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Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community

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How to Use this Guide

The goal of this guide is to encourage and facilitate the development and growth of elder abuse case review Multidisciplinary Teams (MDTs). In this guide, you will find information about MDT structures and functions, along with common issues with which a team will need to grapple in developing a case review MDT. There is no one way to create or maintain a MDT. Therefore, this guide offers a variety of ideas, sample materials, resources and tools intended to guide the development and sustainability of an MDT.

Any community can start an MDT. The form and function of your MDT will depend on the community in which it is developed. It may at times be frustrating as you face obstacles in your community. This guide can assist you in anticipating and planning for challenges and applying the knowledge and experiences of other MDTs to the development of your team.

Currently, the elder abuse MDT approach has received little empirical evaluation,[i] although there are exceptions.[ii] However, there are no published studies that provide clear direction on how to create and maintain high-functioning MDTs in any discipline,[iii] although work in this direction is burgeoning.[iv] Therefore, this guide draws heavily upon MDTs in other disciplines (child abuse,[v] education, business, medicine).

This is a living document designed to be updated with new information, research, and Toolkit items as they become available. When new material is added, we intend to notify our colleagues of changes, as best we can, through email blasts. Check back to our webpage often to view and download the latest materials. You may also sign up to be on our MDT TAC distribution list, by emailing Talitha Guinn-Shaver, MDT Technical Advisor at talitha.j.guinn-shaver@usdoj.gov.

Chapter 1: Introduction to Multidisciplinary Teams

Introduction

Although MDTs have been in existence for decades, they are only recently gaining widespread acceptance and adoption. Most of what we know about MDTs is based on experience rather than research, suggesting MDT practice may change with new knowledge. Elder abuse MDTs will continue to evolve as more communities utilize the model and gain experience with them.

Communities have differing political issues, geographies (rural, urban, suburban), and demographics. Any community can develop an MDT, even communities with limited resources that preclude the development of a complex MDT model, such as an Elder Abuse Forensic Center[vi]. The size and structure of an MDT will reflect the needs and resources of the community in which it is developed.[vii]

As will be discussed in detail, starting an MDT is challenging. Teamwork does not arise through the simple organization of professionals and calling the group a "team."[viii] Because MDTs are so challenging to develop, it typically takes strong leadership to implement an MDT.[ix] There is frequently a charismatic and energetic leader in the community who advocates for a change in the system's response to elder abuse, and who is politically savvy and has the influence to obtain the cooperation from multiple agency heads. In some cases it takes persuading a strong leader in the community that an MDT is needed.

A word of warning: Be flexible. An MDT may start out doing things one way, but over time may find that the protocol is no longer working for the team. In addition, although it is the responsibility of the MDT Coordinator to bring the team together, there are times when a different structure will perform better.[x] Always obtain feedback from your MDT members.

Finally, many MDTs feel compelled to expand into other arenas. The Toolkit item titled: Additional MDT Activities, details activities that other MDTs have seen fit to undertake.[xi] Over time, your MDT may identify needs in the community that the MDT may want to address. For example, in Texas, the MDT assigned a geriatric nurse practitioner for half a day per week to the APS office as a resource for APS caseworkers.[xii] Innovative solutions like this are occurring all across the country.

Defining a Multidisciplinary Team

Rooted in the biopsychosocial model[xiii], MDTs are defined as[xiv] a group of people (comprised of representatives from three or more disciplines who work collaboratively),[xv] bound by a common purpose (the MDT has a shared goal and shared definition of the problem they are addressing[xvi]), and is characterized by five elements[xvii]:

- **Shared Decision-Making**
  The entire team participates in the decision making process, sharing information, and sharing successes.
- **Partnership**
  MDTs are characterized by a formal Memorandum of Understanding (MOU) or an Interagency Agreement (IAA).
- **Interdependency**
  Group and individual outcomes are influenced by the team.

- **Balanced Power**
  All members of the MDT have equal input and prohibit a single member from dominating the group.
- **Process**
  The development and use of protocols to introduce predictability and accountability into the case review process, including protocols for conflict resolution.

Types of Problems Addressed by Multidisciplinary Teams

MDTs are used in a number of fields (education, medicine, business, social services). There are many different types of MDTs geared towards the needs of older adults specifically. For example:[xviii]

- Elder fatality review teams[xix]
- Hoarding teams[xx]
- Mental illness teams[xxi]
- Code enforcement teams[xxii]
- Guardianship teams[xxiii]
- Financial abuse specialist teams[xxiv]
- Elder abuse teams[xxv]

This guide focuses on elder abuse case review MDTs. Although the MDT concept is not new,[xxvi] there is growing recognition of the need for an MDT response to elder abuse.[xxvii] An MDT approach is victim-focused and designed to correct for the shortcomings in the system (described below). In addition to system coordination, MDTs should seek to better understand victims' priorities and needs.[xxviii]

The Need for Multidisciplinary Teams

> Elder abuse "includes physical, sexual, or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting (e.g., home, community, or facility), either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability" (DOJ, 2014).

Elder abuse is receiving increased attention and with it greater societal awareness.[xxix] Prevalence rates of community-dwelling older adults indicate that 10% of older adults[xxx] have experienced some form of abuse in the past year provide traction for this increased attention.[xxxi] However, the majority of elder abuse cases do not reach the attention of those charged with responding.[xxxii] Not only is it important to identify and respond to these cases based on honoring human rights[xxxiii], but also because of the consequences associated with elder abuse.[xxxiv] For

example, older adults have greater difficulty in recovering from physical injuries[xxxv] and financial loss[xxxvi], and have an increased risk for early mortality.[xxxvii]

Reports of elder abuse come from a variety of sources,[xxxviii] although most victims enter the system through either Adult Protective Services (APS) or law enforcement.[xxxix] Typically, the formal response to elder maltreatment rests with APS,[xl] an agency that focuses on protection of the victim.[xli]

The increased attention given to elder abuse clearly has indicated that there are typically system-wide failures to detect and care for older victims. Once in the system, victims, who frequently have numerous needs,[xlii] may be exposed to multiple agencies.[xliii] The victim initially may be visited by APS or law enforcement. Some victims will require a neuropsychologist to conduct a cognitive assessment, a physician to treat and document physical injuries, interviews with a prosecutor or law enforcement officer, and even a safe place to stay to avoid further abuse. Currently, multiple agencies may simultaneously be working on the same elder abuse case, with each agency working within its own silo unaware of the interventions, strategies, and case planning being attempted by other agencies.[xliv] This approach is neither victim-centered[xlv] nor responsive to the myriad of victim's needs.[xlvi] Furthermore, it does not respond appropriately to the needs of perpetrators, which is increasingly being recognized as an important aspect of a sustainable intervention strategy.[xlvii]

An uncoordinated system is problematic because it frequently results in:

- System overload for the family
- Victims being jostled from one place to another
- Less than optimal outcomes for victims[xlviii]
- Duplication of interviews and services
- A bureaucratized "one-size-fits-all" adversarial investigation
- Lack of communication between systems
- Conflicting recommendations
- A poor match between the family's strengths/needs/problems and interventions
- Inadequate and fragmented service delivery that fails to address underlying problems
- Responding to the presenting problem without exploring other possible victimizations

In the face of these potential system failures, stakeholders instinctively think, "There's got to be a better way!"[xlix] And there is: A multidisciplinary team (MDT).[l] The two key assumptions are that:

- Complex cases require a complex response[li]
- No one agency can address all the needs (physical, emotional, intellectual, familial, interpersonal, financial, social, cultural, and spiritual) of an older victim[lii]

Benefits of a Multidisciplinary Team Approach

Working in unison, the strength of each agency can complement the others. Together, the agencies involved in the MDT can ensure that victims do not fall through the cracks while addressing their range of needs. An MDT allows each agency's strengths to shine, while sharing the burden of investigating and responding to complex elder abuse cases. For example, some older adults are distrustful of law enforcement, but law enforcement may be better able than APS to collect the evidence needed to forward a case to the criminal justice system. APS may be better able to empathize with the victim and ensure needed services are being offered. Furthermore, team members are able to provide support to one another, which may reduce the secondary trauma effects associated with these difficult cases.[liii] Ideally, the net result is a better outcome for older victims.[liv]

Agencies that work collaboratively can produce better solutions for victims, MDT members, and the community.[lv]

Successful partnerships can benefit *victims* in the following ways:

- Conducting various evaluations in-home as a team lessens the burden of multiple interviews for the alleged abuse victims, while simultaneously gathering information on needed services for older victims as well as evidence for possible prosecution.[lvi]
- An MDT enhances the probability that no matter where victims enter the system, they have access to coordinated services.
- As victims may receive concurrent services by many disciplines, coordination of these services may reduce the number of systems victims have to navigate.[lvii]
- Collaboration promotes greater awareness of available services, and improves access to and receipt of services for victims.
- Coordination creates an integrated array of services tailored to the victim's multifaceted needs that build upon the family's strengths.
- Collaboration produces creative solutions that no one agency could produce on its own.[lviii]
- Working as an MDT provides informal social support for victims, enhanced monitoring[lix] and follow-up beyond the crisis period[lx], potentially reducing the recurrence of elder abuse.
- Collaboration facilitates more effective and positive outcomes for clients.[lxi] For example, if health care professionals need to spend time being social workers, then fewer medical needs may be attended to, but if someone else can do the social work, then health care professionals can focus on the medical needs of the client.

Working collaboratively benefits each agency represented on the MDT. [lxii] Successful partnerships can benefit *MDT members* in the following ways:

- Responsibility for a case (ensuring safety, permanency, and well-being) is shared among the MDT members.[lxiii] This not only lends greater confidence to team members regarding case planning, but it may reduce liability risks due to the input of high-level agency representatives and qualified medical and legal consultants brought in when appropriate. Decisions regarding the client are better informed and reviewed prior to implementation.

- Every agency has legal and policy restrictions on their response to elder abuse that other agencies may be able to fill if the need is known.[lxiv]
- MDT members may back each other up, pointing out the importance of various MDT disciplines to victims.[lxv]
- Through exposure to different disciplines,[lxvi] team members:
  - Learn each other's mandates and jargon,[lxvii]
  - Broaden and enrich their understanding of elder abuse,[lxviii] and
  - Sharpen their professional skills to better manage and build cases.[lxix]
- MDT members can access the pool of experts on the MDT to obtain assistance in resolving difficult cases.
- Learning how other professionals in the community handle similar situations can bolster MDT member's confidence.[lxx]
- MDTs can instill confidence that the case is being handled the best way possible by obtaining validation from other team members.
- MDTs can enhance job satisfaction by promoting collegiality[lxxi] and motivation, while supporting one another by providing a safe place to vent frustration, relieve tension, and share feelings of helplessness.[lxxii]
- MDTs extend and leverage interagency resources in part by reducing the financial and staff burden on individual agencies.
- If one agency does not have the resources a victim needs, someone else on the MDT likely does.[lxxiii]
- MDTs can identify service gaps and make system changes.
- MDTs improve the ability of agencies to share information and track families across agencies.
- Through group decision-making, fewer errors are made (potentially reducing legal risk).

Successful partnerships can benefit *communities* in the following ways:

- Providing a forum for balancing the interests and perspectives of professionals from diverse disciplines, clients, and society.[lxxiv]
- Enhancing relationships among public and private service providers.
- Creating community responsibility for victim safety.[lxxv]
- Strengthening families, which strengthens communities.
- Extending the reach of limited resources within a community.[lxxvi]

Summary

The increased attention given to elder abuse has illuminated system failures. MDTs were developed to address many of these system failures. Benefits of an MDT accrue to victims, MDT members, and the community.

However, no two MDTs will be alike. The size and structure of an MDT will reflect the needs and resources of the community in which it is developed.

Chapter 2: Meeting the Needs of your Community

Needs Assessment, Organizational Structure, Affiliation, and Purpose

In laying the foundation for developing an MDT, many communities initially undertake a needs assessment. In addition, your community will want to consider the organizational structure of the MDT, the MDTs affiliation, and the purpose of the MDT. Many other decisions will flow from these three initial decisions.

Visit Existing MDT Models

Throughout this process, take field trips to visit other communities that utilize MDTs. It may be easier to find a nearby Child Advocacy Center that can model the MDT approach, as they are far more prevalent than elder abuse MDTs. Most Directors are willing to share their knowledge and experience with others. An added benefit is that Child Advocacy Centers vary in size and scope and you may find one that has comparable demographics to your own community. If you are unable to physically visit an MDT, most Directors would be willing to talk with you on the phone.

Needs Assessment

Your community likely will be required to provide evidence to community stakeholders that there exists a need for forming an MDT. A needs assessment can provide that evidence.

A needs assessment is the systematic effort to gather information from various sources that will identify the needs of victims in your community and the resources that are available to them. It will help your community pinpoint reasons for gaps in your community's ability to respond to elder abuse victims and identify new and future performance needs.[lxxvii]

It may be desirable to illustrate the current response to elder abuse in comparison with how you envision the MDT responding to these cases. An agency self-assessment may facilitate these exercises as well.[lxxviii] Other foundational activities can be found in the Toolkit item: Other Activities to Build the Foundation for an MDT.

You may want to assess:

- Resources available in your community to support the MDT
- Barriers that will need to be addressed[lxxix]
- Existing MDTs (and coordinate with existing MDTs to eliminate redundancy; one community found a "…confusing array of elder abuse teams…")[lxxx]
- Special populations that are in need of services

Organizational Structure

The organizational structure may depend on which agency initiated the idea of forming an MDT. There are many ways in which MDTs have been started:[lxxxi]

- Mandated by statute
- Initiated by local or state policymakers
- Organized by individuals or groups that have recognized a need for an MDT

This guide tends to focus on community-level case review MDTs. However, there are many ways in which MDTs may be structured. Discuss the strengths and weaknesses of these various options for your community:

- State level (e.g., task force, coalition[lxxxii])
- Local level (e.g., case review, systems change[lxxxiii])
    - Organization-specific
        - Different disciplines within an institution such as a hospital
    - Community/consortium
        - Different agencies and service systems that work collaboratively
            - Agency–based joint investigations
            - Cadre of members that coordinate investigation and services
            - Elder Justice Forensic Centers

MDT Affiliation

MDTs may be affiliated in a variety of ways.[lxxxiv] Your community can discuss the ways in which MDTs are typically affiliated with a:

- Medical facility[lxxxv] (teams exist in Minnesota, New York, California, and Texas[lxxxvi])
- Governmental agency (e.g., adult protective services)
- Non-profit, such as Area Agencies on Aging[lxxxvii]
- Federally Qualified Healthcare Center[lxxxviii]

The Purpose of the MDT

MDTs form for a variety of purposes. The purposes listed below are not necessarily mutually exclusive. After reading the various descriptions, your community can discuss ways in which these purposes best meet the needs of your community.

- **Case Review** (service delivery and investigation/prosecution enhancement)
  Some MDTs are developed to enhance both the investigation and prosecution of open elder abuse cases while responding to victim needs. Many of these MDTs focus on:

  - Ensuring the safety of the victim and his/her property.
  - Supporting the victim by creating an individualized care plan in a timely manner from a variety of disciplines for each victim.[lxxxix]
  - Collecting comprehensive and accurate information from various team members, for example, by evaluating the victim,[xc] collecting the evidence required for a case,[xci] and accessing the varied expertise needed to prosecute elder abuse.[xcii]

- **Systems Change** (or Community Action Teams)
  Some MDTs are developed to review closed cases in an effort to improve system responses[xciii] (e.g., investigation, prosecution, service provision) and make recommendations for system improvements.[xciv] There are also coordinated community response teams as described by the National Clearinghouse on Abuse in Later Life (NCALL).[xcv]

- **Case Consultation Teams**
  Some MDTs are developed to provide expert consultation to service providers and thereby focus on resolving complex open cases and enhance victim safety[xcvi] (e.g., medical case management teams[xcvii]). The investigation of these cases is de-emphasized given that most cases will not be prosecuted. Nonetheless, these complex cases can benefit from the varied perspectives and expertise of MDT members. The MDT acts as resource for the MDT members rather than provide direct services or investigation (although some MDTs also provide direct services).[xcviii] Service referrals might include physical and social assessments, psychiatric screening, and mental health referrals.[xcix] In some cases, the team can write a letter with recommendations, identifying the pros and cons of each recommendation.[c]

- **Community and Professional Education/Training**
  Some MDTs have as their goal community awareness and/or professional education/training,[ci] for example, medical students, and involve no case review.[cii]

Summary

Conducting a needs assessment will provide your community with the evidence it needs to demonstrate to stakeholders that a need exists for an MDT. Other important decisions your community will need to make concern the organizational structure of the MDT, the organization with which the MDT is affiliated, and the primary purpose of the MDT. There are no right or wrong decisions but rather will depend on the needs of and resources within your community. They are important decisions, however, as all other decisions will flow from these three initial decisions. For more about foundational activities, see our Toolkit item: Other Activities to Build the Foundation for an MDT.

Chapter 3: Selecting Team Members

Selecting the Multidisciplinary Team Members

Getting Started

Your community will want to think about who is going to participate in the MDT. Who is invited to serve on the MDT will depend upon the needs and resources of the community and the purpose of the MDT.

Do not expect to have all the players at the table to begin with. Admittedly, some professionals may be more difficult to recruit than others. Rather, your community may want to begin with agencies enthusiastic about starting an MDT and build momentum from there. In fact, when the MDT is starting out, it is preferable to have a small group of dedicated individuals to build the foundation. Over time, the needs of the MDT will become apparent and the existing MDT can strategically invite professionals to fill those gaps.

Once you have established a core group of team members, consider creating working groups to tackle aspects of MDT formation that fall within the professional domain and interest of your members. For example, your legal representatives will likely want to be involved in working through confidentiality concerns. Other team members may take a special interest in developing the mission and objectives. Utilize the talents, interests and training of team members to form the foundation of your MDT.

Potential Core Members

- Adult Protective Services (APS)
- Aging services network personnel
- Geriatricians/physicians
- Law enforcement
- Prosecutors (District Attorneys)
- Psychologists/neuropsychologists
- Victim-witness advocates/victim service providers

See Toolkit item: Description of Professionals Who Might be on an MDT and Contribution to the MDT.

Professions

There is a multitude of potential members for your community to consider.[ciii] The Toolkit item: Description of Professionals Who Might be on an MDT and Contribution to the MDT, provides a comprehensive list of potential MDT members, definitions of each profession, how each profession makes a unique contribution to the MDT, followed by an example supplied by Lifespan. Strategically discuss how the needs of the community match a particular profession. Consider asking some professionals to serve as a consultant-as-needed rather than being a formal MDT member.[civ]

Desirable Characteristics

At the same time, your community may want to discuss the individual characteristics that might work best on an MDT, as not everyone is equally well suited to serve on an MDT.[cv] Think ahead and strategically about criteria for membership on the MDT. For example, your community may want to discuss:[cvi]

- Length and type of relevant experience
- Personality factors (e.g., social skills, the ability to work as a team member[cvii])
- Belief in the team model
- Degree of commitment
- Identifiable agency barriers

Limit Membership

As community partners perceive the benefit of this model, more partners may want to join, potentially increasing the size of your MDT. Your community will want to think carefully about who needs to be on the MDT rather than who wants to be on the MDT. In addition, studies find that an MDT of moderate size perform best (Vander Vegt & Bunderson, 2005).

Recruitment

Generic Recruitment Document

Many communities use a recruitment document (a written handout) to give to potential MDT members. Potential MDT members may be unfamiliar with an elder abuse MDT and will need to be educated about the purpose and goals of the MDT. Although a mission statement may not have been adopted at this point, share your community's vision for the MDT and other pertinent information with potential members. Some suggestions include:[cviii]

- Why is the MDT being developed?
- What are the benefits of an MDT?[cix]
- How is the MDT going to be developed?
- What work/documents/reports have been completed?
- Who is involved at this point?
- Where is the MDT going to be located?
- How is the MDT going to be funded?
- When will the MDT start?

Also in the document, consider describing any qualification requirements for MDT representatives.[cx] Outline the MDT's expectations and requirements for being an MDT member.[cxi] Be honest about the time commitment, philosophical commitment, and other issues that define the MDT to avoid disappointment later. Some of this information will be contained in the Memorandum of Understanding (MOU). Some considerations for discussion include:

- Length of commitment (e.g., 2-year rotation)
- Time commitment (include travel and meeting times)[cxii]
- Mandatory meeting requirements
- Outside-of-meetings time commitment
- Confidentiality requirements
- MDT training requirements
- Participation requirements for an MDT evaluation
- Data submission requirements for case tracking

Personalized Recruitment

There is basic information each potential MDT member will need. However, recruitment may need to be tailored to each profession. Your community may want to discover what would be most attractive to a profession and target your recruitment efforts accordingly.

Including Management in Recruitment Strategies

The importance of organizational support for MDT membership cannot be understated.[cxiii] Without the commitment of management and rewards for participating on the MDT, it will be challenging for MDT members to participate on the MDTs.[cxiv] Therefore, as part of your recruitment strategy, your community may want to discuss ways to target recruitment efforts at management, especially for those organizations whose management structure is unfamiliar with MDTs.[cxv] Encourage organizations to place value on team performance as part of performance evaluations that more typically evaluate individual performance.[cxvi]

Recruitment Meeting

Your community may want to consider holding a recruitment meeting (see Toolkit item: Sample Recruitment Invitation, for an example of a flyer) that will bring together potential MDT members. Recruitment may be enhanced when both individual and group efforts are made.

Recruitment will Remain Periodic

All MDTs experience turnover for various reasons or realize a knowledge gap that needs to be filled. Therefore, the MDT will need to develop policies and procedures related to recruitment and selection of new members. Recruitment of an MDT member is potentially disruptive, but can be perceived as bringing a fresh perspective.[cxvii] Regardless, recruitment of a new MDT member must be a "team" decision. Consider the following protocol:

- Identify the MDT's gap/need

- Identify a potential member
- Present a short biographical sketch on the potential member, discuss the potential member, and vote on nominating the potential member
- Provide the potential member with a recruitment document (as described above)
- The MDT Coordinator (or designee) should extend an invitation to the potential member to meet with the MDT for a mutual "look see" (this is an opportunity for the candidate and the MDT members to exchange questions and information)
- At the next meeting, vote on the potential member (assuming interest)

New Member Orientation Meeting

New member orientation meetings may need to be held periodically when there has been sufficient turnover, or annually,[cxviii] but should utilize face-to-face meetings.[cxix] Provide new MDT members with a binder of relevant materials to refer to during orientation. During orientation:

- Describe the history of the MDT
- Discuss the mission and vision statement
- Describe the organizational structure of the MDT
- Discuss the contributions of each agency's representative
- Define terms
- Discuss and review policies and procedures
- Describe the process of referral, intake, and follow-up
- Describe client eligibility criteria
- Describe channels of communication
- Describe how cases are investigated (joint, home visits)

Summary

There is an expansive array of professionals who might serve on an MDT. However, be judicious to begin with by inviting four to six individuals to serve on the MDT. Develop a memorandum of understanding that will be signed by all agencies. As the MDT matures, consider the MDT's needs and who might best fill those needs, and develop new member recruitment documents and/or hold recruitment meetings.

Learn More: Becoming a Team

The MDT will be comprised of a range of professionals, referred to as expertise diversity or distributed expertise. Distributed expertise is defined as collective competence spread across systems that is drawn upon to accomplish specific tasks. It requires MDT members to both recognize what others can offer the team (coordination of competences) and what they themselves can offer to the team (their distinct competences) (Swallow et al., 2014).It should be acknowledged that expertise diversity holds the potential for greater innovation by combining existing knowledge in an innovative way (Disis & Slattery, 2010), but also conflict (Moreland et al., 1996; Ratcheva, 2009).

In addition to expertise, MDT members may differ in experience. Less experienced team members may benefit from the experience and established social networks of more experienced colleagues. Conversely, more experienced members may benefit from the creativity and up-to-date knowledge of their less experienced colleagues (Kearney & Gebert, 2009). However, there is some evidence that more experienced MDT members perceive the MDT slightly less useful to them compared to their less experienced colleagues (Jackson, 2012).

It is a complex task to unify the diversity of expertise represented on the MDT into a cohesive whole (Johansson et al., 2010; Sheppard & Zangrillo, 1996). Institutions represented on the MDT have different rules, regulations, policies, target populations, budgets, methods of supervision and evaluation, cultures, and operational language (Keyton & Stallworth, 2003).

Initially, team members may focus on what they can uniquely contribute to the team (their own expertise) (Ratcheva, 2009). Over time, that expertise diversity must be transformed into cohesive team that focuses on the team's goal(s) by promoting relationships among MDT members and commitment to the team (Levi, 2014). Social relations often form the foundation for the team's ability to perform well, with teams characterized by high levels of cohesion and good social relations performing the most effectively (Levi, 2014).

The MDT must develop their own organizational climate distinct from those of the individual agencies to achieve a successful integration (Fleissig et al., 2006). This is best accomplished through face-to-face interactions. In California, APS and financial institution employees met face-to-face, got to know and trust each other (sometimes referred to as relational capital) (Ratcheva, 2009), and the program grew from there (Malks et al., 2003).

Because establishing and maintaining trust among the MDT members is foundational to a well-functioning MDT (Curseu & Schruijer, 2010), team building exercises and trainings are recommended (see Chapter 7).

Conflict is a part of any relationship, including relationships among MDT members. However, the success of the MDT depends on managing, not eliminating, conflict. Allowing conflict to surface in the beginning of the team's development allows team members to learn how to manage conflict, that their relationship with the MDT will not be permanently damaged, and instills in them a confidence for dealing with conflict that will allow the MDT to deal more effectively with conflict in the future (Levi, 2014).

Chapter 4: Building a Strong Foundation

Mission and Vision Statements

At some point, your MDT may want to develop and adopt a mission and vision statement. Each statement should be brief, one sentence if possible. These statements can reflect either the decisions made so far or can serve to focus the discussions if these statements are adopted prior to discussions about the issues outlined in the Toolkit item: Issues for Initial MDT Discussions.

Vision Statement

The MDT's vision is a statement of your view of the future. There are numerous resources on the internet for developing your mission and vision statement.[cxx] An effective vision statement will tell the world what change you wish to create for the future of your community.[cxxi] For example:

Our vision is a community where ________________.

Mission statement

The MDT may want to create a mission statement that defines its purpose and reflects initial decisions. The mission statement provides the team with guidance and motivation and therefore should be a goal(s) that is moderately difficult to achieve.[cxxii] A mission statement should identify and include:

1. The population or the issue in the community that the partnership is targeting or addressing and
2. The reason the MDT exists (in some cases, this may serve as the building block of your branding and marketing).

Examples of mission statements include:[cxxiii]

> To improve the lives of mistreated elders through clinical care, education, and research.[cxxiv]
>
> Coalition of Organizations Protecting Elders (COPE) is a community-based team of organizations in Lucas County, Ohio, committed to addressing abuse, neglect, and exploitation of elders through enhanced collaboration and coordination of community resources.[cxxv]
>
> The mission of the Clackamas County Vulnerable Adult Multi-Disciplinary Team (MDT) is to develop a professional team committed to protecting elders and adults with disabilities, herein collectively referred to as "vulnerable adults."[cxxvi]

Linking Vision and Mission Statements

Some MDTs link their mission and vision statements in one paragraph, for example:

Our vision is a community where ________________. To bring that vision into reality, we ______________________________ for ________________ in the ___________ region / area / township / etc.

These statements are critically important to the actions of the MDT so take the time to develop these statements. Your vision and mission statements focus and guide your program so refer to them often when making decisions about your program and ensure that your decisions are in line with these statements. You will want to review your mission and vision statements periodically, even if you decide to retain the current version.

Strategic Planning

At some point in the future, within one year of developing the MDT, many MDTs step back and look at the bigger picture by engaging in a strategic planning process designed to guide the MDT in the coming years (typically, 3 to 5 years into the future) toward achievable goals.

The MDT members will want to think about and eventually decide on how all the team members are going to work together to achieve the stated goal(s).[cxxvii] This formalized plan will provide guidance to the MDT, increase accountability, and engender trust. The plan will help create clarity about how the team should operate and how to achieve goals. Consider using existing templates to assist in the development of your strategic plan, and explore tools such as Logic Models, and SMART Goals[cxxviii]. Information about and examples of these planning tools are easily located online. Once created, refer frequently to the strategic plan and build in period review sessions to ensure its relevance.

Developing Policies

Eventually, your MDT may want to develop policies (distinct from protocols), but not all communities do so (see examples in the Toolkit item titled: Sample Protocols and Policies). A policy is a plan or course of action intended to influence and determine decisions, actions, and all activities that take place within the boundaries set by them. Policies to discuss include:

- Bylaws (outlines how the organization is to be governed)
- Data management[cxxix]
- Confidentiality (see Chapter 5: Ethical and Legal Considerations)[cxxx]
- Delivery of services
- Membership[cxxxi]
- Follow-up
- Code of ethics (see Toolkit item: List of Professional's Code of Ethics)
- Employee/personnel
- Document retention and destruction[cxxxii]
- Recruitment and selection of new members
- Financial
- Media[cxxxiii]

Plan for Ongoing Maintenance

As with any relationship, the MDT needs ongoing attention. Maintenance and growth of the MDT requires time, effort, and nurturing. Invite MDT members to provide feedback and suggestions regarding procedures and operations of the MDT,[cxxxiv] preferably at regularly scheduled times such as bi-annually. Managing an MDT requires ongoing commitment and resources, including:

- Time
- Money
- Staff (and staff turnover)
- Ongoing joint training
- Developing trust and team building
- Conflict management
- Regular review of policies and procedures[cxxxv]

Summary

MDTs require ongoing care and maintenance. As part of the maintenance process, there are a number of activities that require periodic review such as your vision and mission statement, your strategic plan, and various policies and procedures. Outdated and irrelevant documents are not useful. Therefore, build these review activities into your overall maintenance plan for the MDT.

Chapter 5: Ethical and Legal Considerations

Issues to Discuss

At this point, your community has discussed a number of meta-issues such as organizational structure and MDT members. In this chapter, more micro-level issues are raised for discussion, including cultural competency (see Exhibit 1). Ultimately, these decisions will form the foundation for writing protocols that will articulate members' responsibilities and ensure consistency in their work, but for now, your community can discuss the various options associated with each of the issues listed in the Toolkit item: Issues for Initial MDT Discussions.

Take the Time

Be prepared to spend considerable time up front discussing these issues. This process takes more time than many anticipate and it may become frustrating for some members of the MDT. However, this groundwork is crucial for the functioning of the MDT.

Translating Decisions into Protocols

Eventually, your community may want to formalize decisions made about the issues discussed by writing protocols, which are documents that contain information about how the MDT is going to operate, i.e., the procedures. (For examples see the Toolkit item: Sample Protocols and Policies).[cxxxvi] Procedures describe the steps taken to complete a specific function in the day-to-day operations of the organization[cxxxvii] and are critical to well-functioning MDTs.[cxxxviii] Protocols should be somewhat flexible. Too much specificity contained in the protocols can be used against the MDT under certain circumstances.[cxxxix]

Memorandum of Understanding (MOU) or Interagency Agreement (IAA)

Having recruited members for the MDT, many communities then use a memorandum of understanding (MOU) or an interagency agreement (IAA) to formalize the MDT.

MOUs are formal agreements between two or more parties that outline the roles, responsibilities, and expectations of each party, a document that is typically signed annually. MOUs generally are developed to ensure that the participants understand the scope and boundaries of their relationship to one another (see Toolkit item: Sample Memorandum of Understanding (MOUs), for examples).

A formal MOU or IAA will need to be reviewed by agency attorneys and signed by all authorized representatives of the MDT that clearly commits the signed parties to the MDT model.[cxl] Your community will want to discuss what to include in the MOU, typically:

- The agency's commitment to having an appropriate person attend agreed-upon meetings and a designated back up representative who is authorized to attend meetings when conflicts in scheduling arise.[cxli]
- A clear description of the process for conflict resolution.

- The explicit expectation that all members of the MDT are routinely involved in investigations and/or interventions.
- A clear description of the procedures for information sharing and group decision-making.
- Affirmation that the procedures are consistent with legal, ethical and professional standards of practice in the community and state.

Linkage agreements

In addition to an MOU or IAA, you will want to develop linkage agreements with external service providers. The linkage agreement defines how the MDT will transfer relevant information to individuals who provide direct services but are not officially part of the MDT.

Confidentiality

Information sharing is a central aspect of an MDT that facilitates a holistic approach to the service needs of the individual as well as facilitating the investigation. Yet confidentiality concerns are sometimes used to justify not sharing information among MDT members.

In addition to client confidentiality, information exchanged at case review meetings could be subpoenaed or may be “discoverable” in civil proceedings. Therefore, confidentiality is a serious issue that warrants considerable attention. However, confidentiality does not have to preclude information sharing.

Definition of Confidentiality: Confidentiality (which is about data) involves restricting the flow of information. Black’s Law Dictionary defines confidentiality as a “term that applies to something that has the quality of being confidential, secret or privileged.”

Confidentiality Policy

Each agency on the MDT will have its own confidentiality requirements. However, the MDT must develop a confidentiality policy that meets the needs of the MDT while not violating any one agency’s confidentiality policy.[cxlii] See Toolkit item: Sample Protocols and Policies, for a sample confidentiality policy and sample confidentiality forms.

Possible Approaches for Handling Confidentiality: MDTs have struggled with confidentiality since their inception. However, innovative MDTs have developed approaches for managing – not ignoring – confidentiality that allows MDTs to share information among team members while maintaining client confidentiality. Below is a list of possible solutions.[cxliii]

- Some issues of confidentiality are addressed in statutes (see Toolkit item: MDT Statutory Review). For example:
  - Colorado stipulates that information shared among the MDT is confidential.[cxliv]
  - Illinois’ Elder Abuse and Neglect Act (Illinois Public Act 85 - 1184) provides immunity to any appropriate provider of services who consults with the elder abuse provider agency in the development of a service case plan for a victim of substantiated abuse.
  - California’s statute expressly allows MDTs to share information with one another.[cxlv]

  - Maine's Elder Abuse Fatality Review Team relies on a Maine statute which allows team members to obtain information from other team members and also provides immunity to team members who share that information and thereby avoid a HIPAA violation.[cxlvi]

- Some entities have offered clarification of policies,[cxlvii] for example in the context of Health Insurance Portability and Accountability Act (HIPPA)[cxlviii] and financial institutions.[cxlix]
- Include a confidentiality provision in the MOU (see Toolkit item: Sample MOU from Denver).
- Individuals who are not MDT members but are attending a case review meeting for a specific purpose may sign a confidentiality pledge prior to the meeting.
- Ask clients to sign consent forms to share case information with other MDT members.
- Have all MDT members sign a confidentiality agreement at each meeting.
- Use pseudonyms or initials when discussing cases during a case review meeting.
- Include written reminders about confidentiality (with applicable state code sections) and place the confidentiality reminder on the case review meeting agenda.
- Prohibit note taking during case review meetings except for the MDT Coordinator.
- Establish procedures to protect documents shared during a meeting, such as collecting all paper documentation after the meeting and shredding duplicate documents.
- Ensure that any paper or digital files are appropriately kept confidential and safe. For example, keep documents in locked file cabinets and store electronic files on password protected computers behind a firewall.
- Periodically provide verbal reminders not to use names during case review meetings.
- Remind people not to present "discoverable" information during a case review meeting.
- Have each agency's attorney submit a ruling (interpretation) permitting the agency representative to share information with other MDT members.

Summary

There are a number of issues your MDT will need to discuss as the framework for the MDT begins construction. The decisions associated with these issues are then formalized in written protocols, which are simply a compilation of the MDTs procedures. Protocols are important in that they provide structure, predictability, and accountability for the MDT. Confidentiality is a topic that engenders considerable debate and passion, but by no means is an insurmountable barrier to information sharing.

Exhibit 1. Enhancing Cultural Competency

Cultural competency is receiving increased attention in the field of elder abuse (Imbody & Vandsburger, 2011). Cultural competency involves adopting practices that are sensitive to the range of diverse populations (ethnic, gender, ageism, sensory impairments, sexual orientation, socioeconomic status, literacy, educational status) with which the MDT members will interact. However, your MDT will need to be sensitive to the cultural values and beliefs of the MDT members as well as clients.

The following are some suggestions for enhancing the MDT's cultural competency:

- Materials are available in languages that reflect the MDT's community.
- Mechanisms for translation services (not family members) are in place (NCCC, 2015).
- Bi- or multilingual professionals are available to respond to victims (including ASL) (NCEA, 2007).
- During case review, cultural competency is considered when making decisions about a family.
- Victims are involved in the case management process to guard against insensitivity.
- Protocols include a reward structure for MDT members who participate in cultural competency training.
- MDT members are actively encouraged to recruit staff, volunteers, and board members that reflect the demographics of the community.
- The MDT guards against ageism in part by following the UN's Principles for Older Persons (United Nations, 2000).
- Relevant cultural information (country of origin, language spoken, religion) is collected on the intake form.
- Within immigrant populations, social workers view the older adults' beliefs about interdependence as both healthy and necessary in their everyday lives (Lee & Fatona, 2009).

Chapter 6: MDT Coordinator

The MDT Coordinator

To ensure optimal functioning, the MDT must be skillfully managed.[cl] For most MDTs, this person is referred to as the MDT Coordinator. For some MDTs, this person has a dual role of MDT Coordinator and agency representative; for others, an individual is hired solely for the purpose of managing the MDT and its many functions[cli]. To increase accountability, it is preferable to hire a full-time person for this position rather than solicit a volunteer from the MDT, [clii] but realistically, this option is unavailable for many communities.

If you are hiring an MDT Coordinator, the MDT will want to think strategically about the vision the MDT holds for the MDT Coordinator. The MDT Coordinator has tremendous responsibility for administrative aspects of the MDT, such as arranging meetings, gathering and coordinating victim information, facilitating discussions, recording decisions, providing case follow up and tracking, and managing data collection.[cliii] The MDT coordinator also plays a nearly invisible yet crucial role in melding the disparate MDT members into a cohesive team and maintaining team cohesion as the team matures over time.

Transformation of the MDT Members into a Cohesive Team

The MDT Coordinator must have a strong understanding of group dynamics to facilitate the transformation of a diverse set of professionals into a cohesive team (Cross et al., 2012; Sheppard & Zangrillo, 1996). As discussed, typically MDT members do not start out as a team, but over time these disparate members become something greater than the sum of their individual parts (Blowers et al., 2012; D'Amour et al., 2005; Swallow et al., 2014). This transformation requires strong leadership (Disis & Slattery, 2010; Kearney & Gebert, 2009).

The MDT Coordinator must minimize and/or shift attention away from differences among team members to the commonalities and shared goals by pooling perspectives (Kearney & Gebert, 2009). The MDT Coordinator must manage expertise diversity and the inherent power differentials (Bell, 2001; D'Amour et al., 2005; Levi, 2014) and instill a collective team identification defined as "the emotional significance that team members of a given group attach to their membership in that group" (Van der Vegt & Bunderson, 2005). This transformation is critical because teams that avoid domination by a single viewpoint will be more successful (Desis & Slattery, 2010; Levi, 2014). In addition, MDTs require committed members who know their position, know their responsibility, and know and trust their teammates (Feng et al., 2010), each of which is aided by a skilled MDT Coordinator.

This transformation takes time. Many teams are not as effective in the beginning as they will eventually become. However, team building can be facilitated by socializing new members, identifying team goals, and developing rules of operation (Levi, 2014).

The MDT Coordinator's Responsibilities

Good coordination by a skilled MDT Coordinator can overcome many barriers associated with an MDT.[cliv] Therefore, the MDT may want to discuss and/or write a position description for the MDT Coordinator position. The following is a list of some activities your MDT might want to consider designating as the MDT Coordinator's responsibility:[clv]

Prior to Meetings

- Manages case intake procedures including: reviews, approves, and prioritizes case summaries submitted for presentation (de-identifies parties before the meeting if needed)
- Provides assistance in preparing members who will be presenting a case by explaining what the presenter should expect in the meeting and helping the presenter frame the case, concerns, and requests for assistance from other team members.
- Sends out MDT meeting reminders and agendas

At the Meetings

- Sets up the meeting room:
  - Arranges sign-in sheet/confidentiality agreement, copies of case summaries, name cards, and any other community information
  - Coordinates food and drink
- Sits at the head of the table in order to best facilitate the meeting
- Facilitates introductions and agency announcements
- Reviews the confidentiality agreement
- Reviews discussion ground rules (i.e. raising hand to be called on to speak, no shame-no blame)
- Directs group discussion toward the presenter's questions by ensuring that all (or most) MDT members contribute to the discussion
- Checks in with the presenter at the end of the discussion as to whether he/she received the assistance needed
- Responds to previously raised issues where follow-up was requested
- Notes issues raised at MDT meetings that need follow-up
- Records meeting minutes using the MDT Data Collection Form (if any)
- Manages conflict and interpersonal dynamics
- Recasts a team error into an opportunity for learning
- Is responsible for enacting confidentiality procedures (e.g., collecting and shredding documents at the end of the meeting, enforcing note taking protocols, etc.)

After the Meetings

- Engages in follow-up and ensures MDT members are honoring their promises
- Oversees data entry and data tracking activities
- Manages case follow-up calendar (as many cases are presented at the MDT meeting on multiple occasions, either for additional consultation or for outcome reporting).

Outside of Meetings

- Reviews and purges the MDT Meeting Reminder e-mail list periodically
- Arranges trainings (often short 30 minute trainings built into MDT meetings)
- Arranges new-member orientation
- Presents information about the role and function of the MDT to the wider community
- Represents the MDT at community meetings and events

The MDT Coordinator's Leadership Qualities

Many MDT Coordinators lead using democratic principles, as they typically have no authority other than that imparted to them by the MDT. Therefore, their task is to create the conditions that allow the team to function effectively and achieve its goals.[clvi] Consider which qualities are important when selecting and/or hiring the MDT Coordinator, such as:[clvii]

- **Transformational Leadership Skills**
  Possesses (or has the capacity to possess) the ability to develop a team culture[clviii] by aligning team members' goals and values and to foster collective team identification.[clix]
- **Equalize Participation**
  Manages the group process to ensure all members of the MDT participate and communicate equally.
- **Neutrality**
  Perceived by all team members as neutral.
- **Credibility**
  Has the clout to influence agency administrators.
- **Time**
  Has the time to commit to developing and running the MDT.
- **Recruitment**
  Has the ability to recruit new MDT members from a variety of agencies.
- **Facilitation Skills**
  Possesses the skills to work with a variety of individuals, to unify the team, move the team to a group decision,[clx] and when necessary redirect the team back to the discussion at hand.
- **Confrontation Skills**
  Has the ability to confront a team member regarding their responsibility failure.

- **Sense of Humor**
  Has a sense of humor, which can alleviate stressful situations.

Summary

The MDT Coordinator plays a vital role on the MDT. In addition to important administrative functions, the MDT Coordinator has responsibility for transforming a disparate group of individuals into a cohesive team and maintaining that cohesion over time. Therefore, strong leadership qualities are essential.

Chapter 7: Professional Development

Professional Development across Three Types of Training

One-time training is not optimal for any profession and can negatively impact case outcomes and team effectiveness. Build into the MDT protocols periodic and ongoing training, both formal and informal, particularly as new members arrive and protocols and policy change, and the political landscape shifts. There are three types of training reviewed in this chapter:

- Professional Training
- MDT Training
- Cross Training

> Over time, belonging to a group changes the ways its members view the world (Levi, 214).

Professional Training and Training in Elder Abuse

All MDT members should maintain their professions' standards of training (e.g., continuing education training). In addition, given the varying levels of familiarity with elder abuse, all MDT members should attend elder abuse training, regardless of their level of expertise, to ensure all MDT members have the same exposure to information.[clxi]

In addition, the MDT Coordinator will want to identify weaknesses in the MDT's knowledge base and arrange for training (e.g., financial exploitation; power of attorney) where weaknesses exist. Your MDT may want to offer paying for training for MDT members whose training budgets are inadequate.

MDT Training

Not everyone instinctively knows how to collaborate and be a member of an MDT.[clxii] Therefore, your MDT will benefit from MDT training. MDT training can overcome the tension between different organizational cultures[clxiii] and also produce morale and cohesion among team members.[clxiv]

If professional training is unavailable in your community, consider attending MDT training offered in other disciplines[clxv] or group exercises designed to strengthen relationships.[clxvi] For example, consider using active learning styles such as role playing and small group discussions as some MDT members find lectures boring.[clxvii]

> …simply putting people together in groups, representing many disciplines, does not necessarily guarantee the development of a shared understanding. …The extra ingredient that turns a group of professionals from different disciplines into an effective working team…[is] the creation of a new way of working…[which] can only emerge and develop through intense interactions (Ratcheva, 2009)

Cross Training

An important component that must be built into your MDT is cross training.[clxviii] As it stands, most systems are unfamiliar with other system's mandates and jargon and the contribution each system makes to the team.[clxix] Cross training provides an opportunity to ensure that all members of the MDT know each other, trust each other, and share a common vision for the MDT.[clxx] These are critically important qualities. If an MDT member knows he needs help with some aspect of a case, but does not know whom on the MDT to contact, the MDT is not functioning effectively for that team member.[clxxi]

In addition to formal cross training (or where formal training is unavailable), informal cross training can be beneficial as well. Examples might include:

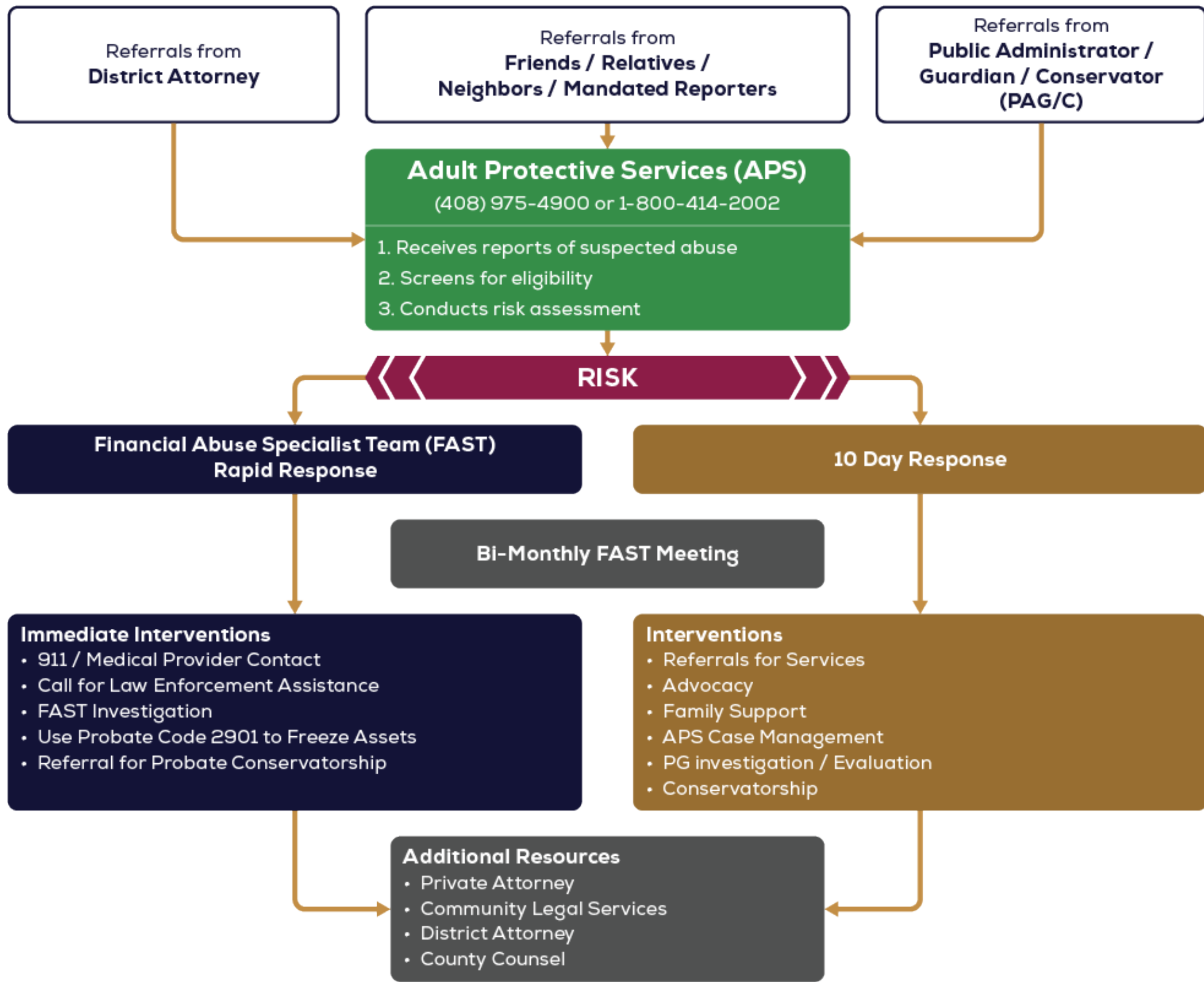
- Encourage MDT members to visit another organization
- Listen in on elder abuse intake calls
- Invite MDT members to in-service trainings
- Ask a member to make a brief educational presentation to the team on matters in which they have expertise that would be of benefit to the MDT, [clxxii] either in a structured manner, such as once a month, or on an ad hoc basis.
- Create your own training. The Toolkit item: Issues to Discuss for Cross Training, provides an extensive list of topics for cross training purposes that the MDT may choose to discuss. Look for commonalities as well as differences across these topics. Consider these issues in the context of the case example below.

Case Example

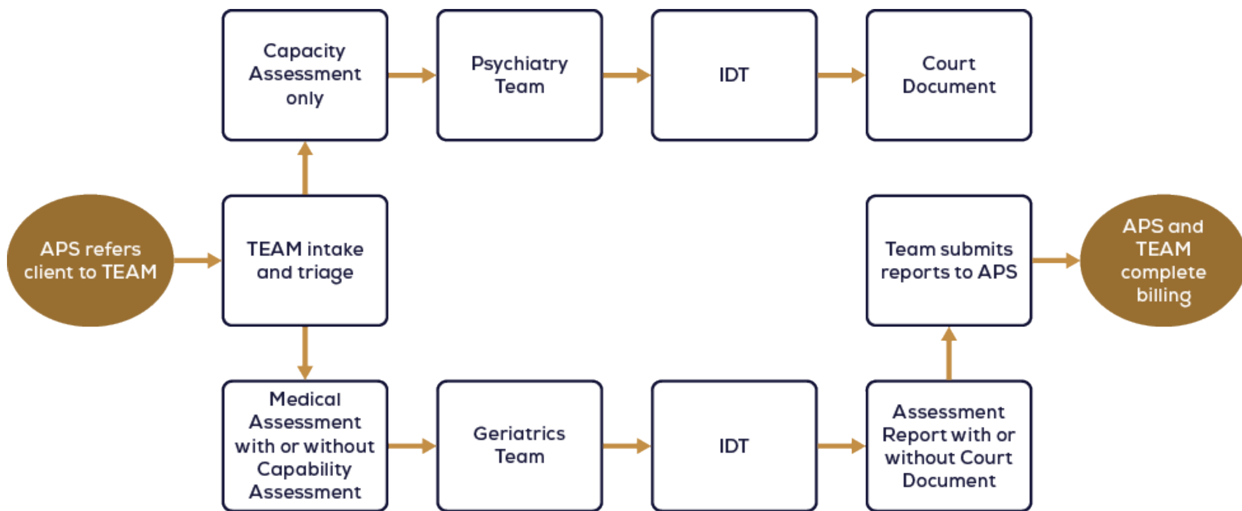
An older domestic violence victim lives in senior housing but her three sons live with the couple and sleep on the floor. She could lose her house if the housing authority learns they live there. The MDT wondered whether these sons were protective – whether her husband doesn't beat her when the boys are home – or whether they are also abusing her. The APS caseworker is unsure. The team agreed not to notify the authorities until it was learned what role the sons play. In the meantime, a mental health provider is still seeing her to ensure the older woman has contact with someone outside her family, but is not telling the victim that she is a mental health provider. The victim either has an eating disorder or does not eat when she feels anxious.

- Consider mapping out how a typical case flows through various systems using a flow chart[clxxiii] and where each MDT member fits in the flow chart (see below). The flow chart should begin with the referral protocol so everyone knows their role and the procedures to follow from the beginning of the case through to completion.[clxxiv]

Santa Clara County Flow Chart[clxxv]



Houston Sample Flow Chart[clxxvi]



Cross Training Exercise

Have each MDT member outline the following pieces of information and then compare across members. Look for similarities and differences and discuss how these differences might be handled.

- Applicable law – laws that guide their practice
- Applicable policies – policies that guide their practice
- Culture – reward structure, agency philosophy
- Hierarchy – power structure, decision making authority
- Roles – dispel or confirm assumptions about each other's agency
- Responsibilities – duties required as part of one's job
- Anticipated barriers to the MDT – confidentiality issues, turf issues

From Cross Training to Protocols

Now that differences have been identified and discussed, the MDT will need to decide how to address these differences and memorialize them in protocols so they are no longer barriers.

Summary

Training is a critical component of any MDT. All three types of training, professional development, MDT, and cross training, are important to the success of the MDT. Avoid the "one-and-done" approach, but rather, offer or arrange periodic and ongoing training opportunities for the MDT.

Chapter 8: Case Review

Defining a Case Review Meeting

Not all MDTs utilize case review, but this guidebook emphasizes and encourages this practice. Case review is a process by which the MDT regularly convenes to:

- Discuss the family's well-being
- To share information efficiently
- To determine what additional information is needed by various MDT members
- To assign specific tasks to the appropriate individuals

These procedures allow team members to draw on the knowledge, experience, training, and resources of the other professionals attending the case review meeting.

Characteristics of Case Review

- Written documents that include criteria for case review procedures and meetings.
- Consensus that case review is a forum for reviewing cases on a regularly scheduled basis.
- Consensus that case review is an informed decision making process with input from all necessary MDT members based on the needs of the case.
- The presence of a designated individual who coordinates and facilitates the case review process, including notification of cases that will be reviewed.
- Routine participation of all MDT members.
- The presence of a mechanism for communicating recommendations from case review to appropriate parties for implementation.
- Consensus that case review meetings are an opportunity for MDT.

Benefits of Case Review to MDT Members

There are a number of benefits associated with case review that flow directly to the MDT members. During case review:

- Additional forms of elder abuse may be uncovered. For example, in discussing a financial exploitation case, an MDT member mentioned that the caregiver/daughter leaves her bedridden mother for days at a time. Another MDT member observed, "Isn't that neglect?"
- MDT members learn from each other. For example, a police officer can bring medical documents and photographs to a meeting and get immediate feedback from a nurse or physician regarding the level of suspicion and concern.
- Work is divided among the members, preventing duplication of effort.
- The MDT develops innovative and effective care plans for victims by drawing on the wisdom of multiple agency representatives and enhances feelings of competency.
- MDT members become well acquainted with one another, which increases the likelihood that MDT members will contact one another between meetings when needed.[clxxvii]
- Information from multiple disciplines can assist in a more comprehensive and holistic view of the client and the client's needs. For example, APS caseworkers are guided by the principle of self-determination and have different expertise than health care professionals. Therefore, APS may be persuaded by an articulate and impassioned plea by a client who wishes to remain in a questionable situation. A physician, however, may have assessed the client's cognitive capacity, which will influence the team's evaluation of the situation.
- Information sharing is not only a teaching strategy, but also a way for team members to understand any problems the victim may be facing. For example, a victim may say something to one professional, who can then convey that conversation to the team during case review.[clxxviii]

> The opportunity to discuss the needs of elderly persons within a group of different professionals is conducive to a greater understanding of and respect for each other's skills (Johansson, Eklund, & Gosman-Hedström, 2010).

How Case Review Can Facilitate Trust among MDT Members

As discussed, one of the most important concepts that will facilitate a smooth-functioning MDT is trust. The success of the MDT is dependent upon establishing trust among the MDT members early and throughout the life of the MDT.[clxxix] Ironically, trust can be facilitated through the adoption of formal (and informal) rules and procedures.

> If teams cannot critically evaluate their own innovations in a safe, shared, intellectual space, they are doomed (Disis & Slattery, 2010).

There are variations in the degree of formality among MDTs, but it is generally preferable to have formal rules and procedures in place, a factor that also contributes to building trust.[clxxx] Some areas to consider include:[clxxxi]

- A summary of the proceedings (written records of meetings typically in the form of minutes; minutes may or may not be disseminated to MDT members)
- Signed contracts or Memoranda of Understanding (MOU; a signed agreement regarding the terms of membership and an agreement to replace representatives who can no longer serve)
- Case review guidelines (what information to include in case presentations and the order in which to present information; Toolkit item: Discussion of Case Review Logistics, provides an example following the Table)
- Policies and procedures manuals (provided to each MDT members; see Toolkit item: Sample Protocols and Policies, for examples)
- Job descriptions (done less frequently, but outlines specific duties and responsibilities of each representative and requirements for MDT participation)[clxxxii]
- MDT new member orientation manuals (general information on elder abuse, pertinent laws, research articles, policies, mission statements, confidentiality agreements, and by-laws)
- Acceptable behavior during case review meetings, always with an eye toward building trust among the MDT members (see Case Review Meeting Ground Rules, below)

> Trust…is built on past experiences, understanding the motives of others, and a willingness to believe in others (Levi, 2014).

Case Review Meeting Logistics…and Bring Food

The Toolkit item: Discussion of Case Review Logistics presents a description of a number of issues related to meeting logistics that the MDT may want to discuss. And always bring food. Consistent across MDTs is the finding that providing food increases attendance and likely good will. Food can be as simple as cookies and coffee, but providing some nutritional incentive is highly recommended.

Case Review Meeting Ground Rules

The Toolkit item: Ground Rules during Case Review Meetings provides an expansive list of ground rules for the MDT to discuss and consider.

Members should avoid speaking in technical terms or using acronyms or jargon. For example, one MDT "fines" members who use an acronym and when a sufficient amount has accrued, use the funds to buy a special treat for the next case review meeting.

The Case Review Meeting

There are many ways to structure a case review meeting. However, typical steps in the case review meeting (described in greater detail in Table 2) include[clxxxiii]:

Case Review Flow Chart

Table 2. Description of Steps in a Multidisciplinary Team Case Review meeting	
Meeting launch	Consider beginning the meeting with a presentation of the agenda and a brief reminder of the purpose of case review, any announcements, and short informal exercise to get members talking socially.[clxxxiv]

Case presentation	A member of the MDT presents a case. Information provided may include the type of abuse, the dynamics involved, victim characteristics, abuser characteristics, the victim's wishes, any services the victim may have accessed in the past, and identification of the presenting problem (what aspect of the case is the presenter struggling with). Some MDTs require information submitted in advance (to enable the preparation of PowerPoint slides) while others do not. Typically, each case will require 30 minutes of presentation, discussion, and recommendations so be sure to allow sufficient time to review the cases on the agenda in the allotted meeting time. In addition to reviewing new cases, some MDTs review old cases to provide an opportunity for status updates and to allow for discussion.
Discussion of the case	Next, the case is opened up for discussion among the MDT members. Any MDT member may ask questions, request more information, or brainstorm about potential solutions. For example, if there are capacity or mental health issues that warrant emergency removal orders[clxxxv], it may be beneficial to discuss these options with the group to determine if there are less restrictive means of advancing safety. The team should discuss the case from a variety of perspectives. Reaching a consensus on the underlying cause of the problem will facilitate a unified solution.[clxxxvi] Framing the problem has tremendous implications for which interventions are selected[clxxxvii], with important consequences for the victims. Is the goal safety? Then nursing home placement may be the preferred outcomes. Is victim's self-determination paramount? Then providing supports for the victim to remain in their own home is the preferred outcome. A team member stated, "She doesn't want to change." Another team member amended the statement saying, "Maybe she doesn't want to change, or maybe she doesn't know how."
Potential recommendation identified	Based on the discussion, a set of recommendations might be adopted that include a record review, new ideas regarding services in the community, suggestions for the next step an individual should take, or a house call. Any further discussion of the risks and benefits occurs at this point. Any dissenting opinions should be formally recorded.[clxxxviii] MDT members are given assignments that are recorded to ensure follow through.

Summary and recommendations adopted	The MDT Coordinator will write a formal summary of the recommendations adopted by the MDT. The MDT may want to develop a case review data collection form (or some other method of tracking meeting data).[clxxxix] Assignments for follow-up are made this point. The meeting minutes are written and distributed as soon as possible to all MDT members. Consider including in the minutes:[cxc] • A description of the condition of the client • Other needed services/testing and who is responsible • Diagnosis and prognosis (if applicable) • A statement regarding the client's capacity to consent • Recommendations for services • Goals, time frames, and follow-up plans[cxci] After a thorough discussion, a plan of action should be developed and adopted by the MDT, with MDT members carrying out the recommendations.[cxcii] The information captured in the plan of action will assist the team in measuring the success of each case. Accountability is important for the MDT members and survival of the MDT; therefore, assignments should be made explicit during the meeting. Consider recapping assignments and expectations just before the MDT adjourns.
Follow-up	The MDT Coordinator (or whomever the MDT chooses for this role) has responsibility for following up with MDT members who were given particular assignments to enhance accountability. In addition to distributing meeting notes which contains a summary of assignments, some MDTs use email reminders to ensure MDT members are aware of their commitments. The MDT Coordinator should then hold team members accountable at the following meeting.[cxciii]
Report back to MDT	Finally, during the next case review meeting the original presenter reports back to the MDT as to whether the recommendations and insights of the MDT were helpful. This feedback not only validates the MDT members' advice, but also builds trust among the MDT members.

Case Example

A case was presented in which the presenter knew the man since 2001. She's recently learned that he has dementia, is driving, and driving without a license (he lost his license years ago because of a DUI). The car is insured and licensed in someone else's name. She is concerned about him driving. She had called APS and they said they couldn't help her. They told her to call the police if she sees him driving knowing he doesn't have a license. She was very frustrated. Everyone around the table agreed that APS couldn't do anything, but recommended that she take the situation to the police. She said "Can I do that? Can I contact the police about this situation?" Someone else informed her that health care professionals can confiscate keys. Another asked whether his children could remove the keys. If he had a license, she could call DMV, but because he is driving without a license it is a police matter. Someone then went back to the man's girlfriend when the presenter said the girlfriend comes around when the man gets his check each month. The group discussed whether this was a case of financial exploitation. It was determined that he had enough money to pay his bills, that he paid his bills on time, and has capacity (although they mentioned dementia previously) and if he had money left over he could give it to whomever he wanted. The couple has been together for 15 years, but have never lived together. Someone mentioned that he paid some bills early and sometimes paid the same bill twice.

Find other case examples in Anetzberger, G. J., Dayton, C., Miller, C. A., McGreevey, J. F., & Schimer, M. (2005). Multidisciplinary teams in the clinical management of elder abuse. Clinical Gerontologist, 28(1-2), 157—171 (p. 163- 170).

Summary

Case reviews involve the MDT members gathering to have discussions about particular cases. Many benefits accrue to MDT members who participate in case review. However, working out the myriad logistics and ground rules is important for case review meetings to function smoothly. And bring food.

Chapter 9: Anticipating Challenges and Troubleshooting

Identifying Barriers

There is no shortage of potential challenges associated with an MDT, and each MDT will likely have unique challenges.[cxciv] Although these barriers have been identified and addressed to varying degrees throughout the guide, they are synthesized here for emphasis. These troubling issues can and should be anticipated and dealt with early in the process of developing your MDT to avoid the MDT becoming embroiled in them. Table 2 provides a list of these challenges and potential solutions, although there is some overlap with items described in Toolkit items: Issues for Initial MDT Discussions and Issues to Discuss for Cross Training.

Nobody is Perfect

If you find that after considerable effort, an MDT member is not a good fit for the MDT, consider replacing the individual. Not capriciously of course. However, it is likely that the individual also feels uncomfortable in the group (Tousijn, 2012).

Table 2. Threats to Collaboration and Overcoming Barriers	
Threats to Collaboration Scholars and practitioners have identified a range of potential threats to collaboration that are important to recognize.[cxcv] For convenience, these threats are categorized into four groups, recognizing that there is overlap among the categories.	
Differences in Organizational Culture	Teams are influenced by power, culture, and structure of existing entities. MDT members are representing different agencies and as such each brings their own culture. Differences among member organizations can include: • Philosophical (causal) approaches and organizational missions[cxcvi] • Language[cxcvii] • Systems of rewards and punishments[cxcviii] • Operating procedures and organizational capacities to serve victims (bureaucracies, regulations, tradition, financial shortages) • State laws (APS is guided by social services or state's reporting law and law enforcement guided is by criminal law)[cxcix] • Policies related to confidentiality[cc]

	• Tension between agencies that can affect cross-reporting[cci]
	• Methods of meeting with and relating to families
	• Approaches to case planning, types of interventions, tracking of progress, and case closure
	• Different frameworks:[ccii]
	  o Social work model
	  Client focused in the context of their social lives and adheres to the philosophy of self-determination.
	  o Medical model
	  Beneficence approach, which means doing the best for the individual without necessarily consulting the victim.[cciii]
	  o Criminal justice model
	  Focus on the perpetrator via prosecution, emphasizing justice for the victim

Differences in Organizational Structure	In addition to different cultures, agencies' structural realities impact the MDT. For example: • Frequent or continual reorganization • Frequent staff turnover • Lack of qualified staff • Financial uncertainty • Incompatibility of information technology systems • Shortage of professionals (e.g., neuropsychologists)
Differences among Team Members	Team members also bring with them differences that might impact the MDT. For example: • Distrust[cciv] (e.g., fear of being blamed) • Differences in attitudes (e.g., towards victims, perpetrators, other agency representatives) • Perceptions that the cost of being on the team outweighs the benefits (e.g., members' feeling time is not well spent[ccv]; perceptions that MDTs are time consuming[ccvi]) • Animosity among members[ccvii]

	• Differences in degree of commitment • Differences in degree of knowledge • Lack of engagement • Concerns about continued funding of the MDT may take a toll on morale[ccviii] • Lack of understanding about how an MDT can assist members[ccix]
Challenges Unique to the MDT	There are also challenging aspects uniquely associated with being on an MDT. For example: Unequal status among MDT members Lack of participation by certain disciplines[ccx] Maintaining an adequate number of cases (APS staff members are too busy to prepare case summaries) [ccxi] Failure of certain groups to present cases[ccxii] Unrealistic or unclear goals for the MDT The team lacks the power or authority to resolve problems being presented Failure of team members to follow through on agreed-upon actions[ccxiii]
Role Confusion	Some MDT members may have dual identities, using the term "we" to refer to both members of their profession as well as members of the MDT.[ccxiv] In addition, for some MDT members, interacting with other MDT members raises difficult ethical issues.[ccxv] Information sharing is a critical aspect of an MDT, yet this raises concerns about confidentiality, informed consent, and privacy. Psychologists have an ethical obligation to their clients, but also an obligation to share information among MDT members. For example, mental health professionals on MDTs can experience role confusion in that they participate in information gathering while also interpreting evidence.[ccxvi] The MDT will need to determine appropriate boundaries around MDT members to prevent role confusion.

Anticipate Change	Be prepared for organizational development and change over time. Consider the decisions being made at this point as preliminary. The relationship between the MDT and the agencies represented on the MDT may change over time.[ccxvii] MDTs are practically living entities that will require room for growth and development. The needs of your MDT will change, as will the needs of the community. Be prepared for change.[ccxviii]

Overcoming Barriers

Potential solutions to a number of the barriers identified above are described below. This list is by no means exhaustive, and in many cases, solutions for one challenge may positively affect other challenges as well.

MDT Members Fail to Bring Cases	You may be concerned that although you "built it – they did not come." This is not an uncommon experience.[ccxix] You will need to establish trust among your MDT members before they feel comfortable enough to bring cases for MDT members to review. Getting to know one another more deeply, resisting the tendency to place blame, and having clear and agreed upon guidelines for all aspects of working together, are all great ways to build a foundation of trust. Be patient and persistent as your team grows. Offer assistance in preparing presentations. During presentation, the MDT Coordinator should facilitate the discussion to tamper down power differentials and avoid "blaming" anyone. You may also want to consider holding after-meeting debriefing sessions with presenters to think through what went well and what might be improved in real-time. This prevents negative impressions from festering and works to better prepare team members for their next presentation.
Lack of Trust	Building trusting relationships is challenging under any circumstance, but particularly when a diverse group of professionals are gathered for the purposes of integration and cohesion. Some team building can occur informally, such as conversations before the case review meeting. More concerted efforts include engaging in team building exercises, attending trainings as a group, to the extent possible engaging in social activities outside of work,[ccxx] and providing a safe zone for MDT members to express their opinions without fear of ridicule or reprisal.
Avoid the Pitfalls of the Blame Game	While reviewing a case, there will be times when the MDT identifies a system failure in which an agency or its representative could have responded in a more proactive manner. Mistakes will happen. While there may be the

	temptation to blame the agency representative for the failure, refrain. The better approach is to discuss ways to prevent the failure in the future. A focus on what is best for the victim - rather than how an agency failed - will keep the discussion from derailing. Use this opportunity to focus on how the system can respond better in the future. The MDT must be a safe place for honest expression.
Team Meeting Attendance is Low	Studies find that attendance is an ongoing problem for many MDTs.[ccxxi] Absenteeism is partly an issue of not having sufficient time to attend meetings, but it is also an issue of commitment. Team members may not attend if they feel they are not benefiting sufficiently. Determine the underlying reason for lack of attendance. For example, one study found that when the primary focus of an MDT shifted from prosecuting cases to providing services, participation by law enforcement officials declined.[ccxxii] Consider videoconferencing (e.g., Skyping) or other new technological advances if the appropriate security measures can be assured.[ccxxiii] Additionally, it may be useful to see if team representatives from local agencies can volunteer to participate in the elder abuse MDT based on their interests rather than being assigned. Sometimes, team members may resent being assigned to a community meeting and resist attending. While this cannot always be avoided, there are often personnel within each agency that would enjoy participating in the MDT if the opportunity was presented. Having team members that value the work of the MDT is crucial to the effectiveness of the team.
Absence of Clerical Support	The MTD Coordinator has many tasks for which s/he is responsible. If possible, consider providing some clerical support.[ccxxiv] Perhaps an intern at from a nearby university could enter data, send out email reminders about upcoming case review meetings, and provide other appropriate clerical support. Volunteers are another option, although considerations about confidentiality and conflict of interest will need to be addressed.
Unequal Status of MDT Members	Teams can be crippled by inequality among the MDT members,[ccxxv] stifling the voices of some while other voices remain dominant.[ccxxvi] When MDT members with lower status feel less confident, they are less likely to voice their opinion, which may result in less advocacy for a client. If social workers are quiet in a room of physicians, the client's medical needs may be met but not their social needs. However, under most circumstances, medical problems are not more important than social problems so no one discipline should dominate care planning.[ccxxvii] One way for the MDT to address equity is by acknowledging the inequality among MDT members.[ccxxviii] Income is one indicator of a status differential. For example, a psychologist earns 2.5

	times as much as a social worker.[ccxxix] Professional status is also important. Physicians can sometimes be intimating for other MDT members.[ccxxx] District Attorneys are sometimes a dominant personality, but also have greater status that most MDT members. In addition, some disciplines hold unfavorable perceptions of other disciplines. For example, "Protective service investigators are not investigators in the way that criminal investigators are investigators."[ccxxxi] Such attitudes, whether expressed or implicit, undermine the MDT's cohesion and ultimately, their ability to work together. The express purpose of the MDT is to elicit all opinions in order to arrive at the best resolution for a client. Ensure that all members are expressing their opinions and that MDT members feel their opinions are valued.[ccxxxii] Periodically remind each team member that his or her unique knowledge and contribution to the team is invaluable. Perhaps alert your potential MDT members that explicit attempts will be made to equalize the MDT members. Adopting guidelines for how team members will interact and participate in meetings can be a useful tool to head-off potential conflict.
Different Reward Structures	MDT members are likely aware that reward structures differ among agencies, but may fail to consider how that impacts the MDT. Medicine and social services operate under a model of specialization, which reduces the amount of turnover among these disciplines. However, law enforcement values a well-rounded experience and frequently rotates their personnel, resulting in turnover every two years (in many agencies). Likewise, some agencies focus on individual rather than team achievements, which may disadvantage some team members.[ccxxxiii] Another example involves District Attorneys, who focus on cases with the potential for criminal liability, while APS has a wider focus to include noncriminal cases such as self-neglect.[ccxxxiv]
Turnover	It may be frustrating to be always "training" new MDT members, but that is endemic to MDTs. Embrace turnover as an opportunity to broaden the understanding of MDTs for a range of professionals within an agency as well as increasing the number of contacts the MDT has at each agency.[ccxxxv] Even when an MDT is rotated off the MDT, that person will have the experience of having served on an MDT, which may influence the way they function in their new position.
Sustainability is Difficult	Sustainability is one of the most vexing challenges associated with MDTs.[ccxxxvi] The MDT may need to be creative and request funding from several sources, both private and public. It should be noted that generally funding becomes easier once the MDT has been operating for some time and has had an opportunity to "prove" (demonstrate) its value. Many MDTs begin with grant funding and then transition over to more stable sources of

	funding once their value is appreciated.[ccxxxvii] For example, California's Santa Clara County now sustains their FAST MDTs with state and county funds.[ccxxxviii]
MDT Coordinator's Salary	Salaries for the MDT representatives are typically supported by the member's agency. However, the MDT Coordinator may require dedicated funds that can be obtained through contracts and grants,[ccxxxix] such as state VOCA grants. A related expense may be liability insurance, depending on the tasks performed by the MDT Coordinator.
Hierarchical Structure	The hallmark of an MDT is mutual collaboration and group decision-making. This is not always easy for agencies more familiar with a hierarchical structure. Team training is designed to alleviate this challenge.
State and Local Statutes Stilt Information Sharing	Although the vast majority of states have some provision or mechanism for sharing information[ccxl] (for more information see Toolkit item: Statutory Review of Multidisciplinary Teams and Information Sharing), there may be some need for legislative action that makes information sharing explicitly available and/or promotes the use of MDTs.[ccxli] Legislative change can be a long process, but it is worth pursuing. However, recognize that there are pros and cons associated with legislation.[ccxlii]
Team Goals are Lost	With so many different agendas and mandates represented on the MDT, selecting and maintaining team goals can be challenging. Referring to the mission and vision statement at the beginning of each team meeting can help maintain a focused team.
Stakeholder Resistance	When an MDT is in the initial stages of development, there will always be an agency administrator or two who declines the offer to participate in the MDT, or worse, prohibits an employee from joining the MDT. Your charismatic team leader will be an important force in persuading these individuals of the benefits of an MDT. Be persistent.
Case Content is Disturbing	MDT members unfamiliar with elder abuse may find these cases disturbing if not unbelievable. As mentioned, engage the entire team in elder abuse training. The advantages of an MDT are both educational, in affirming these cases really occur, and in providing emotional support when dealing with these disturbing cases becomes overwhelming. Members need to be mindful

	of secondary trauma by identifying it and getting help for those who need it.[ccxliii]
Losing Focus	By keeping a victim-centered focus these challenges can be overcome.[ccxliv] Hosting an annual working retreat can provide a forum for the team to discuss problems and work together to find solutions. Focus, goals, mission, procedure and any other aspects of the MDT can be revisited and improved. Additionally, retreats can assist greatly with team building and help provide a forum for cross-training for new members and for those agencies that have high turnover.

Praise for MDT Members

Be sure MDT members are providing plenty of praise to each other. Not only is it well deserved, but it has the added benefit of building team cohesion (Levi, 2014).

Summary

As noted, there is no shortage of obstacles for an MDT, either while developing or after it has become operational. Team members sometimes feel like giving up. However, don't. While there is an endless list of obstacles, there is also an endless list of solutions. True - some solutions require greater effort than others, but solutions are available. Anticipating them and meeting these challenges head-on is the best approach.

Chapter 10: Case Tracking and Program Evaluation

Case Tracking

Case tracking involves collecting data about a case. Data can be collected from the various MDT members and/or from victims and offenders. The purpose of case tracking might be:

- To enable the MDT to analyze their caseload
- To measure the success of specific cases and the over-all effectiveness of the team
- To ensure that cases are being monitored
- For tracking the MDT case review meeting information
- To improve program performance (see Chapter 10 for a primer)[ccxlv]
- For some forms of program evaluation (see Chapter 10 for a primer)
- To educate the public
- To create targeted outreach campaigns
- To identify patterns of behavior that might eventually be used to predict risk[ccxlvi]
- To provide evidence of effectiveness in grant applications to funding agencies

The length of case tracking may vary considerably from initial intake to some period of time after the close of the case. Often, data are retained in different departments and agencies and must be extracted in some fashion. Strategies for obtaining case tracking data include:

- Collecting information at case review
- Agency-completed forms that are returned to the MDT Coordinator
- Telephoning the agency directly for information
- Appointing a staff member (e.g., the victim advocate) to collect the information
- Some combination of these methods

Consider developing a form that captures this case-level data, sometimes referred to as a case tracking form.[ccxlvii] Discuss which data elements are important for the MDT to collect by identifying the purpose of the data.

Data tracking systems for storing such information might be as simple as Microsoft Excel or Access. Data points to consider collecting include:

- Victim demographic information
- Offender demographic information
- Type of abuse
- Circumstances surrounding the abusive situation

- Assessment results
- Dispositions
- Recommendations
- Services offered (and accepted)

Data Management Plan

If a case-tracking plan is adopted, the MDT will need to develop a data management plan. The plan not only increases accountability of the data, but also reduces the number of people who handle the data.[ccxlviii] Consider the following:

- Save all information on password protected computers.
- Use identification numbers for each person entering data.
- Incorporate periodic review of data forms for completeness and accuracy. Data checking can be accomplished by randomly selecting, for example, 10% of the cases. Compare the printouts of data entered with the original forms. Be sure to report the time and date of reviews and any conclusions. If problems are identified, bring these problems to the MDT to identify solutions.

Depending on the type of data being collected and the representative's agency, some MDTs will need to obtain approval for data collection from their institutional review board (IRB).[ccxlix]

Primer on Research and Evaluation

Evaluation

Since the 1970s, teams have become a popular mechanism for addressing a range of issues. However, sometimes teams are promoted due to their psychological value rather than their empirically validated benefit.[ccl] The goal of developing a team is to support and respond to victims of elder abuse (a performance outcome) rather than the goal of developing a team. Therefore, the MDT will want to assess their ability to achieve this goal.

Evaluation of MDTs may occur at the level of:

- Structure
  Who participates on the MDTs; what is the organizational affiliation of the MDT
- Process
  How is case review conducted[ccli] ; how are cases referred to the MDT
- Outcomes
  As a result of the MDT, are clients assigned guardianship; has the abuse stopped

Evaluation of the MDT and Clients

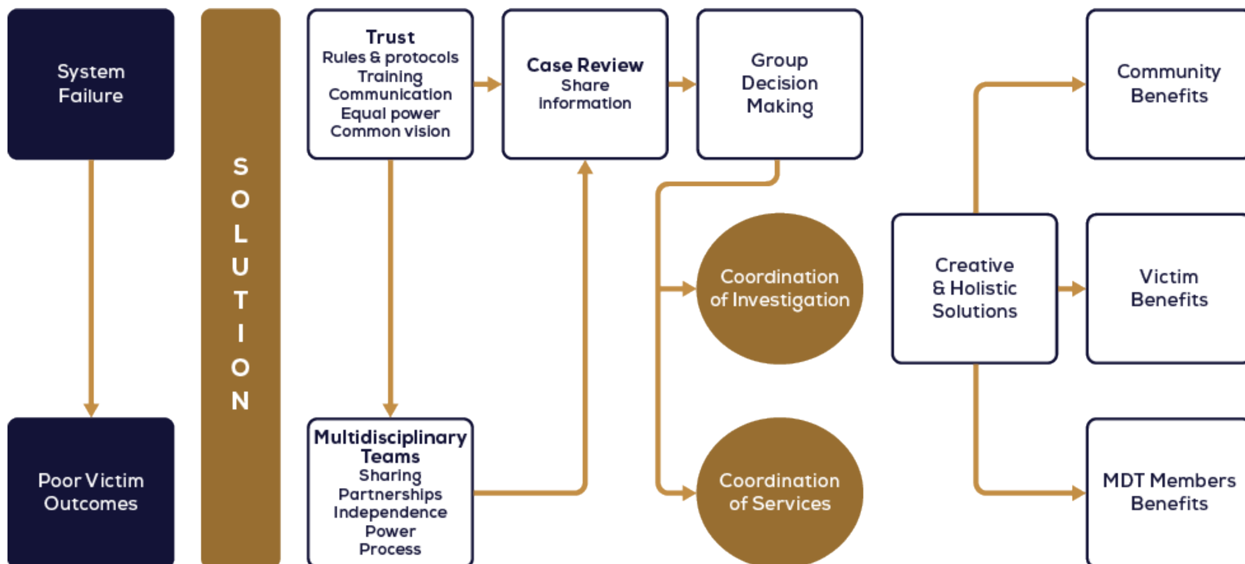
Strong evaluation helps protect the integrity of the program and can be a powerful tool for program sustainability. Evaluations can be used to:

- Promote the model of service delivery to funders and other stakeholders
- Serve as the basis for making changes in the program design
- Identify areas for professional development
- Determine new partners needed to strengthen the MDT
- Leverage results to obtain, retain, or expand funding
- Estimate the cost of the program for a cost-benefit analysis

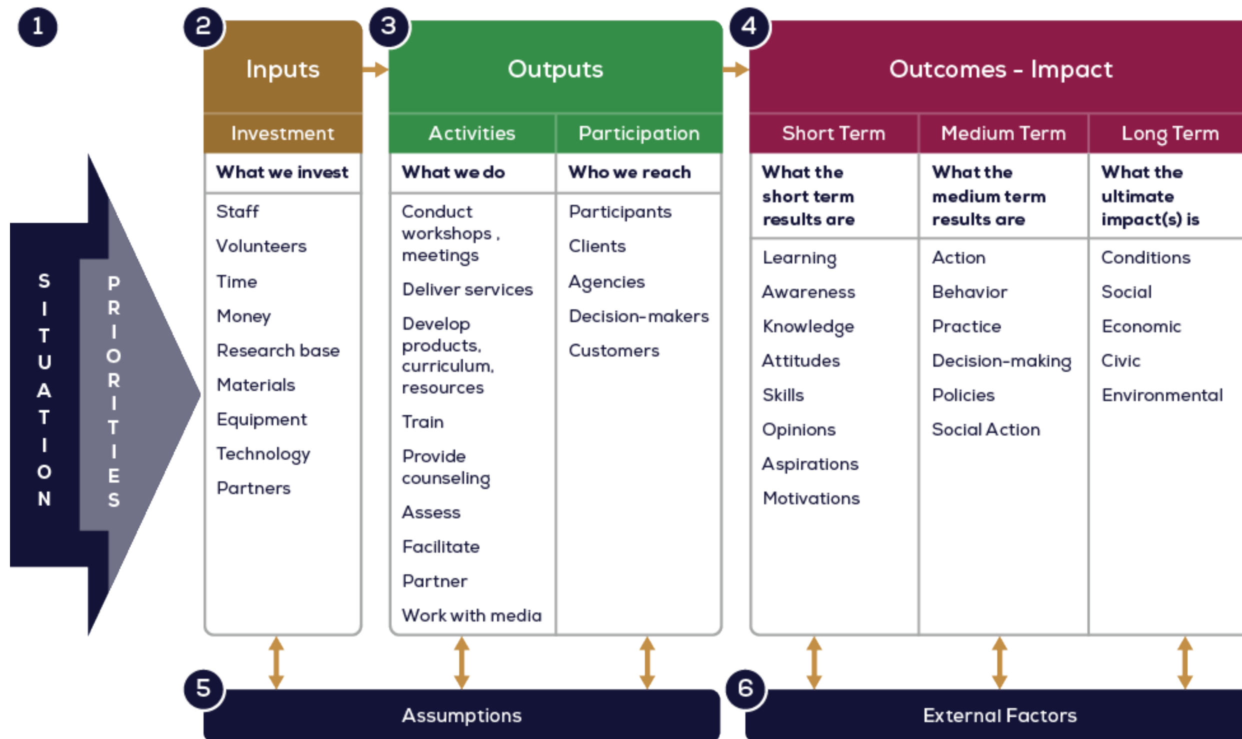
The first step in an evaluation is developing a logic model.[cclii] A logic model is simply a visual representation that describes how a program or intervention will work. It links the program's activities to the planners' goals and objectives, and it identifies anticipated short- and longer-term outcomes. As such, the logic model is the foundation for program evaluation, which in turn is essential for learning "what works" in victim assistance and compensation.[ccliii] Based on the logic model, a program evaluation plan can be crafted.[ccliv]

A well-crafted program evaluation is essential in determining whether the program is meeting its goals and what is producing the desired outcomes.[cclv] For example, just prior to the Los Angeles Elder Justice Forensic Center being created, they had concluded that the MDTs that had developed in response to elder abuse cases were extremely large and it was difficult to actively work through a case, necessitating change.[cclvi]

Sample Logic Model



Sample Generic Logic Model



RESOURCES	ACTIVITIES	OUTPUTS	SHORT AND LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	In order to address our problem or asset we will conduct the following activities:	We expect that once completed or under way these activities will produce the following evidence of service delivery:	We expect that if completed or ongoing these activities will lead to the following changes in 1–3 then 4–6 years:	We expect that if completed these activities will lead to the following changes in 7–10 years:

Program Evaluation

There are different kinds of evaluation and different aspects of your program you may want to evaluate.[cclvii] For example:

- The functioning of the MDT [cclviii]
- Team performance [cclix]
- MDT satisfaction[cclx]
- Client satisfaction[cclxi]
- Board survey (if applicable)

Evaluation targeted at different points in the process will capture different experiences.[cclxii] For example, a client satisfaction evaluation immediately after the case has closed will capture different information than a client satisfaction survey administered six months after the case has closed.

Regardless of the type of program evaluation, the best evaluations engage program staff, volunteers, clients, and other major stakeholders in the design and implementation of the evaluation.

MDT Functioning and Satisfaction

At some point after the MDT has been established, you will want to evaluate the functioning[cclxiii] and effectiveness of your MDT.[cclxiv] You may want to focus your evaluation on the elements of a successful MDT. These characteristics will need to be quantified for evaluation purposes. For example:

Team Trust and Cohesion

- The team has a shared interdisciplinary team philosophy[cclxv]
- The team has honest and continuous communication[cclxvi]
- The team readily shares knowledge (as opposed to information), for example, through informal and formal cross training[cclxvii]
- MDT members are comfortable exchanging information
- There is a sense of collegiality among MDT members
- MDT members share ideas and experiences, discuss cases, and engage in a critical analysis of cases
- There is a shared belief that working as a team leads to better outcomes
- Mutual support is provided by MDT members
- MDT members feel mutual trust and respect
- MDT members are able to develop trust with victims[cclxviii]
- MDT members complement each other's functions
- MDT members share resources
- MDT members enhance each other's capacity to address a crucial victim need[cclxix]

- The agencies represented on the MDT have changed the way they operate as a result of participation on the MDT

Administrative Functions of the MDT

- Roles and responsibilities among partner agencies and individuals are clearly defined[cclxx], typically in writing through MOUs or IAAs
- The MDT has adequate financial support
- The MDT has a written financial plan and a clear strategy for obtaining financial resources with identified responsibilities for implementing it
- The MDT has strong leadership including high-level, visible leaders
- Protocols have been adopted by the MDT
- There is adequate space and support dedicated to the MDT
- There is protected time for MDT members (e.g., regularly scheduled case review meetings)
- Professionals represented on the MDT are from a diverse range of disciplines that reflect the needs of the community
- The MDT Coordinator provides strong leadership
- The MDT Coordinator is accountable to the MDT
- There is opportunity for ongoing education and training for MDT members
- MDT members attend meetings regularly[cclxxi]
- The MDT members review and evaluate their program regularly
- The MDT has clearly articulated goals, strategies, and indicators of progress that provide a sense of direction
- Evaluation results are used to enhance future efforts
- The MDT has established evidence of progress in affecting desired outcomes
- The MDT is exposed to some media coverage[cclxxii]
- Joint documentation is utilized,[cclxxiii] for example, all members sign reports[cclxxiv]

Victim Satisfaction

The challenge associated with victim satisfaction surveys is that victims do not always perceive the "process" the way the systems perceive the process.[cclxxv] While the MDT may perceive the investigation, services, and case review as a seamless process, victims may want to rate those activities individually. Victim satisfaction surveys may want to address whether:

- Victims receive follow-up medical care where necessary
- Victim are able to access Victims of Crime Act financial support

- Victims are able to get their medical bills paid
- Victims are able to secure safe housing
- Victims are able to build a sustainable support network
- Victims are satisfied with their interactions with various team members
- Victims are satisfied with their- intervention

Lessons Learned

Consider keeping a *Lessons Learned* log that you can share with the MDT at annual or semi-annual review meetings. The MDT Coordinator can be the keeper of the log, but have MDT members provide suggestions for the log.

Evaluation Logistics

Frequency of Administration of Surveys

The MDT will need to decide how frequently to administer various surveys: After every meeting, every six months, annually.

Instruments

There are a number of surveys that might be adapted for the purposes described above. However, there are no empirically validated measures of client satisfaction in the context of elder abuse MDTs. Where feasible, consider partnering with a university faculty member or graduate student.[cclxxvi]

Data Collection Plan

As part of your evaluation plan, a plan for collecting and storing data will need to be developed to ensure information is being captures that allows the evaluation questions to be answered. Several data collection plans exist.[cclxxvii]

Seek Out Consultations

Consult with individuals who have considerable experience with MDTs, either via websites[cclxxviii] or through literature searches.[cclxxix]

Utilize Evaluation Results

Utilize the information obtained from these evaluation efforts to improve your program. It may be hard to hear that all of your efforts fail to result in perfect outcomes, but keep in mind that improvement is always possible and is definitely desirable.

Research: MDTs Make a Difference

There is very little research available on elder abuse collaborations such as MDTs.[cclxxx] What is available is reviewed below.

- Empirical evidence suggests that a social worker-lawyer collaboration is more effective at reducing risk of elder abuse compared to a social worker alone.[cclxxxi]
- In an evaluation of the Los Angeles County Elder Justice Forensic Center (EJFC), the use of a MDT funneled more cases to the District Attorney, therefore there were more convictions in absolute numbers, but not a statistical improvement compared to cases managed solely by APS. That is, the EJFC had significantly more financial exploitation cases referred to the DA compared to APS cases (22% vs. 3% respectively), although the number of cases with charges filed (73% vs. 86% respectively) and the number of convictions (92% vs. 100%) were not significantly different.[cclxxxii]
- One study found that social workers made therapeutic referrals most frequently, although legal interventions showed the greatest improvement in terms of stopping the abuse.[cclxxxiii] This suggests the need for multiple systems to work collaboratively. However, the study found that the more interventions implemented, the lower the rate of improvement, possibly because cases requiring more interventions are more complex and intractable.
- There are potentially multiple explanations for a condition indicating elder abuse, requiring greater interactive information gathering and fact checking in these cases.[cclxxxiv] Using adult protective services data from two counties in Maryland, it was learned that social workers were more likely to substantiate physical abuse, neglect by others, and financial exploitation (but not self-neglect) compared to when a social worker and nurse worked a case collaboratively, suggesting a nurse persuaded the social worker the injury was a result of an accident rather than abuse. However, the collaborative approach did result in reductions of risk for physical abuse, neglect by others, and self-neglect (although not financial exploitation). However, recidivism rates did not differ.[cclxxxv] Nurses tended to focus more on health needs and functional abilities, while social workers asked more extensive questions about social needs, including relationships with family and support services. The authors concluded, however, that the marginal gains did not justify the costs associated with collaborative responses.

There is more research on the process of MDTs than outcomes.[cclxxxvi] While we believe the benefits of collaboration carry over to victims, there is little empirical evidence one way or the other.

Summary

Case tracking typically receives little attention in guidebooks, but it is a critical component of program evaluation. Without data of some type, programs are left relying the intuition of those who run the programs. Participants in these programs deserve more. Tracking cases can provide valuable insight into the success of your team, but good case outcomes are not the only variable in evaluating your program. Take the time to create meaningful performance measures, such as those that can be found in the provided Logic Model samples. Account for everyone’s effort, and survey your team regularly regarding satisfaction and to gather feedback around the functions of your team. Not only will a strong evaluation plan provide you with the tools to strengthen and grow your team, it will also give you objective measureable data that can be used to advocate for your team, apply for funding, recruit new members, and justify your existence.

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[lxxvii] See Office for Victims of Crimes. (2010). *Guide to Conducting a Needs Assessment*. Available at https://www.ovcttac.gov/docs/resources/OVCTAGuides/ConductingNeedsAssessment/welcome.html.; see also County of Sonoma Human Services Department Adult and Aging Services Department. (2012). *A collaborative approach to multidisciplinary teams in Sonoma County*. Santa Rosa, CA: Author. Retrieved February 23, 2017, at http://www.centeronelderabuse.org/docs/A-Collaborative-Approach-to-Multidisciplinary-Teams-in-Sonoma-County.092812.pdf and Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (pp. 33-34).

[lxxviii] See the National Clearinghouse on Abuse in Later Life, containing self-assessment workbooks for six different professional groups, available at http://www.ncall.us/content/self-assessment-workbooks

[lxxix]Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (p. 95).

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[lxxxv] Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations, 36*(3), 83-88.

[lxxxvi] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

[lxxxvii] Board of Directors. Although uncommon, if the MDT is forming as a non-profit, your team will need to create a Board of Directors (or Advisory Board for those that function under the sponsorship of a participating agency such as law enforcement, prosecution, child protection, or hospital). A Board of Directors sets policy and provides governance to the agency. For example, the Board determines fiscal and programmatic policies and public relations. MDT members, in contrast, carry out Board policy and provide agency administration and services.

Boards are typically comprised of the three Ws: Wisdom, wealth, and work. Carefully select your Board to have a balance of content experts, hard workers, and individuals with access to wealth. Another strategy that has worked for some Boards is to “borrow” experienced Board members for six months or a year while the board is developing. Many community members serving on other Boards are willing to share their wisdom and experience.

The relationship between the Board and the MDT can be challenging, but it is important to differentiate the two and let each group function as intended. It is also important for Boards to rotate membership (e.g., a maximum of two three-year rotations) to avoid dependency on those key individuals who initiated the MDT, to continue to revitalize the Board, and to ensure fresh perspectives are heard and considered.

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[xc] Imbody, B., & Vandsburger, E. (2011). Elder abuse and neglect: Assessment tools, interventions, and recommendations for effective service provision. *Educational Gerontology, 37*, 634–650.; (7), 634–650. doi:10.1080/15363759.2011.577721; In January 2013, the US Preventive Services Task Force concluded that "the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect." Available atUS Preventive Services Task Force. (2013). *Intimate partner violence and abuse of elderly and vulnerable adults: Screening*. Retrieved from http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinalrs.htm

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[xcii] Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations*, 36(3), 83-88.

[xciii] See e.g., Nack, J. R., Dessin, C. L., & Swift, T. (2012). Creating and sustaining interdisciplinary guardianship committees. *Utah Law Review, 2012*(3), 1667-1690 (p. 1671).

[xciv] Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention Teams: A New Generation.* Washington, DC: National Center on Elder Abuse. http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf; Teaster, PRetrieved February 22, 2017, at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.; Teaster, P. B., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. *Journal of Elder Abuse & Neglect, 15*(3-4), 91-107.;.;. doi:10.1300/J084v15n03_06; see also Anetzberger, G. J., Dayton, C., Miller, C. A., McGreevey, J. F., & Schimer, M. (2005). Multidisciplinary teams in the clinical management of elder abuse. *Clinical Gerontologist, 28*(1-2), 157-171. doi:10.1300/J018v28n01_08 (p. 159).

xcv NCALL provides a list of Coordinated Community Response (CCR) teams and resources they may find useful http://www.ncall.us/resources-and-publications/

[xcvi] For example, teams tend to focus on the most complex and difficult cases with a constellation of social and medical problems (Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.)

[xcvii] Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. *Clinics in Geriatric Medicine, 21*(2), 429-447. doi:10.1016/j.cger.2004.10.007

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[c] Gums, J. G., Yancey, R. W., Hamilton, C. A., & Kubilis, P. S. (1999). A randomized, prospective study measuring outcomes after antibiotic therapy intervention by a multidisciplinary consult team. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy, 19*(12), 1369–1377. doi:10.1592/phco.19.18.1369.30898 Denver, CO, is developing an e-consultation service to staff cases in between monthly MDT meetings.

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[civ] Nerenberg, L. (2003). *Multidisciplinary* Elder Abuse Prevention *eams: A* New G*eneration*. Washington, DC: National Center on Elder Abuse. http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf Retrieved February 22, 2017, at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.

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[cviii] Russell, L., & Walker, R. (March 2014). *Making stone soup: Creating interagency cooperation to reach seniors.* Workshop presented at the American Society on Aging, San Diego, CA, March 10 – 15.

[cix] Chapter 1 of this Guide provides a list of benefits associated with an MDT.

[cx] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team.*

[cxi] For an example, see Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

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[cxiii] Lamb, B. W., Taylor, C., Lamb, J. N., Strickland, S. L., Vincent, C., Green, J. S. A., & Sevdalis, N. (2013). Facilitators and barriers to teamworking and patient centeredness in multidisciplinary cancer teams: Findings of a national study. *Annals of Surgical Oncology, 20*(5), 1408-1416.; doi:10.1245/s10434-012-2676-9; Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (p. 268).

[cxiv] Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

[cxv] Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

[cxvi] Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (p. 307, 311-320).

[cxvii] Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

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[cxix] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

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[cxxi] Gottlieb, H., ReSolve, Inc. (2007). *3 statements that can change the world: Mission / vision / values*. Retrieved from http://www.help4nonprofits.com/NP_Bd_MissionVisionValues_Art.htm

[cxxii] Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

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[cxxiv] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (p. 100).

[cxxv] Coalition of Organizations Protecting Elder. (n. d.) *Home*. Retrieved from http://www.protectingelders.org/

[cxxvi] Oregon Department of Human Services. (n. d.) *Services for seniors & people with disabilities*. Retrieved from http://www.oregon.gov/dhs/spwpd/asp/docs/mdt-protocol.pdf

[cxxvii] Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

[cxxviii] For more on SMART goals, see Esposito, E. (2015, November 11). *The essential guide to writing S.M.A.R.T. goals*. Retrieved from https://www.smartsheet.com/blog/essential-guide-writing-smart-goals or Arunkundum, R. (2017, February 23). *Top 5 enterprise collaboration fails and how to avoid them*. Retrieved from http://www.unh.edu/hr/sites/unh.edu.hr/files/pdfs/SMART-Goals.pdf

[cxxix] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (pp. 137-138).

[cxxx] For example, see Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (p. 147).

[cxxxi] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

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[cxxxiii] See National Children's Alliance (2006). *Organizational Development Manual for Children's Advocacy Centers* (pp. 81-90), available at http://bit.ly/2osGhwu

[cxxxiv] Mitra, S., & Vadivelu, N. (2013). Multidisciplinary approach and coordination of care. In N. Vadivelu, A. D. Kaye, & J. M. Berger (Eds), *Essentials of Palliative Care* (pp. 7-21). New York, NY: Springer.

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[cxxxix] Ensslin, K., & Phillips, N. L. (2013). Best practices for investigating and prosecuting child abuse: Applying lessons learned from Delaware's Earl Bradley case. *Widener Law Review, 19*(1), 51-72.

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[cxlii] Teaster, P., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. Journal of Elder Abuse & Neglect, 15(3-4), 91-107.

[cxliii] Teaster, P., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. Journal of Elder Abuse & Neglect, 15(3-4), 91-107.

[cxliv] C.R.S. 26-3.1-103(2) (2014) …The agreements shall further provide that each agency shall maintain the confidentiality of the information exchanged pursuant to such joint investigations.

[cxlv] Cal. Welf. & Ins. Code 10850.1 "(a) Notwithstanding any other provision of law, for purposes of Section 10850, the activities of a multidisciplinary personnel team engaged in the prevention, identification, management, or treatment of child abuse or neglect, or of the abuse of elder or dependent persons are activities performed in the administration of public social services, and a member of the team may disclose and exchange any information or writing that also is kept or maintained in connection with any program of public social services or otherwise

designated as confidential under state law which he or she reasonably believes is relevant to the prevention, identification, management, or treatment of child abuse or neglect, or of the abuse of elder or dependent persons to other members of the team. All discussions relative to the disclosure or exchange of any such information or writing during team meetings are confidential and, notwithstanding any other provision of law, testimony concerning any such discussion is not admissible in any criminal, civil, or juvenile court proceeding." [California Welfare and Institutions Code; Cal. Welf. & Ins. Code 10850 regards confidentiality]

Cal. Welf. & Ins. Code S 15633: "(b) Reports of suspected abuse of an elder or dependent adult and information contained therein may be disclosed only to the following: … (2) (A) Persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons. …" [California Welfare and Institutions Code]

Cal. Welf. & Ins. Code 15754 (2011) "(a) Notwithstanding any provision of law governing the disclosure of information and records, persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records which are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons." [California Welfare and Institutions Code - Adult Protective Services]

[cxlvi] Maine Revised Statutes Annotated Title 5, Part 1, Chapter 9, §200-H. Maine Elder Death Analysis Review Team. "5. Access to information and records. In any case subject to review by the team, upon oral or written request of the team, notwithstanding any other provision of law, any person that possesses information or records that are necessary and relevant to a team review shall as soon as practicable provide the team with the information and records. Persons disclosing or providing information or records upon request of the team are not criminally or civilly liable for disclosing or providing information or records in compliance with this subsection." The complete statute is available at http://www.mainelegislature.org/legis/statutes/5/title5sec200-H.html

[cxlvii] Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. Clinics in Geriatric Medicine, 21, 429-447.

[cxlviii] See Heisler, C. (n.d.). Technical Assistance Brief: Health Insurance Portability and Accountability Act: Implications for Adult Protective Services. Retrieved from http://www.napsa-now.org/wp-content/uploads/2015/07/TA-Brief-HIPAA.pdf

[cxlix] On September 24, 2013, eight federal agencies issued Interagency Guidance on Privacy Laws and

Reporting Financial Abuse of Older Adults, available at http://files.consumerfinance.gov/f/201309_cfpb_elder-abuse-guidance.pdf

[cl] Collighan, G., MacDonald, A., Herzberg, J., Philpot, M., & Lindesay, J. (1993). An evaluation of the multidisciplinary approach to psychiatric diagnosis in elderly people. *BMJ, 306*, 821-824.; doi:10.1136/bmj.306.6881.821; Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

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