

ELDER ABUSE INTERVENTIONS AND ENHANCED MULTIDISCIPLINARY TEAMS (E-MDT) INITIATIVE

PRELIMINARY PROGRAM EVALUATION

September 2020



SCHOOL OF SOCIAL WELFARE

UNIVERSITY AT ALBANY
State University of New York



CENTER FOR HUMAN SERVICES RESEARCH

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Executive Summary

The Center for Human Services Research (CHSR), in collaboration with the University at Albany School of Social Welfare, worked with Lifespan of Greater Rochester, the Weill Cornell Medicine's New York City Elder Abuse Center (NYCEAC), and the New York State Office for the Aging (NYSOFA) to develop and perform a preliminary program evaluation of the Elder Abuse Interventions and Enhanced Multidisciplinary Team (E-MDT) Initiative in New York State. E-MDTs use a collaborative approach to intervene in complex cases of elder abuse (financial, physical, psychological, sexual, and neglect by others). Members of the teams represent a variety of disciplines including the following: Adult Protective Services, aging services, health and human services, financial/banking services, law enforcement, and others who meet regularly under the facilitation of an E-MDT Coordinator. The teams are enhanced by access to forensic accountants, geriatric psychiatrists/mental health professionals, and civil legal services.

The E-MDT model was piloted in eight counties from 2012–2016 using federal funds from the Administration for Community Living. During 2016–2017, NYS provided funding to sustain the existing E-MDTs and establish or enhance teams in five additional counties, for a total of thirteen participating counties. Starting in 2017, the New York City Department for the Aging (DFTA) also began funding NYCEAC to operate E-MDTs in all five boroughs in New York City.

Building upon this success, in September 2017 the NYS Office of Victim Services (OVS) and NYSOFA partnered to establish and implement the Elder Abuse Interventions and E-MDT Initiative. The E-MDT Initiative is funded with Federal Victim of Crime Act (VOCA) funding provided by the NYS Office of Victim Services (OVS) and State funding provided by NYSOFA. It is overseen by NYSOFA and coordinated statewide by Lifespan. The E-MDT Initiative is implemented in New York State through a network of eleven regional Hub organizations that administer program implementation and provide E-MDT Coordinator services for each county. Lifespan and NYCEAC each act as Hub organizations and work in concert to provide technical assistance and training to E-MDTs across New York State. DFTA continues to also fund NYCEAC to operate E-MDTs in New York City.

The goals of this preliminary program evaluation were to:

1. gauge the success of the E-MDT Initiative and the impact it has had on a) the individuals and agencies involved; b) the victims whose cases are referred to an E-MDT; and c) the community;
2. identify potential areas for improvement; and
3. inform the development of a potential subsequent evaluation.

Through interviews and a self-report survey, CHSR staff established a baseline efficacy of the program in New York State. The interviewees included Statewide Administrators at Lifespan, Multi-County Hub Coordinators and Administrators, Technical Assistance Providers, and Strategic Partners. The survey was taken by the representatives sent to the E-MDT by Core and Liaison Member organizations and Specialty Service Providers. Participation in both the interviews and survey was voluntary and responses were confidential.

Development of this preliminary program evaluation began in January 2020 and continued into the spring and early summer. During this time representatives from Lifespan, NYCEAC, and NYSOFA held multiple 60-minute planning meetings with Dr. Carmen Morano, Principal Investigator from the University at Albany School of Social Welfare, to develop the evaluation that follows. This iterative process resulted in the Interview Protocols [Appendix B] and Self-Report Survey [Appendix C], along with the recruitment and evaluation plan. The interviews and surveys were conducted in June, July, and August 2020. Funding for this preliminary program evaluation was provided by Lifespan utilizing funding from OVS (federal VOCA funding) and NYSOFA.

This report presents the results of the preliminary program evaluation and is organized in two sections. The first section presents the findings from recorded interviews (n=22). The second section presents the findings from a self-report anonymous survey that was sent via email to 498 contacts that yielded a total of 312 completed surveys for

a response rate of 63%. The interviews and surveys were conducted during July and August 2020.

SUMMARY OF INTERVIEWS

The 22 interviews were conducted using a semi-structured format that included seven general probing questions [Appendix B] that were slightly modified to more accurately pertain to the different roles of the interviewees. First, and most importantly, all interview participants reported how well-structured and efficient the E-MDT Initiative is state-wide. Respondents indicated they feel supported, connected, and able to do their jobs, even in the absence of other individuals in their agency performing similar work. While there is sometimes frustration around the establishment or operation of E-MDTs, they feel they have the resources to make the teams successful.

Respondents indicated the importance of achieving buy-in from the key constituents, clarifying team members' roles, and participation in scheduled meetings/calls were factors contributing to successful implementation of E-MDTs. It was noted that starting new teams took time as case referrals were slow to begin and focused education of community partners required ongoing attention. It is also important to note that state-level respondents revealed the need for, and development of, a statewide database to track process and outcome data. Local-level staff did not mirror the need for this, although none were asked directly about data during the interview. Generally speaking, a statewide data system is an important part of tracking case information, and significantly increases the ability of such initiatives to apply for, and receive, additional funding.

SUMMARY OF ANONYMOUS SELF-REPORT SURVEY

The survey included 14 questions, three of which allowed for open-ended responses [Appendix C]. There was a response rate to the survey of approximately 63% (n=312). The sample includes representatives from most of the 11 regions with the greatest representation coming from Regions 2 and 10 and the majority of the respondents indicating they were core members. A majority of the respondents reflect an experienced workforce that has been employed in the field of elder abuse more than six years, although many of the respondents have only been involved specifically with the E-MDT Initiative for two or less years. This is not surprising, given the timing of this evaluation and the recent addition of E-MDTs in some of the regions. A significant majority of the respondents perceived the E-MDT Initiative as having had a positive impact on clients, their home agency, and their professional development. An analysis of the open-ended responses supports both the results of the survey questions and the interviewees' responses articulating the positive impact of the E-MDT Initiative in a number of areas. The responses also reveal a number of lessons learned by the respondents, as well as suggestions related to implementation and training of future teams.

Respectfully Submitted

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Qualitative Interviews

METHODS

Data Collection

All 22 interviews were performed via video Zoom (in one case the individual did not have a camera, so it was audio-only) with a facilitator and note taker. Interviews took place over the course of three weeks and lasted for approximately 30–60 minutes. Separate protocols were utilized for different roles, with several overlapping questions.

The semi-structured interview [Appendix B] included seven questions that were customized to reflect the unique experiences of the Statewide Administrators, Multi-County Hub Administrators, Multi-County Coordinators, and Strategic Partners. The interview questions reflect an iterative design and development process with representatives from the Lifespan, NYCEAC, NYSOFA and members of the evaluation team. On average the interview required approximately 60 minutes to complete.

Sample

The sample consisted of both state- and local- level E-MDT Initiative staff. A full breakdown of roles can be found below; overall, respondents were characterized as one of the following (with two individuals serving multiple roles): Statewide Administrator or Strategic Partner, Multi-County Hub Administrator, Multi-County Hub Coordinator, or Technical Assistance Provider. Names and contact information were provided to the CHSR. A statewide liaison from Lifespan contacted all respondents to alert them to expect contact from CHSR. CHSR then followed up with an email to schedule interviews, followed by additional emails or phone calls if needed.

Twenty-two interviews were completed with representatives from nine agencies hosting multi-county hubs. One individual could not be interviewed due to leaving her position. In total, 11 Multi-County Hub Coordinators, four Multi-County Hub Administrators, three Technical Assistance Providers, one Statewide Administrator, one Strategic Partner, and two individuals serving multiple roles participated in the interviews (see Table 1).

Table 1. Interview Participation by Role

| Role | Number Interviewed (%) |
|---|------------------------|
| Multi-County Hub Administrator | 4 (18.2%) |
| Multi-County Hub Coordinator | 11 (50%) |
| Multi-County Hub Administrator/Multi-County Hub Coordinator | 1 (4.5%) |
| Statewide Administrator | 1 (4.5%) |
| Strategic Partner | 1 (4.5%) |
| Statewide Administrator/Multi-County Hub Administrator/Multi-County Hub Coordinator | 1 (4.5%) |
| Technical Assistance Provider | 3 (13.6%) |
| Total | 22 (100%) |

RESULTS

There were several overarching themes resulting from interview responses. They include the following:

- The E-MDT Initiative is viewed as a well-organized, well-supported project from the state to local levels;
- Respondents feel the Initiative has made a positive impact on their organization, their service areas, their

- clients, and the professionals they work with; and
- The E-MDTs have improved communication among disparate professional groups around issues related to elder abuse.

The feedback below is organized by the questions asked to all, or a subset of, respondents.

Perceived Roles

Coordinators view their primary role as scheduling and facilitating E-MDT meetings in their regions. Other activities/tasks include:

- Case consultation;
- Relationship development;
- Resource development and provision;
- Community education; and
- Outreach.

One Coordinator described their role as an “expert” in how E-MDTs function. Overall, Coordinators view their role as fundamentally understanding the purpose of the Initiative and guiding teams through the process of investigating complex cases of elder abuse. While they may have expertise in a particular discipline, their main role is to keep the team focused on the goal of achieving positive outcomes for victims.

Technical Assistance providers primarily view their role as providing support and guidance to Coordinators and their teams. Primary activities include:

- Providing information and training to new Coordinators; and
- Providing ongoing assistance to teams to successfully meet the goals of the Initiative.

Administrators both at the local and statewide (Lifespan) level primarily view their role as overseeing and managing either their local or the larger statewide Initiative. This includes both understanding the terms and goals of the contracts/grants, and making sure local teams are meeting deliverables.

At the statewide level, both Statewide Administrators at Lifespan and Strategic Partners have an institutional knowledge about the history and genesis of the E-MDT Initiative. They continue to provide leadership to the Initiative, and advocate for continued funding.

Experiences Starting New Teams

Issues

Seven Coordinators responded that one of the major issues in setting up new teams was getting buy-in from certain key individuals. In these cases, respondents could identify particular individuals, not agencies or roles, who created a specific barrier to the establishment of the Team. This could be due to the agency hosting the E-MDT not having an established presence in the county, or that certain individuals or groups being invited to participate did not see the value or purpose in the Initiative.

For example, several Coordinators reported that they received push back from law enforcement, citing these types of cases being outside the jurisdiction of law enforcement because they are “family matters.” In at least one other instance, individuals attempting to set up teams had difficulty engaging the local District Attorney due to their disinterest or having less experience in prosecuting cases of financial abuse. In these instances, respondents felt it took a lot of time and communicating to bring these individuals on board. In several cases, the resistant individual left their role and a new, more amenable, individual assumed the position, highlighting the role that certain individuals have in the success of a team.

Other issues respondents identified in starting new teams was confusion over the role of the E-MDT, confusion over the roles of individuals on the team, and lack of trust between individuals on the team. Most of these issues arose

when individuals did not have pre-existing relationships with other team members or when those team members perceived their existing relationships as competitive rather than collaborative. For example, several respondents suggested team members from Adult Protective Services or the county Office for the Aging (OFA) initially perceived the E-MDT as either competing with the work those agencies already perform, or as critical of the work they do. Coordinators and Administrators reported that in these cases they needed to spend a lot of time initially communicating with these individuals to assure them the team was supporting their work, and not in a position to pass judgement.

Steps to Resolve Issues

A majority of respondents reported that observation of, or participation in, meetings was a major step in resolving barriers and issues. Several respondents stated that if they could get key individuals to observe a meeting, the individuals better understood the process and goal of the E-MDT. Further, these individuals expressed a desire to participate and build their own team after seeing the process in motion.

Overall, building collaborative relationships and consistent communication are key activities that resolve a majority of the issues faced in establishing new teams. In many cases, teams were built over the course of several months, with numerous conversations and meetings taking place to allow everything to come together.

Strengths and Assets

Several respondents reported there were a few key strengths to the success of new teams. A common theme among responses was that either their own agency, and/or Lifespan, had enough name recognition in the community to help bring individuals to the table. Several respondents reported that their previous work either facilitating teams or in the field of elder abuse allowed them to effectively communicate and facilitate meetings. Overall, respondents felt teams that were comprised primarily of professionals who had existing relationships prior to participating on the E-MDT made establishing new teams much easier than teams comprised of individuals who had never worked together.

A key strength of new teams' success is their ability to investigate and close complicated cases. The inclusion of specialized fields, such as forensic accounting, allows these teams to effectively investigate cases of financial abuse. These cases might be handled very differently outside of an E-MDT and might never be thoroughly investigated without the specialized knowledge and skill of meeting participants. Once proper evidence can be established, both law enforcement and prosecutors can more effectively build cases against alleged perpetrators, leading to better outcomes for victims. Teams build on these successes as time goes on.

Experiences with Existing Teams

Issues

Once teams are established, common issues that arise are a lack of cases leading to a drop off in meetings and member turnover. These issues can be particularly problematic when attempting to orient new members to the team. Several respondents felt that it is particularly frustrating when someone who is resistant to participating replaces a member of the team. Coordinators and Hub Administrators feel like they are going "back to the drawing board" with their onboarding strategies. Infrequent meeting attendance can lead to a feeling of disconnectedness within the team, and difficulty in getting everyone back to the table once a case is referred.

Several respondents reported that hiring and staff retention has, at times, been challenging. It is very difficult to find individuals who are both skilled at facilitating groups and knowledgeable about issues related to elder abuse. Additionally, different agencies/organizations have different abilities to fund positions during gaps in grant funding. While some larger organizations could provide ongoing financial support to the Initiative, others had to wait until their contract was executed before beginning the hiring process. This gap, in some cases, led to a gap in the establishment of teams in some regions.

An additional issue that several individuals highlighted is the lack of consistent participation on the team by key disciplines. For example, many respondents reported their teams have consistently lacked a Geriatric Psychiatrist and/or Geriatrician. This is due, at least in part, to a scarcity of professionals working in those specific disciplines across New York State. Additionally, respondents cited inconsistent participation by law enforcement and civil legal professionals in some regions. Both scheduling conflicts and distance were highlighted as reasons for inconsistent participation, regardless of geographic location. For example, travel time to meetings was equally long in rural parts of Northern New York and urban areas in New York City. Interestingly, the COVID-19 public health emergency forcing all teams to meet virtually has mitigated the issue of inconsistent participation by allowing team members to participate in meetings from their offices, squad cars, and other locations.

Steps to Resolve Issues

Keeping to a set schedule of meetings regardless of case load emerged as a key step to resolving many issues. Meeting agendas might have changed focus with fewer cases to review, but the act of meeting routinely appeared key in maintaining team cohesion. Several respondents mentioned the importance of the technical assistance providers in assisting in onboarding new team members.

The “loosening” of the definition of key professionals including being able to include mental health professionals other than licensed psychiatrists has also helped teams move forward.

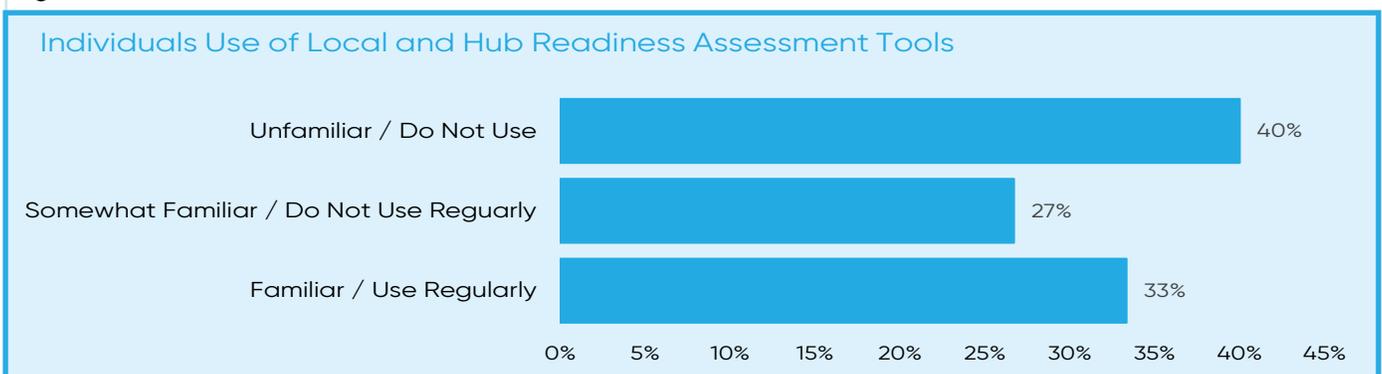
Strengths and Assets

The strengths and assets of existing teams mirrored many of those for new teams, with a key exception. Established communication and mutual respect of team members tends to build over time. Teams with the greatest success tend to be those that possess a collaborative and respectful process.

Hub Readiness Assessment Review Tools

Responses to the usefulness of the Hub Readiness Assessment Review Tools were mixed. Both Technical Assistance providers and newer Coordinators who have established new teams reported they use the tools consistently and find them helpful. Several Coordinators responded that they primarily use them as a “checklist” to make sure they have covered all required elements when establishing new teams. Several additional respondents reported they were not familiar with, and do not use, the tools (see Figure 1).

Figure 1. Use of Hub Readiness Assessment Review Tools



Peer Leadership Group (PLG) Calls

All respondents who participate in the regular Peer Leadership Group calls reported the calls are a good use of time. PLG calls are twice-monthly meetings with E-MDT Coordinators and other professionals that provide networking, support, and cross-training to strengthen existing teams and support nascent ones. Respondents particularly liked that they were able to connect with other professionals doing the same type of work, as many feel disconnected and sometimes isolated in their specific job duties. They view these calls as having been particularly helpful during the COVID-19 public health emergency and the switch to virtual-only meetings in being able to establish consistent policies and procedures around confidentiality, the use of technology, and other

relevant issues.

Impact of Elder Abuse E-MDT Initiative

Impact on Clients Served

Overall, respondents view the E-MDT Initiative as having a positive impact on clients served; however, responses varied in a few key ways. For example, respondents defined "client" differently depending on their agency. Some respondents defined their clients as the elder victims themselves. Using that definition, several respondents reported there was a positive impact on clients in that their cases were being investigated and, in some cases, the perpetrators were prosecuted and restitution ordered.

Other respondents defined "client" as the professionals working on the E-MDTs. For these respondents, the main impacts included:

- Resource and idea sharing;
- Increased inter-agency communication and collaboration; and
- Increased awareness of the prevalence of elder abuse.

Additionally, respondents differed on whether the impact of the Initiative was on solving cases of abuse or the following:

- Providing an additional resource for older individuals;
- Providing increased awareness and understanding of financial abuse through formal and informal training and information dissemination; and
- Streamlining the process of investigating financial abuse.

Impact on Core or Liaison Member Agency

Respondents had varying input based on how long the E-MDT has existed. For teams that have been around for several years, in some cases the impact has been that their clients are better served by being able to participate in the process. In some cases, the main benefit has been an additional funding stream to provide services to older individuals. For teams that are newly formed, the impact on the agency has been less clear or straightforward.

Impact on Service Area

Again, feedback depended on how established teams are. Several respondents with longstanding teams view their role as Coordinators and Administrators as including outreach and advocacy in the community. For respondents that engage in these educational activities, they reported the main impact on their service area being an increased awareness of the significance and prevalence of elder abuse. For both newer Coordinators/Administrators and those in the process of establishing new teams, their role is more focused on building teams rather than community education. Several respondents reported they would like to do more outreach and education when they have the time and resources to do it.

Impact on State

Respondents reported several key areas where they believe E-MDTs have had an impact statewide. These include:

- Increased restitution orders for victims of elder abuse. Prior to the teams' statewide activities, very few older victims of financial abuse ever recovered any of their stolen money or property. To date, E-MDTs have assisted in roughly two million dollars in ordered restitution to victims outside of New York City, with a similar amount in New York City.
- Legislative changes. E-MDT members advocated for and helped inspire a change in New York State law that went into effect in October 2017 to allow victims to apply for up to \$30,000 to help compensate for financial exploitation.
- The development of statewide collaborations among elder-serving and related agencies and non-profits. Technical Assistance providers, in addition to Coordinators and Administrators, have helped build resource networks across the state to better serve both the E-MDTs and victims.

Impact of the COVID-19 Public Health Emergency

Several themes emerged regarding the impact the COVID-19 public health emergency has had on the Initiative. They include:

- Meetings going virtual. This has had a varied impact across the state.
 - All respondents indicated that individuals have been able to participate in meetings in some form. Lack of high-speed Internet and reliable phone service have not been barriers to participation. Given that several teams are located in areas in New York State where high-speed, reliable Internet and cell phone service are regularly reported to be lacking, it is significant this was not listed as a barrier to meetings.
 - Most respondents reported there were initial confidentiality and privacy concerns expressed by team members participating in a virtual meeting format. PLG calls and Technical Assistance helped in setting up consistent protocols and responses to ensure victim privacy was maintained at all times. However, some individuals were only able to participate in meetings via phone due, in part, to agency-wide confidentiality protocols. Some respondents reported this led to meetings being more agenda-driven and focused, with little to no informal communication and networking occurring as typically did during in-person meetings.
 - Many respondents reported that they were able to increase meeting participation because travel and scheduling restrictions became less of a barrier versus in-person meetings. Both law enforcement and legal professionals were highlighted as engaging in more virtual meetings. Participation was such that many Coordinators indicated they will continue to offer a virtual or remote option for meeting participation when in person meetings are able to resume.
- Continuity of meetings. Two respondents indicated E-MDTs they coordinate either refused to meet or meetings were significantly delayed due to the COVID-19 public health emergency. Confidentiality, scheduling conflicts, alternate priorities, and a lack of cases being referred were cited as reasons for teams not meeting. At the time of the interviews, however, all teams had met at least once since the “New York State on Pause” Executive Order or had plans to meet in the near future.
- Referred cases. All respondents reported a reduction in cases being referred to teams at the onset of NY PAUSE, which is understandable given an overall reduction during that time of referrals for many different services. This has had varying impact on meeting agendas. Several respondents indicated they were able to focus meetings on a small number of existing, complicated cases and allow them to close the cases. Other meetings have focused on education and training in the absence of cases. Since that time, there has been a small but steady increase in the number of cases being referred to teams.

Lessons Learned

Several respondents mentioned that they learned about the potential for a high degree of complexity in elder abuse cases. Coming from different fields in prior employment, they were struck by both the dynamics within these cases and their complexity. For example, the victims do not immediately want to press charges because the perpetrators are often family members and their caregivers. Second, the perpetrators often have issues of mental health, substance abuse, and other challenges, which make cases more complicated. Being able to access other community resources to help families is often key to providing successful outcomes.

Funding also came up several times during the interviews. Respondents expressed gratitude for current funding, but concern regarding its longevity and consistency. Continuing to pursue additional funding sources to maintain the Initiative was noted several times as an important activity.

One respondent captured another consistent theme by saying “[I have learned the] importance of relationships and having that one party that is really going to be the advocate and the champion within the county.” Relationships, communication, and advocacy were all reported as being an important lesson throughout the interviews. A final lesson shared by several respondents was the importance of including equity and racial justice into E-MDT activities and goals. Just as the COVID-19 public health emergency has impacted the work of the teams, so does the increasing awareness of inequities and injustices within the larger New York State systems, and this needs to be considered and addressed.

SELF-REPORT SURVEY

METHODOLOGY

Survey Design

The Survey included 14 questions, 3 of which were open ended responses [Appendix C]. Given that one goal of this study is to inform a subsequent evaluation, Question 11 was designed to understand both the respondents' perception of the impact [positive/negative] and their perception of the degree [none to significant] of any impact across six different areas. The six topic areas were:

1. Elder abuse cases the respondent brought to the E-MDT
2. Elder abuse cases other professionals brought to the E-MDT
3. Elder abuse cases that were not presented to an E-MDT
4. The respondent's agency
5. The respondent's approach to their work/practice
6. The area served by the respondent's organization

Sample

The survey sample consisted of individuals representing Core and Liaison Member agencies and Specialty Service Providers with different roles within the E-MDTs across the state. Examples of disciplines represented include law enforcement, legal professionals, social work, adult protection, medical professionals, and others. Contact information was provided for a total of 498 potential respondents. Following two attempts to contact individuals it was determined that a total of 19 emails were considered undelivered for a number of reasons. Total survey responses equaled 312 indicating a response rate of 63% to the self-report survey. The survey sampled a total of 312 individuals in two cohorts described below.

DATA COLLECTION

The survey reflects an iterative design and development process with representatives from Lifespan, NYCEAC, NYSOFA and members of the research team. After it was developed, CHSR staff programmed it into Qualtrics. Qualtrics is an online survey design and dissemination platform preferred by SUNY Albany due to its functionality, flexibility, and data security and protection capabilities. The survey was initially sent to a total of 498 email addresses on July 28, 2020 and was open for two weeks. Three reminder emails were sent, and the deadline was extended for an additional week during which two additional reminders were sent via email. This total includes an additional cohort of 50 individuals (missed during the first survey invitation) who were contacted by email and allowed two weeks for completion. Reminder emails to the additional cohort were sent three times before the close of the survey on August 21, 2020.

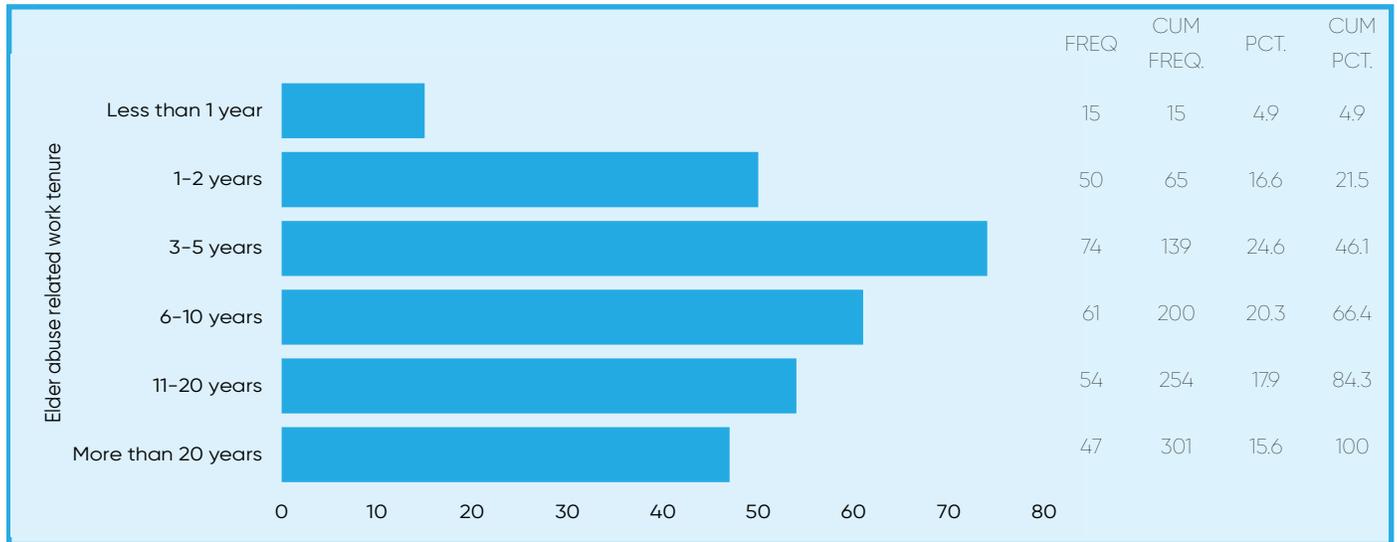
FINDINGS

For a breakout of the responses for regions with a sample size greater than 25 (regions 1, 2, 3, 4, and 10), see Appendix D. See Table 2 for the sample size of each region.

Tenure Working in the Field of Elder Abuse

The respondents reflect a workforce with significant experience in the field of elder abuse. As seen in Figure 2 approximately 52% reported having more than six years of experience, with approximately 16% reporting more than 20 years of experience. Approximately 28% reported between three to five years and approximately 5% reported less than one year.

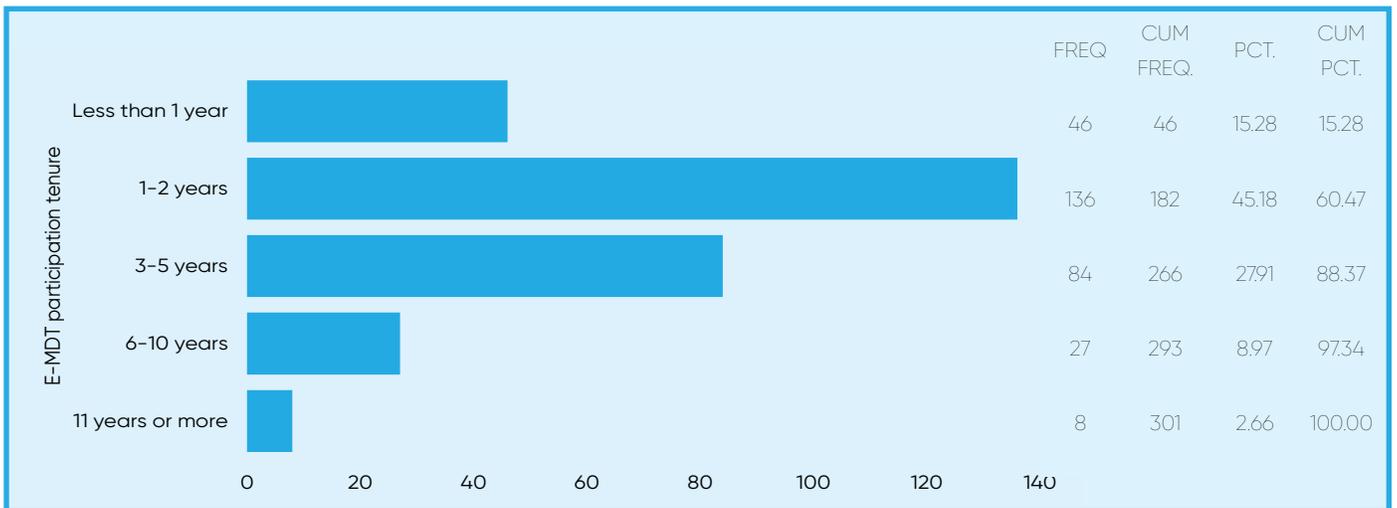
Figure 2. Tenure Working in Elder Abuse Field



Tenure Participating on an E-MDT

As seen in Figure 3 the majority of the respondents (60%) have been participating on an E-MDT 2 years or less, which is not surprising given the early stage of this Initiative’s implementation. Interestingly, approximately 28% reported between 3-5 years working participating on an E-MDT.

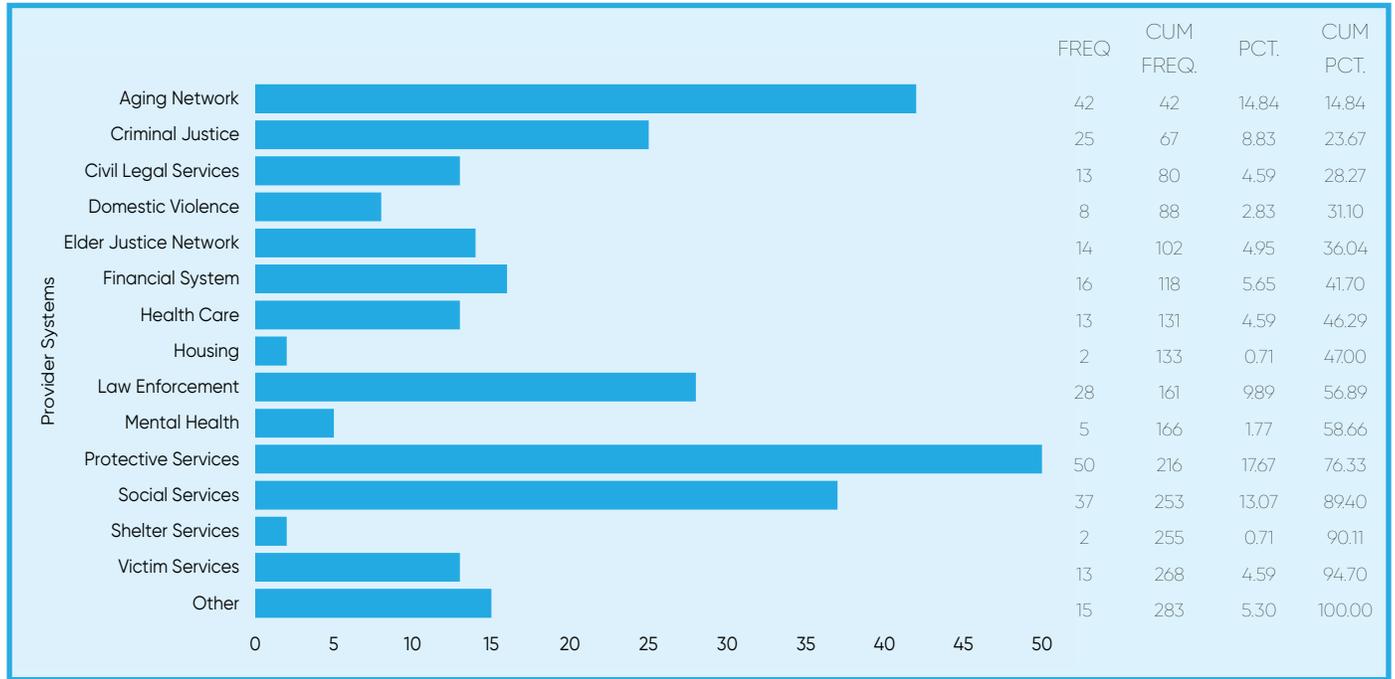
Figure 3. Tenure Participating on an E-MDT



Distribution by Role and System Represented

Among all respondents 79% identified their role as Core Members (N=251), followed by 7% reporting their role as a Liaison Member (n=26). There were 25 Specialty Service Providers and 25 respondents whose status was unknown. As seen in Figure 4 there were diverse provider systems represented in the sample. Not surprisingly, the largest system (field of practice) were from Protective Services (n=50) and Aging Network (n=42), which represented approximately 32% of all respondents. Additional fields included Law Enforcement (n=28), Criminal Justice (n=25), Financial (n=16), Legal (n=13). There were limited representatives identifying Housing (n=2), Shelter Services (n=2), and Mental health (n=5). For a listing of the responses for Other (Specify), see Appendix D.

Figure 4. Provider Systems Represented



Response by Region

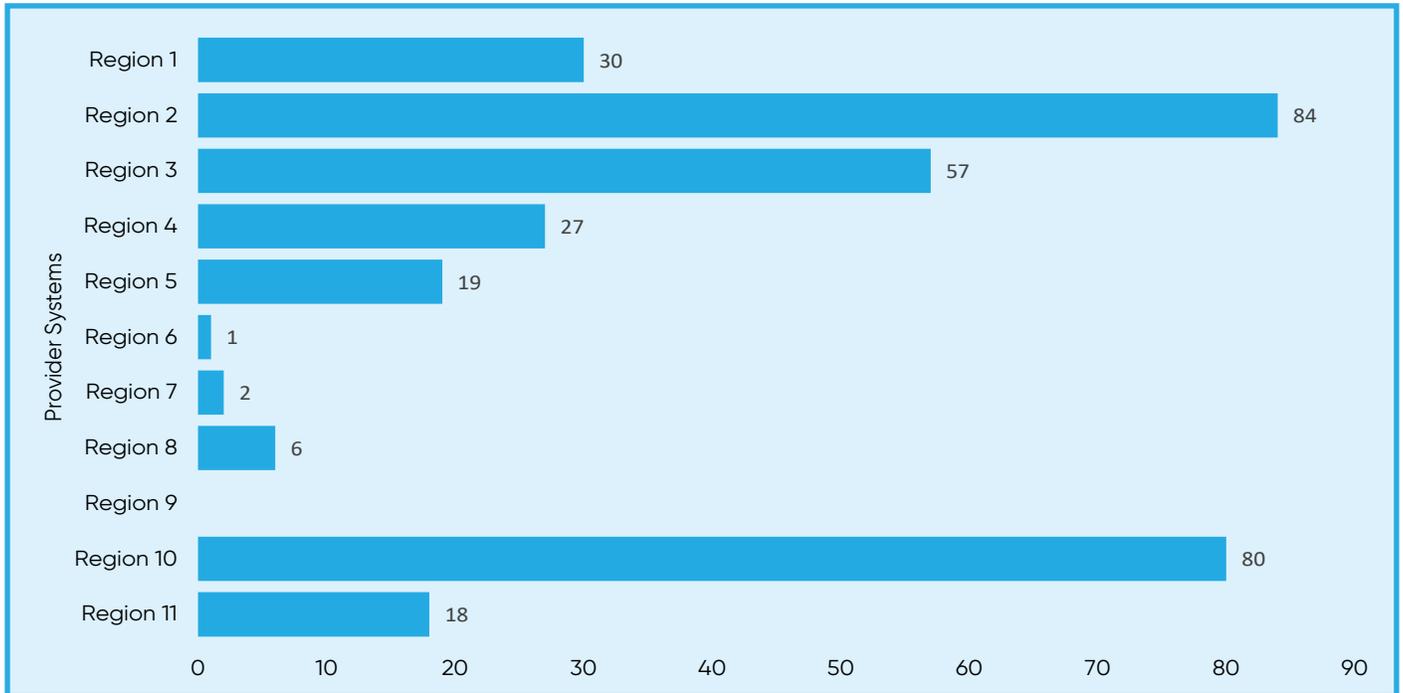
The number of survey recipients for each region varied, as the number and size of operational teams varies from region to region. This is in part due to the staggered roll out of the E-MDTs across the state and in part due to differences in population, service area, and workforce between regions. As noted in Table 2 and Figure 5, Regions 2 (n=84) and 10 (n=80) had the largest number of respondents. This was followed by Regions 3 and 1 with 57 and 36 respondents respectively. The numbers reflect that some respondents identified more than one region. As regions 6, 7, and 9 did not have operational teams at the time the survey was conducted, they were not included amongst the survey respondents. An analysis of the source data indicates that respondents likely chose these regions by mistake. It should be noted that each region achieved a response rate over 50%, which is an above average response rate for similar preliminary evaluation projects.

Table 2. Response Rate by Region

| Region | Survey Emailed | Survey Returns |
|----------------------------|----------------|--|
| Region 1 | 54 | 30 (55%) |
| Region 2 | 90 | 93 (100%) |
| Region 3 | 77 | 57 (74%) |
| Region 4 | 49 | 27 (55%) |
| Region 5 | 32 | 19 (59%) |
| Region 6 | 0 | 1* |
| Region 7 | 0 | 2* |
| Region 8 | 8 | 6 (75%) |
| Region 9 | 0 | 0 (NA) |
| Region 10 | 153 | 80 (52%) |
| Region 11 | 32 | 18 (56%) |
| Participate with all teams | 3 | Identified with one or more of the above regions |

*N/A - Respondent likely chose in error.

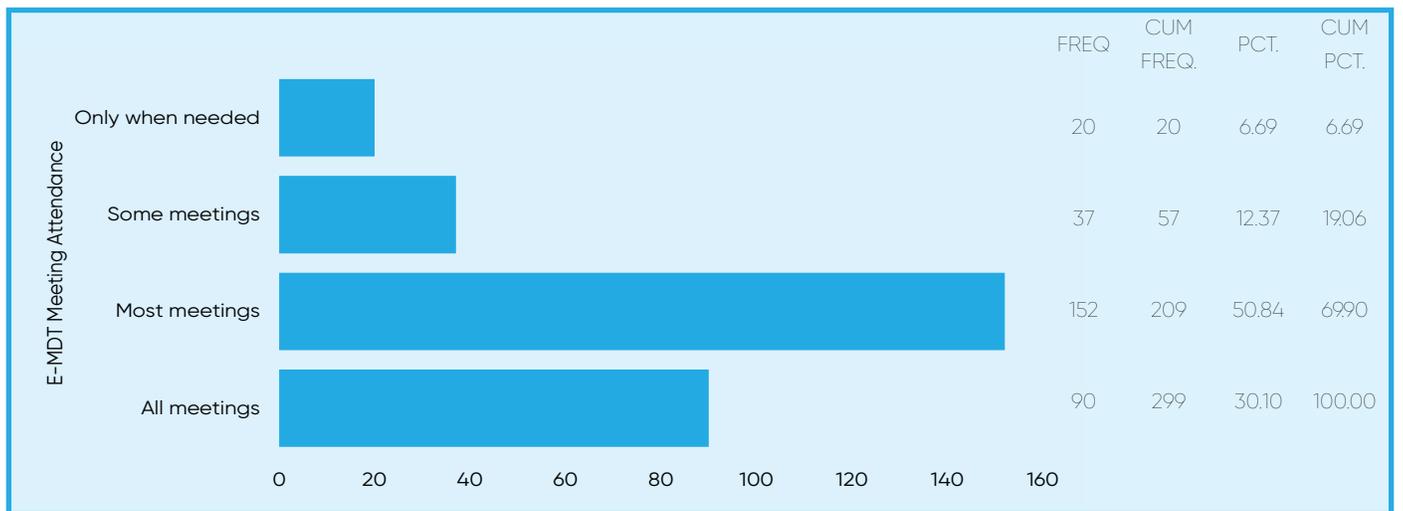
Figure 5. Responses by Region



E-MDT Meeting Attendance

As seen in Figure 6, approximately 50% attended most of the meetings while approximately 30% of respondents attended all of the scheduled meetings.

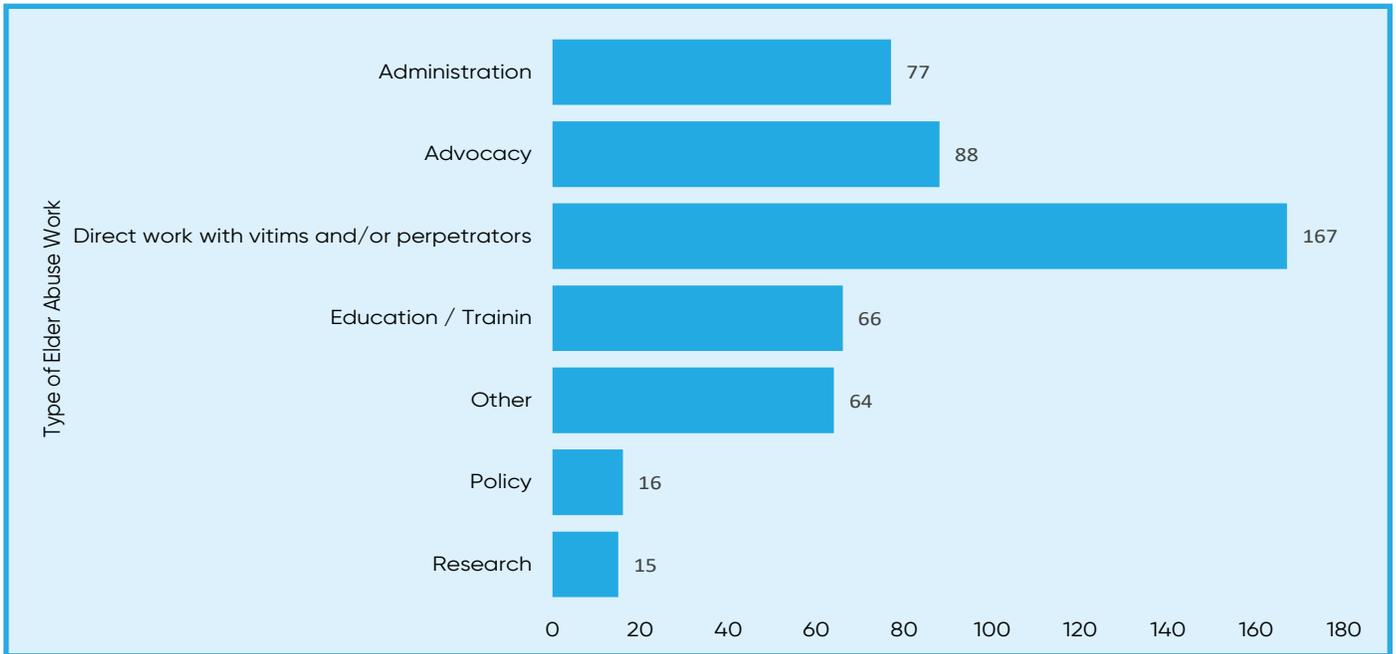
Figure 6. E-MDT Meeting Attendance



Nature of Elder Abuse Work

As seen in Figure 7, respondents were asked to identify the different aspects of elder abuse they work in. Working directly with victims and/or other perpetrators was selected the most (n=167), with approximately 50% fewer selecting Advocacy, Administration, Education/Training. Fewer than 20 respondents indicated working in the areas of Policy and Research. For a listing of the responses for Other, see Appendix E.

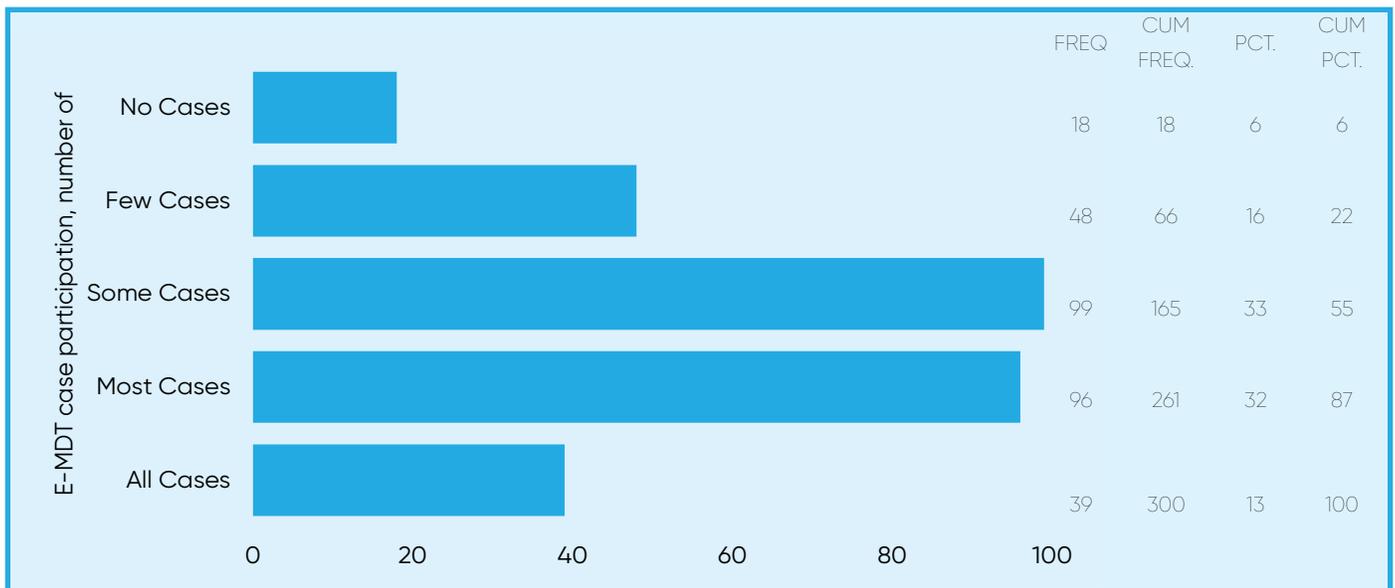
Figure 7. Nature of Elder Abuse Work



Involvement with Cases that Come Before the E-MDT

As seen in Figure 8, only 13% of the respondents indicated they were involved with All Cases, approximately 32% indicated they are involved with Most Cases and 32% indicated they are involved with Some Cases. Approximately 16% of the respondents reported being involved with a Few Cases, while only 6% of those responding indicated they were not currently involved with any of the cases.

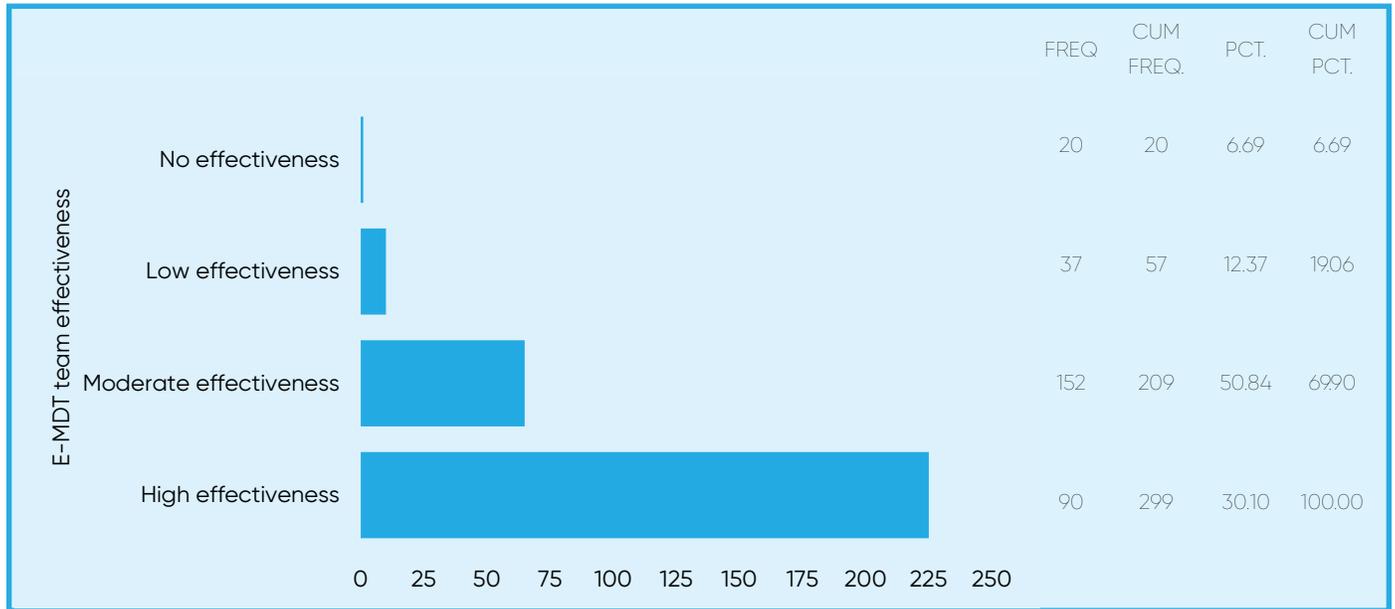
Figure 8. Involvement with Cases that Come Before the E-MDT



Effectively Work Together

Figure 9 shows that of the approximately 301 responses, more than 74%, rated their experience of working on a multidisciplinary team as Highly Effective. There were ten responses (3%) indicating Low Effectiveness and only one indicating No Effectiveness.

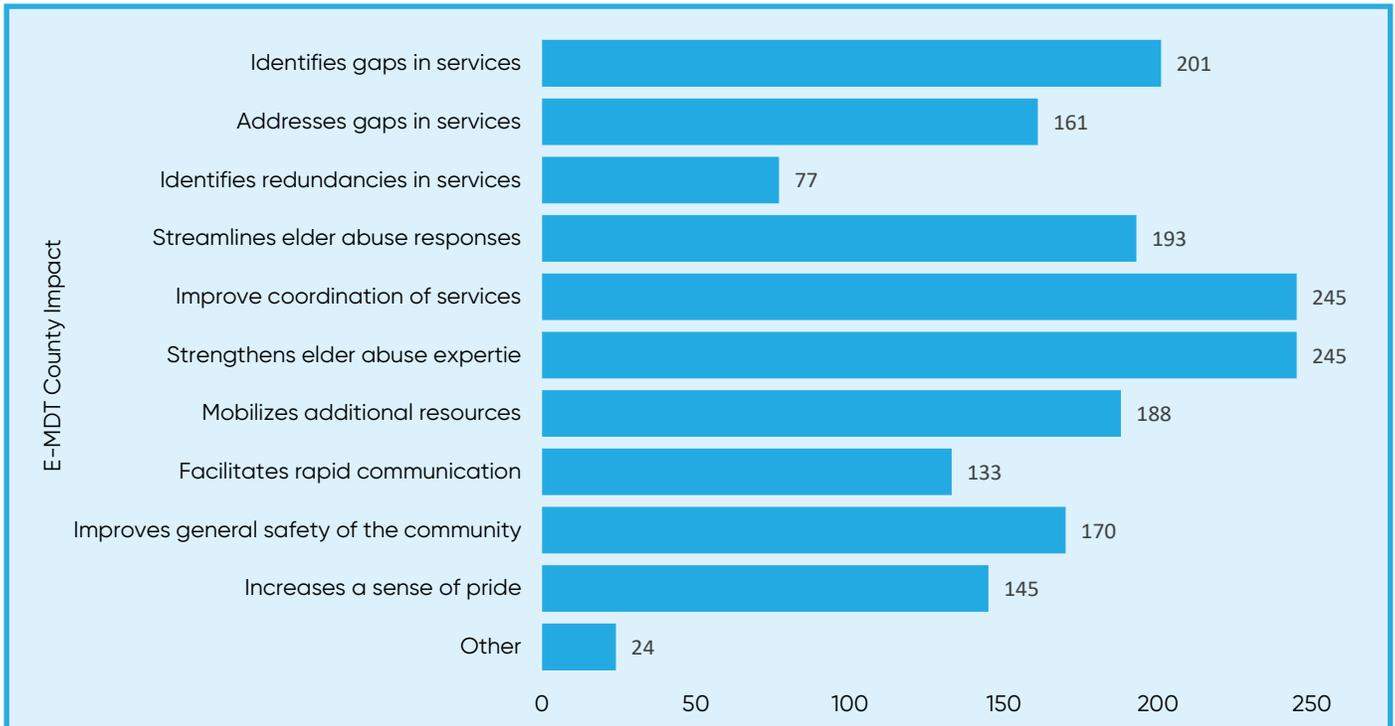
Figure 9 Effectively Work Together



Impact on County Served

When asked to identify the 10 different areas that have been impacted by the E-MDTs there were more than 1500 selections made by 245 of the respondents. As illustrated in Figure 10 improving coordination of services and improving elder abuse expertise were selected the most often (245 times). It should also be noted that identifying gaps in services, streamlining responses, and mobilizing additional resources were also selected frequently. For a listing of the responses for Other (Specify), see Appendix E.

Figure 10. Impact on County Served



Impact Across 6 Topic Areas

The next two areas of inquiry focused on the overall impact [No Impact, Minimal Impact and Significant Impact] and how the impact was perceived [Very Negative, Negative, Positive and Very Positive] across 6 topic areas:

1. Elder abuse cases the respondent brought to the E-MDT
2. Elder abuse cases other professionals brought to the E-MDT
3. Elder abuse cases that were not presented to an E-MDT
4. The respondent's agency
5. The respondent's approach to their work/practice
6. The area served by the respondent's organization

As seen in Table 3, approximately 60% indicated a Significant Impact in four of the six areas. In two of those topic areas, the respondents' approach to work and the cases other professionals brought to the team, approximately 69% of the respondents indicated the E-MDT had a significant impact. Comparatively, an average of 18–25% indicated the E-MDT had a minimal impact. Stated differently, there were fewer than 5% of the responses suggesting the E-MDT had no impact in any of the six areas. It is noteworthy that the last three far right columns in Table 3 reflecting a dichotomous choice (Negative–Positive) reflect even stronger support for the E-MDT approach. Slightly more than 93% of respondents indicating the E-MDT had a positive impact in three of the six areas (E-MDT Cases you brought to the team, Your approach to your work/practice, & The area served by your organization) and 80% indicated a positive impact in two additional areas. Elder abuse clients not assisted by the E-MDT were perceived as experiencing the least amount of impact.

Table 3. Impact Across 6 Topic Areas

| Overall Impact of E-MDT on: Level | No Impact | | Minimal Impact | | Significant Impact | | Not Applicable | | Negative Impact | | Positive Impact | | Not Applicable | |
|---|-----------|-----|----------------|------|--------------------|------|----------------|------|-----------------|-----|-----------------|------|----------------|------|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| The E-MDT cases you brought to the team | 2 | 0.8 | 44 | 18.1 | 110 | 45.3 | 75 | 30.9 | | | 28 | 93.3 | 2 | 6.7 |
| E-MDT cases other professionals brought to the team | 3 | 1.2 | 50 | 20.2 | 170 | 68.5 | 3 | 1.2 | | | 26 | 86.7 | 1 | 3.3 |
| Your elder abuse clients not assisted by the E-MDT | 11 | 4.6 | 38 | 15.8 | 53 | 22.1 | 89 | 37.1 | 1 | 3.4 | 16 | 55.2 | 8 | 27.6 |
| Your agency | 5 | 2.1 | 61 | 25.3 | 145 | 60.2 | 20 | 8.3 | | | 24 | 80.0 | 4 | 13.3 |
| Your approach to your work/practice | 5 | 2.1 | 58 | 23.9 | 166 | 68.3 | 11 | 4.5 | 1 | 3.3 | 28 | 93.3 | 1 | 3.3 |
| The area served by your organization | 9 | 3.7 | 61 | 24.9 | 152 | 62.0 | 10 | 4.1 | | | 27 | 93.1 | 2 | 6.9 |

SUMMARY OF RESPONSES: THREE OPEN ENDED QUESTIONS

This section will present the summary of the responses to three open ended questions: Do you have any Additional Comments about the Impact of the E-MDT; Any Feedback Regarding the E-MDT; and Lessons Learned from Your Involvement on the E-MDT. It should be noted that any 'bracketed' edits honored the spirit of the comment and were only done to improve the readers' understanding of the quote.

Question 12: Additional Comments on the Impact of the E-MDT

The respondents were asked to provide any additional comments that may help further explain the impact of the E-MDT. Out of 312 completed surveys, 128 included comments.

Delivery of Service

The responses clearly suggest the E-MDT is having a positive impact in a number of areas. The multidisciplinary

collaboration among the different systems responsible for responding to and addressing elder abuse was noted by many respondents. Collaboration with different agencies, such as the US Attorney's Office, was mentioned. Many comments linked the improved collaboration to a positive impact on the lives of clients. Integrating the E-MDTs into the work Adult Protective Services provides has produced significantly positive impacts in the lives of APS clients. This quote captures the sentiment of many respondents, "I think it is very beneficial for the community, the client, and the service provider to have such easy access to the members of the EMDT and being able to access their knowledge. It makes us better providers and in turn enhances the communities we serve."

Collaboration/Teamwork

Respondents commented that improved cooperation/collaboration among members of the team provided an enhanced understanding of the complexity of their work. One respondent commented, "Creates a strong connection between all MDT partners, i.e., social service providers, law enforcement, medical professionals, etc. Improves communication. Provides a valuable resource for discussing very difficult cases." Another provided the following comment, "Bringing the case in front a group of experts from banking, law enforcement, forensic accountant, etc. is extremely helpful in putting together a 'game plan' with coordinated efforts from multiple agencies."

Professional Development

The E-MDT Initiative has resulted in better care for clients, while also providing opportunities for professional development. Comments such as, "I find the E-MDT extremely important to serving the elderly population in our community because it gives caseworkers a chance to present their cases to the group and get a fresh set of eyes on the problems the elderly client faces allowing us to give them the best assistance possible for their situation."

For the most part the E-MDT is highly appreciated and it has helped workers in a variety of direct and indirect ways. As one stated, "E-MDT has helped me to grow as a professional in strengthening [the] safety and action plan with my clients. The E-MDT is not only a great meeting of the minds to advocate for a vulnerable demographic, but it is also a networking opportunity for all parties involved so we can increase our resources and use them to their greatest effectiveness." Another captures the spirit of many others, "I have learned about available resources I was unaware of before attending E-MDT Meetings."

Issues/Opportunities

There were comments that suggested not all community partners are as open to collaborating as others, as well as inconsistent participation of partners. This is reflected in statements that indicate inconsistent participation by some agencies, "I think the effectiveness of an E-MDT depends heavily on the effectiveness and openness [of our community partners]." As with any program implementation the comments reflected issues/opportunities the respondents encountered. Another respondent highlighted that the importance of having adequate administrative support makes a big difference. "The E-MDT Initiative is very dependent on the level of commitment of local service providers and key system leadership. When everyone is engaged at a high-level, with a commitment to justice, E-MDT does truly amazing work!"

There was some indication that the size of the agency could have an impact on intra-agency communication and although the E-MDT Initiative resulted in an additional step, the added check in was beneficial. "We are a very small county and have open communication with everyone. We should not need to go through the coordinator to perform our duties. With that being said, regular scheduled meetings to check in are beneficial."

There was some indication that the full potential of the model is dependent on the level of collaboration of the community partners. Some of which could be a reflection of the partner's understanding of elder abuse. "I think the impact of the E-MDT all depends on who is assisting with the law enforcement side of things. In my experience, the DA appears to have a crucial role and I feel that some individuals of law enforcement may not see the severity of impact on an older adult who has been victimized compared to other professionals apart [from members] of the team." The following comment illustrates challenges to cross agency collaboration, "Our county struggles getting

the core players to the table despite the coordinator's valiant efforts Our coordinator continues to pursue a coordinated team."

Suggestion for Training and Education

It was noted by some that it is important to provide training in the community, especially during the early adoption of the model. This is highlighted in the following comment, "Our E-MDT is relatively new to our community. Community partners would benefit from more education about the E-MDT."

Question 13: Additional Feedback

There were 100 comments responding to the question, "Do you have any other feedback regarding the E-MDT?"

Collaboration

The responses to this question were overwhelmingly positive and contained a number of observations and suggestions. Responses acknowledged the importance of collaboration and some of the benefits to the respondents' agency. The collaboration with non-traditional partners, as well as agencies directly involved with elder abuse, are noted in the following two comments. "It's invaluable in the connections that exist now between various agencies" and "Access to a financial accountant has been very beneficial to us with our investigations." Another stated, "The opportunity to bring together professionals from a variety of disciplines is invaluable. . . . Seeing the case from different angles while discussing it with other professionals is an invaluable tool to case work, especially case work as complicated as working with elder abuse survivors."

The sentiment was that this Initiative successfully helped to bring together key partners across multiple sectors. "The E-MDT is an efficient and effective strategy for bringing together key actors in elder justice to collaborate in complex cases." This respondent went on to state how the E-MDT has helped to facilitate their agency's capacity to respond to abuse. "It is efficient because to save the case manager having to 'shop' for other organizations such as law enforcement, APS, DA's office to help with the case and repeat the story many times; it brings the expertise of multiple disciplines to the table to answer questions about very specialized knowledge at times; and it allows multiple actors to formulate a plan on the spot." The following comment summarizes much of the feedback, "It has been a great experience learning the ins and out of other organizations. You are better able to help your clients know more about how other systems work."

Concerns

There was some feedback that identified challenges to getting the key partners to attend some meetings. One respondent stated, "I would like to see increased attendance by other members without whom not much can be done and the purpose of the meeting is pointless." The following quote suggests a concern related to roles and/or jurisdiction, especially in the early stages of implementation "There are a lot of 'assumptions' about 'who has jurisdiction', 'who/which agency is supposed to take the lead', 'what power each agency actually (legally) has to effect change' - e.g.: the role of Adult Protective Services and the scope of what they can - and perhaps more importantly - what they cannot do." Another respondent made the following suggestion, "Perhaps, the E-MDT needs to take a more active role with elder abuse prevention partners in providing education and elder abuse prevention activities including how to combat consumer fraud and scams." One interesting concern related to confidentiality, specifically the inadvertent or accidental use of client-related information, during some meetings was expressed. It was also noted that understanding the entire process is important, although adapting to the time it takes to see a case through to closure is challenging.

Professional Development

The comments contributing to this theme clearly suggest a positive regard for the meetings and the shared-learning experience. One respondent commented about learning so much from their colleagues and then went a step further indicating their desire for more frequent meetings, "The meetings should happen more often as there are so many cases. Wish we could address more cases." The desire for greater time, while not shared by

all the respondents, does appear to have a positive effect on the professional development of the participants. One respondent noted, "The E-MDT has given me access to and knowledge about resources available in the community and confidence to question when I don't believe something is 'right.'" This was further articulated in the following comment, "Case discussions emphasize how nuanced interventions are needed to address the array of complex issues brought forth and why a multi-disciplinary approach can be beneficial."

Service Delivery

The majority of feedback clearly suggested that the E-MDT has made a positive improvement on the coordination and delivery of services. This sentiment can be summarized in the following two quotes, "I feel that it is very beneficial to the community" and "Our E-MDT has certainly revitalized various community agencies' interest in and response to elder abuse." One respondent went a step further suggesting that every county should have an E-MDT. Taken in their entirety the feedback provided by the respondents was positive and the following comment sums up the sentiment that many of the respondents expressed, "Essential that it continues."

Question 14: Lessons Learned

There were a total of 101 responses to the final question on the survey that asked the following question: "Is there anything you have learned from your involvement on the E-MDT that you want us to know about?"

Collaboration/Teamwork

Similar to what was stated in the prior two sections the lessons learned from participating in the E-MDT Initiative were very positive. Learning about and working within a collaborative model was identified as an important benefit in many of the comments. The experience of being part of a team was reflected in this comment, "Team meetings which include law enforcement, representatives from the District Attorney's Office, APS staff, and a victim advocacy agency are critical." Within this comment was also the following caution, "When we lack those key members, it is more challenging to support the victim and stop the financial exploitation." Another outcome of the team meetings appears to be an added appreciation for both the challenge of the work and the dedication of colleagues. This is aptly represented in the following comment, "This is a great group of people who work in sync to help the victims of the abuse. I have seen them at work and they do a great job. Caring, helpful and compassionate group of people."

It was clear that many comments suggested it was hugely beneficial to have regular interactions with other agencies and to learn about the different professionals in the community. This respondent went on to state, "Learning who are the 'go to' people and having a place to direct questions really helps me to better serve the community at large." Among the lessons learned it was noted that participating in the E-MDT was appreciated by liaisons, as reflected in the comment of one liaison who stated, "As a liaison agency, I have come away with a much stronger appreciation of the patience and hard work put in [by] social workers working with elderly clients." The E-MDT provided both lessons learned and some lessons relearned. This is reflected in the following, "We have learned that it takes a 'village' to support our clients who have suffered from abuse. The E-MDTs provide that safety net."

There was recognition that the collaborative roles between DSS, county OFA, Lifespan and the Sheriff's Department have been enhanced as a result of the monthly meetings. The diversity of team participants was also noted. For example, one respondent commented, "The availability of a forensic accounting to be done on financial crimes has been invaluable and that I wish we could have had that capability years ago with cases that I was not able to pursue because it was too voluminous."

Concerns

There were some comments that also suggested implementation requires time and requires clear leadership and the delineation of roles. For example, one comment suggested the following, "This is a slow process and very frustrating. I am a strong advocate and am disappointed we are not able to move faster and provide more

protection from fraud and exploitation." The roots of this could vary, but as the following statements illustrate, accountability and jurisdiction are important. "There are so many agencies but there is a significant lack of knowledge for the victims to know whom to reach out to. As a specialist I didn't know of the options till I came on board." "The amount of overlap between the criminal and civil legal systems regarding Elder abuse is more profound than I originally was aware. The [E-MDT] has enabled a much better coordination of civil and criminal remedies to Elder issues. When a criminal remedy is unavailable sometimes a civil remedy is warranted and available. The elder person is then helped."

Professional Development

As with each of the open-ended questions, comments frequently reflected on the personal development and professionalism that developed as a result of their participation in the E-MDT Initiative. This comment expressed a commonly repeated lesson learned, "I have learned that you sometimes need the assistance of other service providers to brainstorm ideas on complex cases. They may provide you with additional resources that you were not aware of. It definitely benefits the clients and the workers as well." Similarly, another commented, "Being educated from both a medical and psychiatric perspective has helped me to look at some of my agencies cases differently in making sure some medical issues are completely ruled out as I have learned it can play out as psychiatric illness when in fact it is not (I.E.) a client having UTI symptoms."

Of note was the professional development of the specialty providers who were not as familiar with elder abuse and specifically financial exploitation. This was reflected in the following comment, "The E-MDT has given me access to and knowledge about resources available in the community and confidence to question when I don't believe something is 'right.' Even though I do not directly present cases, I believe sitting on the team has made me better at my job and identifying people that may be more at risk." While another commented, "It's an amazing experience to sit in the room with many professionals as cases are collaborated and multiple steps/tasks are assigned and put into motion."

Service Delivery

The E-MDT coordinated approach appeared to some to streamline the services allowing them to meet the needs of the individual client more quickly. Another respondent who was new to working in elder abuse commented, "I did not know about the forensic accounting and legal services that are there for people. I am part of an MDT for child abuse cases and it is highly effective, so I firmly believe this is a good resource for all service providers helping the elder population."

Among the lessons learned it was stated that improving community awareness is key both in the implementation of the E-MDT, but even more importantly in protecting the vulnerable. Another respondent suggested that the impact of the E-MDT could be improved if mental health issues were addressed. The respondent went on to state that the E-MDT gave law enforcement a way to hold perpetrators of elder abuse more accountable and get them into court to be dealt with. There were some responses related to the early stages of implementation of the E-MDT. As one respondent from one of the more recent teams to come online suggests, "Our E-MDT is relatively new to our community. Community partners would benefit from more education about the E-MDT. Our team has focused only on cases brought by Adult Protective Services. Other members may not realize they can refer cases to the E-MDT. I don't believe the broader purpose of the E-MDT is well known by members and the community partners." In addition, to some, recognition that patience, community education and administration buy-in are all important during the early implementation.

CONCLUSIONS AND NEXT STEPS

This preliminary program evaluation provides a base-line evaluation, as well as suggestions for a future more in-depth evaluation of the E-MDT Initiative. The overwhelming majority of the findings from the interviews and the survey suggest support for the current status of the Initiative, as well as for purposeful expansion of E-MDTs. Improvements in the areas such as inter-agency collaboration, multidisciplinary teamwork, professional development and streamlining service delivery are themes that clearly emerged from the data. This preliminary program evaluation demonstrated that an iterative participant-informed approach to the design and implementation of the evaluation, even with a short turnaround time, can and does work. This preliminary program evaluation also demonstrates that a mixed method approach including qualitative interviews and quantitative survey design are not only feasible, but important to evaluating some of the more subtle or nuanced outcomes of any future evaluation.

Finally, it was expressed by several state-level respondents that this preliminary evaluation will, hopefully, lead to a more comprehensive evaluation. The use of the survey with open ended questions confirmed many of the findings from the interviews and provided a more comprehensive preliminary evaluation of the E-MDT Initiative. In addition to evaluating the feasibility of conducting a larger, more comprehensive evaluation of E-MDT, the implementation of this evaluation and the findings presented in this report answer some important questions and raise a number of others.

In considering this, a few questions were raised throughout the interviews and surveys, all significant:

- Does the involvement of an E-MDT in cases lead to better outcomes for clients?
- Do victims receive a significant amount of financial restitution? Can the amount of restitution be compared to victims whose cases were not referred to an E-MDT?
- How many cases are referred to the E-MDT? How many of these result in a favorable outcome for victims?
- Is the amount of time to solve complex abuse cases reduced through the involvement of the E-MDTs as compared to the amount returned to victims whose cases were not referred to an E-MDT?
- How do counties currently without an E-MDT (e.g., within the Capital District) handle these cases? How does their process change once an E-MDT is established (pre-post design)?
- How to best engage and educate community partners?

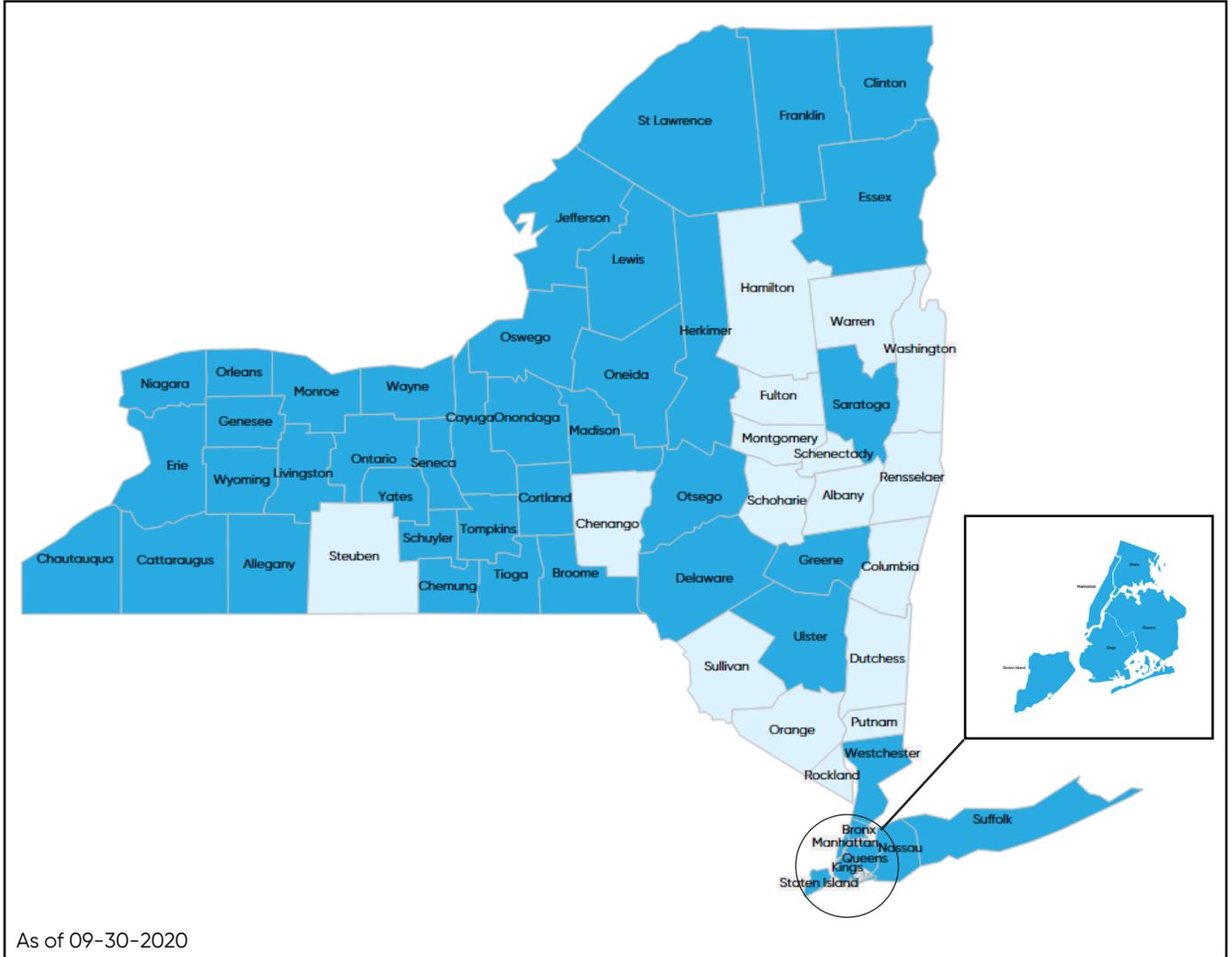
APPENDIX A: E-MDT REGIONS AND COUNTIES WITH OPERATIONAL TEAMS AS OF SEPTEMBER 30, 2020

Some counties with operational teams were not captured in this report for a variety of reasons (e.g., the teams became operational during and after the interview and survey process or were too new when the interviews and survey started). These teams are indicated with an asterisk (*).

Regions with County Breakout (underline counties had operational E-MDTs as of September 30, 2020)

| Table 2. Response Rate by Region | | | | | |
|----------------------------------|-------------------|---------------------|---------------------------------|----------------------|------------------|
| Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| <u>Cattaraugus</u> | <u>Allegany</u> | <u>CORTLAND</u> | <u>BROOME</u> | <u>CLINTON</u> | FULTON |
| <u>Chautauqua</u> | <u>Cayuga</u> | <u>Herkimer</u> | Chenango | <u>Essex</u> | Hamilton |
| <u>Erie</u> | <u>Chemung</u> | <u>Madison</u> | <u>Delaware</u> | <u>Franklin*</u> | Montgomery |
| <u>Niagara</u> | <u>Genesee</u> | <u>Oneida</u> | <u>Otsego</u> | <u>Jefferson*</u> | <u>Saratoga*</u> |
| <u>Wyoming</u> | <u>Livingston</u> | <u>Onondaga</u> | <u>Tioga</u> | <u>Lewis*</u> | Schoharie |
| | <u>Monroe</u> | <u>Oswego</u> | | <u>St. Lawrence*</u> | Warren |
| | <u>Ontario</u> | <u>Tompkins</u> | | | Washington |
| | <u>Orleans</u> | | | | |
| | <u>Schuyler</u> | | | | |
| | <u>Seneca</u> | | | | |
| | Steuben | | | | |
| | <u>Yates</u> | | | | |
| | <u>Wayne</u> | | | | |
| Region 7 | Region 8 | Region 9 | Region 10 | Region 11 | |
| Albany | Dutchess | Putnam | <u>Bronx</u> | <u>Nassau</u> | |
| Columbia | Orange | <u>Westchester*</u> | <u>Kings (Brooklyn)</u> | <u>Suffolk</u> | |
| Greene | Rockland | | <u>New York (Manhattan)</u> | | |
| Rensselaer | Sullivan | | <u>Queens</u> | | |
| Schenectady | <u>Ulster</u> | | <u>Richmond (Staten Island)</u> | | |

MAP OF COUNTIES WITH OPERATIONAL E-MDTs AS OF SEPTEMBER 30, 2020



APPENDIX B: INTERVIEW PROTOCOLS

OVS/VOCA Elder Abuse Interventions and E-MDT Initiative Preliminary Project Evaluation Interview Questions

This interview is to obtain information about your experiences with the OVS/VOCA Elder Abuse Interventions and E-MDT Initiative. The goal is to gauge the success of the E-MDT Initiative to date and the impact it has had on the individuals and agencies involved and to identify potential areas for improvement.

While some questions specifically refer to the COVID-19 public health emergency beginning with the federal Major Disaster Declaration (MDD) on January 20, 2020, please consider both your overall experiences with the E-MDT Initiative as well as the impact COVID-19 has had when answering all the questions.

Participation in this interview is voluntary. You are free to skip any questions or stop the interview at any time. Your responses will remain confidential. No personal information will be presented in any reports, publications or presentations. The information provided will not be used beyond the purpose of this project.

Statewide Administrators and Strategic Partners

1. Describe how you view your role in the E-MDT Initiative.
2. Discuss your experiences starting new Multi-County Hubs.
 - What issues do you face?
 - What factors play into those issues (e.g., relationships with local partners)?
 - What steps do you take to resolve them?
 - What strengths or assets did you find the Multi-County Hubs were able to utilize (e.g., relationships with local partners)?
3. What do you think the Statewide impact of the E-MDT Initiative has been to date?
4. What have you learned from your involvement in the E-MDT Initiative?
5. What impact has the COVID-19 public health emergency beginning with the federal MDD on January 20, 2020 had on the E-MDT Initiative, including starting up new Multi-County Hubs and working with existing Hubs?
6. If you had to select one lesson to pass on from your involvement in the E-MDT Initiative, what would it be?
7. Is there anything else you would like to add?

Multi-County Hub Administrators

1. Describe how you view your role in the E-MDT Initiative.
2. Provide general information about your entity's role as a Multi-County Hub.
 - How long have you been a Multi-County Hub?
 - How many FTEs do you have working on the E-MDT Initiative and what are their roles?
 - What internal challenges has your entity faced and how were they resolved?
 - What strengths or assets was your entity able to utilize (e.g., relationships with local partners)?
3. What impact on your agency do you think the E-MDT Initiative has had to date?
 - Clients served by the agency (both E-MDT and non E-MDT clients).
 - Meeting the stated goals of the E-MDT Initiative.

4. What impact on your service area do you think the E-MDT Initiative has had to date (include information on the impact the E-MDT Initiative has had on clients and the community during the COVID-19 public health emergency beginning in January 2020 to present)?
5. What have you learned from your involvement in the E-MDT Initiative?
6. What impact has the COVID-19 public health emergency beginning with the federal MDD on January 20, 2020 had on the operations of the E-MDTs in your Hub?
7. If you had to select one lesson to pass on from your involvement in the E-MDT Initiative, what would it be?
8. Is there anything else you would like to add?

Multi-County Hub Coordinators

1. Describe how you view your role in the E-MDT Initiative.
2. Discuss your experiences starting new E-MDTs.
 - What external issues do you face when starting up new teams?
 - What factors play into those issues (e.g., rural/suburban/urban location, population demographics, availability and buy-in from local partners)?
 - What steps do you take to resolve them?
 - What strengths or assets was your entity able to utilize (e.g., relationships with local partners)?
3. Please provide general information on the utilization of the local and Hub Readiness Assessment Review Tools.
 - Were they helpful in assessing what was needed in starting up new teams and further developing existing ones?
 - Did they impact what assistance you requested from the Statewide Coordinator or Technical Assistance Providers?
4. What impact on your agency do you think the E-MDT Initiative has had to date?
 - Clients served by the agency (both E-MDT and non E-MDT clients).
 - Meeting the stated goals of the E-MDT Initiative.
5. What impact on your service area do you think the E-MDT Initiative has had to date (include information on the impact the E-MDT Initiative has had on clients and the community during the COVID-19 public health emergency beginning in January 2020 to present)?
6. What have you learned from your involvement in the E-MDT Initiative?
7. What impact has the COVID-19 public health emergency beginning with the federal MDD on January 20, 2020 had on the operations of the E-MDTs in your Hub?
8. If you had to select one lesson to pass on from your involvement in the E-MDT Initiative, what would it be?
9. Is there anything else you would like to add?

Technical Assistance Providers

1. Describe how you view your role in the E-MDT Initiative.
2. Describe your experiences as a Technical Assistance Provider.

- What are your experiences working with new Hubs?
 - What are your experiences with existing Hubs?
 - What issues do you face working with new and existing Hubs?
 - What factors play into those issues?
 - What steps do you take to resolve them?
 - What organizational or professional strengths or assets were you able to utilize?
3. Please provide general information on the utilization of the local and Hub Readiness Assessment Review Tools.
 - How were they utilized?
 - What impact did they have on your role as Technical Assistance Providers and the types of assistance you provided to the Multi-County Hubs?
 4. Describe the usefulness of the PLG calls in providing technical assistance.
 5. What have you learned from your involvement in the E-MDT Initiative?
 6. What impact has the COVID-19 public health emergency beginning with the federal MDD on January 20, 2020 had on your role as a Technical Assistance Provider, the issues faced by the Multi-County Hubs, and the type(s) of assistance you provided?
 7. If you had to select one lesson to pass on from your involvement in the E-MDT Initiative, what would it be?
 8. Is there anything else you would like to add?

APPENDIX C: SELF-REPORT SURVEY

OVS/VOCA Elder Abuse Interventions and E-MDT Initiative Project Evaluation Survey Questions for E-MDT Members

Black text is survey content. Blue text is formatting instruction.

The following should appear at the top of the survey:

This survey is to obtain information about Elder Abuse Enhanced Multidisciplinary Team (E-MDT) Members' and Specialty Service Providers' experiences on and with the E-MDT. It is being conducted by the Research Foundation of the State University of New York on behalf of Lifespan of Greater Rochester and the New York City Elder Abuse Center.

The goal is to understand the effects the E-MDT has had on the victims whose cases come before the E-MDT, on the core, liaison, and specialty service representatives to the teams, and on the community. The survey is intended to be taken by the representatives sent to the E-MDT by Core and Liaison Member organizations and Specialty Service Providers.

Participation in this survey is voluntary. Your responses will remain confidential. No personal information will be presented in any reports, publications or presentations. The information provided will not be used beyond the purpose of this project. The survey will take about 30 minutes to complete.

If you sit on more than one E-MDT, please answer the questions based on your experiences with one team of your choosing.

For programmatic/policy questions, please contact your E-MDT Coordinator or Lifespan of Greater Rochester Inc. at emdt@lifespan-roch.org.

For questions about this survey, please contact Carmen L. Morano, Professor and Associate Dean for Research at the School of Social Welfare at the University of Albany, at clmorano@albany.edu or 518-591-8734.

- Discussions and case presentations at meetings and accept action items from the E-MDTs.

Date

Auto fill with the date the respondent is filling out the survey

1. Please indicate all of the regions that have an E-MDT that you participate on as a core, liaison and/or specialty service provider. *Required

(Select all that apply)

Multi-select

- Region 1: Cattaraugus, Chautauqua, Erie, Niagara, Wyoming
- Region 2: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Yates, Wayne
- Region 3: Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, Tompkins
- Region 4: Broome, Chenango, Delaware, Otsego, Tioga
- Region 5: Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence
- Region 6: Fulton, Hamilton, Montgomery, Saratoga, Schoharie, Warren, Washington
- Region 7: Albany, Columbia, Greene, Rensselaer, Saratoga
- Region 8: Dutchess, Orange, Rockland, Sullivan, Ulster
- Region 9: Putnam, Westchester
- Region 10: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)
- Region 11: Nassau, Suffolk

2. Are you a Core Member, Liaison Member, or Specialty Service Provider? (Select all that apply) *Required

Multi-select

- Core Member: Core Members are organizations that assign a representative(s) to attend each E-MDT meeting. The representatives are experts with unique knowledge and skills applied to the serious problems at hand.
- Liaison Member: E-MDT Liaison Members are organizations that do not send representatives to attend each meeting but are available to attend for cases that directly involve them.
- Specialty Service Provider: The E-MDT Initiative provides teams with access to three types of specialty services: forensic accountants, geriatric mental health, and community legal services. Specialty service providers participate in
- Don't know

3. If you are a Core or Liaison Member or don't know, which of the following best describes the system in which you work in relation to your work on the E-MDT? (Select one) *Required

- Aging network
- Criminal justice
- Civil legal services
- Domestic violence
- Elder justice network
- Faith-based
- Financial system
- Health care
- Housing
- Law enforcement
- Mental health
- Protective services
- Social services
- Shelter services
- Victim services
- Other (Specify)

4. If you are a Specialty Service Provider, which specialty area are you involved with? (Select one) *Required

Single-select checkboxes or drop down

- Forensic accounting

- Geriatric mental health
- Community legal services

5. What is the nature of your work relating to elder abuse in your current position? (Select all that apply)
*Required

Multi-select checkboxes

- Administration
- Advocacy
- Direct work with victims and/or perpetrators
- Education/Training
- Policy
- Research
- Other (Specify)

6. How long have you been involved in elder abuse-related work? (Select one)

Single-select checkboxes or drop down

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- More than 20 years

7. How long have you been involved in elder abuse-related work? (Select one)

Single-select checkboxes or drop down

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11 years or more

8. How frequently do you attend E-MDT meetings? (Select one)

Single-select checkboxes or drop down

- All meetings
- Most meetings
- Some meetings
- Only when needed
- No meetings

9. How many cases that come before the E-MDT are you involved with? (Please consider the question thinking broadly about case involvement; e.g., actively participating in case discussions, action step involvement, preparing cases for presentation, etc.) (Select one)

Single-select checkboxes or drop down

- All cases
- Most cases
- Some cases
- Few cases
- No cases

10. Overall, how effectively do the E-MDT members work together as a team?

- High effectiveness
- Moderate effectiveness
- Low effectiveness
- No effectiveness

11. What overall impact do you think the E-MDT has had on the following:

- a. The E-MDT cases you brought to the team?
 - a. Was the impact positive or negative? (Select one)
[Single-select checkboxes or drop down](#)
 - Positive impact
 - Negative impact
 - Not applicable
 - Don't know
 - b. How much of an impact did it have? (Select one)
[Single-select checkboxes or drop down](#)
 - Significant Impact
 - Minimal impact
 - No impact
 - Not applicable
 - Don't know
- b. E-MDT cases other professionals brought to the team?
 - a. Was the impact positive or negative? (Select one)
[Single-select checkboxes or drop down](#)
 - Positive impact
 - Negative impact
 - Not applicable
 - Don't know
 - b. How much of an impact did it have? (Select one)
[Single-select checkboxes or drop down](#)
 - Significant Impact
 - Minimal impact
 - No impact
 - Not applicable
 - Don't know
- c. Your elder abuse clients not assisted by the E-MDT? (Select one)
 - a. Was the impact positive or negative? (Select one)
[Single-select checkboxes or drop down](#)
 - Positive impact
 - Negative impact
 - Not applicable
 - Don't know
 - b. How much of an impact did it have? (Select one)
[Single-select checkboxes or drop down](#)
 - Significant Impact
 - Minimal impact
 - No impact
 - Not applicable
 - Don't know

- d. Your agency? (Select one)
- a. Was the impact positive or negative? (Select one)
[Single-select checkboxes or drop down](#)
- Positive impact
 - Negative impact
 - Not applicable
 - Don't know
- b. How much of an impact did it have? (Select one)
[Single-select checkboxes or drop down](#)
- Significant Impact
 - Minimal impact
 - No impact
 - Not applicable
 - Don't know
- e. Your approach to your work/practice? (Select one)
- a. Was the impact positive or negative? (Select one)
[Single-select checkboxes or drop down](#)
- Positive impact
 - Negative impact
 - Not applicable
 - Don't know
- b. How much of an impact did it have? (Select one)
[Single-select checkboxes or drop down](#)
- Significant Impact
 - Minimal impact
 - No impact
 - Not applicable
 - Don't know
- f. The area served by your organization? (Select one)
- a. Was the impact positive or negative? (Select one)
[Single-select checkboxes or drop down](#)
- Positive impact
 - Negative impact
 - Not applicable
 - Don't know
- b. How much of an impact did it have? (Select one)
[Single-select checkboxes or drop down](#)
- Significant Impact
 - Minimal impact
 - No impact
 - Not applicable
 - Don't know

Please provide any comments that may help further explain the impact of the E-MDT. [Comment box](#)

12. In what ways has the E-MDT positively impacted the county the E-MDT serves? (Select all that apply)

[Multi-select checkboxes](#)

- Identifies gaps in services
- Addresses gaps in services
- Identifies redundancies in services
- Streamlines elder abuse responses
- Improves coordination of services
- Strengthens elder abuse expertise across agencies and systems through E-MDT trainings and case discussions
- Mobilizes additional resources outside the E-MDT to address the problem of elder abuse
- Facilitates rapid communication among agencies and systems about changes in services during the COVID-19 public health emergency
- Improves general safety of the community (which might include identification of serial perpetrators)
- Increases a sense of pride that the community advocates for older adults
- Other (Specify) [Comment box](#)

13. Do you have any other feedback regarding the E-MDT? [Comment box](#)

14. Is there anything you have learned from your involvement on the E-MDT that you want us to know about?

[Comment box](#)

APPENDIX D: SURVEY RESULTS BY REGION**SURVEY RESULTS BY REGION
FOR REGIONS WITH A SAMPLE SIZE GREATER THAN 25: REGIONS 1, 2, 3, 4, AND 10**

See Table 2 for sample size of each region

| Respondent's Role on E-MDT | | | | | | |
|-----------------------------------|-----------|-----------|-----------|-----------|------------|--|
| Role | R1 | R2 | R3 | R4 | R10 | |
| Core Member | 23 | 68 | 2 | 23 | 62 | |
| Liaison Member | 3 | 6 | 5 | 1 | 10 | |
| Specialty Provider | 5 | 9 | 5 | 5 | 9 | |
| Unknown | 0 | 3 | 45 | 0 | 5 | |

| Type of Specialty Service Provide | | | | | | |
|--|-----------|-----------|-----------|-----------|------------|--|
| Specialty Service Provider | R1 | R2 | R3 | R4 | R10 | |
| Forensic Accounting | 3 | 3 | 2 | 2 | 2 | |
| Geriatric Mental Health | 0 | 1 | 1 | 1 | 4 | |
| Community Legal Services | 2 | 5 | 2 | 2 | 3 | |

| Tenure Working in Elder Abuse Field | | | | | | |
|--|-----------|-----------|-----------|-----------|------------|--|
| Tenure | R1 | R2 | R3 | R4 | R10 | |
| Less than 1 Year | 0 | 3 | 6 | 1 | 2 | |
| 1-2 years | 7 | 10 | 14 | 4 | 8 | |
| 3-5 years | 9 | 20 | 12 | 7 | 26 | |
| 6-10 years | 5 | 22 | 8 | 6 | 18 | |
| 11-20 years | 6 | 17 | 7 | 5 | 13 | |
| More than 20 years | 3 | 20 | 10 | 4 | 11 | |

| Tenure Participating on an E-MDT | | | | | | |
|---|-----------|-----------|-----------|-----------|------------|--|
| Tenure | R1 | R2 | R3 | R4 | R10 | |
| Less than 1 Year | 0 | 6 | 18 | 7 | 8 | |
| 1-2 years | 18 | 26 | 30 | 17 | 28 | |
| 3-5 years | 10 | 35 | 8 | 2 | 25 | |
| 6-10 years | 2 | 15 | 1 | 1 | 12 | |
| 11 Years of more | 0 | 2 | 0 | 0 | 5 | |

| Provider Systems Represented | | | | | | |
|------------------------------|----|----|----|----|-----|--|
| Provider Systems | R1 | R2 | R3 | R4 | R10 | |
| Aging Network | 6 | 13 | 8 | 5 | 6 | |
| Criminal Justice | 3 | 9 | 5 | 1 | 5 | |
| Civil legal Services | 1 | 6 | 0 | 3 | 3 | |
| Domestic Violence | 1 | 1 | 2 | 0 | 3 | |
| Elder Justice | 0 | 3 | 3 | 0 | 8 | |
| Financial System | 1 | 3 | 2 | 4 | 2 | |
| Health Care | 0 | 1 | 2 | 1 | 2 | |
| Law Enforcement | 5 | 9 | 6 | 1 | 3 | |
| Mental Health | 0 | 0 | 2 | 4 | 1 | |
| Protective Services | 2 | 16 | 7 | 4 | 20 | |
| Shelter Services | 0 | 0 | 0 | 0 | 1 | |
| Social Services | 4 | 9 | 11 | 1 | 9 | |
| Victim Services | 1 | 2 | 4 | 1 | 3 | |
| Other | 1 | 5 | 0 | 1 | 5 | |

| E-MDT Meeting Attendance | | | | | | |
|--------------------------|----|----|----|----|-----|--|
| Attendance | R1 | R2 | R3 | R4 | R10 | |
| Only when needed | 5 | 7 | 4 | 2 | 7 | |
| Some meetings | 2 | 6 | 4 | 5 | 16 | |
| Most meetings | 17 | 50 | 32 | 9 | 31 | |
| All meetings | 6 | 21 | 17 | 11 | 22 | |

| Nature of Elder Abuse Work | | | | | | |
|--|----|----|----|----|-----|--|
| Type of Elder Abuse Work | R1 | R2 | R3 | R4 | R10 | |
| Administration | 9 | 16 | 13 | 7 | 30 | |
| Advocacy | 7 | 19 | 11 | 5 | 33 | |
| Direct work with victims and/ or perpetrators | 15 | 48 | 28 | 13 | 45 | |
| Education/Training | 9 | 15 | 12 | 12 | 22 | |
| Policy | 2 | 4 | 0 | 3 | 5 | |
| Research | 1 | 3 | 1 | 5 | 6 | |
| Other | 6 | 22 | 16 | 7 | 12 | |

Involvement with Cases that Come Before the E-MDT

| Number of Cases | R1 | R2 | R3 | R4 | R10 |
|-----------------|----|----|----|----|-----|
| No cases | 2 | 1 | 4 | 2 | 7 |
| Few cases | 6 | 11 | 8 | 3 | 17 |
| Some cases | 12 | 22 | 20 | 8 | 30 |
| Most cases | 8 | 36 | 17 | 7 | 19 |
| All cases | 2 | 14 | 8 | 7 | 5 |

Effectively Work Together

| E-MDT Team Effectiveness | R1 | R2 | R3 | R4 | R10 |
|--------------------------|----|----|----|----|-----|
| No effectiveness | 0 | 0 | 0 | 1 | 0 |
| Low effectiveness | 0 | 3 | 1 | 2 | 4 |
| Moderate effectiveness | 7 | 18 | 13 | 4 | 16 |
| High effectiveness | 23 | 63 | 43 | 20 | 58 |

Impact on County Served

| E-MDT Impact on County | R1 | R2 | R3 | R4 | R10 |
|--|----|----|----|----|-----|
| Identifies gaps in services | 21 | 57 | 41 | 17 | 54 |
| Addresses gaps in services | 20 | 49 | 32 | 13 | 44 |
| Identifies redundancies in services | 9 | 25 | 12 | 7 | 23 |
| Streamlines elder abuse responses | 23 | 63 | 35 | 15 | 47 |
| Improves coordination of services | 26 | 72 | 49 | 19 | 61 |
| Strengthens elder abuse expertise | 26 | 75 | 48 | 20 | 58 |
| Mobilizes additional resources | 19 | 56 | 30 | 14 | 55 |
| Facilitates rapid communication | 13 | 40 | 18 | 14 | 43 |
| Improves general safety of the community | 17 | 60 | 33 | 18 | 37 |
| Increases a sense of pride | 14 | 43 | 26 | 13 | 4 |
| Other (Specify) | 2 | 7 | 2 | 2 | 4 |

Overall Positive Impact of E-MDT on 6 Topic Areas

| Areas | R1 | R2 | R3 | R4 | R10 |
|---|----|----|----|----|-----|
| The E-MDT cases you brought to the team | 2 | 6 | 6 | 2 | 14 |
| E-MDT cases other professionals brought to the team | 2 | 5 | 5 | 3 | 13 |
| Your elder abuse clients not assisted by the E-MDT | 1 | 5 | 4 | 13 | 7 |
| Your agency | 2 | 5 | 5 | 3 | 13 |
| Your approach to your work/practice | 2 | 6 | 7 | 3 | 12 |
| The area served by your organization | 2 | 5 | 5 | 3 | 14 |

APPENDIX E: OTHER SURVEY RESPONSES

BY TOTAL SAMPLE AND FOR REGIONS WITH A SAMPLE SIZE GREATER THAN 25: REGIONS 1, 2, 3, 4, AND 10

See Table 2 for sample size of each region

Total responses to each question in the tables below may not match the totals elsewhere in the report, as some respondents selected "Other" but did not specify and other respondents selected multiple regions. Numbers in parentheses indicate the number of respondents who entered a given answer.

| Provider Systems | |
|-----------------------------------|--|
| Adult Protective Services | Health Home Care Management |
| Civil Tax | Non-profit operating OFA |
| Disability Services - NY Connects | Non-profit providing services |
| Elder Abuse (2) | Self-Sufficiency Facilitator |
| Elder Abuse Services | Social Services / Investigative Fraud Services |
| Guardianship | United States Attorney's Office |

| Provider Systems | | | | |
|---------------------------------|--|----------|------------------------------|---------------------------|
| Region 1 | Region 2 | Region 3 | Region 4 | Region 10 |
| United States Attorney's Office | Civil Tax | None | Self-Sufficiency Facilitator | Adult Protective Services |
| | Health Home Care Management | | | Elder Abuse (2) |
| | Non-profit operating OFA | | | Elder Abuse Services |
| | Non-profit providing services | | | Guardianship |
| | Social Services / Investigative Fraud Services | | | |

| Provider Systems Represented – Other (Specify) – Total Sample | |
|--|--|
| | Type of Elder Abuse Work |
| Accounting for finances | Investigation, Interview, Interrogation |
| APS Borough Director | Investigations (4) |
| Assisting the team with financial cases | Law |
| Awareness and reporting, related to case management | Law Enforcement (2) |
| Branch Manager of a Bank Branch | Legal (5) |
| Case Management | Legal Assistance |
| Civil Legal Representation | Legal Representation |
| Community Guardian Program | Legal Services |
| Consultation | Mental Health |
| Consulting with professionals | Nothing direct - except to be on the lookout for it with my clients |
| Contract Monitor | Prosecution (4) |
| Counsel to APS | Provide mental health perspective and psychoed [sic] to team members |
| Criminal Investigations | Reporting to APS and appropriate authorities |
| Director of Fraud Unit, assist with investigation | Referral to needed support |
| Elder Law Attorney | Risk Management |
| Eligibility for services of perpetrators when financial exploitation is involved | Social Worker for Hospice |
| Financial | Substance Abuse |
| Forensic Accounting | Supervise case workers who assess and refer as needed |
| Fraud investigations | Supervise investigators |
| Front line Supervisor to direct work with victims | Supervision (2) |
| Guardianship (2) | Supervisor of direct worker with victims and perpetrators |
| Guardianships and Orders of Protection | Supervision of APS caseworkers |
| Informational | System of Care oversight |
| Information & Referral | |

Nature of Elder Abuse Work – Other (Specify) – Responses for Regions 1, 2, 3, 4, and 10

| Elder Abuse Work | | | | |
|--|---|--|---|---|
| Region 1 | Region 2 | Region 3 | Region 4 | Region 10 |
| Accounting for finances | Accounting for finances | Assisting the team with financial cases | Assisting the team with financial cases | APS Borough Director |
| Assisting the team with financial cases | Assisting the team with financial cases | Branch Manager of a Bank Branch | Civil Legal Representation | Assisting the team with financial cases |
| Case Management | Contract Monitor | Counsel to APS | Forensic Accounting | Community Guardian Program |
| Eligibility for services of perpetrators when financial exploitation is involved | Director of Fraud Unit, assist with investigation | Criminal Investigations | Guardianships and Orders of Protection | Consultation |
| Forensic Accounting | Elder Law Attorney | Forensic Accounting | Informational | Consulting with professionals |
| Supervision | Financial | Fraud investigations | Referral to needed support | Forensic Accounting |
| | Forensic Accounting | Investigative | System of Care oversight | Guardianships |
| | Front line Supervisor to direct work with victims | Law Enforcement (2) | | Legal |
| | Investigation, Interview, Interrogation | Legal (2) | | Mental Health |
| | Investigative (3) | Legal Representation | | Prosecution |
| | Legal (2) | Legal Services | | Substance Abuse |
| | Prosecution (3) | Provide mental health perspective and psychoed [sic] to team members | | Supervisor of direct worker with victims and perpetrators |
| | Reporting to APS and appropriate authorities | Supervision of APS caseworkers | | |
| | Supervise case workers who assess and refer as needed | | | |
| | Supervise investigators | | | |
| | Supervision | | | |

Impact on County Served- Other Responses by Region

County Impact

Region 1

Provides an alternative option for victims seeking help with complex cases that many individual agencies will not take on alone.

Region 2

We are a very small county and have always had good communication between agencies. E-MDT has been helpful in coordinating and scheduling meetings, but the greatest benefit to us has been the availability for forensic accounting

Improves understanding other agencies' roles and facilitates communication about things other than elder abuse

Achieve elder justice outcomes for elder abuse victims that would not have been possible otherwise

Improves knowledge of breadth of available services across providers

Addresses the problem with potential solutions quickly

Provides an avenue for Seniors to feel safe to discuss any abuse or mistreatment

Provides an alternative option for victims seeking help with complex cases that many individual agencies will not take on alone

Overall Amazing

Region 3

Good/important for mental health to be represented and vocal

Region 4

Unfortunately, we have had low participation from key stakeholders and few relevant cases to discuss at E-MDT which further impacts participation b/c there are higher priority demands competing for people's time

Region 5

Promotes collaboration and information sharing

Region 10

Interestingly, we do not mobilize additional resources. I never felt the need to seek additional resources because those who are at the meetings are able to address the issues. The question, however, makes me think that maybe we should consider other reason

Gather new ideas as of how to assist elderly victims

The individuals who present the cases have an opportunity to have their professional opinions heard and validated

Achieve elder justice outcomes for elder abuse victims that would not have been possible otherwise



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