Elder Abuse Prevention Interventions (EAPI) Initiative in New York State

Enhanced Multi-Disciplinary Teams (E-MDTs)

Policies and Procedures Manual Manhattan

MAY 2017

This document was prepared by
Risa Breckman, Director, LCSW, Director
Peg Horan, MDT Coordinator, LMSW, MDT Coordinator
Daniel Sullivan, LMSW, MDT Program Specialist
NYCEAC

NYC ELDER ABUSE CENTER
Professionals serving older adults

Lifespan
take it on!

NEW YORK STATE OF OPPORTUNITY. Office for the Aging

Table of Contents

Acronyms and Terms

Acronym	Term
AA	Alleged Abuser
APS	Adult Protective Services
CIU	Adult Protective Services Central Intake Unit
AAA	Area Agency on Aging
ACL	Administration for Community Living
CGP	Community Guardianship Programs
DA	District Attorney
DANY	New York County District Attorney
EAPI	Elder Abuse Prevention Interventions Initiative
E-MDT	Enhanced Multi-Disciplinary Team
E-MDTC	Enhanced Multi-Disciplinary Team Coordinator
FA	Forensic Accountant
FL	Finger Lakes
HRA	Human Resources Administration
MCOFA	Monroe County Office for the Aging
MDT	Multi-Disciplinary Team
MDTC	Multi-Disciplinary Team Coordinator
NYCEAC	NYC Elder Abuse Center
NYPD	New York Police Department
NYPD DV	New York Police Department Domestic Violence Unit
NYSOFA	New York State Office for the Aging
OCFS	New York State Office of Children and Family Services
NORC	National Opinion Research Center
WCM	Weill Cornell Medicine

Introduction and Background

A. Elder Abuse Prevention Interventions Initiative and Enhanced Multi-Disciplinary Teams (E-MDTs)

The New York State Elder Abuse Prevention Interventions (EAPI) grant initiative was launched in New York State in 2012 through a grant from the Administration for Community Living (ACL) to the New York State Office for the Aging (NYSOFA). Partners in the project collaborated to implement the intervention in order to prevent and address financial exploitation and elder abuse by bringing together entities in each local project site with unique resources and skills to form coordinated, enhanced multi-disciplinary teams (E-MDTs), and set a goal to provide improved and effective cross-systems collaboration and specialized responses, resulting in restored safety and security to older adults.

The E-MDT model was implemented in Manhattan by the New York City Elder Abuse Center (NYCEAC), hosted by Weill Cornell Medicine (WCM), and in the Finger Lakes Region in upstate New York by Lifespan of Greater Rochester Inc. (Lifespan) in seven upstate counties. The model is based on an existing multi-disciplinary team (MDT) structure implemented in Brooklyn, NY. E- MDT partner agencies participate from multiple disciplines, including Adult Protective Services (APS),[1] the aging services network, financial services, law enforcement, legal, social services, victim assistance, health care, mental health, and other agencies and organizations.

The EAPI initiative in New York targets frail adults aged 60 and over residing in Manhattan and the Finger Lakes region with a detectable sign of financial exploitation, and with at least one of the following characteristics: (1) health problems and/or physical impairments; (2) cognitive impairment or dementia; and/or (3) social isolation and inadequate social support, which puts them at higher risk for becoming a victim of abuse. Significant partners in the EAPI initiative included: Project Director and additional staff from the New York State Office for the Aging (NYSOFA); key partners from the New York State Office of Children and Family Services (OCFS) who oversee the Adult Protective Services (APS) and other adult abuse prevention services and programming; Monroe County Office for the Aging (MCOFA) for project administration; Lifespan, pilot site team lead for program administration, E-MDT coordination, and implementation of the initiative in the Finger Lakes; other local Finger Lakes region human service, protective services, health, mental health, legal, and law enforcement agencies; NYCEAC pilot site team lead and other staff from NYCEAC for program administration, E-MDT coordination, and implementation of the initiative in Manhattan; New York City Human Resources Administration (HRA) Adult Protective Services, and other Manhattan-based human service, protective services, health, mental health, legal, and law enforcement agencies.

The primary focus of the Elder Abuse Prevention Interventions (EAPI) grant program is to address issues of financial exploitation of older adults. Financial exploitation is a fast growing and complex

[1] Note that in New York State statutes and in material produced by NYS Office of Children and Family Services, Adult Protective Services (APS) and Protective Services for Adults (PSA) are used interchangeably.

form of elder abuse which can have devastating consequences for older adult victims. A unique component of the EAPI initiative implemented in New York is the expansion of the MDT structure to include forensic accounting services, as well as geropsychiatrists, on the E-MDTs to consult and share expertise. The local E-MDT Coordinators engage in case consultation with team members, facilitate E-MDT meetings, and facilitate active joint investigations and interventions, with an emphasis on investigating and stopping potential and existing financial exploitation.

While elder abuse multi-disciplinary teams are emerging in various localities across the country, the E-MDTs developed for this pilot program differ in that they focus on financial exploitation; the teams are facilitated by an E-MDT Coordinator; and also are enhanced by the participation of geropsychiatrists to provide professional expertise to help understand and identify action steps associated with issues of capacity, and forensic accountants to provide professional expertise to help analyze the finances of identified cases.

This document provides the policies and procedures for the Manhattan E-MDT, and describes some of the complexities of running such a team. The document is intended to be a hands-on document for use by the Manhattan E-MDTs, as well as a guide that can be used by other agencies or coalitions in forming and implementing E-MDTs.

B. Purpose of the Policies and Procedures Manual

The *Manhattan Enhanced Multi-Disciplinary Team (E-MDT) Policies and Procedures Manual* was developed to guide the work of this team. The policies and procedures in this manual do not supersede E-MDT core members' statutory duties and organizational protocols. In addition, in situations not covered in this document, good judgment, adherence to the E-MDT's core values and ground rules, and consensus among team members should be used to determine the most appropriate course of action.

The Manhattan E-MDT is a multi-agency, collaborative effort coordinated and facilitated by the NYC Elder Abuse Center (NYCEAC). The E-MDT provides a comprehensive response to complex elder abuse cases involving Manhattan residents, 60 years of age and older, in which there are allegations of (typically co-occurring) abuse, neglect, and/or financial exploitation.

The E-MDT is comprised of professionals with unique resources and skills from across disciplines and systems. They meet in-person twice a month to review cases and coordinate responses in order to:

- Provide relief to the victim at the earliest possible juncture.
- Restore the victim's sense of dignity, safety and security.
- Prevent further abuse, including the inappropriate use of resources, assets, and other co-occurring abuse types.

This is accomplished by:

- Creating a collaborative and knowledgeable team of professionals and specialists with extensive expertise in financial exploitation and other abuse types.
- Implementing a consistent and rapid triage process to streamline access to professionals and specialists.
- Establishing and implementing procedures to share information, review cases, and develop action plans with follow-up dates for further review and discussion.
- Providing case consultations on cases that are not triaged to the full team.

C. E-MDT Mission, Vision, Core Values, Ground Rules

Mission: The E-MDT brings together professionals from a multitude of disciplines and systems to stop elder abuse at the earliest possible juncture. Individually, the primary focus for team members is to identify, investigate, intervene, and/or prevent abuse, neglect, and financial exploitation of older adults, restoring their safety and security, and protecting their assets. Together, team members achieve this through coordinated case reviews and tailored responses to each abuse situation.

Vision: To ensure that Manhattan-residing elder abuse victims, no matter how complex the case, receive a thorough, effective, rapid response.

Core Values: The Manhattan E-MDT shares NYCEAC's core values:

- Respect for elders and a concern for keeping elders safe and free from harm.
- Person-centered service, with each client having a right to privacy; a right to be free from fear, abuse and ageism; and a right to experience safety, dignity, well-being, self-determination and respect.
- Respect for each colleague and their individual discipline, understanding the challenges professionals experience when doing this work.
- Shared accountability — to the individual's organization, to NYCEAC, and to the E-MDT
- Sharing and leveraging existing resources to maximize efficiency.
- Transparent and effective decision-making processes, with all stakeholders at the table having an equal voice.

Ground Rules: The E-MDT created the following ground rules to supplement the core values:

A. *Decorum (How we treat each other and guests)*

- We respect one another for our opinions, our individual and collective expertise, the strengths of our agencies and our commitment to helping victims. This respect is

demonstrated through our efforts to be open-minded in our discussions, accept and deliver criticism constructively, and keep discussions professional.

- We want team members, guests, and presenters to feel comfortable and safe in the environment of the E-MDT. To encourage this, we ask thoughtful questions that encourage candor and avoid personal judgment and conclusory statements.
- As a team, the E-MDT members work to foster a culture of trust that can support relationships in and outside of the context of the team. We accept collective responsibility for the group's decisions.
- We recognize that a case presentation to the team is an indication of its complexity.

B. *Conflict Management (How we handle disagreements)*

- When there is disagreement among team members/agencies, we will focus on learning from the situation and moving the case forward. The details of a disagreement are settled through private conversation outside of the team so that the team as a whole can put their efforts towards the client and the case.
- If problems/mistakes have occurred in a case, we will deal with them constructively and without accusation.

C. *Procedural Specifics*

- Questions and suggestions are held until the completion of presentations.
- Cases are vetted prior to presentation at the E-MDT for disagreement among participating agencies. These disagreements will be addressed privately prior to the case presentation so that the meeting can focus on moving the case forward.

Membership

A. Core and Liaison Membership

Policy: Core and Liaison Membership. The E-MDT is comprised of core and liaison members. These members are organizations. The organizations' members assign professional representatives to staff the team.

- A core member is an organization that sends a representative to attend each team meeting.
- A liaison member is an organization that does not send a representative to attend each team meeting, but is available to attend for cases that directly involve them.

The professionals, committed to preventing abuse and effectively responding to it, are experts with unique knowledge and skills applied to the serious problems at hand. They each represent organizations and systems committed to preventing abuse and intervening in elder abuse situations.

Procedures: Core and Liaison Membership

1. Determine Core and Liaison Member Representation

- The core and liaison members (i.e., an organization) appoint a **Lead Representative** and, if applicable, **Team Representatives** to the team.
  - The Lead Representative (Lead Rep) attends team meetings regularly and may assign one or more Team Representative(s) (Team Rep) to attend the E-MDT meetings, as well. The Team Rep might attend when the Lead Rep cannot make a meeting, rotate regularly with the Lead Rep or other Team Reps, or attend meetings along with the Lead Rep. The Lead Rep appoints Team Reps with elder abuse, domestic violence, or other expertise relevant to the team's operations.
  - The Team Reps commit to regular E-MDT attendance or send a knowledgeable substitute when they cannot attend.
  - The Team Reps participate in discussions to remedy elder abuse cases and help address barriers preventing effective abuse remedies.
  - Team Reps vote at meetings and complete the annual *Navarro Team Effectiveness Inventory* (See "Taking Stock," Section III).
- The E-MDT aims to limit overlapping expertise. When there is more than one Team Rep of the same discipline on the team (e.g., attorneys or social workers), each Team Rep should have a perspective and experience that is different from, and/or enhances, the others.
- The constellation of Team Reps at any individual team meeting may vary depending on the needs of the cases being discussed.
- Lead and Team Reps are responsible for ensuring that their colleagues (who may be in rotation at the E-MDT) are current on new cases, follow-up cases, action plans, and follow-up dates. They assume responsibility for updating their colleagues about case discussions, completing assigned items in action plans, reporting back to the team on the agreed-upon follow-up date, and contributing to robust case discussions.
- Once core members are accepted as team members, they are granted the right to suggest new core and liaison members to join the E-MDT. Their Team Reps have voting privileges to bring new core and liaison members to join the E-MDT.
- Core and liaison members refer appropriate cases to the E-MDT.
- Core and liaison members accept referrals from the E-MDT.
- Core and liaison members collaborate with team members during and between E-MDT meetings to effectively respond to the victim's situation and well-being.
- Core and liaison members respond with direct interventions to cases as appropriate to their mission and scope of work. These interventions may or may not have been discussed at the E-MDT.
- Core and liaison members adhere to the team's Confidentiality Agreement and uphold the mission, vision, and core values of the team.

2. E-MDT Core Members

- *Carter Burden Network (CBN), with JASA LEAP (Legal and Social Work Elder Abuse Program):* CBCA promotes the well-being of New Yorkers, aged 60 and over, with a full spectrum of services, advocacy and volunteer programs. Its Community Elder Mistreatment and Abuse Program (CEMAPP) combats the growing problem of elder abuse throughout Manhattan. It is a collaboration with Jewish Association Serving the Aging (JASA) and is partially funded through the New York City Department for the Aging (DFTA). CBCA and JASA LEAP social workers strengthen the E-MDT with expertise in identifying and intervening in elder abuse using a person-centered, holistic social work model, counseling, advocacy, case management, and safety planning. JASA LEAP also has civil legal attorneys who are available to the team in matters primarily related to Family Court Orders of Protection.
- *Financial Industry Regulatory Authority (FINRA):* FINRA provides the first line of oversight for broker-dealers. Through its comprehensive regulatory programs, it regulates both the firms and professionals that sell securities in the United States and the U.S. securities markets. FINRA oversees 3,941 brokerage firms, 161,714 branch offices and 641,157 registered securities representatives. Since launching its Securities Helpline for Seniors in 2015, a toll-free number for senior investors, more than more than $1.25 million in reimbursements have gone back to customers because the regulator raised the issues to the firms. FINRA strengthens the E-MDT by sharing its expertise in how senior investors are duped, sometimes even by brokers and the brokerage house. FINRA also helps the team to connect with key banks and financial experts in its network. FINRA includes the E-MDT model in video education for its employees and at its conferences.
- *JASA, New York Foundation (NYF), and Selfhelp Community Guardianship Programs:* These Community Guardian Programs (CGPs) serve as court-appointed community guardians for incapacitated adults who are "at risk" and would otherwise require institutionalization if they did not receive this assistance. The appointment of a community guardian allows incapacitated adults to remain in their communities safely and independently by coordinating person-centered services, such as financial and property management, legal assistance, health care, and social services. The CGPs rotate through the scheduled E-MDT so that there is always one CGP representative in the meeting. The CGPs strengthen the team with their expertise in Article 81 guardianship petitions and the powers and limitations of community guardians. NYCEAC sends Outlook invites to the three CGP Directors according to the rotation calendar developed by HRA APS. The designated Director then either attends the meeting or assigns a representative who can participate. When a community guardian is assigned to a specific case that is being presented at the E-MDT, the team will only expect this guardian to attend or call-in on that specific case. The CGP Director on the rotation calendar covers the entire meeting.
- *Mary Karen Webber, CPA, PLLC:* Karen Webber is a community-based Forensic Accountant based in Rochester, NY, whose practice is dedicated to assisting law enforcement, attorneys, government agencies, and other interested organizations on cases of financial exploitation of older adults. Ms. Webber strengthens the team by: a) counsels team members working on

financial exploitation cases about what documents they should obtain to develop the case; b) discerns elements of exploitation as she listens to the case presentation and team discussion, pointing those elements out to the team; c) provides concise education during the meeting while addressing the specific case; d) analyzes financial documents, submits a report with narrative and chart analysis, and e) draws conclusions and offers advice for next steps. The Forensic Accountant provides compelling evidence for criminal, civil, and guardianship cases, streamlines the referral process to NYPD and/or to the District Attorney's Office, and provides expert court testimony. In some situations, the Forensic Accountant's analysis is shared with the victim by a Team Rep, so that the victim can more easily see where the exploitation has occurred.

- *NYC Department for the Aging's Elderly Crime Victims Resource Center (DFTA-ECVRC):* DFTA-ECVRC, utilizes a victim-centered model to provide assistance to older victims of crime and elder abuse; assist with New York State Office of Victim Service Crime Victim Compensation applications; offer supportive counseling, Problem-Solving Therapy, and safety planning to victims (both individual and group); and provide information and referrals to needed services. DFTA is New York City's Area Agency on Aging (AAA). DFTA-ECVRC contracts out services to victims of elder abuse to community-based programs in the five boroughs. DFTA strengthens the team as a centralized resource for all services that may involve the elder abuse victim, and with its depth of knowledge about aging in NYC and the vulnerability of older New Yorkers.
- *NYC Elder Abuse Center (NYCEAC):* NYCEAC facilitates and operates the E-MDT. Its director launched the E-MDT, is a current member, and provides oversight and enhancement. NYCEAC's E-MDT Coordinator (E-MDTC) and MDT Program Specialist conduct the day-to-day operations of the team. A full-time Program Assistant conducts some administrative tasks. NYCEAC, through its affiliation with NewYork–Presbyterian/Weill Cornell Medicine, provides specialists to the team, including a team Medical Director, geropsychiatrists, geriatricians, and neuropsychologist. NYCEAC strengthens the team by coordinating and facilitating E-MDT meetings; fostering clear and up-to-date communication among team members at and in-between team meetings; facilitating case consults with experts from social work, psychiatry, geriatrics, neuropsychology and law enforcement; and collecting data and reporting on findings.
- *NYC Human Resources Administration Adult Protective Services (NYC HRA APS):* Adult Protective Services (APS) provides services for physically and/or mentally impaired adults and works to help at-risk clients live safely in their homes. NYC HRA APS and its sub-contracted agencies strengthen the team with its depth of skills in client engagement and assessment; the leadership of the NYC HRA APS Deputy Commissioner; its partnership with law enforcement, aging and other community agencies; and its knowledge of systems, resources, and uncovering elder abuse situations in their day-to-day work. The team is further strengthened by the commitment of APS Manhattan borough directors, supervisors, and caseworkers, a mix of whom regularly attend E-MDT meetings. Its sub-contracted agencies also are core members:
  - JASA APS
  - TSI/NY APS
  - Village Care APS

- *NYC Human Resource Administration Office of Legal Affairs (OLA):* OLA provides legal counsel to HRA's Department of Social Services (HRA/DSS), in charge of the majority of the city's social services programs. OLA strengthens the team with its legal expertise on guardianship, guardianship ad litem, and housing court, and its ability to advocate and fast-track urgent guardianship cases heard at the E-MDT.
- *New York Legal Assistance Group (NYLAG):* NYLAG provides high quality, free civil legal services to low-income New Yorkers who cannot afford attorneys. NYLAG covers a wide spectrum in the civil legal field, including compensation for Holocaust survivors, LGBTQ law, foreclosure prevention, tenants rights, Powers of Attorney, and homecare for elderly clients, among other programs. NYLAG strengthens the team with its expertise in civil legal matters.
- *New York Police Department (NYPD), Office of Chief of Department, Domestic Violence Unit:* NYPD's Domestic Violence Prevention Officers (DVPOs or DVOs) enforce the law and ensure victims' safety. NYPD Domestic Violence Unit is committed to the work of the E-MDT and formally supports the expansion of the teams to other boroughs in NYC. NYPD strengthens the team with its expertise in volatile family and domestic violence dynamics, elder abuse, crisis intervention, safety planning for victims — and safety planning for caseworkers, including conducting joint home visits with caseworkers as needed. NYPD participation on the E-MDT provides the team with invaluable education about the protocol, responsibilities, and behind-the-scenes commitment of the largest police force in the U.S. in protecting New York City's oldest residents.
- *Weill Cornell Medicine (WCM):* WCM provides to the team a geriatrician and geropsychiatrist, covering a breadth of medical, cognitive, and psychiatric topics that are discussed at every E-MDT meeting. WCM staff strengthens the team by consulting with victims' own primary care providers (PCPs), often educating PCPs about elder abuse in the patient's life, and the prevalence of elder abuse in general; streamlining attention for victims in Emergency Departments; explaining typical and atypical medical conditions of older adults to the E-MDT (conditions which may influence vulnerability); review of medications; review of medical records, including psychiatric evaluations; conducting home visits, as needed; conducting capacity evaluations, and mobilizing crisis intervention.
- *The Harry & Jeanette Weinberg Center for Elder Abuse Prevention:* The Weinberg Center is a comprehensive, temporary shelter for victims of elder abuse, providing legal, social, and care management services in partnership with the Hebrew Home at Riverdale. The Weinberg Center strengthens the team with its depth of knowledge of and expertise in nursing home protocols, civil/legal issues, the person-centered approach employed by its social work and legal staffs, and safety planning.

3. E-MDT Liaison Members

- *New York County District Attorney (DANY):* The DANY's Elder Abuse Unit attends team meetings when the MDTC requests it. The attendance can strengthen the team by offering perspectives on how team members can gather evidence to strengthen criminal prosecution of the offender.

- *Banks and Financial Institutions:* Fraud investigators at the following financial institutions have committed to assisting the team on cases that involve their customers: JPMorgan Chase, Amalgamated, HSBC, Wells Fargo, and Capital One.

B. New Members

Policy: New Members. New members are essential to the health and well-being of the E-MDT. When the team deems it necessary, new members will be onboarded utilizing a democratic and consistent process.

Procedures: New Members

1. Assess Team Membership Needs

- An organization contacts a Lead Rep, Team Rep, or NYCEAC staff about joining the E-MDT. Alternatively, a Lead Rep or Team Rep identifies a gap in expertise at the E-MDT and raises this issue with the team. The E-MDT considers the proposed new core or liaison member by discussing a series of questions, including: a) What system or expertise is lacking? b) How does the addition of the new proposed core or liaison member benefit the team? c) Does the proposed new core or liaison member overlap with a current team member? If so, how? d) How will the proposed new member benefit from core or liaison membership?

2. Select and Onboard a New Member

- Once the Team Reps confirm their interest in inviting a new core or liaison member, the E-MDTC works with the proposed organization to discuss the E-MDT, its mission, vision core values, and process, as well as the interest of the E-MDT in having the organization become a core or liaison member.
- Reps from the organization observe an E-MDT a meeting. A rep may speak briefly about the organization's elder abuse-related work and services.
- Separately, the rep works with his/her organization to decide if it can meet the requirements of membership and how the organization will benefit from membership.
- The E-MDTC facilitates a discussion with the E-MDT about the possibility of a new core or liaison member. This discussion occurs at an E-MDT meeting without the proposed organization in attendance. The decision of the team, and the decision of the proposed organization, are discussed between E-MDTC and that rep.
- The E-MDTC provides an orientation to the new core or liaison member by meeting with the organization's Lead and Team Reps (if applicable). This meeting includes a review of the genesis of NYCEAC and the team, mission, vision, core values, ground rules, confidentiality agreement, and annual calendar. Also, the expectations of the core or liaison member and reps are reviewed. Material is provided in an NYCEAC E-MDT Info Kit (Attachment A).

- The E-MDTC can invite an organization to be a core member even if the organization cannot send a rep to every meeting.
- If the team decides not to accept the proposed member, the E-MDTC relates this information to the organization's representative and discusses other ways the organization might become involved with the team (e.g., liasison membership, presenting cases).

3. The Onboarding Process

- There are some organizations that are stretched for staff and will not be able to commit to sending someone to every meeting. Other organizations, new to MDTs, may not immediately understand the process of the MDT and the value of the teams to their work.
  - The E-MDTC and the MDT Program Specialist will work to keep new members in the loop through 1:1 conversations, if needed, to keep them up to date and to continue to emphasize the process and value of the team.
    - If participation is too erratic, it may be that the new core member will need to become a liaison member.

C. Consultants and Guests

Policy: Consultants and Guests. Consultants providing specialized expertise on specific cases are an important resource for the team. Students, key decision-makers, and select others are also welcome to observe the team to deepen their understanding of the value of MDTs.

Procedures: Consultants and Guests

1. Consultants. The E-MDTC, together with the professional referring the case to the E-MDT, identifies a consultant whose presence at the team discussion would enhance the work.

- The E-MDTC invites the consultant and provides the NYCEAC E-MDT Info Kit and cover letter (Attachment A), including mission, vision, core values and confidentiality agreement, so that the individual is prepared to attend and participate in a specific meeting for a specific case. (e.g., an expert from NYS Office for People with Developmental Disabilities [OPWDD] for a case involving a person with a development disability; an NYPD officer with expertise in financial scams.)

2. Guests. Because the full value of the team is best understood by attending a meeting in-person, core members, liaison members, Lead Reps, Team Reps, and the E-MDTC can invite other professionals and students to observe the teams. In addition, professionals will contact the E-MDTC and/or other NYCEAC staff seeking to attend a meeting.

- The potential guest is directed to the E-MDTC to coordinate available dates for such observation. Core members are encouraged to invite new employees to observe the E-MDT, so that staff can best understand the support and guidance the team offers, and mine their assignments for cases that require attention from the team.

Operations

A. Team Structure

Policy: Team Structure. The E-MDT respects the time and talent of the professionals on the team, striving for strong collegial working relationships so that elder abuse, neglect, and financial exploitation can be addressed rapidly, effectively, and in a person-centered manner with confidentiality protected.

Procedures: Team Structure

1. Early Planning. The E-MDTC invited potential core and liaison members to send representatives to an initial meeting to establish the membership, the date/time of the meetings, the length of the meetings, the location for the meetings, types of cases to be discussed, referral and triage procedures, core values and confidentiality protocols.

2. Current Meeting Timeframe. The Manhattan E-MDT meets twice monthly (generally the first and third Thursdays) for 2.0 hours (3:00–5:00 p.m.), at APS Central Office in NYC. An average of three cases are discussed at each meeting, including New Case(s) and Follow-Up Case(s). New Cases typically take about 30-40 minutes to present, discuss, develop an Action Plan, and set a Follow-Up Date. Follow-Up Cases typically take less time. The E-MDTC, together with the team, schedules meetings for the full calendar year, including the annual "Taking Stock" meeting. This calendar is firmed up and distributed by NYCEAC to the E-MDT by December.

3. Space, Technology, Refreshments. The E-MDTC secures conference room space conducive to the team discussions, with a projector and laptop for a PowerPoint slide deck, and a conference phone for callers-in. Light afternoon refreshments are brought by NYCEAC.

4. Confidentiality and Information Sharing. E-MDT core members developed a *Confidentiality Agreement* that is signed in advance of the E-MDT meeting by all core and liaison members, guest consultants, and guest observers. In short, everyone attending an E-MDT meeting has signed a Confidentiality Agreement. The Confidentiality Agreement (Attachment B) is signed once and covers all team meetings thereafter. The Confidentiality Agreement was developed by the founding E-MDT core members, and reviewed and approved by their organizations' legal departments. (Confidentiality is explained in more detail on page 21.)

- The E-MDTC or MDT Program Specialist ensures that the person receives the Confidentiality Agreement with sufficient time in advance of the meeting to review and sign it. The E-MDT Program Specialist keeps all signed Confidentiality Agreements on file. Only individuals who have signed the Confidentiality Agreement may attend the meeting.

B. Case Finding and Referrals

Policy: Case Finding and Referrals. Successful E-MDT meetings rely on a steady flow of appropriate case referrals properly triaged for case consultation or team response.

Procedures: Case Finding and Referrals

1. Case Referral. Any professional can refer a case to the MDTC for a case consultation or request team assistance. Core and liaison reps, as well as professionals in the community, contact the E-MDTC with elder abuse cases requiring expert consultation. The E-MDTC triages cases to the team. Some of the cases referred may not require team attention and are categorized as "Potential E-MDT Cases." These cases receive case consultation from the geriatrician, geropsychiatrist, forensic accountant, the E-MDTC, and other specialists. These cases may be presented to the team in the future, if necessary.

- **Case Referrals from CGPs.** The CGP Directors will look at current guardianship cases and determine which ones they would like to get in front of a multidisciplinary team.
- **Case Referrals to the Forensic Accountant.** The Forensic Accountant (FA) provides expert case consultation to E-MDT Core Members and on 1:1 case consultations to APS caseworkers, social workers, law enforcement, attorneys, and others on cases involving financial exploitation of older adults. These case consultations may or may not be cases that are discussed at the E-MDT.

  A. E-MDT core members access the FA as follows:
  - The core member emails or calls the FA to arrange the date/time of the consult. These consults may occur by phone or in person.
    - If the FA concludes from his/her analysis and report that the case would benefit from a forensic accounting investigation, the FA recommends that the core member obtain banking and/or investment banking statements *over a specific time period* — including a period prior to the exploitation, if possible.
      - The core member forwards the documents to the FA.
      - The FA and/or the core member update the MDTC on whether or not an analysis is moving forward.
      - The FA may be included in conference calls with the core member(s) and fraud investigators at financial institutions.
    - Through analysis of the patterns in financial statements, canceled checks, and withdrawal tickets, the FA creates a report that illustrates the flow of finances and the points at which the exploitation occurred.
    - The FA issues a report to the E-MDT, including narrative, charts, and recommendations.

  B. Non-E-MDT case consultations with the FA are accessed through the MDTC.

2. Case Finding.

- **Case Referral Process from HRA APS.** For many professionals, determining which case to refer to the MDTC can be perplexing. To guide this work, the E-MDT established an MDT Case Finding Work Group to both identify indicators signaling a need to refer a case to the E-MDT and to figure out how to use internal case flows to bring cases to the team. To date, NYCEAC has worked with HRA's Adult Protective Services (APS) to streamline case finding within that system. The following are the steps in the HRA APS case finding process:

  Step 1: The APS Central Intake Unit (CIU) identifies new APS referrals of individuals residing in Manhattan who might require the attention of the E-MDT (particularly those marked at intake as having abuse, neglect, and/or financial exploitation risk).

  Step 2: The HRA APS CIU Supervisor notifies the Regional Director of CIU of these potential E-MDT cases.

  Step 3: The Regional Director of CIU emails the APS Manhattan Social Worker and copies the Regional Director of APS Manhattan, the Director of the appropriate APS Manhattan field office, and the APS Social Work Supervisor. This email advises the APS Manhattan Social Worker that after an initial assessment has been conducted by the assigned caseworker, the APS Manhattan Social Worker should consult with the Deputy Director of the appropriate APS Manhattan field office to further explore E-MDT eligibility.

  Step 4: The APS Manhattan staff (the Director, Deputy Director, supervisors, assessment caseworkers, and Social Worker), the E-MDTC, and the MDT Program Specialist meet biweekly to explore potential E-MDT cases. (The E-MDTC and MDT Program Specialist have office hours at APS Manhattan two days per week.) Through this discussion, APS decides if the case requires a case consult, full team attention, or if neither of those services are needed. These meetings have several cross-training benefits:

  a) Help construct immediate next actions to relieve suffering of victim and prevent further abuse.
  b) Intervene in crisis situations.
  c) Support the efforts of APS caseworkers regarding "safety planning" measures.
  d) Connect APS to specialists, e.g., forensic accounting, medicine, psychiatry, law enforcement, shelter/housing, etc.

- **Future Streamlined Referrals.** NYCEAC is working with HRA APS to continue this work to streamline referrals once cases go to Assessment and Undercare Units and to the APS contracted agencies. NYCEAC also intends to streamline the process with other systems in the near future. The results of this Work Group will be disseminated to E-MDT reps and outside agencies interested in referring cases to the E-MDT.

3. Triage. The E-MDTC triages elder abuse case referrals into one of four different categories:

a) Ineligible for E-MDT services, termed *Non-E-MDT Case*.
b) Suspected elder abuse case that needs further investigation determining triage status, termed *Potential E-MDT case.*
c) Elder abuse or suspected elder abuse case requiring E-MDT attention, termed *E-MDT case.*
d) Case Consult case that converts to an E-MDT Case — or an elder abuse or suspected elder abuse case that may benefit from a case consult(s) — termed *Potential E-MDT Case.*

A number of factors are taken into account when determining eligibility for E-MDT review including, but not limited to:

- Multiple agencies/systems involved (e.g., multiple referrals to responsible entities, such as APS, NYCDA, NYPD, NYC DFTA, hospitals, community-based organizations, and more)
- Co-occurring abuse types
- Victim living with or in proximity to abuser
- Victim in distress or danger
- Difficulty implementing interventions to stop abuse/exploitation
- High risk of re-victimization
- Difficulty determining or implementing safety plan
- High risk of losing needed benefits/services
- Inaccessible system
- Inability to access needed specialist
- Significant gaps in the story

4. Eligibility and Intake Forms. If the case is a Potential E-MDT Case or E-MDT Case, the E-MDTC or the MDT Program Specialist completes the Eligibility and Intake Forms with the referral source, gathering demographic and background information about the victim and alleged abuser (AA), and specifics of the abuse. The E-MDTC may request that copies of documents or bank statements be collected and sent to the team's Forensic Accountant.

The Intake may take up to 45 minutes and is not completed in one "sitting." The Intake is updated throughout the life of a case; thus, the label "intake form" is a misnomer and would be more properly termed Case Information Form.

After reviewing the case information and eligibility for attention by the team, the E-MDTC determines whether or not it remains a "Potential E-MDT case," requiring additional investigation, or if it should be scheduled for the E-MDT. "Potential E-MDT" cases can later become cases at the E-MDT.

The E-MDT Eligibility Form is completed by the E-MDTC with the referral source if the case is appropriate for team attention. The case must meet minimum requirements:

- Victim is 60 years of age or older
- Manhattan resident
- Suspected or substantiated elder abuse, neglect, or financial exploitation

5. Updating the E-MDT Referral Source. The referral source may or may not be a core member of the E-MDT. Either way, it is typical that the referral source attends and participates at Follow-Up dates. Sometimes, a referral source may close the case at their organization, as the case, through the MDT process, is on a different trajectory to remedy the situation; the referral source has "finished" their work. When a referral source has closed its case, they may be asked to participate at Follow-Up because they can provide good history that may need repeating for the team.

C. Case Preparation

Policy: Case Preparation. Proper case preparation and timely communication with team representatives about team meeting date, time, and agendas will be used for all cases triaged for team review.

Procedures: Case Preparation

1. New Case Preparation.

A few days before the meeting, the E-MDTC or MDT Program Specialist notifies law enforcement and government agencies (e.g., APS, DANY, DFTA, NYC, NYPD, NYC HRA OLA) about new cases that will be presented so that they can check to see if they have any history working on that particular case. To this end, the E-MDTC provides government and law enforcement team reps (all of whom have signed Confidentiality Agreements) with the full name, date of birth, and address of the victim and the suspected perpetrator at least 24 hours before meetings, when possible.

- This procedure supports the effort to streamline case discussion, omit duplication of services and provide team representatives time to prepare case information to share with the team. Only information applicable to the case is shared with the E-MDT. Thus, confidential victim information is shared on a "need to know" basis to ensure that appropriate social services, civil legal or criminal actions, safety plan, and/or medical care are pursued.

- The team representative who is closest to the case has a conversation with the E-MDTC or MDT Program Specialist to prepare the case presentation to the team in a victim-centered, concise, and factual manner. Information from the NYCEAC E-MDT Info Kit that pertains to case presentations is utilized during this preparation. Pertinent information is culled from case facts so that the full discussion at the E-MDT — including presenting the facts, to developing the Action Plan, to setting Follow-Up Date — takes a total of 30-40 minutes. The facts appear on PowerPoint slides, typically 10-12 slides, covering the abuse incident(s), victim profile (culture, physical, social/spiritual, professional and/or natural support networks

[if any], financial, medical, medications, cognitive/psychiatric), alleged abuser (AA) profile/relationship, and history with service organizations and/or NYPD.

- One of the first slides typically bullets why the case required the attention of the E-MDT.
- For a New Case, the final slide bullets what the presenter would like from the team — the questions/issues for the E-MDT to resolve.
- For a Follow-Up Case, the final slide bullets the Action Plan developed at the previous discussion of the case.

2. Meeting Agenda of Docketed Cases. Time allotment per case and case order are typically firmed up the day of the meeting by the E-MDTC, taking into consideration case needs, complexity, and the availability of consultants and team representatives.

- The day prior to the meeting, and the hours just before the meeting, are active for the E-MDTC and MDT Program Specialist, making needed adjustments that may include re-working the case line-up if a new, urgent case requires the attention of the team, or re-working the line-up so it accommodates a team rep who needs to leave the meeting early. Also, because crisis work is a natural component of many team reps' expertise and responsibilities, this may preclude a rep from attending at the last minute. Sometimes a team rep must call into the meeting rather than attend in person. Sometimes the colleague of a team rep who intended to present an update on the case delivers the update instead. Team reps and consultants calling are sent the call-in number in advance of the meeting.

3. Invitation to Expert Consultants. The E-MDTC or MDT Program Specialist asks the referral source if discussion could be enhanced with expertise outside of the current team membership. If so, the E-MDTC or MDT Program Specialist seeks to identify and invite the needed expert(s) to the meeting. (Confidentiality protocols described earlier apply.)

4. Document Preparation. Reps prepare to bring any/all relative documents (e.g., psychiatric evaluations, Power of Attorney, wills, healthcare proxy, bank statements, Orders of Protection) to the team meeting, so that physicians, psychiatrists, civil attorneys, and other experts in the room can review them during the meeting, and explain (or, translate) the documents during the meeting. This helps the team achieve a somewhat unified understanding of these documents and evaluations.

D. Facilitation

Policy: Facilitation. Meetings are facilitated by the E-MDTC, but effective team meetings require the active participation of all team representatives and consultants.

Procedure: Facilitation

1. Essential Housekeeping Matters

- On a whiteboard in the conference room, cases are listed by initials, with approximate timeframes for discussion. This helps the team stay on track, and so that all cases receive ample discussion.
- Meeting sign-in sheets are circulated.
- Telephony set for callers-in.
- Final check to make sure everyone in the room has signed the Confidentiality Agreement. (Confidentiality Agreements are collected and filed by NYCEAC.)
- The E-MDTC welcomes the team and guests, followed by round-the-room and on-the-telephone introductions of team reps, guests and consultants.
- The E-MDTC may present brief, relevant news (e.g., recent legislation, upcoming conference, news coverage of an elder abuse case) and ask other team reps if they have announcements.
- The E-MDTC uses a script to remind those present that they have signed the Confidentiality Agreement and that they should jot down the Follow-Up Dates and Action Plan items that their organization is responsible for completing. The team is also reminded that any major news about a case that comes in after the meeting should be relayed to the E-MDTC and the involved team members and that any barriers or challenges to the agreed-upon Action Plan should be relayed to the E-MDTC and involved team members as soon as possible. This information also is included in the Outlook Invitation that is used to invite the team to the next E-MDT (Attachment E).

2. Meeting Facilitation

- E-MDTC is the time-keeper, and starts and ends the meeting on time. This requires balancing discussions so that those in the room and on the phone have a chance to express themselves and that the pertinent facts of the victim's situation are addressed.
- E-MDTC facilitates the discussion to make the most effective use of the various disciplines in the room, without one discipline or system dominating.
- E-MDTC leads the team discussions. The team reps and consultants discuss cases; provide specialized information/expertise according to his/her profession; identify service gaps and issues; brainstorm creative solutions; and suggest recommendations to stop the abuse, prevent further misuse of funds, and/or prosecute. This leads to the team's development of, and agreement upon, the Action Plan.

- The meetings are conducted so that they end on time. It is typical that, after the meeting officially closes, team members stay to confer on the work for another 20-30 minutes or so.
- NYCEAC staff takes minutes.

3. Confidentiality. Confidentiality is adhered to during and after the meetings.

- During the E-MDT meetings, victims, alleged abusers (AA) and the people in their lives are identified by initials only.
- In e-mails, victims, alleged abusers (AA) and the people in their lives are identified by initials only.
- In private, one-on-one conversations between team members, full names are used.
- Full names may be left on voicemail. The recipient then deletes the voicemail message containing confidential information.
- Stipulations in the Confidentiality Agreement cover legal and other documents that are shared with Team Reps at or in-between E-MDT. When bank statements are reviewed at the E-MDT, account numbers and other identifying information are redacted.
- When discussing the case at or in-between E-MDT meetings, team members are careful to balance expediency with protecting client confidentiality and safety.
- It is expected that all team representatives act in accordance with their own organization's confidentiality protocols.
- When speaking at local and national conferences, or in written documents (brochures, articles, reports), E-MDT cases are de-identified.
- If a team representative has questions about the use of any information discussed at the E-MDT, the Rep discusses this with E-MDTC, who will work to facilitate a resolution among the parties involved.

4. Discussion of New Cases. Within the allotted 30-40 minutes for a new case, the case information is presented and discussed, the Action Plan is developed, and the Follow-Up meeting date is set by the team. The E-MDTC remains flexible and ready to change course quickly if necessary, as discussions typically uncover important and creative possibilities that need ample time for thorough discussion. This flexibility also is important because team reps regularly offer unplanned "mini-trainings" on topics relevant to the case and important to the team.

5. Discussion of Follow-Up Cases. When a Follow-Up case is discussed, the final PowerPoint slide is the Action Plan developed by the team during the previous meeting. This Action Plan slide is followed by verbal reports by team members who were responsible for items in this Action Plan. This leads to overall team discussion and development of the next Action Plan and the next Follow-Up date.

6. Determine an Action Plan. When discussing the case and developing an Action Plan, Team Reps ideally encourage each other to consider innovative ways to address the abuse cases — supportively

and professionally encouraging each other, and our systems, to stretch for innovative strategies, and not to rely exclusively on conventional ones. A tenet of the E-MDT approach is to improve systems in order to better protect older adults – peer-to-peer discussion at the E-MDT works toward this.

7. Determine Follow-Up Date. The E-MDT Coordinator determines with team members the appropriate time frame to formally update/review the case at a team meeting. This becomes the Follow-Up Date. There is no limit to the number of times that a case can be scheduled for Follow-Up.

8. Determine Ethical Issues. Discuss ethical issues related to case. The complexity of the case, the vulnerability of the victim, victim's right to choose, and professionals' duty to protect foster important team discussion about ethics related to the case. When does the team intervene when the victim does not want assistance, and if so, how? When does duty to protect outweigh self determination? True ethical issues that are discussed at the team are not simply solved. One agency's policy about disclosure and protection is not the same as another agency's. In open and candid discussion, the ethical issues related to some but not all cases are discussed at team meetings. As the ethical issues that arise become more complex, the E-MDTC may set time at future meeting(s) so that the ethics of a particular issue can be fully explored by the team.

9. Case Closures. The E-MDTC leads a discussion regarding case closure when appropriate. A case typically closes when the co-occurring abuses have been reduced, stopped, and/or assets have been secured. When guardianship proceedings or criminal prosecution have begun, there are times when the case is deemed "Inactive," until there is news about those proceedings, or new or repeat abuse — at which time the case comes back to the team for update, discussion, and Action Plan. On the rare occasion where the victim does not want assistance and has the capacity to make that decision, and resources and options have been fully explained and exhausted, the case may be closed at the E-MDT.

10. Post-Meeting Notifications.

a) **Action Plan and Follow-Up Dates.** The MDT Program Specialist sends the Action Plan and Follow-Up Date via email, following confidentiality protocols, to inform appropriate team representatives and consultants, shortly after the meeting when the case was discussed.
b) **The Next Meeting.** The MDT Program Specialist sends an Outlook Invite to the team representatives within a day or so after the most recently held meeting. A sample Outlook invite can be found in Attachment E.

E. Coordination Between Meetings

Policy: Coordination Between Meetings. E-MDT case coordination issues emerging between meeting dates will be responded to in a timely manner, as will case consultation needs.

Procedures: Coordination Between Meetings

1. Assist with Case Challenges. The E-MDTC, in a timely manner, helps resolve case challenges that occur in-between team meetings. This includes ensuring that significant case developments (i.e., the case "trajectory," which may include victim re-location, abuser arrest, hospitalization, death of victim, death of abuser) are quickly made known to team members connected to the particular case. NYCEAC developed tools to assist team representatives in their work, including a suggested "script" to access Domestic Violence Police Officers at local precincts, and safety planning guidelines while a victim is hospitalized (Attachments C and D).

2. Provide Case Consults to Adult Protective Services Caseworkers. NYCEAC's E-MDTC and MDT Program Specialist spend time at APS offices in Manhattan, where they provide on-site case consultations on elder abuse cases. This has the added benefit of deepening their understanding of APS processes and procedures. Conversely, it contributes to a deeper understanding by APS directors, supervisors, and caseworkers about elder abuse, neglect, financial exploitation, and the role of the E-MDT. These case consultations are tracked by NYCEAC and entered into the database.

3. Provide Case Consults to Community Professionals: Professionals in the community and non-abusing family, friends, and neighbors reach out to NYCEAC for assistance on elder abuse cases via phone, email, and the website. The E-MDTC responds to these queries within 24 hours (excluding weekends) with suggestions about next steps. When a non-professional reaches out, the E-MDTC provides supportive counseling and provides referral suggestions. Professionals who do not typically work on elder abuse cases are guided through next steps. Sometimes, through the consultation, it is advised that the professional bring the case to the E-MDT. Case consultations are tracked by NYCEAC and entered into the database. See page 15 under Case Referral for additional information re: Case Consultations.

F. Taking Stock

Policy: Taking Stock. Each year, review the previous year's successes and challenges and determine future goals.

Procedures: Taking Stock. The E-MDT will hold an annual *Taking Stock* meeting to review the previous years' successes, challenges, and set goals for the coming year. It is a meeting to reflect on the health of the team and determine what, if any, course corrections are needed.

1. Plan for the Taking Stock Meeting.

a) The *Taking Stock* meeting date is agreed upon by E-MDT members at the start of the year, and announced regularly so that as many team members as possible can attend.

b) A month prior to the meeting, the E-MDTC asks team representatives to anonymously complete the *Navarro Team Effectiveness Inventory* (Attachment F). This inventory is an evidence-based tool that analyzes team process issues to help the team representatives better understand its effectiveness and cohesion. Those not able to complete the inventory during the meeting are sent it via email. The inventory results are aggregated by the E-MDT Program Specialist.

c) A month prior to the meeting, the E-MDTC works with the team to develop an agenda, which typically includes:

- Review and discussion of Navarro Team Effectiveness Inventory results.
- A brief presentation from NYCEAC's Director about how the work of the E-MDT fits into the work of the larger elder justice field (locally, regionally, nationally).
- A review of and discussion about the previous year's data informing which core members bring the majority of cases to the attention of the E-MDT, and which core members conduct the majority of items in the Action Plans.
- A review of the current membership, and a discussion about any gaps in core membership, and if the team wants to invite any new members.

2. Conduct the Taking Stock Meeting. The E-MDTC facilitates the annual *Taking Stock* meeting, utilizing the agenda approved by all. The discussion is captured in the minutes, and new procedures or ideas that result are integrated into overall team process.

G. Conflict of Interest

Policy: Conflict of Interest. E-MDT members and guests actively avoid conflicts of interest so that the E-MDT may function and be represented at the highest ethical standard.

Procedures: Conflict of Interest

1. Definition of E-MDT Conflict of Interest Concern. A conflict of interest exists when there is evidence of, or the appearance that, an E-MDT member or guest has personal interests that have influenced or may influence E-MDT procedures, or that those interests will take precedence over the interests, goals or mission of the E-MDT. A conflict of interest also exists when an E-MDT member or guest has, or may appear to have, the ability to exercise undue influence over decisions made by the E-MDT.

2. Apply Principles. To determine whether or not a situation is or could be perceived as a conflict of interest, E-MDT members apply these principles:

a) While reviewing an E-MDT case, the interest of the team and the people it serves takes precedence over private business interests and personal relationships.
b) A case reviewed by the E-MDT is not used for personal gain or for any purpose contrary to the E-MDT's interests.
c) E-MDT core and liaison member members and their representatives disclose all possible conflicts of interest to the E-MDTC prior to a case discussion.
d) If, during a case discussion, a representative realizes there is a conflict of interest, s/he will step out of the meeting during the case discussion.

H. Data Collection, Tracking Cases and Outcomes, Case Management, and Reporting

Policy: Data Collection, Tracking Cases and Outcomes, Case Management, and Reporting. To enable an analysis of the work conducted by the E-MDT to better understand process and outcomes, NYCEAC staff collect data and input in the database. NYCEAC also manages case data utilizing spreadsheets.

Procedures: Data Collection, Tracking Cases, Outcomes, and Case Data Management: Demographic, case tracking and case outcome information are collected on four (4) forms that are secured in the database. The forms are: Eligibility, Intake, Tracking and Outcomes (Attachment G).

1. Data Collection

- NYCEAC collects data from case consults, intake, E-MDT Minutes, and the e-mail and verbal communications that occur between E-MDT meetings.

2. Tracking Cases and Outcome Procedures.

- Tracking cases begins at the time of referral to the E-MDTC until case closure.
- The MDT Program Specialist is responsible for tracking the Action Plan, whether those recommendations were pursued and completed, and if not completed, the reason.
- The MDT Program Specialist tracks outcomes using the Outcome Form based on information provided from intake to case closure.
- The Outcome Form is always used for cases that are reviewed by the E-MDT. In some circumstances, the E-MDTC will use the Outcome Form for a Case Consult that is followed through resolution. Only those recommendations that were made through a Case Consult or E-MDT review are captured in the database.

3. Case Data Management Procedures.

- After each E-MDT meeting, the MDT Program Specialist updates a spreadsheet stored on the NYCEAC database. These spreadsheets are utilized by the E-MDTC and MDT Program Specialist to track cases by (a) case name; and (b) E-MDT meeting date.
- Case notes and emails about E-MDT cases and Potential E-MDT cases are filed in the database by the E-MDTC and MDT Program Specialist.

- The E-MDT minutes are filed in a shared drive accessible by the E-MDTC and MDT Program Specialist.

I. Roles and Responsibilities of E-MDT Staff and Specialists

Policy: Role and Responsibilities of E-MDT Staff and Specialists The E-MDT will pay to provide facilitation and coordination services, and will pay consultants to provide expertise in specialized areas if these services cannot be otherwise obtained without cost.

Procedures: Role and Responsibilities of E-MDT Staff and Specialists

1. E-MDTC. The E-MDTC is responsible for the following:

- Coordinate the day-to-day operations of E-MDT activities.
- Provide case consults to APS staff and other professionals, as needed.
- Keep case notes and file them.
- Build and maintain relationships with core members to deepen understanding of E-MDT purpose and strengthen commitments. The E-MDTC updates the team, as appropriate.
- Onboard new core members in a thorough manner that meets the new core members' and the team's needs.
- Coordinate the triage and presentation of new cases for E-MDT review.
- Coordinate and facilitate the E-MDT meetings.
- Provide limited direct services to victims and family, friends, and neighbors, including home visits, to a select number of cases when other referrals and resources are unavailable.
- Identify training needs for the E-MDT, identify speakers on those topics, and schedule presentations.
- Develop linkages with community, professional banking, and government organizations to improve service provision to victims.
- Conduct outreach and training to build a comprehensive network of community, professional, banking, and government organizations in order to establish a system for collaborative referrals, consultations, and services.
- Convene and facilitate ad hoc work groups, as needed, to address emerging issues impacting the team.
- Participate in trainings and workshops on multi-disciplinary approaches to addressing elder abuse at city, state, and national forums.
- Collect, track, and report data, including case data from E-MDT discussions, consultations, outreach, and linkages developed.
- Assist in the development of programs and policies based on an analysis of data and identification of needs.

- Attend and participate in professional development activities and other elder abuse network meetings and events.
- Speak about the E-MDT at community meetings.
- Other activities as needs arise.

2. MDT Program Specialist

The MDT Program Specialist is responsible for the following:

- Respond by the next business day to case consult requests.
- Conduct intakes for E-MDT cases.
- Coordinate with and support the needs of Adult Protective Services caseworkers, other governmental and community-based agencies, as related to elder abuse cases.
- Assist professionals referring cases to the E-MDT with the new case presentation.
- Prepare and organize E-MDT meetings, including matters relating to meeting logistics.
- Contact NYC government organizations (i.e., APS, DANY, DFTA, NYPD, OLA) prior to meetings to determine if the organization has been involved with the client, ensuring that all members in attendance are prepared for case discussions.
- Send out Outlook Invites to Team Reps.
- Take meeting minutes and update errors in the case PowerPoint slides.
- Nurture relationships with E-MDT core and liaison members.
- Collect E-MDT data and manage databases.
- Assist with managing the case filing system.
- Assist with collecting Navarro Inventory survey responses and analyze prior to the annual Taking Stock meeting.
- Prepare and organize training materials.
- Conduct trainings in the community.
- Speak about the E-MDT at community meetings.
- Other activities as needs arise.

3. Forensic Accountant (FA)

The Forensic Accountant is responsible for the following:

- Provide guidance to team members on financial exploitation cases, including the specific documents the caseworker should obtain to develop the case, and a timeframe for the documents collected.
- Discern elements of exploitation as the forensic accountant listens to the case presentation and team discussion and discussing these elements during the case discussion.

- Provide concise on the spot training on forensic accounting while addressing the specific case under discussion.
- Analyze financial documents.
- Provide a report with narrative and graph analysis, conclusions, and advice for next steps.

The Forensic Analysis Report is a critical resource that results in strong evidence and support for criminal, civil, and guardianship cases; compelling evidence to present to NYPD so that investigations are opened more rapidly; and, in some situations, evidence that might be thoughtfully presented to the victim, so that s/he can more easily see where the exploitation has occurred.

4. Geriatric Psychiatrist (or Geropsychiatrist)

At least one geriatric psychiatrist (or geropsychiatrist) attends each team meeting. In case of absence, the team's geropsychiatrist works out meeting coverage with an alternate so that there is always coverage at the meeting.

The geropsychiatrist is responsible for the following:

- Review psychiatric evaluations conducted by NYC Human Resources Administration Psychiatry.
- Interpret and explain the psychiatric evaluation to the team for a common understanding of the evaluation.
- Provide preliminary psychiatric assessment of victims.
- Liaise with victim's healthcare providers, as needed.
- Recommend approaches to intervention that more deeply assess capacity, mental illness, or Alzheimer's or other dementias.
- Educate team members in the meeting about the highly complex determination of capacity, mental illness, and medications.
- Conduct didactic presentations during the team meetings on mental health topics relevant to case discussions.
- Present ideas for crisis interventions related to mental illness and cognitive decline.
- Inform on hospital, psychiatric hospital, and nursing home procedures.
- Conduct home visits and capacity assessments.
- Take lead role in advocating for additional medical services, when appropriate.
- Advise on "social admit" hospitalizations when case requires this intervention.
- Provide one-on-one case consultations with team members beyond the meeting.
- Present at local, state, and national conferences and on panels work on the E-MDT.

5. Geriatrician

At least one geriatrician attends each E-MDT meeting. In case of absence, the team's geriatrician works out meeting coverage with an alternate so there is always coverage at the meeting.

The Geriatrician is responsible for the following:

- Review the victim's health status, including injuries.
- Review photos of injuries and advise on injuries that may or may not be consistent with the victim's — or medical facility's — report of the injury.
- Connect with the victim's physician or a hospital or a nursing home staff about a patient, often educating on subject of elder mistreatment.
- Make joint home visits with other team members to assess capacity and medical condition.
- Provide education to the team about Alzheimer's and other dementias, age-related and other medical conditions, and how a victim is more vulnerable as these conditions combine with abuse types.
- Provide information on how abuse, neglect, and medication mismanagement can exacerbate the medical condition.
- Assist with helping to obtain hospital social admission for victims and facilitate Emergency Department interventions.
- Be available for one-on-one consult with team members beyond the meeting.
- Present at local, state, and national conferences and on panels work on the E-MDT.

Strategic Networking and Linkages with Key Organizations

Policy: Strategic Networking and Linkages with Key Organizations. Engage with community organizations and professionals to ensure that the team is informed by diverse perspectives, and is receiving cases from across systems and communities.

Procedures: Strategic Networking and Linkages with Key Organizations

1. Respond to Requests for Presentations. NYCEAC responds to requests for presentations about the E-MDT and elder abuse with community-based, government, health care, academic, and other organizations. At times the E-MDTC reaches out to specific organizations to engage them, and offers to conduct presentations.

- E-MDT reps discuss their own experience on the E-MDT in their internal and external trainings, creating a ripple effect of awareness about the intervention.

2. Distribute Information. E-MDT staff and team representatives distribute information about the E-MDT (found on the NYCEAC website) to help explain the work of the E-MDT, how cases are presented at the team, and how to increase awareness and skills in elder abuse prevention.

3. E-MDT Reps Educate Collateral Agencies Involved with E-MDT Cases. When non-team members — e.g., banks, nursing homes, or hospitals — send a specialist to attend an E-MDT meeting to consult on a case, the E-MDTC develops rapport with these representatives for future involvement on E-MDT cases, and encourages these specialists to bring their own cases to the E-MDT.

4. Invite Guests to Observe E-MDT Meetings. E-MDT representatives invite professionals and students to observe E-MDT meetings. At networking events, trainings, and in regular phone conversations, the E-MDTC and the E-MDT Program Specialist invites professionals and students to observe a team meeting so they learn how complex elder abuse cases are discussed and resolved over time.

5. Present on the E-MDT at Conferences. The E-MDTC and other team representatives present on the E-MDT at various venues, including national conferences, local workshops and trainings designed for specific target audiences (e.g., judges, police, gatekeepers, mental health specialists, bankers, etc.).

Summary

The E-MDT model is a person-centered intervention for communities to bring together agencies and resources to mount a coordinated response to complex cases of elder abuse, neglect, and financial exploitation of older adults. E-MDT meetings are typically held once or twice per month for 1.5 to 2 hours/meeting, and are facilitated by the E-MDT Coordinator. Each E-MDT is composed of professionals from multiple organizations and systems, including APS, AAA, law enforcement, District Attorney's office, legal services, community-based organizations, the banking/financial industry, temporary shelter services, and the specialty services of geriatric medicine, geropsychiatry, and forensic accounting. Participation is required for core member agencies.

Professionals bring cases to the E-MDT Coordinator, who determines eligibility and triages them. Those cases not eligible for the team can receive consultation from the E-MDT Coordinator or other team specialists. The E-MDT Coordinator brings eligible cases to the team's attention. Through the facilitation of the E-MDT Coordinator, the team works together to prevent and respond to elder abuse, neglect, and exploitation of individual clients, and restore safety and well-being in their lives. Case presentations are held that identify the reason for referral, presenting issue(s), alleged perpetrator(s), the nature of abuse, and interventions provided to date. Comprehensive assessments are conducted as needed and appropriate to identify service needs (e.g., safety plan, order of protection, healthcare needs, mental health treatment referrals, guardianship, caregiver supports or respite, temporary housing or shelter, or APS home visits). E-MDT participants discuss each case of financial exploitation and other forms of abuse and identify issues, barriers, resources, and action steps. The E-MDT Coordinator prepares an action plan for referrals and services through discussion with the team, and tracks the information in a data system.

E-MDT core member representatives take responsibility for their agency's assigned action items to ensure the cases move forward in a timely manner. Depending on the fact pattern of the case and forensic accountant review, criminal prosecution of the suspected perpetrator may be pursued. Plans and supports are revisited at subsequent E-MDT meetings until case resolution. Although the Manhattan E-MDT was initially designed to focus on cases with financial exploitation present, now all forms of abuse are addressed with or without the occurrence of financial exploitation. The E-MDT addresses the presenting and immediate safety issues of a case, and also older adults' basic needs, such as legal guardianship, medical assistance, food security, and housing, etc.

All E-MDT members bring to the table important professional expertise, and the teams are further strengthened by the involvement of the forensic accountant for addressing complex cases of financial exploitation. The geropsychiatrist is available to guide the team's decision about whether to request an evaluation focused on a client's decision-making abilities related to the current risk. For example, the evaluation may assess the victim's decision-making abilities in relation to financial, legal and medical decision-making. At times, the geriatric psychiatrist will conduct the evaluation after other available resources are considered.

The E-MDT prevents abuse and provides effective coordinated responses, restoring safety, security, and well-being. These policies and procedures provide the organizing structure to establish and sustain strong, successful, person-centered teams. As E-MDTs become more fully available and integrated into additional localities, these policies and procedures may be used as they are for new teams (with updates to the names and locations), and also may be reviewed as a template and updated to assure their practical utility to the ongoing work of E-MDTs.

Contacts

For more information about the EAPI initiative or this document, contact:

Jennifer Rosenbaum
Assistant Director, Division of Policy, Planning, Programs, and Outcomes
New York State Office for the Aging
email: nysofa@aging.ny.gov
Phone: 1-844-697-6321
website: www.aging.ny.gov

Risa Breckman, LCSW
Director
NYC Elder Abuse Center
email: info@nyceac.com
phone: 212-746-1674
website: www.nyceac.com

Paul Caccamise, LMSW, ACSW
Vice President for Program
Lifespan of Greater Rochester
email: info@lifespan-roch.org
phone: 585-244-8400
website: www.lifespan-roch.org

This document is prepared as part of Grant #90EA0004-01-00 from the Administration for Community Living/Administration on Aging awarded to the New York State Office for the Aging.

Attachments

Attachment A.
NYCEAC Information Kit

1. Cover Letter
2. New York State Elder Abuse Prevention and Intervention Services Survey: Report of Findings – Executive Summary
3. Under the Radar: New York State Elder Abuse Prevalence Study – Executive Summary
4. The Elder Justice Roadmap: A Stakeholder Initiative to Respond to an Emerging Health, Justice, Financial and Social Crisis – Executive Summary
5. Elder Abuse Multi-Disciplinary Teams: FAQs
6. Case Presentations (E-MDT)
7. Multi-Disciplinary Team: Case Presentation Flow
8. NYCEAC Case Consultation Services
9. Multi-Disciplinary Team (MDT): Case Flow Chart
10. NYC Elder Abuse Center Online

Attachment B.
Confidentiality Agreement

Attachment C.
Suggested Guidelines for APS Caseworkers when Contacting NYPD Domestic Violence Officers at Local Precincts about E-MDT Cases

Attachment D.
Suggested Ideas for Safety Planning in Facilities

Attachment E.
Sample Outlook Invite

Attachment F.
Navarro Team Effectiveness Inventory

Attachment G.
Data Collection Forms

1. Eligibility Form
2. Intake Form
3. Tracking Form
4. Outcome Form

NYC ELDER ABUSE CENTER
Professionals serving older adults

We are glad that you are able to observe the NYC Elder Abuse Center's (NYCEAC) Enhanced Multidisciplinary Team/Manhattan (EMDT) on (INDICATE DATE). The following is what you need to know in advance of attendance:

NYCEAC is a multidisciplinary partnership, bringing collective expertise to bear on the issue of elder abuse. NYCEAC has two teams in Brooklyn and Manhattan. Both MDTs discuss cases of abuse, neglect and financial exploitation. The Brooklyn MDT launched in 2010 and was the model for the Manhattan EMDT. The "E" in EMDT is for "enhanced," because when the Manhattan meeting launched in 2013, it was enhanced with geropsychiatrists and forensic accountants. Today, both teams are "enhanced."

Observing an EMDT meeting will give you a good sense of the myriad problems elder abuse victims confront and how the EMDT respond to those problems.

- EMDT (Enhanced Multidisciplinary Team) meetings are held at (INDICATE LOCATION), from (INDICATE TIME). We typically meet the 1st and 3rd Thursdays of the month.

Core Members. Agencies are the core members and send representatives to the MDT meetings. The members generally include: NYC HRA Adult Protective Services; NYC HRA Office of Legal Affairs; NYC Department for the Aging; New York Police Department; District Attorney Elder Abuse Units; New York Presbyterian/Weill Cornell Medicine geriatricians and geropsychiatrists; Karen Webber, CPA (forensic accountant); FINRA (Financial Industry Regulation Authority); The Harry & Jeanette Weinberg Center for Elder Abuse Prevention (an elder abuse shelter); community-based elder abuse agencies including JASA Legal and Social Work Elder Abuse Program (LEAP), Carter Burden Network, and Womankind; civil attorneys from NYLAG (New York Legal Assistance Group), Legal Aid Society and JASA LEAP are on-call for both teams; Community Guardianship Programs; and the NYC Elder Abuse Center.

Streamlined response. The meetings are tightly coordinated so that complex, high-risk cases are brought to the team in a streamlined manner, triaged through the MDT Coordinator. Typically, three or four elder abuse cases are discussed. After a case is discussed at an MDT meeting for the first time, the team members develop an Action Plan, and a Follow-Up date is agreed upon. Cases are typically brought back to the team for continued follow-up discussions and Action Plan development until the case is resolved and closed by the team. The team's staff tracks the progress.

Confidentiality. The MDTs do not use full names or any identifying information about the victims or others involved in email, or when discussing the person during the meeting. This is to protect the individual we are discussing. Everyone attending an MDT meeting signs a Confidentiality

Agreement, including core member representatives, guest presenters, or guests. The Agreement must be signed and submitted before the meeting begins.

Core Values. The team adheres to NYCEAC's core values. We want to ensure that everyone — members and guests — feel comfortable and safe. Adhering to these values helps us accomplish this. Our values guide our work:

- Respect for elders and a concern for keeping elders safe and free from harm.
- Person-centered service, with each person having a right to privacy; a right to be free from fear, abuse and ageism; and a right to experience safety, dignity, well-being, self-determination and respect.
- Respect for each colleague and their individual discipline, understanding the challenges professionals experience when doing this work.
- Shared accountability – to the individual's organization, to NYCEAC and the MDTs, when applicable.
- Sharing and leveraging existing resources to maximize efficiency.
- Transparent and effective decision-making processes, with all stakeholders at the table having an equal voice.

Here is a link (http://nyceac.com/) to NYCEAC's home page
and a link(http://nyceac.com/clinical-services/mdts/) to the MDTs.
The MDT video will give you a sense of what transpires during the team meetings.

New York State Elder Abuse Prevention and Intervention Services Survey: Report of Findings

JUNE 2016

PREPARED BY:
Risa Breckman, LCSW
Director
New York City Elder Abuse Center
Weill Cornell Medical College

Paul L. Caccamise, LMSW, ACSW
Vice President for Program
Lifespan of Greater Rochester

Executive Summary

In January 2016 the New York City Elder Abuse Center (NYCEAC) and Lifespan of Greater Rochester (Lifespan) designed, piloted and conducted a survey to assess the current adequacy of elder abuse victim prevention and intervention services in New York State.

Purpose: The survey was developed to obtain feedback about the gaps and barriers in elder abuse services in New York State (NYS) across multiple service systems. We hope the findings in this report will spark conversations with people within and across the many organizations and systems involved with preventing and responding to elder abuse. It is through these conversations that we will deepen our understanding of the ideas contained in these pages. We also hope that the information will be valuable to all those interested in designing, expanding and/or funding elder abuse victim prevention and intervention services in NYS.

Methods: The survey questions were developed by Risa Breckman, Paul Caccamise, Ann Marie Cook, Dr. Mark Lachs and Dr. Anthony Rosen, and finalized with additional assistance from Denise Shukoff. A draft survey was piloted by members of the New York State Coalition on Elder Abuse Advisory Board. Their feedback was incorporated into the final version of the survey.

Once finalized, the survey was loaded into Survey Monkey and distributed to over 1,800 members of the New York State Coalition on Elder Abuse. This process was coordinated by Lifespan. The New York State Office for the Aging distributed the survey to all of the Area Agencies on Aging in NYS. The survey was also distributed to NYCEAC's Steering Committee, multidisciplinary team members, and members of a nascent group in New York City (NYC), Building Bridges Across the Lifespan. All recipients of the survey were asked to further distribute it to others in their networks; thus, the total number of people ultimately receiving the survey to complete is unknown. The survey was open for completion via Survey Monkey from January 19, 2016 through January 30, 2016.

Response: A total of 484 individuals responded to the survey. All responses were anonymous. Survey respondents represented 60 out of 62 counties in the state and also included one Native American nation. Seventy-seven respondents (16%) commented from a statewide perspective. The majority of respondents (84%) reported on a county or regional basis.

Findings and Results: The report follows the structure and format of the survey questions to present the findings, and includes sections about demographics (e.g., identifying county, type of organization affiliation, organizational capacity, etc.), gaps, barriers, ranking of gaps and of barriers, suggested solutions, and general comments. The report includes each question from the survey and a report of the responses, followed by a table, chart, and/or graph depicting the responses, and a narrative summary for each question.

A striking array of service gaps and barriers were identified and an impressive number of solutions enumerated; these are explicated in this report. In addition, there are a few notable findings to highlight here:

- *Need for elder abuse prevention and intervention services and case finding:* While many respondents deplored a shortage of elder abuse prevention and intervention services in their counties, other respondents noted that their programs are not currently at capacity. This dual finding speaks to the need for a deeper understanding of individual county service gaps and a nuanced exploration of what is required to improve outreach and case finding. There was also a call for programs that serve older adults who are abused but do not meet APS eligibility criteria. Respondents also indicated a need for improved community collaboration through elder abuse multidisciplinary teams.

- *Reporting to law enforcement:* Law enforcement involvement can be critical to investigation of elder abuse and to protection of older adults. The survey identified a variety of reasons victims are reluctant to report to the police and other law enforcement agencies, including victim fear of losing housing and family support, victim emotional distress, cognitive impairment and fear of retaliation. The community-based barriers included a wide range of themes, from legal and prosecutorial barriers to apprehension on the part of immigrant communities to a need for additional police training.

  Understanding these challenges to reporting to the police and overcoming them is important for purposes of victim safety, holding abusers accountable and victim compensation. For example, in NYS, Adult Protective Services (APS) is mandated to report to police if they believe a crime has been committed against an APS client. Some barriers reported by survey respondents could complicate APS ability to engage law enforcement in the investigation of suspected crimes committed against APS clients. In addition, in NYS, barriers to reporting to police could possibly reduce the number of elder abuse victims receiving compensation from the Office of Victim Services. This is because in order for the Office to make an award for compensation, criminal justice agency records must show that a crime was promptly reported to proper authorities. In the Office's enacting statute, "criminal justice agency" includes, but is not limited to, a police department, a district attorney's office and Adult Protective Services.

- *Numerous obstacles to receiving crime victim compensation:* This was the first survey to explore statewide elder justice stakeholders' views of how the New York State's crime victim compensation program responds to the needs of elder abuse victims. Overall, respondents believe NYS can do better. Bureaucratic issues, poor messaging about services, and documentation barriers were just some of the impediments noted that prevent adequate compensation. Awareness of the barriers, which this survey provides, is the first important step to taking corrective action.

Limitations: We faced a number of challenges in conducting and analyzing this survey. The analysis of the data was limited primarily by the survey method, which allowed for a broader reach to potential respondents by encouraging those who received the survey to further share it with others for their response. As a result, the number of survey recipients is unknown, which limits certain types of analyses that could be conducted with the 484 responses received.

The analysis was limited secondarily by the functionality in Survey Monkey. While Survey Monkey aggregates data automatically and can create charts with ease, it would require significant resources not available to us to conduct sophisticated correlations of multiple data fields. Further, while we would like to report county-specific results, Survey Monkey is limited in this regard as well. For example, if someone from Kings County reported they also serve New York County, both counties will be displayed when a request for just Kings County is filtered.

This Report of Findings presents rich information on a statewide basis, including the gaps and barriers in elder abuse service delivery systems. We did not, however, have resources to further analyze the data gathered on a county or regional basis. For a more extensive analysis of a particular county or region, please contact the report authors to discuss your request and the possibility of a more detailed report of data related to a specific area.

Report Dissemination: The Report of Findings is available on two websites: the NYS Coalition on Elder Abuse (nyselderabuse.org) and NYCEAC (nyceac.com, http://bit.ly/1UaYpmE).

Acknowledgements

There were no special funds raised to conduct this survey, analyze the data or report on the findings. This project was completed because of the hard work of dedicated elder justice professionals who willed this report to completion. A huge thank you to Ann Marie Cook, Zachary Herman, Mark Lachs, MD, MPH, Anthony Rosen, MD, and Denise Shukoff, Esq. for contributing their time and expertise to designing and distributing the survey, reviewing the data and editing the report. Another big thank you to the members of the New York State Coalition on Elder Abuse Advisory Board for piloting the survey and providing feedback to strengthen it. We each have unique experiences and perspectives; when we individually share those, the collective picture of where we are now and where we need to go becomes clearer. So a special thank you to all those who took the time to take the survey and record opinions and comments about elder abuse services in New York.

To reference this report as a citation:
Breckman R, Caccamise PL. (2016). New York State elder abuse prevention and intervention services survey: Report of findings. New York City: New York City Elder Abuse Center; Rochester, NY: Lifespan of Greater Rochester Inc.

Under the Radar: New York State Elder Abuse Prevalence Study

SELF-REPORTED PREVALENCE AND DOCUMENTED CASE SURVEYS

FINAL REPORT

May 2011

Prepared by:
Lifespan of Greater Rochester, Inc.
Weill Cornell Medical Center
of Cornell University
New York City Department for the Aging

EXECUTIVE SUMMARY

The New York State Elder Abuse Prevalence Study is one of the most ambitious and comprehensive studies to quantify the extent of elder abuse in a discrete jurisdiction ever attempted, and certainly the largest in any single American state. With funding from the New York State William B. Hoyt Memorial Children and Family Trust Fund, a program administered under NYS Office of Children and Family Services, three community, governmental, and academic partners (Lifespan of Greater Rochester, the New York City Department for the Aging and the Weill Cornell Medical College) formed a collaborative partnership to conduct the study.

AIMS OF THE STUDY

The study had three central aims achieved through two separate study components:

- To estimate the prevalence and incidence of various forms of elder abuse in a large, representative, statewide sample of older New Yorkers over 60 years of age through direct interviews (hereafter referred to as *the Self-Reported Prevalence Study*)
- To estimate the number of elder abuse cases coming to the attention of all agencies and programs responsible for serving elder abuse victims in New York State in a one-year period (*the Documented Case Study*), and
- To compare rates of elder abuse in the two component studies, permitting a comparison of "known" to "hidden" cases, and thereby determining an estimate of the rate of elder abuse underreporting in New York State.

Prevalence refers to the number of older adults who have ever experienced elder mistreatment since turning 60. **Incidence** refers to the number of new cases of elder abuse in the year prior to the survey interview.

METHODOLOGY

At the completion of the study, 4,156 older New Yorkers or their proxies had been interviewed directly and 292 agencies reported on documented cases from all corners of the state. Through the collaborative efforts of the three research partners, the study employed "cutting edge" methodologies to accomplish the goals of the study. These included (1) improvement of existing survey instruments to make them "state of the art" using the combined field knowledge of academics and direct service providers; separate surveys were created for the Self-Reported Prevalence Survey and the Documented Case Study, (2) utilization of the Cornell Research Survey Institute in Ithaca to assemble a representative state sample of older adults and to conduct the interviews by telephone, (3) administration of a survey to all major service systems, agencies and programs in the state that receive reports of elder abuse and provide investigation and intervention to older adult victims.

Methodology - Self-Reported Prevalence Study

In the Self-Reported Prevalence Study, the research team assembled a representative sample of all residents of New York State age 60 and older representing a broad cross section of the older population in the state. The sample was created using a random digit dialing strategy derived from census tracts targeting adults over 60. The study was limited to older adults living in the community, that is, not living in licensed facilities such as nursing homes and adult care facilities. The actual surveys were conducted by telephone by trained interviewers at the Cornell Survey Research Institute. The survey instrument used for this component of the study captured elder mistreatment in four general domains: (1) Neglect by a responsible caregiver (2) Financial Exploitation (3) Emotional Abuse and (4) Physical Elder Abuse (including Sexual Abuse).

Methodology - Documented Case Study

The Documented Case Study contacted programs and agencies responsible for specifically serving victims of elder abuse and older victims of domestic violence in New York State and requested that they complete a survey about cases served in calendar year 2008. The survey included questions on elder abuse cases that mirrored the questions used for the statewide Self-Reported Prevalence Study. Programs surveyed included Adult Protective Services, law enforcement, area agencies on aging, domestic violence programs, elder abuse programs, programs funded by the Office of Victim Services (previously known as the Crime Victims Board), elder abuse coalitions, and District Attorney (DA) offices. While the amount of data supplied varied by county and organization, at least some data was collected for each of the 62 counties in New York State.

MAJOR FINDINGS

- **The findings of the study point to a dramatic gap between the rate of elder abuse events reported by older New Yorkers and the number of cases referred to and served in the formal elder abuse service system.**
- **Overall the study found an elder abuse incidence rate in New York State that was nearly 24 times greater than the number of cases referred to social service, law enforcement or legal authorities who have the capacity as well as the responsibility to assist older adult victims.**
- **Psychological abuse was the most common form of mistreatment reported by agencies providing data on elder abuse victims in the Documented Case Study. This finding stands in contrast to the results of the Self-Reported Study in which financial exploitation was the most prevalent form of mistreatment reported by respondents as having taken place in the year preceding the survey.**
- **Applying the incidence rate estimated by the study to the general population of older New Yorkers, an estimated 260,000 older adults in the state had been victims of at least one form of elder abuse in the preceding year (a span of 12 months between 2008-2009).**

Caution must be exercised in interpreting the large gap between prevalence reported directly by older adults and the number of cases served. The adequacy of some documentation systems to provide elder abuse case data may have played a role in the results. The inability of some service systems and individual programs to report on their involvement in elder abuse cases may have affected the final tally of documented cases. As a

result, an undetermined number of cases may not be accounted for from agencies and programs that could not access some data about elder abuse victims served. However, the study received comprehensive data from the largest programs serving elder abuse victims: Adult Protective Services, law enforcement and community-based elder abuse programs.

Table A

Rates of Elder Abuse in New York State:
Comparison of Self-Reported One-Year Incidence and Documented Case Data

	Documented Rate per 1,000	Self-reported Rate per 1,000	Ratio of Self-Reported to Documented
New York State - All forms of abuse	3.24	76.0	23.5
Financial	.96	42.1	43.9
Physical and Sexual	1.13*	22.4*	19.8
Neglect	.32	18.3	57.2
Emotional	1.37	16.4	12.0

*The Documented Case rate includes physical abuse cases only. Physical and sexual abuse data were combined in the Self-Reported Study. The sexual abuse rate for the Documented Case Study was 0.03 per 1,000.

It should be noted that the sum of the rates exceeds the total rates in both the Documented Case and Self-Reported Studies because some victims experienced more than one type of abuse.

SELF-REPORTED PREVALENCE STUDY

Major findings of the Self-Reported Study include:

- **A total one-year incidence rate of 76 per 1,000 older residents** of New York State for any form of elder abuse was found.
- The cumulative prevalence of any form of **non-financial elder mistreatment was 46.2 per thousand subjects studied** in the year preceding the survey.
- The highest rate of mistreatment occurred for **major financial exploitation** (theft of money or property, using items without permission, impersonation to get access, forcing or misleading to get items such as money, bank cards, accounts, power of attorney) with **a rate of 41 per 1,000 surveyed**. This rate reflects respondent reports of financial abuse that occured in the year preceding the survey. (The rate for moderate financial exploitation, i.e. discontinuing contributions to household finances in spite of agreement to do so, constituted another 1 per 1,000 surveyed.)
- The study also found that **141 out of 1,000 older New Yorkers have experienced an elder abuse event since turning age 60.**

DOCUMENTED CASE STUDY

Major findings of the Documented Case Study include:

- Adjusting for possible duplication of victims served by more than one program, the study determined that in a one-year period **11,432 victims were served throughout New York State, yielding a rate of 3.24 elder abuse victims served per 1,000 older adults.**
- Rates of documented elder abuse varied by region. The highest rate was in New York City (3.79 reported cases per 1,000 older adult residents) compared to the region with the lowest rate of documented cases, Central New York /Southern Tier (2.30 cases per 1,000).
- Variability in data collection across service systems contributed to the large gap uncovered between the number of cases reported through the Documented Case Study and the prevalence rates found in the Self-Reported Study. The extent to which the gap can be attributed to data collection issues among service systems has not been established.
- While there was little difference among urban, suburban and rural counties in types of abuse reported in the Documented Case Survey (for all regions, emotional abuse is the most common abuse category reported), urban areas tend to have higher documented case rates than rural counties.

Table B

Victim Demographic Information
Comparison of Documented Case Data and Self Reported Data

Information about victims	Documented Case Study Percent of Victims	Self-Reported Study Percent of Victims
Age groups		
60-64	17.0	20.3
65-74	41.9	38.0
75-84	28.1	29.1
85+	13.0	12.7
(Missing)	14.9	0.0
Gender		
Male	32.8	35.8
Female	67.2	64.2
(Missing)	13.8	0.0
Race/Ethnicity		
African American	27.9	26.3
Asian/Pacific Islander	3.0	1.6
Caucasian	69.3	65.5
Hispanic/Latino	16.4	7.6
Native American/Aleut Eskimo	0.8	1.9
Race, other	10.5	2.9
(Missing)	50.8	1.9

Under Race/Ethnicity, it should be noted that in the Documented Case Study, some agencies permitted elder abuse victims to declare more than one ethnic category; as a result the sum of percentages exceeds 100. In the Self-Reported Study column, respondents who self identified as Hispanic/Latino in addition to another category are reported in a separate statistic (7.6%). As a result, the sum of all categories again exceeds 100 percent.

Note that in Table B, "Missing" in the Documented Case Study column indicates the percentage of cases in which responding organizations were unable to supply the data requested. In the Self-Reported Study column, "Missing" indicates the percentage of telephone survey respondents who declined to supply the requested information.

The comparison of demographic data in Table B reveals similar trends in both the Self-Reported and Documented Case data except in the area of Race/Ethnicity. The percentage of Hispanic/Latino and Asian/Pacific Islander victims served by Documented Case Study respondent organizations was approximately twice the percentage of Self-Reported Study respondents who self-identified as Hispanic/Latino or Asian/Pacific Islander. On the other hand, Native Americans/Aleut Eskimos were represented in the Documented Case findings at less than half the rate they were found in the Self-Reported Study. It should also be noted, however, that responding organizations in the Documented Case Study were as a whole unable to provide racial/ethnic data in half of the cases.

CONCLUSIONS

While the Prevalence Study did not attempt to analyze the reasons for the disparity in self-reported versus documented elder abuse, some possible explanations can be offered. Considerable variability in documentation systems may play a role in the results. The Documented Case Study found a great deal of variability in the way service systems and individual organizations collect data in elder abuse cases. Some service systems and some regions may lack the resources to integrate elder abuse elements in data collection systems or may simply not have an adequate elder abuse focus in their data collection. Population density, the visibility of older adults in the community and, conversely, social isolation in rural areas may contribute to differences in referral rate trends based on geography. Greater awareness by individuals, both lay and professional, who have contact with older adults and might observe the signs and symptoms of elder abuse, may also explain higher referral rates in some areas.

The New York State Elder Abuse Prevalence Study uncovered a large number of older adults for whom elder abuse is a reality but who remain "under the radar" of the community response system set up to assist them.

The findings of the New York State Elder Abuse Prevalence Study suggest that attention should be paid to the following issues in elder abuse services:

- Consistency and adequacy in the collection of data regarding elder abuse cases across service systems. Sound and complete data sets regarding elder abuse cases are essential for case planning and program planning, reliable program evaluation and resource allocation.
- Emphasis on cross-system collaboration to ensure that limited resources are used wisely to identify and serve elder abuse victims.
- Greater focus on prevention and intervention in those forms of elder abuse reported by elders to be most prevalent, in particular, financial exploitation.
- Promotion of public and professional awareness through education campaigns and training concerning the signs of elder abuse and the resources available to assist older adults who are being mistreated by trusted individuals.

IMPLICATIONS FOR FOLLOW UP AND FURTHER STUDY

For the first time, a scientifically rigorous estimate of the prevalence of elder abuse in New York State has been established. The study also provides an estimate of the number of cases that receive intervention in a one-year period throughout the state. The study raises many questions about differences in rates of abuse in various regions, about referral rates by region and about how elder abuse data is recorded. Further exploration of these issues in future research studies is warranted.

The findings also serve as a platform for more informed decision making about policy, use of limited resources and models of service provision for the thousands of older New Yorkers whose safety, quality of life and dignity are compromised each year by elder mistreatment.

The Elder Justice Roadmap

A Stakeholder Initiative to Respond to an Emerging Health, Justice, Financial and Social Crisis

An initiative funded by the US Department of Justice with support from the Department of Health and Human Services. The recommendations, points of view and opinions in this document are solely those of the authors, subject matter experts and stakeholders and do not represent official positions or policies of either Department.

THE ELDER JUSTICE ROADMAP

Responding to an Emerging Health, Justice, Financial, & Social Crisis

EXECUTIVE SUMMARY

Elder abuse – including physical, sexual, and psychological abuse, as well as neglect, abandonment, and financial exploitation – affects about five million Americans each year, causing untold illness, injury and suffering for victims and those who care about and for them. Although we do not have a great deal of data quantifying the costs of elder abuse to victims, their families, and society at large, early estimates suggest that such abuse costs many billions of dollars each year – a startling statistic, particularly since just one in 24 cases is reported to authorities. Given the aging population and the widespread human, social, and economic impact of elder abuse, a broad range of stakeholders and experts were consulted on how to enhance both public and private responses to elder abuse.

Among the many priorities identified in this Roadmap, ***five*** stand out:

The **Top Five Priorities** critical to understanding and reducing elder abuse and to promoting health, independence, and justice for older adults, are:

1. **Awareness:** **Increase public awareness of elder abuse, a multi-faceted problem that requires a holistic, well-coordinated response in services, education, policy, and research.**
2. **Brain health:** **Conduct research and enhance focus on cognitive (in)capacity and mental health – critical factors both for victims and perpetrators.**
3. **Caregiving:** **Provide better support and training for the tens of millions of paid and unpaid caregivers who play a critical role in preventing elder abuse.**
4. **Economics:** **Quantify the costs of elder abuse, which is often entwined with financial incentives and comes with huge fiscal costs to victims, families and society.**
5. **Resources:** **Strategically invest more resources in services, education, research, and expanding knowledge to reduce elder abuse.**

The Elder Justice Roadmap Process

Developing a Roadmap to set strategic priorities to advance elder justice involved collecting information from numerous sources. The data were collected, with guidance from subject matter experts from around the country, in several phases including:

- Using a concept mapping process to solicit the perspectives of 750 stakeholders who were asked to identify the most critical priorities for the field;
- Convening facilitated discussions with experts on six particularly important topics: (1) diminished capacity/mental health, (2) caregiving, (3) diversity, (4) prevention, (5) screening, and (6) victim services;
- Conducting leadership interviews with high-level public officials, thought leaders, and heads of influential entities regarding how best to gain traction, engage vital partners, and set and implement an agenda to promote elder justice; and
- Compiling a bibliography and list of resources including articles, books, DVDs, curricula and toolkits relevant to the issues and priorities identified in the project.

This process resulted in the identification of the **Top Five Priorities** noted above, and specific recommendations identified by Roadmap contributors, who sorted them into three categories:

- **First Wave Action Items** – Priorities to address first, chosen by subject matter experts based on criteria outlined on page 9.
- **High Priorities by Domain** – A wider range of priorities sorted by the Roadmap's four domains: *Direct Services, Education, Policy,* and *Research*, for users interested in a more in-depth list of options, and the reasons those priorities were deemed important.
- **Universal Themes that Cut across Domains** – Vital issues that arose repeatedly.

A Dynamic Document

This Roadmap is intended primarily to be a strategic planning resource *by the field, for the field* to advance our collective efforts to prevent and combat elder abuse. It is a dynamic document that can be adapted and used by grassroots and community groups, multidisciplinary teams, and local, state, and national governmental and non-governmental entities, all of which have critical and complementary roles to play in tackling and implementing the recommendations identified in this document.

While the views and information contained in this document do not reflect or represent the official positions or policies of the federal government, they have already helped to inform certain federal efforts. For example, the Roadmap helped to inform the structure of and subjects addressed at the inaugural meeting of the Elder Justice Coordinating Council[1] in October 2012, and to help target certain federal data collection, research, and training initiatives and projects.

There is much to do to address elder abuse. This Roadmap is just the beginning.

NYC ELDER ABUSE CENTER
Professionals serving older adults

Elder Abuse Multidisciplinary Teams: FAQs

These FAQs answer questions about MDTs in general and the NYC Elder Abuse Center's (NYCEAC) MDTs specifically.

1. What is elder abuse and how prevalent is it? Over 120,000 of older adults in NYC are abused, neglect, or exploited every year. Abuse cuts across all demographic groups and causes untold suffering. Many of these victims live their last years impoverished, injured, neglected, and in fear with little effective protection, attention, or help from any system. Indeed, a staggering 1 in 24 older victims are not reported or known to any service network. Many situations that come to light are complex, involving co-occurring abuse types requiring responses from multiple systems.

2. What are MDTs and why do we need them? MDTs bring professionals together from across disciplines and systems to problem respond to complex cases of elder abuse. Those responding to elder abuse often operate in silos, unaware of parallel investigations and unable to access the knowledge and resources needed to respond effectively. Professionals working in isolation are often hampered by the limits of their own expertise and authority. Thus, gaps in care or service duplication often occurs. In contrast, MDTs are a powerful person-centered, highly coordinated intervention. Members carefully consider each older victim's situation and individual strengths, needs and preferences when creating a response. NYCEAC currently facilitates MDTs, one in Brooklyn and one in Manhattan.

3. Who are the members of NYCEAC's MDTs? Organizations are members of the MDTs and send staff to the meetings who serve as reps on the teams. Together, these professionals assess and prioritize the myriad issues involved in the cases, determine what services and interventions are needed, and what additional experts might be consulted to improve outcomes. To effectively accomplish this, teams require a broad range of expertise at the table. NYCEAC's MDTs have specialists from many fields, including medicine, law, mental health, social work, protective services, elder abuse, aging, banking, law enforcement, criminal justice, and forensic accounting.

4. Who do the MDTs currently serve? NYCEAC's teams serve elder abuse victims residing in Brooklyn and Manhattan. There are plans to expand the teams citywide.

NYC ELDER ABUSE CENTER
Professionals serving older adults

Case Presentations

Manhattan Enhanced Multidisciplinary Team (EMDT) Meeting

The following information will assist you in preparing your case for the NYC Elder Abuse Center's (NYCEAC) Enhanced Multidisciplinary Team Manhattan (EMDT). After reviewing this, if you have any questions or concerns, please contact NYCEAC's Elder Abuse Prevention Specialist/MDT Coordinator, Peg Horan, LMSW, at phoran@nyceac.com or at 212-746-7211, or MDT Program Specialist, Daniel Sullivan, LMSW, at dsullivan@nyceac.com or at 212-746-6271.

General EMDT Information

Overview: NYCEAC's EMDT is comprised of experts from across systems and disciplines. Together we coordinate care and create solutions for the growing number of complex Manhattan-based elder abuse cases.

EMDT meeting time and location: The EMDT generally meets twice a month on Thursday afternoons, (INDICATE TIME) at (INDICATE LOCATION).

Staffing and EMDT members: NYCEAC facilitates and coordinates the EMDT meeting. The EMDT is comprised of representatives from the following member organizations:

- Carter Burden Network
- FINRA (Financial Industry Regulatory Authority)
- Forensic Accountant, Mary Karen Webber, CPA, PLLC
- JASA Legal and Social Work Elder Abuse Program (LEAP)
- New York County District Attorney's Elder Abuse Unit
- NYC Department for the Aging
- NYC Elder Abuse Center
- NYC Human Resources Administration
  - — Adult Protective Services (APS)
    - ○ JASA APS
    - ○ TSI/NY APS
    - ○ Village Care APS
  - — Office of Legal Affairs
- New York Legal Assistance Group
- New York Police Department, Office of Chief of Department, Domestic Violence Unit
- Weill Cornell Medicine, Division of Geriatrics and Palliative Medicine
- Weill Cornell Medicine, Department of Psychiatry
- The Harry & Jeanette Weinberg Center for Elder Abuse Prevention
- Financial institutions that liaise with the EMDT, as needed

Prior to the EMDT Meeting

1. Intake: Prior to the EMDT meeting, Peg or Daniel will have conducted an "intake" with you during which time you will provide pertinent case facts that will be relayed to the team at the meeting. The intake typically occurs days before the case is presented to the team for the first time. During the EMDT meeting, Peg or Daniel usually present the case and you will fill in gaps and clarify, as needed. (If you want to present the case, please discuss this with Peg or Daniel.) To this end, Peg or Daniel will ask you to provide the following intake information prior to the EMDT meeting:

1. Short explanation (2 sentences) of what you aim to achieve by bringing this case to the EMDT for review and consultation. The following are examples:
   Example 1: The goal for this client to receive a mental health status evaluation to determine if she is indeed capable of making decisions for herself regarding her finances. We would like a geropsychiatrist to accompany us on a home visit to evaluate the client's situation, as well as a police officer, because the alleged abuser, who is the victim's daughter, is likely to be in the home.

   Example 2: The goal is to complete a proper assessment of my client's current life situation and understand her level of risk while she is living with her son—who was previously physically abusive and stole from her. I would like guidance on how to get access to the client, implement a Safety Plan, and hear the team's suggestions for questions and techniques I can use to assess this complex case that involves multiple response systems (mental health, NYPD, courts, hospital).

2. Case Information:

a. *Type of Abuse Suspected or Substantiated:* physical, sexual, emotional, financial exploitation, neglect
b. *Client:* Age, gender, race/ethnicity; medical diagnosis/status; psychiatric diagnosis/status; functional status; living situation; financial situation; concerned family/friends/neighbors
c. *Alleged Abuser:* relationship of the alleged abuser(s) to the victim, age(s), gender, race/ethnicity; why your agency is involved; current proximity to victim (lives with? lives near?)
d. *Abuse/Neglect Details and Intervention To-Date:* Current level of risk; other organizations and response systems currently involved with the case; previous interventions, if any
e. *Additional Relevant Information:* The most pressing concern and/or the most pressing need. Any other pertinent psychosocial problems? Victim's strengths and/or strengths in the victim's network that could improve safety/health/quality of life?
f. *Which organizations (other than EMDT members) would you like present at the team meeting?*
g. *Specific questions/issues you would like the EMDT to address re: this case?*

(The above Case Information is adapted from *Sample Case Presentation Format*, created by the *Center for Excellence on Elder Abuse and Neglect*, Irvine, CA.)

Meeting confirmation: Peg or Daniel will email you to confirm the date, time, and location of the meeting. It is during the meeting that your case will be presented to the team for consultation.

Confidentiality Agreement: Peg or Daniel will explain the *Confidentiality Agreement* to you prior to the meeting and will send it to you for review. You can sign it before the meeting starts, or if you will be attending by phone, you will need to sign and return the *Confidentiality Agreement* by scan or fax in advance.

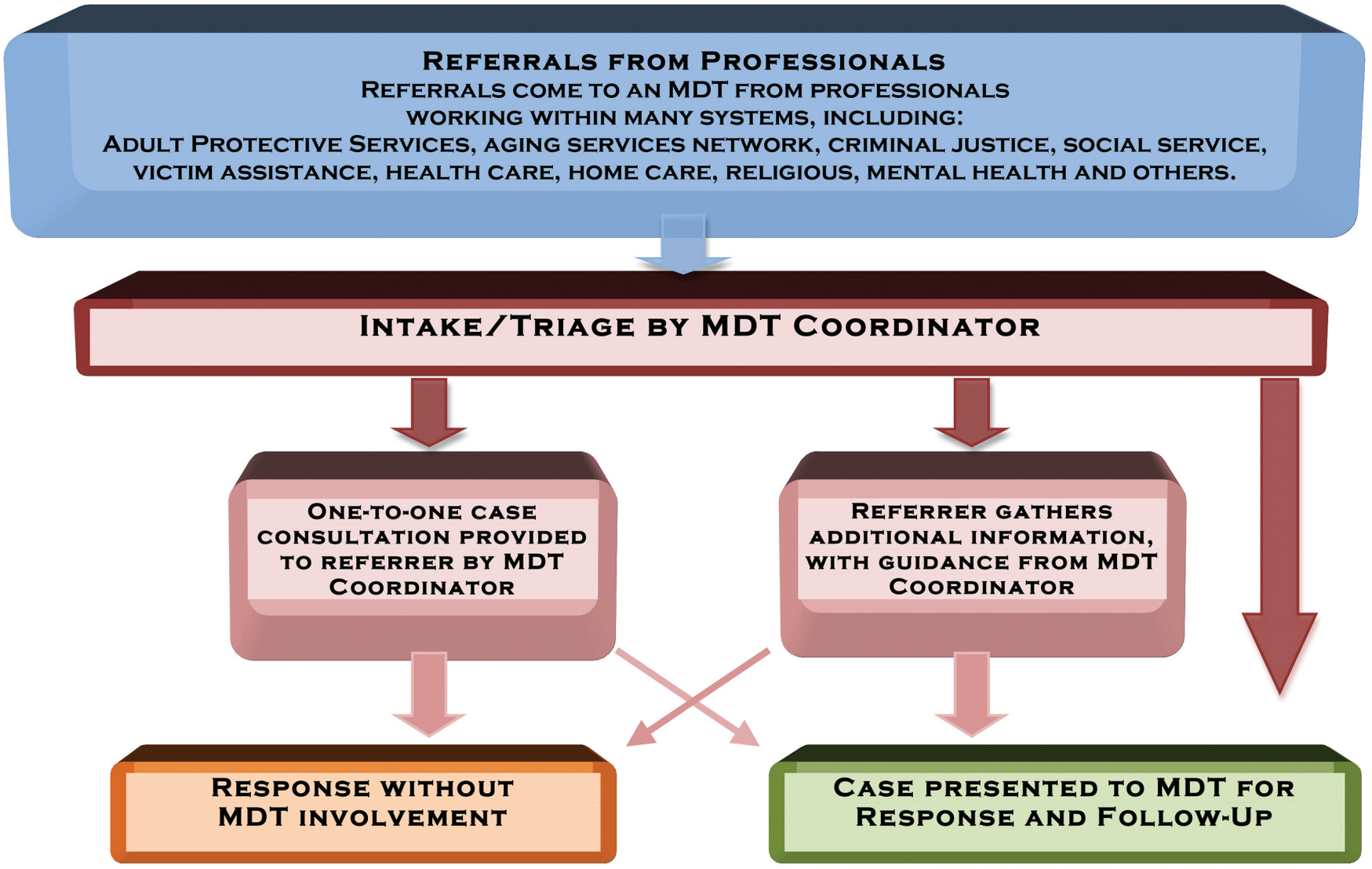
During the EMDT Meeting

Meeting process: At the meeting, you will be warmly welcomed by the EMDT members. After brief introductions, your case will be presented using PowerPoint slides. During this presentation, please add details and clarity, as needed. EMDT members might ask questions during the presentation to clarify facts. Then, everyone at the table, including you, will discuss the case. The team will make recommendations, develop an *Action Plan*, and schedule a *Follow-Up Date*. It should take about *30-45 minutes* to present and discuss a new case. Your role is an active one: please ask questions and engage in the discussion.

Confidentiality: During the meeting, we do not reveal the names of victims or perpetrators. Instead, we use "victim," "senior," "patient," or "client." To refer to the alleged abuser, we typically use "AA," "alleged abuser," "offender" (or "defendant" if the abuser has been arrested). And/or, we use "mother," "father," "husband," "son," "daughter," "sister," "grandson," "grandfather," "niece," "home attendant," and so on. Choose the nouns you are comfortable with so that you can clearly express the victim's situation without using any names.

NYC ELDER ABUSE CENTER
Professionals serving older adults

Multidisciplinary Team (MDT): Case Flow Chart



NYC ELDER ABUSE CENTER
Professionals serving older adults

NYCEAC Case Consultation Services

Professionals working with older adults might detect elder abuse but are often unsure of how to proceed in assessing and assisting the victims and their family members. NYCEAC's expert staff can provide one-on-one consultation to professionals on a range of case-related issues. Case consultations may occur independent of, or in conjunction with, review of the case by one of NYCEAC's multidisciplinary teams (MDTs).

Case consultations with specialized practitioners can be arranged through NYCEAC's Elder Abuse Prevention Specialist/MDT Coordinator, Peg Horan, LMSW. Generous grant funding — and the support of our partners — allows NYCEAC to offer these services free of charge. However, availability of services is limited geographically according to funding parameters.

Available Case Consultation Services

NYCEAC offers the following consult services for professionals working on cases of elder abuse in Brooklyn and Manhattan:

- Medical Consultations
- Social Work Consultations
- Forensic Accountant Consultations
- Geropsychiatric Consultations

Process for Obtaining a Case Consultation

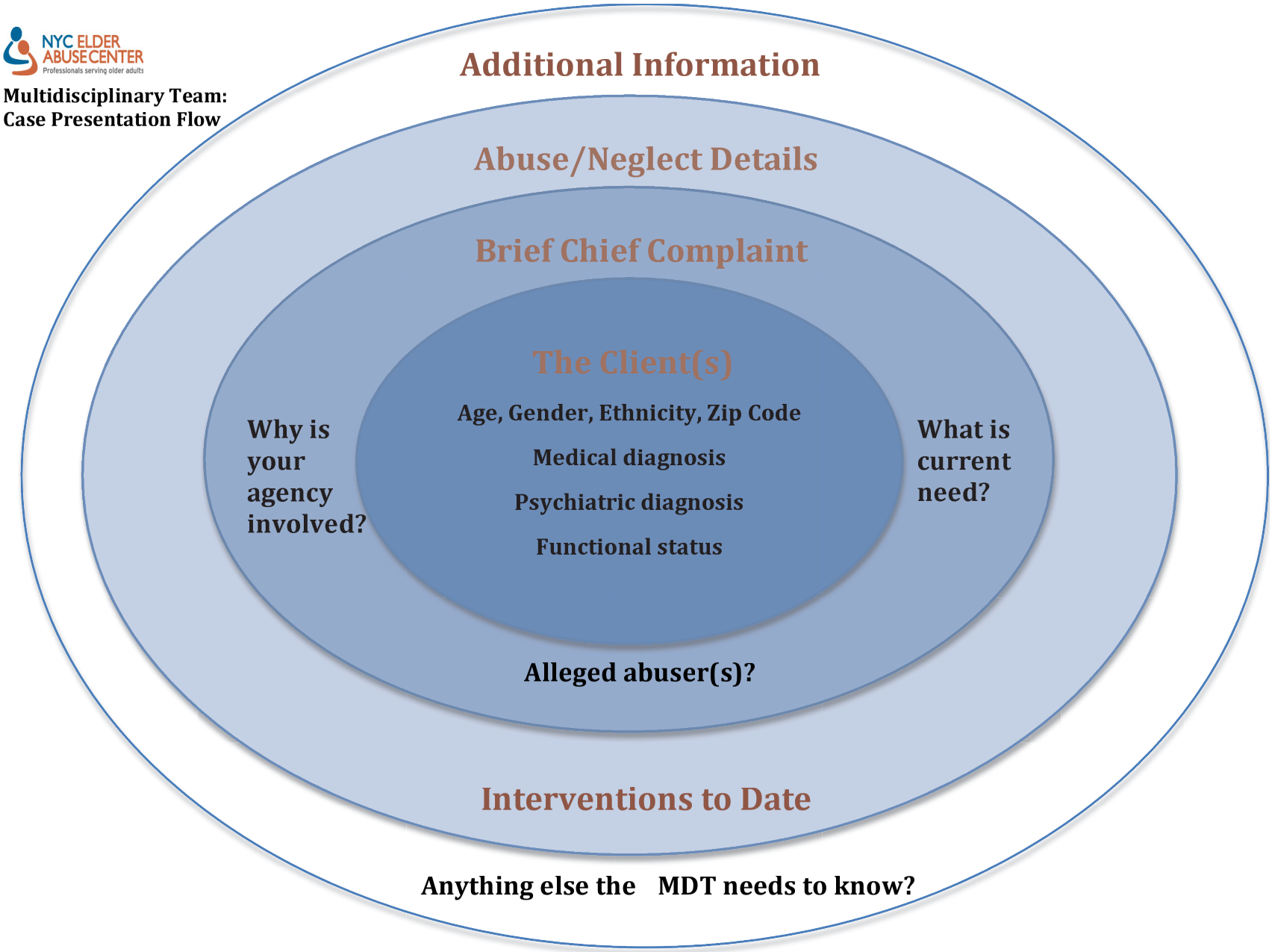
1. Contact Peg Horan, LMSW, NYCEAC's Elder Abuse Prevention Specialist/MDT Coordinator at phoran@nyceac.com or at 212-746-7211, or Daniel Sullivan, LMSW, MDT Program Specialist at dsullivan@nyceac.com or at 212-746-6271. The email should include the following information: (a) your name; (b) your contact information; and (c) the general issue(s) leading you to request a consultation. (Please do not include identifying information about the elder abuse victim or the abuser.)

2. Peg or Daniel will contact you to discuss your request and if appropriate, arrange the consultation.

Please note: Some consultation services are available during limited hours due to the schedules of the professionals providing the consultation.

NYC ELDER ABUSE CENTER
Professionals serving older adults

Multidisciplinary Team:
Case Presentation Flow



NYC Elder Abuse Center Online

NYC Elder Abuse Center's Website
The NYC Elder Abuse Center's website contains useful information and resources about elder abuse and the work of NYCEAC. Visit www.nyceac.com to find elder justice ***Events*** *around NYC, our blog,* ***"Elder Justice Dispatch Blog,"*** *an archive of our* ***eNewsletter*** *and more!*

The "Elder Justice Dispatch Blog" can be found on NYCEAC's website. It New information, interviews, commentary and resources are constantly added. The blog can be found be here: http://nyceac.com/resources/newsletter/archived-newsletters/.

NYCEAC's eNewsletters provide practical information and resources on elder justice-related topics to help providers better assist victims. An archive of previous eNewsletters is available here: http://nyceac.com/resources/newsletter/archived-newsletters/.

NYC Elder Abuse Center on Social Media
The NYC Elder Abuse Center engages with professionals in NYC and around the country through several social media platforms. Check us out!

Like us on Facebook. Search for "NYC Elder Abuse Center" or go to: https://www.facebook.com/NYCElderAbuseCenter.

Connect with NYCEAC on LinkedIn. Search for "NYC Elder Abuse Center" or go to: http://www.linkedin.com/company/2598147.

Listen to our podcast series through iTunes. Search the iTunes store for "Elder Justice Podcast Series."

Follow us on Twitter, and say hello! @NYCElderAbuse

NYC ELDER ABUSE CENTER
Professionals serving older adults

Manhattan Enhanced Multidisciplinary Team Confidentiality Agreement

The mission of the Manhattan Enhanced Multidisciplinary Team (EMDT) is to conduct full reviews of suspected elder abuse, exploitation and/or neglect allegations and to develop effective and efficient responses.

As an EMDT participant, Adult Protective Services, NYC Department for the Aging [DFTA] and other agencies may inform me of confidential client information. The purpose for the disclosure of this confidential client information is to ensure that appropriate social services, legal services, and medical care are obtained for elder abuse victims and that allegations of abuse are investigated and alleged abusers are prosecuted.

I understand that information contained in Adult Protective Services and DFTA's records is designated as confidential pursuant to the laws and regulations of the State of New York and its implementing regulations. This information shall not be disclosed by me to any person, organization, agency or other entity except as authorized by HRA and/or DFTA, as required for the purposes of a criminal investigation and/or prosecution, or as is necessary for a financial institution to perform a customer/transaction review, or as otherwise required by law.

I agree that such information may not be used for any purpose other than the purposes stated in this Agreement and that any other use or release to any party of such confidential information or records, without prior written consent of HRA or of DFTA, will be presumed to be a breach of this Confidentiality Agreement. I further agree that any breach of confidentiality may result in the referral of the matter to the Office of the New York City Inspector General, NYS Bar Association Grievance Committee, or any other appropriate enforcing entity for potential sanctions.

I the undersigned, as a representative of the agency or financial institution listed below and member or visitor of the EMDT, agree that all information discussed and/or obtained in these case review meetings will remain confidential other than for the reasons stated above.

If I am a visitor coming into the meeting to observe the EMDT, I agree to all of the above-stated conditions in this Confidentiality Agreement. I also agree that I shall be treated in the same manner as the members of the EMDT and will be subject to this Agreement in the same manner and to the same extent as the members of the EMDT.

_____
Print Name of Agency Represented

_____
Print Name

_____
Sign & Date

Last Revised August 12, 2013

Appendix C:

Suggested Guidelines for APS Caseworkers when Contacting NYPD Domestic Violence Officers (DVOs) at Local Precincts about EMDT Cases

1. Before you call the DVO unit at the precinct:

A. Prepare a couple of sentences about the suspected abuse of the victim so that you can clearly present the story. Two examples of this:

"There are allegations that the daughter screams at her mother, brings strangers into the home, and steals her mother's money."

"There are allegations that the son locks his father in his bedroom because his father has dementia. Also there is no food in the home and they are being evicted."

B. Have the following information in front of you:

- Victim's name/ address/phone number/date of birth
- Suspect's name/address/phone/DOB
- Any substance abuse, mental illness or weapons information

2. In your own concise and direct words, and recognizing the enormous life-and-death responsibilities of New York Police Department, state your information clearly.

A. Start with a statement about who you are. An example of this:

"I am calling from Adult Protective Services (APS) about an elder abuse case under discussion at the Multidisciplinary Team of the NYC Elder Abuse Center.
The Domestic Violence Unit at police headquarters is a Core Member of the (state the borough) Elder Abuse Enhanced Multidisciplinary Team."

Pointer: Being prepared, concise and direct in communication with the DVOs helps to build positive relationship with them.

B. Then state your request. An example of this:

"Adult Protective Services is unable to assess this victim because the defendant will not allow us into the home. We are requesting that the Domestic Violence Officer (or DVO) accompany us to the home. This is a suspected family violence case. If we cannot see the victim with a DVO, then we will immediately seek to obtain an Order to Gain Access. Can I tell you more about this victim?"

- Age
- Relationship to the abuser/suspect

- Physical disabilities, if any
- Cognitive deficits, if any
- Living conditions
- Full address and phone number of the address
- 2-3 sentences with specifics.

Pointers: If you tell the officer that the victim is "being abused," that is not defined enough. Be specific. The following are examples:

- Rather than saying the victim is being financially exploited, state that the victim's nephew stole $5000.
- Rather than saying someone is taking the victim's assets, state that a couple moved in with the victim and is taking control of her assets.
- Rather than saying that the victim is being intimidated, state that the building's super told you he heard yelling and a crash last night, and the son is a known addict and has shoved his mother to the floor in the past.
- Rather than saying that a daughter who has been abusive in the past is back in the home, state that there is a Full Order of Protection and we learned that the abuser, the victim's daughter, is back in the home.
    - *Pointer:* Whenever there is a Full Order of Protection (FOOP) or a Limited Order of Protection (LOOP) that is violated, call the DV unit at the precinct immediately and state that the Order is being violated (e.g., there is a FOOP but the abuser is in the home. Or, there is a LOOP but neighbors hear the daughter yelling at the mother all the time). If there is no answer in DV, call the Desk Sergeant.

C. Get the DVO's name and phone number so that you can follow-up with the officer.

D. Thank the DVO.

3. If APS is not able to coordinate a home visit with a DVO, please contact the EMDT Coordinator for assistance.

NYC ELDER ABUSE CENTER
Professionals serving older adults

Suggested Ideas for Safety Planning in Facilities

Regarding safety planning with any facility (e.g., hospital, nursing home, rehab) that houses a BMDT elder abuse victim. (Or any elder abuse victim.)

1. Notify the facility of the complete elder abuse history for the patient right away.
2. Fax the Order of Protection (OP) to the facility if there is one—if patient was transferred from hospital to a facility, the hospital records, including the OP, should be in the medical record going over to the new facility. In my experience, that does not always happen, so always connect with the new facility yourself.
3. Speak with, then fax/scan OP to social worker at the facility or hospital, explain the elder abuse history, *and then* call the **security officer** too. (I learned the hard way on a case when security was not informed by the hospital staff about the elder abuse victim. I had only spoken with the social worker and she was going to inform security. Things went bad when the perp got up into the hospital room (this is easy to do). But it would have helped if security was informed.)
4. Important to notify the BMDT team members associated with the case about any hospitalizations or facility transfers **soon after following your agency protocol**. KCDA can then send a **photo of defendant** to hospital or facility—to both the **social worker and security**. Just shoot out an email to team members on the case about any hospitalization or transfer — so they can get on it right away.
    - **Simple email, cloaked:** "JS transferred from hospital to nursing home on 5/18. We are working with nursing home re safety planning. Will call DA's office shortly so DA can send defendant photo to nursing home."
5. If there is no criminal case, no defendant, no OP, but you/we suspect abuse, inform facility and ask that the patient be moved near nurses' station for best monitoring. Perpetrators get patients to sign documents from hospital bed **regularly**.

When an elder abuse victim dies — notify team members associated with the case **soon after following your agency protocol**.

- Simple email, cloaked: "EA deceased 5/19/16. We are speaking with detectives and ME's office now."

Remember that you have a whole team of experts willing to assist you on these complicated cases – and the cases are not confined to a "scheduled" BMDT meeting, of course. Once the case is at BMDT, the team is there is assist you from follow-up date-to- follow-up date.

Updated January 2017

Sample Outlook Invite.

Our next EMDT is **xx/xx/xx**, from **3:00–5:00 p.m.** at **APS Central Office, 109 E. 16th Street, (just east of Union Square) 5th floor, New York, NY.**

Please RSVP to each meeting—yes, no, or tentative.

If Outlook does not work for you, please send RSVP by email.

General reminders:

- Team members/agencies named in **Action Plans** receive reminder by email.
- Action Plans help direct the trajectory of the case from Follow-Up Date to Follow-Up Date. **If an item on the Action Plan does not work**—or if there is a **barrier to completing it**—please reach out to us right away—so that the team can quickly course-correct, well before next Follow-Up Date.
- When a **significant change** occurs on a case—**e.g., arrest, Order of Protection issued, hospice, death, unanticipated relocation or hospitalization, and/or if you plan to close an MDT case at your organization**—please reach out to us right away.

As your agency is a core member of the MDT, we ask that your agency is represented at each meeting. Some member agencies rotate knowledgeable staffers at meetings—that is terrific, too. **Please tell us who will attend the meeting.**

If you learn of someone who would like to **observe the MDT as a guest**, please direct them to us so we can give the guest the available dates. Before a guest attends, we call them to explain the MDT process and core values, and we send orientation materials, including Confidentiality Agreement, which must be signed in advance.

Please check the box that best describes how long you have been on this team:

☐ 1–3 meetings ☐ 4–6 meetings ☐ 6–10 meetings ☐ 11 or more meetings

Team Effectiveness Inventory

Using the scale below, circle the number that corresponds with your assessment of the extent to which each statement is true about your team:

5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, 1 = strongly disagree

1	Everyone on my team knows why our team does what it does.	5	4	3	2	1
2	The facilitator consistently lets the project members know how we are doing in accomplishing the process.	5	4	3	2	1
3	Everyone on my team has significant say or influence on the team's decisions.	5	4	3	2	1
4	If outsiders were to describe the way we communicate within our team, they would use such words as "open", "honest", "timely", and "two-way".	5	4	3	2	1
5	Team members have the skills and knowledge to contribute to the task we have been assigned.	5	4	3	2	1
6	Everyone on this team knows and understands the team's priorities	5	4	3	2	1
7	As a team, we work together to set clear, achievable, and appropriate goals.	5	4	3	2	1
8	I would rather have the team decide how to do something rather than have the team leader give step-by-step instructions.	5	4	3	2	1
9	As a team, we are able to work together to overcome barriers and conflicts rather than ignoring them.	5	4	3	2	1
10	The role each member of the team is expected to play is well-designed and makes sense to the whole team.	5	4	3	2	1
11	If my team does not reach a goal, I am more interested in finding out why we have failed to meet the goal than I am in reprimanding the team members.	5	4	3	2	1
12	The team has so much ownership of the work that, if necessary, we would offer to stay late to finish the job.	5	4	3	2	1
13	The team environment encourages every person on the team to be open and honest, even if people have to share information that goes against what some of the team members would like to hear.	5	4	3	2	1
14	There is a good complementarity between the capabilities and responsibilities of everyone on the team	5	4	3	2	1
15	Everyone on the team is working toward the larger mission of the Center.	5	4	3	2	1
16	The team has the support and resources it needs to meet the goals expected of it.	5	4	3	2	1
17	The team knows as much about what is going on in the organization as the facilitator does, because the facilitator always keeps everyone up-to-date.	5	4	3	2	1
18	The team process shows that everyone on the team has something to contribute- such as knowledge, skills, abilities, and information- that are a value to all.	5	4	3	2	1
19	Team members clearly understand the team's unwritten rules of how to behave within the group.	5	4	3	2	1
20	The physical plant suggests and promotes team interaction.	5	4	3	2	1
21	The team is supportive and provides essential mentoring for new people.	5	4	3	2	1
22	Overall, at this point in time, how effective is this team at meeting its goals?	5	4	3	2	1
	I have filled out this form before: ☐ Yes ☐ No			*Please check one.*		

Comments:

Navarro A. E., Wilber, K. H., Yonashiro, J., Homeier, D. C. (2010). Do we really need another meeting? Lessons from the Los Angeles County Elder Abuse Forensic Center. *The Gerontologist*, 50(5), 702-711.

[8/5/14 Eligibility Form

E-MDT Coordinator: ☐ Manhattan
☐ Finger Lakes

WORK PRODUCT
Elder Abuse Prevention Interventions
Enhanced Multidisciplinary Team ELIGIBILITY Form

Eligibility Criteria: Adult age 60 or older with a detectable sign of possible financial exploitation and have at least one of the following characteristics: (1) health or mental health problems and/or physical impairments; (2) possible cognitive impairment and/or dementia; (3) social isolation and/or inadequate social support.

Name:
Case Number:
Date:

1) Victim age 60 and over:
- ☐ Yes
- ☐ No (If no, stop. Case is ineligible for EMDT.)
- ☐ If more than one victim is known to be involved in case, check here. (*NOTE: A case is eligible for E-MDT review if at least one victim is 60 and over. Continue completing eligibility intake sheet for first victim only. If that victim is ineligible, complete an eligibility sheet for another victim in the case, if applicable. Once one victim in the case is eligible, there is no need to complete this form on any other victims in the case.*)

2) Is detectable sign of possible financial exploitation present?
- ☐ No
- ☐ Yes

If yes, continue by checking all items that may be applicable:

- ☐ Theft of cash or valuables
- ☐ Withdrawals from bank accounts or use of credit or debit card
- ☐ Transfer of deeds
- ☐ Possible forgery
- ☐ Misuse of an older adult's power of attorney
- ☐ Misappropriation of an incapacitated older adult's funds or assets
- ☐ Identity theft
- ☐ Sale of fraudulent investments
- ☐ Sale of financial products or services unsuitable for an older adult's circumstances, such as long-term annuities
- ☐ Lottery, mail, telephone, or Internet scams

- ☐ Door-to-door home repair scams
- ☐ Other_____

3) Is one of the following present? Check all that apply. (*At least one of the boxes below must be checked for the case to be E-MDT eligible*.)

- ☐ Health problems (Having a physical or mental health illness; e.g., depression, anxiety, pain, etc.) **If undetermined, check this box:** ☐

- ☐ Physical impairments (A condition that limits one or more basic physical activities.) **If undetermined, check this box:** ☐

- ☐ Decision making is a concern (may or may not be due to or associated with cognitive impairment and/or dementia**.**
  If known diagnosis, check this box: ☐
  If undetermined, check this box: ☐

- ☐ Social isolation (A state or process in which the older adult loses or does not have communication or cooperation with one or more significant others.)
  If undetermined, check this box: ☐

- ☐ Inadequate social support (Social support is a multi-dimensional construct involving: social integration with groups of people/friends, assurance of worth from others, reliable support, i.e., the individual knows they can depend on receiving emotional and instrumental support from family/friends/caregivers whenever needed, opportunity for nurturance.)
  If undetermined, check this box: ☐

4) The Enhanced Multidisciplinary Team Coordinator determined E-MDT eligibility through (*check all that apply*):

- ☐ Discussion with a reliable third party(s): _____
- ☐ Review of clinical or case records or case summary
- ☐ Observation or evaluation of older adult
- ☐ Other (specify):_____

E-MDT Coordinator: ☐ Manhattan ☐ Finger Lakes

WORK PRODUCT
Elder Abuse Prevention Interventions
Enhanced Multidisciplinary Team INTAKE FORM

Case Information for (Last name, first initial):

Referral Date:	Case #:	
Total Referrals (including current):	☐ E-MDT Review	☐ Forensic Accountant Consult

Referral Information

Name:	Phone:	E-mail:
Agency:	County:	

Other Professionals Involved

☐ APS ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Shelter Services ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:
☐ EAPP ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Financial Institution ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:
☐ Civil Attorney ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Financial Advisor ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:
☐ District Attorney ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Accountant ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:

☐ Geriatrician ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Forensic Accountant ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:
☐ Primary Care Physician ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Guardian ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:
☐ Psychiatrist ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Ombudsman ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:
☐ Psychologist ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Other: specify ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:
☐ Police ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:	☐ Other: specify ☐ Invite for consult ☐ Active Involvement Name: Phone: E-mail: Agency/Organization:

Types of Suspected Abuse/Duration Allegedly Perpetrated (not necessarily inclusive of all abuse)

Type	Duration					
	Unknown	<3mth	<1yr	1-3yr	3-5yr	>5yr
☐ Financial						
☐ Neglect						
☐ Emotional						
☐ Physical						
☐ Sexual						
☐ Other(Specify):						

Safety Plan in Place: Describe:
- ☐ Yes
- ☐ No
- ☐ Unknown

Suspected Abuse Risk Evaluation*

Type	Level of Risk					
	Unknown	**No Risk**	**Low**	**Medium**	**High**	**N/A**
☐ Financial						
☐ Neglect						
☐ Emotional						
☐ Physical						
☐ Sexual						
☐ Other (Specify):						

*The risk evaluation provided may be based upon cursory information, and is not meant to be determinative on this issue.

Other with Possible Knowledge of Suspected Abuse

☐ Spouse	☐ Sister	☐ Brother-in-law	☐ Tenant
☐ Significant Other	☐ Brother	☐ Sister-in-law	☐ Other
☐ Boyfriend	☐ Grandson	☐ Daughter-in-law	☐ Unknown
☐ Girlfriend	☐ Granddaughter	☐ Son-in-law Friend	
☐ Daughter	☐ Niece	☐ Paid caregiver	
☐ Son	☐ Nephew	☐ Roommate	

Victim Information

Name	**Date of Birth (month/day/year)**	**Age**	**Gender**
			☐ Male ☐ Female ☐ Transgender male ☐ Transgender female
Address (include facility name if applicable)	**City**	**Zip Code**	
County	**Phone** (Home)	**Phone** (Cell)	

Primary Language

- ☐ English
- ☐ French
- ☐ Creole
- ☐ Italian
- ☐ Spanish
- ☐ German
- ☐ Yiddish
- ☐ Russian
- ☐ Polish
- ☐ American Sign Language (ASL)
- ☐ Greek
- ☐ Hindi
- ☐ Urdu
- ☐ Chinese-Mandarin
- ☐ Chinese-Cantonese
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Arabic
- ☐ Other:

Speaks English

Yes No Unknown

Race

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Multiracial
- ☐ Unknown

Ethnicity

- ☐ Of Hispanic or Latino origin
- ☐ Not of Hispanic or Latino origin
- ☐ Unknown

Marital Status

- ☐ Married
- ☐ Married, not living together
- ☐ Significant Other
- ☐ Divorced
- ☐ Separated
  - ☐ Widowed
  - ☐ Single/Never Married
  - ☐ Unknown

Veteran

Yes No Unknown

LGBT

Yes No Unknown

Employment Status

- ☐ Retired
- ☐ Full-time
- ☐ Part-time
- ☐ Unemployed/Not Working
- ☐ On disability/Not Working
- ☐ On disability/Working
- ☐ Unknown

Education

- ☐ Under 8th grade
- ☐ Some high school
- ☐ High school
- ☐ Post-high school other than college
- ☐ Some college
- ☐ College degree
- ☐ Graduate degree or above
- ☐ Unknown

Religion

- ☐ Jewish
- ☐ Catholic
- ☐ Protestant
- ☐ Baptist
- ☐ Mormon
- ☐ Orthodox
- ☐ Traditional Chinese
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Sikh
- ☐ Atheist
- ☐ Agnostic
- ☐ Other
- ☐ Unknown

Residence Type

☐ Own Home/Apt ☐ Assisted Living Facility ☐ Memory Care Facility ☐ Other

☐ Rent Home/Apt ☐ Adult Home ☐ Homeless _____

☐ Skilled Nursing Facility ☐ Single Room Occupancy ☐ Unknown

☐ Independent Senior Housing ☐ Living With Others

Lives with:

☐ Lives alone ☐ Brother ☐ Son-in-law

☐ Spouse ☐ Grandson ☐ Friend

☐ Significant Other ☐ Granddaughter ☐ Paid caregiver

☐ Boyfriend ☐ Niece ☐ Roommate

☐ Girlfriend ☐ Nephew ☐ Tenant

☐ Daughter ☐ Brother-in-law ☐ Other

☐ Son ☐ Sister-in-law ☐ Unknown

☐ Sister ☐ Daughter-in-law ☐ N/A

Living Situation of Victim to Suspected Perpetrator

❑ Live together full-time ❑ Live together part-time ❑ Do not live together ❑ Unknown

Caregiver: Unknown Yes No Name:_____ Phone:_____

Relationship: _____

Pet(s) in the Home: Unknown Yes No

❑ Dog ❑ Cat ❑ Bird ❑ Other

Evidence of Pet Abuse: Unknown Yes No

Children in home under 18 years: Unknown Yes No

Evidence of child abuse: Unknown Yes No

Weapons in the Home**:** Unknown Yes No

Specify:

History of Domestic Violence Unknown Yes No

History of Abuse Unknown Yes No

History of Other Trauma

❑ Crime ❑ Witness Crime ❑ Violence

❑ Natural Disaster ❑ Accident/injury

❑ War ❑ Terrorism ❑ Other

Approximate # of previous trauma incidents:_____

☐ **Power of Attorney**

Name of Agent: _____

Relationship: _____

Date of POA: _____ (month/day/year)

Statutory form: Yes No Unknown

☐ **Power of Attorney**

Name of Agent: _____

Relationship: _____

Date of POA: _____ (month/day/year)

Statutory form: Yes No Unknown

☐ **Health Care Proxy**

Name: _____

Relationship: _____

☐ **Rep-Payee**

Name: _____

Relationship: _____

	☐ **Guardian** Name: _____ Relationship: _____ ☐ **Will** ☐ **Other Advance Directives** (specify) _____

Source of Income:	**Amount:**
☐ Social Security	$_____
☐ Pension	$_____
☐ SSI	$_____
☐ Disability	$_____
☐ Retirement Fund	$_____
☐ Employment	$_____
☐ Interest	$_____
☐ Dividends	$_____
☐ Rental	$_____
☐ Family Contributions	$_____
☐ Life Insurance	$_____
☐ LTC Insurance	$_____
☐ Other (_____)	$_____
☐ Other (_____)	$_____

Total Monthly Income: $_____

Is the suspected perpetrator supported by this income:

Unknown Yes No

Does the suspected perpetrator/exploiter, if resident of household, contribute? (rent, utilities, etc.)?

Unknown Yes No

Type of Asset(s):	**Amount:**
☐ Cash	$_____
☐ Checking Account	$_____
☐ Savings Account	$_____
☐ Personal Property	$_____
☐ Real Estate	$_____
Mortgage on the home?	Yes No Unknown
☐ Stocks/Bonds	$_____
☐ Cash value of Life Insurance	$_____
☐ Other (_____)	$_____

Total Assets: $_____

Financial Institution: _____

Branch: _____

Account number (if known)_____

Financial Institution: _____

Branch: _____

Account number (if known)_____

Financial Institution: _____

Branch: _____

Account number (if known)_____

Regular Expense:	Monthly	Regular Expense:	Monthly
Rent/Mortgage	$	Groceries	$
Gas/Electric	$	Health Insurance	$
Cable/Internet	$	Rx Co-pays	$
Property/School Taxes	$	LTC Insurance	$
Home Owner's Insurance	$	Car Payment	$
Phone	$	Car Insurance	$
Water	$	Other	$
Other	$	Other	$

Use of Credit Card: Never Occasional Often Regular Unknown

If living in higher level of care: what is covered by monthly cost? (check all that apply)

❑ meals ❑ housekeeping ❑ personal care ❑ skilled nursing care

❑ laundry ❑ transportation ❑ medication management ❑ Other (specify): _____

❑ supportive housing *(including basic housekeeping, at minimum)*

Health Information

Primary Health Care Provider: _____

Facility/Hospital: _____

Phone: _____

Insurance

Medicare	Yes	No	Unknown
Medicaid	Yes	No	Unknown
Other (Specify):	Yes	No	Unknown

None

Current Diagnoses (if known – list non-inclusive):

- ☐ Unknown
- ☐ Allergies
- ☐ ALS- Lou Gehrig's Disease
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial fibrillation
- ☐ Cancer
- ☐ Cerebral palsy
- ☐ Chronic Fatigue Syndrome
- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Chronic pain
- ☐ Congestive heart failure (CHF)
- ☐ Coronary artery disease
- ☐ Decubitus ulcer
- ☐ Diabetes
- ☐ Edema
- ☐ Fibromyalgia
- ☐ Gastric esophageal reflux disease (GERD)
- ☐ Heart failure
- ☐ HIV/AIDS
- ☐ Hypertension
- ☐ Hypothyroidism
- ☐ Inflammatory bowel disease
- ☐ Irritable bowel syndrome
- ☐ Lupus
- ☐ Multiple Sclerosis
- ☐ Neuropathy
- ☐ Obesity
- ☐ Open wounds
- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Parkinson's
- ☐ Quadriplegia
- ☐ Renal Failure
- ☐ Sleep apnea
- ☐ Stroke
- ☐ Transient Ischemic Attack (TIA)
- ☐ Traumatic Brain Injury
- ☐ Urinary incontinence
- ☐ Other:

*The intake may be based upon cursory information, and is not meant to be determinative on this issue. This information is not intended to substitute for an evaluation by a physician, as well as comprehensive clinical assessment including clinical observation, neuroimaging, blood tests and neuropsychological testing.

Possible Physical Functioning Impairments (to the extent known)

Assessor 1	Assessor 2
Name (incl. credentials):	Name (incl. credentials):
Position:	Position:
Employer(s):	Employer(s):
Date(s) of evaluation:	Date(s) of evaluation:

ADL (full function with)				IADL (full function with)			
Bathing/showering	Unknown	Yes	No	Ability to use the telephone	Unknown	Yes	No
Dressing	Unknown	Yes	No	Shopping	Unknown	Yes	No
Toileting	Unknown	Yes	No	Food preparation	Unknown	Yes	No
Transferring in/out of bed/chair	Unknown	Yes	No	Housekeeping	Unknown	Yes	No
Urine/bowel continence	Unknown	Yes	No	Laundry	Unknown	Yes	No
Feeding	Unknown	Yes	No	Mode of transportation	Unknown	Yes	No
				Responsibility for medications	Unknown	Yes	No
				Ability to handle finances	Unknown	Yes	No

Self-Neglect Unknown Yes No

Sensory				Mobility		
Visual Impairment	Unknown	Yes	No	Ambulatory	Unknown	Yes
No						
Blind	Unknown	Yes	No	Walks with assistive device	Unknown	Yes
No						
Hearing Impairment	Unknown	Yes	No	Wheelchair	Unknown	Yes
No						
Deaf	Unknown	Yes	No	Bed bound	Unknown	Yes
No						
Non-verbal	Unknown	Yes	No			

Assistance Provider

- ☐ Unknown
- ☐ None required
- ☐ Requires but does not have
- ☐ Informal Family or Friend
- ❑ Home Health Aide
- ❑ Personal Care Aide
- ❑ Companion

Is the assistance provider a suspected perpetrator? Unknown Yes No

*The intake may be based upon cursory information, and is not meant to be determinative on this issue. This information is not intended to substitute for an evaluation by a physician, as well as comprehensive clinical assessment including clinical observation, neuroimaging, blood tests and neuropsychological testing.

Medications

Name (Brand/Generic)	Dose (mg)	Frequency (per week)
☐ Unknown		
☐ Abilify/Aripiprazole		
☐ Actonel/Risedronic Acid		
☐ Advair/Fluticasone		
☐ Albuterol inhaler/Proventil HFA		
☐ Ambien/Zolpidem		
☐ Aquazide H/Hydrochlorothiazine		
☐ Aricept/Donepezil		
☐ Atenolol/Tenormin		
☐ Ativan/Lorazepam		
☐ Azithromycin/Zithromax		
☐ Cardizem/Diltiazem		
☐ Celexa/Citalopram		
☐ Colace/Docusate		
☐ Coumadin/Warfarin		
☐ Cozaar/Losartan		
☐ Effexor/Venalfaxine		
☐ Epaned/Enalapril		
☐ Fosamax/Alendronate		
☐ Glucophage/Metformin		
☐ Haldol/Haloperidol		
☐ Insulin		
☐ Klonopin/Clonazepam		
☐ Lamictal/Lamotrigine		
☐ Lasix/Furosemide		

Name (Brand/Generic)	Dose (mg)	Frequency (per week)
☐ Levaquin/Levofloxacin		
☐ Lexapro/Escitalopram		
☐ Lipitor/Atorvastatin		
☐ Lithium		
☐ Namenda/Menantine		
☐ Neurontin/Gabapentin		
☐ Norvasc/Amlodipine		
☐ Pamelor/Nortriptyline		
☐ Plavix/Clopidogrel		
☐ Prilosec/Omeprazole		
☐ Pristiq/Desvenlafaxine		
☐ Remeron/Mirtazapine		
☐ Risperdal/Risperidone		
☐ Senna		
☐ Seroquel/Quetiapine		
☐ Sonata/Zaleplon		
☐ Synthroid/Levothyroxine		
☐ Toprol/Metoprolol		
☐ Trilafon/Perhenazine		
☐ Tylenol/Acetaminophen		
☐ Valium/Diazepam		
☐ Xanax/Alprazolam		
☐ Zocor/Simvistatin		
☐ Zoloft/Sertraline		
☐ Zyprexa/Olnazapine		

Is decision-making ability a concern? Unknown Yes No

If Yes: Known medical diagnosis:_____

Substance Abuse Problem: Unknown Yes No

Substance Abuse Information Received From:

❑ APS Name:	❑ Shelter Services Name:	❑ EAPP Name:	❑ Financial Institution Name:
❑ Civil Attorney Name:	❑ Financial Advisor Name:	❑ District Attorney Name:	❑ Accountant Name:
❑ Geriatrician Name:	❑ Forensic Accountant Name:	❑ Gero-Psychiatrist Name:	❑ Guardian Name:
❑ Psychologist Name:	❑ Police Name:	❑ Ombudsman Name:	❑ Other Name:

Depression: ❑ Unknown ❑ No depression ❑ Mild depression

❑ Moderate depression ❑ Severe depression

Depression Information Received From:

❑ APS Name:
❑ Shelter Services Name:
❑ EAPP Name:
❑ Financial Institution Name:
❑ Civil Attorney Name:
❑ Financial Advisor Name:
❑ District Attorney Name:
❑ Accountant Name:
❑ Geriatrician Name:
❑ Forensic Accountant Name:
❑ Gero-Psychiatrist Name:
❑ Guardian Name:
❑ Psychologist Name:
❑ Police Name:
❑ Ombudsman Name:
❑ Other Name:

Anxiety: ❑ Unknown ❑ No anxiety ❑ Moderate anxiety ❑ Mild anxiety ❑ Severe anxiety

Anxiety Information Received From:

❑ APS Name:
❑ Shelter Services Name:
❑ EAPP Name:
❑ Financial Institution Name:
❑ Civil Attorney Name:
❑ Financial Advisor Name:
❑ District Attorney Name:
❑ Accountant Name:
❑ Geriatrician Name:
❑ Forensic Accountant Name:
❑ Gero-Psychiatrist Name:
❑ Guardian Name:
❑ Psychologist Name:
❑ Police Name:
❑ Ombudsman Name:
❑ Other Name:

Level of Daily Stress: ❑ Unknown ❑ No stress ❑ Moderate stress ❑ Mild stress ❑ Severe stress

Stress Information Received From:

❑ APS Name:
❑ Shelter Services Name:
❑ EAPP Name:
❑ Financial Institution Name:
❑ Civil Attorney Name:
❑ Financial Advisor Name:
❑ District Attorney Name:
❑ Accountant Name:
❑ Geriatrician Name:
❑ Forensic Accountant Name:
❑ Gero-Psychiatrist Name:
❑ Guardian Name:
❑ Psychologist Name:
❑ Police Name:
❑ Ombudsman Name:
❑ Other Name:

* The intake may be based upon cursory information, and is not meant to be determinative on this issue. This information is not intended to substitute for an evaluation by a physician, as well as comprehensive clinical assessment including clinical observation, neuroimaging, blood tests and neuropsychological testing.

Formal Evaluation

Assessor 1
Name (incl. credentials):
Position:
Employer(s):
Date(s) of evaluation:
Psychological Test (s):
❑ Wexler Adult Intelligence Scale (WAIS) Score:
❑ Hamilton Depression Rating Scale (HDRS) Score:

Assessor 2
Name (incl. credentials):
Position:
Employer(s):
Date(s) of evaluation:
Psychological Test (s):
❑ Wexler Adult Intelligence Scale (WAIS) Score:
❑ Hamilton Depression Rating Scale (HDRS) Score:

❑ Cornell Scale for Depression in Dementia Score:	❑ Cornell Scale for Depression in Dementia Score:
❑ Beck Anxiety Inventory Score:	❑ Beck Anxiety Inventory Score:
❑ Beck Depression Inventory Score:	❑ Beck Depression Inventory Score:
❑ Minnesota Multiphasic Inventory (MMPI) Score:	❑ Minnesota Multiphasic Inventory (MMPI) Score:
❑ Patient Health Questionnaire (PHQ-9) Score:	❑ Patient Health Questionnaire (PHQ-9) Score:
❑ Generalized Anxiety Disorder (GAD-7) Score:	❑ Generalized Anxiety Disorder (GAD-7) Score:

Social Support

Is the victim socially isolated?	Unknown	Yes	No
Does the victim leave the house for social activity?	Unknown	Yes	No
Does the victim see friends or family members regularly?	Unknown	Yes	No
Does the victim have friend or family emotional supports available?	Unknown	Yes	No
Is the suspected perpetrator a part of the social support system?	Unknown	Yes	No

What is the frequency of contact with the suspected perpetrator?

❑ Daily ❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Every few months ❑ Annually

Source of Information about Suspected Perpetrator:

Name:	Phone:	E-mail:
Agency:	County:	

Suspected Perpetrator

Name	**Date of Birth (month/day/year)**	**Age**	**Gender** ☐ Male ☐ Female ☐ Transgender male ☐ Transgender female
Address (include facility name if applicable)	**City**	**Zip Code**	
County	**Phone** (Home)	**Phone** (Cell)	

Primary Language

❑ English ❑ French ❑ Creole ❑ Italian ❑ Spanish ❑ German ❑ Yiddish ❑ Russian

❑ Polish ❑ American Sign Language (ASL) ❑ Greek ❑ Hindi ❑ Urdu ❑ Chinese- Mandarin

❑ Chinese- Cantonese ❑ Japanese ❑ Korean ❑ Vietnamese ❑ Arabic ❑ Other:

Speaks English: Yes No Unknown

Race
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Multiracial
- ☐ Unknown

Ethnicity
- ☐ Of Hispanic or Latino origin
- ☐ Not of Hispanic or Latino origin
- ☐ Unknown

Marital Status
- ☐ Married
- ☐ Married but not living together
- ☐ Significant Other
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Single/Never Married
- ☐ Unknown

Employment Status
- ☐ Full-time
- ☐ Part-time
- ☐ Unemployed/Not Working
- ☐ Retired
- ☐ On disability/Not Working
- ☐ On disability/Working
- ☐ Unknown

Education
- ☐ Under 8th grade
- ☐ Some high school High school
- ☐ Post-high school other than college
- ☐ Some college
- ☐ College degree
- ☐ Graduate degree or above
- ☐ Unknown

Lives with: (check all that apply)

❑ Alone ❑ Spouse or partner ❑ Child/children

❑ Other relatives ❑ Other non-relatives ❑ Unknown

Total monthly income:_____ Unknown

Financially Dependent Upon Victim Yes No Unk

Relationship to Victim:

- ☐ Husband/romantic partner
- ☐ Wife/romantic partner
- ☐ Boyfriend
- ☐ Girlfriend
- ☐ Daughter
- ☐ Son
- ☐ Sister
- ☐ Brother
- ☐ Son-in-law
- ☐ Grandson (18+)
- ☐ Grandson (under 18)
- ☐ Granddaughter (18+)
- ☐ Granddaughter (under 18)
- ☐ Niece
- ☐ Nephew
- ☐ Brother-in-law
- ☐ Sister-in-law
- ☐ Daughter-in-law
- ☐ Friend
- ☐ Paid caregiver
- ☐ Roommate
- ☐ Tenant
- ☐ Legal guardian
- ☐ Other non-relative: _____
- ☐ Other relative: _____
- ☐ Unknown

Depression

- ❑ Unknown
- ❑ No
- ❑ Yes
- ❑ Source_____

Other Mental Illness:

- ❑ Unknown
- ❑ No
- ❑ Yes_____
- ❑ Source _____

*The intake may be based upon cursory information, and is not meant to be determinative on this issue.

History of Substance Abuse

- ❑ Unknown
- ❑ No
- ❑ Yes_____

History of Alcohol Abuse

- ❑ Unknown
- ❑ No
- ❑ Yes

*The intake may be based upon cursory information, and is not meant to be determinative on this issue.

History of Abuse: Unknown Yes No

History of Violence: Unknown Yes No

Comments:

Weapons in the home: Unknown Yes No

Specify:_____

Social Support

Is the suspected perpetrator socially isolated?	Unknown	Yes	No
Does the suspected perpetrator leave the house for social activity?	Unknown	Yes	No
Does the suspected perpetrator see friends or family members regularly?	Unknown	Yes	No
Does the suspected perpetrator have friend or family emotional supports available?	Unknown	Yes	No

Law Enforcement Involvement:

History with law enforcement	Unk	Yes	No	Domestic Incident Reports	Unk	Yes	No
Previous Arrests	Unk	Yes	No	Criminal Record	Unk	Yes	No
Comments:							

Order of Protection

Order of Protection	**Type of Order**	**Source of Order**
Temporary ☐ Yes ☐ No Date Expires:	☐ No Offensive Conduct/Limited ☐ Stay Away/Full	☐ Family Court ☐ Criminal Court ☐ Supreme Court
Permanent ☐ Yes ☐ No Date Expires:	☐ No Offensive Conduct/Limited ☐ Stay Away/Full	☐ Family Court ☐ Criminal Court ☐ Supreme Court
Cross Order ☐ Yes ☐ No Date Obtained:	**History of Order of Protection** ☐ Yes ☐ No ☐ Unknown	
Comments:		

Financial Exploitation Information

Summary of how client was financially exploited (note: summary facts non-inclusive):
Absence of spending on appropriate care or other needs: Yes No Unknown If yes, explain: **Estimated value of absence of spending:** $

Costs Resulting from Financial Exploitation:

Item	**Preliminary Estimated Amount** *(Provide description, if applicable)*	**Substantiated Amount*** * Note: Finances under investigation may need to be updated by information from law enforcement
Funds used for suspected perpetrator (i.e. cash withdrawals*, checks, electronic payments, internet charges, etc.)*	Amount: $ Description:	Amount: $ Description:
Automobile/Boat	Amount: $ Description:	Amount: $ Description:
Benefits	Amount: $ Description:	Amount: $ Description:
Credit Card	Amount: $ Description:	Amount: $ Description:
Documents *(i.e., deed, last will and testament)*	Amount: $ Description:	Amount: $ Description:
Personal Property *(i.e. jewelry, antiques, electronic devices)*	Amount: $ Description:	Amount: $ Description:
Real Estate	Amount: $ Description:	Amount: $ Description:
Stocks, Bonds	Amount: $ Description:	Amount: $ Description:
Other (Specify)	Amount: $ Description:	Amount: $ Description:

Total estimated value of financial exploitation: $

[4/9/15]
Case #_____

E-MDT Coordinator: ☐ Manhattan ☐ Finger Lakes

WORK PRODUCT
Elder Abuse Prevention Interventions
Enhanced Multidisciplinary Team TRACKING FORM

Date	Case Consult (CC) Tasks	E-MDT Meetings	Amount of Time
Total			

Interventions Services	Actions									
	Prior	Recommended		Pursued (check off and also note if CC or E-MDT as known)			Completed(check off and also note if CC or E-MDT as known)			If not completed, why (e.g., barriers, unknown*) * Unknown: e.g., E-MDT Coordinator does not have follow up information on case consults or every intervention recommended
		CC	E-MDT	Check if yes	CC	E-MDT	Check if yes	CC	E-MDT	
Financial										
Request bank hold										
Freeze accounts										
Cancel credit card										
Cancel debit card										
Request security alerts on accounts										
Remove perpetrator name from accounts										
Open new account										
Change account passwords										
Change direct deposit information										
Request accounting										
Contact fraud alert departments										

Contact Department of Human Services- Special Investigations Unit										
Request forensic accountant assistance										
Analysis										
Obtaining documents										
Other										
Recover assets										
Obtain rep-payee										
Obtain financial records										
Obtain credit report										
Provide financial management services										
Obtain financial assistance										
Cash										
Medical co-pay										
Housing subsidy										
Other										
Other:										
Home Safety										
Conduct home safety/security evaluation										
Replace locks										
Install window guards										
Install security system										
Adapt environment										
Other:										
Law Enforcement										
Contact 911										
Request for high propensity list designation										
File police report										
Retrieve domestic incidence reports										
Complete domestic incident report										
Request crime victim services										
Refer to domestic violence police										
Refer to sexual abuse police										
Arrest perpetrator										

Other:										
Legal/Criminal Justice										
Refer to District Attorney Office										
Refer to County Attorney Office										
Petition for guardianship										
Obtain guardianship										
Consult with guardianship program										
Remove perpetrator name from legal documents										
Change/revoke health care proxy										
Designate health care proxy										
Obtain copy of health care proxy										
Change/revoke power of attorney										
Designate power of attorney										
Obtain copy of power of attorney										
Complete/update will										
Mental hygiene warrant (supreme court)										
Complete advance directives										
Pursue Order of Protection										
Obtain copy of Order of Protection										
Refer to NYC Office of Legal Affairs[1]										
Refer to legal services										
Refer to private attorney										
Prosecute perpetrator										
Request legal records										
Refer to Guardian Ad Litem (GAL) program										
Other:										
Living Arrangement/Housing										
Establish safe housing alternative										
Evict perpetrator										
Relocate perpetrator without eviction										
Apply for Section 8										
Request PRI										

Explore housing options										
Assist and apply for housing										
Refer to elder abuse shelter										
Refer for nursing home placement										
Apply for Senior Citizen Rent Increase Exemption (SCRIE) application										
Apply for Disability Rent Increase Exemption (DRIE) application										
Apply for rent arrears assistance										
Other:										
Medical/Physical										
Refer for medical evaluation										
Contact primary care provider										
Request medical records										
Review medical records										
Arrange for safe discharge planning										
Schedule appointment with medical provider										
Recommend social hospital admission										
Recommend hospitalization										
Conduct a medical house call										
Refer to elder fatality review team										
Arrange medical case consultation										
Treat medical problems										
Review medications										
Adjust/prescribe medications										
Refer for medication management										
Refer for pain management assistance										
Functional Support										
Establish home care/aide										
Increase home care/aide level										
Arrange transportation										
Arrange for home modification										
Obtain assistive devices										
Arrange for personal response system										

Arrange companion care										
Arrange house cleaning										
Other:										
Mental Health and Cognitive Issues										
Refer for mental health evaluation										
Follow-up with mental health professional										
Screen for depression										
Screen for anxiety										
Screen for substance abuse										
Screen for dementia										
Treat for depression[2]										
Treat for anxiety[2]										
Treat for substance abuse[2]										
Treat for dementia[2]										
Refer for capacity assessment										
Refer for psychotherapy/counseling										
Refer for group counseling										
Refer for couples counseling										
Refer for family counseling										
Arrange for crisis counseling										
Contact mobile crisis										
Other:										
Social Services/Protective Services										
Refer to APS										
Refer to elder abuse prevention program										
Formulate a safety plan										
Refer for domestic violence supports										
Refer for case management										
Refer for Meals on Wheels										
Apply for entitlements/benefits										
Food stamps										
Medicaid										
Financial assistance										
HEAP										

SSI										
SSD										
VA										
Crime Victims Comp										
Other:										
Refer to VA programs										
Refer for immigrant services										
Refer for refugee services										
Conduct follow-up home visit										
Refer for court advocacy										
Other:										
Social Support/Integration/Network										
Refer for support group										
Refer to senior center										
Refer to day program										
Refer for caregiver supports										
Refer for respite services										
Refer for LGBT services										
Arrange carrier alert service										
Refer for telephone reassurance										
Refer for friendly visiting										
Other:										
Perpetrator Interventions										
Refer for caregiver supports										
Refer for respite services										
Refer for mental health evaluation										
Refer for capacity assessment										
Recommend hospitalization										
Screen for depression										
Screen for anxiety										
Screen for substance abuse										
Screen for dementia										
Treat for depression[2]										
Treat for anxiety[2]										

Treat for substance abuse[2]										
Treat for dementia[2]										
Refer for psychotherapy/counseling										
Refer for group counseling										
Arrange for crisis counseling										
Contact mobile crisis										
Adjust/prescribe medications										
Refer for medication management										
Refer for alternatives to violence program										
Monitor mandated services										
Parole										
Probation										
Substance abuse classes										
Batterer's program										
Restitution										
Psychotherapy/counseling										
Community service										
Anger management										
Other:										
Victim-Perpetrator Relationship										
Refer for couples counseling										
Refer for family counseling										
Other:										
Other:										

Suspected Abuse Risk Evaluation*

Type	Level of Risk					
	Unknown	**No Risk**	**Low**	**Medium**	**High**	**N/A**
☐ Financial						
☐ Neglect						

☐ Emotional						
☐ Physical						
☐ Sexual						
☐ Other (Specify):						
*The risk evaluation provided may be based upon cursory information, and is not meant to be determinative on this issue.						

[1] Service specific to New York City

[2]Since many victims suffering from dementia and other cognitive conditions do not exhibit signs or symptoms, the information provided may be based upon cursory information, and is not meant to be determinative on this issue.

Case #: _____ Inactive Date: _____

Client Name: _____

WORK PRODUCT
Elder Abuse Prevention Interventions
Enhanced Multidisciplinary Team OUTCOME FORM

Total value of assets recovered = _____ ☐ Pending ☐ Unknown ☐ N/A ☐ Other_____

Total amount of restitution = _____ ☐ Pending ☐ Unknown ☐ N/A ☐ Other_____

Total value of targeted assets protected = _____ ☐ Unknown ☐ N/A ☐ Other_____

Did the E-MDT intervention reduce the exploitation of assets?
☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Other_____

Did the E-MDT intervention stop the exploitation of assets?
☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Other_____

Did the E-MDT intervention facilitate the spending of funds on appropriate care or other needs?
☐ Yes ☐ No ☐ Unknown ☐ N/A ☐ Other_____

Suspected Abuse Risk Evaluation*

Type	**Level of Risk**					
	Unknown	**No Risk**	**Low**	**Medium**	**High**	**N/A**
☐ Financial						
☐ Neglect						
☐ Emotional						
☐ Physical						
☐ Sexual						
☐ Other (Specify):						

*The risk evaluation provided may be based upon cursory information, and is not meant to be determinative on this issue.

Comments: