

Statement for the U.S. Senate Special Committee on Aging

JUDICIAL RESPONSES TO THE
GROWING INCIDENCE OF CRIME AMONG ELDERS
WITH DEMENTIA AND MENTAL ILLNESS

March 22, 2004

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Senator Craig, Senator Breaux, and members of the Committee. I am Max B. Rothman, Executive Director of The Center on Aging of Florida International University in Miami, Florida.

Introduction:

I have been asked to address the challenges facing the courts in appropriately and effectively responding to the growing incidence of criminal behavior and victimization that may result when elders suffer from dementia and other mental health conditions. In fact, little is known about the impact older people will have on the judiciary. Considerable work has been undertaken concerning specific substantive areas of “elder law,” notably with respect to tax and estate planning, other end-of-life issues, and guardianship. However, there has been no effort to examine the implications of aging in America on judicial administration, access to the courts, appropriate jurisprudence for elders with dementia and other conditions who perpetrate violent crimes, or resolution of underlying issues that often precipitate court involvement. In fact, there is little evidence that courts in general have addressed these issues other than to achieve compliance with ADA requirements. As this Committee clearly recognizes, it is important today to understand more about the complex nature of situations that will lead these older

people to the courts, how courts respond to them, and what policies, additional resources, and court administrative actions are needed to prepare for the future.

Background:

Individuals 65 and older today constitute nearly 13% (36,000,000) of the US population. Between 2025 and 2030, this figure will grow to 70 million. While more and more older adults remain relatively healthy well into their retirement years, they often must contend with vision, hearing, and mobility impairments as well as emotional, cognitive and mental health disabilities. Courts, now and increasingly in the future, have to make special accommodations to ensure that all older adults experience ready access to justice.

The need to assure that elders with dementia and other conditions receive fair, equal and appropriate treatment under the law will be even more challenging for the justice system. According to the 2000 U.S. Census data, almost 11% (3,592,912) of persons age 65 and older have a mental disability, defined as some problem with learning, remembering or concentration that makes it difficult to perform certain activities. Although dementia is most often associated with Alzheimer's Disease, many other conditions lead to dementia, including Amyotrophic Lateral Sclerosis (ALS), dementia with Lewy bodies, frontotemporal dementia, hypotoxic-anoxic brain injury, Huntington's Disease, multiple sclerosis, Parkinson's, stroke, traumatic brain injury and Wernicke-Korsakoff Syndrome. The U.S. Congress Office of Technology Assessment estimates that 1 to 5 million Americans have mild to moderate dementia and another almost 2 million Americans have a severe form of dementia.

The Alzheimer's Association predicts that by the year 2040, the number of people with Alzheimer's Disease alone may exceed 6 million.

It is these staggering numbers that fueled our Center's interest in studying issues surrounding elders, crime and the justice system. In order to better understand state-of-the-art knowledge regarding this broad topic, The Center's Research Director, Burton D. Dunlop, and I compiled and edited a book published by Springer Publishing Co. in 2000 entitled Elders, Crime, and the Criminal Justice System: Myth, Perceptions, and Reality in the 21st Century. This book, which brings together the work of experts in many specific areas relevant to the broader topic, highlights the pressing need for more research. As a result, The Center decided to place strategic emphasis on increasing knowledge and public awareness about the many issues surrounding elders and the justice system. Under this umbrella we have conducted research regarding older jurors, elder abuse in the context of family violence, domestic violence and older women, and court-based elder justice centers.

Currently The Center is engaged in a national study, "Judicial Responses to an Aging America", jointly funded by the Borchard Foundation on Law and Aging and the Quantum Foundation of Palm Beach County. We are completing the second year of a National Institute of Justice-funded project examining domestic violence and older women, and completing the third year of the evaluation component of an Administration on Aging Title III-E National Family Caregiver Support Demonstration Program that included primary data collection regarding violent behavior between caregivers and care recipients, many of whom suffer from dementia. Recently The Center completed an assessment of the Elder Justice Center (EJC-PBC)

administered by the Fifteenth Judicial Circuit of Palm Beach County, Florida, also funded by the Quantum Foundation, and we are continuing to work with the EJC-PBC on issues related to information management. The reports from this project, which have been filed with the Chief Judge of the Circuit Court, are included as an attachment to this statement.

Profile of Elders in the Courts:

Although the demographics of aging in America will impel judicial systems to accommodate larger numbers of older adults in the courthouse, it is the special needs of many elders that present the administrative challenge for court administrators and judges. The increases in numbers, of course, represent only part of the equation. There also will be increasing diversity of race, ethnicity, language, education and income, and living arrangements. Moreover, the physiological, psychological, and social profiles of older people will become increasingly complex. We know there is a greater incidence of disease with increasing age, including dementia, cancer, bone and joint diseases, vision and hearing loss, loss of memory and cognition, as well as increased use of prescription medications, some of which produce powerful emotional and physical side effects. In a broader social context, older adults experience loss of roles through retirement, widowhood and bereavement, isolation and loneliness, depression, and substance abuse.

These factors, individually or in an endless panoply of combinations, will result in much greater numbers of older people coming into contact with court systems nationwide. While today's hearing focuses on issues surrounding elders with dementia and mental health conditions, and the lethal events that they may experience or perpetrate, it is important for the Committee to understand that social

factors such as diversity, poverty, education and family relationships, and health factors such as chronic disease and functional limitations exponentially increase the complexity of each such situation the judicial system will encounter.

For example, the number of petitions for guardianship, involuntary civil commitment, and end-of-life issues will climb in both numbers and complexity. Likewise, the number of arrests and incarceration of older people will increase for violent crimes like domestic violence and assault as well as non-violent crimes such as burglary, theft or drug-related offenses. Arrests for misdemeanors such as shoplifting, trespassing, or disturbing the peace also will increase.

Motor vehicle violations of all kinds, including criminal charges and moving infractions, can be expected to grow with expanding numbers of older adults in the community. Civil matters arising from landlord-tenant and other property disputes, contracts, negligence, and an infinite variety of other factual situations, will ensure there are more older people regularly entering the courthouse. Indeed, there also will be more elders selected for jury duty, called as witnesses, seeking divorces, or simply looking for information or assistance.

Any of the matters just described, not untypically, may involve persons with dementia, mental illness, substance abuse or addiction, complex medical conditions, as well as some or all of these disabilities in combination.

Linkage with Community Services:

Any one factor or co-occurrence of circumstances documented above may represent the underlying cause for an older adult to be thrust into the courts. Even if not the underlying cause, some of these conditions may well be present in a given

situation and they need to be taken into account by a judge in dispensing justice effectively. For example, the 78 year-old man jailed for battering his spouse may be in the early stages of dementia. The battered spouse may be mentally competent and strongly opposed to legal sanctions against her husband. The mentally competent 82 year-old sued for foreclosure for failure to pay her taxes may be suffering from depression and lapses in memory but fearful of allowing anyone else to assist her in her financial affairs. Other older persons in both civil and criminal courts may have health and social services needs, exacerbated by dementia, that challenge the typical judge's ability to respond in a meaningful and timely manner.

The policy issue raised by these circumstances is whether the courts have the capacity for early identification of these problems as well as the practical ability to mobilize appropriate services. It is, of course, not unusual that a court may not actually see an individual until a petition for guardianship is filed, at which time meeting any service needs simply may be delegated to the guardian. However, the myriad of civil and criminal cases that may reach a judge where an assessment and/or services are needed prior to any further court actions raises important questions about how judicial districts will plan to meet this emerging need. Increasingly, courts have been experimenting with "problem-solving courts" to obtain services for specialized populations such as drug courts, mental health courts, domestic violence courts, community courts, and family courts. There may be important lessons to be learned from these experiences with regard to elders.

Experience in Other Jurisdictions:

In our national survey of state courts of general jurisdiction the response rate was disappointing, but probably reflects the reality that most courts had little to report. In fact, most courts that did respond are not engaged in specific efforts to address issues of an aging society, either because they want to treat everyone the same or they do not yet experience the volume and complexity of criminal and civil matters involving elders that characterize Hillsborough and Palm Beach Counties, Florida. However, site visits to selected jurisdictions across the country corroborated the identification of many of the same concerns on the part of judges, court administrators, and social service professionals and helped to identify selected programs or program components that merit closer examination for potential replicability.

It is useful to briefly review recent developments in judicial philosophy and administration in order to identify emerging trends and best practices in related areas that may be applicable, and to understand the potential that exists for the judiciary to become more responsive to these complex issues. These developments are all related by a common thread that seeks to improve access to the courts, build closer ties to the community, and ensure more effective use of available services to reduce recidivism. These goals, also, of course, are critically important in the context of older people and the courts.

Therapeutic Jurisprudence

Some courts and judges, following the lead of legal scholars, have adopted the philosophy of “therapeutic jurisprudence” in their adjudicatory roles. The

therapeutic jurisprudence perspective has been described by its founders as suggesting: “that the law itself can be seen to function as a kind of therapist or therapeutic agent. Legal rules, legal procedures and the role of legal actors.... constitute social forces that, like it or not, often produce therapeutic or anti-therapeutic consequences. Therapeutic jurisprudence proposes that we be sensitive to those consequences, rather than ignore them, and that we ask whether the law’s anti-therapeutic consequences can be reduced, and its therapeutic consequences enhanced, without subordinating due process and other justice values.” (Wexler and Winick, 1996). TJ has been applied primarily in criminal matters, particularly non-violent drug or mental health cases. Interested in more than criminal cases, we view TJ as a “lens” of underlying concepts that looks beyond what’s on paper for older adults engaged with the law. The value of TJ is that it attempts to get at underlying issues and to address them as appropriate within the court context.

According to Rottman and Casey (1999), community problems such as substance abuse, mental illness, and familial breakdown inevitably enter the courtroom and judges search for services and treatment to respond to them. Courts, sensitive to the importance of their relationships to their communities, have recognized the need to be more relevant and responsive to the public and to address “the breakdown of social and family support networks.” The authors conclude that TJ is based on the principle that judges seek “the selection of a therapeutic option – an option that promotes health and does not conflict with other normative values of the legal system.” In addition to application in specific cases, it “may be practiced at the organizational level of the court by devising new

procedures, information systems, and sentencing options and by establishing links to social services providers to promote therapeutic outcomes.”

Problem-Solving Courts

Specialized problem-solving courts are a logical and practical systemic application of TJ. As noted earlier, The Center on Aging is currently engaged in a national study that focuses on judicial responses to aging constituents. In the process of this study, we have learned a great deal about problem-solving courts. There are four primary types of specialized or problem-solving courts: drug courts (the first was established in Miami, Florida in 1989), mental health courts, domestic violence courts, and community courts (Casey and Rottman, 2003). Family courts, which may handle divorce, domestic violence, guardianship, and end-of-life matters, represent another hybrid-type of problem-solving court (Casey and Hewitt, 2001). The creation of these courts reflects the reaction of trial courts to dockets filled with too many repeat cases (the “revolving door”) in which judges had worked out solutions that addressed symptoms rather than root causes or problems underlying repeated court appearances and convictions. In effect, courts have adopted a TJ approach at an organizational level by using its principles as the underlying legal theory (Rottman and Casey, 1999).

It is instructive to explore the unifying themes connecting these courts. According to one judge, “one of the principal themes... is partnership. They all rely on outside agencies – to provide social services, to monitor offenders, to supervise community service sentences.” (Judge John Feinblatt, Judicial Roundtable, 2000). Indeed, given considerable variance among these courts by jurisdiction and types of cases, an analysis of trends underscored the importance of

community service linkages and stressed “a collaborative, multidisciplinary, problem-solving approach to address the underlying issues of individuals appearing in the court.”(Casey and Rottman, 2003).

More broadly, these courts share five common elements (Rottman and Casey, 1999):

1. Immediate intervention
2. Normative social adjudication
3. Hands-on judicial involvement
4. Treatment programs with clear rules and structured goals
5. Team approach including judge, prosecutor, defense counsel, treatment provider, and correctional staff

Although each of these types of special courts are primarily used for non-violent violations of the criminal law (some community courts are multi-jurisdictional), it is their emphasis on early identification of underlying problems, collaboration with human services providers, and individualized treatment approaches that warrant further investigation. A resolution passed by the Conference of Chief Justices and the Conference of State Court Administrators in 2000 called for “the careful study and evaluation of the principles and methods employed in problem-solving courts and their application to other significant issues facing state courts.” (Casey and Rottman, 2003). One challenge, then, is to understand how these principles and experiences of problem-solving courts can be utilized to improve how courts address issues involving older people, including any lessons that may be learned and applied to elders with dementia and mental illness who commit violent crimes.

Trial Court Performance Standards:

Another major development during the last 17 years has been the implementation of Trial Court Performance Standards (TCPS). Initiated in 1987 by the Bureau of Justice Assistance and the National Center for State Courts, the TCPS were published in 1997. They emphasize the careful conceptualization and measurement of specific indicators of input, output, and outcomes, with the ultimate goal of improving the outcome performance of the courts. Outcomes are conceptualized as changes in the well-being of the public and the community served by a court. As of 2000, approximately one-third of state courts had adopted the TCPS to one degree or another (Keilitz, 2000). The five performance areas of TCPS, which encapsulate the purposes or goals of the courts are: 1) Access to Justice; 2) Expedition and Timeliness; 3) Equality, Fairness, and Integrity; 4) Independence and Accountability; and 5) Public Trust and Confidence.

The TCPS are more than simply an internal procedure for measuring a jurisdiction's traditional operations. They are particularly useful in providing a basis for examining how courts address the need for addressing service issues (Casey, 1998). In this context, then, they "represent a shift from thinking about courts as individual judges making individual decisions (one judge, one court) to thinking about courts as organizations – as a system of structures, people, methods, and practices brought together to achieve specific ends."(Keilitz, 2000).

Problem-solving courts, as described above, are excellent venues for the application of TCPS because one of their primary characteristics is their relationship to community providers of treatment and services (Casey and Hewitt, 2001). Because identification of service needs and the ability to mobilize resources

in response to those needs is particularly critical in matters involving elders, the experiences of these courts need to be analyzed carefully. Although not specifically discussed in this context, nine promising components for effective court-based service coordination have been identified (Casey and Hewitt, 2001):

1. Acknowledged court role in service coordination
2. Judicial and court leadership
3. An active policy committee of stakeholders
4. Case-level service coordinators
5. Centralized access to a service network
6. Active court monitoring of compliance with orders
7. Routine collection and use of data
8. Creative use of resources
9. Training and education related to service coordination

It remains to be determined whether these components would work as well in general jurisdiction trial courts, in both civil and criminal jurisdictions. Thus, it is particularly important to learn to what extent this experience will improve how courts respond to the emerging challenges of an aging society!

Gender and Race/Ethnic Bias

During the 1980's and 1990's, the Supreme Courts of many states initiated studies of gender and race/ethnic bias in the courts. These efforts typically engaged the judiciary, bar associations, court administrators, private attorneys, law school faculty, researchers, and others in producing detailed analyses of existing issues and recommendations to address them. Gender and race are protected classes under the US Constitution and these efforts were motivated by a desire to ensure that the judiciary itself was administered fairly and equitably consistent with prevailing legal standards and sound public policy ("*Gender Bias Study*", 1989).

These efforts, in many states, produced exhaustive reports that examined specific areas of concern in great detail and led to ongoing efforts to educate judges, administrators, attorneys and others about problem areas and standards of appropriate conduct.

Although age has not been determined to be a protected class, the demographics of aging ensure nonetheless that courts must address similar issues in the years ahead. The Massachusetts Report defined gender bias as existing “when decisions made or actions taken are based on preconceived or stereotypical notions about the nature, role, or capacity of men and women” (1989). The Pennsylvania Report was not as specific but similarly studied whether individuals were “treated” differently as “a party, witness, litigant, lawyer, court employee, or potential juror” based on racial, ethnic, or gender bias” (Final Report, 2003).

It is instructive that these studies examine everything from jury selection, court employment practices, and courthouse interactions, to domestic violence processes, criminal justice and sentencing disparities, family law decisions, and civil damage awards. Recommendations are made to the judiciary, legislature, bar associations, law schools, and others as appropriate together with specific avenues for further research and education. The courts have made significant progress in identifying problem areas and in producing vigorous efforts to rectify them. Age is the next frontier!

Elder Justice Centers in Florida:

Elder Justice Centers represent one model for judicial response to the complex issues presented when elders interact with the courts. This problem-

solving type model has been developing in two judicial districts in Florida, where The Thirteenth Judicial District (Hillsborough County) and the Fifteenth Judicial District (Palm Beach County) have both created Elder Justice Centers (EJC's) to address issues of elders. The overarching mission of each Center is to remove access barriers to the judicial system and to enhance linkages between elders and the court system, as well as the legal, health and social service systems. They differ significantly, however, in focus. Hillsborough directs two thirds of its resources to the Probate Court to assist with establishing accountability in guardianship cases, and the balance to serving victims of abuse and other crimes and to general assistance for elders with other matters. Palm Beach has a strong focus on elders arrested for crimes, including elders placed in jail, as well as a broad variety of other legal matters that are referred to the EJC by the court. Recently EJC-PBC staff began assisting the Probate Court by reviewing guardianship reports, and conducting court-ordered investigations to ascertain the status and well-being of wards of the court.

Both EJCs function as offices of the judicial system, not as independent advocates for particular elders. They do provide information and referrals to elders, as appropriate, while also serving as experts to judges on the backgrounds and needs of individual defendants or victims. Both Centers try to address the inevitable fear, confusion, uncertainty, and lack of confidence experienced by many elders confronting the courts for perhaps the first time, especially those with dementia or mental health issues. These experiences can be quite traumatic regardless of an individual's status as victim, defendant, or witness.

The following examples illustrate how the EJC in Palm Beach County provides assistance both to the court and to the accused elder:

CASE 1: A 76- year old female charged with domestic battery (spouse abuse). After screening this woman in jail the caseworker recommended that the court order a mental health evaluation. Based upon further observation in the home, the caseworker made a referral to the Alzheimer's Community Care Association, which diagnosed dementia with delusions. The spouse was referred to a psychiatrist. The Court accepted a plea agreement at the arraignment and both parties were eventually placed in an assisted living facility.

CASE 2: A man lashed out at his wife, who has dementia, by slapping her across the face several times. A neighbor who is a police officer witnessed the occurrence while off duty. The man was arrested and his wife was brought to an unknown, safe location. The EJC was notified of the arrest through pre-trial services and immediately responded at First Appearance. The EJC contacted the local Alzheimer's agency for information and referral, and recommended to the court that the defendant be educated about Alzheimer's Disease and that the victim be placed at an area hospital. The defendant was immediately released to care for his wife and to continue receiving training as a caregiver for a spouse with Alzheimer's Disease. The court ordered EJC staff to provide periodic supervisory review of the case to ensure no further incidents.

CASE 3: A 67-year old woman was charged with domestic battery against her daughter and jailed. Initial screening prior to the First Appearance revealed a history of psychological conditions, including bi-polar disorder. The woman had ceased taking prescribed medication because of severe side effects. The caseworker recommended an inpatient hospital mental health evaluation. A psychiatrist saw the perpetrator and prescribed new medications. The caseworker recommended continuation of this treatment plan, which was accepted by the court in connection with a plea agreement between the woman and the State Attorney.

CASE 4: A 70-year old woman was arrested and jailed for shoplifting \$8.00 worth of merchandise. The caseworker noted indications of dementia at the screening prior to the First Appearance. The worker contacted the perpetrator's daughter who confirmed that her mother lived in Gainesville where she had been diagnosed with Alzheimer's Disease. Upon recommendation of the State Attorney, the case was dismissed at the arraignment.

In each of these situations, EJC staff -- typically social workers or persons with a mental health or criminal justice background -- appear in open court and provide the information to the prosecutor, public defender and judge. Without the

presence of the EJC, these matters probably would have resulted in different outcomes. Specialized staff allowed the courts to consider the totality of circumstances, not just the criminal behavior. A more complete description of the EJC in the Fifteenth Judicial Circuit is included in the attached report.

There are, of course, an infinite array of potential situations that can result in crime and victimization, especially elder abuse. As the Committee is well aware, persons with dementia and/or mental illness are prone to exhibit violent behavior as well as being at increased risk for victimization, and have specialized needs whether victims or offenders. For example, in a telephone survey of 277 caregivers who receive at least some state or federally-funded home and community-based services conducted by The Center on Aging in 2003, 12.4% of caregivers of elders with Alzheimer's Disease or other dementia reported that they had been slapped or kicked within the last year by the elder they cared for compared to less than 1% for caregivers of elders without dementia. Of course, many of these situations are never reported to protective services or law enforcement and solid research on these types of data is lacking.

Lessons Learned:

Although data collected from surveys and site visits in our national study are still being analyzed by project staff, it is possible to identify some key findings and draw preliminary conclusions as related to the subject of this hearing. In addition to drawing upon knowledge of Palm Beach County, we made site visits to Reno, Nevada, Phoenix, Arizona, Tampa, Sarasota, and Ft. Lauderdale, Florida, Wilmington, Delaware and Minneapolis, Minnesota. Although Tampa is the only one

of these other jurisdictions that has a specific program designed for elders, judges, court administrators and human services professionals provided relevant background information on new initiatives and insights on issues affecting other special populations as well as elders.

Mental health courts and other problem-solving courts, as described above, represent a judicial philosophy that examines individual cases from a more global than traditional and narrow justice perspective. In other words, although the court's starting point is a violation of the law, its focus is on "recovery" of the offender, consistent with "justice" for the victim, i.e., a determination that something wrong has been committed and that appropriate actions have been taken to try to prevent a re-occurrence. There is an emphasis on identifying health and service needs, coordination with resources in the community, and ensuring a motivated defendant and accountability for future behavior. To achieve this, the court needs both the availability of services and professional support to "boundary span" and coordinate them. Judges in these courts typically commit considerable time and effort to overcome barriers to service.

Issues about availability of and access to services, especially for persons with dementia and/or mental health problems, are substantial in most communities. Services are limited. Many service providers are not closely linked to the courts or law enforcement. In Palm Beach County, Florida, one group of providers of services to persons with Alzheimer's Disease or related disorders, is proposing "A Model for a Dementia – Specific Stabilization Process" that would eliminate forced and inappropriate entry to the mental health system, and provide a "Circle of Care" for at-risk persons. The courts need to be able to identify appropriate services and

to access them effectively. This is particularly relevant for both victims and offenders in abuse cases and other types of crimes.

Guardianship proceedings, in every jurisdiction, represent a major challenge in terms of the availability of trained guardians and accountability for the delivery of required services and financial management. This area has been called the next “ticking time bomb” in the courts by the President of the National Judicial College. It is fundamentally an issue of what resources a court can create, or otherwise obtain, to help ensure that the court’s responsibilities and court orders are fully executed. We have been informed that too often probate or courts in other jurisdictions handling guardianship (or conservatorship) matters are still the court’s stepchild and without resources. Maricopa County, (Phoenix) and Hillsborough County (Tampa) are two examples of jurisdictions with guardian review projects that have addressed this area successfully. Reno, Nevada has a unique program that provides the equivalent of a “guardian ad litem” to assist wards and to provide independent information to the courts. Because of the critical importance of guardianship in the area of abuse for those with dementia and/or mental illness, additional research is essential.

Older victims of abuse and other crimes, particularly those with mental health issues, need emergency assistance. Whether provided by a court program (Tampa) an outside agency (the Delaware Department of Justice), or a private non-profit agency (Palm Beach and Delaware), victims are often fearful of the law and judicial process. They are concerned about potential repercussions and loss of social support, and are often devastated by the reality of what has happened to them. They need specialized assistance by professionals trained in serving elders,

including immediate services, transportation, assistance with filing for restraining orders and victims' claims, guidance about the judicial process and, most importantly, the skill to examine and address underlying issues beyond the immediate problem. The professional must be an advocate with the prosecutor's office which often will decline prosecution without a "competent" victim/witness. We heard that prosecution of "elder cases" today is where domestic violence and sexual assault cases were 25 years ago, i.e., difficult to pursue without a strong, capable victim/witness and overwhelming physical evidence. Indeed, the victim advocate must be able to detect and overcome ageist behavior at all stages of the process.

Conclusions:

There are a number of conclusions that begin to emerge from analysis of data and interviews that are relevant to the theme of today's hearing:

1. Leadership of the judicial branch, in collaboration with professionals in health and social services for elders, is essential to successfully address these issues.
2. The concept of a specialized problem-solving "Elders Court" should be pilot-tested in interested jurisdictions.
3. "Elder Justice Centers" should be further implemented and rigorously evaluated.
4. Specialized staff support is necessary for establishing community collaboration.
5. Education of the judiciary, the bar, and law enforcement about the physical, psychological, and social characteristics of aging is a primary requirement.

- 6. Standards of accountability are required for courts with jurisdiction over guardianship/conservatorships proceedings.**
- 7. The judiciary should collaborate with community leadership to ensure availability of dementia specific and mental health specific services for older victims and offenders.**
- 8. Each jurisdiction should establish the capability to recruit, train, and manage volunteers, especially older volunteers, to provide direct, personal support to elders engaged with the court system.**
- 9. Each jurisdiction should develop an information system capable of tracking data on elders in the court system and of identifying recurrent problem areas that require system-wide community attention.**
- 10. The issues of an aging America should be identified as a judicial priority and addressed with a spirit of innovation and experimentation!**

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