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Elder Abuse Forensic Centers

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Elder Abuse Forensic Centers

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Elder abuse forensic centers present a new model of multidisciplinary collaboration on elder abuse cases. The “clients” of a forensic center are Adult Protective Services (APS), law enforcement, and the Long-term Care Ombudsman. Centers take the basic multidisciplinary team model and add a geriatrician and a psychologist. Additionally, forensic center team members make home visits with APS and others for the purposes of conducting psychological or medical evaluations, lessening the burden of multiple interviews for the alleged abuse victims, and gathering evidence for possible prosecution. The challenges and successes of the four California forensic center teams are discussed.

KEYWORDS *elder abuse, forensic center, forensic science, geriatrician, multidisciplinary team, prosecution, psychologist*

INTRODUCTION

Forensic centers are a new tool in the field of elder abuse. They grew out of a need to have a responsive group of professionals (from social services,

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criminal justice, and health care fields) advise and assist in cases of abuse and neglect. Similar collaborations in the fields of domestic violence and child abuse have proven successful. Forensic science is the application of science to questions in a legal system. In this context, it involves utilizing elder abuse experts from differing disciplines to investigate and resolve cases of abuse or neglect.

In California, there were 96,429 reports of abuse of an elder or dependent adult (a person over the age of 18 with a disability who is vulnerable to abuse or neglect) to Adult Protective Services (APS) in 2008 (<http://www.dss.cahwnet.gov/research/PG345.htm>). As the agency charged with investigating these cases of alleged abuse in the home and nonlicensed facilities, APS frequently works with law enforcement, health care professionals, mental health professionals, advocates, and the legal system. When a report of abuse is received, it is often impossible to tell how serious it is—there may be ominous signs that make one very concerned when actually no abuse is occurring; or there could be horrendous physical abuse, neglect, or financial abuse despite minimal initial evidence of cause for concern. For an individual APS social worker or law enforcement officer, it is often a daunting task to access expertise and gather the resources from outside agencies that are needed to adequately investigate and resolve these situations in a timely and efficient manner.

There is a long history of collaboration between APS and professionals from other disciplines in multidisciplinary teams (Balaswamy, 2002; Brandl et al., 2007). A multidisciplinary team is a group of professionals from diverse disciplines who come together to review abuse cases and address systemic problems (Teaster & Nerenberg, 2004). The concept may have originated in the 1950's and 1960's when forums of professionals of multiple disciplines were held in communities nationwide to discuss the increasing number of elders living alone and at risk (Anetzberger, Dayton, Miller, McGreevey, & Schimer, 2005). There have been many variations over time, but the concept of multidisciplinary teams (MDTs) has remained an important strategy for elder abuse intervention. MDTs may take many different forms and have different purposes. Community MDTs address elder abuse issues specific to their community, often with a focus on detection and education. Medically based teams have been formed to provide medical expertise and assessment for victims of abuse or neglect (Dyer et al., 1999; Mosqueda, Burnight, Liao, & Kemp, 2004). Financial Abuse Specialist Teams, which originated in California and have become accepted nationwide, focus on elder financial abuse cases and education (Allen, 2000; Aziz, 2000). Elder Fatality Review Teams (or Elder Death Review Teams) review the deaths of elders that may have resulted from or are related to abuse or neglect (Brandl, Dyer, Heisler, Otto, Stiegel, & Thomas, 2007). These teams foster input from disciplines that are each involved in elder and dependent adult abuse cases but do not regularly work together. They have anecdotally, if not rigorously,

demonstrated the benefits of these collaborative efforts. Yet many barriers to effective collaboration have been identified: confidentiality, lack of participation by certain disciplines, conflicting professional priorities, communication, and competition (Blakely & Dolon, 1991; Brandl et al., 2007; Teaster & Nerenberg, 2004).

This article will describe four forensic centers in urban settings across the state of California. Each center is unique in its design and implementation, given the unique needs and leadership in each community. Archstone Foundation provided funding via its Elder Abuse and Neglect Initiative to establish and begin operation of each of these centers.

In an effort to overcome barriers and improve cooperation among diverse agencies, the Program in Geriatrics at the University of California, Irvine, School of Medicine developed the nation's first Elder Abuse Forensic Center in Orange County, California in May 2003. Initial funding for the demonstration project was provided by the Archstone Foundation. In 2006, the Archstone Foundation launched a statewide initiative to improve the quality and coordination of elder abuse and neglect services in the State of California (<http://www.archstone.org>). One of the Foundation's funding strategies was to provide support for replication and adaptation of the Orange County Forensic Center. As part of the Archstone Foundation Elder Abuse and Neglect Initiative, three additional Forensic Centers were established in California: (a) Los Angeles County Elder Abuse Forensic Center, (b) Help and Outreach to Protect the Elderly (HOPE) team project of the San Diego Family Justice Center, and (c) Institute on Aging: San Francisco Elder Abuse Forensic Center. Each of these four Centers developed out of similar needs, but with different demographics and resources (see Table 1). Additionally, each team has a slightly different composition (see Table 2) based on the services available in the community. The paper will review the

TABLE 1 County Demographics

	Los Angeles	Orange County	San Diego	San Francisco
Total population	9,519,338	2,846,289	2,813,833	776,733
Persons 65 and older	926,673	280,763	313,750	106,111
Minority	4,882,276	1,001,637	941,994	391,005
Disabled(age 21-64)	1,193,654	287,872	279,231	95,576
# APS Reports Dec07-Nov08	25,178	5,400	4,587	9,290
Average # APS reports monthly	2,098	450	382	774

Note. <http://censtats.census.gov/data/CA/05006037.pdf>
<http://www.dss.cahwnet.gov/research/PG345.htm>

TABLE 2 Forensic Center Composition

	Orange County EAFC	LACEAFC	HOPE Project San Diego	SFEAFC
Geriatrician	X	X		X
Nursing			X	X
District Attorney	X	X	X	X
City Attorney		X	X	X
Adult Protective Services	X	X	X	X
Victim Advocate	X	X	X	X
Ombudsman	X	X		X
Law Enforcement	X	X	X	X
Public Guardian	X	X	X	X
Neuropsychologist or Geropsychologist	X	X		X
Mental Health Services	X	X		
Free Legal Aid for Seniors		X		
Domestic Violence Team Member	X			
Regional Center (disability services)		X		
Research Team	X	X		X
Real Estate District Attorney		X		
Client Advocate (volunteer)			X	

development, challenges, and successes of each of the four forensic centers in California:

- Orange County Elder Abuse Forensic Center, Program in Geriatrics at the University of California, Irvine, School of Medicine, Orange, California
- Los Angeles County Elder Abuse Forensic Center, University of Southern California, Keck School of Medicine, Los Angeles, California
- Help and Outreach to Protect the Elderly (HOPE) project, Family Justice Center, San Diego District Attorney's Office, San Diego, California
- San Francisco Elder Abuse Forensic Center, Institute on Aging, San Francisco, California

WHAT MAKES AN ELDER ABUSE FORENSIC CENTER?

An elder abuse forensic center differs from the more commonly termed multidisciplinary team (MDT) in several key ways. As described above, each of the forensic centers developed out of a similar need—to integrate services that have been historically fragmented and difficult to navigate. What is

distinct about a forensic center is that it has a greater array of disciplines (see Table 2) and more focused, action-oriented collaborations than the traditional MDT. The forensic center team is task-oriented, and each member of the team is expected and willing to provide a service for the given case within the constraints of the particular agency. Meeting on a weekly basis, a plan of action is determined by the collective, and team members assist in actually carrying out recommendations. The forensic center model reflects a "one-stop-shop" where the consumer is an agency working through an elder abuse case and needing the assistance of other agencies with expertise in elder abuse. The fact that all of the agencies are together in one place allows for increased efficiency. However, this collocation of services also encourages deeper understanding between agencies as well as relationship building between individuals working in these agencies.

The following vignette demonstrates how a real case was handled in a forensic center. Following this vignette, the four centers will be described in more detail.

An APS social worker presented the following case to the forensic center. Ms. V. is a 78-year-old female who had been a successful businesswoman, owning a clothing store. She stopped working three years ago after she was widowed and suffered a stroke. One year ago she met a 45-year-old man who convinced her to marry him and had her sign papers placing her property (her home) in his name alone. Since that time, there had been several reports to APS for possible physical abuse and one incident when the APS worker found the client to have some bruising, but she always denied that there was any physical abuse. He then moved Ms. V. out of her house to live with his sister and took a \$500,000 loan out on the house. When the APS worker had first met the client, she described her as "very bright, but simply frightened of her husband." The APS worker had noted that she spoke slowly and may have had some slurred speech, but that she knew the day, the year, and the address of her house. However, she did not know what had happened to her house. She was told by her husband that he was having it painted, but she had not yet been allowed to return to the house. The APS worker tried to convince the client to divorce her new husband, but the client seemed unwilling as she never took steps to follow through.

The forensic center team recommended that the client have a cognitive assessment in light of her history of a stroke. The team asked the Victim Witness Assistance Program to provide domestic violence counseling and a restraining order against the husband if the client was willing. The team concluded that if the client was cognitively intact and understood the ramifications of all her decisions, then there may be a civil resolution to the matter if the client wanted to pursue it. However, if she was found to lack the ability to fully understand the consequences of the document that she signed or even her marriage, there may be criminal solutions as well.

The client was assessed by the team's neuropsychologist and was found to have mildly impaired memory and language skills, but severely impaired executive functioning and thus lacked the ability to understand the nature and consequences of her decisions. She also lacked the ability to initiate or follow through on any recommendations on her own. The results of this testing provided the impetus for a full investigation, which resulted in arrest. The team also recommended conservatorship, and the Office of the Public Guardian became involved quickly, thus protecting the client from further abuse. The team's neuropsychologist testified in court and explained the results of the testing to judge and jury, and a successful prosecution ensued.

Orange County Elder Abuse Forensic Center

BACKGROUND

In June 2000, the Program in Geriatrics at University of California, Irvine, developed a medical response team, known as the Vulnerable Adult Specialist Team (VAST). This project provided APS workers in Orange County with assistance from medical professionals (geriatricians and neuropsychologists) on elder abuse cases. The VAST was useful in several ways, providing medical and neuropsychological assessment in the home, reviewing medical records, suggesting referrals for medical care, facilitating conservatorship process, contacting client's physician, and being available to APS social workers to answer medical questions (Mosqueda et al., 2004). After three years of a productive VAST program and relationship with APS, both the medical and social work professionals noted a disconnect with the criminal justice system. In Orange County, it seemed difficult for APS and the medical community to engage police and prosecutors in some cases that the medical and social work professionals felt merited further law enforcement attention. The creation of the Elder Abuse Forensic Center sought to solve this problem by bringing together people from the social services, health care, and criminal justice systems.

Once the concept was formulated, the professionals in Orange County spent a year meeting with members of key relevant agencies and disciplines (geriatricians, law enforcement, APS, and the district attorney's office) and began to develop relationships, laying the groundwork for a new type of specialized MDT. It was important at this stage to have a champion to lead the process. In Orange County, the champion, a geriatrician, provided a clear vision of the center and was able to encourage the participation of multiple agencies that had no history of good communication or interaction. When an opportunity for grant support was available through the Archstone Foundation in 2003, the crucial team members were primed to embrace and enthusiastically support the idea.

TEAM STRUCTURE/IMPLEMENTATION

The Orange County Elder Abuse Forensic Center (OCEAFC or Center) team consists of members from the following agencies: the UC Irvine Program in Geriatrics (a geriatrician and a neuropsychologist), APS, the District Attorney, the Sheriff's Department, the Public Guardian, the Victim Witness Assistance Program, the Long Term Care Ombudsman, Older Adult Services (mental health program for older adults), and Human Options (the domestic violence program). Each agency committed to having an appropriate person attend a weekly meeting. Meetings are held at APS headquarters, a central and convenient location. Cases are referred by APS, an ombudsman, law enforcement, or the district attorney. At the meeting, the referring party provides a concise explanation of the situation and what is needed from the forensic center team. Depending upon the case, the referring party may at times know exactly what they need and at times need the team to guide the decisions. There are often lively (and, sometimes, heated) discussions that accompany each case. As a result of the team discussion, recommendations may include a record review, new ideas regarding services in the community, suggestions for the next step an individual should take, a house call (sometimes as a group; for example, law enforcement, public guardian, APS, and a neuropsychologist may plan to go together), or that nothing further should be done. In addition to hearing new cases, the team hears follow-up on cases that have been presented in the past. The follow-up may occur one week or several months after the initial presentation, depending upon the particulars of the case. For example, if a house call is planned as a result of the team meeting, the team will hear a brief report of the house call the following week and next steps may be discussed. If, on the other hand, the case is in the process of going to trial, it may be several months or longer before the team hears about the case again.

The OCEAFC has more recently been utilized by professionals outside of the county and state. Other jurisdictions may not have the resources needed or access to the array of disciplines that may be helpful for a particular case. In these situations, an APS worker or police officer may discuss the case with the entire OCEAFC team either in-person or via telephone.

Once the initial grant period was completed, the team secured funding through a contract with the county to continue operations. Additional support for the team is provided by a grant from the Archstone Foundation to the Center of Excellence on Elder Abuse and Neglect, of which the Forensic Center is the primary direct service component.

CHALLENGES AND ACCOMPLISHMENTS

In developing the OCEAFC, the team found that several geographical, political, and logistical issues were challenging to overcome. There are 34 cities

within the county, many with their own police department, requiring the team to make 22 separate contacts for local law enforcement services. The team found that some departments were more interested than others, so the team gratefully welcomed the involvement of those who were eager to participate. While medicine and social services operate under a model of specialization, law enforcement values provided a well-rounded experience for personnel that gives broad exposure to a range of issues. Compared to the fields of social service and health care, the nature of law enforcement, therefore, often involves the planned rotation of job duties. The rotation means that every one to two years there are new personnel joining the team, while the more experienced person rotates to another position in the agency. The members from the medical and social service fields tend to be more stable. There are some real differences between disciplines, such as language, culture, and hierarchy that had to be understood in order to work well together.

One of the most powerful accomplishments of the Center began to occur once the team members learned more about each others' roles, responsibilities, and limitations, and felt more comfortable with each other—the informal interactions before and after the Center meetings nurtured communication about a host of other cases and larger issues. The improved communication and trust led to creative ideas for research, education, and new programs, which were successfully implemented.

As a result of the increased communication and improved trust between agencies, the OCEAFC has established strong partnerships with county agencies. These partnerships have led to the development of additional efforts to address elder abuse and increase knowledge through the creation of an Orange County Elder Death Review Team as well as an Elder Abuse Prevention Coalition. The Center team also has developed many trainings on elder abuse for law enforcement, clinicians, and social workers. In a recent survey of OCEAFC collaborators, the members of the team were enthusiastic about the increased efficiency and effectiveness achieved at the OCEAFC (Wiglesworth, Mosqueda, Burnight, Younglove, & Jeske, 2006).

Los Angeles County Elder Abuse Forensic Center

BACKGROUND

Los Angeles is the most populous county in the United States with approximately 9,870,000 persons. In 2000, 10% of Los Angeles County's population were seniors aged 65 and older (about 950,000 persons) and 25% of people over the age of twenty had a disability (approximately 1,594,000 persons) (U.S. Bureau of the Census, 2000). In 2000, the University of Southern California partnered with the LAC+USC Medical Center in developing a medical response team for elder abuse victims throughout the county, known as

the Adult Protection Team (APT). The APT works in partnership with Los Angeles County Adult Protective Services (APS) to provide medical evaluation and services for victims of elder and dependent adult abuse. The APT screens all patients over age 65 who are admitted to LAC+USC Medical Center and provides consultation to all departments within the Medical Center, including the emergency room and associated clinics. Housed in the outpatient department of LAC+USC Medical Center, each month the APT treats 300 elderly and dependent adults who have been victimized or are at-risk for abuse and/or neglect, providing ongoing medical care to these vulnerable elders or adults.

After many years working on cases of abuse with APS in this hospital setting, the APT professionals noted that Los Angeles County did not have a coordinated response system for elder and dependent adult abuse cases. The systems for handling elder and dependent adult abuse cases in the county were fragmented and characterized by a lack of coordination among the departments charged with protecting elders and prosecuting offenders. The multidisciplinary teams that had developed in response to these cases were extremely large and it was difficult to actively work through a case. With the Orange County Elder Abuse Forensic Center as a model, APT professionals began to seek partners to develop an Elder Abuse Forensic Center in Los Angeles County in 2004. During 2004–2005, planning meetings and discussions about development of a forensic center were held. Key partners were enthusiastic and the announcement of the Archstone Foundation's Elder Abuse and Neglect Initiative coincided with these planning meetings, allowing the forensic center to be created through this initiative.

TEAM STRUCTURE/IMPLEMENTATION

The Los Angeles County Elder Abuse Forensic Center (LACEAFC or Center) was founded in January 2006. The first cases were reviewed in March 2006. The team meets weekly and reviews two to six cases per week. Meetings are held at the Elder Abuse Forensic Center, a separate office located on the campus of LAC+USC Medical Center that is equipped with a central table and multiple surrounding computer workstations. This setting was chosen for its centralized location (APS has 16 separate offices throughout Los Angeles County) and proximity to LAC+USC Medical Center and the APT. The team consists of the following core members: a geriatrician, a neuropsychologist, the District Attorney (felony cases), the City Attorney (misdemeanor cases), law enforcement, APS, GENESIS (mental health services provider for Los Angeles County), the Office of the Public Guardian, victim advocates, Bet Tzedek Legal Services (free legal aid for seniors), and the Long-Term Care Ombudsman. Additional members of the team that are called in on a case-by-case basis include the coroner, the real estate district attorney, and the Regional Center (an agency that serves people with disabilities).

A Memorandum of Understanding was created between the Center and each agency, describing the way in which the agency will interact with the Center. A Project Manager runs the Center on a daily basis and facilitates the weekly meetings.

Cases may be brought to the Center by any member of the team, but most cases are brought by APS, law enforcement, the district attorney, and GENESIS. Once the case is discussed, an action plan is developed with a focus on three key areas: (a) to ensure the safety of the victim and his/her property, (b) to collect comprehensive and accurate information needed for prosecution, and (c) to support the victim.

CHALLENGES AND ACCOMPLISHMENTS

Los Angeles County covers a vast area and houses 86 cities. The size of the county, the number of different police units, and a long history of agencies learning to work without assistance from each other were all barriers that had to be overcome in developing the Center. The LACEAFC noted that APS did not bring as many cases as had been initially anticipated, and this lack of participation was a large concern of the Center. However, cases were brought by all other agencies on the team and over the three years that the Center has developed and grown, there has been increasing utilization by APS to the level that was expected. One reason for the increased utilization by APS may be that they now have a clearer understanding of the LACEAFC and its ability to assist APS workers with difficult cases. Other challenges included rapid staff turnover within agencies, communication difficulties between agencies that had a history of tense relations, and concerns about long-term sustainability.

The LACEAFC team realized quickly that the most complicated abuse cases were brought to the Center, and a large proportion of these cases were thorny financial abuse cases involving capacity issues, requiring additional assessment by a forensic neuropsychologist. The Center was successful in securing additional funding for the neuropsychologist through a grant from the UniHealth Foundation. In three years, the Center has reviewed over 300 cases and has assisted in the successful prosecution of 21 elder abuse cases (with 10 to 15 pending at any given time). Over 130 victims of abuse received a medical and/or neuropsychological assessment between March 2006 and December 2008. The LACEAFC was a catalyst for the creation of the Los Angeles Elder Death Review Team, and it is also involved in formal and informal teaching throughout the county.

Help and Outreach to Protect the Elderly (HOPE) Project

BACKGROUND

The Help and Outreach to Protect the Elderly (HOPE) Team in San Diego operates through a “wraparound” service intervention model, a model

designed to ensure an individualized plan of care in a timely manner from a variety of disciplines for each victim of abuse. This model has been used extensively to serve victims of child abuse and domestic violence with a high degree of success. Collaborative and colocated services in child advocacy centers have resulted in numerous positive outcomes, including more effective and coordinated investigations, provision of medical examinations, abuse substantiation, and mental health referrals; an increase in substantiated cases filed for prosecution; and an increase in convictions (Smith, Witte, & Fricker-Elhai, 2006). However, prior to the launch of the HOPE team, no jurisdiction in California had moved beyond collaborative intervention to colocated, multidisciplinary service delivery for the elderly. In addition, no elder abuse initiative had built collaborative bridges with existing services for victims of child abuse, sexual assault, and family violence.

The HOPE Team was established in 2006 with funding from the Archstone Foundation Elder Abuse & Neglect Initiative in order to move beyond coordinated intervention services and be colocated with the San Diego Family Justice Center (SDFJC), a nationally recognized model for serving the needs of family violence victims and their children. Additionally, the HOPE Team borrowed from the experience of the Orange County Elder Abuse Forensic Center, which was established in 2003. The goal of this project was to serve elder abuse victims in San Diego County utilizing a comprehensive, collaborative intervention service model that provides consistent, coordinated, multidisciplinary services from a single location whenever possible.

TEAM STRUCTURE/IMPLEMENTATION

The population served by the HOPE Team includes elder abuse victims in the central region of San Diego County experiencing physical abuse, neglect, or financial exploitation characterized as misdemeanor or felony conduct, where the first report of abuse comes from a law enforcement agency or elder abuse hotline call. From the first report of victimization or call for assistance all the way through to the conclusion of civil and criminal legal interventions and social service system assistance, the goal of the project is to wrap each client in services and support.

The HOPE Team provides individualized case review and long-term client support. Clients in the project each have a designated HOPE Team advocate working on their case and with them personally throughout the intervention process. The HOPE Team meets twice a month to review cases and create care plans for victims. At its core, the HOPE Team consists of the following members: an assigned prosecutor for the case, an assigned Elder Abuse Unit detective for the case, a victim advocate, an APS Specialist, a volunteer advocate (one client, one advocate), and a nurse or medical resident from the San Diego Family Justice Center Forensic Medical Unit. In addition, HOPE Team case review meetings may include individual service

providers from community partners or the SDFJC working on particular cases. Home visits and house calls by HOPE Team members are conducted with the Forensic Medical Unit staff or other community partners as needed.

CHALLENGES AND ACCOMPLISHMENTS

In developing the HOPE Team, one challenge was establishing the protocols for the evaluation of the project. The team found that developing a standardized tracking system was important to demonstrate the impact of the services offered to victims of elder abuse in the community. An additional challenge was the education of staff and local political officials about elder abuse and the need for the forensic center.

The project was successful in establishing the multidisciplinary HOPE Team within the San Diego Family Justice Center, which offered comprehensive case referral services to over 47 clients and conducted a total of 85 home visits to victims of physical and financial abuse over the first two years. Additionally, the HOPE Team members provided 61 presentations on elder abuse to a total of 1,562 professionals. The project found good client satisfaction from clients who utilized the Family Justice Center and from clients who had their entire HOPE Team (including the social worker, victim advocate, psychologist, and/or medical personnel) visit them in their home.

San Francisco Elder Abuse Forensic Center

BACKGROUND

San Francisco has a long history of addressing elder abuse through multidisciplinary teams. The Consortium for Elder Abuse Prevention was founded in San Francisco in 1982 by a task force of professionals from the field of aging to help abused elders. San Francisco also adopted both an Elder Death Review Team and a Financial Abuse Specialist Team (FAST).

Despite these multiple forums, it was recognized that the professional expertise needed to evaluate the cognitive, emotional, and functional status of elder abuse victims for use in probate, criminal, and civil proceedings was often woefully inadequate. For example, many clinicians were unaware that clients who were alert and appeared competent could be fleeced, manipulated, or unduly influenced by virtue of their physical and emotional isolation, subtle cognitive deficits, or cumulative medical conditions. In 2006, The San Francisco Institute on Aging created an Archstone Foundation-funded program called "Utilizing Clinical Assessments to Combat Elder Abuse," or MAT, for "Multidisciplinary Assessment Team." From 2006–2008, APS, the Public Guardian, the Long Term Care Ombudsman, the City Attorney, and law enforcement were considered the program's "clients" and could refer cases in monthly meetings for evaluation by a geropsychologist and a geriatrician. Lessons learned from this project were that (a) the

program's "clients" had little trust or understanding of one another, (b) the need for clinical assessments far outstripped availability, and (c) there was a confusing array of elder abuse teams in San Francisco.

Based upon lessons from the MAT, the Institute on Aging was awarded further Archstone Foundation funding to develop the San Francisco Elder Abuse Forensic Center (SFEAFC or Center). Concurrently, the San Francisco District Attorney successfully advocated for city monies to cofund this project. The SFEAFC is a public-private partnership.

TEAM STRUCTURE/IMPLEMENTATION

Planning meetings for the SFEAFC began in the summer of 2007 with stakeholders from the District Attorney's Office, the Institute on Aging, the Department of Aging and Adult Services, the City Attorney's Office, the Long-Term Care Ombudsman, and the San Francisco Police Department. Utilizing Orange County Elder Abuse Forensic Center's experience that physical presence increases buy-in and participation, it was decided that the project would be housed at APS; the director/geropsychologist and coordinator would be colocated almost full-time. The police, assistant district attorneys, and geriatrician would come in for meetings and informal consultations. Early in this process, it became clear that the priorities of the District Attorney's Office (more exclusive focus on cases with potential for criminal liability) and those of APS (wider focus to include noncriminal cases such as self-neglect) were at odds. To bridge this divide, the initial solution was to have two meetings per week, the first with a consultative bent and the second with a criminal focus. It was decided that the project would be guided by a steering committee with members from each of the main "stakeholder" agencies (APS, the Office of the District Attorney, the San Francisco Police Department, and the Institute on Aging) that would meet quarterly. Because many of the same team members participated in the FAST, it was decided to incorporate the financial abuse team into the forensic center team. The SFEAFC was launched in January 2008.

CHALLENGES AND ACCOMPLISHMENTS

It was quickly apparent that two meetings per week were not sustainable, and cases refused to neatly divide themselves into criminal and noncriminal categories; meetings were moved to once per week. In the first year, the SFEAFC's team members presented 55 unique complex cases at the Center team meetings (Formal Consultations), and provided 152 Informal Consultations between APS caseworkers and the other professionals on our team. In total we served 181 unique clients through one of these methods of consultations. We also conducted 25 geropsychological evaluations, 3 medical record reviews, 2 medical evaluations, and 12 joint home visits in which

we partnered professionals from our team to jointly evaluate clients in their home.

The less tangible and possibly more important accomplishments have been the shifts in understanding and cooperation. As a team we have fostered greater understanding of each agency's mandate—the objectives and limitations of the parameters in which they operate. This diffused some of the tension between agencies by putting each agency's work in context and clarifying roles. Greater understanding led to stronger relationships on our team and this translated into more effective and positive outcomes for our clients. For example, an APS worker called a police inspector at the last moment before a court hearing and was able to secure photographs of an elder's bruising that were key in obtaining a protective restraining order. The APS worker felt that without the relationships forged in the Center, this would not have happened.

In our first year of operation we have built stronger relationships between agencies, consulted on many egregious cases of abuse, and have effectuated positive change for seniors in our community.

LESSONS LEARNED

In the early stages of development, each of the forensic centers learned that there are inherent differences between agencies that make collaboration difficult. For instance, prosecutors may have a focus of the potential crime at hand, while medical personnel may be more focused on the health and welfare of the elder. Additionally, these professionals may speak very different languages, making communication difficult. The same person may be referred to as "victim," "client," or "patient," depending on what agency representative is speaking. The initial phase for each of the four centers involved a period of time where agency members had to learn about each other's expertise and what to reasonably expect from each other. There was discontent between some agencies that had to be resolved in order for them to work together. However, this was also a time of planning and excitement about the potential of the team's value. Table 3 presents some of the common barriers experienced in the development of the forensic centers.

Once the team members had a basic understanding of each agency's abilities and limitations, a sense of trust began to form between agencies. The projects observed an increasing acceptance of each agency's strengths and weaknesses. During this critical period for the center, agency members began to develop insight into the abilities and needs of each other agency on the team. Respect for each team member grew and the overall purpose of the team solidified, particularly as successful outcomes were seen.

Once a team solidifies, the forensic center team clearly works in a way that is collaborative and synergistic; there is an additive effect of the

TABLE 3 Forensic Center Barriers

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- Law enforcement culture does not always consider elder abuse a crime.
 - There may be tension between agencies that can affect collaboration and cross-reporting between them.
 - Concerns about continuing funding of the forensic center can hinder activities and take a toll on morale.
 - The centers need more people who really understand elder abuse.
 - There is a lack of understanding from some agencies, including APS, about how the forensic center can assist them in bringing closure to their more difficult cases.
 - It may be difficult getting each agency member to the table. Some agencies/individuals may be resistant.
-

members' expertise and the whole is greater than the sum of its parts. Individuals begin to identify themselves with the center and take on a sense of ownership. Personal relationships develop between members of differing agencies and they start to contact each other about issues even outside of the weekly meetings. There is pride in the work of the team and a sense of responsibility to each other and to each case. The meetings become very constructive and efficient. For example, a police officer can bring medical documents and photographs to a meeting and get immediate feedback from a physician regarding the level of suspicion and concern. This information gives the detective direction to help determine how much time to devote to pursuing a case. Table 4 shows some of the successes encountered by the four centers in utilizing this model.

Some common themes overarching the four centers are highlighted in Table 5. These may be useful to other communities that are considering developing a forensic center.¹ Some of the quantitative measures of the success of the four centers are presented in Table 6.

TABLE 4 Forensic Center Successes

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- Influence the local law enforcement agencies (by raising their awareness of elder abuse and giving them tools and resources to assist them in dealing with elder abuse) and increase their ability to deal with elder abuse cases.
 - Collaboration between agencies allows for investigations to be run in tandem. The idea behind collaboration is that you get a synergistic effect through a team approach. Each team member enhances the other team members' effectiveness and efficiency.
 - Form new relationships that facilitate collaboration outside of the formal structure of meetings.
 - Coordinate home evaluations, allowing team members to meet clients where they are and to ensure they receive the services they need.
 - Generate new ideas for programs, trainings, systems changes, and research using the collaborative quality of the group.
 - Foster support by the collaborative for methods to fund and implement ideas.
 - Raise the profile of elder abuse and create more interest in the field through this new approach.
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TABLE 5 Lessons Learned

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- In developing a forensic center, a county needs both decision makers and front line people involved so that both policy and real world public service considerations can meld.
 - Instead of one assigned individual, multiple persons from an agency can be rotated to represent their agency. This broadens understanding of what the forensic center does within each agency as well as increasing the number of contacts the center has at each agency.
 - The relationship between the forensic center and each agency may change over time.
 - Working with county agencies or universities can be difficult as these are large systems with attendant bureaucracy. It is important for innovative people to nurture the relationship with these agencies to facilitate a collaborative attitude that will assist in overcoming barriers.
 - Tailoring the goals to each individual case is important because each case is unique.
 - The elder abuse victim advocate can be a valuable link to emotional support for the victim of abuse.
 - To build a forensic center, assess the opportunities in your area and anticipate your barriers.
 - A neuropsychologist who can do forensic assessments is essential to a forensic center.
 - The forensic center model can bridge divides between those in the county that work with victims of abuse and neglect.
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EVALUATION METHOD AND DATA

Data presented in this paper was collected through an independent cross-cutting evaluation of the Archstone Foundation Elder Abuse & Neglect Initiative, which was conducted by The Measurement Group (see Huba, Melchior, Philyaw, & Northington, this issue). Primary evaluation data were collected using quarterly report forms designed for this initiative, project-specific studies, and interviews with project directors and key staff. Using a mixed methods (quantitative-qualitative) design, more than 80 key areas of programmatic activity were examined through an empirically derived and judgment-based coding system to develop a set of 19 major indicators of program activity and quality (for a summary of all indicators across all projects, see Huba et al. in this issue).

Selected Aggregate Outcomes

Examples of outcomes are given below.

- *Infrastructure Development Meetings.* Three of the four forensic centers conducted or participated in 1,060 meetings for infrastructure development, planning, or coordination to build lasting capacity for services related to elder abuse and neglect prevention and intervention.
- *Trainings and Number Trained.* 217 trainings for mandated reporters of elder abuse were conducted, with 6,041 individuals receiving training.

TABLE 6 Selected Exemplars: Major Outcomes Achieved by Forensic Centers*Interagency Cooperation and Inclusion*

- Project successfully brought together professionals from local law enforcement, medical, legal, and other service agencies and provided a forum for case input, evaluation, and cross training. The forensic center is a place where professionals can help identify barriers in the system and work together to address them.
- Project facilitated improved interagency communication and participation, with over 80% attendance of core team members at all meetings.
- Project completed a Memorandum of Understanding with participating agencies, making it easier to actualize the proposed commitments of all the agencies involved.
- Project participants gained a deeper knowledge and understanding of how other agencies worked. This was evidenced by the use of new tools and procedures and the comfort with which participants collaborated with one another.

Special Integrated Services

- Project strengthened coordination and collaboration among core team partners.
- Project tracked the progress of victims long after their participation in the criminal proceedings was terminated, ensuring that they continued to receive the necessary assistance they required.
- Project internally streamlined the process of case referral, prompting Adult Protective Services and the Office of Public Guardian to reevaluate their working arrangement to make the referral process more efficient overall.
- Project performed over 100 neuropsychological evaluations to clients.

Incorporating Criminal Justice System

- Project facilitated improved communication between the police department, Adult Protective Services, Public Guardian, and the City Attorney and District Attorney.
- Project assisted the District Attorney's Office in obtaining a murder conviction in an elder neglect causing death case, one of the first such convictions in the nation.
- Project influenced growth of the elder abuse and fraud units of both the Police Department and the Sheriff's Department.

Disseminating Model Nationally

- Project generated interest around the country and is an important resource for elder abuse professionals who do not have access to elder abuse experts. The project demonstrates the use of well-established methods for integrating legal and medical interventions to provide service to victims of elder abuse and neglect.

- *Presentations and Attendance.* Three forensic center projects gave 292 formal presentations to mandated reporters, staff members, other agencies, and the elderly. In total, 11,741 individuals attended these presentations. As an example, one project delivered over 100 presentations to over 2,800 people across California and 15 other states.
- *Media Events.* Three forensic center projects participated in 77 media events, reaching an estimated 104,000 individuals.
- *Assessments.* The forensic centers conducted 1,170 brief assessments and 851 in-depth assessments of potential elder abuse victims.
- *District Attorney Filings.* The four forensic center projects worked with local law enforcement to file 58 cases with the District Attorney.
- *National and International Impact.* As part of their activities, the four forensic centers have provided technical assistance, training, information

presentations, or case consultations to professionals and agencies located in 32 other states and the District of Columbia as well as six foreign countries (Canada, Philippines, South Africa, England, Australia, and Japan).

Table 6 lists some examples of the major outcomes achieved by the forensic centers. These highly selective exemplars come from the quarterly reports submitted by the grantees and are chosen from what they reported as their most significant successes and lessons learned over the course of the project thus far. Information from the reports was reworded to form stand alone statements that reflect outcomes of the individual projects as well as aspects of the group overall. The statements then were grouped by theme to show major outcomes of all the forensic centers.

CONCLUSION

The four forensic centers described above operate in counties with differing political issues, geographies, and demographics. Although each county has equivalent agencies by name (e.g., APS, police, district attorney), these agencies have different degrees of interest and ability to participate in a forensic center depending on the attitudes of the agency's leadership and the community's needs. Further, agencies differ in their operations, expertise, and procedures. For example, some APS agencies are staffed entirely by people with degrees in social work. Others incorporate health care providers such as nurses or mental health experts into their staff. Others do not have the ability to set such standards due to funding or other practical issues. Therefore, it is important to realize that individual forensic centers will differ based on what is available in the community (county) it serves. Some counties have particularly strong APS agencies, some have an enthusiastic commitment from the District Attorney, and others have skilled participation from the health care field. No one community will have strengths in every area, so interested agencies must assess their individual community to take advantage of the assets and not be discouraged by the weaker or less interested agencies.

These considerations have important ramifications for replication in other counties, states, and even countries. In order to build a forensic center, a community must first know what relevant agencies exist within the community and must formally introduce them to each other. Another key factor in the development of a center is a "champion" to lead the cause. The center may very well be shaped by this person (or agency) and their professional view, which has both benefits and detriments.

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NOTE

1. For more information refer to *Creating an Elder Abuse Forensic Center: Philosophy into Action*. Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, 2008. <http://www.centeronelderabuse.org>

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