



Enacted as part of the Patient Protection and Affordable Care Act in March of 2010, the Elder Justice Act represents the most comprehensive federal elder abuse prevention law to date, calling national attention to the millions of vulnerable older Americans who are victims of abuse, neglect, and exploitation. The Elder Abuse Prevention Interventions demonstration, authorized by the Elder Justice Act and funded by the Administration on Aging (AoA), U.S. Department of Health and Human Services (HHS) in FY 2013, provided funding to five state grantees to test interventions designed to prevent elder abuse, neglect, and exploitation. The HHS Office of the Assistant Secretary for Planning and Evaluation has contracted with NORC at the University of Chicago to design and conduct an evaluation of the interventions being tested through this demonstration. The purpose of the evaluation is to study the development and implementation of the state grantees' elder abuse interventions and report findings on the characteristics of victims and perpetrators of elder abuse or those at-risk, the use of prevention services, and outcomes.

The states participating in the demonstration and evaluation are: Alaska Division of Senior and Disabilities Services; New York State Office for the Aging; University of Southern California; University of Texas Health Science Center at Houston; and Texas Department of Family and Protective Services and WellMed Charitable Foundation. This Research Brief is one of five summarizing the tested interventions and findings to date.

Enhanced Multi-Disciplinary Teams New York State Office for the Aging

PROJECT OVERVIEW

Through the Elder Abuse Prevention Interventions grant initiative in New York State, multiple partners are implementing enhanced multi-disciplinary teams (E-MDT) in two pilot locations, incorporating forensic accountants and geriatric psychiatrists to investigate and intervene in complex cases of elder financial exploitation and elder abuse. The aim of the EAPI project is to improve systems collaboration and awareness of signs of financial exploitation through a partnership among public, private, and not-for profit organizations, and to protect victim safety and assets. E-MDTs have been implemented in Manhattan through the New York City Elder Abuse Center (NYCEAC) at Weill-Cornell Medical College, and in seven counties (Monroe, Cayuga, Livingston, Ontario, Seneca, Wayne, and Yates) in the Finger Lakes region of New York through the Monroe County Office for the Aging (MCOFA) and Lifespan of Greater Rochester Inc. (Lifespan).

KEY FINDINGS TO DATE ¹

Theoretical/Clinical Basis of Prevention Intervention

Findings from the 2011 Under the Radar: New York State Elder Abuse Prevalence Study: Self-Reported Prevalence and Documented Case Surveys (Prevalence Study) ² indicate that the highest rate of elder mistreatment in New York occurred for major financial exploitation (i.e., theft of money or property, using items without permission, impersonation to get access, forcing or misleading to get items such as money, bank cards, accounts, power of attorney) with a rate of 41 per 1,000 surveyed. ³ Spouses or partners and adult children were perpetrators for 40 percent of the mistreatment episodes, as self-reported by elders. ⁴

The E-MDTs address the financial exploitation of older adults by bringing together professionals from various disciplines to investigate, intervene, and prevent abuse. The model is "enhanced" as it includes the services of a forensic accountant and geriatric psychiatrist, resources not commonly found on elder abuse case coordination and review teams. The E-MDT was modelled on NYCEAC's Brooklyn MDT developed and launched in 2010, and emphasizes cross-system collaboration.

Prevention Intervention

Core membership of the Finger Lakes and Manhattan E-MDTs draws on professionals from aging and social services, the financial industry, legal services, law enforcement, including a forensic accountant and a geriatric psychiatrist as available to each team.

Most E-MDT members serve as part of their job responsibilities; their participation is an in-kind donation from their organizations. Forensic accountants and geriatric psychiatrists are retained on a fee-for service basis. Local APS units in the Finger Lakes region and in Manhattan participate. APS is a primary source of case referrals.

Outcomes ⁵

The immediate outcome of an E-MDT intervention is to ensure the safety and well-being of victimized elders and the protection of their assets, with a longer term goal of restitution of assets and reduced risk of further exploitation. On an individual level, early outcomes of the E-MDT intervention show improved safety of elders and the protection of assets.

INFRASTRUCTURE

The lead entity for the project is the New York State Office for the Aging (NYSOFA). The Bureau of Adult Services within the New York State Office of Children and Family Services (OCFS) supports the participation of local APS units in the E-MDTs in Manhattan and the Finger Lakes Region, and is a partner in training financial professionals as part of this grant initiative. The Monroe County Office for the Aging (MCOFA) serves as the local contract monitor and fiscal entity. Lifespan, located in Monroe County, NY, is a non-profit agency founded in 1971. It serves older adults and operates more than 30 programs, including the nationally recognized Elder Abuse Prevention Program, care management, Long Term Care Ombudsman, and guardianship programs. NYCEAC, located in New York City, was established in 2009 and is housed within the Weill-Cornell Medical College, Division of Geriatrics and Palliative Medicine. NYCEAC seeks to prevent abuse and assists abused and at-risk elders by helping to improve professional, organizational, and systems response.

ELDER ABUSE

Findings from the *Prevalence Study* indicate that financial exploitation of older adults is a common, serious, and under-reported problem. The study found an elder abuse incidence rate in New York State that was nearly 24 times greater than the number of cases referred to social services, law enforcement or legal authorities. An estimated 260,000 older adults in the state had been victims of at least one form of elder abuse in 2008-2009.

INTERVENTION

Target Population

Victims age 60 or older with detectable signs of possible financial exploitation present are eligible for services with the Finger Lakes and NYCEAC E-MDTs. They must also have at least one of the following characteristics: 1) health or mental health problems and/or physical impairments; 2) possible cognitive impairment and/or dementia; and 3) social isolation and/or inadequate social support.

As of January 2015, the Finger Lakes E-MDTs received 110 referrals with the majority originating from Monroe County. From May 2013-January 2015, 78 new cases were presented to the E-MDTs and 75 meetings held. In Manhattan, between April 2013- January 2015, NYCEAC provided case

consultations on 135 unique cases with 36 of these cases then triaged to the E-MDT (about one-half of the referrals originated from APS).

This initiative includes victims that are over age 60, with some victims age 75 and older. Many are widowed and socially isolated. At NYCEAC, although financial exploitation is the primary basis for the referral, co-occurring abuse is prevalent in many cases. Victims in 80 percent of cases have required medical and/or mental assessments and treatment.

E-MDT Meetings: Financial Exploitation Case Presentation

Generally, E-MDTs meet twice per month. In some of the smaller counties of the Finger Lakes, E-MDTs meet monthly or on an as needed basis. Meetings are generally scheduled for 1.5 to 2 hours, and are facilitated by the E-MDT coordinator. Participation in the meetings is required of the core members of the E-MDTs. All E-MDT participants and observers are required to sign a confidentiality statement. The E-MDT coordinator facilitates case presentations by preparing key information about the presenting issue(s), alleged perpetrator(s), reason for referral, the nature of abuse, and interventions provided to date. Information is included in a presentation slide so that all E-MDT participants can see the details of the case while they are being discussed (cases are de-identified in Manhattan). Participants discuss the case and identify barriers, resources, and action steps. An informal risk assessment helps prioritize cases for intervention on a scale of no risk, low risk, medium risk, or high risk.

The E-MDT coordinator prepares an action plan for each case using a “coordinated, person-centered care” approach. Services are tailored to elder’s needs (e.g., safety plan, order of protection, physical or mental health treatment referrals, guardianship, respite, temporary housing or shelter, or APS home visits). Service plans are prepared and the E-MDT coordinator facilitates assignment of roles, action items, and follow up steps. Depending on the fact pattern of the case and forensic accountant review, criminal prosecution of the suspected perpetrator may be pursued.

Plans and supports are revisited at subsequent E-MDT meetings. All E-MDT members are held accountable for following through with assigned action items to ensure the case moves forward in a timely manner.

Key Roles

- **E-MDT Coordinators:** Full-time E-MDT coordinators were established at Lifespan and NYCEAC. The coordinators lead the E-MDTs, and each has similar duties. They receive referrals, provide consultation to referral sources, and obtain information through public, bank, and medical records. They organize regularly scheduled E-MDT meetings, prepare case presentations, develop action plans, and track cases. In addition, the E-MDT coordinators provide case consults to professionals, maintain contact with APS and partners, and conduct outreach to develop service linkages. The Lifespan E-MDT coordinator established and works with seven county-based E-MDTs in the Finger Lakes region. The NYCEAC E-MDT coordinator also convenes the Brooklyn MDT and another multidisciplinary team based in Manhattan.
- **Forensic Accountant:** The forensic accountant role constitutes the primary enhancement piloted through this initiative. For complex cases, the forensic accountant conducts in-depth reviews of bank, credit card, and investment statements, analyzing transactions to determine the exploitation of victim assets. In the Finger Lakes pilot, the forensic accountant prepares a report of findings and provides recommendations to the E-MDT, and testifies in court, if needed. A private/community-based forensic accountant works with the Finger Lakes E-MDTs. In Manhattan, the forensic accountants for the NYCEAC E-MDT are Manhattan District Attorney’s office staff, and work within the parameters of this office.
- **Geriatric psychiatrist:** The geriatric psychiatrist participates on the E-MDTs and is the second enhancement to the model. The role of the geriatric psychiatrist varies, depending on the needs of the case and can include: reviewing psychiatric evaluations conducted; consulting on developing a meaningful response based on the mental health and cognitive status of client; making suggestions for referrals for treatment and services; assisting with follow-up concerning such referrals; and providing direct assessments, when needed.

IMPLEMENTATION

Commitment, strategic leadership, and an emphasis on continuous improvement helped drive successful implementation. Longstanding partners and recognized leaders in elder abuse prevention and advocacy, NYSOFA, Lifespan, and NYCEAC engaged their partners and obtained buy-in in each jurisdiction. Having APS “on board from the get-go” was instrumental and made possible through OCFS as a key partner.

Key components of the E-MDT model that are being implemented as intended include the roles of the E-MDT coordinators, use of the forensic accountants and geriatric psychiatrists, and creation of documents, including a training curriculum for use in training financial professionals, and E-MDT policies and procedures. There have been no unintended consequences observed or breaches of confidentiality.

One component modified from the initial concept is establishing E-MDTs in all of the Finger Lakes counties rather than creating a hub E-MDT and using technology for “satellite” locations. Early implementation findings indicated that technology was not a viable substitute for in-person meetings. Another recent modification concerns use of forensic accountants based in the NY District Attorney’s (DA) office. Constraints on reporting activities to the E-MDT, owing to their role in the DA’s office, require community services instead.

Project partners have noted the effectiveness of the E-MDTs in the prevention of exploitation of older adults and in the prosecution of criminal cases.

Preliminary results show positive outcomes in terms of stopping the exploitation, managing risk of future victimization, and recovery of lost assets. In the Finger Lakes site alone, \$514,000 has been directed to be repaid by a court or agreed upon in repayment plans, and over \$130,000 has been repaid to victims to date. Forensic accountant services have facilitated the prosecution of perpetrators in exploitation cases brought to the E-MDTs, as well as in civil actions brought to stop exploitation and to prevent further victimization. Forensic accountant reports have been useful in establishing the need for the appointment of a guardian under New York State Mental Hygiene Law.

A key informant remarked on the E-MDT process: “This is very exposed, public work. It’s all about working together and respecting the ethos of the group. These cases are serious.”

Collecting evidence to lead to a criminal case is challenging given that prosecution demands a high standard of proof. The District Attorney’s Offices provide advice about the kinds of information that would facilitate prosecution, such as the findings of the forensic accountant’s analysis.

LESSONS LEARNED

The E-MDT involves problem-solving across systems. Developing trust, together with fostering an atmosphere of respect and collegiality, is essential to the E-MDT’s functioning. The E-MDT coordinators are key to facilitating the work, and the meetings enable cross-systems collaboration to address needs of vulnerable older adults who are victims of financial exploitation and other abuse. Ongoing implementation takes effort to foster culture change, sustained engagement, coordination, and sustainability.

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¹ The findings to date are derived from site visits to Lifespan of Greater Rochester and to NYCEAC in January 2015 to learn about planning, infrastructure and implementation of the prevention intervention and progress to date. Key informant interviews were conducted with Lifespan and NYCEAC leaders and staff. Program documents and protocols were reviewed. NORC attended two E-MDTs, one at Lifespan and the other at the Manhattan District Attorney’s Office, and signed confidentiality statements at each meeting. NORC thanks NYSOFA, Lifespan, and NYCEAC for hosting the visits.

² Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging. (May 2011). *Under the Radar: New York State Elder Abuse Prevalence Study Self-Reported Prevalence and Documented Case Surveys, Final Report*. Rochester, NY: Authors.

³ *Ibid*, page 3.

⁴ *Ibid*, page 34.

⁵ Outcome data from the Lifespan and NYCEAC E-MDTs will be analyzed in late 2015.