

Resource Brief | E-MDT Evaluation

Why focus on evaluation?

Evaluation is a way to systematically assess whether your E-MDT is functioning as planned. Evaluation allows you to understand to what extent program goals are being achieved and determine if changes would be beneficial. This information can be used to strengthen and refine the E-MDT operations, and to demonstrate the successes to members, participating agencies, funders, and other stakeholders.

What can data collection and program evaluation do for your team?

Data collection systems for E-MDTs support a variety of program objectives. These include:

- understanding community needs
- completing reports to funders
- program improvements
- tracking cases
- replicating or scaling programs
- designing public education
- sharing accomplishments with stakeholders



The data collected will depend on the E-MDT activities, process, and the funder's reporting requirements. The developmental stage of an E-MDT determines the evaluation type that will be most feasible and meaningful to a team.

Considerations to Identify Your Teams Needs

New and Developing E-MDTs are in the process of designing and refining their programs. They may be figuring out which organizations or professional experts need to participate, actively recruiting members, learning modes of collaboration, and determining procedures for case intake, review, and follow-up. More established E-MDTs may return to a developmental stage when undergoing changes or expansion to the program, such as adding an expert consultant, focusing on a specific abuse type, or expanding services. Depending on what the focus of change is, various evaluations exist to support understanding the impact or implementation of these plans.

FOR NEW TEAMS

FOR ESTABLISHED TEAMS



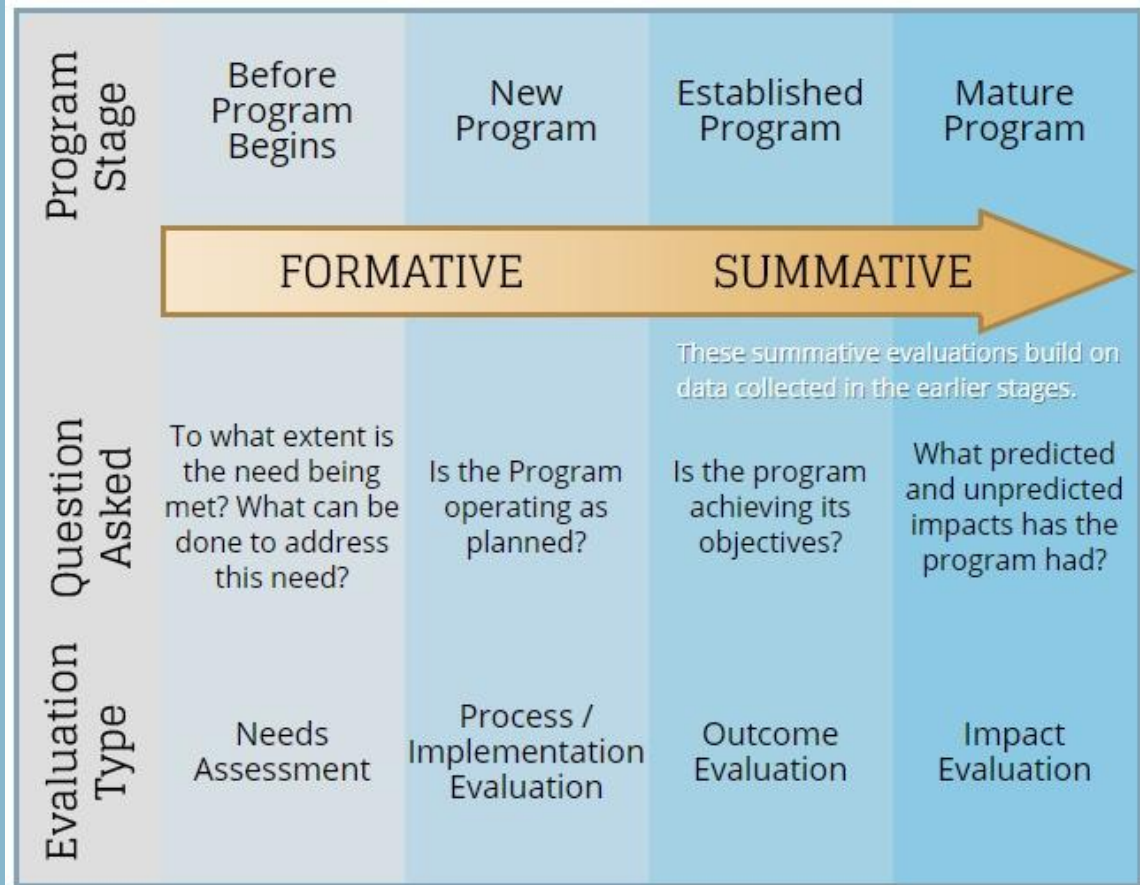
- **Formative evaluation:** What are the processes and structures of this E-MDT?
- **Implementation evaluation:** Have the program enhancements been implemented as intended?

FOR ALL TEAMS

- **Evaluability evaluation:** Is the E-MDT ready for an evaluation? Includes checking if the team operations have been determined and are stable. Is there adequate data to answer the evaluation questions.
- **Needs Assessment:** What are the barriers to helping older people who have experienced abuse; what does the local community need; and how can the team fill the gaps; what resources are available; are resources accessible?
- **Gap Analysis:** How do the program needs compare with what is currently available? How can the program fill the gaps discovered in the needs assessment?



- **Process or quality improvement:** How can the E-MDT be more efficient? How can service quality be improved?
- **Process evaluation:** Is the program being implemented as intended?
- **Summative or Outcome evaluation:** How is the program enhancing client outcomes?
 - To prepare for outcome evaluation, select an appropriate outcome measure.(ex. victim safety from abuse and neglect.)
 - Select outcome measures that are observable or have a likelihood of accurate self-report. The abuse itself can occur in private settings, may not be readily disclosed by the victim, and may require extensive investigation to verify. Risk factors for abuse have substantial research indicating the connection to abuse.



A focus on victim outcomes



Learning how E-MDTs affect the victim's cases who are reviewed is one of the most important questions a program evaluation can answer. Collecting outcome data is necessary to understand if the E-MDT effectively addresses abuse without incurring unintended consequences for victims.

An **evaluability assessment** is a tool for planning an outcome evaluation and determining if outcome evaluation is feasible and will produce valid and reliable findings.

Outcome evaluation can be done if:

- Program goals are defined
- Program implementation (overall, or of program additions) is complete
- The program has capacity to collect and manage data
- Data collection includes measurable outcomes

Designing an E-MDT with knowledge of evaluation is a great way to ensure that outcome evaluation will be an option when the program matures and stabilizes. However, this planning can begin at any time.

Even if the program does not have the resources to conduct evaluation research, **every E-MDT can and should try to understand how the program impacts victim outcomes**. A coordinator can collect and track client outcomes to the best of their program's capacity. For some, this could be as simple as having a

practice of following up with case presenters or other team members who have adopted the case to find out the results of the E-MDT's assistance and what changed in the victim's life. Initial explorations such as these will give a clearer sense of what information to collect, how routinely, and at what time points. From here, a coordinator might explore standard outcome measurement tools.

If there is no experience utilizing standardized outcome measures, a coordinator must try to understand how the team's work impacts clients, to see how the E-MDT is working and where program adaptations are needed to avert unintended harm. An added benefit is that anything learned in the process and any data collected will make it easier to partner with researchers if and when resources become available for rigorous evaluation.

A primary outcome of interest in elder abuse interventions is risk reduction. It is intuitive that with efforts to improve safety, it is vital to track the changes in risk. However, risk should not be the only outcome measure. Tracking only safety and risk, especially if the client does not define these, is only a narrow slice of an older person's life. Not examining other impacts may leave the E-MDT blind to potential harm if safety is improved in ways that counter the client's wishes or culture. Additionally, although prosecution is a common goal of E-MDTs, it may embed older adults and their loved ones in the criminal justice system with no real improvement in safety. This is especially salient for marginalized groups who are already disproportionately targeted by criminal justice.

Possible outcome measures

Elder Abuse Risk Factors

It is challenging to determine with certainty whether abuse occurs or has been prevented. Therefore, a more feasible and evidence-based measure is the reduction of known, malleable risk factors. These include:

- Emotional distress
- Dependency on the person causing harm
- Isolation
- Low-quality relationship
- Substance abuse
- Inadequate coping skills

Depression and anxiety

Teams may be interested in tracking whether E-MDT interventions have reduced depression and anxiety symptoms in the victim. Here, there are a variety of measures that apply to older adults.

Satisfaction with services

This is an indicator of the victim's perception of the value and impact of the work done by the E-MDT, which can be

Five Domains of Wellbeing

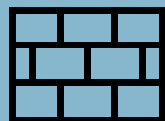
The Five Domains of Wellbeing is a framework a coordinator can use to think about various resources E-MDT clients draw from for wellbeing. The Five Domains are:

- *Social Connectedness* (number and diversity of social connections);
- *Safety* (the ability to be authentic without risk of harm);
- *Stability* (anchoring aspects of life);
- *Meaningful Access to Relevant Resources* (access to desired help that maintains dignity).
- *Mastery* (personal control and choice)

(Source: <https://www.fullframeinitiative.org/resources/five-domains-of-wellbeing-definitions-key-aspects/>)

Quality of life

In older adults, quality of life may mean feeling happy, satisfied with life, and being healthy.



Barriers to success

BARRIER	WAYS TO MITIGATE
1) Inability to contact the victim	There may be a service provider or community member who is in contact with the victim, who may be a source of information on how the client is doing.
2) The victim lacks capacity	Older adults who lack capacity may still be reliable sources of some information. Also, family, friends, or caregivers might know if the client is doing better and in what ways.
3) The intervention that the E-MDT initiates takes a long time to complete (e.g. prosecution)	Coordinators might create a plan for follow-up for cases that require a longer time span for completion. Designate a follow-up contact when it appears the case may take several months, even years, to complete.
4) Uncertainty of when to collect victim outcomes	These could be defined through a discussion with the team about what is feasible and will give the team the most relevant information. Outcome data might be collected before the intervention to see the client's starting state; from there, they should be collected at a follow-up time after the intervention is complete. It may also be valuable to check outcomes several months after the case is closed to allow some time for stabilization and adjustment.

Conclusion

Evaluations are an essential part of the success and sustainability of E-MDTs. When developing an evaluation process, it is important to take into consideration the developmental stage of a team and the goals as they relate to victim outcomes. Victim outcomes, or how the intervention impacts victims, are crucial data to collect. While barriers to data collection may exist, these are also opportunities for teams to work through concerns to find collaborative solutions. There are also additional supports in the elder justice field that coordinators can rely on, including peer leadership discussion platforms and national programs such as the National Elder Abuse MDT Training and Technical Assistance Center.



Additional Resources

An extensive explanation of E-MDT case tracking and evaluation is on the Department of Justice's Multidisciplinary Team Technical Assistance Center at:

<https://www.justice.gov/elderjustice/10-case-tracking-and-program-evaluation>

Elder Abuse risk and protective factors:

<https://www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html>

Plan for Program Evaluation from the Start, National Institute of Justice Journal.

<https://nij.ojp.gov/topics/articles/plan-program-evaluation-start>

The National EA MDT TTA Center hosted a webinar on Team Evaluation that provides additional insight on the evaluation process:

https://drive.google.com/file/d/1WAZjP4uNDtPLnTZcZexEF-824AOgEFIG/view?usp=share_link

Mosqueda, Burnight, Girona, Moore, Robinson, & Olsen (2016). The Abuse Intervention Model: A Pragmatic Approach to Intervention for Elder Mistreatment. *Journal of the American Geriatrics Society*, 64:1879-1833. DOI: 10.1111/jgs.14266

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026887/>

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About the author: Julia Martinez, PhD

Julia Martinez works with the National Center to evaluate the impact the center has on E-MDT grantees' operations and development. Julia is a research associate at the University of Southern California Keck School of Medicine Department of Family Medicine, and has 15 years' experience facilitating, participating in, and evaluating E-MDTs. The content for this brief is drawn from Julia's insights as a practitioner and researcher.

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