Final Report

Elder Justice Advocate Project

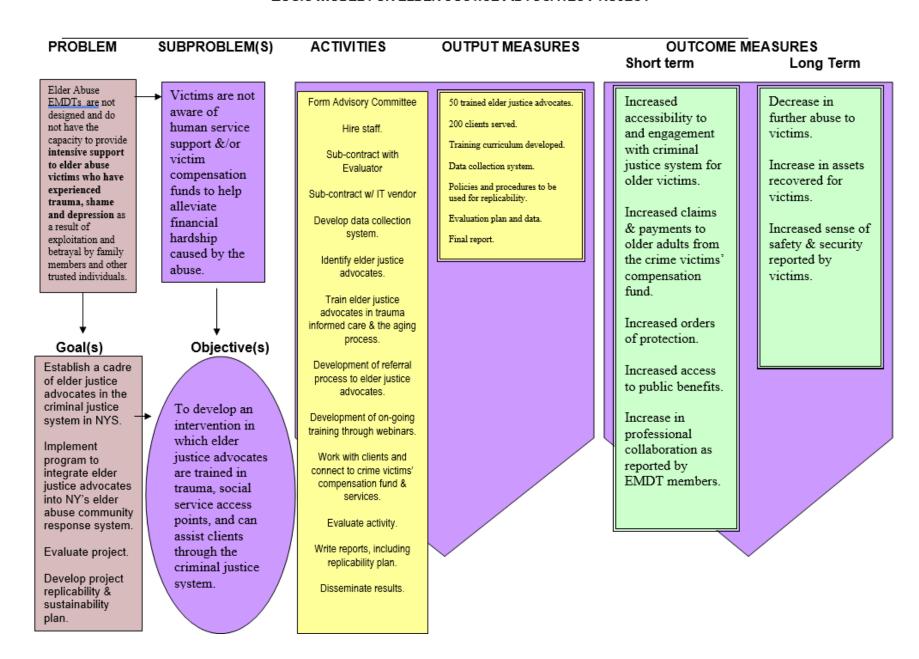
2017-VF-GX-K134

Tracey Siebert-Konopko, LMSW Program Manager October 2017 – December 2018

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Original Logic Model: October 2017

LIFESPAN OF GREATER ROCHESTER INC. LOGIC MODEL FOR ELDER JUSTICE ADVOCATES PROJECT



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Logic Model Output Measures

Output Measures	Result	Explanation
50 trained Elder Justice Advocates	- 55 trained Elder Justice Advocates - 102 total professionals trained - 86 professionals on distribution list	 Training/engagement methods included: 4.5-hour training (See Appendix A for overview) Webinars (see Appendix B) Newsletters Website (www.lifespan-roch.org/elder-justice Password: EJAP2018) Periodic e-mails A total of 55 Advocates signed on for the Elder Justice Advocate Program and went through the 4.5-hour mandatory training 86 professionals are on the distribution list Varying levels of participation Not all reported client information 102 individuals went through the 4.5-hour training
200 Clients served	- 207 new client intakes - 70 closed cases	Advocates were asked to submit monthly reports identifying the number of new client intakes (for individuals age 60 and over). Clients were considered "new" if an Advocate saw them <i>for the first time</i> in the reporting month, or if the client was being reopened for a <i>new</i> issue or concern. For example: Mrs. Jones is referred in May after her son assaults her and is referred again in August for a stranger scam. Mrs. Jones could be counted as a "new" client in May and in August.
		Additionally, Advocates were asked to submit client intake forms on <u>completed</u> cases. Advocates were instructed to fill out forms for each client (age 60+ only) served by the Advocate at any point throughout the criminal or civil justice processes. Completed forms were sent to Lifespan after a case was closed or the referring situation had been resolved.
Training curriculum developed	- 4.5-hour training developed	See overview in Appendix A Full curriculum has been uploaded to GMS only
Policies and Procedures to be used for replicability	- Instructors' Training Manual developed - Working with Older Adults: A Guide for Advocates	Full Manual uploaded to GMS only See Appendix C
	developed	See Appendix D Large print version uploaded to GMS only

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	 Elder Justice Advocate Program Elder Abuse Court Card developed Elder Justice Advocate Program outreach rack card developed 	See Appendix E
Evaluation plan and data - Developed a multi-faceted project evaluation plan which included a strategy for uniform collection of project data across project sites in upstate NY. This plan included the creation of a data collection tool to assess EJA trainee knowledge pre/post training; an online survey to collect feedback from trainees to better understand their experiences as EJAs 3 months following completion of training; and a hard copy and online survey to collect feedback from clients served by the		See Appendix F for evaluation report See Appendix G for evaluation tools
Final Report	- Financial report - Narrative	In GMS only See Appendix G
Other	- Executive Advisory BoardMembership- List of ParticipatingAgencies	See Appendix H See Appendix I

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Appendix A: Training Overview, Learning Objectives, & Sections

Overview

This training was developed by Lifespan of Greater Rochester Inc. for victim assistance personnel within District Attorney's Offices, Law Enforcement agencies, and Domestic Violence Programs; however, professionals from other disciplines are likely to benefit from it as well. The Elder Justice Advocate Program training provides a standardized curriculum to professionals in multiple settings who have varying levels of experience.

This training illustrates the many ways that older individuals may be harmed, including elder abuse, scams and ID theft, and crime. While these topics are inherently related, they are often treated as disparate phenomena. Additionally, special attention to maintaining a trauma-informed approach is infused throughout.

The Elder Justice Advocates Project (EJAP) training is designed to be a half-day, in-person training. The training is broken down into four sections, and utilizes videos, large and small group discussions, and case scenarios. Breaks and a half-hour lunch are built in.

Learning Goals & Trauma-Informed Care Principles

Learning Goals

As a result of this training, participants will be better able to:

- Identify elements of elder abuse, scams & ID theft, and other crimes against older adults
- Identify the principles of Trauma-informed Care (TIC)
- Incorporate a trauma-informed approach when working with older adults
- Identify common factors related to aging and age-related abuse
- Identify common myths and misconceptions about aging
- Learn how to increase access to the Crime Victims' Fund
- Identify potential resources in their own communities

Guiding Principles of TraumaInformed Care

- Safety
- Trustworthiness & transparency
- Peer support and mutual self-help
- Collaboration & mutuality
- Empowerment, voice, & choice
- Cultural, historical, & gender issues

Sections and Learning Objectives

Section 1: Introduction & Overview

In this section you will learn:

- Definition of elder abuse
- National & NYS statistics
- Crime victim statistics: 60+
- Utilization by 60+ of the OVS Crime Victims Fund

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Section 2: Ways	In this section you will learn:
Older Adults are	 The principles of Trauma-Informed Care (TIC) and what it means to have a trauma- informed approach
Harmed	About the 5 types of elder abuse
	 Impact of abuse, crime, scams & ID theft on older adults
	Potential criminal justice interventions
Section 3: Working	In this section you will learn:
with Older Adults	About first impressions and internal bias
with order ridgits	 Common challenges faced by older adults and service providers inworking with the criminal justice system
	Tips and suggestions for enhancing communication and engagement with older adults
Section 4: Potential	In this section you will learn:
Remedies for	Community resources and helpful websites
Victims/Survivors	 Office of Victim Services (OVS) – regulations, changes, tips & tricks
victimis, sur vivors	The value (and limitations) of teamwork
	Outreach to key players
	Reminder to practice self-care

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Appendix B: Webinar Overview

Webinar Title	Date	Speaker(s)	"Attendees"
Elder Abuse Basics: Overview & Relevant Laws	2/9/2018	Art Mason, LMSW Lifespan of Greater Rochester Inc.	23
Understanding Long Term Trauma When Working with Older Adults	3/23/2018	Misty Boldt, LMSW Lifespan of Greater Rochester Inc.	22
Long Term Care Ombudsman Program	4/30/2018	Alana Russell, LCSW Lifespan of Greater Rochester Inc.	15
Self-Care Practices	3/31/2018	Trace Trice, LMSW Second Chance, Inc.	19
Adult Protective Services	6/21/2018	Alan Lawitz NYS Office of Children & Family Services	14
Elder Substance Abuse	7/12/2018	Ann Olin, MA, CRC, CASAC-T Lifespan of Greater Rochester Inc.	9
Stalking & Older Adults	8/30/2018	National Clearinghouse on Abuse in Later Life	14
Evergreen Support Groups	10/11/2018	Lori DiCaprio-Lee Vera House	3
E-MDT Programs	11/30/2018	Lindsay Calamia Lifespan of Greater Rochester Inc.	8
Working with Native American Older Adults	12/6/2018* 12/28/2018 *technical difficulties; rescheduled to record the end of the webinar	Lori Michaud St. Regis-Mohawk Adult Protective Services	8
Office of Victim Services, Loss of Savings	12/18/2018	John Watson NYS Office of Victim Services	11
			TOTAL: 123

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Appendix C: Working with Older Adults: A Guide for Advocates



Working with Older Adults: A Guide for Advocates

Older adults may face unique challenges as they navigate the criminal justice system. Advocates can help assist older adults through the criminal justice system and beyond by reducing the barriers that older adults may face and by employing a traumainformed approach in their practice.

Ways Older Adults are Harmed

- Elder Abuse Emotional/Psychological, Financial, Neglect, Physical, Sexual.
- Scams & ID Theft a dishonest scheme to deceive individuals out of their money and/or to obtain their personal information.
- Other crimes committed by strangers.

Reducing Barriers

- Attempt to schedule appointment and meetings earlier in the day (or whenever the older adult is the most comfortable/alert).
- Ask open-ended questions and allow time for the older adult to answer.
- Ensure that assistive devices, translators, medications, diet-appropriate foods, and fluids are available and functioning properly.
- Ensure that older adults are represented on publications, flyers, brochures, etc.
- Reduce the amount of ambient noise in the room.
- Assist with finding reliable, affordable transportation whenever possible.
- Find sturdy chairs with arms for the client.
- Ensure that tripping hazards are removed or well-marked.
- Ensure adequate lighting.
- Ensure privacy whenever possible. Maintain confidentiality.
- Locate a responsible other (family, faith communities, neighborhood program, social workers, etc.) to assist and provide support (with client consent).

Trauma Informed Care

"Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." – Hopper, Bassuk, & Olivet (2010).

Abuse is trauma

Older Adults may have experienced layers of trauma throughout their lifespan, the effects of which are cumulative.

Trauma symptoms can mimic dementia

It's worth noting that multiple symptoms that are associated with trauma experienced at any age strongly mimic dementia. It's also important to understand that most older adults do not have dementia.

Trauma Symptoms that Mimic Dementia

- Withdrawal
- Agitation
- Memory loss
- Difficulty problem solving
- · Disorientation to time or space
- Verbal aggression
- Sleep disturbances

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Using the Guiding Principles of Trauma-Informed Care with Older Adults

Principle	e Guiaing Frinciples of Trauma-Informed C What	How
Safety	It's important to recognize that a survivor's safety has been compromised, and often by a person that she or he trusts and loves. Safety includes physical and emotional safety, and considers that the system is set up to inadvertently re-traumatize survivors.	 Introduce yourself to clients and explain your role. Attempt to meet clients where they feel the safest. Allow clients time to tell their stories. When appropriate, explore clients' triggers and help to mitigate them. Arrange for physical access to buildings and court appearances when possible. Reduce exposure to the perpetrator. Limit the number of times the clients must repeat themselves. Validate clients' experiences.
Trustworthiness: & Transparency	Understand that the survivor's trust in the system, him- or herself, or of loved ones (or a combination of the lot) has been broken. Being trustworthy as an advocate essentially means being consistent; providing competent information and guidance to clients, providing explanations of why or how things work, maintaining appropriate boundaries (important for both the advocate and the survivor), and providing informed consent to clients.	 Respect boundaries – both yours and the clients'. Be clear and explain what you are doing, when, and why. Repeat information as needed. Follow up and follow through. If you make a mistake, own up to it and make every attempt to alleviate it. Respect confidentiality. Know your role.
Peer Support	Is considered a key vehicle for building trust, establishing safety, and empowerment. Peer support is voluntary, non-judgmental, and reciprocal.	 With colleagues: utilize supervision when available. Provide peer support group information to clients when available. Consider starting a support group for older adults.
Collaboration & Mutuality	Refers to working with the client and other professionals to ensure consistency and effectiveness. This principle establishes that the survivor is the expert on his or her life, and that healing can occur when there is meaningful sharing of power and decision-making.	 Ask clients about their goals. Maintain communication with the client. Allow clients to express opinions and provide input. Understand that it isn't your role to "fix" clients and their situations; but to be a facilitator throughout their healing process. When appropriate, challenge colleagues who express ageist or victim-blaming attitudes.
Empowerment, Choice, & Voice	A survivor's choice was stripped away by the perpetrator(s). It is essential to the well-being of the survivor, and to the effectiveness of any interventions, that any decisions that are made are in full compliance with the survivor's wishes whenever possible. This principle also emphasizes recognizing survivor's strengths and resiliency, which helps build a realistic sense of hope for the survivor's future.	 Encourage clients to make as many decisions as possible. Recognize that some of the decisions and reactions of the survivor are a function of coping. Work with the client to come up with healthy, productive coping mechanisms. Again, do not attempt to "fix" the situation for the client; rather, allow the client to come up with practical goals and facilitate accomplishing them. Use a strengths-based approach.
Cultural, Historical, & Gender Issues	This principle establishes for a more holistic approach to working with a client; incorporating the client's own traditions and cultural connections whenever possible. Historical trauma is acknowledged.	 Ask clients how they'd like to be addressed. Allow clients the ability to tell you their story; you may be the only person who is willing to listen. Understand that older adults have experienced numerous traumas throughout their lives. Acknowledge that systems are in place that perpetuate -isms. Ask clients what is important to them when creating safety plans and interventions.

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Appendix D: Elder Justice Advocate Program Elder Abuse Court Card

Emotional/Psychological



Elder Justice Advocate Program Elder Abuse Court Card

Reference: New York State Social Services

This Card has been created to assist the Judiciary and other court personnel to identify and respond to complex cases of elder abuse and mistreatment.

Types of Elder Abuse	Financial Neglect (active, passive, self) Physical Sexual	Law, Article 9B, Adult Protective Services, §473(6) for definitions of types of abuse See: §473-b for immunity for good-faith reporting of endangered adults	
	Risk Factors and Co	onsiderations	
History of abuse, violent behaviors, Orders of Protection	FCA §814 provides for communication between Family & Criminal Courts. Reminder: ID Theft, Larceny, and Coercion are family offenses under CPL §530.11 and FCA §812. Increases risk of lethality See: CPL §530.12 - 14, FCA §828, §841, & §842-a (including 2018 changes), PL §400.00 et seq.		
Presence of weapons			
Co-occurring Disorders (mental health and substance use disorders)	◆ Of victims: increases vulnerability and decreases likelihood of being believed. Also: ◆ Multiple medications are common. ◆ Older adults are prescribed opioids ◆ May be prescription, over-the-		
Health considerations	Violence, and Veterans' Coul ◆ Older adults may have medi and navigate the system. So ◆ Sensory impairments suc vision or hearing loss.	rts. cal challenges that impact their ability to access me examples include: th as low Bowel and bladder incontinence. Cognitive decline/dementia.	
	 Ambulation challenges. Sundowning. Potential remedies: conditional examinations (CPL §660.20), priority court times (CPLR §3403-a[4]), courtrooms with easy physical access, increased light, firm chairs, hearing amplification devices, and Remote Access to Court (if applicable; under FCA §531-a). 		
Financial and/or physical dependency	 Victims and perpetrators may rely on each other for various needs; personal care, transportation, income, housing, and more. Reminder: older adults' ability to rebound after a financial loss may be impacted by their ability to seek gainful employment and invest over time. 		
Other lethality predictors	 Any physical or sexual abuse. Strangulation/ Criminal Obstruction of Breathing. Stalking. Abuse of others, including pets. 		

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Some New York State Statutes to Consider

While NYS does not have a specific "elder abuse" statute, there are several statutes that contain enhancers based on the age of the victim.

ą.	PL §120.05	Assault 2 nd – provides that if the statutory requirements for Assault 3 rd (physical
		injury required, but NOT serious physical injury); and the victim is age 65+; and the
		perpetrator is at least 10 years younger than the victim – the crime can be charged
		as Assault 2 nd .
4	PL §260.32-34	Endangering the Welfare statutes can be considered for myriad crimes against older
	& §260.24-25	adults. Consider what constitutes a "vulnerable elderly," "physically disabled," or
		"mentally incompetent" person, and whether a perpetrator can be charged in the
		absence of an injury. Note the definition of "caregiver" in PL 260.31(1).
4	PL §190.65	Scheme to Defraud - §190.65(1)(c) contains enhancements for "vulnerable elderly
		persons.
ক্র	GBS §349-C	Deceptive Practices & False Advertising allows for additional civil penalties.
ব্যুত	PL §485.05	Hate Crimes has a consideration for age (60+) and disability.

Additional consideration - Animal Abuse

- Agriculture & Marketing (A&M) §353 (Overdriving, Torturing, & Injuring Animals).
- A&M §353-a (Aggravated Cruelty to Animals).
- PL §145.00; 145.05; 145.10 (Criminal Mischief NYS law considers pets to be "property").

FINDING HELP	
Adult Services Helpline (for contact information for your local Adult Protective Services office):	844-697-3505
NY Connects through Office for the Aging (local resources for older adults and their caregivers):	800-342-9871
NYC Elder Abuse Center's Helpline for family, friends, & neighbors of NYC-residing older victims offers support, information, and referrals. (Non-emergency, no-fee service)	212-746-6905 e: helpline@nyceac.org
NYC Elder Abuse Center offers professionals consultations on elder mistreatment cases re: medicine, psychiatry, forensic accounting, law and social work. (NYC cases only; no-fee)	212-746-7211
New York State Hotline for Sexual Assault and Domestic Violence:	800-942-6906
New York State Unified Court System - ADA Office:	212-428-2760
New York State Judicial Committee on Elder Justice:	646-386-5540
Upstate Elder Abuse Center at Lifespan (to locate an Elder Justice Advocate near you; direct services in Monroe & surrounding counties):	585-244-8400 lifespanrochester.org



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Appendix E: Outreach Rack Card



Upstate Elder Abuse Center at Lifespan

ELDER JUSTICE ADVOCATE PROGRAM

Improving criminal justice outcomes for older adults in New York State

ELDER ABUSE: A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.

TYPES OF ABUSE

- · Emotional/Psychological abuse
- · Financial Exploitation
- Neglect
- · Physical Abuse
- Sexual Abuse

For more in-depth information about elder abuse, go to www.nyselderabuse.org

FINDING HELP

Adult Services Helpline (for contact information for your local APS office): 844-697-3505

NY Connects: 800-342-9871

New York State Domestic Violence 24-hour Hotline: 800-942-6906

The Upstate Elder Abuse Center at Lifespan: 585-244-8400

To locate an Elder Justice Advocate near you, call 585-244-8400

Tracey Siebert-Konopko or CaTyra Polland

RED FLAGS

Financial Abuse/Exploitation: Sudden change in finances and accounts, altered wills and trusts, unusual bank withdrawals, checks written as "loans" or "gifts," loss of property, improper use of power of attorney.

Emotional or Psychological: Withdrawal from normal activities, unexplained changes in alertness, or other unusual behavioral changes. Caregiver exhibits aggressive or controlling behaviors.

Neglect: Lack of basic hygiene, lack of medical aids (glasses, walker, hearing aid, medications, etc.), hoarding, incapacitated person left without care, pressure ulcers, malnutrition, dehydration.

Physical or Sexual: Slap marks, unexplained fractures, bruises, welts, cuts, sores, burns or sexually transmitted infections. Non-consensual sexual contact of any kind.

WHEN IN DIALOGUE WITH A SURVIVOR OF ELDER ABUSE:

- · Speak clearly and directly.
- Explain your role and ask how the older adult would like to be addressed.
- Allow time for the older adult to answer your questions and make decisions.
- · Create safe and private surroundings.
- Create a timeline of events by asking what a typical day looks like for the older adult.
- · Identify realistic goals in collaboration with the survivor.
- Be mindful that the following conditions can mimic dementia: trauma, traumatic brain injury, depression, medical delirium.

Advocates serve as a support to older survivors of abuse, neglect, and exploitation. The role consists of assisting and educating older adults, connecting them to resources, and being a trustworthy champion who will advocate appropriately and honestly for older adults as they interact with the criminal justice system.



www.lifespanrochester.org

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Appendix F: Evaluation Plan & Data

Final Evaluation: Elder Justice Advocates: Improving Outcomes for Elder Abuse Victims in New York State's Criminal Justice System (preliminary findings)

Principal Investigator(s): Kristin Heffernan & Jason Dauenhauer Project Manager: Tracey Siebert-Konopko

GOAL 1: Establish a cadre of trained Elder Justice Advocates in the criminal justice system in New York State.

One of the main goals of the Elder Justice Advocate Project is to recruit, train and establish a cadre of victim advocates in the criminal justice and domestic violence service network who will educate, support and advocate for older adult victims/survivors using a trauma informed model of care.

In order to achieve this end Lifespan of Greater Rochester put together an Advisory Committee of specialists in elder abuse, criminal justice and Trauma Informed Care to design a one-day training program to train Elder Justice Advocates to work with and support older adults as they navigate the criminal justice system. This final evaluation will discuss the progress made towards the project's goals breaking down the different objectives of each goal.

1. Recruitment and training of a minimum of 50 Elder Justice Victim Advocates by Lifespan of Greater Rochester (Lifespan):

As of December 31, 2018, Lifespan has held five separate Elder Justice Victim Advocate trainings and have trained 55 Elder Justice Victim Advocates and 102 allied professionals in total. Of these, 71 agreed to participate in a pre and post-test evaluation so that Lifespan could assess the effectiveness of the training. Within this group, some of the participants agreed to put their name on the pre and posttest so that we could run a Paired Sample T-test, which allows us to determine if there is a statistically significant difference between the same group before and after the training. Below is a description of both the paired sample t-test and a one sample t-test which tests to see if there is a statistically significant difference between the pre and post-test means.

The paired samples t-test for (n=27) compared the means of observations before and after an intervention (the advocate training in this case) on the same participants to test the following null hypotheses:

- 1. There is no difference in mean pre- and post-scores for the overall Elder Justice Advocacy Training
- 2. There is no difference in mean pre- and post-scores on the specific questions about trauma informed care.

The second hypothesis was included because one of the goals of the training was to educate the Elder Justice Advocates to understand how to provide a trauma-responsive model of care.

For our pre and post-test scores, we wanted to see a decrease in the mean score from time one to time two indicating an increase in knowledge. The mean score for the pre-test was 12.44 and at post-test this decreased to 11.74. Although this may appear like a small decrease in the mean, the paired-samples t-test found a statistically significant difference in the mean scores before and after taking the Elder Justice Advocate training. As such we can say there is evidence (t=3.7 and p=.001) that the training improved the

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Advocates' overall scores. When interpreting the p-value, if it is below .05, we can conclude that the observed test statistic has a low probability of following the distribution implied by the null hypothesis and so, reject the null hypothesis.

There were three questions specific to trauma knowledge on the pre and post-tests. If we specifically isolate these questions related to knowledge of trauma informed care, we can see that once again, there is a statistically significant difference between what respondents knew about trauma informed care prior to the training an after the training (t=2.6 and p=.017).

Looking at these same variables but using a one sample t-test to understand if there is a difference between the two group scores using all the participants (N=71) we continue to see a statistically significant difference between the two mean scores for the pre and post variables (p = .001 with a Standard Deviation of 1.1). For the trauma scale using the one sample t-test the results were no longer significant (p=.53). This means that there was not a statistically significant difference between the participants pre-trauma score and post-trauma score. The lowest number one could get on the trauma scale was a three. The mean score prior to having received any trauma training was a 3.9, which is low. This could indicate that the participants already had some knowledge about how to provide trauma sensitive services prior to the Elder Justice Advocate training. This finding is interesting in light of the fact then when asked if they felt like "they knew enough about Trauma Informed Care (TIC) to provide a trauma informed response to an older adult victim who is engaged with law enforcement and /or prosecutions in the investigation/prosecution of their elder abuse case" the majority (n=43 or 60%) felt they did not have enough knowledge prior to the training. Whereas, after the training, using this same question on 9% (n=6) felt that they still did not know enough about TIC responses to use with the older adults. This discrepancy is most likely due to the fact that the actual TIC response items on the pre and posttest are not a proper Likert scale and may not be measuring actual trauma knowledge, especially as there are only 3 questions. The upside is that the training participants did feel that they had learned enough TIC to provide a trauma sensitive response.

Elder Justice Advocate Training Follow up:

In accordance with evaluation plan, consultants at The College at Brockport sent electronic requests to all EJA trainees to participate in a focus group. The purpose of these focus groups was to gain insights into aspects of the training that have been helpful to their work with older adults to identify areas of improvement. Due to a very limited number of responses to this request (2 people expressed interest), the consultants created an online survey designed to measure outcomes originally designed for the focus groups. A request to participate in this survey was sent to 54 trainees identified as those who are actively engaged with the EJA initiative and who attended one of five previous training programs. Each trainee was sent an invitation to participate via email followed by two subsequent reminders to complete the survey by mid-September 2018.

Results:

A total of 8 participants completed the survey for a 15% response rate. Participants' primary discipline/expertise included Law Enforcement Victim Advocates (50%, n=4), District Attorney's Office Victim Advocates (38%, n=3), and Domestic Violence Victim Advocates (12%, n=1).

When asked to describe their motivation for participating in the EJA program, respondents described the desire to learn how to better serve older adults in the community and to gain more specific expertise in victim advocacy/older adult crime victims. Fifty percent (n=4) reported the EJA training improved their knowledge/understanding of elder mistreatment, specifically content related to Trauma Informed Care, learning

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about new resources available to clients, and how Adult Protective Services can be of assistance. One respondent stated, "Training was a good refresher on trauma informed care and applying to older adult Victims/Survivors. Also good reminder to be aware of/and check assumptions about older adults/appearances. Also helpful to review types of abuse older adults experience." Another participant described the usefulness of a post-training webinar related to stalking behavior.

For those who stated the training did not improve their knowledge (50%, n=4), participants described how they were already using various techniques, but did learn some new resources. Some described the training as a refresher course on elder abuse. One person stated that due to time constraints they have not been able to participate in the online webinars.

When asked if the training has changed the way they provide services to older adults, 38% (n=3) described they learned about services available to victims and provide a deeper assessment and make more referrals when needed.

The EJA training incorporated principles of Trauma-Informed Care (TIC), which include providing clients service that allow them to feel safe, build trust, have choices, work in collaboration and feel empowered. When asked to reflect on the services trainees provide to the different older adults they've worked with, 88% (n=7) stated they adopted special techniques that followed one or more of these principles. Below are responses describing these techniques:

"TIC practices helped me be more sensitive/aware of how I am dealing with elderly Victims. For example: when calling a Victim, I now provide more assessment regarding their overall needs, rather than just focusing on the crime/court process and making sure they have resources."

"Realizing that past traumas in people lives can affect them over again as they age, as they may have not ever received care for that trauma."

"Trauma- informed care practices are very important in my line of work as I am an advocate in the District Attorney's office and a DV/SA agency meaning that many of my clients have experienced a traumatic experience which has resulted in my assisting them and providing services. TIC has helped me to be better understanding, and able to provide support to clients."

When asked to provide suggestions or improvements for future training, two respondents (n=2) proposed more specific training to include what to do if there is a certain type of abuse, how to respond, what is the process, and what to expect. It was also suggested that the initial training could have included practicing traumainformed skills or include a refresher training to review and do this further.

Participants were asked to describe any 'successes' working with older adult clients since completing the EJA training. One advocate provided the following example: "Connected at least 1-2 clients with on-going services through Lifespan and Adult Protective Services (although 1 may not have opened, at least she was made aware of the service)."

Barriers to serving older adult crime victims were noted by 75% (n=6) of the respondents. Several of these detailed responses are included below and focus on the criminal justice system.

"Depending on the crime there may not be many available resources to that victim, such as larceny crimes. OVS has made some changes to assist but only if a person is considered a vulnerable elder which can be limiting to those who need the services. In general, the criminal justice system can be difficult for victims to navigate as the courts consider little input from victims."

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"It is nothing new. The laws make it difficult especially when the victims have dementia/Alzheimers."

"That the criminal justice system is not always victim-friendly. While victims have more rights, it is sometimes still hard to explain to a victim that while the Attorneys appreciated their input that they can still go a different way with a case."

"Challenges - I have not found many older crime victims who have wanted to pursue criminal process, but I am glad they can be presented with the option. Another barrier is in my role I am not able to follow Victims long-term, or have much in-person contact with them."

"I feel that sometimes an elderly victim can be contacted or be in contact with more than one advocate from other programs, which can confuse some elderly people. I did have an elderly client who I never actually spoke with but informed the other advocate of the goings on and they relayed it back to her, to not cause confusion."

As a follow up to this question, participants were asked to describe solutions to these barriers. Responses primarily focused on policy changes as described below:

"Legislative changes or policy changes."

"Continue fighting to make the laws more victim supportive/friendly."

"I don't really have any suggestions, other than I think that it may help to just have one advocate relaying information [to the older victim], and the others just keeping in contact."

Discussion:

While the number of responses were limited, the information provided indicates that the EJA training was beneficial for many trainees, especially the content on Trauma Informed Care. This theme is also relevant as individuals described how they utilize various TIC principals in working with older adults, and some recommended more training in these specific skills. One of the most consistent responses from the survey related to the identification of barriers to serving older adult clients (75% stated they encountered barriers). Examples of these barriers highlight the need for policy changes to help meet the needs of older adult victims of crime.

GOAL 2: Implement program to integrate Elder Justice Advocates into upstate New York's elder abuse community response system.

This particular goal had several objectives. Firstly, developing a plan to publicize the availability of specialized Elder Justice Advocates among programs and government units that frequently work with older adult victims. The plan will include dissemination through the New York State Coalition on Elder Abuse; NYS Office for the Aging; NYS Office of Children and Family Services, Adult Services Bureau; NYS Office of Victim Services; NYS Division of Criminal and Justice Services, among other outlets. The EJA Project's Advisory Board consisted of representatives from NYS Office for the Aging; NYS Office of Children and Family Services, Adult Services Bureau; NYS Office for the Prevention of Domestic Violence; the Oneida County District Attorney's Office (at the time, the President of the District Attorneys Association of New York). Each of the official Board members disseminated information through their various networks. The NYS Office of Victim Services was unable to serve on the Board but sent out several News Bulletins regarding the Elder Justice Advocate Project. The Elder Justice Advocate Project was also featured in an article for OCFS's December newsletter. All Advocates were supplied with copies of an Elder Justice Advocate Program rack card, available in a downloadable PDF format as well as mailed in printed format to Advocates who requested it. The Elder

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Justice Advocate Program Court Card, developed for any professional, including the judiciary within the criminal justice system, has been or is being distributed to DCJS, the NYS Coalition on Elder Abuse, the New York State Judicial Committee on Elder Justice, and directly to the Advocates and EJA Program distribution list.

Another objective of this goal was to have no less than 200 referrals made to Elder Justice Advocates over the next year once they complete their training. As of December 1, 2018, there have been a total of 207 referrals. With regard to closed cases, 14 advocates from 11 different counties have closed 70 cases with older adults offering support through the criminal justice system. Approximately 137 cases are still open. The majority of cases were from Monroe (n=37 or 53%) and Onondaga (n=10 or 14%) counties.

Also as part of this goal, Elder Justice Advocates have helped individual elder abuse victims (N=70) by assisting them in addressing several barriers to working within the court system, most notably these barriers have been around emotional support (n=61 or 87%) and systemic support (n=41 or 59%). Emotional support includes providing a trauma sensitive response, being there to listen to the older adult and helping empower them to make the right choices for themselves. Systematic support means assisting clients through the court system by liaising with law enforcement, District Attorneys and other court personnel, and helping older adults to navigate this and other systems in order to get the results they desire.

The average age of clients was 70.3 years and ranged from 60 to 92. The majority of clients were in their 60s (n=40). The other clients were mostly dispersed evenly being in their 70s (n=16) or 80s (n=13) with the one outlier, being the person who was 92 years old. A majority were females who identified as being White. A majority of perpetrators were family members. With regard to types of abuse, emotional abuse was the most frequent primary form of abuse though nearly 40% of clients reported multiple forms of abuse with emotional and physical being reported together. There were 3 older adults who did not indicate what type of abuse they had suffered and 4 persons who indicated that they had a crime committed against them but did not specify the type of crime.

Characteristics of Older Adults receiving Support from Advocates & Abuse

Types (N=70)				
%	n			
76	53			
24	17			
77	54			
14	10			
3	2			
1.4	1			
1.4	1			
1.4	1			
1.4	1			
34	24			
30	21			
	76 24 77 14 3 1.4 1.4 1.4 1.4			

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Other family	14	10
Acquaintance	8.5	6
Stranger	6	4
Unknown	6	4
Caregiver	1.4	1
Abuse type (primary)		
Emotional	35	25
Financial	10	7
Physical	6	4
Sexual	1.4	1
Unknown	10	7
Abuse type (multiple)		
Emotional & physical	24	17
Emotional & financial	8.5	6
Emotional & sexual	1.4	1
Emotional & neglect	1.4	1
Emotional, physical, & financial	1.4	1

The Elder Justice Advocates supplied several different services to older adults. For example, the majority of older adults received information and referrals (n=55 or 79%) as well as support to help them navigate the criminal justice process (n=50 or 71%). Other services included acting as their court advocate (n=43 or 61%), helping them file for and get an order of protection (n=48 or 69%), and initiate civil and or criminal convictions (n=31 or 44%). A smaller number needed help eliminating barriers to the process (n=29 or 41%). However, when we look at persons who needed emotional support from their Elder Victim Advocate this number was as high as 87% (n=61). Interestingly, while clients may not have indicated that they needed help with eliminating barriers, they still used their Elder Justice Advocate to help them navigate the criminal justice system (n=41 or 59%).

The client intake form also included items related to engagement with the criminal justice system. Advocates reported that law enforcement investigations were initiated in 7.2% (n=5) of cases; 8.6% (n=6) of cases were referred to district attorney offices. Forty-four percent (n=31) of cases reported an initiation of civil or criminal conviction and orders of protection petitions were initiated in 69% (n=48) of cases, with orders being obtained in 8.6% (n=6) cases.

Of the closed cases, 12 older adults have been helped to file a claim for the Crime Victims Compensation (17%) and of these cases, 4 have been awarded compensation. Amount of funds stolen from clients was mostly unknown except for two cases, \$200 and \$3,000, respectively. With regard to the amount of compensation received by victims, the average for 4 cases was \$125.75.

Facilitating referrals to E-MDTs and encouraging trained advocates to serve on E-MDTs was also described within goal 2. When reviewing data from the 70 closed cases, a total of 4.3% (n=3) were referred to an E-MDT for review. This is likely due to the fact that only 10% of cases focused on financial exploitation—the primary focus of E-MDT reviews. However, since the start of the EJA training program, 8 of these newly-trained Advocates were added to a new or existing E-MDT, and 14 Advocates were added to the monthly Financial Exploitation Webinar series hosted by Lifespan's E-MDT program. It is also important to note that a number of

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those who received EJA training (17) were already a part of an E-MDT prior to the start of the training. Lastly, when reviewing the list of EJA trainees, 29 individuals are located in counties where E-MDTs are not yet fully established. As the infrastructure for E-MDTs expands across New York State, it is likely that more referrals will be made to these teams.

Client feedback

We invited older adult clients to provide feedback regarding their EJA experience in two different ways. Working through trained EJA's, the project director identified a total of 53 advocates whose respective agencies agreed to participate in this data collection component. Evaluators at the College at Brockport mailed each of these advocates a packet of materials with clear instructions on how they should invite older adult clients to share their experiences. In brief, a hard copy survey with postage paid envelopes was to be given to each client at the close of the case—a total of 10 client survey packets were sent to each advocate for a total of 530 packets. Open ended questions included:

- 1. How did your advocate assist you?
- 2. Did you feel supported by your advocate? Please describe.
- 3. Did you feel safe talking to your advocate? Please explain why you felt safe or unsafe.
- 4. Did your advocate provide you with options to assist you with your situation?
- 5. Were there any barriers or challenges that your advocate helped you overcome? (e.g., quiet meeting space, navigating the court system, understanding paperwork, transportation).
- 6. Please describe ideas for services that would be helpful to you?

These same questions were also developed into an online survey. Advocates were provided with this link to also share with clients should they prefer this format instead of the paper survey.

At the time of this report writing, two clients completed and returned the hard copy surveys. Both individuals described their advocates as being professional, provided information, and answered questions; they reported feeling safe. One client stated "She organized my documents in a logical order. Then she did the petition for an order of protection. The petition was accepted by the court and the order of protection was granted." The client met with the advocate at a local library where he stated, 'She made me feel very comfortable." When asked to describe ideas for other helpful services, the client stated, "More people like her, who do their job completely. God bless her."

While the client feedback was limited, it indicates that the experience was positive and in accordance with the purpose of this initiative. Due to the confidential nature and privacy policies within partnering agencies, there was no way for evaluators to contact clients directly which would have been the preferred method of data collection. Thus, the evaluators relied on advocates to administer feedback materials directly to clients. Due to the nature of client interactions—which may be inconsistent, short- or long-term engagements as well as typically high caseloads, it is likely that many advocates were unable to assist with this important, yet additional task. Future efforts at evaluating client feedback should include agreements from agencies to share confidential contact information for clients for evaluation purposes if possible.

GOAL 3: Strategic plan will be developed to evaluate achievement of project goals, impact on elder abuse victimization, and the value Elder Justice Advocates bring to criminal justice system activities and to safety and security of older adult victims.

As described above throughout Goals 1 & 2, The College at Brockport, SUNY worked with project staff at Lifespan to develop a multi-faceted project evaluation plan which included a strategy for uniform collection of

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project data across project sites in upstate NY. This plan included the creation of a data collection tool to assess EJA trainee knowledge pre/post training; an online survey to collect feedback from trainees to better understand their experiences as EJAs 3 months following completion of training; and a hard copy and online survey to collect feedback from clients served by the Advocates.

During the first phase of the grant, the evaluators and project staff determined the Elder Abuse Risk Assessment Evaluation (EARAE) developed prior to this project was too detailed for newly trained Advocates to complete without a separate training protocol beyond the EJA training. To balance the rigor of the data required of this project with the time constraints of the Advocates, a condensed data collection/intake form was created using several domains from the comprehensive EARAE tool (e.g., abuse type, perpetrator status, outcomes, etc.).

The client intake form included a number of items related to interactions and outcomes related to the criminal justice system. These items include:

- 1. Law enforcement investigation initiation
- 2. Referral to District Attorneys
- 3. Prosecution initiated
- 4. Civil or criminal prosecution
- 5. Order of protection petitions initiated and obtained
- 6. Assets stolen and compensation received

A separate process to assess client satisfaction was also developed as described in Goal 2 narrative.

GOAL 4: Project sustainability and replicability: By the end of year one lead agency will develop a plan with partners to sustain the project into future years and to use the products created in the pilot phase to replicate the model in the New York City area and through other areas of the nation.

As described throughout this final report on Goals 1-3, the EJA project includes a number of successes including the creation and delivery of a trauma-informed training for professionals working in a variety of organizations who encounter older adult victims of various crimes. Follow up evaluations from the training and pre/post knowledge tests indicate that the training was useful. Trainees did note they would like more in-depth training on ways to implement and practice trauma informed approaches and this should be addressed in future trainings. It was also revealed that Advocates identified issues with the criminal justice system needing to be more focused on the needs of victims.

The creation of intake forms disseminated to Advocates helped establish a process for collecting outcomes that was useful for this project. The primary challenge was having Advocates complete and submit these forms in a timely manner in addition to their normal, agency-specific reporting procedures. Having some type of formal buy-in from participating agencies that complies with existing agency reporting requirements will help future projects collect a higher percentage of completed intake forms.

One of the most important components of the evaluation is collecting feedback from older adult clients that were served by Elder Justice Advocates. Due to agency-specific client confidentiality requirements, evaluators needed to rely on Advocates to distribute surveys directly to clients which the client would, in turn, complete and send to the evaluators. This process was challenging in a number of ways especially putting another request on the EJAs for this project. Future client data collection procedures need to be articulated with various agencies so that client confidentiality can be upheld while also allowing evaluators to contact and collect information directly from service recipients.

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Appendix G: Evaluation Tools



j	Lifespan take it on t	Elder Ju	ustice /	Advocate	e Prograr	n: Post-Tes	t
1.	I feel comfortable with to address ageist tende deficits.	-	_		•		
	a. True	b.	False				
2.	I feel confident that I cou or client.	ıld give a compı	rehensive det	finition of elder a	buse if I needed to	o define it for a collea	gue
	a. True	b.	False				
3.	Adult Protective Service	s has the autho	rity to remov	ve older adults fr	om their homes.		
	a. True	b.	False		c. It depends		
4.	New York State is a man	dated reporting	g state for eld	der abuse.			
	a. True	b.	False				
5.	What are the types of el	der abuse?					
	a. Financial exploitation	n, neglect, physi	ical, sexual, a	nd emotional			
	b. Physical, sexual, neg						
	c. Psychological, physic	al, emotional, a	and financial e	exploitation			
6.	Using a Trauma-Informe	d Care (TIC) res	sponse mean	s we ask: "What	is wrong with this	s person?"	
	a. True	b.	False				
7.	The TIC principle that su	pports the idea	that we cult	ivate an atmospl	here of doing "wit	th" rather than doing	
	"to" or "for" is:						
	a. Empowerment						
	b. Connectedness						
	c. Collaboration						
	d. Safety						

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Lifespan Elder Justice Advocate Program: Post-Test

	take it on t	8
8.	We use a trauma informed care reworking.	sponse to avoid inadvertently re-traumatizing the person with whom we are
	a. True	b. False
9.	-	Informed Care (TIC) to provide a trauma informed response to an older adult forcement and /or prosecutors in the investigation/prosecution of their elder
	a.) (True)	b. False
10.	Filling out the paperwork for Crin resource.	ne Victims Compensation is easy and that is why so many victims use this
	a. True	b.) (False)
11.	If you are 60 or over, you may appl property or cash that was not cove	y for benefits from the Victims Crime Fund to replace your essential personal ered by any other resource.
	a. True	b. False
12.	Victim advocates can help ensure determine if you are eligible for as	the Office of Victim Services (OVS) has all the paperwork necessary to sistance.
	a. True	b. False
13.	I feel confident in my current Compensation resources.	ability to help individual victims take advantage of new Crime Victim
	a. True	b. False
14.	Some individuals identify confusio	n in older adults as dementia when it may be a sign of trauma.
	a. (True)	b. False
15.	What are some reasons older adul	ts don't report abuse? Circle all that apply.
	a. Shame/Embarrassment	
	b. (Fear	
	c. Retaliation	
	d. Pride	

e. Enjoys being mistreated

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Advocates' Feedback Survey

EJA Experiences

Q1 Dear Elder Justice Advocate,

Lifespan invites you to participate in an online survey to evaluate outcomes associated with the Elder Justice Advocate (EJA) initiative. You are receiving this invitation because you have been identified as having completed the EJA training and your feedback is important. Responses to this survey are confidential and participation is voluntary. If you decide to participate, you are free to skip any question. It is estimated this survey will take approximately 20 minutes to complete. Should you have any questions about this survey, please contact Jason Dauenhauer, Ph.D., MSW, Professor, Department of Social Work. The College at Brockport, SUNY: (585) 395-5506. Thank you for your consideration.

395-5506. Thank you for your consideration.
ilts?
)
exual Assault provider (4)
adults in your current position? (Years/months)
exual Assault provider (4)

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Q6 Please describe your motivation for participating in the Elder Justice Advocate (EJA) program.

Q7 Has the EJA training program changed the way you provide services to older adults?
○ Yes (please describe) (1)
O No (2)
Q8 Did the training improve your knowledge/understanding of elder mistreatment?
O Yes (1)
O No (2)
Q9 The EJA training incorporated principles of Trauma-Informed Care (TIC), which include providing clients service that allow them to feel safe, build trust, have choices, work in collaboration and feel empowered. Reflecting on the services you provide to the different older adults you worked with, were there any special techniques that you adopted that followed one or more of these principles?
O Yes (1)
O No (2)
Display This Question:
If The EJA training incorporated principles of Trauma-Informed Care (TIC), which include providing c = Yes
Q10 Please provide examples of how knowledge of TIC practices helped you in your role as an EJA:

Q11 What elements of the EJA training did you find most helpful?

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Q12 What elements of the training were least helpful?
Q13 Do you have any recommendations for improving future EJA trainings?
○ Yes (Please describe) (1)
O No (2)
Q14 If you have been successful in meeting the needs of an older adult client since the EJA training, please describe any 'successes' you are especially proud of.
·
Q15 As an Elder Justice Advocate, have you have encountered any barriers in your work to meet the needs of older adult crime victims?
O Yes (1)
O No (2)
I have not worked with an older adult crime victim since completing the EJA training (3)
Display This Question:
If As an Elder Justice Advocate, have you have encountered any barriers in your work to meet the nee = Yes
Q16 Please describe any barriers/challenges you've experienced in your work to meet the needs of older crime victims.

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Display This Question:

Į	f As an Elder Justice Advocate, have you have encountered any barriers in your work to meet the nee = Yes
Q17 'desci	What suggestions do you have for addressing these barriers to improve service delivery for older victims? Please ibe
-	
Q18	Are you a member of an Enhanced Multidisciplinary Team to investigate financial elder abuse in your county?
(Yes (1)
(No (2)
Displo	y This Question:
I	f Are you a member of an Enhanced Multidisciplinary Team to investigate financial elder abuse in yo = Yes
Q19	Do you think the EJA training program has increased collaboration among E-MDTs working with older adults?
(Yes (please describe) (1)
(No (please describe) (2)
(Not sure (3)
Q20	Do you have any other information or experiences you'd like to share in relation to the EJA initiative?
(Yes (please describe) (1)
(O No (2)
	Would you be interested in being contacted for a short follow-up interview to further describe your experience the EJA program and ideas for future trainings?
(Yes (Please include name, phone number, and email address) (1)
(Not at this time (2)

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Client Feedback Survey/Letter

Dear Madam or Sir,

Recently, you received services from an advocate trained to assist older adult victims of crime. As part of our evaluation of this training program, your feedback is very important. We invite you to complete a short survey to tell us about your interactions with your advocate and share ideas you may have to improving services. Responses to this survey are confidential and participation is voluntary. You may choose to complete the survey at home and mail it in using the prepaid envelope, or you may choose to complete an online survey. Your advocate can provide you with a link to this survey.

Should you have any questions about this survey, please contact Jason Dauenhauer, Ph.D., MSW, Professor, Department of Social Work, The College at Brockport, SUNY; (585) 395-5506. Thank you for your consideration.

- How did your advocate assist you?
- 2. Did you feel supported by your advocate? If so could you say what your advocate did to help you feel supported.
- 3. Did you feel safe talking to your advocate? Was there anything they did to help you feel this way?
- 4. Did your advocate provide you with choices needed to help you make decisions about your case? Please describe.
- 5. Were there any barriers or challenges that your advocate helped you overcome (e.g. quiet meeting space, navigating the court system, understanding paperwork, transportation)?
- 6. Please describe ideas for other services that would be helpful to you.
- 7. If you would be willing to talk more about your advocate experience, please include your name, phone number, and safe time to call you.

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Appendix H: Program Manager Narrative

From the Proposal Narrative

The primary goal of the proposed project (Elder Justice Advocates: Improving Outcomes for Elder Abuse Victims in New York State's Criminal Justice System) is to improve elder justice outcomes for victims of elder abuse through the development of "elder justice champions" by the development of a new Elder Justice Advocate role within the criminal justice system. Elder Justice Advocates will be recruited among victim advocate and victim assistant staff members in District Attorney Offices, in law enforcement units and domestic violence programs in New York State. Lifespan, as the project lead agency, will provide extensive training and support to a specialized cadre of advocates who will be prepared to work with individual elder abuse clients to address their victimization and help them navigate through the complex and potentially intimidating criminal justice system. Elder Justice Advocates will be trained in trauma-responsive care for an older adult population and will assist older adult victims in overcoming emotional and cultural barriers to engaging law enforcement and prosecutors in the investigation and prosecution of elder abuse crimes. Elder Justice Advocates will also provide advocacy within the criminal justice system to address ageist tendencies that may dismiss older victims as unreliable witnesses or misinterpret sensory deficits such as vision and hearing loss as cognitive impairments. Elder Justice Advocates will also help individual victims take advantage of new Crime Victim Compensation resources (which become effective in NYS in October 2017) to pay for medical expenses, counseling and to restore, at least in part, assets that have been unlawfully taken from victims. Elder Justice Advocates will guide and support older adult victims of mistreatment whose victimization is crime-related through the complex and often daunting system of criminal investigation and prosecution.

Positive Outcomes

The Elder Justice Advocate Project exceeded several goals and helped create a foundation and framework for a robust network of Elder Justice Advocates in New York State. Original project aims were to recruit 50 Elder Justice Advocates from upstate New York; currently, 86 professionals are on the Project's distribution list. These individuals have access to the Project's exclusive website, training materials, past webinars, project deliverables, and links to other resources and key information about elder abuse, neglect, and mistreatment. Of the 86, 55 were considered "full" Advocates, defined as individuals who had signed on for the program, had attended the half-day training, and have the ability to work directly with clients. An additional 33 Advocates were considered "partial" Advocates; those who hold supervisory positions, are not in direct contact with older victims, or those who could not report on client information due to confidentiality or other concerns.

EJA staff created a 4.5-hour training designed to provide a standardized curriculum to professionals from diverse organizations, locations, experience, knowledge of elder abuse, and understanding of trauma-informed care. Overall feedback obtained by Program staff directly after the trainings was overwhelmingly positive (n=83 returned evaluation forms):

Question	Answers	Percent Positive
Presenter Knowledge	"Excellent" or "Good"	100%
Presentation Rating	"Excellent" or "Good"	98.77%
Was the presenter well-prepared?	"Yes"	100%
Did your knowledge increase because of this presentation?	"Yes"	96.34%
Would you recommend this presentation to a colleague?	"Yes"	98.78%

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The EJA Project's goal was to have 200 older victims of crime referred to the Advocates in their areas. At the close of the project, 207 referrals had been made to Advocates who reported such numbers, 70 of whom were analyzed more thoroughly upon case closure. While direct client feedback was difficult to obtain for myriad reasons, one incredible response obtained by SUNY Brockport evaluators' question regarding ideas for services that would be helpful was, "More people like her, who do their job completely. God bless her."

Several other products were developed for the program, which have been very well-received by the Advisory Board, other allied professionals, and Advocates. These products include the Elder About Court Card and the Working with Older Adults Guide (a brief Policy and Procedure-like document that encourages using a trauma-informed lens when working with older adults). An extensive Policy and Procedure Trainers' Manual was also created for this project, should it be replicated. This document, however, was not widely released to Advocates. Finally, a rack card was produced for Advocates to advertise their roles and to provide a brief refresher of training topics such as elder abuse red flags, brief suggestions for speaking/working with older adults, and where to go for help.

Challenges

While the overall outcome of the project was successful, it was not without challenges. Some of these are: timeframe, buy-in, lack of uniform job descriptions/responsibilities, confidentiality concerns, and levels of experience.

Timeframe – a no-cost extension was obtained for the Elder Justice Advocate Project to partially address concerns regarding time, yet due to the scope of the project additional time would be helpful to more fully develop the program and address some of the other challenges discussed in this narrative.

Suggestions to Mitigate: this challenge may be unique to this specific project as it was a "pilot." Now that materials have been created, it will take far less time to update them to accommodate new locales and updated statistics. Nevertheless, and depending on the size of the service area and population, at least 4-6 months should be allocated just for project planning, creating in-roads with agencies, and standardizing location-specific policies and procedures surrounding confidentiality and reporting.

Buy-in — while there was extensive interest in the project, as evidenced by the number of training attendees and the distribution list (including partial Advocates from downstate counties), it was difficult for people to fully partake in all the various offerings. There was no compensation offered to agencies or Advocates to participate in this program, and therefore all Advocates were voluntary. While this is preferable in some ways, it does place the EJA Program at a lower priority than mandated efforts.

Suggestions to Mitigate: a financial incentive would be ideal. The amount would not need to be large; minimally the cost of travel could be covered for Advocates to attend trainings. With or without financial consideration, letters of support from Advocates' agencies should be obtained either prior to funding, or within the 4-6-month planning period. If possible, a Memorandum of Understanding (MOU) between the funded agency and the Advocates' agencies should be obtained.

Job responsibilities – Advocates came from varied organizations, all of which are guided by their own policies, procedures, and expectations. Some examples of these variations include: ability to conduct home visits, case load, referral source(s), point at which an Advocate is involved (i.e., Advocates in District Attorneys' Offices receive cases further along in the process than those in Law Enforcement agencies), average length of cases/interactions, resources, etc. These variations make it difficult to standardize procedures for all Advocates.

Suggestions to Mitigate: this too could be partially mitigated by Letters of Support or a MOU. Additional considerations include surveying participating agencies to determine the minimum set of universal standards amongst agencies. The *Working with Older Adults: A Guide for Advocates* tool does contain suggestions that can be applied in part or whole during any client interaction. An additional suggestion, though less appealing, would be to narrow the type of Advocate

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with whom the project works. For example; only Domestic Violence Programs. If more substantial funding is available, enabling the lead agency to pay for a portion of an Advocate's salary, job descriptions may be amended to accommodate the Advocate's enhanced role.

Confidentiality – related to the challenges with job responsibilities, confidentiality concerns are approached differently depending on the type of agency and unique policies of the agencies. Domestic Violence programs tend to follow extremely strict regulations regarding client interactions and information. Clients of Domestic Violence programs may or may not be involved in the criminal justice system and may or may not have told others about the abuse. On the other hand, a lot of information gleaned by law enforcement does not have the same confidentiality expectations, some of the information being part of public record.

Suggestions to Mitigate: MOUs and/or clear, defined, and specific Confidentiality Policies and Procedures. Additionally, the minimum set of demographics and details should be gleaned. The Elder Justice Advocate Project partially mitigated this concern by taking client names out of the intake forms.

Experience Level — Advocates had varying levels of experience in the field, with older adults, with Trauma-Informed Care, and with elder abuse. As such, it was a challenge to determine what material was necessary for the curriculum. It was ultimately decided that the material should be basic enough to appeal to novice workers, but also contain additional elements on which more seasoned workers could draw. Predictably, there were also variations on how this decision was received by Advocates, some of whom wanted a more in-depth look at elder abuse and Trauma-Informed Care. Webinars were designed to expand upon some of the topics discussed at the half-day training, providing a more robust level to the baseline curriculum.

Suggestions to Mitigate: While it is impossible to please everyone, perhaps a stronger description of the program and statement at the commencement of an event can help to clarify the reasoning behind creating a baseline curriculum. Additionally, advanced components could be developed that would delve more deeply into the sub-topics of elder abuse and mistreatment.

Future Implications

The Elder Justice Advocate Project can serve as a foundational basis for future funding, research, and projects. These are better discussed in the Evaluation report (Appendix F). Many of the elements of the Elder Justice Advocate Project, such as the website, training materials, products, and distribution list will be maintained and used on an ongoing basis.

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Appendix I: Advisory Board Members

Elder Justice Advocate Program Board Members as of 12/2018

Name	Organization	Title/Role
Dr. Jason Dauenhauer	SUNY Brockport	Research/ Evaluation
Dr. Kristin Heffernan	SUNY Brockport	Research/Evaluation
Alan Lawitz	NYS Office of Children & Family	Director, Bureau of Adult Services
	Services	
Peter Navratil	Tree of Hope Counseling	Trauma Specialist
Greg Olsen	NYS Office for the Aging	Acting Director
Joseph Saba	Oneida County District Attorney's	Assistant District Attorney
	Office	
Gwen Wright	NYS Office for the Prevention of	Executive Director
	Domestic Violence	

Our sincere thanks to all our Advisory Board Members for their kind attention, expertise, collaboration, passion, and kindness.



Elder Justice Advocate Program Results

Appendix J: Participating Agencies*

	Agency Name	County(s)
1	A New Hope Center	Tioga
2	Accord Corporation	Allegany
3	Albany County Crime Victim & Sexual Violence Center	Albany
4	Albany County District Attorney's Office	Albany
5	Allegany County District Attorney's Office	Allegany
6	Arbor Development	Steuben
7	Caregiver Resource Center/Behavioral Health Services North	Clinton
8	Catholic Charities of Delaware, Otsego, and Schoharie Counties	Delaware, Otsego, and Schoharie
9	Center for Elder Law & Justice	Erie, Chautauqua, Niagara
10	Center for Safety & Change, Inc.	Rockland
11	Center for Victim Safety & Support	Dutchess
12	Chances and Changes	Livingston
13	Clinton County Adult Protective Services	Clinton
14	Clinton County Office for the Aging	Clinton
15	Community Action of Greene County	Greene, Columbia
16	Crime Victim and Sexual Violence Center	Albany
17	Crisis Services	Erie
18	Elmira Police Dept.	Chemung
19	Equinox	Albany
20	FBI Victim Specialist	Monroe, Livingston, Ontario, Wayne, Yates, Steuben, Seneca, Schuyler, Chemung
21	Gates Police Dept.	Monroe
22	Genesee Justice	Genesee
23	Grace Smith House	Dutchess
24	Greece Police Dept.	Monroe
25	Hospice of the North Country	Clinton, Franklin
26	International Institute of Buffalo	Erie
27	Jamaica Service Program for Older Adults	Queens
28	Lewis County Opportunities	Lewis
29	Lifespan's Elder Abuse Prevention Program	Monroe, Genesee, Livingston, Ontario, Orleans, Schuyler, Seneca, Wayne, Wyoming, Yates
30	Mechanicville Community Center	Saratoga



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31	Monroe County Sheriff's Office	Monroe
32	New York State Coalition Against Sexual Assault	All
33	NYS DOCCS	All
34	New York State Police	<u>Troup B</u> : Clinton, Essex, Franklin, Hamilton, St. Lawrence
		Troup D: Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego
		<u>Troup G:</u> Albany, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady,
		Schoharie, Warren, Washington
35	Ontario County District Attorney's Office	Ontario
36	Orange County Probation	Orange
37	Orleans County District Attorney's Office	Orleans
38	Oswego County Opportunities	Oswego
39	Plattsburgh Housing Authority	Clinton
40	Plattsburgh Police Dept.	Clinton
41	Putnam/Northern Westchester Women's Resource Center	Putnam, Westchester
42	Rochester Police Dept.	Monroe
43	Safe Harbors of the Finger Lakes	Yates, Seneca, Ontario
44	Safe Homes of Orange County	Orange
45	Schuyler County District Attorney's Office	Schuyler
46	Seneca County Community Counseling Center	Seneca
47	Seneca County Victim/Witness Advocacy Program	Seneca
48	STOP Domestic Violence/Behavioral Health Services North	Franklin, Clinton, Essex
49	Vera House	Onondaga
50	Victims Assistance Center	Jefferson
51	Washington County District Attorney's Office	Washington
52	Wayne County District Attorney's Office	Wayne
53	Wellspring	Saratoga, Washington
54	Westchester County District Attorney's Office	Westchester
55	Willow Domestic Violence Center	Monroe
56	YWCA Mohawk Valley	Oneida

^{*}Organizations are included on this list if:

- 1. They employ at least one full or partial Elder Justice Advocate
- 2. They are a supervisor, agency director, or other professional and are on the Elder Justice Advocate Project distribution list
- 3. They have attended an in-person training and/or at least one webinar

Not all agencies listed participated fully in the Elder Justice Advocate Project.