

State Grants to Enhance Adult Protective Services Grantee Meeting

Multidisciplinary Team Models

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Disclaimer

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Developments in Multidisciplinary Team Responses to Elder Abuse: Resources and Research to Practice

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Administration for Community Living award #90EJIG0006



Workshop Overview

- Format: Jump between lecture & discussion
- Brief intro to elder abuse MDTs
- Existing supports and resources for MDTs
- National MDT survey
- Elder abuse forensic center model
- Defining success
- Barriers, and how to address them
- Emerging practices, ideas, and tips from the field



QUESTION #1

Does your APS Enhancement Grant involve MDTs?

- A. Yes, they are central to the grant
- B. Yes, but only tangentially
- C. No

Please enter the letter in the Chat box



Introducing Multidisciplinary Teams (MDTs)

- Used across the health and social services
- Expand and enhance disciplinary perspectives

- Linked to origins of protective services for elders
- Link diverse agencies responsible for aspects of a case resolution



Existing Supports and Resources for Elder Abuse Multidisciplinary Teams

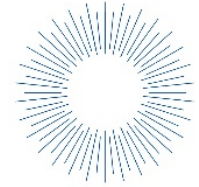


The MDT Technical Assistance Center (TAC)

- Department of Justice's Elder Justice Initiative
 - MDT Technical Advisor: Talitha Guinn-Shaver
 - <https://www.justice.gov/elderjustice/mdt-tac>
- **Mission:** to provide tools, resource materials, and individualized consultations to facilitate the expansion of elder abuse case review multidisciplinary teams (MDTs) across the nation.
- MDT Guide & Toolkit: <https://www.justice.gov/elderjustice/mdt-toolkit>
 - Info on establishing, running, and evaluating an MDT



OVC MDT Training & Technical Assistance Center

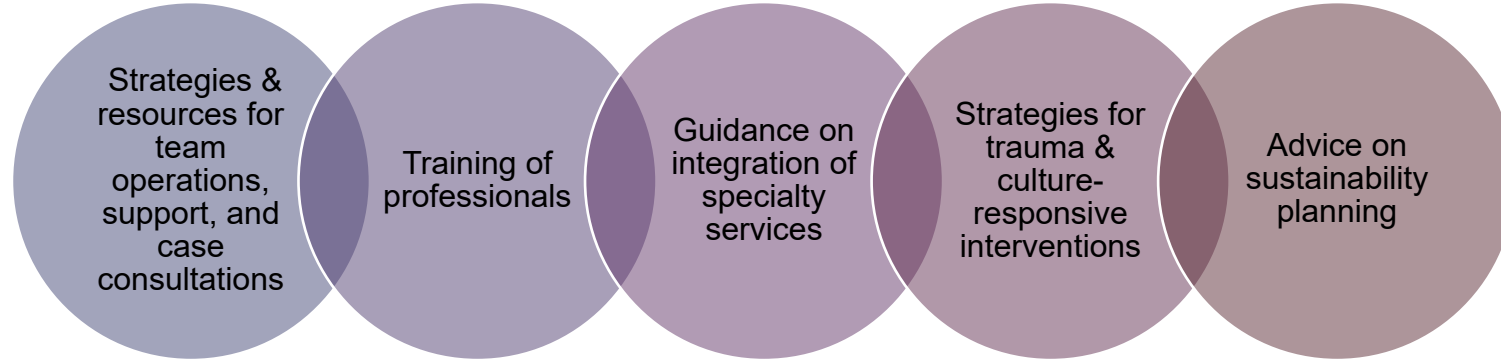


National
Elder Abuse
MDT Training
and Technical
Assistance
Center

- Department of Justice's Office for Victims of Crime
 - Coordinated and led by the New York City Elder Abuse Center
 - Partnership with Lifespan of Greater Rochester, Red Wind Consulting, USC's National Center on Elder Abuse, USC's Secure Old Age Lab
- **Goal:** Robust Community Responses to Elder Abuse through Strong and Sustainable EMDTs
- Currently working with 13 MDTs across the United States
- Plans for expansion in 2021



Broad Areas of TA and Training Coverage





Changing Gears: The Elder Abuse Forensic Center Model



Developing a Better Understanding of a Unique MDT Model: The Elder Abuse Forensic Center

- Funded by the Administration for Community Living (ACL)
- Objectives:
 - Inventory and survey elder abuse MDTs
 - Conduct site visits of EAFCs and survey their members
 - Develop and disseminate products on the EAFC model
- Products and Outcomes:
 - Improved knowledge about the core components of EAFCs
 - Best practices in model implementation
 - Enhanced understanding of the feasibility of wide-spread replication of EAFCs

<http://eldermistreatment.usc.edu/elder-abuse-mdt-project/>



What We Found: 324 Elder Abuse MDTs Nationwide

Figure 1. U.S. Map of Elder Abuse MDTs by State





QUESTION #2

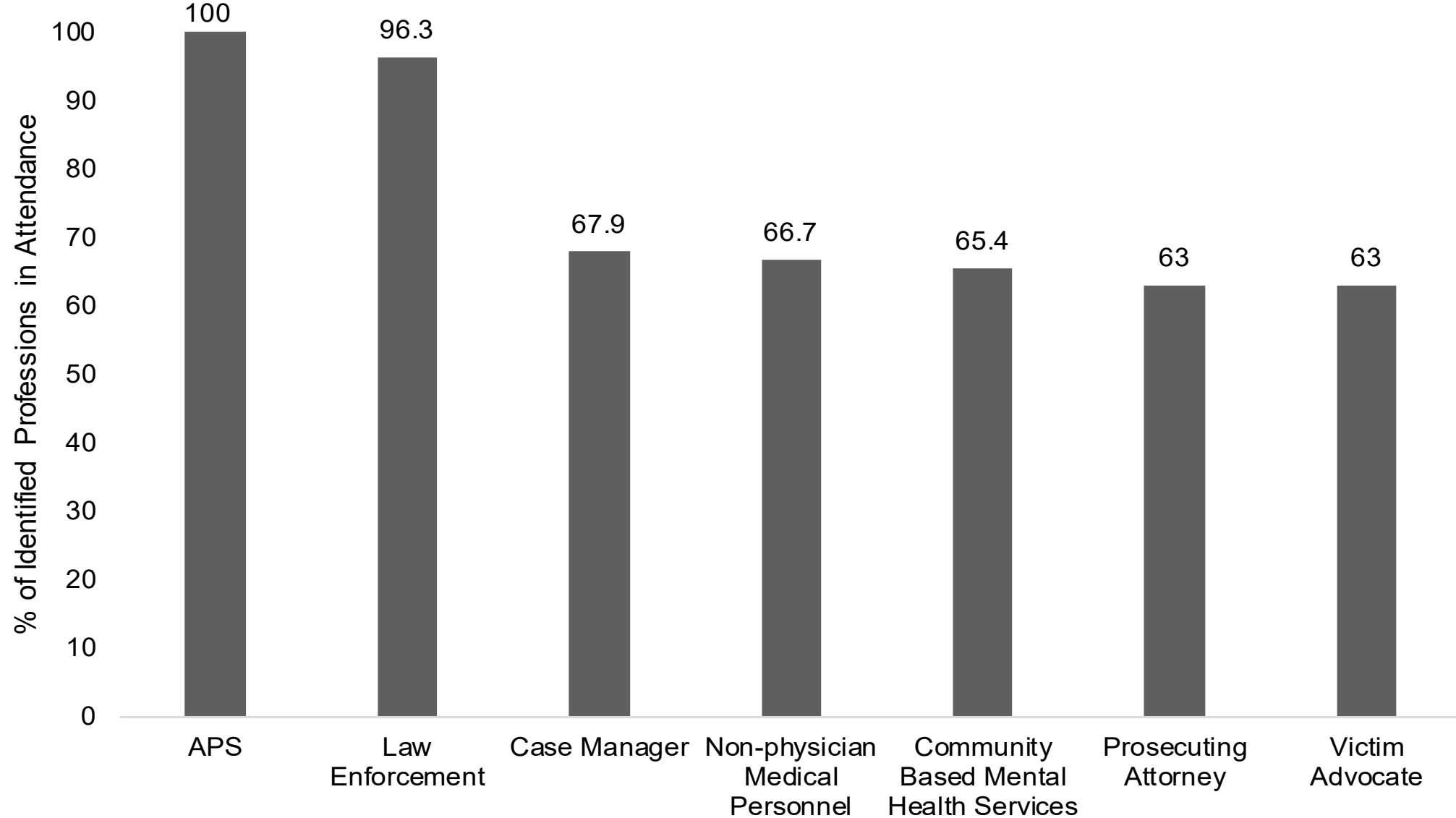
Have you participated in MDTs in the past?

- A. Yes, as a regular team member
- B. Yes, I have attended occasionally
- C. No, never

Please enter the letter in the Chat box



Figure 2. Most Common MDT Professions in Attendance





What We Found (1 of 4)

- Most valuable aspects of MDT
 - 41% Case presentations/discussions
 - 35% Networking
 - 10% Educational presentations
 - 7% Program planning
 - 7% Follow up on previously presented cases



What We Found (2 of 4)

- MDTs improve:
 - Client outcomes (86%)
 - EA recurrence (56%)
 - overall EA occurrence (57%)
- 79% said participation in the MDT changed the way they approach EM



What We Found (3 of 4)

- Other benefits
 - A source for ongoing training (case approach, resources)
 - Broadened view of elder abuse, including cross-disciplinary lens
 - Overcoming organizational siloes
 - Efficiency, quicker access to information and assistance
 - Support frontline workers in difficult cases



What We Found (4 of 4): EAFC Classification

- Most robust teams had 6 characteristics:
 - Dedicated staff to run the MDT (paid or unpaid)
 - Meetings at least twice monthly
 - Case reviews result in formal recommendations
 - Case recommendations are documented
 - Follow up on case action plan
 - Tracking case success



How MDTs Measure Success

Table 5. Characteristics Conditional on MDT Class Membership, Cont. (N=81)

Characteristic	MDT Classes (%)			χ^2	p-value
	EAFC (n=26)	Semi-EAFC (n=24)	Non-EAFC (n=31)		
Indicators of success					
Decreased level of risk to client	96.15	95.83	77.42	6.69	0.035 *
Improvement in client quality of life	92.31	95.83	70.97	8.17	0.017 *
Preventing recurrence of abuse/victimization	88.46	91.67	77.42	2.50	0.286
Improvement in client health status	84.62	83.33	54.84	8.24	0.016 *
Legal remedies/services provided to client	80.77	91.67	51.61	12.19	0.002 **
Housing secured	80.77	87.5	51.61	10.15	0.006 **
Improvement in client mental health status	76.92	79.17	51.61	6.14	0.046 *
Achieving person-centered outcomes	76.92	70.83	54.84	3.37	0.186
Guardianship/conservatorship	69.23	75	45.16	6.01	0.050 *
Prosecution or plea	65.38	58.33	48.39	1.70	0.428
Restitution	65.38	58.33	25.81	10.29	0.006 **
Other	11.54	4.17	6.45	1.06	0.590
<i>Missing = 2</i>					

* $p < .05$. ** $p < .01$. *** $p < .001$.



How MDT Members View Success (1 of 2)

“There are different levels of success. There is the victim's success, the professional successes, and then there's the team successes.”

--MDT Manager

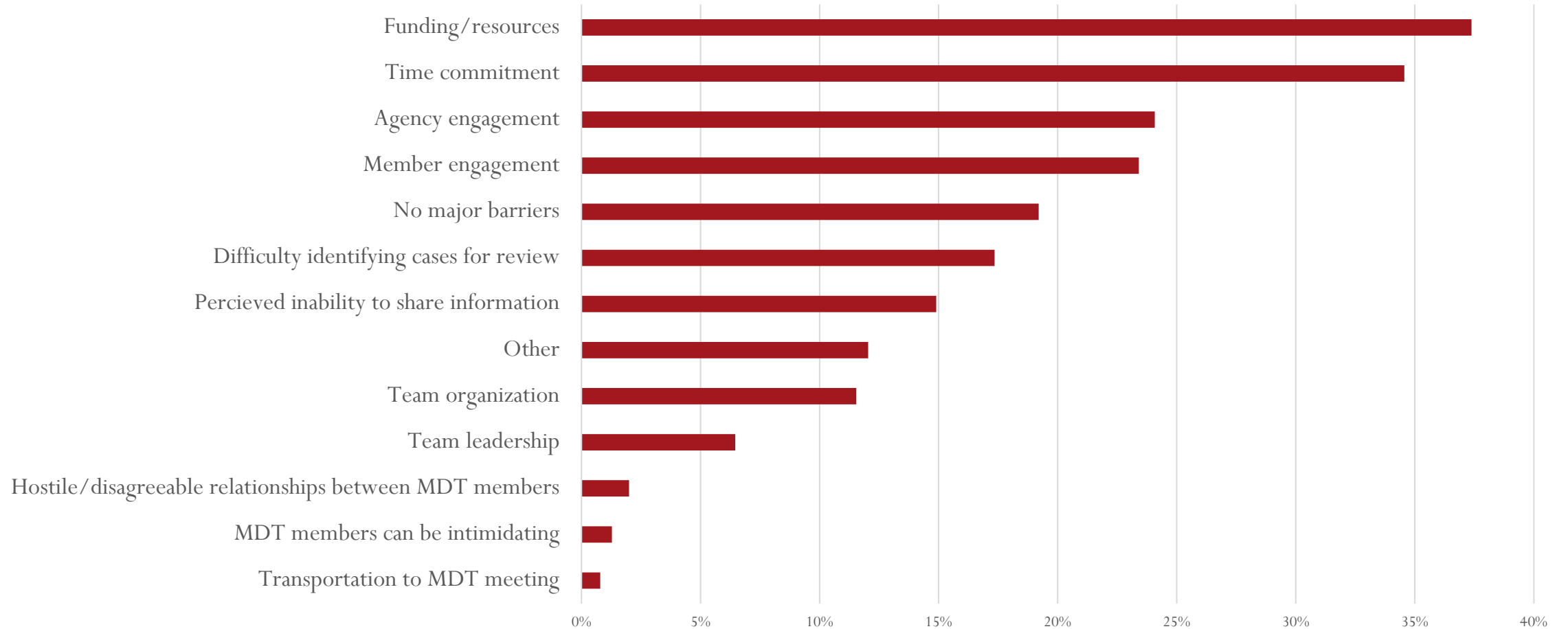


How MDT Members View Success (2 of 2)

- Team Successes:
 - Creative problem-solving and solutions on difficult cases
 - Learning about other agencies, and applying it to work outside the MDT
 - Inter-agency collaboration
 - Network of experts to call
 - Support to the case presenter, improved morale



Barriers to Establishing MDTs (n=218)





QUESTION #3

If you have been involved in starting up or operating an MDT, what challenges have you experienced?

Please come off mute, or enter a brief response in the Chat box



Notable Practices: Universal (1 of 3)

<i>Practice or Approach</i>	<i>Description</i>	<i>Example</i>
Universally Applicable		
<i>Coordinated home visits</i>	Select of team members for a simultaneous home visit, where multiple agency or professional capability is needed to accomplish the goal.	APS is denied entry by a victim whose home is heavily hoarded. Coordination with code enforcement forces entry, and social worker assures person-centered, trauma-informed engagement.
<i>Setting meeting tone</i>	Create a "safe place" for case discussions.	One team prefaces all case discussions by reminding the team that all individuals in the room are distinctly valuable, and all questions and input are important.
<i>Hub Teams</i>	Multiple teams are housed within one agency.	MDT coordinators often oversee more than one team. The meetings are located in the region the team serves. Coordinators transfer lessons learned from one team to others. There is a community of MDT coordinators for peer learning and support.



Notable Practices: Universal (2 of 3)

<i>Practice or Approach</i>	<i>Description</i>	<i>Example</i>
Universally Applicable		
<i>Mandates</i>	Abuse reporting and investigation mandates are divided among multiple key agencies.	One state created mandates that Law Enforcement receive elder abuse reports, and APS investigate. This counter-intuitive assignment of responsibility incentivized cross-agency partnership and collaboration.
<i>Agency Commitments</i>	Establishing commitment with the highest level of leadership within the organization.	One team gained support from top management of each core agency, and from elected county officials, ensuring that the team would be institutionalized in the region. Persistent, repetitive follow up and leveraging other relationships gained the attention of executive management.



Notable Practices: Universal (3 of 3)

<i>Practice or Approach</i>	<i>Description</i>	<i>Example</i>
Universally Applicable		
<i>Case Management</i>	Creating a position within the MDT to offer longer-term case management.	Very complex cases with repeat entry into various public systems (e.g., APS, code enforcement, prosecution, mental health) are better served by assigning a case manager to understand the people involved, and assist with needs. Case managers may also do in-person assessments prior to MDT case discussion, or serve as the main contact to the victim, for other members.
<i>Prioritizing Relationships</i>	Careful attention to subtle dynamics during team meetings assures managing conflict early on.	One team hired a consultant for team building as a first step in launching the MDT. This allowed members to become familiar with professional differences and collective mission, to assure team cohesiveness.



Notable Practices: Rural

<i>Practice or Approach</i>	<i>Description</i>	<i>Example</i>
Rural Teams		
<i>Ad-hoc Meetings</i>	At team inception, schedule meetings as needed.	In some rural communities, gaining member commitment for a regularly scheduled meeting requires they have first-hand experience of the results. Call meetings only when needed, as cases arise. Once case volume and member interest warrant it, teams may transition to scheduled meetings.
<i>Case Follow Up</i>	Each meeting includes follow up on all open cases.	Rural communities may have small case volumes that allow brief updates for each one during team meetings.
<i>Leveraging Relationships</i>	Team members who have strong relationships can communicate effectively on hard cases.	Rural MDT members often have known each other since childhood. These relationships among members can enable direct communication, without harming the long-term relationships. If there are challenges with one member, there is recognition that limited alternate members means you have to address and rise above conflicts.



Wrap Up

- How can you apply what we've presented within your state?
- Is there anything else it would be helpful to know about MDTs?



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