DEPARTMENT OF JUSTICE

Elder Justice INITIATIVE

National Elder Abuse MDT Listening Session Report

2025

Comments from the field to advance MDT practices

Contents

Chapter I - Introduction

MDTs are a cornerstone of an effective elder justice response, bringing together professionals from adult protective services, healthcare, law enforcement, prosecution, victim advocacy, legal services, and other fields to collaborate in the service of older adults experiencing abuse, neglect, or exploitation. While this collaborative model has demonstrated powerful results, teams often face persistent barriers that can include limited resources, lack of field standardization, siloed interventions, and systemic barriers that can undermine their effectiveness and sustainability.

In preparation for the Spring 2025 National Elder Abuse Multidisciplinary Team (MDT) Summit, the Elder Justice Initiative convened a series of listening sessions to better understand the experiences, challenges, and evolving needs of elder abuse teams across the country. Between December 20, 2024, and January 29, 2025, ten virtual listening sessions were held, with a total of 101 participants representing a wide range of disciplines and regions. These sessions created space for practitioners to share their insights, reflect on their work, and identify what supports are most needed to advance justice for older adults who experience abuse.

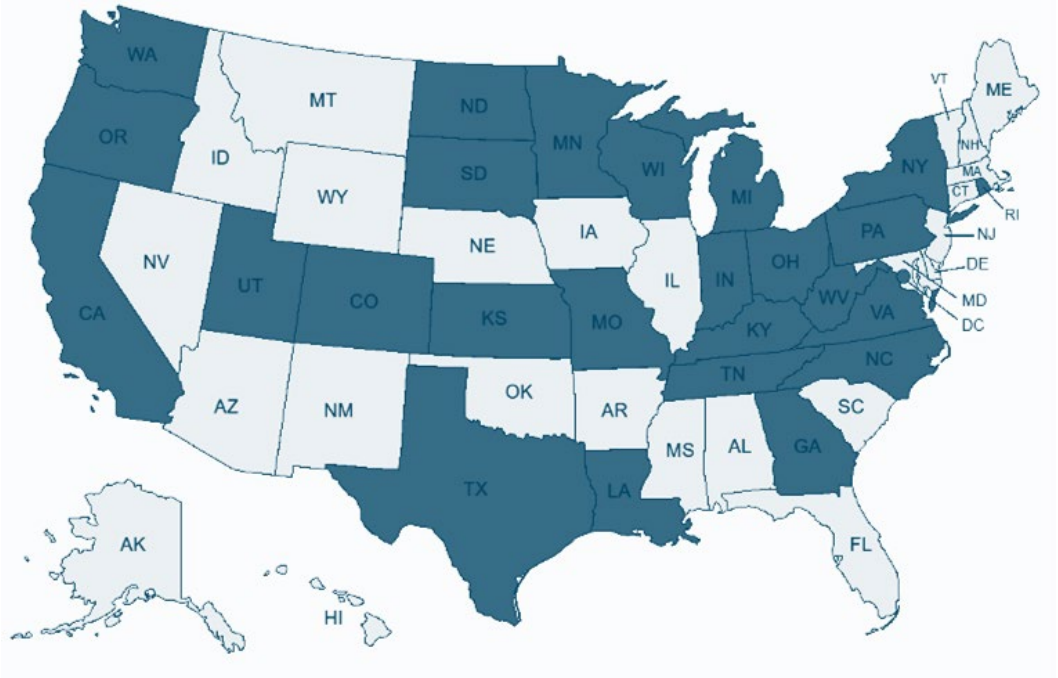
Representatives from many types of teams participated in the listening sessions. MDTs, E-MDTs, I-Teams, coalitions, forensic centers, CCRs, and many others (defined in Appendix A) were among the models represented. The broad ranges of focus areas provided insight into the many ways elder abuse victims are directly and indirectly being served across the country and the perspectives and needs of the teams addressing elder abuse at the grass-roots level.

This report summarizes the key themes that emerged across the ten sessions. Special emphasis is placed on repeating themes and responses, and on novel ideas emerging as practices. The findings in this report informed the agenda for the 2025 MDT Summit and are intended to inform future training, technical assistance, resource development and collaborative efforts aimed at strengthening MDTs nationwide.

EJI is grateful to those who participated and shared their expertise, insights, needs and challenges. Their voices are central to the Elder Justice Initiative's efforts to advance elder abuse MDT practices to better serve elder abuse victims across the country.

Chapter II – Methodology and Analysis

Ten listening sessions were scheduled between December 20, 2024 and January 29, 2025. An invitation to register for one of the ten MDT (virtual) listening sessions was disseminated through the Elder Justice Listserv and the MDT Listserv. Up to 25 participants per session could register and 230 persons registered (for all but two sessions, 25 people registered per session). However, between 3 and 16 registrants attended the listening sessions, for a total of 101 participants across the 10 listening sessions, from 24 states (see map[1]).



Following introductions, attendees were asked a series of questions covering 1) network definitions, 2) best practices,[2] 3) data collection issues, and 4) emerging trends. Participants were invited to simply unmute themselves to speak. The listening sessions were recorded and transcribed (the recorded sessions have been deleted, and names have been redacted from the transcripts).

Three independent reviewers read each transcript, one section at a time. Using a thematic analysis, a type of qualitative analysis used to analyze classifications and present themes (patterns) that relate to the data, the reviewers identified themes and patterns in the transcripts, separately for each of the four sections. The three reviewers then met to discuss the themes, arriving at a mutually agreed-upon set of themes. These themes are described below.

[1] https://www.mapchart.net/usa.html

[2] **Person-Centered Practices (PCP)**: Approaches that prioritize the unique stated needs, preferences, and values of individuals, ensuring that their voice is central in decision-making. In elder abuse cases, this focuses on respecting the autonomy, dignity, and priorities of the older adult.
Trauma-Informed Practices (TIP): Approaches that recognize the impact of trauma and strive to create environments that promote healing and avoid re-traumatization. These practices are sensitive to psychological and emotional stressors in elder abuse cases.

Chapter III – Results

Results Section 1 - Review and Comments on Proposed Network Definitions

Overview

Prior to each listening session, participants were emailed the draft proposed network definitions to review and then discuss during the listening session. The intention was to determine if developing definitions of networks would be viewed as useful to the field and to hear directly from those working on a wide variety of elder abuse networks to ensure the definition structure was appropriate and that the definitions aligned with work being done at the grass-roots level. Overall, the feedback emphasized the value of clear, structured, and consistent terminology for improving communication, training, and team development, particularly when teams are forming.

Question 1: ***After reviewing the proposed definitions, do you have any feedback or suggestions for improvement?***

Key Themes and Reoccurring Comments

1. **Clarity and Organization Appreciated**
    - Many participants found the structure of definitions paired with composition, focus and function to be clear and helpful.
    - The inclusion of real-world examples was particularly valued, aiding comprehension and practical application.

> *"I appreciate that there are examples for each of them…gives me [a sense of] how does this play out in the real world."*
>
> *"[They are] very well organized by…the definition, but also the composition, the focus and the function."*
>
> *"The examples are what I find really helpful. I think I understand a team type but having examples to go look at helps me understand how this plays out in real world."*

2. **Importance of Consistent Terminology**
    - Multiple participants emphasized the importance of having a common language to support the alignment of collaborative work in the elder justice field.

> *"It's really important to have consistency in terms that we all understand and use similarly."*
>
> *"People get overwhelmed in starting an MDT so being able to go to a menu of the types of MDTs would be really helpful from a mentorship perspective."*

3. **Utility for Onboarding and Training MDT Members**
    - The definitions were seen as a valuable tool for training and mentoring new team members or those starting MDTs.
    - The definitions were also seen as educational and evaluative tools for teams to better understand the structure of their team and where they fit into the field.

“When I started a year ago, this [list of definitions] would have been gold. It [examples] would also help me to locate more information about these models.”

“MDTs were foreign to me. It was a big learning curve, so this is great for someone coming into this field. It would be helpful to have these terms.”

“This will really help…We struggle understanding the differences between these types of teams.”

Suggestions for Improvement

Participants made recommendations to improve the network definitions that were subsequently incorporated into the current version.

1. **Confidentiality Guidance Requested**
    - Multiple comments pointed to the need for clearer guidance around confidentiality practices, particularly distinguishing between case review teams and teams that do not involve confidential case review.
    - Include confidentiality guidance early in the document or in an introductory section.

"Highlight in the first couple of sentences that this is a confidential environment."

"Trying to incorporate [older adults]…ties in with the issue of confidentiality.”

2. **Inclusion of Older Adults**
    - A recommendation was made to explicitly consider including older adults themselves in certain team formats when appropriate. Tribal teams were noted to often include the older adult and family members or community members.

"We typically try, if they are capable, to have them there [the older adult]…this is for them, they should be [included]."

3. **Terminology Clarification Requests**
    - One participant expressed uncertainty distinguishing between terms like “coalition” and “council,” indicating that further guidance could be helpful for teams as the form and as they seek to refine their work.
    - Other related conversations demonstrated the need for flexibility in determining network types and the many ways that teams can overlap or collaborate.

"Having a little trouble deciding between if we're a coalition or a council."

4. **Media and Financial Sector Involvement**
    - It was noted that media representatives and financial institutions often participate in non-case-focused teams and offer valuable insights into fraud trends.

"We do have media and financial institution representatives…they add a lot in terms of current frauds we’re seeing."

5. Team Categorization

- There were several proposed ways to organize networks by category including:[3]
    - Generally sorting by whether confidentiality is needed.
    - Primary functions such as
        - Systems change team
        - Public education and prevention teams
        - Policy
        - Case review
    - Government or community-based

"Some teams function as hybrids…do both case review and systems change."

"It would be helpful to categorize teams by whether they do confidential case review or systems-focused work."

"Our state model recommends a prosecution and investigation core [primary function], then adds community partners — kind of like an enhanced MDT."

6. Suggested Additions to the Network Definitions Purpose Statement

- Participant noted the importance of adapting models to community needs and resources.
- Further, some teams (or team members) might have overlap (e.g., a CCR might at times work with or serve on an MDT)
- It was noted that other teams may function as hybrids or otherwise perform multiple functions.

"I think some of these can be within each other… a coordinated community response can be part of an MDT."

"[Include] that flexibility is so key in this work… that you can look at your community and what the needs are, have some framework, but be able to adapt."

Question 2: *Are these definitions clear and inclusive of the different types of MDTs represented nationally?*

Key Themes and Reoccurring Comments

1. Definitions are Generally Clear and Inclusive

- Participants agreed that the definitions were clear, and reflective of the networks observed across the U.S.
- Participants confirmed the definitions resonated with their experience and team structures.
- Appreciation was expressed for the inclusion of non-traditional or emerging team models such as coalitions, I-Teams, and state-level MDTs.

[3] The Network Definitions listed network models in alphabetical order rather than classifying by category.

"The definitions were very inclusive… thank you for including coalitions."

"I thought this was a very well written. Our MDT specifically is a case review multidisciplinary team and I thought the definition fits perfectly with what we are.

2. Recognition of State and County-Level Variability

- Many participants emphasized that MDT structures vary significantly by state and even between counties within the same state.
- There was support for flexible definitions that allow for local adaptation.

"Every state has kind of a different way they're doing it… even within the state, different counties are doing it differently based on community needs."

"Each county runs their I-Team a little bit differently."

3. Support for Tiered or Hybrid Team Models

- Multiple participants described models in which confidential case review teams function alongside or within larger outreach or prevention collaboratives.
- These "two-part MDTs" (e.g., law enforcement and community phases) were seen as practical and necessary.

"So our MDTs are prosecution and investigation…we're actually considering doing a two-part MDT here where we have just law enforcement and APS at the first part of the meeting and then bring in the community at the second part because there can be two different conversations."

"…created a smaller group for case studies and kept the larger group for outreach and prevention."

4. Clarification of Terms like I-Team vs. MDT

- Several participants noted their teams function as MDTs, even when labeled as Interdisciplinary Teams (I-Teams).
- Consensus emerged that I-Teams do not require a separate definition but should be acknowledged as a form of MDT.

"We refer to them as I-Teams…but multidisciplinary probably better describes what we're doing."

"It's fine to include I-Teams within the MDT definition."

5. Desire for National Transparency and Connectivity

- There was strong interest in expanding the Elder Justice Network Locator Map to facilitate information sharing.

"[It] would be helpful to have direct contact info for MDTs…to see what others are doing."

Section 1 – Conclusion

Participants agreed that the proposed set of network definitions were appropriately broad, adaptable, and representative of models observed nationally. The feedback gathered across multiple listening sessions reflects widespread agreement that the proposed network definitions offer a strong foundation for clarity, alignment, and professional development within the elder justice field. Participants responded favorably to the definition structure: a short introduction to the model followed by information regarding composition, focus, and function, and examples. Participants noted that network examples brought abstract definitions to life, making them useful not only for academic or policy contexts but also for onboarding, mentoring, and internal team training.

Many participants emphasized the value of consistent terminology to reduce misunderstandings, align expectations, and support cross-training efforts, especially for teams that are newly forming. Participants highlighted the importance of having a reference framework that supports both self-assessment and external communication. In this sense, the definitions function as both a general roadmap to guide team development and a tool to help teams locate themselves within the broader field.

The feedback also revealed important areas for refinement. Confidentiality emerged as a key issue requiring clearer guidance. Participants wanted the definitions to clearly delineate which team types involve confidential case review and which are intended for broader systems coordination, education, or policy work. There were also requests to address team flexibility more explicitly, including the ability to adapt models to local needs, incorporate hybrid or tiered structures, and acknowledge that team members may span multiple collaborative efforts. One participant noted, for example, that coordinated community response teams and MDTs may have both overlapping and mutually supportive roles.

Additionally, participants suggested practical improvements to increase the utility of the definitions, such as including guidance for involving older adults when appropriate, clarifying terminology (e.g., between “council” and “coalition”), and recognizing the roles of media or financial sector partners in non-confidential collaborative work. These insights underscore a desire for the definitions to remain grounded in field work and be responsive to emerging needs, structural challenges, and promising innovations.

The potential for mutual learning and relationship building across the national elder justice network was touched on throughout the listening sessions. Participants expressed interest in expanding the Elder Justice Network Locator Map and creating collaborative meetings (e.g., peer leadership groups, quarterly meetings, etc.) and learning opportunities to share information and resources and to facilitate peer learning and mentorship.

In closing, participants found the proposed definitions timely and practical. They affirmed that clearly defined yet flexible team definitions can strengthen onboarding, foster team alignment, and support national coordination in elder justice work. The feedback gathered offered a clear path for refining and enhancing these definitions to ensure they remain inclusive, adaptable, and reflective of the field’s evolving practices.

Results Section 2 – Feedback on Best Practices

Overview

Participants were asked to discuss trauma-informed and person-centered practices specifically, and other practices more broadly, to identify what practices teams are utilizing, which they find valuable, identify related challenges, and better understand the support teams need to advance these practices. While there is widespread interest in advancing team practices, barriers include lack of training, time, resources, and structural support. Many teams rely on relationship building, cross-training, and informal norms to integrate these practices into daily procedures.

Question 1: ***Which of the following practices has your team incorporated into its work?***

Key Themes and Reoccurring Comments

1. **Trauma-Informed Practices (TIP)**
    - Some participants described ways in which their teams are trauma-informed, but most participants stated that their team has not formally implemented trauma-informed practices.
    - TIP practices, when adopted, are often informally integrated into the way teams function and are driven by the professional training of team leadership. Examples of TIP practices being integrated into policy and procedure are sparse.
    - Teams integrate trauma-informed practices into their work such as reducing re-traumatization and coordinating communication with abuse victims.
    - Participants mentioned small ways that a team could integrate person-centered practices by providing simple accommodations for elder abuse victims, like appropriate seating and considering victim safety.
    - A few teams include these concepts in MOUs or mission statements.
    - Participants referenced providing or participating in training on TIP, while most cited a lack of resources in that area.
    - Vicarious trauma considerations for MDT members were also mentioned by participants.

"We coordinate interviews, so the victim isn't retraumatized by repeating their story."

"We developed our mission and vision using the same language as the person-centered definition."

"This has been a good reminder for us! These practices have been part of our work informally, but we will be more intentional going forward."

"Georgia provides training to teams on TIP. This adoption was made easier by the fact that victim advocates who work in the DA's office are familiar with TIP."

"TIP include things like making sure there are arms on the chairs for older adults who need to use the arms to get up out of a chair without asking for help."

"Everything we do is trauma-informed. Neuropsychologist takes extra care to ensure the client feels safe when they are receiving a cognitive assessment or filling out the capacity declaration."

"[TIP] happens but less formally…our funded advocate that assists with things, for example, if an older adult is hospitalized, the advocate can go to the hospital and address their needs while they are in the hospital. We try to be trauma-informed for clients, and for our presenters on the MDT. We think of ways to address vicarious trauma for MDT members."

"When we get a case referred, we now look…what should we consider in terms of TIP – the accumulation of trauma in their lives – how to address for safety and understanding their behaviors in terms of engaging services – trauma-informed lens really helps this."

2. Person-Centered Practices Are the Most Widely Used

- Nearly every team described using person-centered approaches, often as a default mindset.
- Strategies include respecting client autonomy, tailoring service plans, and recognizing "justice" can vary from client to client.

"We always are looking at the person…Like it's just something that we know we gotta do."

"APS is always focused on person-centered care…we can only offer solutions."

"We do all of these practices, but it's all informal."

"Justice is different for everyone…some don't want to prosecute a family member."

3. Understanding Clients' Background[4]

- Participants discussed the variety of client backgrounds and geographic areas that MDTs serve.
- Training gaps, lack of reliable resources, and confusion around funding source (grantor) requirements have impeded advancement in this area.
- Rural and tribal participants emphasized the need for solutions relevant to their community over universal frameworks.

"We struggle the most with this [responding to MDT clients' needs related to their background or community]]."

"In tribal communities, the emphasis is on the community or family, not just the individual."

Question 2: What barriers or challenges have you faced when adopting these practices?

Key Themes and Recurring Comments

1. Barriers to Implementing Trauma-Informed and/or Person-Centered Practices[5]

- Logistical challenges noted included rural isolation, virtual meeting needs and obligations, and serving large areas.

"We meet virtually across 70 counties — that's a real challenge."

"CA also has remote rural areas that don't have the services in place to do an MDT"

[4] Here, the word "client" is being used to describe older adults who experience abuse who would be consumers of MDT products or service recipients even if the team's main function is not case review."

[5] While some of these barriers echo the technical assistance needs of new and expanding MDTs, it is worth noting that these challenges have far reaching implication and can impede team development in many ways, including preventing teams from learning about and prioritizing best practices, because they are focused on their own survival.

- Structural and procedural challenges that were mentioned include the need for operational MOUs, the need for a clear understanding of the team model and function, lack of case referrals, team members who feel uncomfortable presenting, and lack of buy-in from leadership or across agencies.

"...We do think about trauma-informed and person-centered practices, but we don't have the structure figured out yet. We need MOUs and buy-in..."

"APS [workers] are not trained in bringing cases and...the team asks questions, and it may feel like attacking. I'd like to give training in presenting cases. We're not getting enough referrals, too."

"We rely on our partners to do a lot of the work. But we struggle with privacy issues and require MOUs to share information, and these MOU requirements become a barrier."

- Resource challenges discussed include limited staffing, lack of access to professional expertise or needed disciplines, lack of training, federal funding confusion, and lack of time due to workload.

"...and there just aren't the high-level professionals [who are willing] to respond or to do capacity declarations."

"The hardest part is finding materials beyond the first training."

"We set out with a grand plan...and quickly learned we don't have the manpower."

"I don't know what gets federally funded."

- Organizational norm challenges were noted, including differences in perspectives and opinions on best practices, lack of clarity and support from funders regarding best practices, differing values among disciplines, and privacy or confidentiality concerns.

"Our barrier concerns the dynamics across teams...some view these practices as more important/ relevant than others."

We each have a different perspective – that's good in that we have all perspectives represented, but it's bad in that we don't know how to manage these diverse perspectives."

- Other mitigating factors include elder abuse victims who do not want to participate in the available system-based interventions.[6]

"It always goes back to respecting what the client wants even if we disagree, but it hinders our ability to help. Even on the MDT, if we create a plan, the plan may not move forward if client declines."

Question 3: What strategies or resources have helped your team successfully implement these practices?

Key Themes and Recurring Comments

1. Relationship-Building Across Disciplines

[6] Elder abuse victims who do not want to participate can be a perceived barrier to collaboration, particularly when working with law enforcement or prosecutors, but it can also be an opportunity to shift perspective to a more person-centered approach and evolve team practices in a way that better meets the needs of older adults.

- Participants consistently emphasized that trust and interpersonal understanding among team members improve collaboration and increase buy-in for new approaches.
- It can also help teams better understand both the value and limitations of partner agencies so that collaborative efforts can be deepened.

"We see that when APS and law enforcement go out together, they see the benefits of working together, and also the limits of each discipline. It helps them build relationships by breaking down barriers."

"The practices that helped integrate these pieces are personalities and relationships that are already established. Getting together really helps to build relationships."

We are raising awareness of each other, whether we are doing so person to person or group to group. Making connections, relationship building, training, and listening to one another."

2. Strategic Team Composition and Community Engagement

- Participants explained that to effectively integrate best practices and provide meaningful solutions for older adults who experience abuse, teams need to actively consider who is at the table. Examples included:
  - Behavioral health, restorative justice, and AAA advocates to improve service alignment.
  - Advocates to improve communication, encourage client engagement, and amplify client voice.
  - Community leaders to enhance buy-in, political leverage and accountability from member agencies.

"Think about the composition of your team. Maybe you want people from a AAA or behavioral health programs, or a restorative justice program. Invite to the team the services you want to be able to provide to your clients. Some clients prefer these alternative non-legal/non-APS services."

"Having an older adult advocate makes it easier for victims to share their story."

"If you have enough community involvement, [they] end up supporting your team. If you have their support, you're good. Have the MDT give a political squeeze on law enforcement. Or medical officials, or whomever. Utilize the group you have and go to the boss of the organization."

"Our AAA has two advocate case managers who work with older victims. The advocate works with the victim and speaks up at the MDT meeting for what the victim wants. …These are long-term case managers so helpful to older people."

3. Ongoing Education from Subject Matter Experts

- Ongoing education helps teams remain grounded in trauma-informed, person-centered, and age-informed practices, and can be a conduit for staying current with emerging research and practices. This can be accomplished by informing the team of conferences, trainings, webinars, or other learning opportunities.
- Participants also advocated bringing in regular speakers or specialists to provide in-service training and information about community services. This approach helps teams stay informed about trauma, mental health, and specific issues related to older adults, which improves the team's ability to engage and respond appropriately.

"As part of our FAST we have an educator speak to the team monthly from a variety of fields like neurology, psychologists, experts to help us understand the psychology and what our victims are dealing with as we help them – that is the best way to make sure we are trauma-informed and person-centered.

"I am the state MDT Coordinator. I encourage counties to do a mini-presentation on what their job is, what they can and cannot do, so all other team members understand each other's role better. This also helps with relationship building."

"We address both trauma-informed practices and person-centered care because we are under the Family Justice Center umbrella, so we have a lot of training in these concepts."

4. **Frameworks and Other Resources to Support Trauma-Informed and Person-Centered Practices**
    - The NCEA Reframing Elder Abuse Toolkit is used to shift language and reduce stigma.
    - Group agreements are used to shape team culture and communication norms.
    - Staircase models are used for understanding client readiness, support self-determination and adjust engagement strategies accordingly.

"We use a staircase model to gauge how ready clients are to acknowledge abuse."

"We are person-centered and trauma-informed – and I use the NCEA toolkit on reframing abuse. And I got group agreements – how we interact with each other and how we speak about the individual."

5. **Creative Engagement Strategies**
    - Participants described using innovative approaches to trauma support that go beyond traditional interventions. One example included the use of creative engagement through art to build trust and support healing for older adult participants.

"We run a trauma support group that incorporates art. It helps clients express themselves in ways that are safe and culturally relevant."

Question 4: How can the Department of Justice support adopting trauma-informed and person-centered practices?

Key Themes and Recurring Comments

1. **Funding and other MDT Infrastructure Support Needs**
    - Participants emphasized that funding is needed to support adopting TIP and PCC. They specifically named funding for MDT Coordinator positions, technology needs, and to develop innovative volunteer models as critical areas where DOJ support would be helpful.

"Funding is always an issue. Most people have the heart to do this, but some funding for the Coordinator position would be great. Funding for technology, for example, to be more mobile in the work we do, e.g., stable Wi-Fi to connect people to benefits."

"Sonoma used to have a forensic accounting team, a volunteer team of retired…CPAs that did the financial review…for cases going to court. We tried to share the use of volunteers because it's hard to get people [forensic accountants] on team[s]."

2. **Onboarding Resources and Role Clarity Tools for New MDT Members**

    - Turnover among MDT members creates significant disruption. Participants asked for onboarding kits, role explanation guides, and introductory materials to help orient new professionals to MDT work and trauma-informed values.

"I could use Introduction to MDTs, something I could give to new members. Our members transition continually. Just recently, a new detective said, 'I don't know my role here."

"So, I'd say two things: 1) Onboarding kit for new members (packet created by EJI) and 2) cross training touted as a best practice."

"Maybe APS Guidance on participating on MDTs on what is expected of APS – what is the role and function of APS on an MDT?"

3. **Peer Learning and State-to-State Exchange Opportunities**

    - There was strong interest in learning what other states and teams are doing, especially through peer education, state-to-state dialogue, and access to replicable models.

"Creating opportunities for states to talk with each other would be great."

"Education about what other states are doing in this area would be helpful and might not seem to be an attack on how people are doing things currently. Also, APS to APS (peer education) is a great way to make the case for change. Maybe APS Guidance on participating on MDTs on what is expected of APS – what is the role and function of APS on an MDT?"

"I'd like to learn what other teams are doing to keep their members engaged."

4. **Training Opportunities**

    - Participants stressed the need for ongoing training in trauma-informed and person-centered practices. They expressed a preference for online and in-person options, including recorded training, to accommodate time constraints and high staff turnover.

"Training. We have new staff all the time. Either online or in person training. It can be either already taped or interactive like this virtual meeting."

"Educating us about these issues. When you're moving quickly, you're just trying to survive."

"Train the trainers. Someone to join our meeting and give us the tools to do this and then we can use these concepts ourselves after the trainer leaves."

"We have a limited time to do this, so we need a short PDF of what these concepts are."

5. **Development of Shared National Resources and Replicable Models**

    - Participants encouraged DOJ to identify and help scale successful MDT models and to coordinate resource sharing across teams. There was a desire for DOJ to act as a connector and to seed pilot programs.

"Create a shared resource across MDTs… DOJ could figure out how much it would cost to implement a similar program, and EJI will pitch in some amount of money to help get it started."

"Could another team connect with Sonoma County and share a professional?"

Section 2 – Conclusion

Person-centered and trauma-informed principles are widely embraced, though often applied informally. Teams expressed a desire for practical tools, sample policies, and training materials to help formalize these practices. Cross-sector collaboration, creative adaptations, and sustained peer relationships are key success factors.

Across listening sessions, participants described a wide range of strategies and tools that have helped their teams move beyond conceptual understanding of trauma-informed and person-centered care to practical implementation. These insights reveal a shared recognition that successful adoption is less about checklists and more about relationships, structure, and sustained engagement.

One of the most consistent themes was the importance of relationship building including community engagement. Participants noted that trust and communication are prerequisites to implementing trauma-informed responses, especially across disciplines that may have differing mandates, agency cultures, professional frameworks and guidelines, pressures, and communication styles. Teams that created opportunities for cross-training and personal interaction (e.g., trainings about mandates and roles, informal team building, and MDT retreats) reported better cohesion and stronger integration of trauma-informed and person-centered practices.

Participants also discussed the value of including professionals from a wide variety of disciplines and agencies to expand the scope of the interventions they could offer. Adult advocates, especially those from AAAs, helped to voice the older adult's perspective, and integrate person-centered practices into the work of the MDT, particularly when the older adult could not participate directly.

Education was a recurring theme with teams emphasizing that on-going training, particularly cross-training, helped teams avoid burnout, stay aligned with best practices, and better interpret client behavior through a trauma-informed lens.

In conclusion, implementing trauma-informed and person-centered practices is not a one-time effort. Rather, it is a perspective shift within the MDT that must be supported by relationship-building, thoughtful structure, shared language, shared understanding of roles and mandates, public outreach, continuing education, and ideally supported by both peer education and national resources.

Results Section 3 – Data Collection Standards, Priorities, and Tools

Overview

Based on the David Burnes article, NAMRS protocol, and a previous Archstone funded Elder Abuse Forensic Center intake database project in California, common datapoints were presented to participants for consideration as a starting place for our discussion[7]

Participants reviewed and discussed the data and broadly agreed on the importance of consistent data collection to advance justice and improve coordination across MDTs. Most teams already collect some form of demographic and abuse type data, but capacity, legal, and infrastructure barriers prevent comprehensive collection. There was strong support for a simple, free, secure, and customizable database solution, ideally funded or provided nationally. Prioritized data elements included client demographics, type of abuse, case outcomes, repeat victimization/offending, financial loss, and action plans.

Question 1: After reviewing the proposed minimum data collection standards, what feedback do you have about the suggested data points and how do they align with what you already collected?

Key Themes and Reoccurring Comments

1. **General Support for Proposed Data Points**

- Most participants agreed that the proposed data were useful and aligned with current practice, with the caveat that ultimately data points would need to be considered from a trauma-informed approach to ensure appropriate collection of personal information.

> *"We already capture a lot of this… not every single one, but many."*
>
> *"The list is really, really great—these are all things that should be in there."*

2. **Common Barriers to Collection**

    - Participants noted a lack of infrastructure and staff to track data consistently.
    - They also have concerns about confidentiality, especially in smaller communities.

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- Client information including demographic information
- Alleged abuser information including demographic information
- Untreated mental health conditions and/or untreated addiction issues related to any person involved in the case including the client, alleged abuser, close family members caregivers, or others living in the home or otherwise in close proximity to the client
- Zip code or other area identifier
- Type of abuse suspected at intake
- Type of abuse(s) identified during the case investigation
- Client's outcome wishes
- Action plan items
- Outcomes
- Satisfaction rating information – client, family, MDT members, etc.
- Other datapoints as deemed relevant in listening sessions/MDT Needs Assessment Survey and at the 2025 MDT Summit

- There are significant difficulties experienced when attempting to follow outcomes across agency hand-offs.
- Teams also struggle with inconsistent or missing intake data.

"Once APS is done, we don't generally report back."

"We don't have the mechanism to follow a case once it leaves our hands."

"It's hard to keep things confidential in a county where everyone knows each other."

"We don't always get the information we need at the beginning."

Question 2: In your view, what are the top 10 data points the elder justice field should prioritize to advance justice for older adults and enhance national elder justice efforts?

Key Themes and Reoccurring Comments

1. **Participant Identified High-Priority Data Elements**
   - Client outcomes, including long-term impact and follow-up
   - Financial loss and recovery amounts
   - Repeat victimization or recidivism
   - Perpetrator demographics and relationships
   - Action plan tracking
   - Referral history and wraparound services
   - Case closure reasons (with categorized perceived value: positive, neutral, negative)

"Tracking frequent flyers would be an important metric."

"We track closure reasons and assign them a general outcome value."

2. **Suggested Additional Data Points**
   - Housing stability
   - Medical/mental health conditions
   - Client contacts/touchpoints over time
   - Safety risks for staff or clients
   - Alternative interventions (e.g., restorative justice, family preservation)
   - Reporter information to track public awareness trends

"Stable housing is a huge factor… it's where we start."

"Tracking the number of contacts helps show how time-intensive some cases are."

Question 3: Are there any software solutions your team uses and finds particularly user-friendly and adaptable for creating a customizable database that could be shared with teams nationally?

Overview

Participants described a wide range of current data systems, from Excel and Access to homegrown tools and state-provided portals. Most systems in use were reported as too limited, manual, or cumbersome, especially as case volume and complexity increase. There was strong consensus that teams need a free, HIPAA-compliant, customizable system that could track across agencies and jurisdictions.

Key Themes and Reoccurring Comments

1. **Reliance on Outdated, Fragmented, or Manual Tools**
    - Teams acknowledged that while Excel is widely used, it is often inefficient and difficult to scale, especially when working across agencies or tracking outcomes over time.

"We need something confidential but simple…our Excel sheets are cumbersome."

"We outgrew Excel… then Access…now exploring better options."

2. **Desire for Secure, and Customizable Software Solutions**
    - Secure and HIPAA-compliant
    - Customizable
    - Capable of multi-agency access
    - Capable of tracking clients over time
    - Adaptable to compensate for case complexity

"Standardized fields would help us start faster. We spend a lot of time designing from scratch."

"A template for case closure types would be great—right now everyone's doing it differently."

3. **Suggestions for National Infrastructure and Support**
    - Participants expressed a desire for a national or state-level template or toolkit with standardized fields, intake/referral forms, and closure categories.
    - They also wanted a sample logic model to connect social outcomes with intervention impact.
    - A shared tracking system for repeat victims or perpetrators across counties or states (e.g., housing, safety, service engagement).

"A national data solution would help us see when someone moves county-to-county."

"Let's include both legal and social outcomes for clients and abusers."

4. **Integration of outcome tracking and evaluation tools would support both casework and program assessment.**

- Participants want to track not only case-level progress but also aggregate data for program improvement, grant reporting, and demonstrating value to stakeholders.

> *“We want to track how things change for clients—are they safer? Did they get housing?”*

Section 3 – Conclusion

Participants were aligned on the value of national data standards and tools but stressed the need for flexible, low-burden implementation. Strong interest exists in simple, customizable, and secure software options, alongside national guidance for integrating data to improve team function and to use for program evaluation. Funding, training, and cross-agency agreements are needed to support this shift.

Multidisciplinary teams nationwide recognize that improving data collection is key to advancing justice, enhancing services, and building credibility with funders and systems partners. Although most teams are already tracking some data such as abuse types, demographics, or service referrals, few have the capacity to consistently track long-term outcomes, repeat harm, or intervention impact.

Participants strongly agreed that a nationally supported, free, and secure data collection tool is greatly needed. The ideal platform would be simple to use, locally customizable, allow for shared access among team members, and flexible enough to evolve with the field. This infrastructure is essential not only for internal improvement but also for demonstrating value to external stakeholders such as legislators, funders, and policy makers.

In addition to infrastructure needs, MDTs are asking for standardization of minimum data elements and model templates (e.g., referral forms, action plans, outcome tracking) that reflect best practices. Teams want help linking data collection to purpose: to know what's working, what's missing, and how best to support older adults. Housing stability, contact frequency, financial recovery, and staff/client safety risks were mentioned as data points with real-world significance.

The feedback in this section reflects a maturing field that is ready for national guidance and investment in a scalable data system that supports visibility, accountability, and informed case coordination.

Results Section 4 – General Reflections: Emerging Trends and Shifting Needs

Overview

Listening session participants identified important emerging issues affecting MDT effectiveness, including a surge in mental health and dual-diagnosis cases, homelessness and housing barriers, increased sophistication of scams (especially those using AI), and challenges sustaining core MDT participation. Teams are seeking sustainable structures, cross-sector partnerships, and practical responses to complex social conditions that outpace existing services.

Key Themes and Reoccurring Concerns

1. Workforce Sustainability and Law Enforcement Engagement

- Loss of dedicated MDT champions to retirement poses challenges.
- Law enforcement involvement is waning due to competing demands.
- MDT Coordinators must often re-establish relationships repeatedly.

> *"We're battling retirement…we built this from scratch, and if new people don't have the passion, it impacts us."*
>
> *"Local agencies just pass off cases to state-level investigators."*

2. Surge in Mental Health, Substance Use, and Dual-Diagnosis Cases

- Complex cases are growing, with co-occurring dementia, untreated mental illness, and substance use.
- APS workers feel ill-equipped to address mental health without partner agencies.
- Gaps exist for those aged 18–59 not eligible for APS or dependent adult services.

> *"Everyone has their boundaries…and there's a hole in the middle."*
>
> *"There is a huge surge in mental health cases…but services are client-led and inconsistent.*

3. Homelessness and Housing Instability

- Participants repeatedly named housing (permanent, emergency, transitional) as a top barrier.
- Shelters are full or inaccessible to older adults due to mobility, cognitive, or care needs. Most shelters do not accept pets which abusers can use to control victims.
- Many clients are living in cars, hotels, or in unsafe housing.

> *"We're seeing more elders who are homeless due to being priced out of their apartments."*
>
> *"We desperately need elder-specific emergency shelter."*

4. Evolving Scams and the Role of Artificial Intelligence (AI)

- AI is changing the landscape of financial exploitation and impersonation scams, making them harder to detect and more compelling to older victims.
- Scams are increasingly local, involving delivery drivers, pets, or community members.
- Not all AI tools are seen as detrimental. AI is also being explored for case triage, training, case referral algorithms from APS to MDTs, and note-taking.

"Scammers now send pizza drivers to get the victim to hand over a phone."

"AI is helping scammers polish messages and mimic voices—it's dangerous and effective."

"They [University of Southern California] are working on an algorithm for APS to refer cases to the MDT" [8]

5. Gaps in Legal, Medical, and Behavioral Health Services

- APS is often the "catch-all" for complex cases when no other agency is able or willing.
- Teams lack access to geriatric psychiatric beds, legal advocacy, and in-home support.
- Many older adults fall between systems or are labeled self-neglecting when they are unsupported.

"If someone isn't APS-eligible, there's often no other help available."

"Veterans, trauma, and dementia—this combination is overwhelming our team."

6. Technology Use and MDT Structure

- Teams are navigating preferences for in-person, virtual, or hybrid meetings.
- Smaller communities often prefer in-person; larger states prefer virtual for efficiency.
- Coordinators seek ways to build engagement across formats.

"Virtual helps us keep momentum—but we miss the in-person connection."

"In-person creates more focused conversations—but we're a small state."

[8] USC project for San Francisco APS referrals to the Elder Abuse Forensic Center (an type of MDT)

Section 4 – Conclusion

The listening sessions revealed that MDTs are navigating an increasingly complex environment shaped by rising mental health and substance use cases, deepening housing instability, and the rapid evolution of financial scams that utilize AI. These issues often intersect, straining already limited systems and highlighting gaps in services for older adults, particularly those who do not meet APS eligibility criteria. Teams also face internal challenges, including the loss of long-time champions to retirement, difficulty gaining and maintaining law enforcement participation, and the ongoing burden of team sustainability.

At the same time, MDTs are adapting. MDT Coordinators are exploring hybrid formats to maintain engagement, leveraging virtual meetings for efficiency while recognizing the relational benefits of in-person connection. While AI has introduced new threats, teams are also beginning to consider its potential for improving workflows through referral algorithms and note-taking tools. Still, there is a clear call for investment in sustainable public infrastructure including shelter options that can accommodate the needs of older adults, mental health partnerships, and legal support to meet the growing complexity of cases.

MDTs remain committed to meeting the needs of older adults who experience abuse, but they need stronger systems, cross-sector collaboration, and national guidance to keep pace with the shifting realities they face on the ground, particularly given impending demographic shifts towards an ever-aging population. This series of listening sessions is a useful jumping off place for strengthening the strategies and developing the resources MDTs need to meet the challenges in the coming decade.

Chapter IV – Listening Session Report Summary

The MDT Listening sessions covered a wide variety of topics and highlighted perspectives from a broad sample of professions, team types, and geographic areas. Listening session participants emphasized the value of clear network definitions and a shared common language particularly for new teams and for onboarding team members. Participants also noted the need for consistent data collection and offered insight into data points of value.

Throughout the listening sessions, participants made clear that adopting TIP and PCC is not simply a matter of good intention, but rather it requires ongoing investment, intentional team development, and organizational commitment. Teams described a strong belief in these approaches, but implementation varies widely and is often limited by infrastructure, time, and staffing constraints. Likewise, implementation is often informal, inconsistent, or carried by individual champions rather than built into team systems. Teams that had embedded these practices more fully credited strong onboarding, cross-disciplinary education, and relationship building as keys to success. Those that struggled often pointed to high turnover, lack of MDT Coordinator support, or insufficient training access as ongoing barriers.

Several teams emphasized that TIP are not limited to how teams engage with older adults but also noted that it can influence how team members treat each other, and how equipped they are to protect against vicarious trauma and burnout. Structured approaches like shared group agreements, monthly education sessions, and the inclusion of long-term advocates were described as useful in keeping TIP and PCC alive during case discussions. Others highlighted creative engagement strategies, like using art in trauma support groups or community-based alternatives to legal intervention, particularly for clients with complex trauma histories.

At the same time, participants expressed that this work is hard, and often isolating. Teams want to do better, but many do not know what is allowed, what is working in other places, or how to bring new members up to speed. They asked for accessible onboarding kits, cross-state learning opportunities, and model practices they can be adapted to the needs of their community. Teams emphasized that if national leaders like Department of Justice could help facilitate connections, create practical tools, and fund MDT Coordinator roles and training, the field will be better able to advance important practices and sustain valuable multidisciplinary responses to elder abuse.

Elder abuse teams across the country are ready for next-level support. To meet the moment, investment is needed in the following areas:

- Onboarding kits and training resources for new MDT members and coordinators
- Accessible, ongoing TIP and PCC training, including peer-led and on-demand options
- Cross-jurisdictional learning opportunities to reduce isolation and spread innovation
- Support for MDT Coordinator roles and trauma-informed infrastructure
- Shared resources and replicable models that reflect real-world practice

By delivering on these priorities, we can advance field practices and build a future where older adults are afforded dignity, safety, well-being, and justice.

Appendix A – MDT Listening Session Questions

Section 1: Definitions of Elder Abuse Networks (Teams)

1. After reviewing the proposed definitions, do you have any feedback or suggestions for improvement?
2. Are these definitions clear and inclusive of the different types of MDTs represented nationally?

Section 2: Best Practices

1. Which of the following practices has your team incorporated into its work?
    - Trauma-Informed
    - Person-Centered
    - Other practices that help you meet client needs (client background)
2. What barriers or challenges have you faced when adopting these practices?
3. What strategies or resources have helped your team successfully implement these practices?
4. How can the Elder Justice Initiative better support teams in adopting trauma-informed and person-centered practices?

Section 3: Data Collection

Bases on the David Burnes article, NAMRS protocol and a previous Archstone funded Elder Abuse Forensic Center intake database project in California, we are proposing the following datapoints for consideration as a starting place for our discussion:

- Client information including demographic information
- Alleged abuser information including demographic information
- Untreated mental health conditions and/or untreated addiction issues related to any person involved in the case including the client, alleged abuser, close family members caregivers, or others living in the home or otherwise in close proximity to the client
- Zip code or other area identifier
- Type of abuse suspected at intake
- Type of abuse(s) identified during the case investigation
- Client's outcome wishes
- Action plan items
- Outcomes
- Satisfaction rating information – client, family, MDT members, etc.
- Other data points as deemed relevant in listening sessions/MDT Needs Assessment Survey and at the 2025 MDT Summit

1. After reviewing the proposed minimum data collection standards, what feedback do you have about the suggested data points and how do they align with what you already collected?
    - In your view, what are the top 10 data points the field should prioritize to advance justice for older adults and enhance national elder justice efforts

2. Are there any software solutions your team uses and finds particularly user-friendly and adaptable for creating a customizable database that could be shared with teams nationally?

General Reflection

1. Are there any emerging trends or shifts in the field that you feel MDTs need to address to remain effective?