Do We Really Need Another Meeting? Lessons From the Los Angeles County Elder Abuse Forensic Center

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Purpose: Elder abuse cases are often time-consuming and complex, requiring interagency cooperation from a diverse array of professionals. Although multidisciplinary teams (MDTs) offer a potentially powerful approach to synergizing the efforts of different providers, there has been little research on elder abuse MDTs in general or elder abuse forensic centers in particular. This article draws on our experience with the development of an innovative elder abuse MDT model by describing the structure, process, and outcomes of the Los Angeles County Elder Abuse Forensic Center (the Center). Design and Methods: We use a logic model to provide the framework for discussing the Center’s components and de-identified client records to report key characteristics of the cases reviewed (n = 313). We summarize surveys of core team members’ evaluations of team effectiveness (n = 37) and case presenters’ assessments of the Center effectiveness (n = 108). Results: During its first 3 years, the Center reviewed 2–4 cases per week and gained active and regular participation among core team members. Both team members’ and presenters’ evaluations were highly favorable. Implications: Process outcomes indicate that busy professionals found the model extremely valuable, with added consultation and services aiding elder abuse prevention, protection, and prosecution. The logic model offers structure, process, and outcomes with which to replicate and individualize the elder abuse forensic center model according to the needs and resources in each community.

Key Words: Elder mistreatment, Multidisciplinary, Abuse/neglect, Intervention
Elder abuse is a critical social problem that often results in devastating outcomes, including serious physical injuries, emotional pain and suffering, shame, depression, shattered trust, financial ruin, and increased risk of mortality (Comijs, Penninx, Knipscheer, & van Tilburg, 1999; Lachs, Williams, O’Brien, Pillemer, & Charlson, 1998). In addition to breaking the covenant to honor our elders, elder abuse is estimated to cost Americans tens of billions of dollars annually in health care, social services, investigative and legal costs, and lost income and assets (Payne & Gainey, 2005). Despite increasing attention, elder abuse is still largely hidden with unresolved questions about the number of victims and relatively little attention devoted to developing and testing interventions (National Research Council, 2003).

Recognizing that elder abuse is often time consuming and complex to address in a delivery system that is typically fragmented and underfunded, Wolf and Pillemer (1994) identified the multidisciplinary team (MDT) as an important best practice. Teaster, Nerenberg, and Stansbury (2003, p. 91) defined an elder abuse MDT as “professionals from diverse disciplines who work together to review cases of elder abuse and address system problems.” Types include Fiduciary Abuse Specialist Team, Vulnerable Adult Specialist Team, fatality review team, and elder abuse task force. In a national survey of elder abuse MDTs, Teaster and colleagues indicated that teams vary in size, composition, and approach; yet, as Reuben (2002) noted, MDTs share the benefit of being superimposed on current delivery systems to improve communication and problem solving, without fundamentally altering the service delivery structure. Despite dramatic development over the last decade, a survey of MDTs found that nearly half (48%) were challenged by “a lack of participation by some disciplines” (Teaster et al., p. 104).

To marshal the resources necessary to combat abuse, Wiglesworth, Mosqueda, Burnight, Younglove, and Jeske (2006) introduced an innovative new MDT, the elder abuse forensic center. The model provides a structure in which diverse professionals meet weekly to address difficult elder abuse cases through highly focused problem-solving collaboration and referrals to appropriate remedies (Schneider & Mosqueda, 2010). This article presents information from one such program, the Los Angeles County Elder Abuse Forensic Center, using a conceptual framework, logic model, and results from surveys of team members and presenters.

Conceptual Framework

Forensic is defined as “relating to or dealing with the application of scientific knowledge to legal problems” (“Forensic,” 2009). In keeping with this definition, a unique contribution of the forensic center model (Figure 1), adapted from Alkema, Wilber, Shannon, and Allen (2007), is bringing together traditionally distinct “Client Systems” (e.g., health, social, and protective services) and “Judicial...
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“Systems” (e.g., law enforcement, attorneys, and victim advocates). Although involvement by both types of systems may be essential to resolve complex cases, their different goals, approaches, and perspectives can create barriers to collaboration. The Center activities, shown in Figure 1, were designed to bridge these differences by creating an effective case review process through weekly meetings and ongoing consultation.

Background

Prior to establishing their own elder abuse forensic center, leaders at the Los Angeles County + University of Southern California Medical Center (LAC + USC) had established the Violence Intervention Program (VIP), a family violence advocacy model that includes an Adult Protection Team (APT). The APT provides inpatient elder abuse screening, a hospital-based Adult Protective Service (APS) liaison, and continuing care for victims via a geriatric clinic. The APT director, a geriatrician and leader in elder abuse interventions, recognized the importance of enhancing collaboration and provided instrumental leadership to the program’s development.

The elder abuse forensic center model was first developed at the University of California, Irvine in Orange County, California, in 2003 (Wiglesworth et al., 2006). Launched in January 2006 as the second elder abuse forensic center in the nation, the purpose of the Los Angeles County Elder Abuse Forensic Center (the Center) is “to improve the quality of life for vulnerable older and dependent adults who have been victims of abuse and neglect in Los Angeles County.” The first 3 months focused on meeting with key stakeholders, exploring the interest of potential members, developing memoranda of understanding, agreeing to the mission and service priorities, and consulting with professionals from the original Orange County Center. During this initial planning phase, the core team of multidisciplinary professionals was established and a mission statement was created: “The Los Angeles County Elder Abuse Forensic Center is a MDT of professionals that protects vulnerable elders and dependent adults from abuse and neglect.”

Methods

To evaluate the Center, we build on Donabedian’s (1980) tripartite model of structure, process, and outcomes. Given that the Center is relatively early in development, with outcomes still pending (e.g., justice and/or prosecution), we focus here on structure and process. Structure refers to the nature of the resources, including the facility and staff, whereas process refers to what was done and how well it was done.

To describe and assess progress on the structure, we adapted the logic model that had been developed prior to launching the Center (Alkema & Schneider, 2005; Figure 2). This logic model
W.K. Kellogg Foundation, 2004) identified the Center’s resources and activities, target population, and anticipated outcomes. We used de-identified client records to report on client and alleged perpetrator characteristics, including the type(s) of suspected abuse for all cases \( n = 313 \) reviewed during the first 3 years of operation (130 meetings), from March 2006 to December 2008.

Following Wiglesworth and colleagues (2006), we used participant surveys to evaluate process. To assess the core team’s perspectives, evaluators measured attendance and surveyed members using a modified Team Effectiveness Inventory (Kormanski & Mozenter, 1987; see Appendix A). This inventory examines mission, goal achievement, empowerment, open and honest communication, positive roles/norms, and a global score reflecting overall team effectiveness on a scale from 1 (low) to 5 (high). The inventory was administered following initial planning (baseline; \( n = 9 \)) and at 12 months (\( n = 12 \)) and 36 months (\( n = 16 \)) from baseline. Aggregated mean values were calculated for each item.

Presenters’ experiences were assessed in 2006 and 2007, using a customized 15-item instrument (see Appendix B). Questions included responses about the team process and why cases were selected for presentation. In addition, to assess process and identify lessons learned, one or more evaluators observed each meeting. Formal Institutional Review Board approval for all aspects of the evaluation was granted by the University of Southern California’s Office for the Protection of Research Subjects.

Structure, Process, and Outcomes Using a Logic Model

The Center Activities: The Process

Forensic Center members meet weekly for 2 hr. The agenda, developed by the project manager in collaboration with referral sources, includes two to four new case reviews, case updates, and announcements.

In preparation for the case review, the referring entity provides client and perpetrator characteristics and a brief statement on the background of the case to the project manager; team members receive a redacted copy of this referral. Cases are often presented jointly by key parties; however, for the 25% \( n = 106 \) that have been brought in as urgent cases, collaboration and communication begins at the meeting. Presentations include a brief description of the problem, the timeline of events, and a history of the interventions attempted or completed.

During the review, team members ask questions, clarify information, make recommendations, and when necessary, use computers in the room to obtain real-time information (e.g., status
of the alleged victim’s mortgage, the suspected abuser’s criminal background, specifics of a relevant statute). At the end of each review, the project manager summarizes the intervention plan by going over the team’s recommendations. The team identifies one or two goals, along with a specific time period to receive an update on the case. Updates from presenters and core team members are tracked by the project manager. Core team members access their internal systems to identify the status of assessments, investigations, conservatorships, and prosecution decisions. This time-consuming follow-up is critical to tracking client outcomes.

Common recommendations provided by the team included arranging additional assessments (e.g., geriatric medicine, neuropsychology, mental health), linkage to specific services (e.g., care coordination, public guardian, restraining order), further investigation (e.g., crime-related facts, real estate title, caregiver status), and specific instructional support (e.g., obtaining medical records, freezing assets, evidence to file criminal case). Common goals include client safety, protection of assets, restitution of assets, conservatorship, prosecution, and further investigation. If another person living in the household (e.g., spouse, dependent adult, or a minor) is potentially at risk, recommendations for this person are included.

Although all members are invited to bring cases, the majority are presented by APS (59%) and law enforcement (29%). In Year 2, APS representatives indicated that some workers found the added travel time difficult, so teleconferencing capabilities were added, affording workers the option of presenting via telephone from their offices. The volume of case reviews has increased each year from 84 in 2006 to 107 in 2007 and to 122 in 2008.

The team represents a wealth of diverse knowledge, making it typical for presenters to receive input during the meeting on existing statutes, regulations, resources, and strategies, as well as general support and encouragement. Although the specific impact is difficult to measure, team members note that they regularly take this information back to their home offices. In addition, team members provide consultation throughout the investigation. For example, the Center’s director/geriatrician is available to request and review medical records and can make home visits to assess clients. The Center’s forensic neuropsychologists also make home visits to assess cognitive function and the victim’s capacity to make decisions at the time of the suspected abuse. The team’s geriatrician and psychologists also help engage clients’ medical and mental health providers, streamlining information-sharing processes for APS, law enforcement, and prosecutors. Similarly, the Center’s law enforcement members assist presenters by sharing insights into effective investigation methods and suggesting contacts to appropriate law enforcement for other providers.

Legal expertise is provided by the DA’s Elder Abuse/Real Estate Units, the City Attorney’s Office, and older adult legal services. Prosecutorial expertise includes addressing specific information required for filing a criminal case and providing input on standards for prosecution. Similarly, information on civil cases is provided, such as challenging real estate loans or foreclosures and assisting with private conservatorships.

Who We Reach

The Center serves three types of clients: (a) older and dependent adults, (b) professionals serving suspected victims, and (c) the wider community. Among the older and dependent adults (n = 313), the majority were woman (n = 206, 66%), and the mean age for those with known ages was 77.3 years (SD = 13.7, n = 298). Of those with race/ethnicity reported (n = 274), nearly two thirds were identified as Caucasian (n = 170, 62%), with the remaining third categorized as African American (n = 48, 18%), Hispanic (n = 39, 14%), or Asian/Pacific Islander (n = 14, 5%). The three most common types of abuse were financial (n = 225, 72%), neglect (n = 81, 26%), and self-neglect (n = 66, 21%), with over a third of the cases (n = 147, 35%) involving two or more types of abuse. The evaluation that follows focuses on the second category of the Center clients, the professionals.

The Center members have also been committed to enhancing elder abuse awareness and knowledge in the third group, the community. The number and types of trainings and presentations by team members have been tracked over the Center’s first 3 years of operation.

The Process Outcomes

Team and Presenter Satisfaction.—During 2006, the average attendance of the 11 core agencies was 75% for 36 meetings (n = 298). In 2007, attendance increased to 84% for 46 meetings (n = 426). In 2008, 83% of core members attended
48 meetings \((n = 439)\). One or more representatives from APS attended every meeting, and the DA was represented at 96% of all meetings. Some organizations (APS, law enforcement, and DA) sent more than one representative; some rotated representatives or added/reassigned positions dedicated to elder abuse (law enforcement, DA, and neuropsychology associates) and modeled participation for new members. Usual employee transitions took place (retirements, leave of absences, and reassignments), but they posed minor impact on participation.

The modified Team Effectiveness Inventory (Appendix A) reflected positive team responses—largely between 4 \((\text{agree})\) and 5 \((\text{strongly agree})\) —across the 3 years (see Figure 3). Mean values in each domain also showed a high degree of stability, reflecting the greatest change in team “achievement” from baseline \((3.9)\) to Year 1 \((4.5)\). “Communication” showed a slight increase from baseline \((4.5)\) to Year 3 \((4.7)\), and the overall “global” team effectiveness score was relatively stable around 4.6.

During 2006 and 2007, among 191 presenters, 57\% \((n = 108)\) completed surveys about their experience presenting at the Center. On a scale from 1 \((\text{low})\) to 5 \((\text{high})\), presenters responded positively on measures of comfort \((4.4)\), degree of support received \((4.7)\), usefulness of information provided \((4.6)\), and overall experience \((4.7)\). The survey also included open-ended responses, asking what had been most helpful and how the Center could improve. Nearly all indicated that they would recommend the Center to others \((98\%)\) and that they would likely use the Center again \((94\%)\).

**Training and Dissemination.**—A majority of the team participated in activities to raise awareness and understanding of elder abuse. In 3 years, there was nearly a fourfold increase in both “training events” \((\text{factor of 3.7, from 45 in 2006 to 166 in 2008})\) and “estimated persons reached” \((\text{factor of 3.8, from 1,909 in 2006 to 7,258 in 2008})\). Media outreach, consisting of radio and cable television interviews and newspaper and magazine articles, grew by one third \((\text{from 24 in 2006 to 32 in 2008})\).

**Increasing Justice and Quality of Life.**—The evaluation’s outcome measures are still evolving, but frequencies are available for several indicators of client justice and quality of life. One important indicator is that presenters are bringing high-quality cases that are substantiated as being abuse during the team’s discussion. The vast majority of cases appear to involve serious abuse, requiring a vast array of actions and services. Close to one third of the clients received a neuropsychological assessment \((n = 97, 31\%)\), with home-based medical assessments provided to nearly a quarter of the clients \((n = 75, 24\%)\), and GENESIS has provided an additional 17 with home-based mental health assessments \((5\%)\). Although some legal outcomes are pending, a third of the clients were assessed by the Office of the Public Guardian for conservatorship \((n = 102, 33\%)\) and over half were conserved \((n = 59)\). Of cases recommended for review by the DA \((n = 72, 23\%)\), over a third \((n = 28)\) were filed and all have been successfully prosecuted. Because no benchmarks exist in the field of elder abuse for defining success on outcomes, such as conservatorship and prosecution, a critical next step is to begin to identify and calibrate markers of performance by which to set benchmarks. Therefore, the next stage of research will be to develop a comparison group of matched “usual care” cases to address the challenge of trying to account for the uniqueness and complexity of cases reviewed by the Center.

**Discussion**

Although some elder abuse cases are addressed through a one-time contact from APS or a visit from law enforcement, the most difficult and challenging cases may require response from many providers representing diverse sectors, often with little knowledge of each other’s roles and little previous experience working together. The elder abuse forensic center model was designed to address these complex cases by drawing from the knowledge and experience of key professionals and providing a vehicle to bring them together on a weekly basis \((\text{Wiglesworth et al., 2006})\).
Vital inputs in the development of the Center share commonalities with the Orange County Center (Wiglesworth et al., 2006). A dynamic leader is crucial—a professional champion immersed in the field and valued by a diverse professional group. In developing both Centers, the leader was able to build on community support to leverage existing resources and engage key stakeholders. The Center began with a formalized 3-month planning process that created a sense of ownership and commitment and led to a strong foundation upon which to launch the Center. A full-time project manager is critical to manage client intake and track each case, informed by the individual case goals set by the team and guided by the specific recommendations in each case’s intervention plan. Importantly, grant funding was a necessary catalyst to establishing both forensic centers and has continued to help sustain the Center.

To help clarify the structure and process, we presented a conceptual model showing the core team members and the basic process that occurs during weekly meetings. To inform replication, we presented a logic model that depicts key components of the structure, process, and outcomes. More difficult to convey in this model is the enthusiasm, synergy, and camaraderie observed during the weekly meetings. Previous research (Teaster et al., 2003) notes that MDTs frequently lack participation by some core disciplines; in contrast, the core team members’ attendance was high, giving added weight to the positive team effectiveness scores.

Results indicate that collaboration has led to various outputs, including medical and neuropsychological assessments, court testimony, linkage to assistance from outside services (e.g., case management, mental health services, legal representation), and enhanced support to both APS and law enforcement investigators. These professional activities have been a gateway to protection and support services, including conservatorship, civil judgments, restitution, and prosecution. However, given the many different systems involved, the project manager’s tracking of these outcomes has been challenging and time consuming, despite support from the team and presenters. The Center’s effectiveness in achieving long-term outcomes, including measures of increased justice and quality of life for vulnerable adult victims of abuse in Los Angeles County, remains the focus of additional research. As sufficient time and tracking continues, these outcomes will be further analyzed. A significant limitation has been the lack of a comparison group against which to measure effectiveness. The model would benefit from a rigorous experimental research design to systematically test its added value, using measures such as (a) increased cross-reporting between APS and law enforcement; (b) reduced time to remedies, including supportive services, conservatorship, and prosecution; (c) decline in the number of repeat/revolving door cases; and (d) an assessment of cost effectiveness. Although generalizability of the Los Angeles County experience is a concern, given the county’s size, diversity, and sheer number of key players, the added complexity suggests that the model is a rich one.

As we move to the next stage of evaluation, the existing evidence suggests that the elder abuse forensic center model is cohesive and perceived to be effective by its members. Strong attendance, high scores on team and presenter evaluations, increasing numbers of cases referred to the Center, and dynamic exchanges during the meetings support the idea that busy professionals value this model to enhance their ability to address and to remedy the growing problem of elder and dependent adult abuse.

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Acknowledgments
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References


Appendix A

Please check the box that best describes how long you have been on this team:

☐ 1–3 meetings  ☐ 4–6 meetings  ☐ 6–10 meetings  ☐ 11 or more meetings

Team Effectiveness Inventory

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

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

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<tbody>
<tr>
<td>1</td>
<td>Everyone on my team knows why our team does what it does.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>2</td>
<td>The facilitator consistently lets the project members know how we are doing in accomplishing the process.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>3</td>
<td>Everyone on my team has significant say or influence on the team’s decisions.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>4</td>
<td>If outsiders were to describe the way we communicate within our team, they would use such words as “open”, “honest”, “timely”, and “two-way”.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Team members have the skills and knowledge to contribute to the task we have been assigned.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>6</td>
<td>Everyone on this team knows and understands the team’s priorities</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>7</td>
<td>As a team, we work together to set clear, achievable, and appropriate goals.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>8</td>
<td>I would rather have the team decide how to do something rather than have the team leader give step-by-step instructions.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>9</td>
<td>As a team, we are able to work together to overcome barriers and conflicts rather than ignoring them.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>10</td>
<td>The role each member of the team is expected to play is well-designed and makes sense to the whole team.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>11</td>
<td>If my team does not reach a goal, I am more interested in finding out why we have failed to meet the goal than I am in reprimanding the team members.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>12</td>
<td>The team has so much ownership of the work that, if necessary, we would offer to stay late to finish the job.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>13</td>
<td>The team environment encourages every person on the team to be open and honest, even if people have to share information that goes against what some of the team members would like to hear.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>14</td>
<td>There is a good complementarity between the capabilities and responsibilities of everyone on the team</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>15</td>
<td>Everyone on the team is working toward the larger mission of the Center.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>16</td>
<td>The team has the support and resources it needs to meet the goals expected of it.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>17</td>
<td>The team knows as much about what is going on in the organization as the facilitator does, because the facilitator always keeps everyone up-to-date.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>18</td>
<td>The team process shows that everyone on the team has something to contribute- such as knowledge, skills, abilities, and information- that are a value to all.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>19</td>
<td>Team members clearly understand the team’s unwritten rules of how to behave within the group.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>20</td>
<td>The physical plant suggests and promotes team interaction.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>The team is supportive and provides essential mentoring for new people.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>22</td>
<td>Overall, at this point in time, how effective is this team at meeting its goals?</td>
<td>5</td>
<td>4</td>
<td>3</td>
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I have filled out this form before: ☐ Yes  ☐ No

Please check one.

Comments:

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Appendix B

Los Angeles County Elder Abuse Forensic Center
Core Team Evaluation by Case Presenters

Thank you for presenting a case to the Los Angeles County Elder Abuse Forensic Center (LACEAFC) Core Team. Please take the time to complete this evaluation of the Core Team and your experience here today. Your participation is voluntary and your answers will, in no way, effect the processing or management of the case presented. However, we seek to provide Los Angeles with quality service and would appreciate your input and suggestions.

Agency: [ ]
Date: [ ]
Case Number: [ ]

The following questions are about today’s presentation:

1. Was this your first time presenting at the Center? [ ] Yes [ ] No

If NO, how many other cases have you brought to the LACEAFC?

If YES, how did you first hear about the Los Angeles County Elder Abuse Forensic Center? Please click here and choose from the menu below

If you selected “a colleague from another agency”, please specify which agency: [ ]
If you selected “media”, please describe the type of media: [ ]
If you selected “other”, please describe: [ ]

2. Who suggested that you bring the case to the Center?

Please click here and choose from the menu below

If you selected “a colleague from another agency”, please specify which agency: [ ]
If you selected “other”, please describe: [ ]

3. How comfortable did you feel presenting your case today?

[ ] 1 Very Uncomfortable [ ] 2 Uncomfortable [ ] 3 Neutral [ ] 4 Comfortable [ ] 5 Very Comfortable

4. In your opinion, how supportive was the Core Team of you, the one managing the case?

[ ] 1 Very Unsupportive [ ] 2 Unsupportive [ ] 3 Neutral [ ] 4 Supportive [ ] 5 Very Supportive

5. How useful is the information and/or advice from the Core Team?

[ ] 1 Very Not Useful [ ] 2 Not Useful [ ] 3 Neutral [ ] 4 Useful [ ] 5 Very Useful

Was there any information that was particularly helpful? [ ]

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6. Was it difficult to get the case(s) approved for presentation at the LAC EAFC?

- [ ] 1 Extremely Difficult
- [ ] 2 Somewhat difficult
- [ ] 3 Neutral
- [ ] 4 Somewhat easy
- [ ] 5 Very Easy

The next few questions address your satisfaction with the LAC Elder Abuse Forensic Center.

7. How likely is it that you would consider presenting another case to the Core Team?

- [ ] 1 Extremely Unlikely
- [ ] 2 Unlikely
- [ ] 3 Neutral
- [ ] 4 Likely
- [ ] 5 Very Likely

8. Would you recommend the LAC EAFC to others?  
   [ ] Yes  [ ] No
   Why or why not?  

9. Please rate your overall experience with the LAC Elder Abuse Forensic Center.

- [ ] 1 Very Poor
- [ ] 2 Poor
- [ ] 3 Neutral
- [ ] 4 Good
- [ ] 5 Very Good

12. What suggestions do you have for the LAC Elder Abuse Forensic Center?  

Finally, these questions collect demographic information about you, the presenter:

13. The Geographic Region of the County you serve: (please check all that apply)

- [ ] North LA  
- [ ] South LA  
- [ ] East LA  
- [ ] West LA

14. How many years have you worked for the agency you are currently with?

15. How many years have you worked on cases of elder abuse and neglect?

Thank you for taking the time to evaluate your experience with the Los Angeles County Elder Abuse Forensic Center. We look forward to working with you in the future.