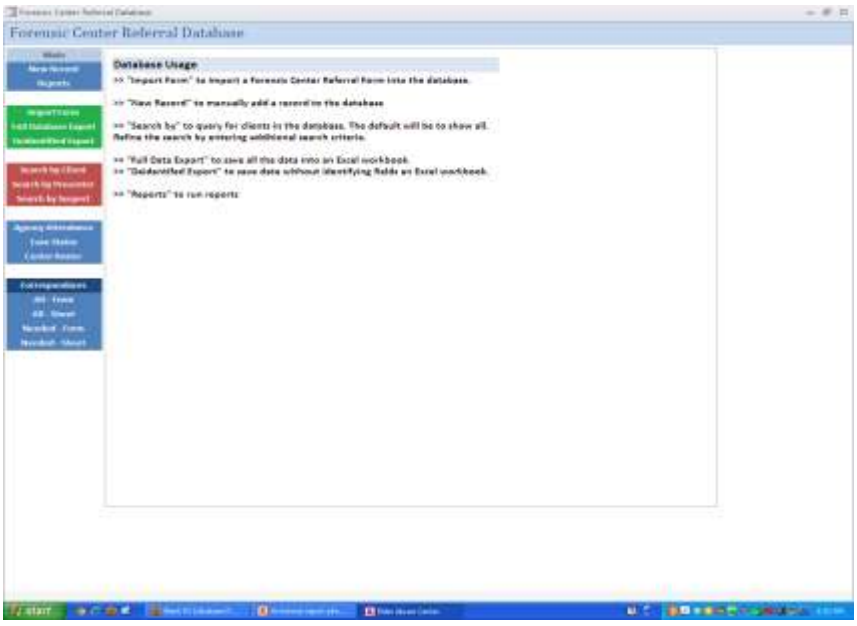
Narrative (attach additional pages if necessary) – Chronological order with dates appreciated

The client is a 80-year old male with advanced Alzheimer's dementia living in a Skilled Nursing Facility. The SA is a contracted LVN from the Visiting Nurses contract nursing company. The SA intimidates the client and attempts to isolate him from his family, telling his children that they should avoid visiting because it causes him distress and exacerbates his dementia-related aggressive behavior. She has also had the client sign $50,000 worth of checks to her & her husband as gifts and payment for chores.

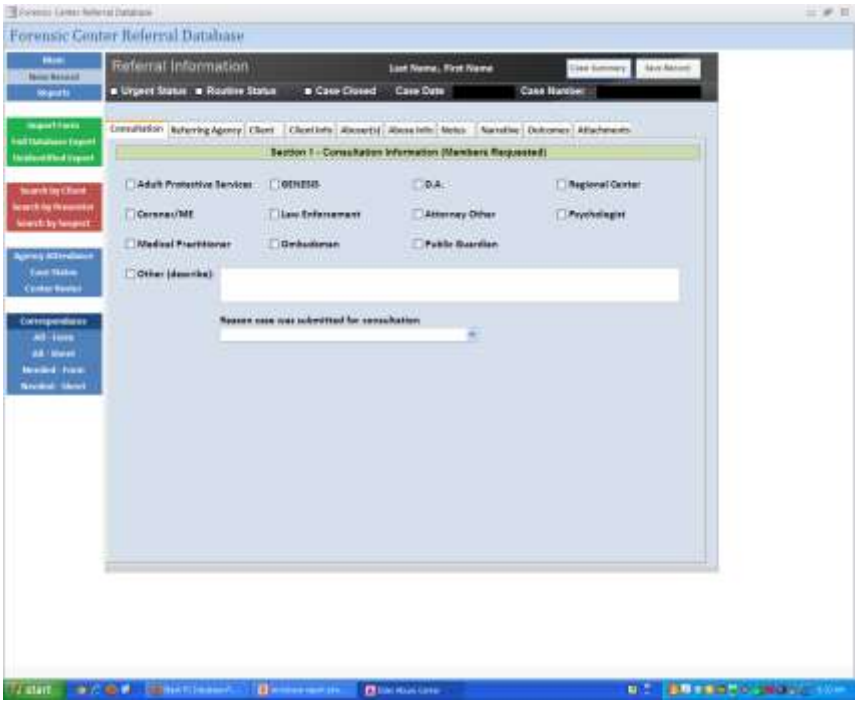
Privacy Notice: This form contains confidential information intended only for the use of the Los AngelesCountyElderAbuseForensicCenter. Authorized recipients of this information are prohibited from disclosing this information to any other party unless required to do so by law or regulation and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of this documents. Version: 8.28.2011

D. Database screen-shots

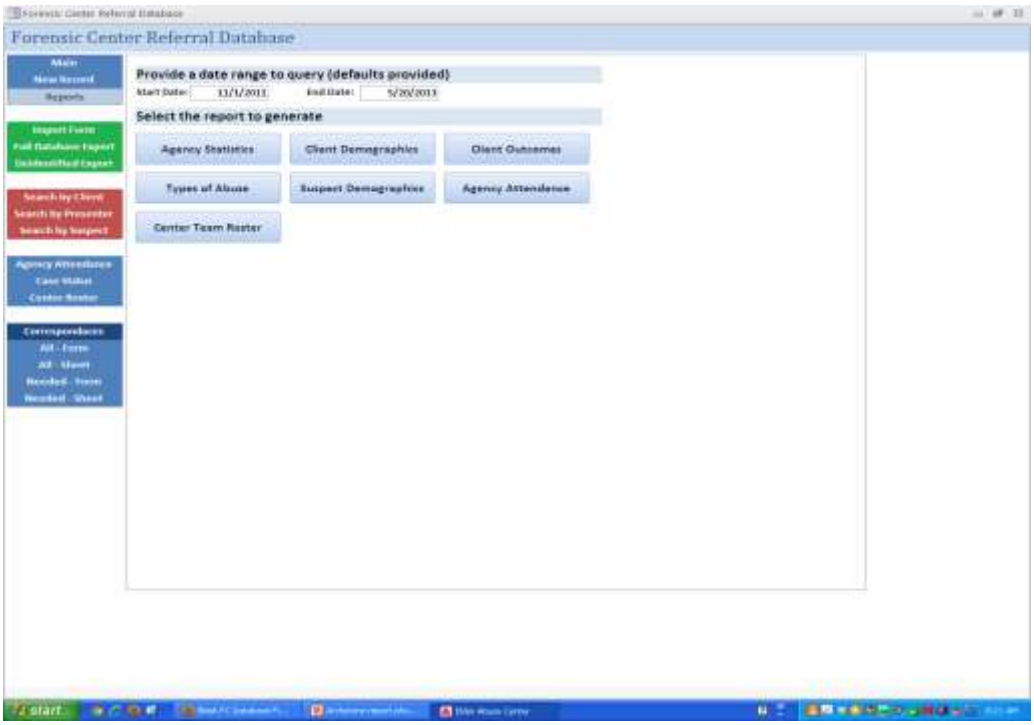
D1.Database Home Page



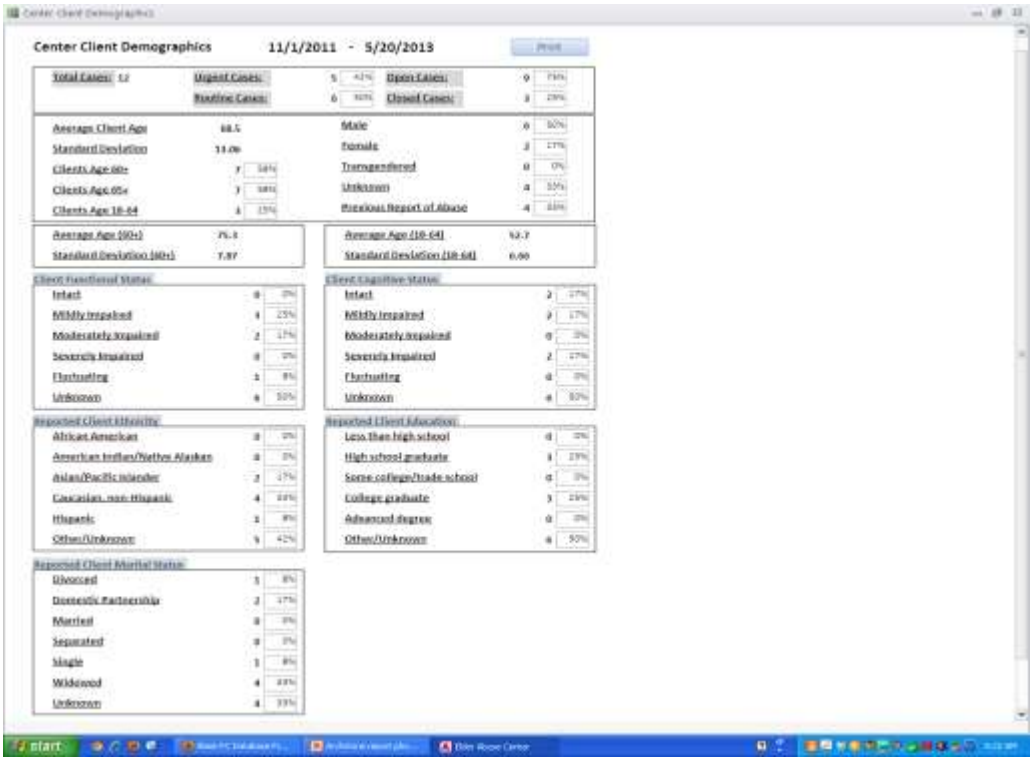
D2. Client and Case Information



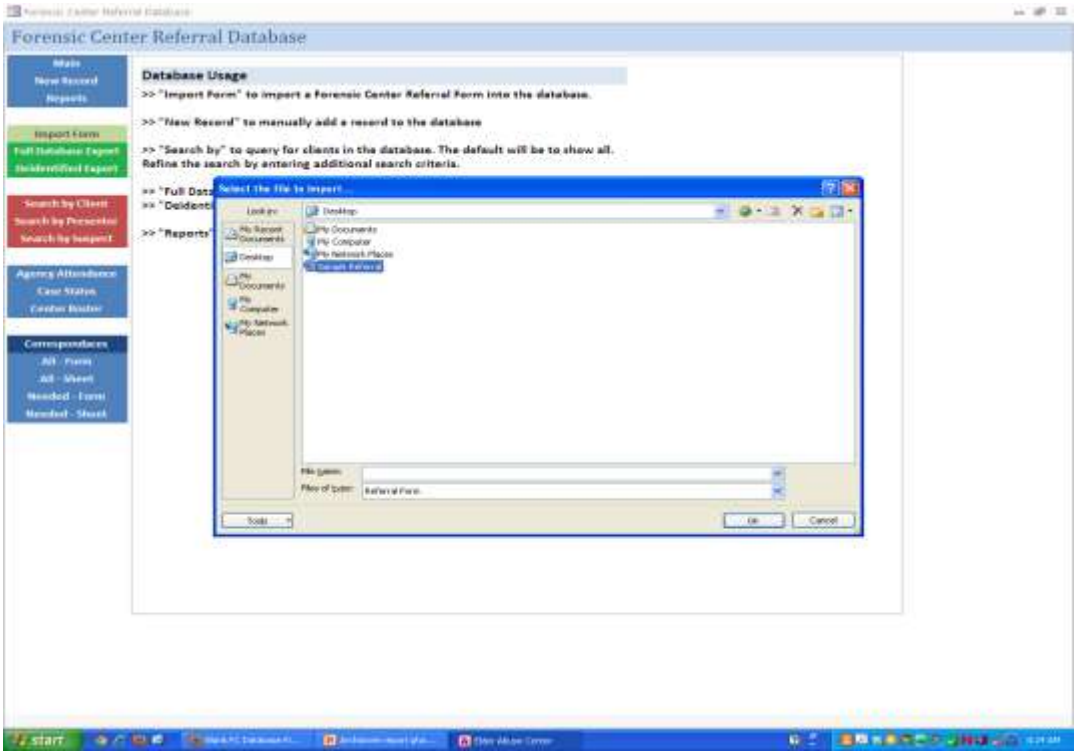
D3. Report Menu



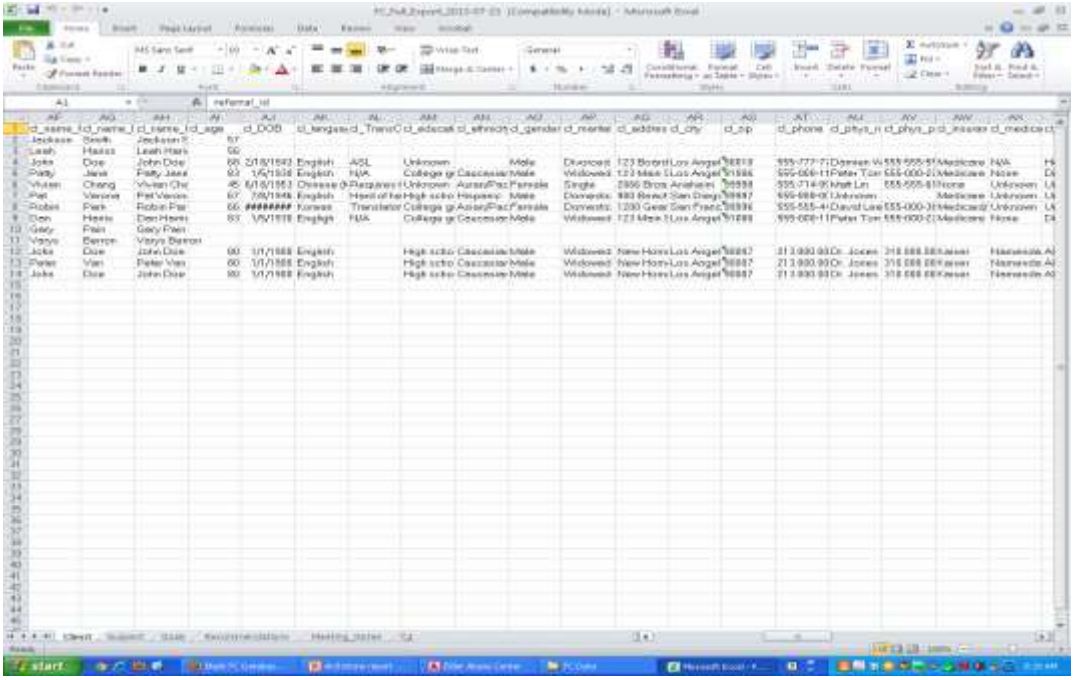
D4. Sample Report of Client Characteristics



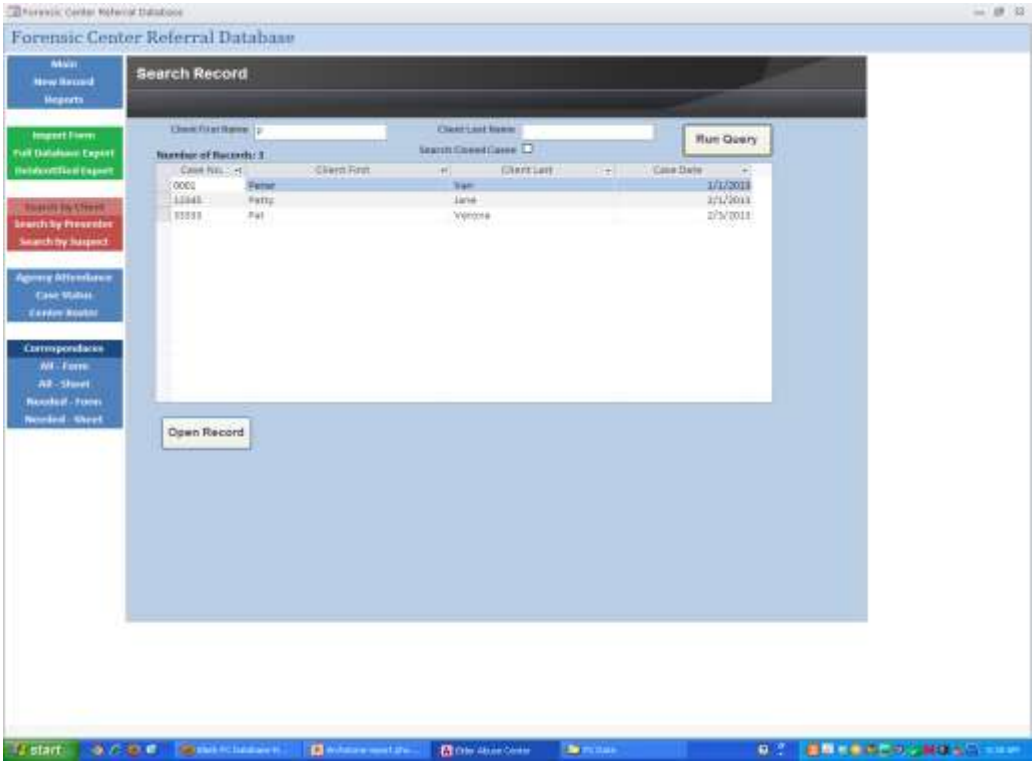
D5. Data Importing



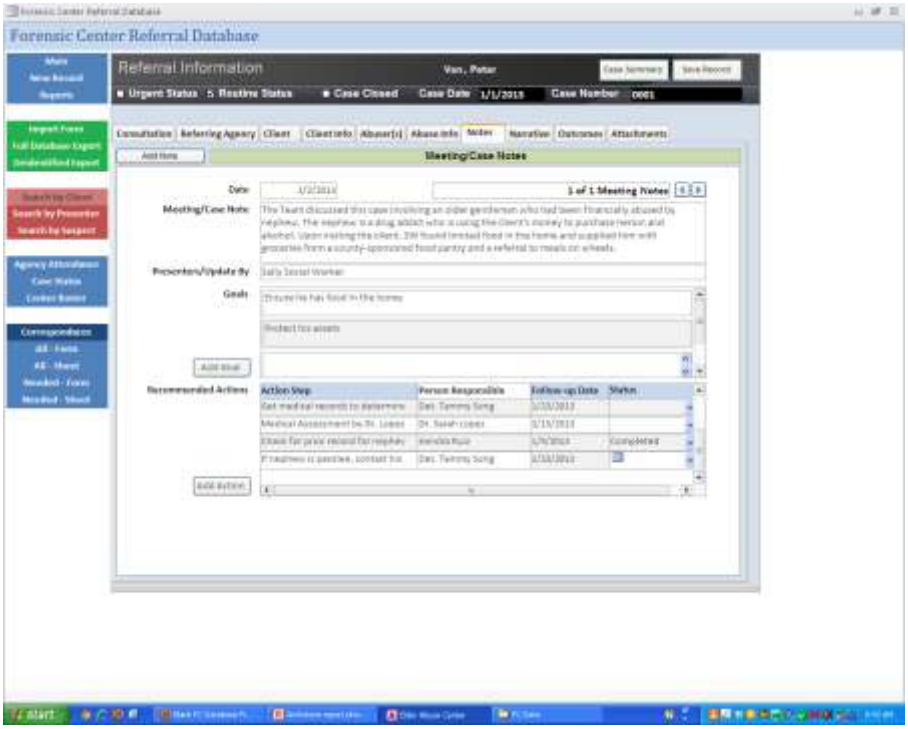
D6. Exported Raw Data



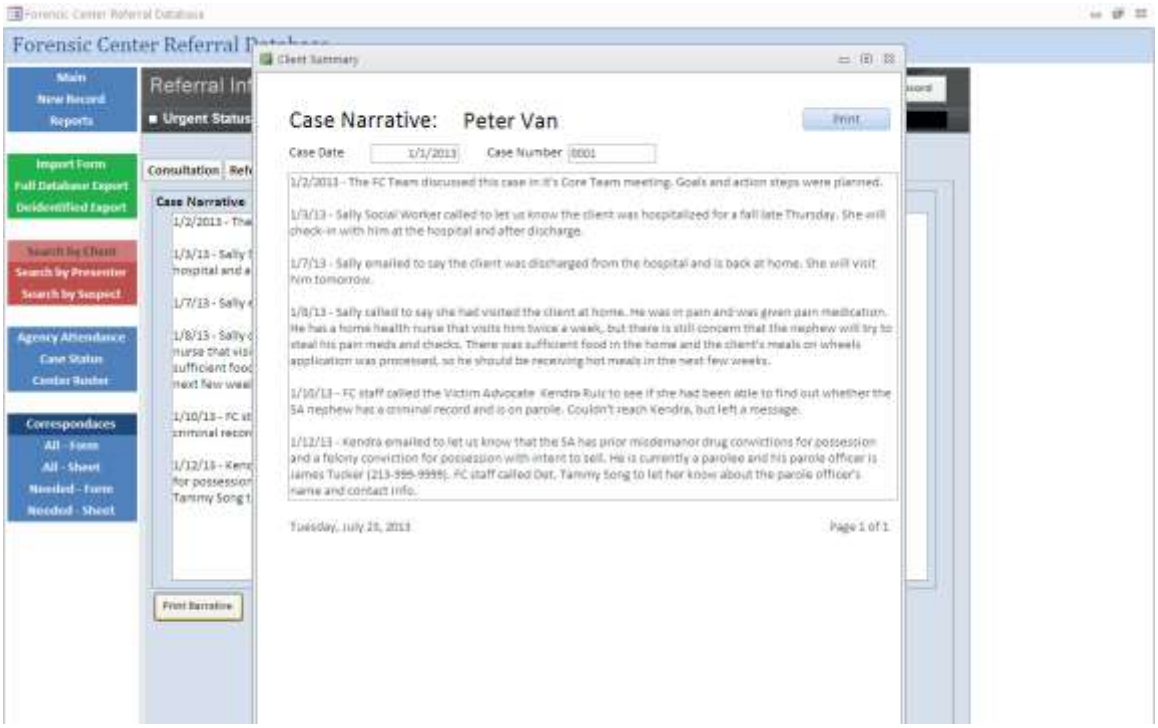
D7. Search Functions



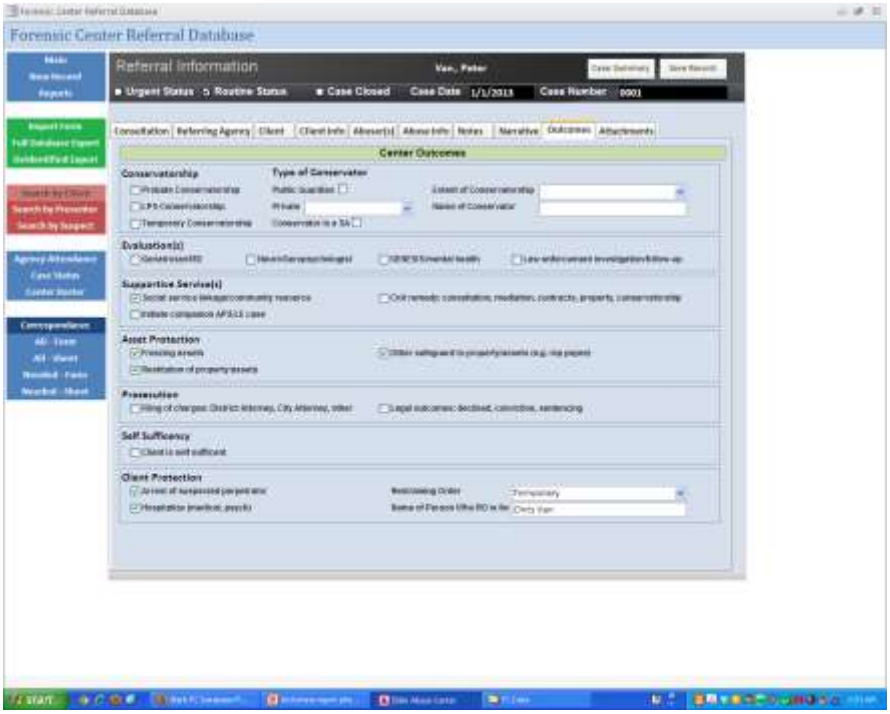
D8. Meeting Information, Goals & Action Steps



D9. Case Narrative



D10. Outcome Tracking



D11. Correspondence Tracking - Form & List Views