

NYC Elder Abuse Center

Priority-Setting Project

Concept Mapping
The Conceptual Framework
September 23, 2008

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Goals of the Concept Mapping Project

- Define areas of focus and priorities for the development of an Elder Abuse Center for Manhattan and greater NYC.
- Determine the most important and feasible priorities for implementation.
- Engage and solicit input from a broad cross-section of participants.
- Provide multiple opportunities for participation.



Concept Mapping Steps



Planning: Planners and key issue advisors develop a ***focus prompt*** and *identify participants*.



Idea Generation: Communities of interest and expertise are identified, and respond with ***brainstormed*** ideas.



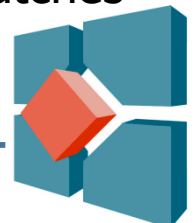
Structuring: Communities of interest and expertise ***sort and rate*** the results of the idea development, authoring the structure and value domain of the issue.



Representation: Compute the ***maps, pattern matches and "go zones,"*** and prepare them for interpretation by communities of interest.

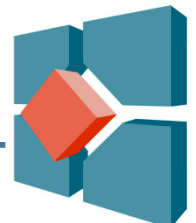


Interpretation and Use: ***Strategies and tactics for action*** follow directly from the *interpretation* of the results. Pattern matches and go zones help build consensus on action.



Examples of how organizations use concept mapping

- ***Division of AIDS*** – development of an evaluation framework and subsequent measurement approach for existing clinical research networks
- ***Mental Health America*** – development of a strategic plan to support the transition of the national organization
- ***Institute for Optimal Aging*** – development of a priority research agenda to guide future funding and research programs
- ***NYS-Early Intervention Project*** – development of a child and family outcomes framework and subsequent survey to evaluate services



The Planning Group Defined the Issue To Be Addressed

Develop a focus



"A specific characteristic of a comprehensive center to address elder abuse in New York City would be..."

(Please think about components such as functions, activities, policies, overarching philosophies, and services when responding to the prompt.)

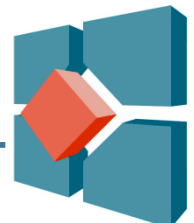


The Project Details

IDEA GENERATION: Eliciting knowledge and opinion

Brainstorming – June 10, 2008-July 22, 2008:

- *Approximately 200 participants brainstormed.*
- 21 participants generated a total of 135 statements at a brainstorming session on *June 10, 2008*.
- Between *June 11, 2008 and July 22, 2008*, an additional 1,018 statements were generated by conduct of a literature review and outreach to additional stakeholders.
- Between *July 22, 2008 and August 27, 2008*, an additional 82 statements post brainstorming statements were generated.
- The planning group edited the statement list containing 1,153 ideas for relevance and representativeness.
- Idea Synthesis resulted in an approved final set of **124** ideas to address the topic.

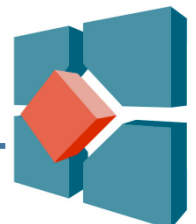


The Project Details

STRUCTURING: Data collection to build the conceptual framework

Sorting and Rating of Ideas – August 7, 2008:

- 40 people attended the sorting and rating meeting and 1 additional person participated separately to organize the 124 ideas into conceptually similar piles or themes and rate the ideas on relative Importance and Feasibility.
- 41 people completed the conceptual sorting of the ideas for analysis.
- 41 people contributed their input on the Importance rating for analysis.
- 40 people contributed their input on the Feasibility rating for analysis.

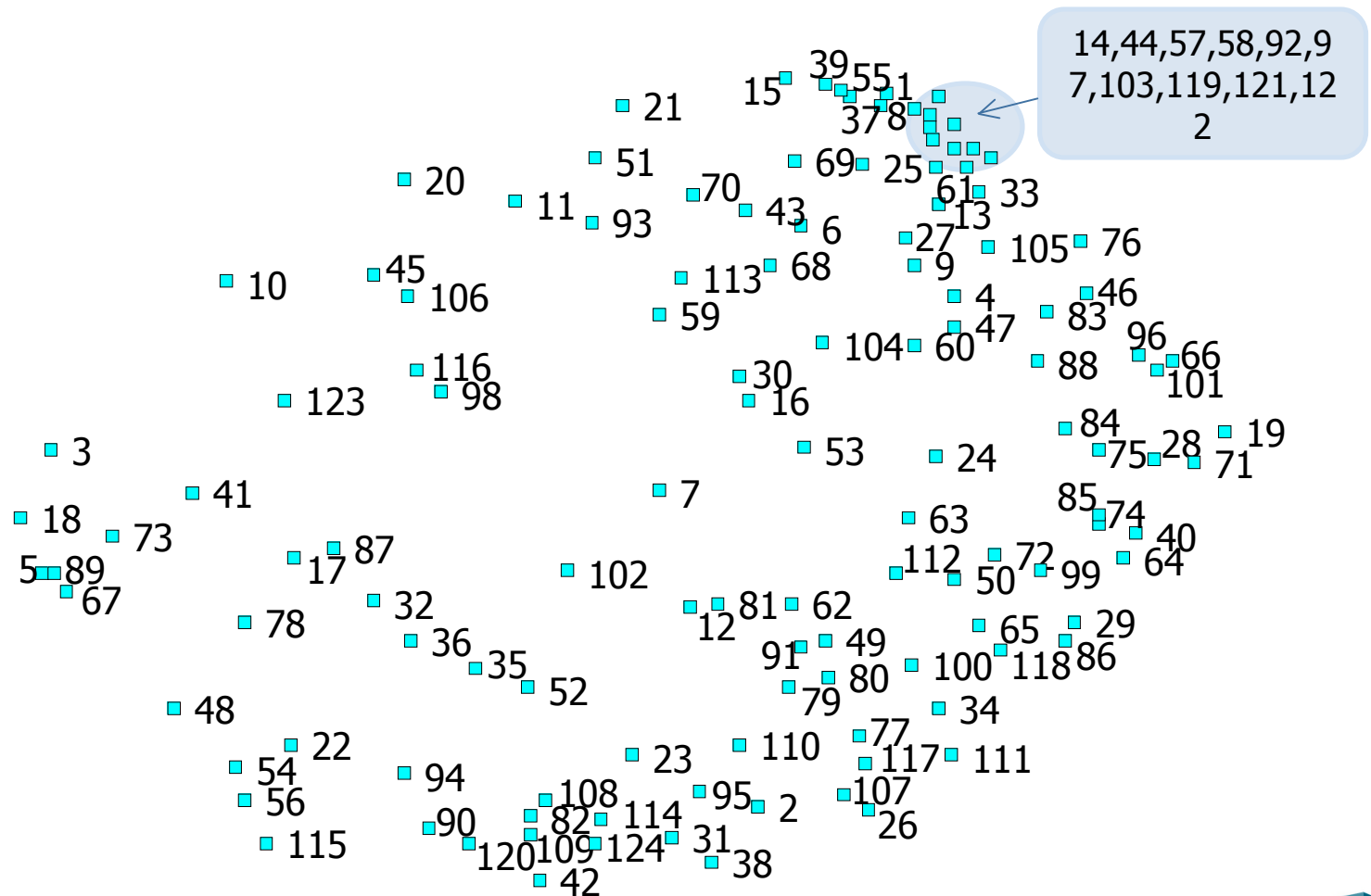


How Did We Build These Results?

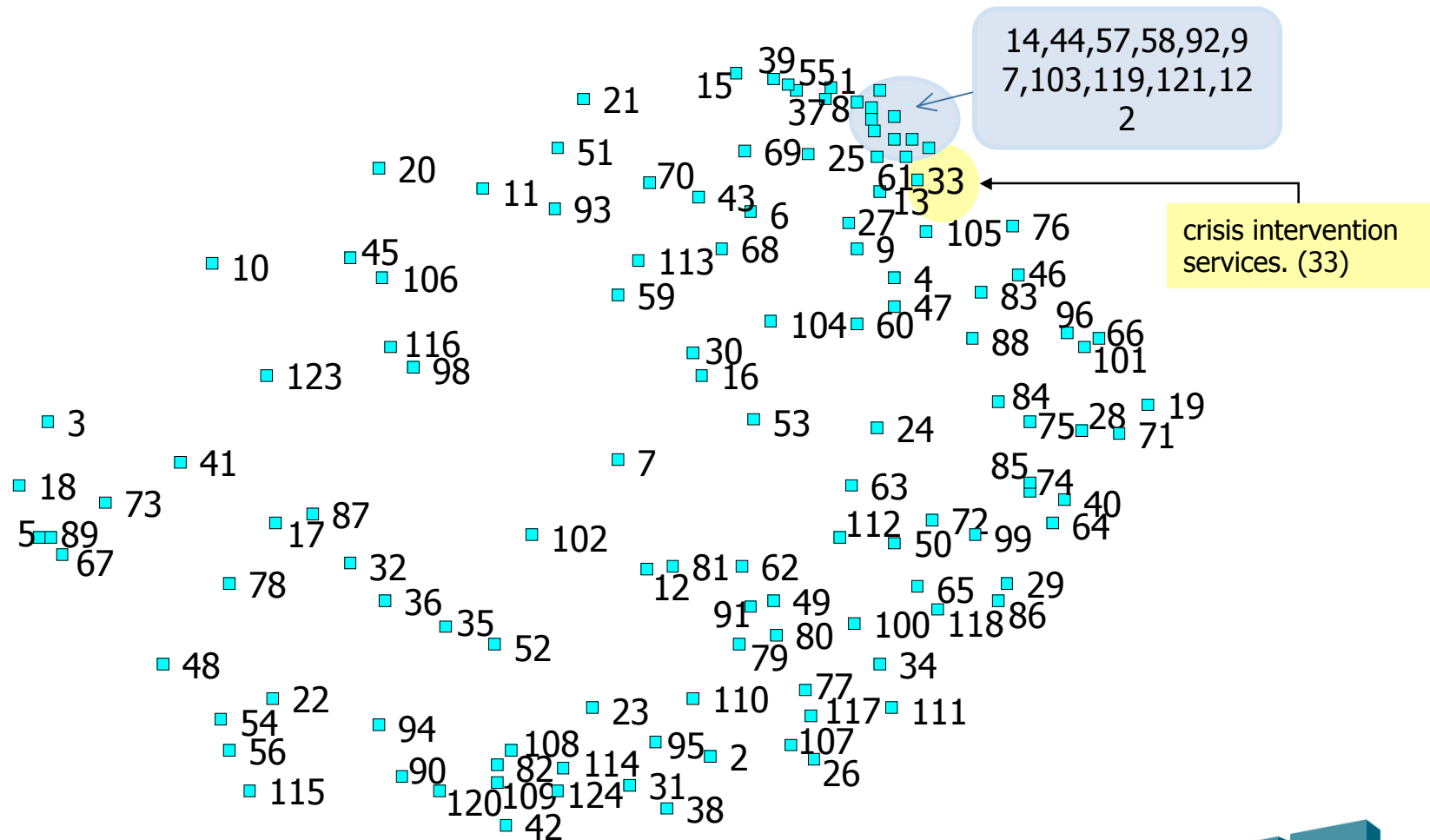
- The Raw Materials:
 - Statements
 - Sort Input from each participant
 - Rate Input from each participant
- The Tools
 - Aggregation of Sort Data
 - Similarity Matrix
 - Multidimensional Scaling
 - Cluster Analysis



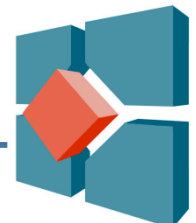
This initial map shows all the elements in relation to one another.



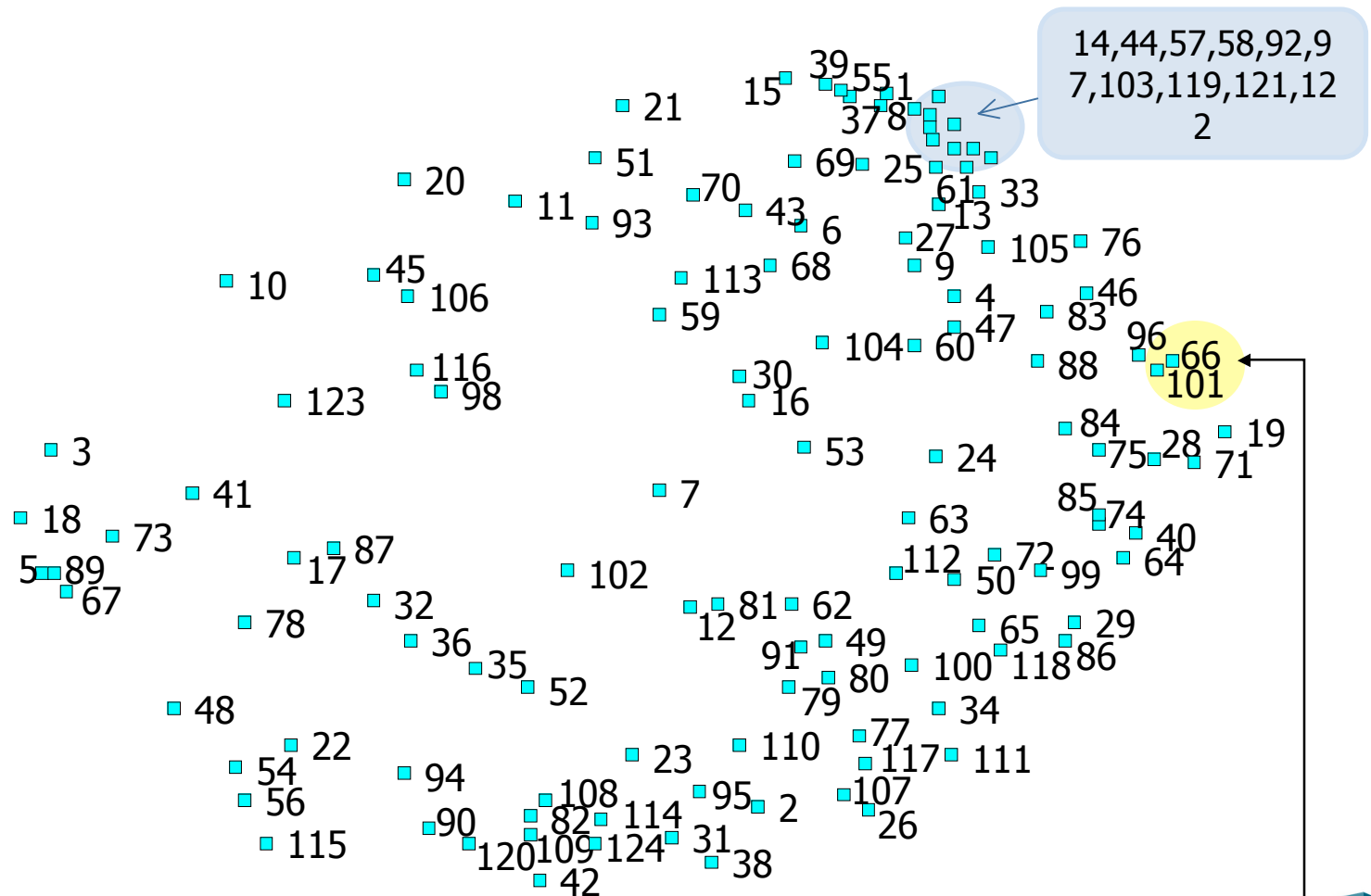
Each point represents one of the brainstormed ideas.



"A specific characteristic of a comprehensive center to address elder abuse in New York City would be..."

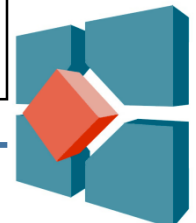


Conceptually similar ideas are in close proximity

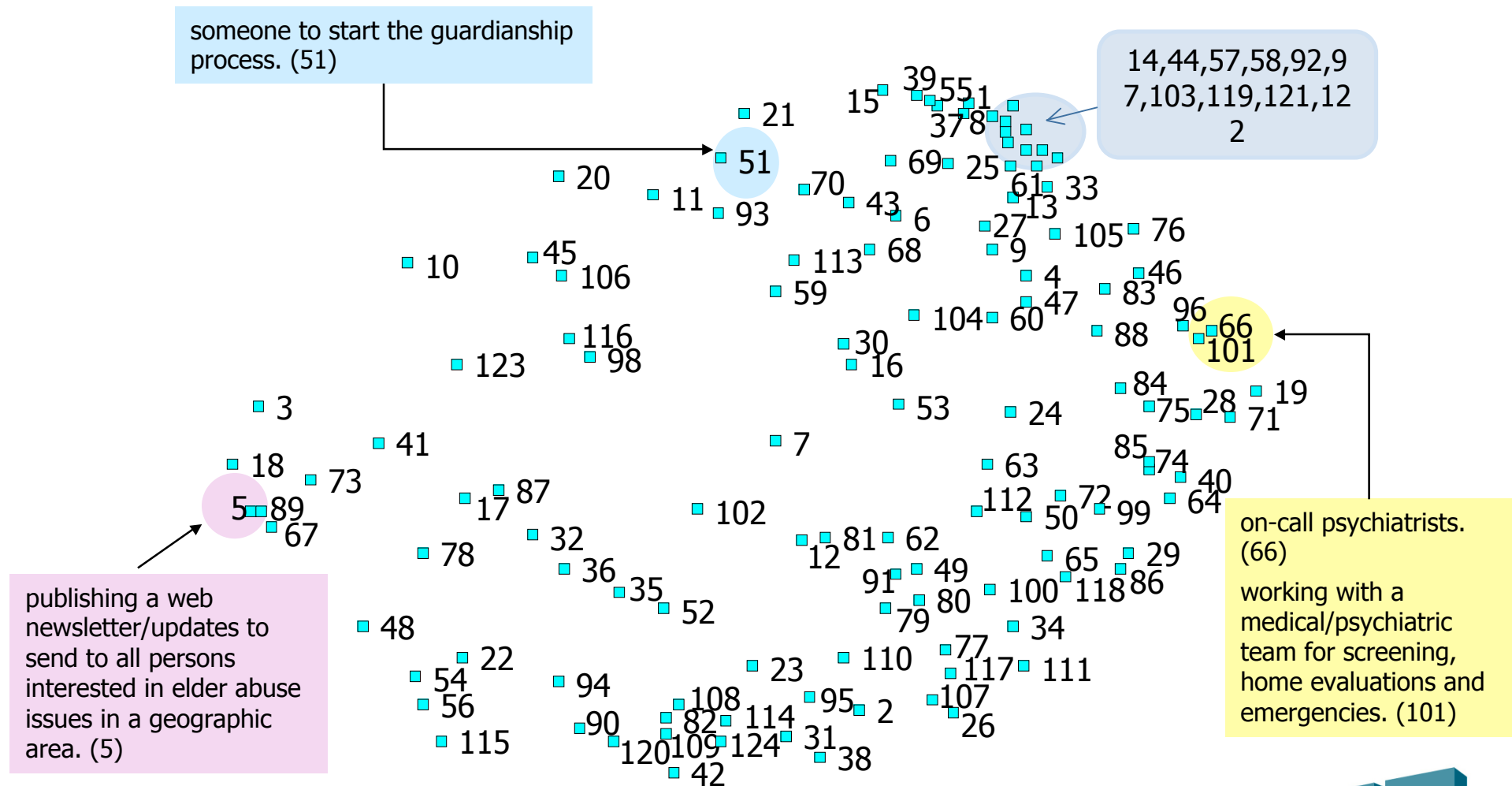


working with a medical/psychiatric team for screening, home evaluations and emergencies. (101)

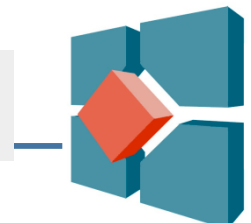
working with a medical/psychiatric team for screening, home evaluations and emergencies. (101)



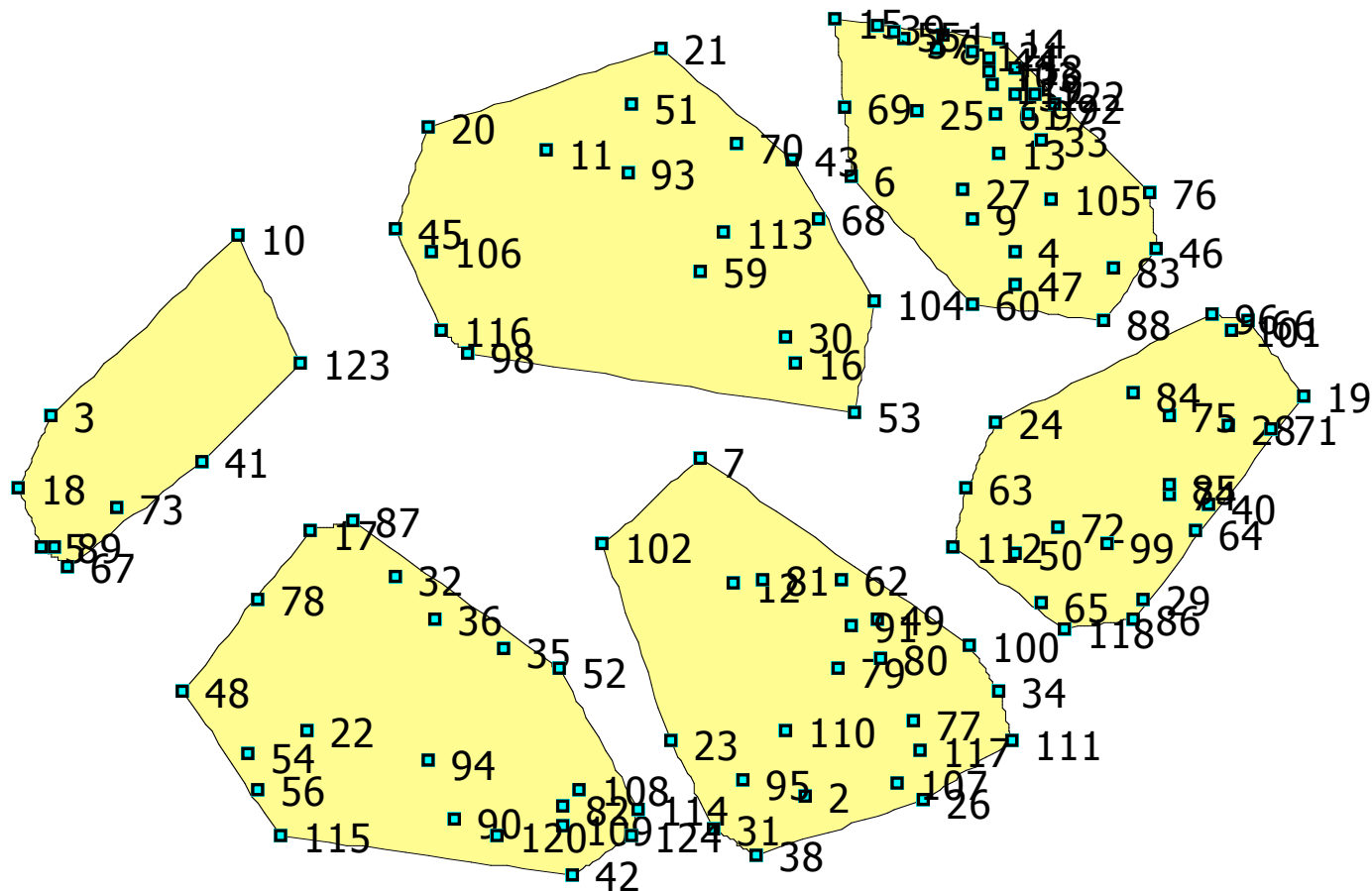
Conceptually *different ideas* are *further apart*



"A specific characteristic of a comprehensive center to address elder abuse in New York City would be..."



The detailed ideas are organized into groups



...so that many concepts can be considered in a shared structure



Direct Services

providing assistance to locate temporary/long term safe housing. (1)

having elders interviewed by trained specialists. (4)

a dedicated elder abuse hotline. (6)

mediation, anger management, and conflict resolution services. (8)

expedited case assessments. (9)

client assessment services. (13)

family counseling and support. (14)

offering coping strategies for caregivers (respite, support groups/activities, counseling referrals, stress relief, etc.). (15)

peer counseling and support. (25)

walk-in services. (27)

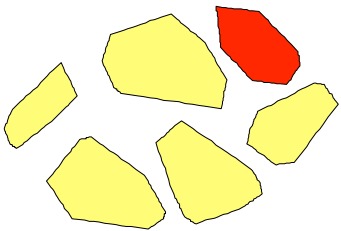
crisis intervention services. (33)

provision of adjunct therapies (creative arts, recreational/social, pet therapies). (37)

intervention options for abusers. (39)

group counseling and support. (44)

providing services for victims and abusers at separate locations. (46)



Direct Services (continued)

language translation and interpretation for people whose primary language is not English and who are hearing impaired (sign language). (47)

providing emergency housing for the abused. (55)

capacity for pet care. (57)

mental health services. (58)

addressing multiple forms of abuse: physical, financial, emotional, etc. (60)

assessment of individual and family dynamics related to instances of abuse. (61)

addressing issues of hoarding. (69)

access to medical services (physical & cognitive). (76)

a team of workers able to make home visits over a period of time. (83)

a medical triage center on site for evaluation where physical abuse is evident. (88)

clinical therapy. (92)

assistance with entitlements/benefits specific to the elderly in need. (97)

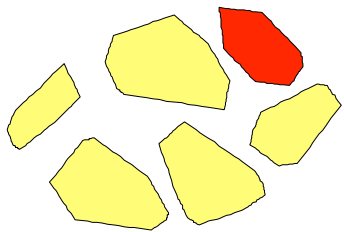
individual counseling and support. (103)

In-home investigation and other home visiting. (105)

transportation and escort services. (119)

provision of clothing and food. (121)

providing financial management counseling. (122)



Operations and Staffing

having a neuropsychologist on the team that could assist law enforcement and others on capacity issues. (19)

allowing Investigators from Adult Protective Services (APS) to observe the interviews of their clients and participate in the evaluation. (24)

having a pool of qualified physicians, psychiatrists, neuropsychologists, etc. (staff, Advisory Board, or consultants) who are familiar with issues around dementia and cognitive dysfunction, to do cognitive and psychiatric evaluations, capacity evaluation and explain dementia issues to judges, help law enforcement, District Attorneys, and others. (28)

that it is staffed by older adults as well as professionals. (29)

professional, experienced, caring staff. (40)

ensuring cultural competency and awareness for ethnic, linguistic, economic and sexual diversity, and a sensitivity and competence in recognizing how different cultures address aging. (50)

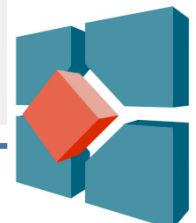
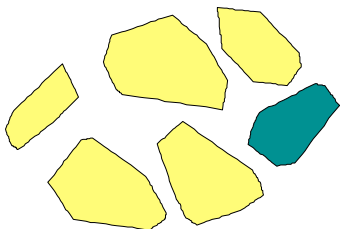
an easy and timely referral process for having cases reviewed. (63)

a facility that includes a comfortable "living room" to relax in and rooms for individual and group therapy, medical exams, and forensic interviews and observations. (64)

a coordinator to organize meetings, track cases. (65)

on-call psychiatrists. (66)

a pool of accountants to call on for advice in financial situations and to find evidence. (71)



Operations and Staffing (continued)

a volunteer component. (72)

accessing consultants in various fields. (74)

availability of case managers after 5:00pm, weekends, and holidays. (75)

accessibility for mobility and sensory impaired people. (84)

a multidisciplinary team approach. (85)

including Adult Protective Services (APS) presence on the team. (86)

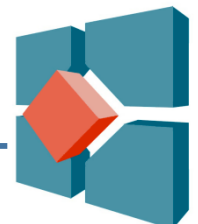
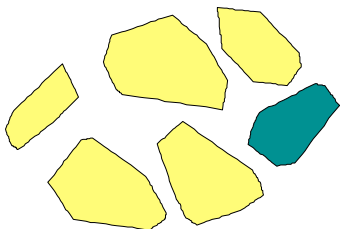
access to a private investigator. (96)

availability of centers (time and place). (99)

working with a medical/psychiatric team for screening, home evaluations and emergencies. (101)

close working relationships with law enforcement and District Attorney's office for investigation and prosecution. (112)

conducting multi-agency team case reviews and developing action plans. (118)



Coordination of Systems and Processes

establishing a clear vision and goals. (2)

follow-up with law enforcement and elder abuse reporting agencies. (7)

developing interventions/problem-solving for identified systems issues (e.g. hospital discharging to nursing homes, nursing homes in turn discharging to community). (12)

tracking system for complaints. (23)

serving as a communication hub between those involved in a case, such as community agencies, health professionals, District Attorneys, etc. (26)

tracking problems across systems. (31)

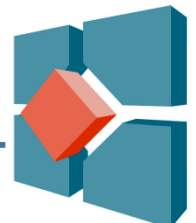
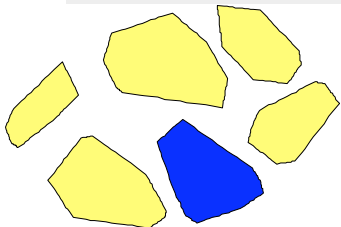
helping to start multidisciplinary case review teams in all boroughs. (34)

encouraging greater accountability of Community Based Organization's including Protective Services for Adults. (38)

striving to serve people in all five boroughs. (49)

an ethics review committee. (62)

coordinating services to resolve gaps, duplication and systemic problems. (77)



Coordination of Systems and Processes (continued)

coordinating services of local groups that work with elder victims of abuse, neglect, or exploitation. (79)

inclusion of older adults in leadership and decision making. (80)

utilization of videoconferencing technology so that professionals in the field can videoconference in District Attorneys, doctors, psychiatrists, or APS staff. (81)

effective linkage with all systems that relate to elders (healthcare, housing, social security, etc.). (91)

development of policy guidelines. (95)

encouraging elder abuse team meetings at hospitals. (100)

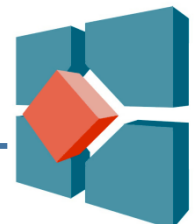
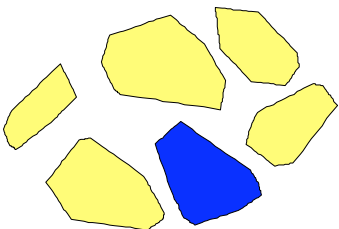
collaboration with faith/religious/spiritual communities to provide onsite services as well as community outreach and education. (102)

facilitating networks and alliances among social service providers, medical professionals, law enforcement, financial institutions, courts and legal professionals, etc. (107)

addressing HIPPA barriers to information sharing across systems. (110)

maintaining effective relationships with Adult Protective Services and local agencies to ensure more consistent responses. (111)

leadership that is thinly layered - a flat organizational structure. (117)



Promoting Sustainability through Research, Advocacy and Evidence-Based Programs

conducting fatality review/ death investigation and using this for teaching. (17)

lobbying for changes in laws or creating new laws that impact abuse of elders. (22)

development of elder abuse prevention programs. (32)

improved reporting of abuse. (35)

looking at how technology can help older adults and elder abuse victims. (36)

developing a Needs Analysis and Gaps in Services Analysis to determine need and prevent duplication of services. (42)

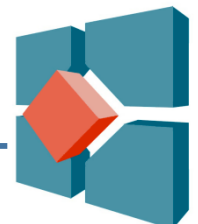
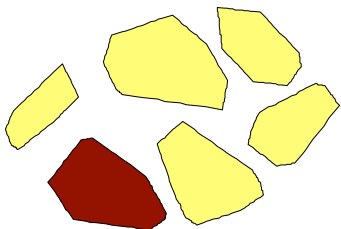
establishing celebrity champions for public relations and funding. (48)

serving as a leader and resource in the development and validation of best practices for the evaluation, treatment and prevention of elder maltreatment. (52)

distribution of grants to develop/expand services. (54)

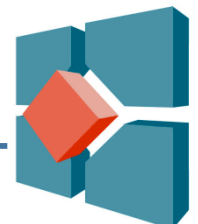
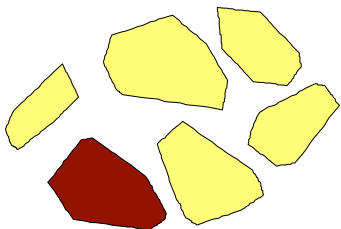
grant writing as an ongoing aspect of the center's work (56)

a virtual "web-based" center for information, reporting, education, services, etc. (78)



Promoting Sustainability through Research, Advocacy and Evidence-Based Programs

monitoring and evaluating the quality and effectiveness of services and protection. (82)
developing materials on interventions for staff. (87)
collecting and analyzing of statistics on abuse. (90)
connections with international networks of elder abuse advocates/researchers. (94)
representing New York City on a national level. (108)
developing protocols that promote public-private partnerships and collaborations. (109)
provision of critical leadership and technical assistance to strengthen non-profits to provide elder abuse services in the community. (114)
Identify funding streams, including public funds. (115)
garnering the buy-in/support of city leadership. (120)
provision of a forum to coordinate ideas/overall quality improvement. (124)



Dissemination, Communication and Education

public and professional education. (3)

publishing a web newsletter/updates to send to all persons interested in elder abuse issues in a geographic area. (5)

educating victims and families about prevention, identification and treatment. (10)

a public awareness campaign. (18)

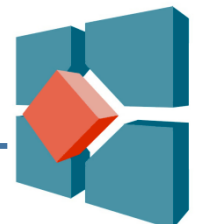
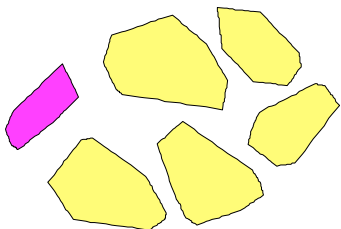
conducting outreach to multiple agencies to ensure that training on elder abuse is part of their regular training programs. (41)

disseminating information about the Elder Abuse Center for victims, families, public, and professionals. (67)

creating and distributing elder abuse resource information. (73)

developing publications and guidelines for professionals, community members, and seniors. (89)

an outreach component to inform and invite potential clients. (123)



Integrating Legal and Financial Dimensions

expedited guardianship hearings for the elderly. (11)

allowing team members to observe the interview from another room and suggest additional questions for the interviewer. (16)

monitoring of guardians. (20)

access to a civil attorney. (21)

enlisting expert investigation and determination of abuse allegations. (30)

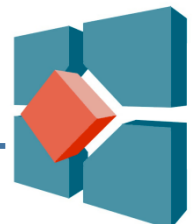
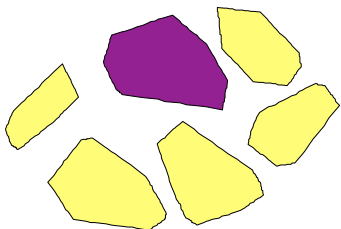
ability to expedite entitlements, shelter, subsidized housing and/or other requirements of victim safety. (43)

determining reasons for self-neglect and non-compliance with medical treatment. (45)

someone to start the guardianship process. (51)

provision of expert consultation to service providers. (53)

building capacity to serve as resource for grandparents to child welfare system. (59)



Integrating Legal and Financial Dimensions (continued)

socialization opportunities, e.g. collaboration with senior centers to help break the isolation of seniors (68)

focusing on older adult wellness. (70)

procedures for expedition of Orders of Protection. (93)

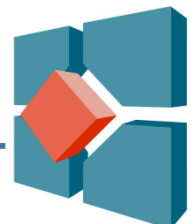
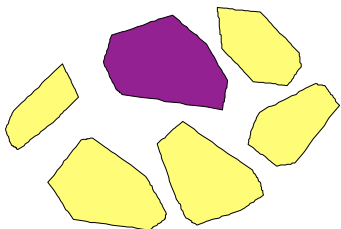
working with bank personnel to recognize the signs and symptoms of financial exploitation. (98)

follow-up with people the center has served. (104)

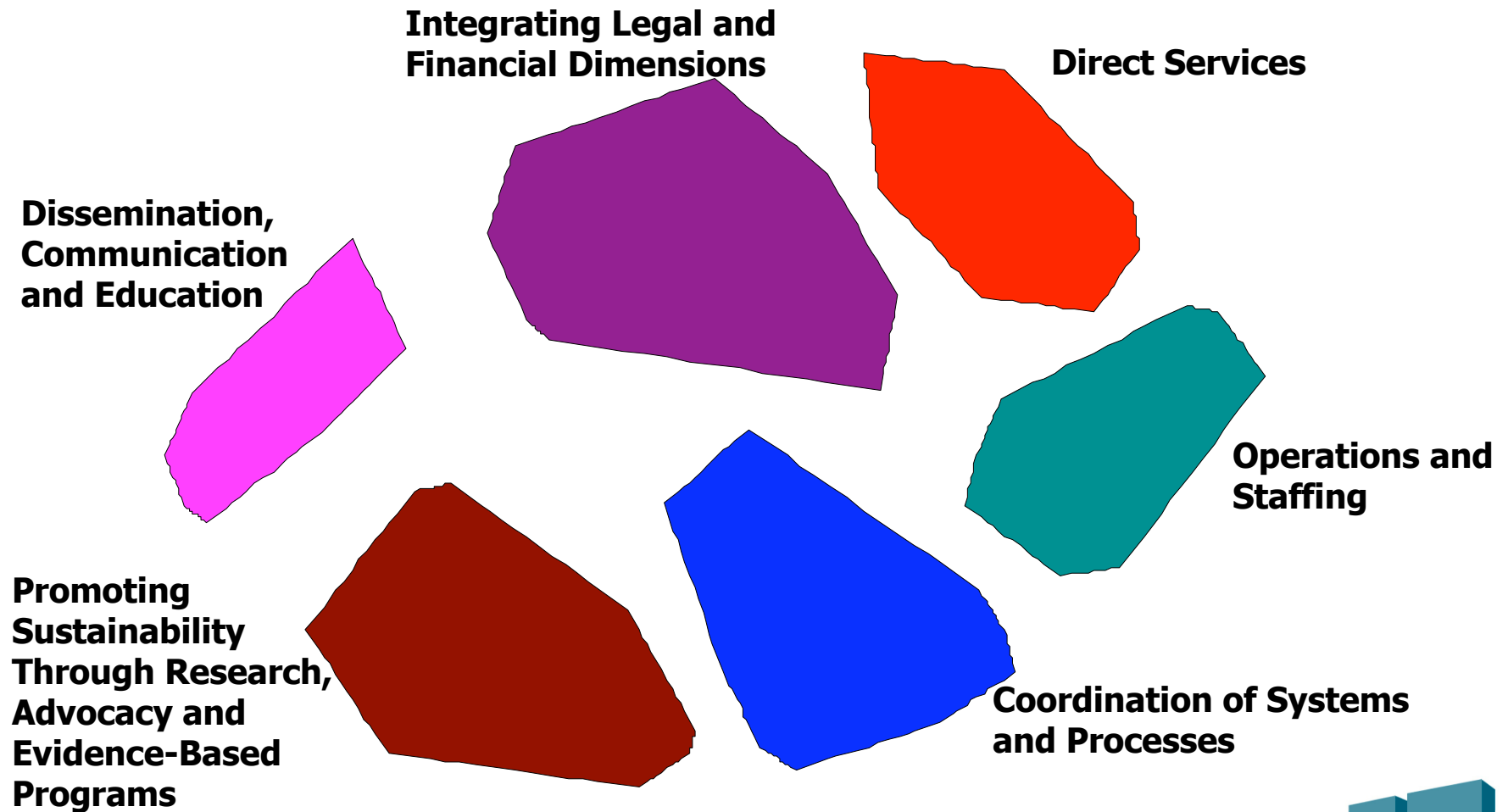
preventing and addressing financial abuse from investors, mortgage brokers, neighbors, landlords, relatives. (106)

empowering elders and their supports. (113)

expanding the pool of qualified, well-trained, and ethical guardians. (116)



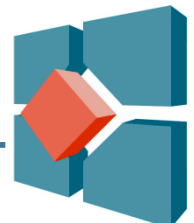
The Emerging Structure



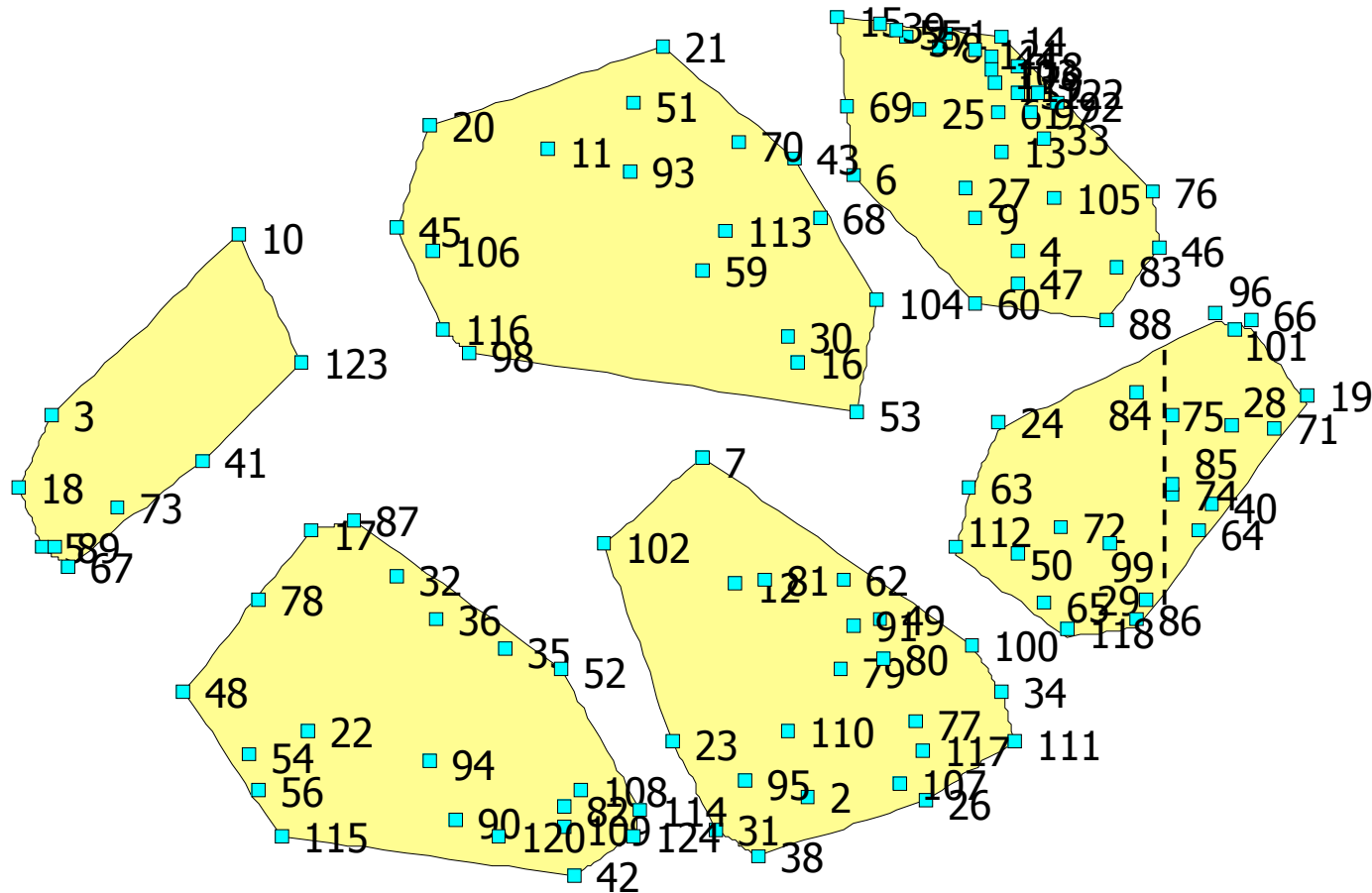
...contains all the details and provides a conceptual framework.



Model of Key Areas of Focus



Point Cluster Map with Sub Territory View



Operations and Staffing

Territory A

allowing Investigators from Adult Protective Services (APS) to observe the interviews of their clients and participate in the evaluation. (24)

that it is staffed by older adults as well as professionals. (29)

ensuring cultural competency and awareness for ethnic, linguistic, economic and sexual diversity, and a sensitivity and competence in recognizing how different cultures address aging. (50)

an easy and timely referral process for having cases reviewed. (63)

a facility that includes a comfortable "living room" to relax in and rooms for individual and group therapy, medical exams, and forensic interviews and observations. (64)

a coordinator to organize meetings, track cases. (65)

a volunteer component. (72)

accessibility for mobility and sensory impaired people. (84)

a multidisciplinary team approach. (85)

including Adult Protective Services (APS) presence on the team. (86)

availability of centers (time and place). (99)

close working relationships with law enforcement and District Attorney's office for investigation and prosecution. (112)

conducting multi-agency team case reviews and developing action plans. (118)

Territory B

having a neuropsychologist on the team that could assist law enforcement and others on capacity issues. (19)

having a pool of qualified physicians, psychiatrists, neuropsychologists, etc. (staff, Advisory Board, or consultants) who are familiar with issues around dementia and cognitive dysfunction, to do cognitive and psychiatric evaluations, capacity evaluation (28)

professional, experienced, caring staff. (40)

on-call psychiatrists. (66)

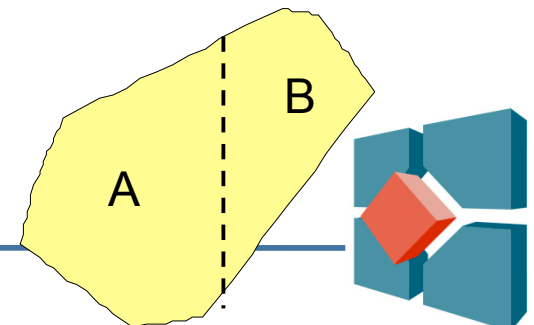
a pool of accountants to call on for advice in financial situations and to find evidence. (71)

accessing consultants in various fields. (74)

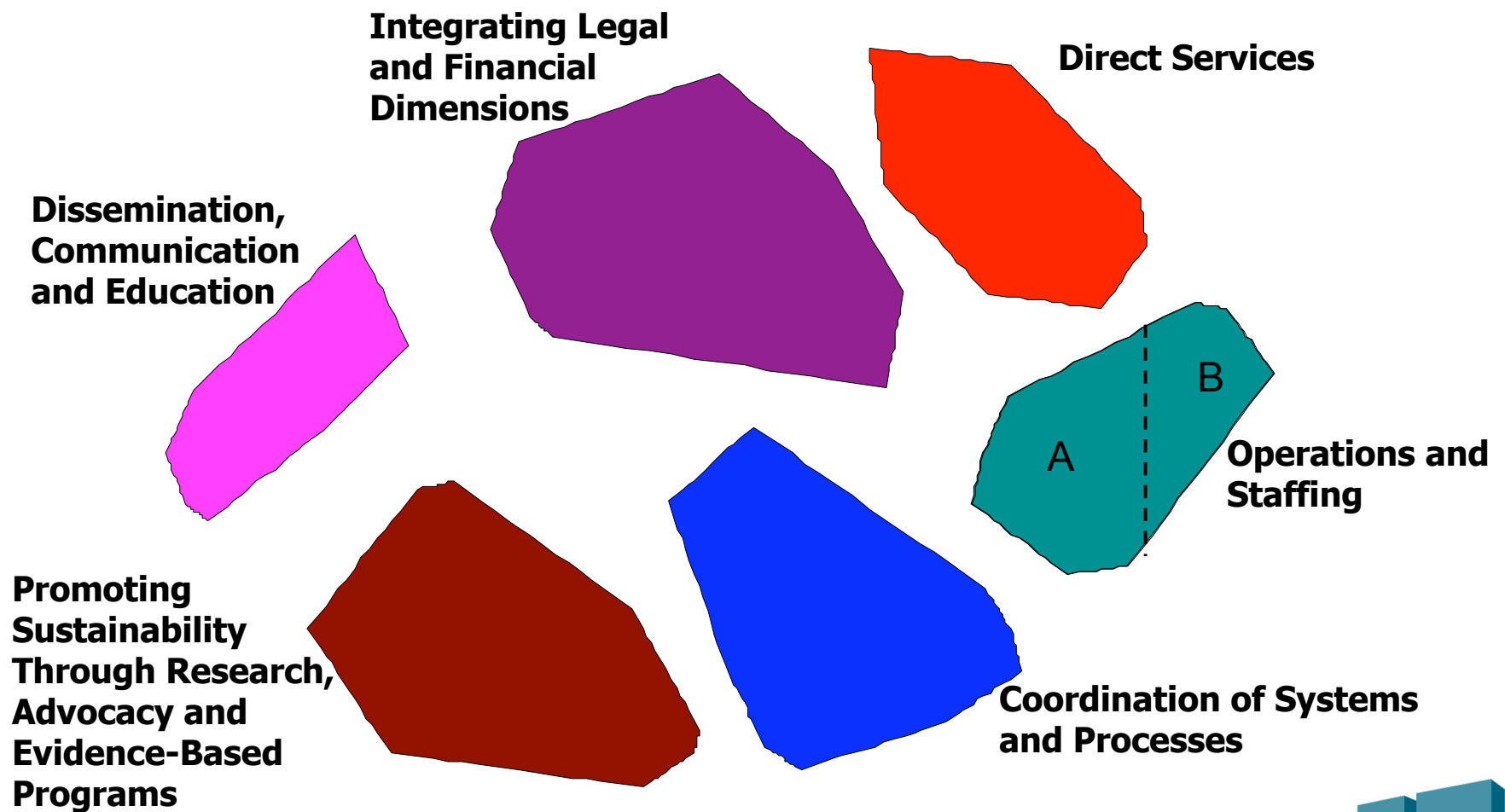
availability of case managers after 5:00pm, weekends, and holidays. (75)

access to a private investigator. (96)

working with a medical/psychiatric team for screening, home evaluations and emergencies. (101)



Cluster Map with Sub Territory View



Importance Rating

Importance

Please rate each statement below on how important you think it is to a comprehensive center to address elder abuse in New York City.

1 = Relatively unimportant

2 = Somewhat important

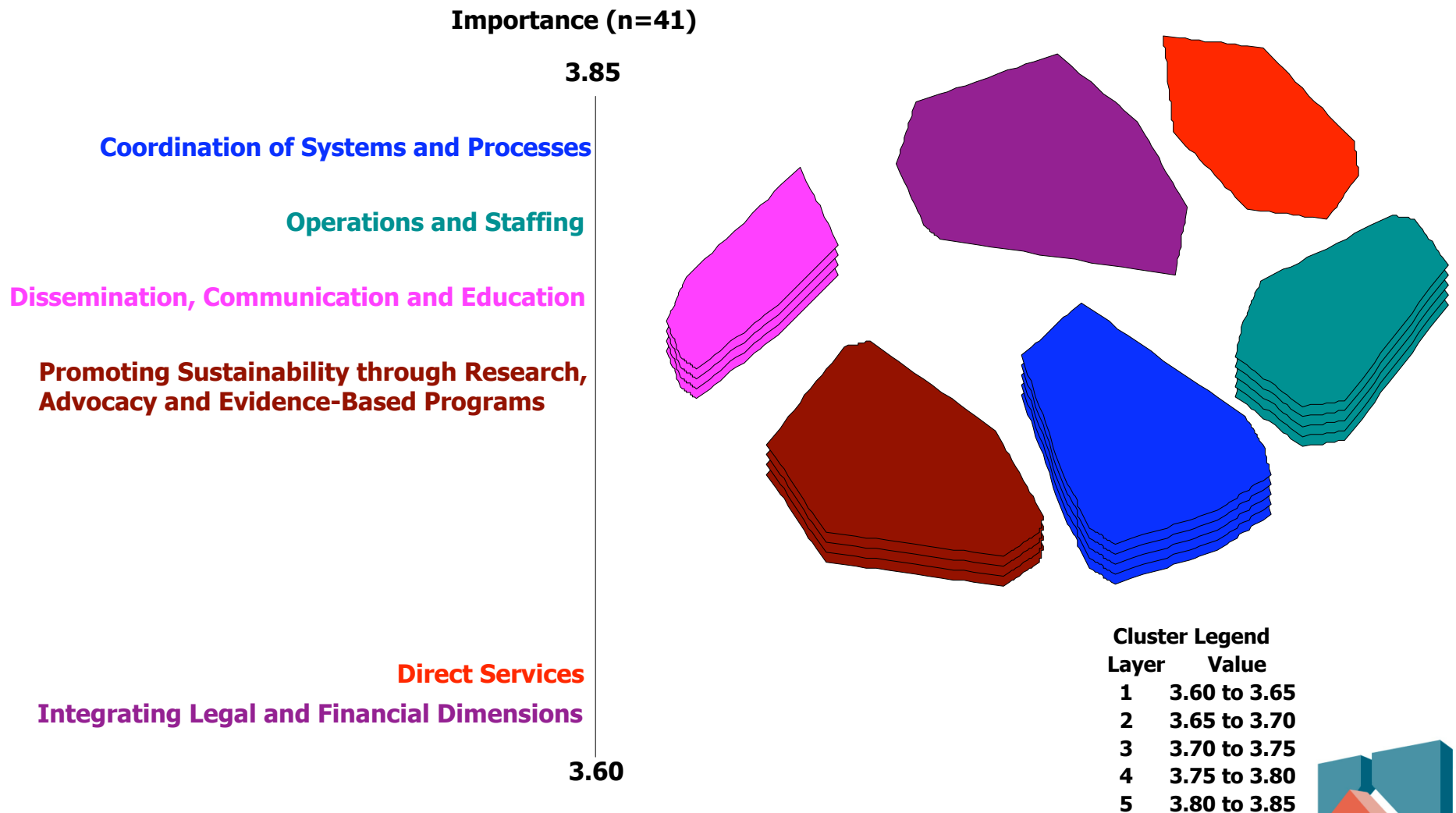
3 = Important

4 = Very Important

5 = Extremely Important Rating Language



Values of All Participants



Feasibility Rating

Feasibility

Given your understanding of the current level of resources, please rate each statement below on the shortest timeframe in which you think it would be feasible to implement in an Elder Abuse Center in New York City.

- 1 = Not at all Feasible in any timeframe
- 2 = Feasible within 4-5 years
- 3 = Feasible within 2-3 years
- 4 = Feasible within 1 year
- 5 = Feasible within 6 months



Values of All Participants

Feasibility (n=40)

3.66

Dissemination, Communication and Education
Operations and Staffing

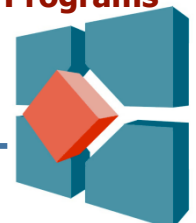
Direct Services

Coordination of Systems and Processes

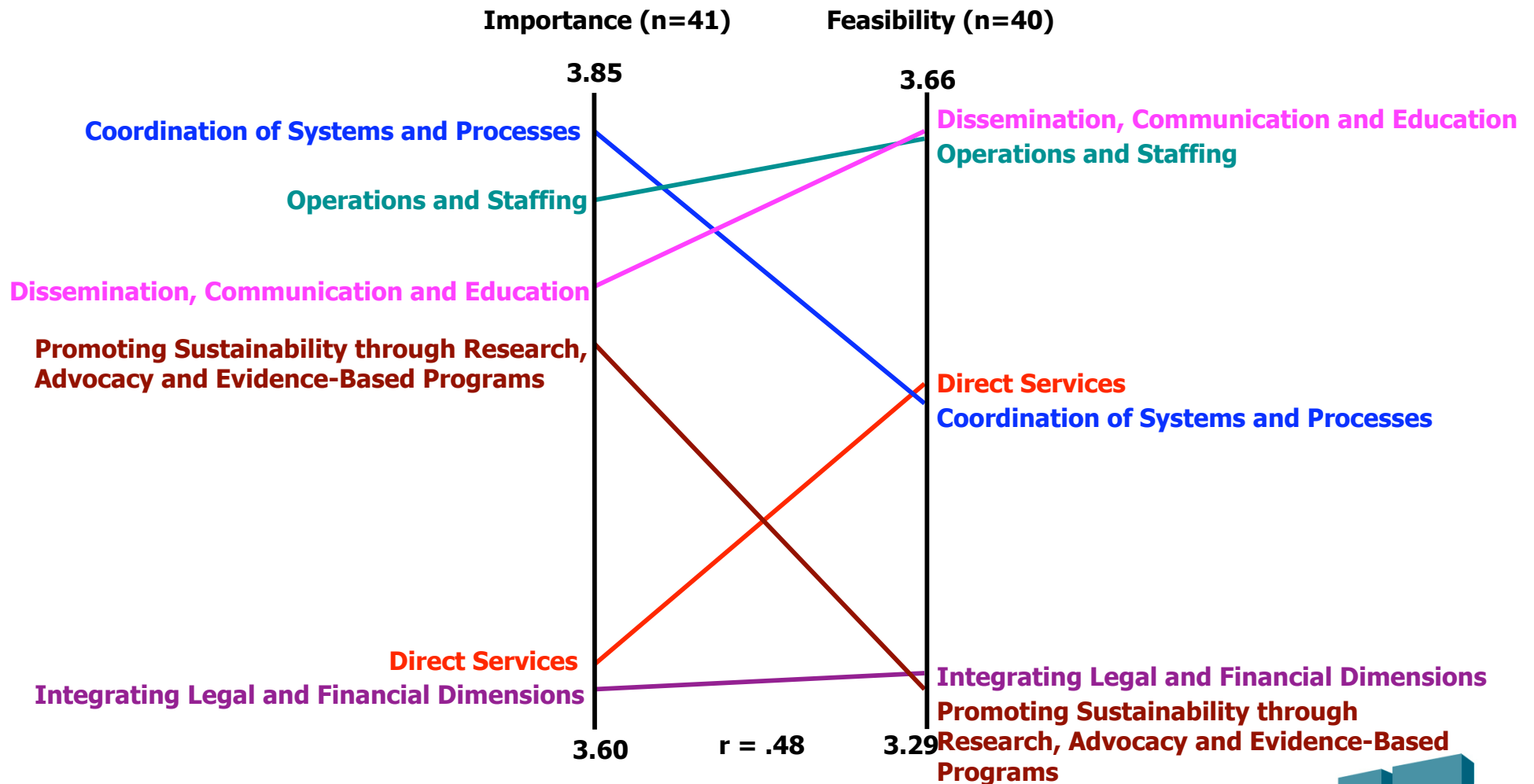
Integrating Legal and Financial Dimensions
Promoting Sustainability through Research,
Advocacy and Evidence-Based Programs

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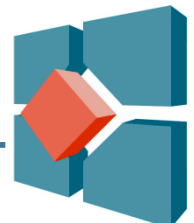
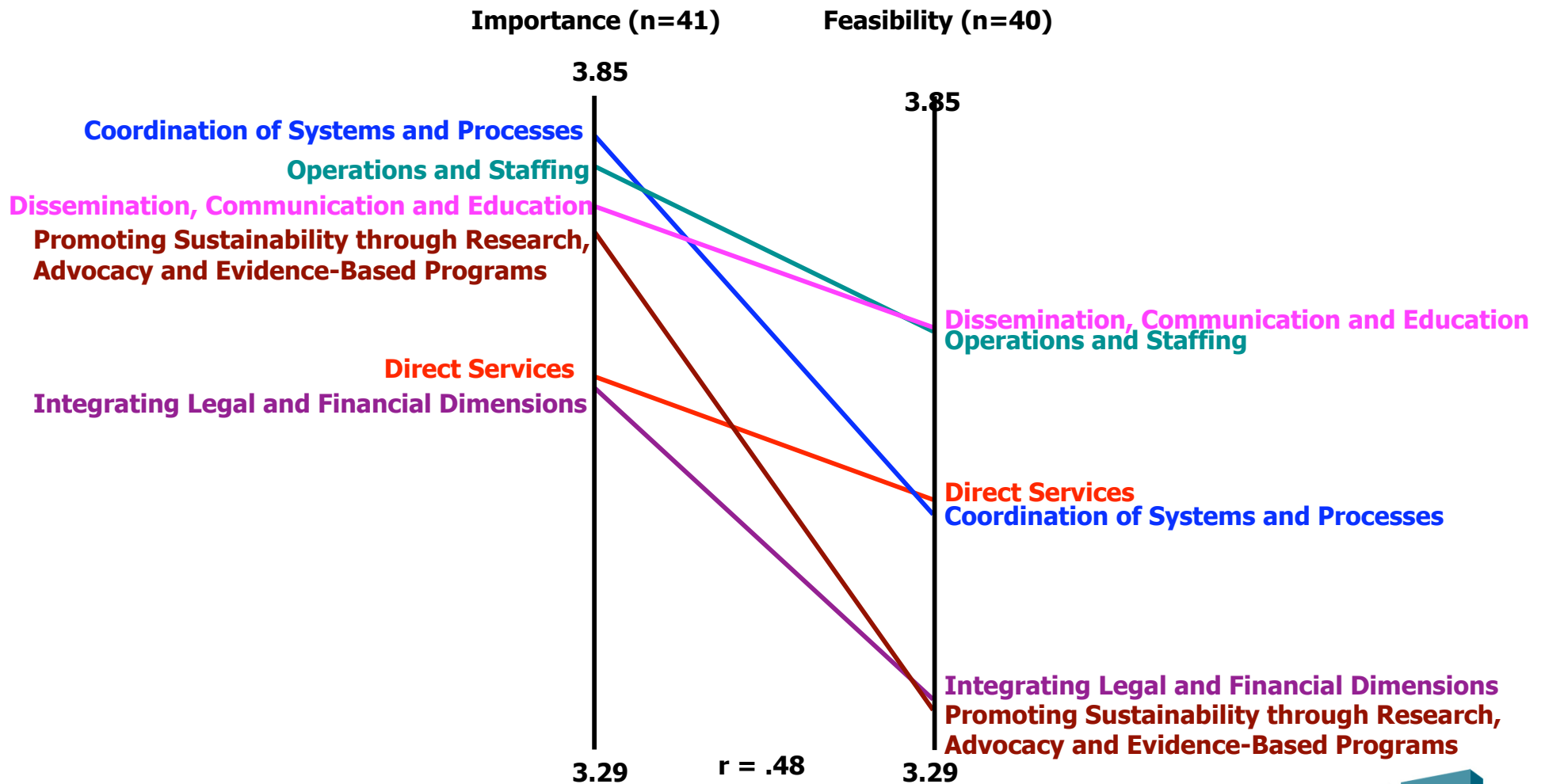
Cluster Legend	
Layer	Value
1	3.29 to 3.36
2	3.36 to 3.44
3	3.44 to 3.51
4	3.51 to 3.59
5	3.59 to 3.66



Importance by Feasibility– All Participants (relative)



Importance by Feasibility– All Participants (absolute)

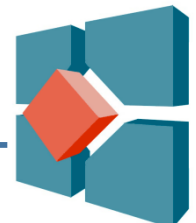
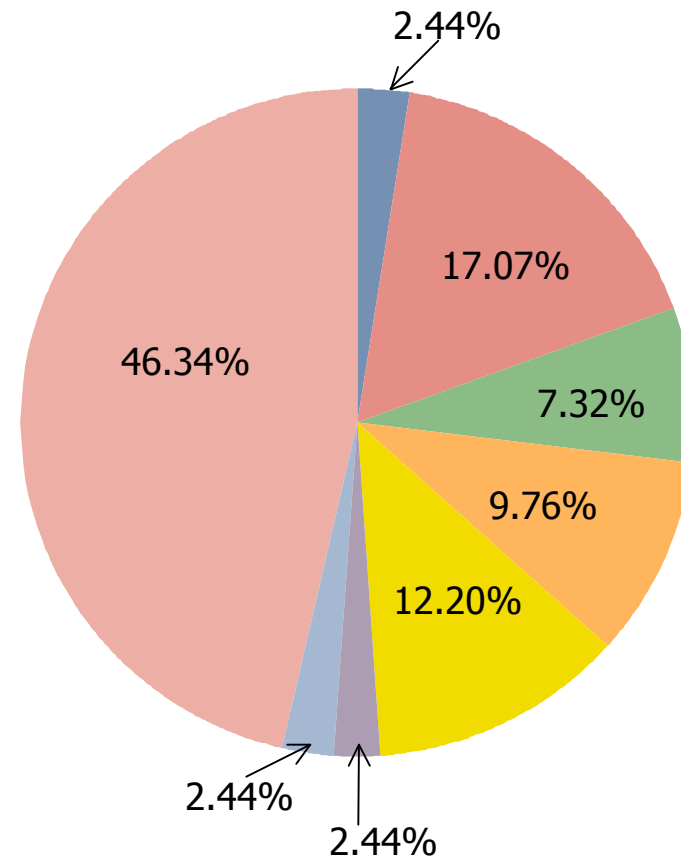


Of those who responded....

Professional Role-

What is your primary professional role in elder abuse? (If more than one applies, please choose the one that is the best fitting response for you.)

Advocacy agency representative	1
City/municipal representative	7
Criminal Justice representative	3
Legal representative	4
Medical care provider	5
Mental health specialist	1
Other	1
Social worker	19
	41

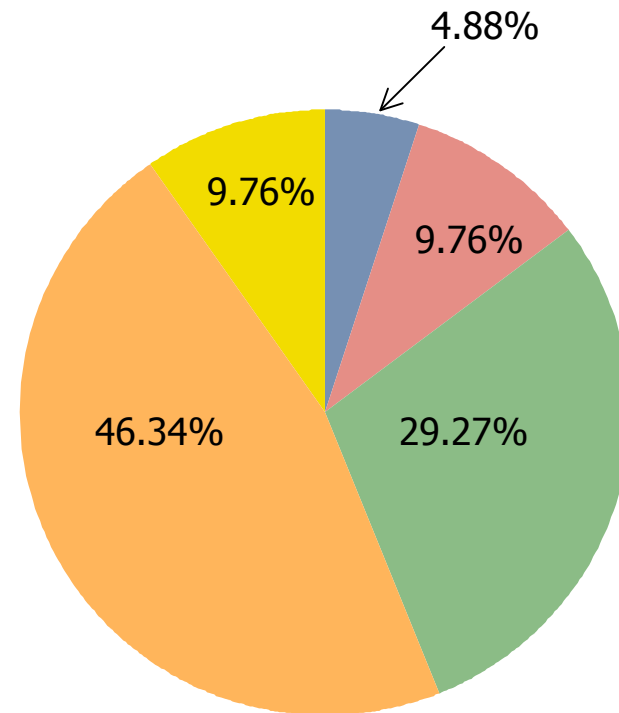


Of those who responded.....

Borough Affiliation-

To which borough do you consider yourself primarily affiliated/connected? (Please choose one that is the best fitting response.)

■ Bronx	2
■ Brooklyn	4
■ Citywide	12
■ Manhattan	19
■ More than one	<u>4</u>
	41

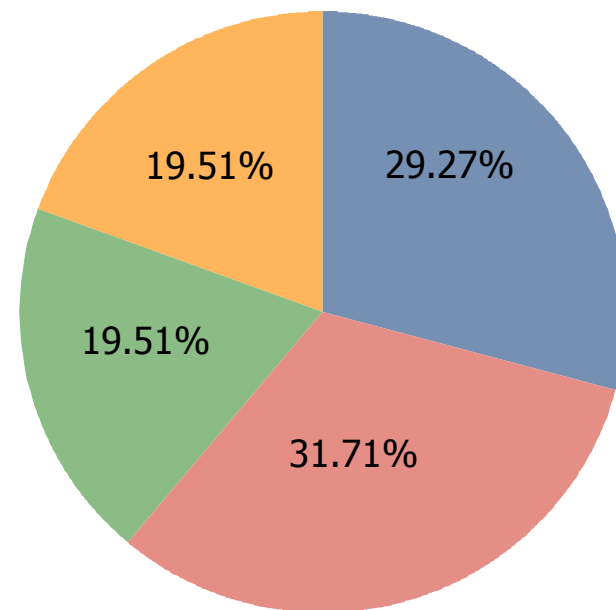


Of those who responded...

Involvement-

How long have you been involved in elder abuse related activities?

■ 11-20 years	12
■ 5 or fewer years	13
■ 6-10 years	8
■ More than 20 years	<u>8</u>
	41



Of those who responded...

Nature of work-

What is the nature of your principle work around elder abuse? (If more than one applies, please choose the one that is the best fitting response to you.)

Adult Protective Services	2	4.88%
Advocacy, policy and lobbying for resources and legislation	3	7.32%
Case management	1	2.44%
Criminal justice; Prosecution of crimes against elder victims	1	2.44%
Did Not Respond	1	2.44%
Guardianship	2	4.88%
Information on elder service resources	3	7.32%
Law enforcement	1	2.44%
Legal representation of elder abuse victims	3	7.32%
Mental Health assessment or counseling; psychotherapeutic interventions	5	12.20%
Other	5	12.20%
Physical diagnosis and treatment; medical services	4	9.76%
Procuring or providing essential services - shelter, housing, food, financial benefits	1	2.44%
Procuring or providing services for caregivers	1	2.44%
Procuring or providing supportive services for elders - counseling, home care, etc	6	14.63%
Shelter services	1	2.44%
Victim advocacy	1	2.44%

41



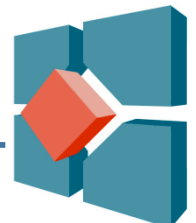
Of those who responded...

Nature of work- continued

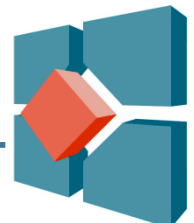
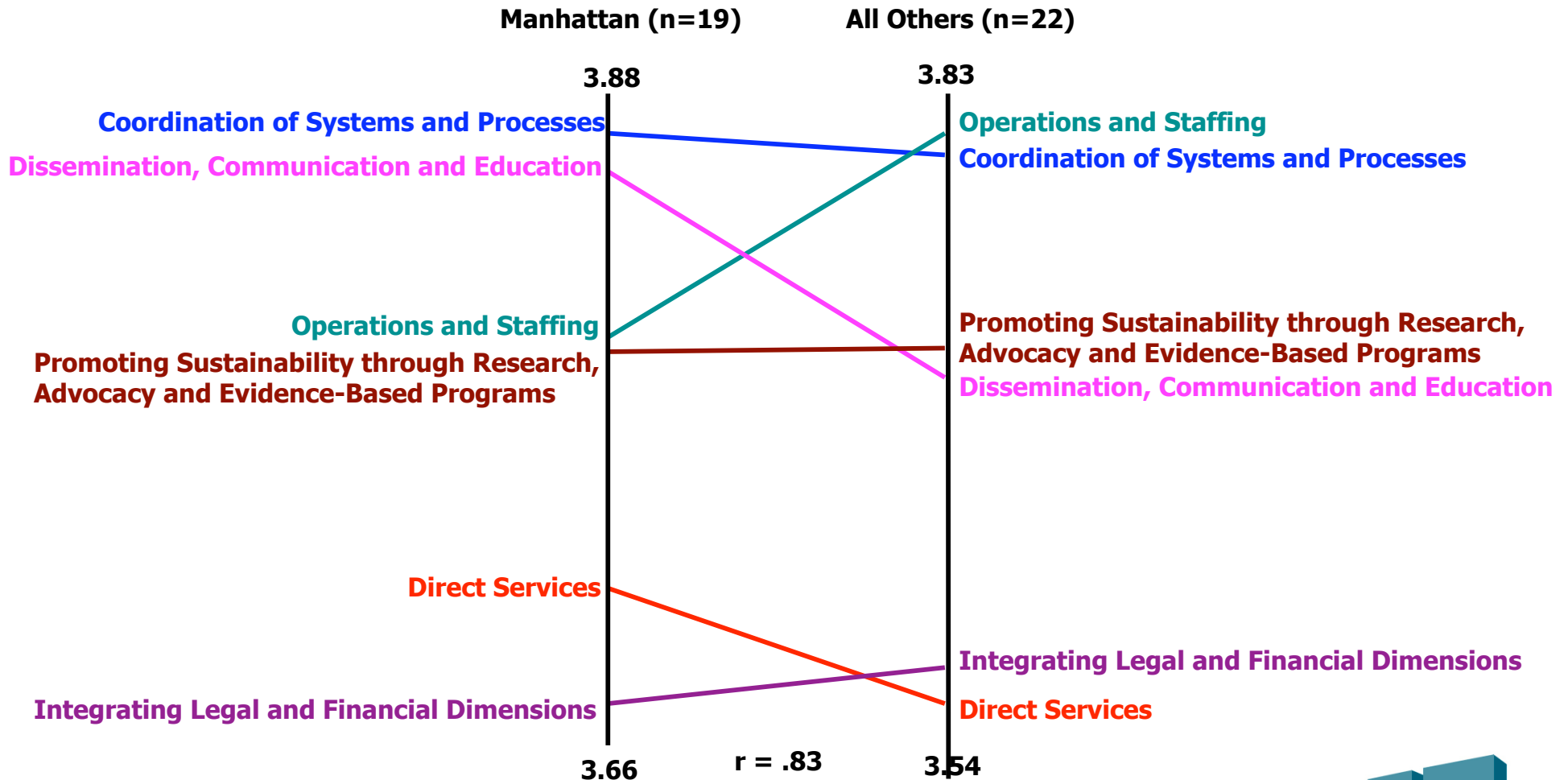
What is the nature of your principle work around elder abuse? (If more than one applies, please choose the one that is the best fitting response to you.)

"Other" responses

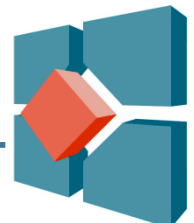
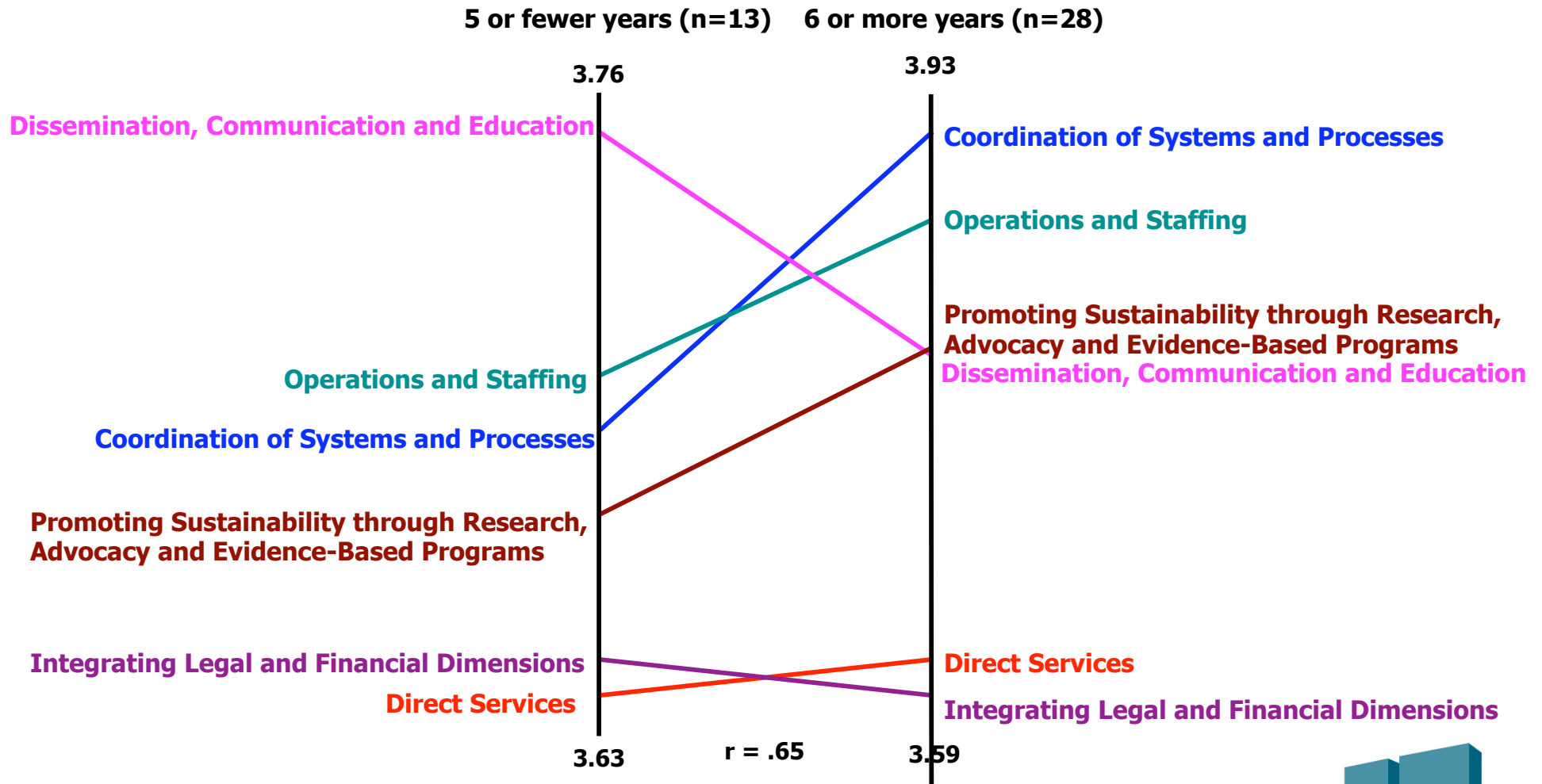
- Program development
- Teaching/research
- Research
- Direct service provider to elder abuse victims and their families
- Procuring/providing civil legal and other support services for victims of elder abuse as part of day to day management of elder abuse shelter, outreach, public/professional education
- Provide oversight for DFTA's elder abuse program on the Westside and for one-stop elder abuse program



Comparing Views on Importance by Borough- relative



Comparing Views on Importance by Length of Involvement - relative

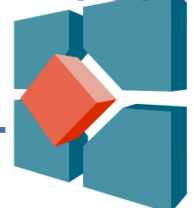
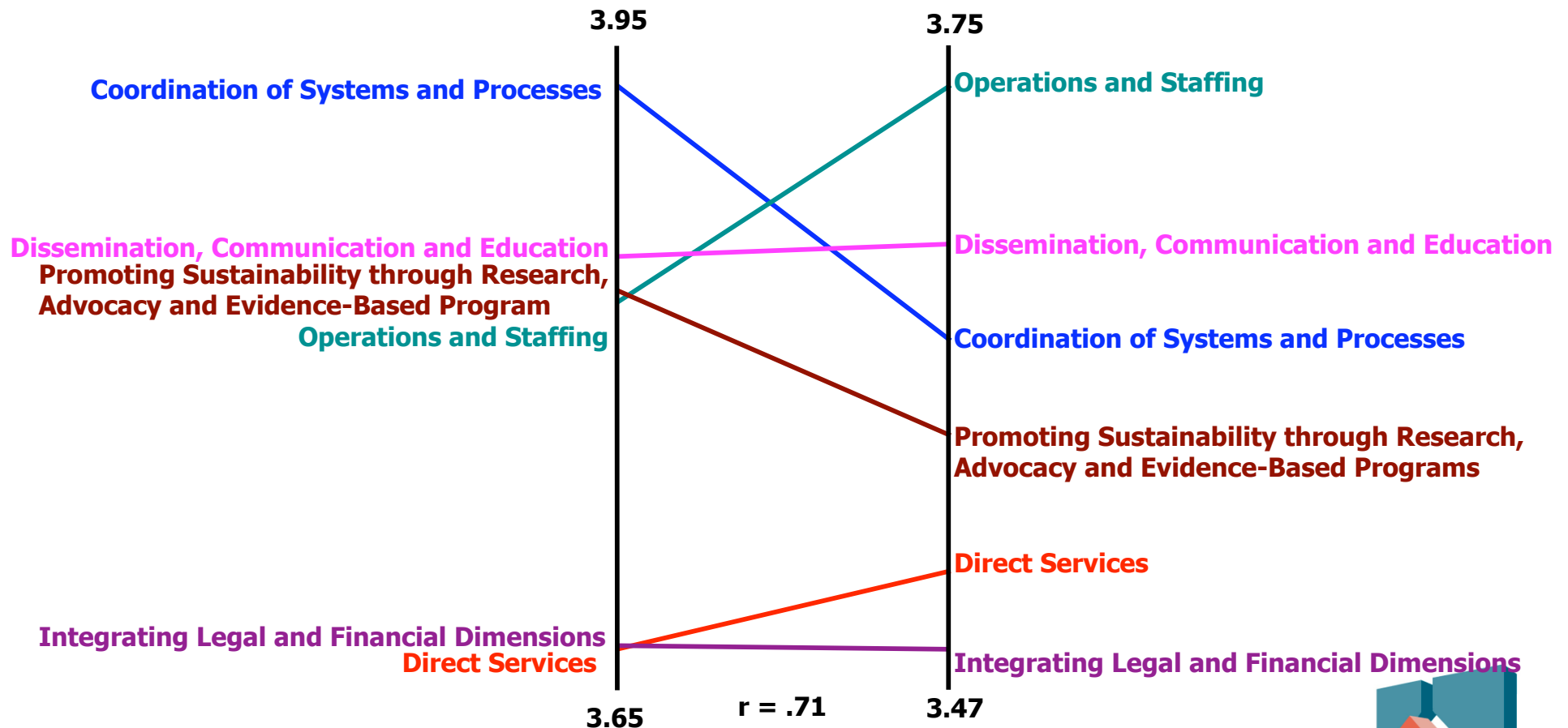


Comparing Views on Importance by Professional Role - relative

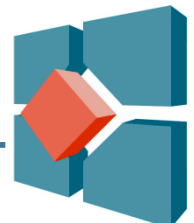
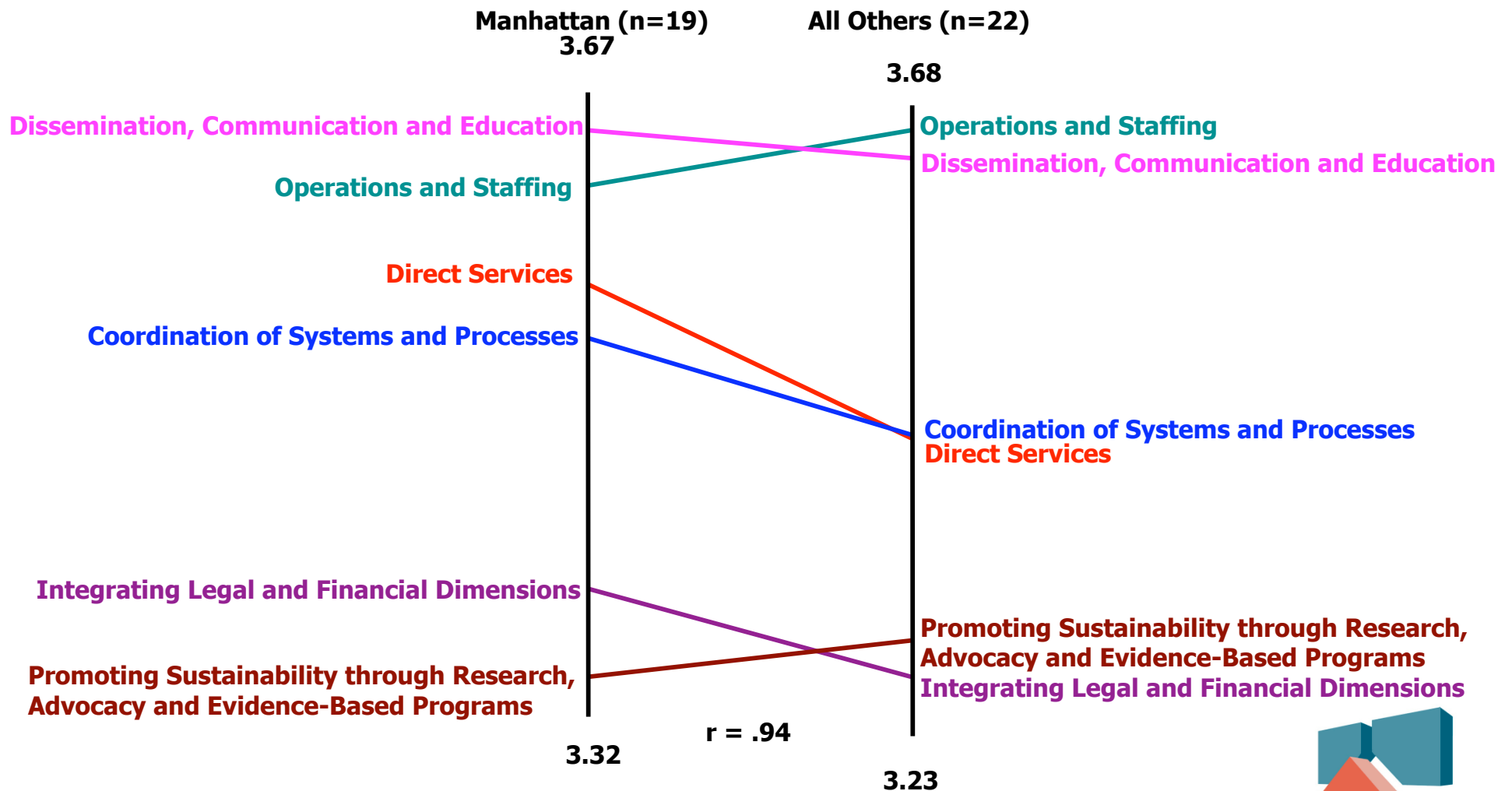
* Does not include "other" category

Medical, Mental Health Specialist, Social Worker (n=25)

Legal, Advocacy, City, Criminal Justice (n=15)



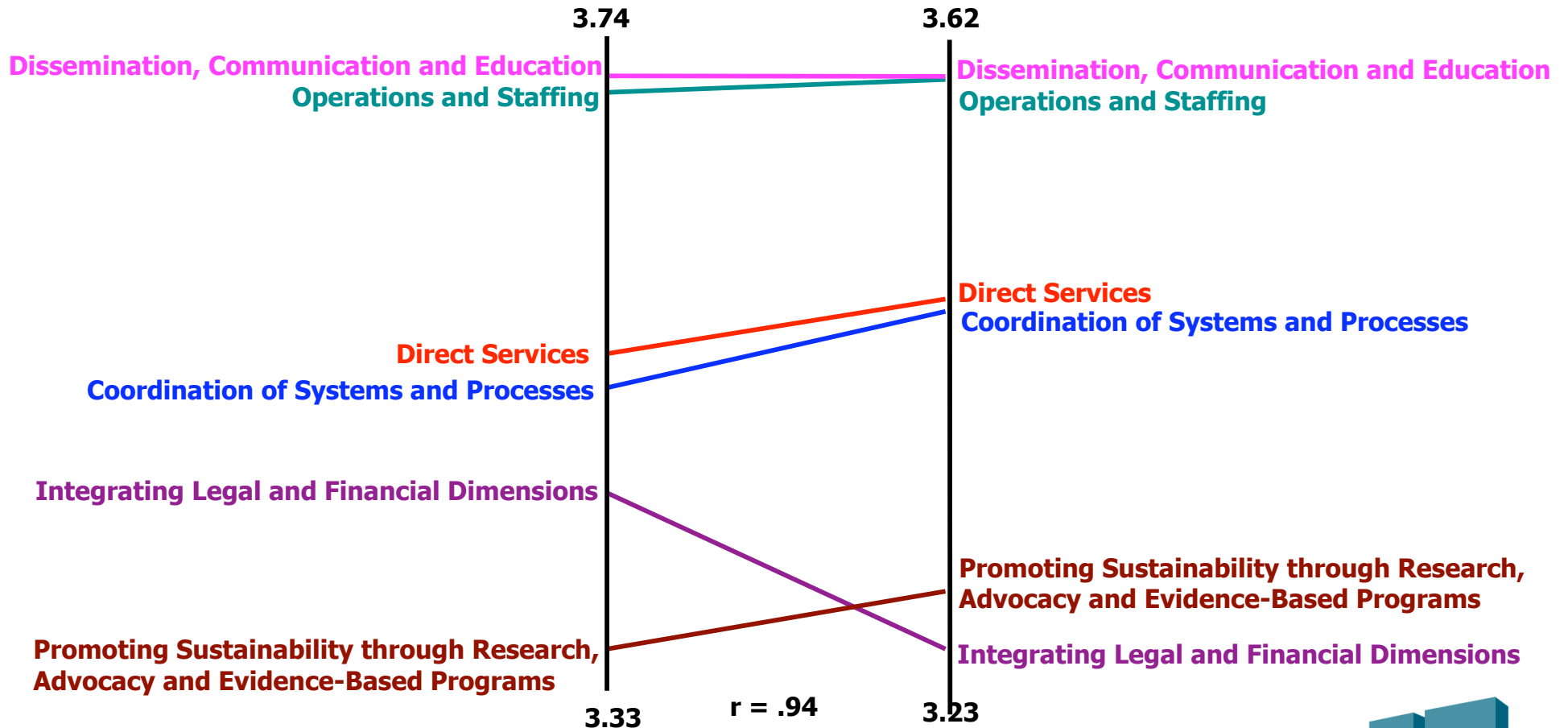
Comparing Views on Feasibility by Borough - relative



Comparing Views on Feasibility by Length of Involvement - relative

5 or fewer years (n=13)

6 or more years (n=27)

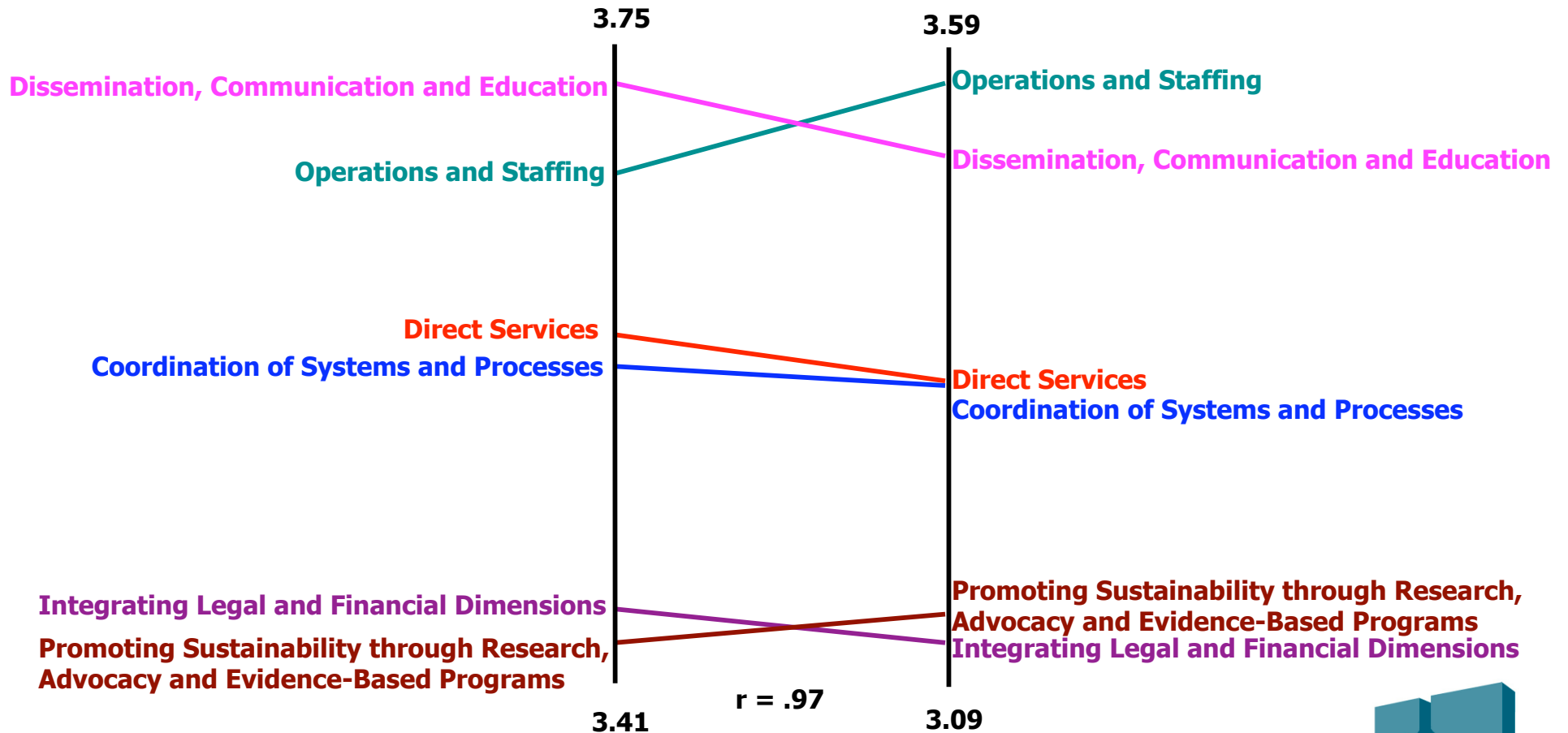


Comparing Views on Feasibility by Professional Role - relative

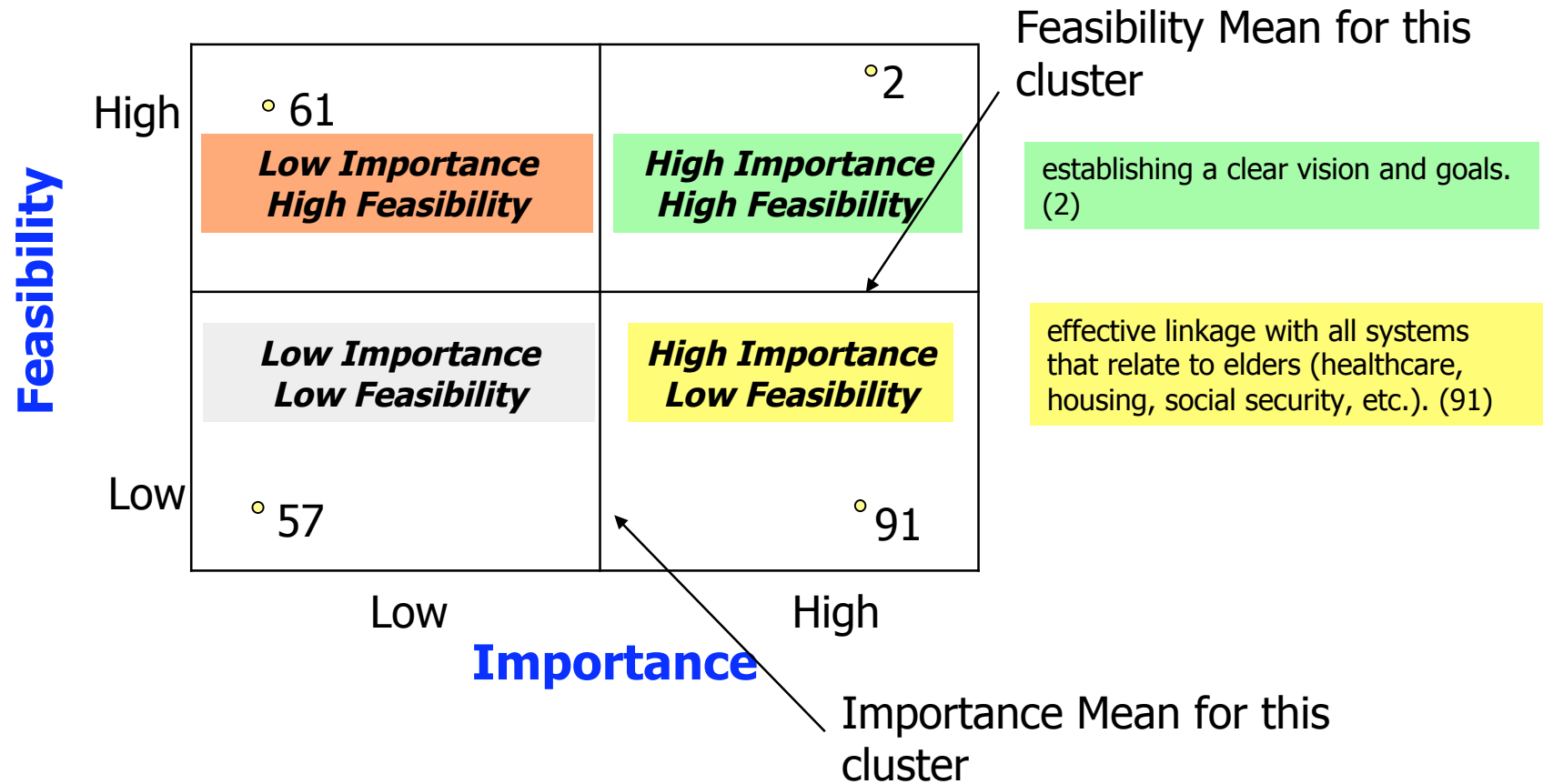
* Does not include "other" category

Medical, Mental Health Specialist, Social Worker (n=24)

Legal, Advocacy, City, Criminal Justice (n=15)



Example of a Go-Zone: Comparing **Statements** in a Cluster

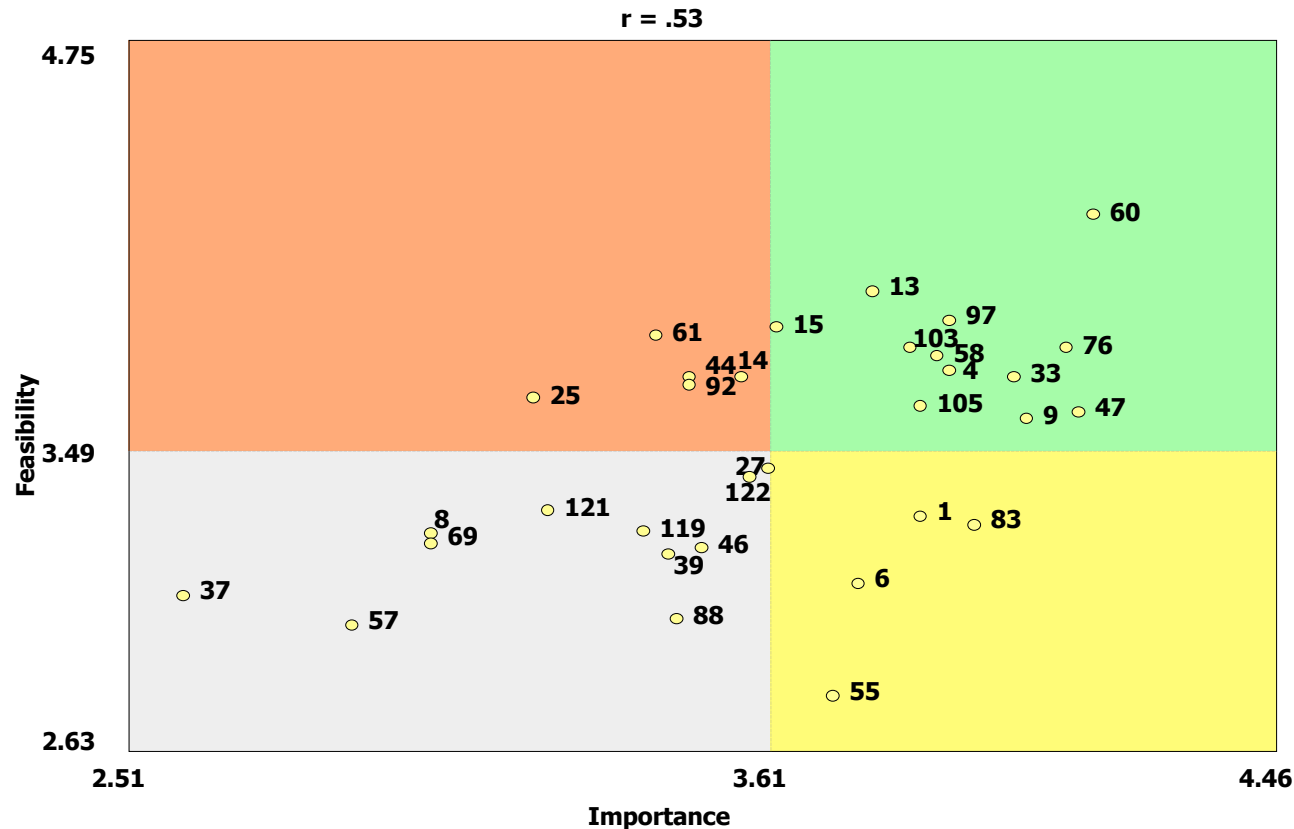


assessment of individual and family dynamics related to instances of abuse. (61)

capacity for pet care. (57)



Direct Services

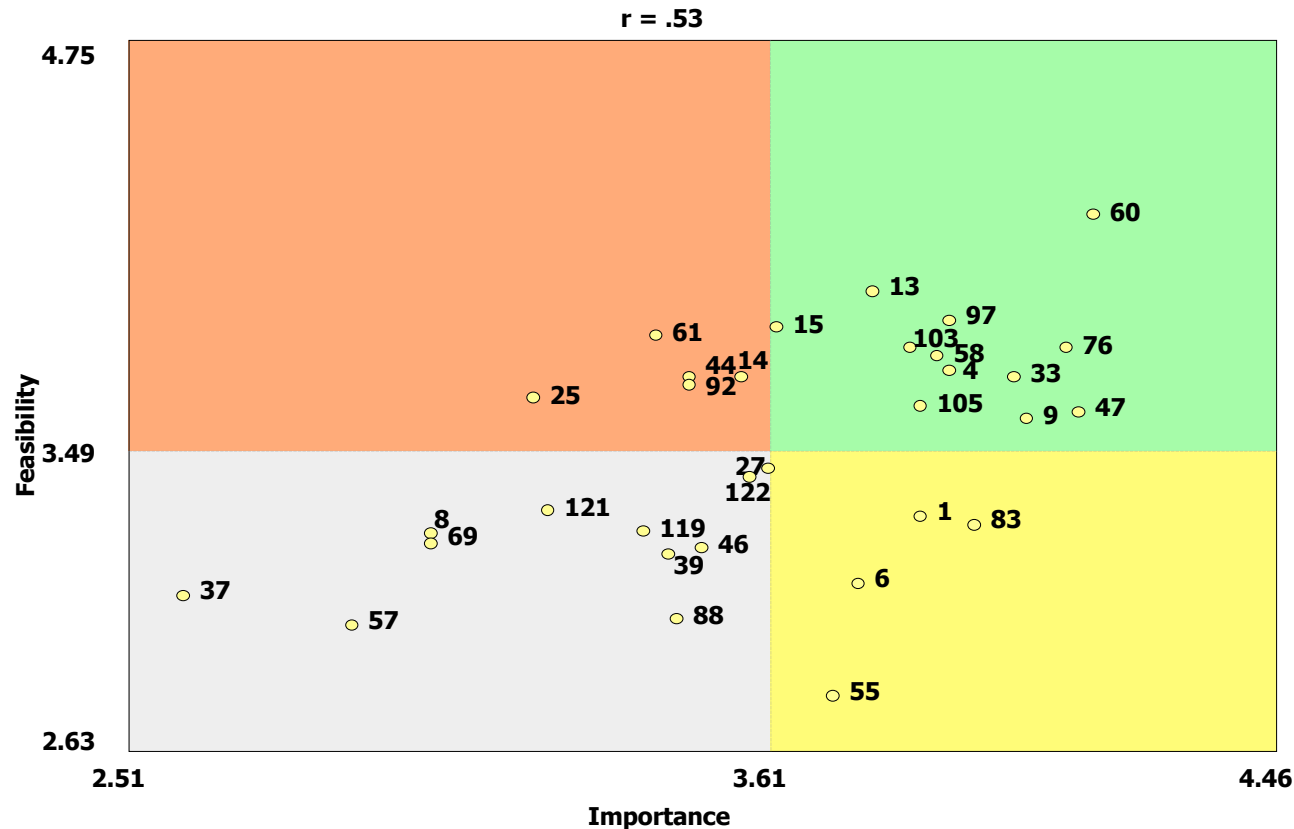


having elders interviewed by trained specialists. (4)
 expedited case assessments. (9)
 client assessment services. (13)
 offering coping strategies for caregivers (respite, support groups/activities, counseling referrals, stress relief, etc.). (15)
 crisis intervention services. (33)
 language translation and interpretation for people whose primary language is not English and who are hearing impaired (sign language). (47)
 mental health services. (58)

addressing multiple forms of abuse: physical, financial, emotional, etc. (60)
 access to medical services (physical & cognitive). (76)
 assistance with entitlements/benefits specific to the elderly in need. (97)
 individual counseling and support. (103)
 In-home investigation and other home visiting. (105)



Direct Services (continued)



providing assistance to locate temporary/long term safe housing. (1)

a dedicated elder abuse hotline. (6)

providing emergency housing for the abused. (55)

a team of workers able to make home visits over a period of time. (83)

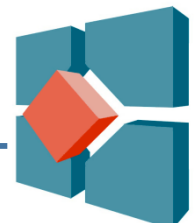
family counseling and support. (14)

peer counseling and support. (25)

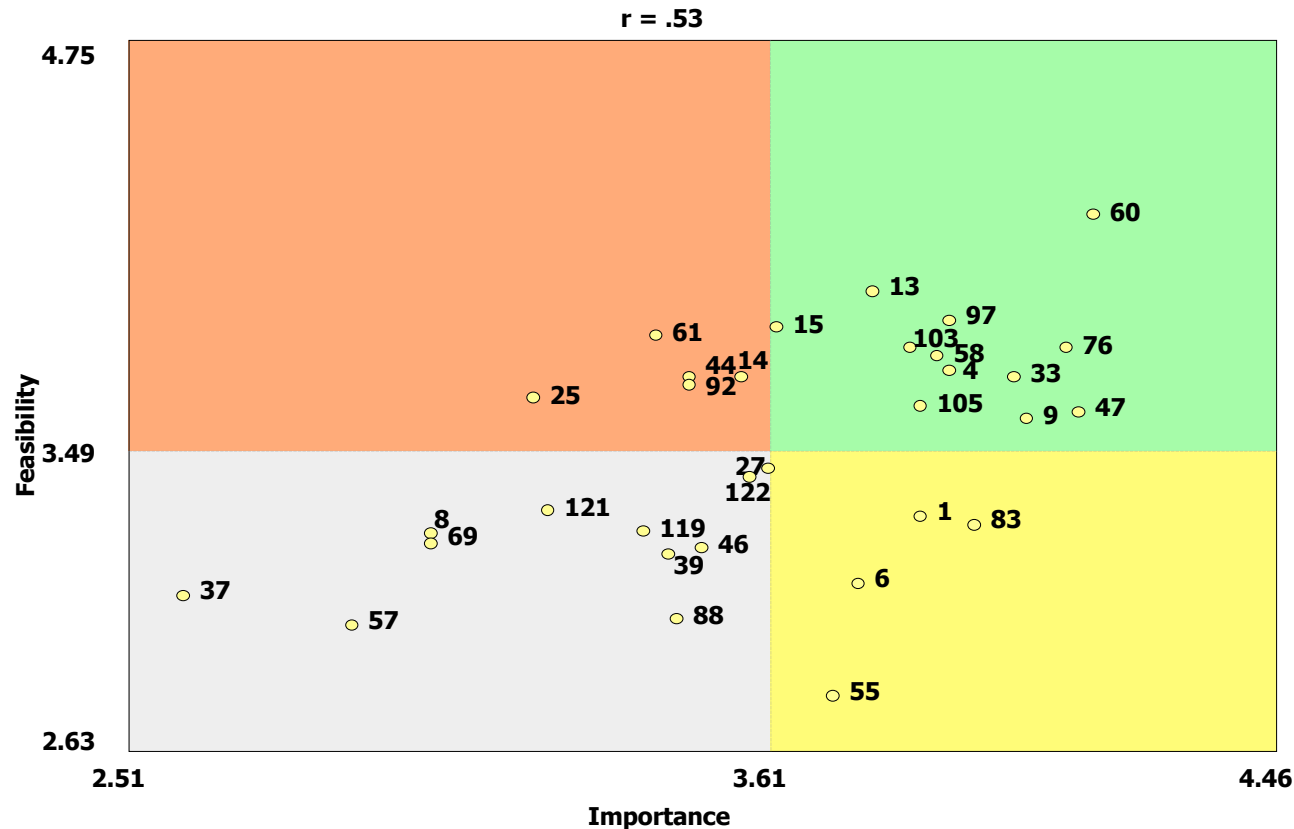
group counseling and support. (44)

assessment of individual and family dynamics related to instances of abuse. (61)

clinical therapy. (92)



Direct Services (continued)



mediation, anger management, and conflict resolution services. (8)

walk-in services. (27)

provision of adjunct therapies (creative arts, recreational/social, pet therapies). (37)

intervention options for abusers. (39)

providing services for victims and abusers at separate locations. (46)

capacity for pet care. (57)

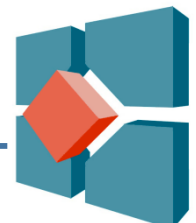
addressing issues of hoarding. (69)

a medical triage center on site for evaluation where physical abuse is evident. (88)

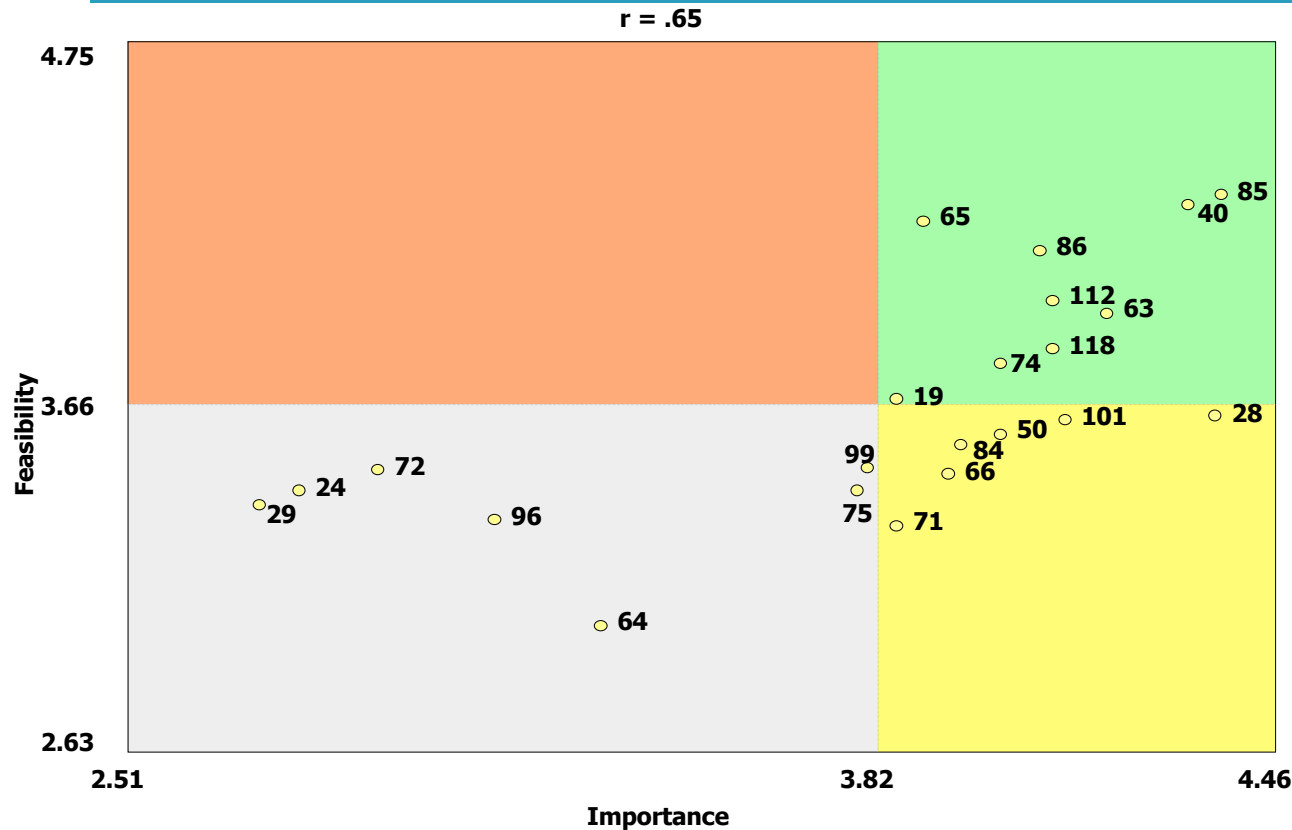
transportation and escort services. (119)

provision of clothing and food. (121)

providing financial management counseling. (122)



Operations and Staffing



having a neuropsychologist on the team that could assist law enforcement and others on capacity issues. (19)

professional, experienced, caring staff. (40)

an easy and timely referral process for having cases reviewed. (63)

a coordinator to organize meetings, track cases. (65)

accessing consultants in various fields. (74)

a multidisciplinary team approach. (85)

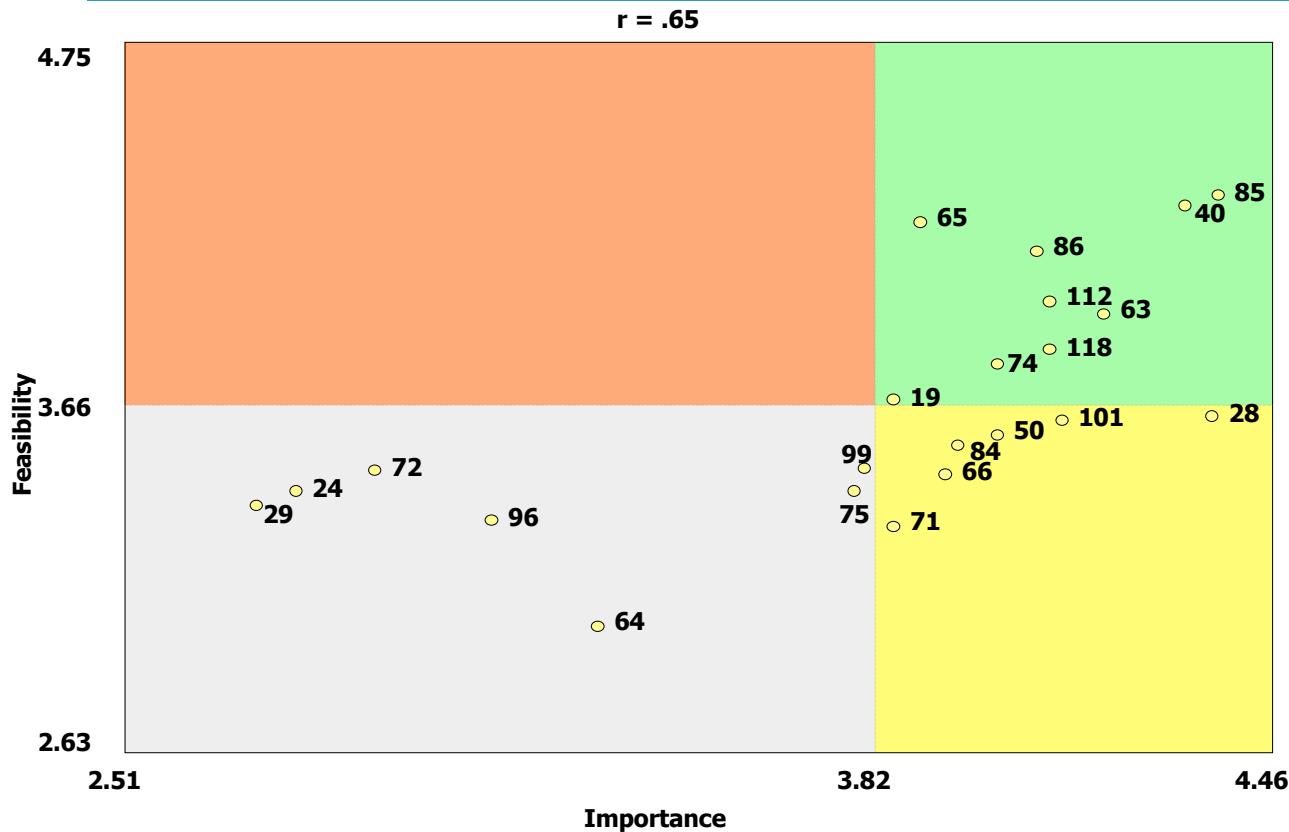
including Adult Protective Services (APS) presence on the team. (86)

close working relationships with law enforcement and District Attorney's office for investigation and prosecution. (112)

conducting multi-agency team case reviews and developing action plans. (118)



Operations and Staffing (continued)



having a pool of qualified physicians, psychiatrists, neuropsychologists, etc. (staff, Advisory Board, or consultants) who are familiar with issues around dementia and cognitive dysfunction, to do cognitive and psychiatric evaluations, capacity evaluation and explain dementia issues to judges, help law enforcement, District Attorneys, and others. (28)

ensuring cultural competency and awareness for ethnic, linguistic, economic and sexual diversity, and a sensitivity and competence in recognizing how different cultures address aging. (50)

on-call psychiatrists. (66)

a pool of accountants to call on for advice in financial situations and to find evidence. (71)

accessibility for mobility and sensory impaired people. (84)

working with a medical/psychiatric team for screening, home evaluations and emergencies. (101)

allowing Investigators from Adult Protective Services (APS) to observe the interviews of their clients and participate in the evaluation. (24)

that it is staffed by older adults as well as professionals. (29)

a facility that includes a comfortable "living room" to relax in and rooms for individual and group therapy, medical exams, and forensic interviews and observations. (64)

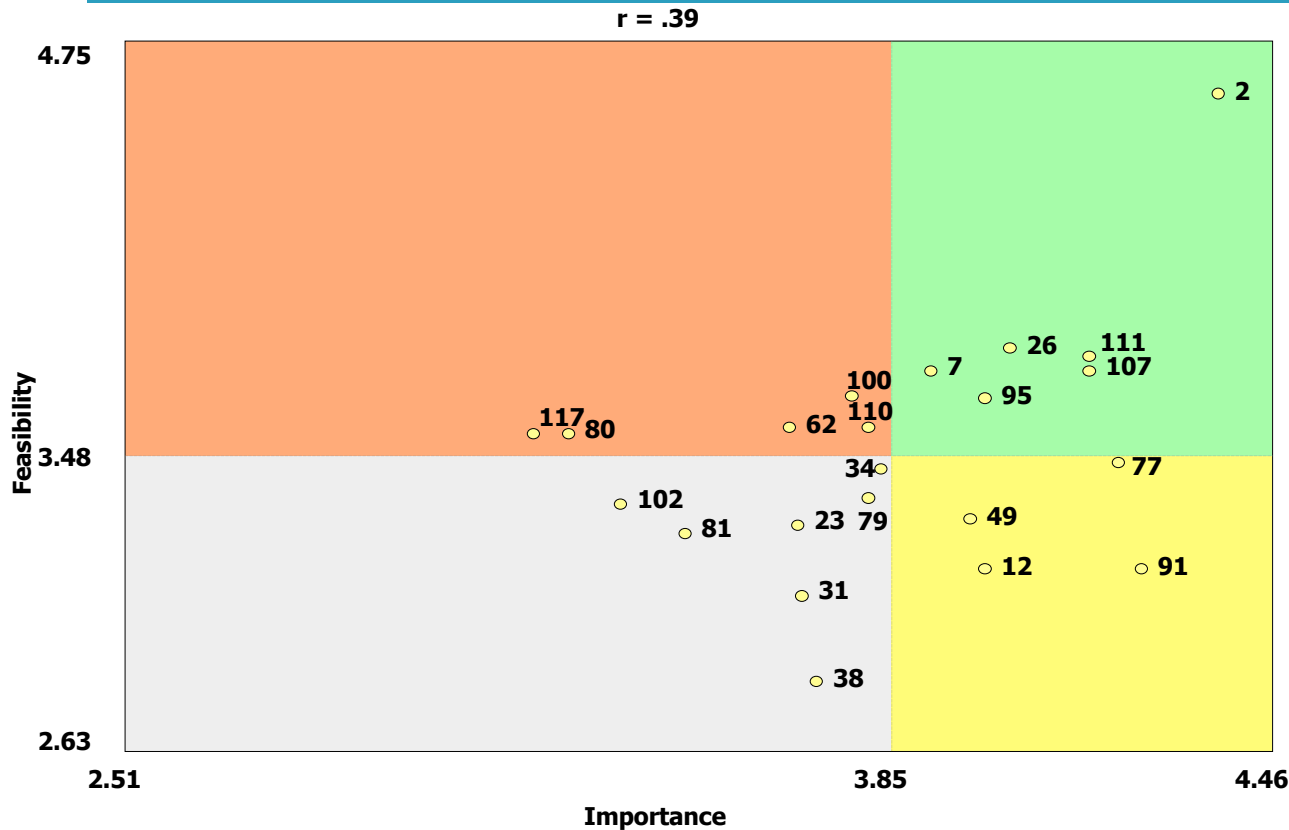
a volunteer component. (72)

availability of case managers after 5:00pm, weekends, and holidays. (75)

access to a private investigator. (96)

availability of centers (time and place). (99)

Coordination of Systems and Processes



establishing a clear vision and goals. (2)

follow-up with law enforcement and elder abuse reporting agencies. (7)

serving as a communication hub between those involved in a case, such as community agencies, health professionals, District Attorneys, etc. (26)

development of policy guidelines. (95)

facilitating networks and alliances among social service providers, medical professionals, law enforcement, financial institutions, courts and legal professionals, etc. (107)

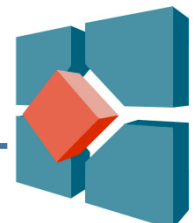
maintaining effective relationships with Adult Protective Services and local agencies to ensure more consistent responses. (111)

developing interventions/problem-solving for identified systems issues (e.g. hospital discharging to nursing homes, nursing homes in turn discharging to community). (12)

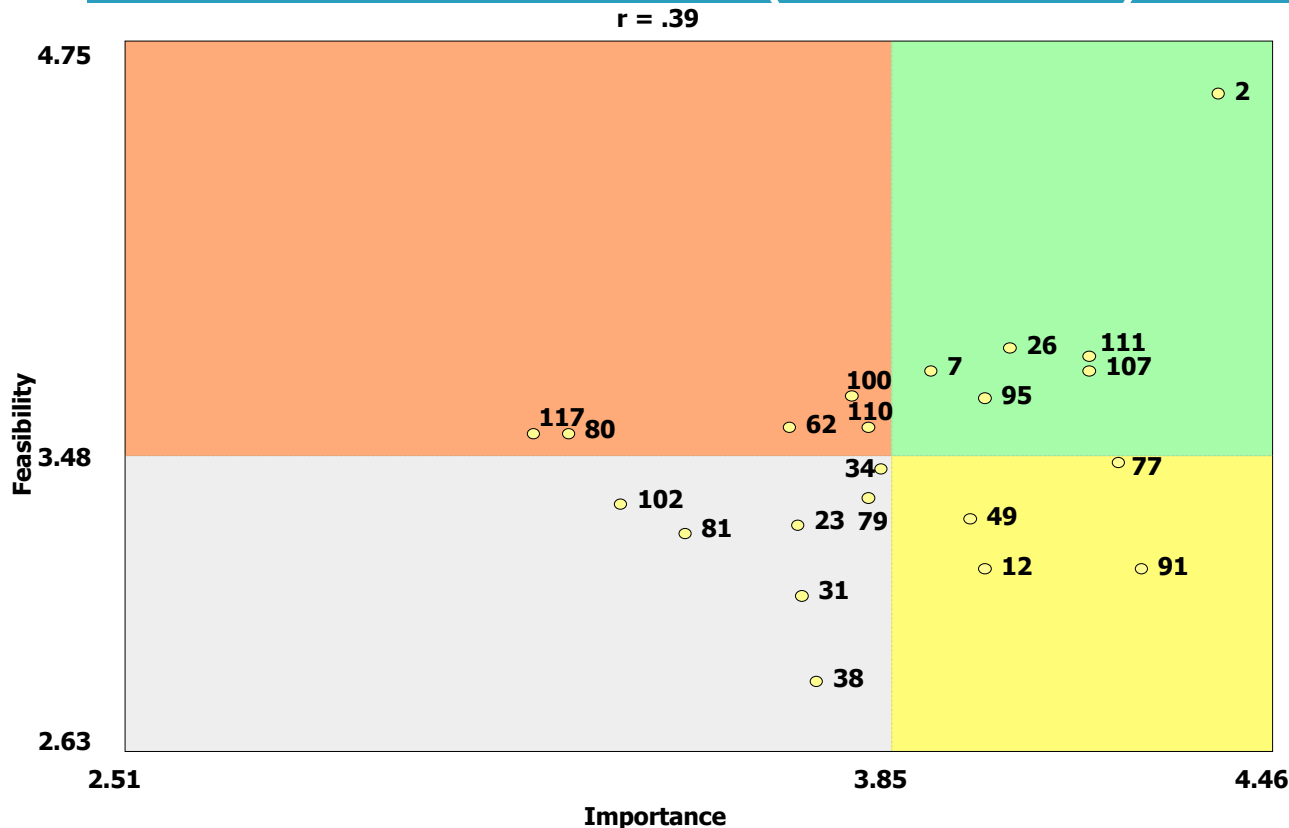
striving to serve people in all five boroughs. (49)

coordinating services to resolve gaps, duplication and systemic problems. (77)

effective linkage with all systems that relate to elders (healthcare, housing, social security, etc.). (91)



Coordination of Systems and Processes (continued)



an ethics review committee. (62)

inclusion of older adults in leadership and decision making. (80)

encouraging elder abuse team meetings at hospitals. (100)

addressing HIPPA barriers to information sharing across systems. (110)

leadership that is thinly layered - a flat organizational structure. (117)

tracking system for complaints. (23)

tracking problems across systems. (31)

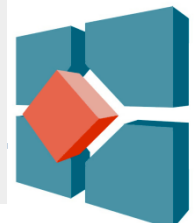
helping to start multidisciplinary case review teams in all boroughs. (34)

encouraging greater accountability of Community Based Organization's including Protective Services for Adults. (38)

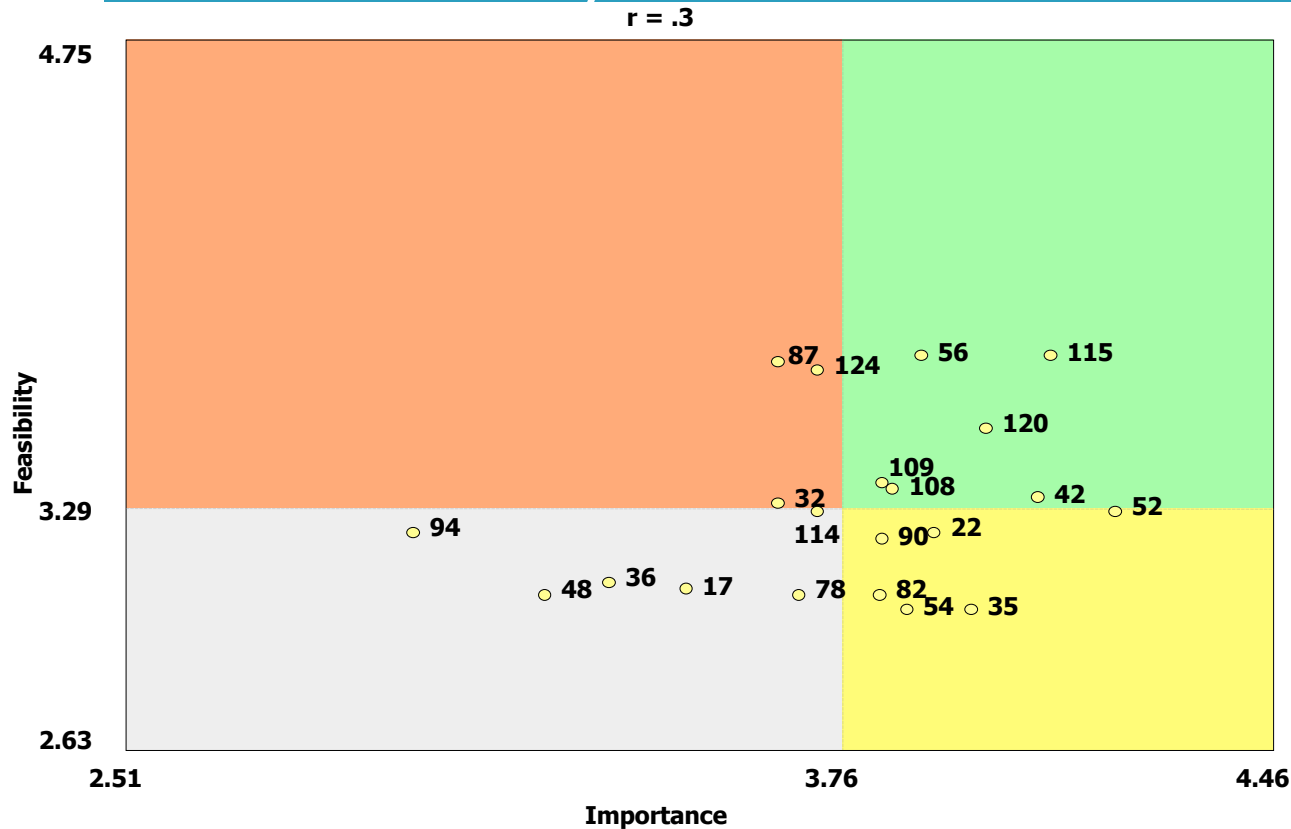
coordinating services of local groups that work with elder victims of abuse, neglect, or exploitation. (79)

utilization of videoconferencing technology so that professionals in the field can videoconference in District Attorneys, doctors, psychiatrists, or APS staff. (81)

collaboration with faith/religious/spiritual communities to provide onsite services as well as community outreach and education. (102)



Promoting Sustainability through Research, Advocacy and Evidence-Based Programs



developing a Needs Analysis and Gaps in Services Analysis to determine need and prevent duplication of services. (42)

grant writing as an ongoing aspect of the center's work (56)

representing New York City on a national level. (108)

developing protocols that promote public-private partnerships and collaborations. (109)

Identify funding streams, including public funds. (115)

garnering the buy-in/support of city leadership. (120)

lobbying for changes in laws or creating new laws that impact abuse of elders. (22)

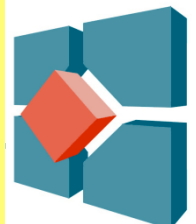
improved reporting of abuse. (35)

serving as a leader and resource in the development and validation of best practices for the evaluation, treatment and prevention of elder maltreatment. (52)

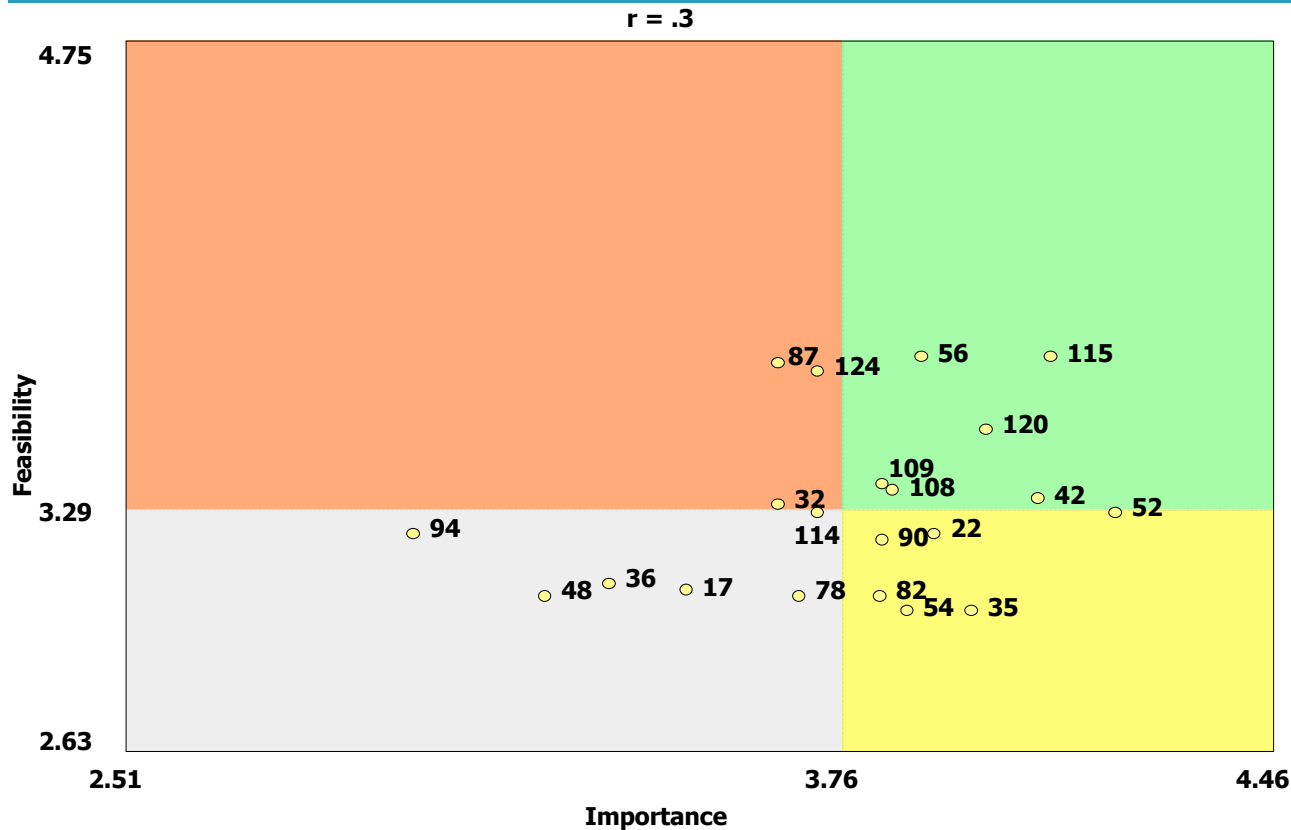
distribution of grants to develop/expand services. (54)

monitoring and evaluating the quality and effectiveness of services and protection. (82)

collecting and analyzing of statistics on abuse. (90)



Promoting Sustainability through Research, Advocacy and Evidence-Based Programs(continued)



conducting fatality review/ death investigation and using this for teaching. (17)

looking at how technology can help older adults and elder abuse victims. (36)

establishing celebrity champions for public relations and funding. (48)

a virtual "web-based" center for information, reporting, education, services, etc. (78)

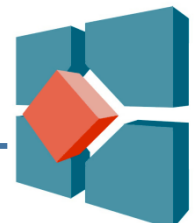
connections with international networks of elder abuse advocates/researchers. (94)

provision of critical leadership and technical assistance to strengthen non-profits to provide elder abuse services in the community. (114)

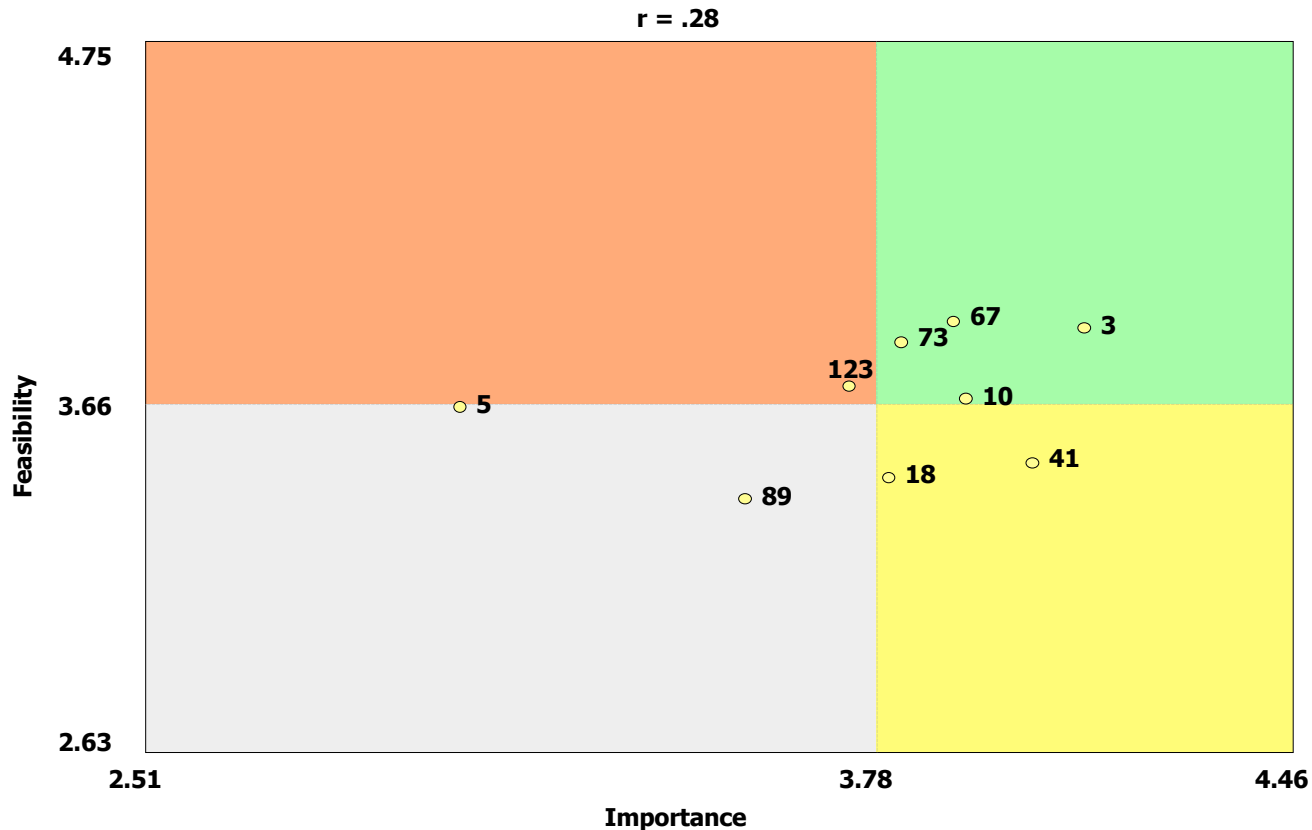
development of elder abuse prevention programs. (32)

developing materials on interventions for staff. (87)

provision of a forum to coordinate ideas/overall quality improvement. (124)



Dissemination, Communication and Education



public and professional education. (3)

educating victims and families about prevention, identification and treatment. (10)

disseminating information about the Elder Abuse Center for victims, families, public, and professionals. (67)

creating and distributing elder abuse resource information. (73)

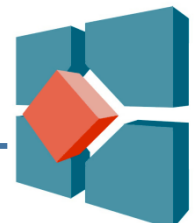
a public awareness campaign. (18)

conducting outreach to multiple agencies to ensure that training on elder abuse is part of their regular training programs. (41)

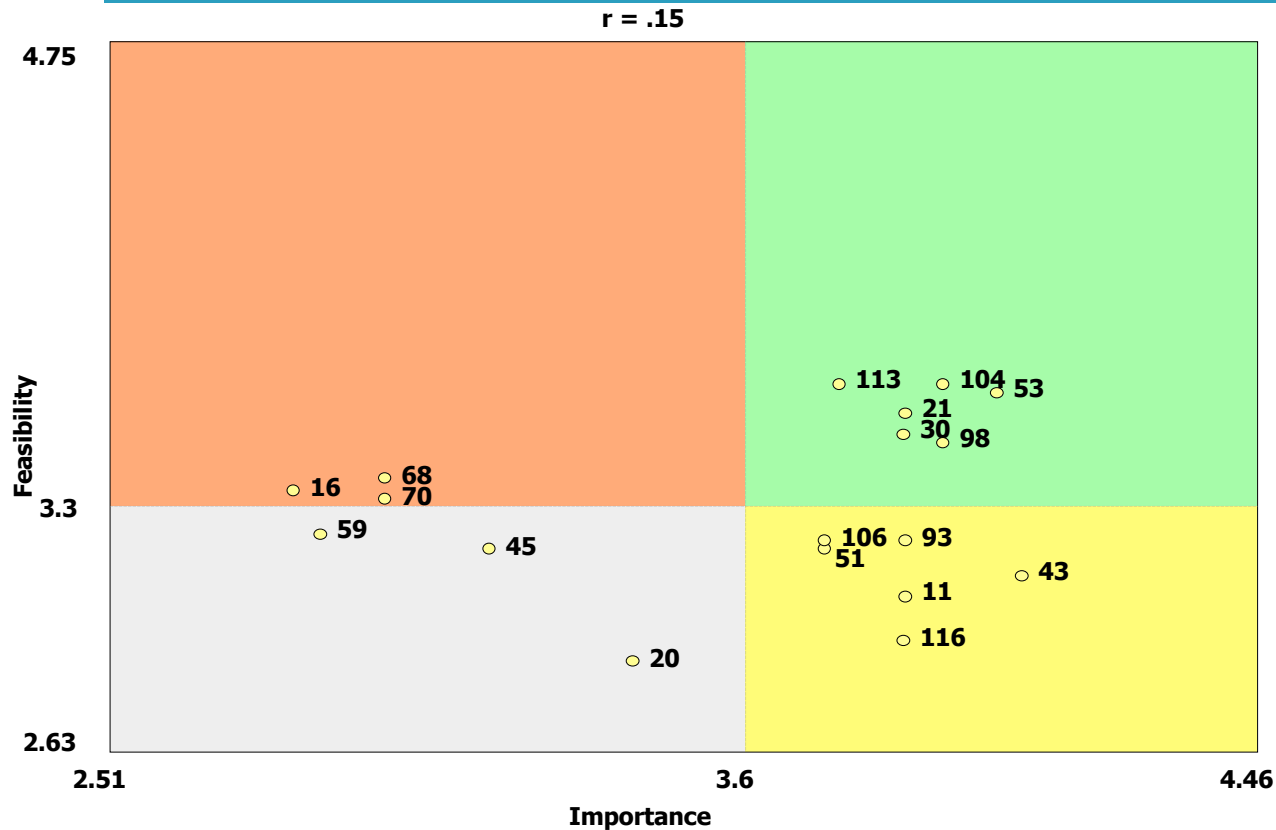
an outreach component to inform and invite potential clients. (123)

publishing a web newsletter/updates to send to all persons interested in elder abuse issues in a geographic area. (5)

developing publications and guidelines for professionals, community members, and seniors. (89)



Integrating Legal and Financial Dimensions



access to a civil attorney. (21)

enlisting expert investigation and determination of abuse allegations. (30)

provision of expert consultation to service providers. (53)

working with bank personnel to recognize the signs and symptoms of financial exploitation. (98)

follow-up with people the center has served. (104)

empowering elders and their supports. (113)

expedited guardianship hearings for the elderly. (11)

ability to expedite entitlements, shelter, subsidized housing and/or other requirements of victim safety. (43)

someone to start the guardianship process. (51)

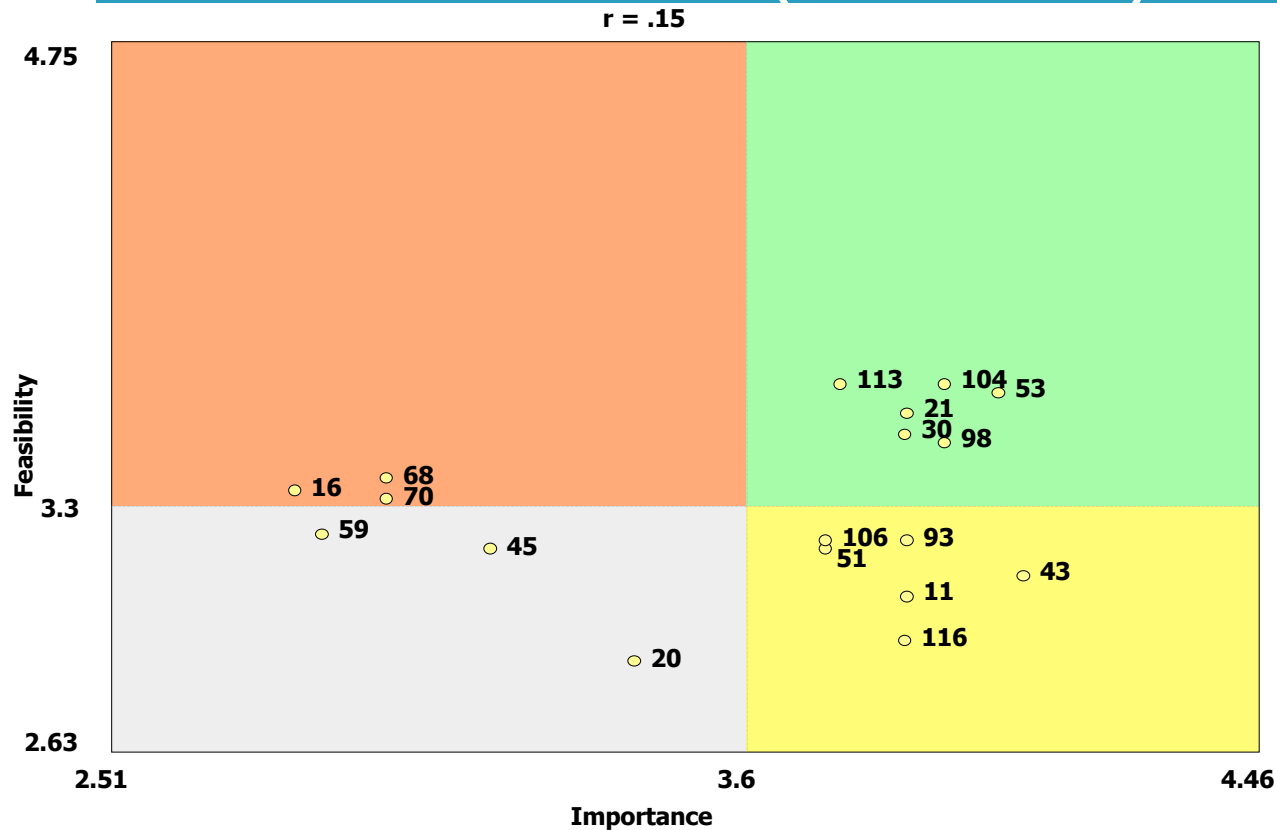
procedures for expedition of Orders of Protection. (93)

preventing and addressing financial abuse from investors, mortgage brokers, neighbors, landlords, relatives. (106)

expanding the pool of qualified, well-trained, and ethical guardians. (116)



Integrating Legal and Financial Dimensions (continued)



allowing team members to observe the interview from another room and suggest additional questions for the interviewer. (16)

socialization opportunities, e.g. collaboration with senior centers to help break the isolation of seniors (68)
focusing on older adult wellness. (70)

monitoring of guardians. (20)

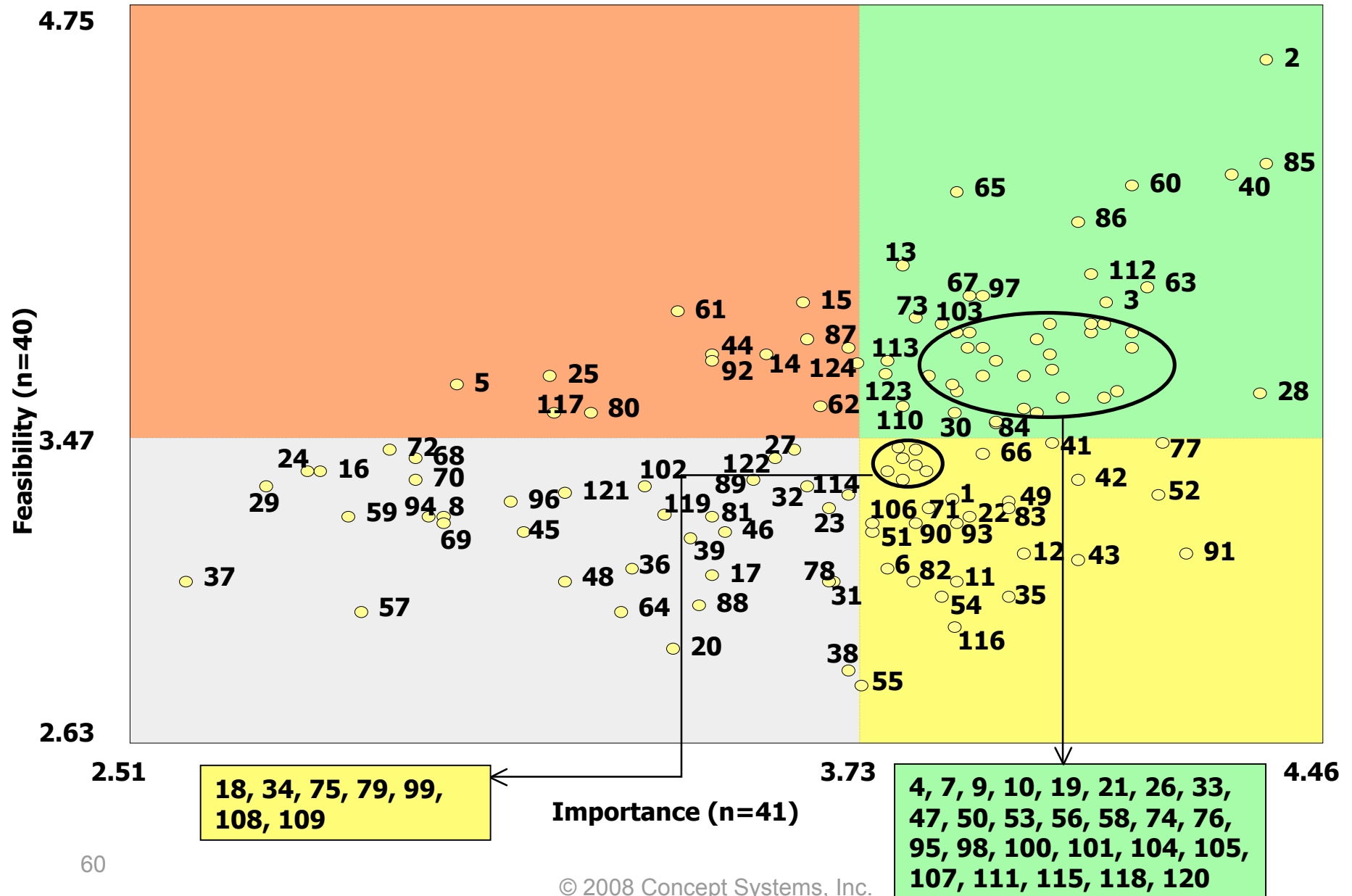
determining reasons for self-neglect and non-compliance with medical treatment. (45)

building capacity to serve as resource for grandparents to child welfare system. (59)



All Statements Go-Zone

$r = .43$



Next Steps and future application

- Conference call with Planning Group to prepare for October Presentations
 - Decide on final labels
 - Determine most salient points for presentation
- Concept map can be used as an organizing tool for the review and analysis of interview data, site visit information, and post-brainstorming ideas.
- Future planning group can use the identified priorities to begin to shape an implementation plan and funding proposal.
- Concept Mapping results can be used to help publicize and communicate future directions to key stakeholders.



Thank You...

...to

- the Planning group;
- all those who provided their input.

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