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Advancing the Elder Abuse Work of Adult Protective Services Through Participation on Multidisciplinary Teams

By Risa Breckman, Deborah Holt-Knight, Lisa Rachmuth, and Rima Rivera

Lessons learned about how to involve and sustain Adult Protective Services staff within multidisciplinary teams

Historically, professionals, organizations, and systems have operated in silos in their responses to elder abuse, neglect, and exploitation cases. This leaves professionals unaware of parallel investigations and interventions that may be co-occurring and under-utilizing available community resources needed to effectively respond to complex elder abuse situations. In addition, uncoordinated responses can result in service duplication or unrecognized service gaps. But this landscape is changing.

Multidisciplinary teams (MDT), used successfully in the child abuse and domestic violence fields, have emerged as a vehicle for addressing the complexity of elder abuse cases. This article briefly describes the work of MDTs' elder abuse case review process, highlights the important role of professionals from Adult Protective Services (APS) on MDTs, and suggests ideas for sustaining APS involvement on MDTs. While this article focuses on the experience of APS team members on the MDTs in New York City (where this article's authors are based), it aims to touch on the broad issues that are applicable to teams located elsewhere.

What Are MDTs?

The MDT is a powerful person-centered, collaborative, highly coordinated intervention. Elder abuse teams, composed of professionals from across systems and disciplines, work to increase safety and reduce suffering and risk of harm to older victims at the earliest possible juncture, through coordinated case reviews and tailored responses to each situation. MDTs usually are convened and led by community-based or government organizations knowledgeable about elder abuse.

→ABSTRACT Elder abuse multidisciplinary teams (MDT) are a person-centered intervention to help ameliorate elder abuse. Teams of professionals from across disciplines and systems aim to increase safety and reduce suffering and risk of harm to older victims at the earliest juncture via coordinated case reviews and tailored responses. Adult Protective Services (APS) is critically important to successful team functioning. APS benefits from involvement on the teams and the teams are made stronger by APS participation. This article offers lessons learned about involving and sustaining APS on multidisciplinary teams. | **key words**: *elder abuse, multidisciplinary teams, MDTs, adult protective services, APS, specialists*

The elder abuse field saw a few MDTs emerge in the 1980s and 1990s, with more developing in each subsequent decade. By 2014, elder justice stakeholders nationwide identified funding MDTs as a priority need for all communities (U.S. Department of Justice and U.S. Department of Health and Human Services, 2014).

Organizations that are key to identifying and responding to elder mistreatment are invited to join as MDT members. The number and types of organizations on a team depends on available community resources and needs. An MDT might include representatives from APS, the aging services sector, victim assistance and social service agencies, law enforcement, medical and mental health professions, civil law practices, financial institutions, local district attorney offices, and others.

Organizations choose their team representatives based on their subject matter expertise. An assignment to a team usually is considered to be part of the representative's job responsibilities. While the older adult victim of abuse is the focus and beneficiary of a team's work, that person is not present during the work for myriad reasons, including concerns about confidentiality, capacity, and safety.

Typically, an MDT Coordinator provides team leadership, which may include marshaling resources, facilitating communication among all professionals involved, and acting as a key resource for professionals seeking assistance with elder abuse cases. For example, the coordinator determines which cases are brought to the team (based on severity, urgency, and case complexity); facilitates team meetings; coordinates information for case presentation and action plans developed by the team; and responds to the team's data collection, information management, and administrative needs. Some coordinators also provide case consultations and in-service trainings, and assist team members with preparing cases for team review. Thus, the MDT Coordinator role, which may differ depending on the individual team's design, resources, and needs, is essential to MDT success.

State laws vary regarding information-sharing for team purposes (U.S. Department of Justice, 2019). In New York City, the organization referring a case to the team determines whether or not they can do so. During team meetings, the names of victims and alleged abusers are not disclosed. All individuals who participate in team meetings, including guests, must sign a confidentiality agreement in order to attend.

The frequency of team meetings varies depending on a range of factors, for example, how far team members must travel to attend and the number of case referrals a team receives. Some MDTs meet multiple times per month and provide significant case coordination with follow-up

'The MDT is a powerful person-centered, collaborative, highly coordinated intervention.'

case discussions, while others meet less frequently and focus on one-time case review. Some teams include specialists, such as a civil attorney, forensic accountant, geriatrician or nurse practitioner, and-or a neuropsychologist or geriatric psychiatrist. Teams with one or more specialists are called "Enhanced MDTs," or E-MDTs. Some teams have no funding for this work, while others receive government or grant funding which often supports the MDT Coordinator position and specialists.

In 2014, elder justice stakeholders convened in New York City for a day-long symposium to develop recommendations for replicating and sustaining elder abuse MDTs, and to promote an understanding, through research, of MDTs' impacts (Breckman, Callahan, and Solomon, 2015). This group recommended that the field develop an MDT technical assistance center, which the U.S. Department of Justice then implemented (U.S. Department of Justice, 2016). Soon after, California and New York began using

federal Victims of Crime Act (VOCA) funds to support MDTs in their states. In New York State, it is anticipated that by the end of 2020 every county will have a VOCA-funded elder abuse E-MDT. Thus, a trail has been blazed for other states to use VOCA funds for this promising elder abuse intervention.

The Role and Structure of NYC Adult Protective Services

Adult Protective Services serves as a necessary and vital component of a system-wide response to adult neglect, abuse, and exploitation; thus, having APS representation on multidisciplinary teams is considered a necessity: "APS is a social services program provided by state and local government nationwide serving older adults and adults with disabilities who are in need of assistance because of adult maltreatment. In all states, APS is charged with receiving and responding to reports of maltreatment and working closely with clients and a wide variety of allied professionals to maximize clients' safety and independence" (Administration for Community Living, 2016).

There is no designated federal funding or legislation governing the operation of APS programs. This has resulted in APS programs being administered differently in each state, with varying funding amounts and different policies and procedures related to everything from eligibility criteria and mandated reporting requirements to case practice (Administration for Community Living, 2016).

One local APS district is composed of New York City's five boroughs. The NYC APS program is one of the largest in the nation, serving a city in which 1.1 million adults (13 percent) are older than age 65 (Office of the NYC Comptroller, 2017). In 2018, NYC APS received and processed nearly 29,000 referrals from varied sources (e.g., law enforcement; hospitals and medical providers; homecare agencies; family, friends, and neighbors; community-based programs; financial institutions; landlords) in which 29 percent of the referrals involved abuse, as per internal NYC APS data. Abuse referrals often present with a high level of complexity involving numerous risks, e.g., the inability to manage finances or activities of daily living, a lack of financial resources or healthcare, or a risk of eviction. Our nation's growing number of older adults can have a significant programmatic impact on APS programs across the country, as staff face rising caseloads coupled with increasingly complex adult abuse cases.

NYC APS personnel have served on Weill Cornell Medicine's NYC Elder Abuse Center's (NYCEAC) teams since 2007, when it first launched one in Manhattan. An early champion of MDTs, the NYC APS leadership recognized that teams could support APS case management and enhance service delivery to some of their most vulnerable clients. Additionally, APS caseworkers have considerable knowledge to share during team meetings regarding assessment strategies and resources.

Currently, NYC APS caseworkers and supervisors participate on NYCEAC's five E-MDTs, one in each borough. Four teams meet twice monthly and one team meets once a month; every team meeting is two hours long. They are funded by the NYC Department for the Aging, the New York State (NYS) Office for the Aging, U.S. Department of Justice Office of Victims of Crime, NYS Office of Victim Services, and Lifespan of Greater Rochester.

(Note from the authors: The opinions, results, findings and-or interpretations of data contained herein and above are the responsibility of the authors and do not necessarily represent the opinions, interpretations or policy of New York City, New York State, or applicable federal funding agency.)

Lessons Learned

New York City APS has served on NYCEAC's teams for thirteen years, all of which are now E-MDTs. What follows are four key lessons learned from this experience, information rele-

vant to those parties interested in developing MDTs in urban, suburban, and rural communities.

Successful integration of APS on teams requires staff buy-in. A number of NYC APS caseworkers initially were hesitant to participate on the E-MDTs. Some were wary the team responsibilities would add to their workload and questioned the benefit to clients; others feared being criticized at the team table; and others were apprehensive about presenting cases for team review, something many had never done before.

To problem-solve obstacles to participation and enlist full support, the NYC APS head administrator promised caseworkers that program managers and supervisors would be present during team meetings to provide clarity on the NYC APS scope of services, to field difficult operational questions, and to offer support to the caseworkers who were to focus solely on the elements of a case. If a caseworker preferred not to present the case, the E-MDT Coordinator would instead do so, with the caseworker providing details during the presentation as the story unfolded.

Including individuals from APS on multidisciplinary teams is considered a necessity.

With these solutions in place, caseworkers find that participating on the teams relieves much of the stress experienced when working on cases in isolation. Through coordinated action planning, the work is shared across systems, resulting in improved investigations, assessments, and responses, all of which benefit clients. Over time, by working together at team meetings, relationships develop that transcend any one case. It is not unusual for team members to help each other on cases not presented at team meetings.

Team members share a mission and responsibility toward case resolution that deepens connectivity and accountability to the team. After cases are presented, team members are tasked with following through on case action plans and reporting back to the team on the work within prescribed timeframes. NYC APS caseworkers understand that failure to properly follow through could undermine the collective effort to help abuse victims.

Caseworkers on the teams report increased knowledge and expertise in handling elder abuse cases. Over the years, caseworker involvement on the teams has served as a factor in NYC APS staff promotions and award nominations.

Sustaining APS involvement on teams requires integration at an operations level. The NYC APS leadership targeted two operational areas to sustain APS involvement with the teams. The first strategy focused on officially codifying E-MDTs into NYC APS service planning. In New York State, for those eligible for APS services, caseworkers must develop a service plan to address the risks a person faces. Recently, NYC APS updated its automated case management system, APSNet, so caseworkers can choose a referral to the E-MDTs as a service plan option to address abuse risk. APSNet electronically prompts caseworkers to consider the E-MDT as part of a service plan; previously, caseworkers relied on memory to include this option. This integrated service planning helps to assure sustainability of APS involvement on these E-MDTs.

The second strategy focused on how NYC APS structured case identification for team review. For several years, NYC APS relied on caseworkers to identify cases for referral. But there were barriers. For example, NYC APS caseworkers understood that the teams reviewed "complex cases." But without specific criteria defining that term, it proved difficult for many caseworkers to determine which of the many cases on their caseloads should be brought to the team. Some caseworkers mistakenly thought a suspected but unverified abuse case could not be brought to the team. Others erroneously believed that if NYC APS determined an abuse case ineligible for APS services, APS could not refer it to the team.

To overcome this, NYC APS developed a case-review process that provides a structured approach to identifying, reviewing, and selecting cases for team review. Currently, NYC APS Information Technology staff generates a twice-monthly report of suspected abuse cases involving people older than age 60 at the point of intake. This case report, broken down by borough, is sent to lead APS staff (each of five borough directors and the nurses, social workers, and regional managers). These staff hold a preliminary meeting in each borough with the assigned E-MDT Coordinator to review the report and flag possible cases for referral to the E-MDTs. Case supervisors discuss flagged cases with assigned caseworkers to make a final decision regarding referral to the team. Once a decision is made to refer the case, the caseworker begins preparing the case for team presentation.

This process has the added value of lending additional structure and support to APS supervisory staff, identifying elder mistreatment cases earlier in the assessment process, and establishing a more systematic approach to explore risks. One NYC APS administrator recently said, "Encouraging the buy-in of frontline staff was the primary challenge when NYC APS entered the E-MDT relationship. NYC APS administrators appreciated that a successful collaboration was dependent on fully invested managers, a readiness to amend APS operations when necessary, and an unrelenting promotion of teams that can respond to elder abuse."

E-MDTs can create opportunities for understanding cultural issues. New York City contains approximately 1,000 cultures, has the largest LGBTQI population in the United States, and nearly 50 percent of the population speaks a language other than English (U.S. Census, n.d.). Thus, concerns regarding culture and language are highly relevant to the work of NYC APS and the E-MDTs.

If necessary, and when possible, NYC APS pairs a caseworker sharing a similar cultural background or language with the at-risk elder. As the caseworker participates at the E-MDT meetings when the case is discussed, the caseworker's unique knowledge can help provide context that broadens the team's understanding of the case and provides additional insights. Also, to help the teams develop culturally sensitive responses, the E-MDT coordinators ask professionals knowledgeable about a specific culture to make presentations to the team on issues relevant to the cases at hand.

Presentations have included understanding how to use community services to engage a reluctant older Asian victim ashamed of mistreatment by an adult child; understanding the painful isolation of an older gay victim who has not yet told his family about his sexual orientation, yet needs assistance from them to help with intimate partner violence; and recognizing the impacts of historical trauma on an older African American woman who, though being abused by her husband, has decided not to involve law enforcement.

'E-MDTs can create opportunities for understanding cultural issues.'

The team specialists are a highly valuable resource. E-MDTs provide NYC APS access to specialists who would otherwise not be available to APS. The specialists on the teams provide knowledge and guidance to APS caseworkers in critical areas of work that are complementary to APS expertise; this strengthens APS caseworkers' ability to effectively respond. For example, APS has in the past requested assistance from the E-MDT geriatrician in contacting a hospital for the purpose of delaying an older victim's discharge back to home when that environment is still considered unsafe and the risk is not yet fully addressed.

In another example, a NYC APS caseworker obtained nearly 500 pages of bank statements from multiple banks on behalf of an older victim allegedly being financially exploited by his son. The E-MDT's forensic accountant used her

expertise and experience to organize, review, and analyze these documents. A pattern of suspicious financial activity was identified and documented in her written report, which resulted in the caseworker being able to present a well-documented case referral to the District Attorney's Elder Abuse Unit. Without this specialist's support, this case's financial exploitation issues might have gone unchecked.

Conclusion

Elder abuse MDTs are a powerful intervention model. Critical to team success are trusting partnerships with knowledgeable professionals and the engaged participation of APS. Sustaining APS involvement on teams requires administrators to seek staff buy-in and adapt operations to support the work. Communities seeking funding for teams and specialists are encouraged to consider support from their state VOCA office. The U.S. Department of Justice's Elder Justice Initiative's MDT Technical Assistance Center has resources to help teams in any stage of development. Hopefully the day will come soon when every community in our nation will have access to an elder abuse enhanced MDT.

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A Swift, Coordinated Response: An E-MDT Case Example

A younger family friend with an extensive criminal history was abusing two older people (relatives of each other) financially, emotionally, and physically. A concerned neighbor called APS. The abuser lived in an apartment with these elders, exposing them to daily risk of continued abuse. Afraid, both victims expressed a desire to leave their apartment, but insisted on remaining together. It became evident during the NYC APS case presentation at the E-MDT meeting that the APS caseworker, who had been threatened by the abuser during a home visit, could no longer safely go into the home. An expedited plan was necessary to immediately protect the victims.

Because the team meeting was ending, the E-MDT Coordinator helped the team determine the subgroup of team members who would develop an immediate action plan. This group, composed of a police officer, the Assistant District Attorney, an APS caseworker, a geriatrician, and the E-MDT Coordinator, worked late into the afternoon. The action plan they developed was carried out the next morning.

The E-MDT members guided Emergency Medical Services personnel to bring the victims to an emergency department having elder abuse response expertise, and to pick up the victims at a time that would avoid contact with the alleged abuser. Upon arrival, the emergency department's elder abuse response team assessed the abuse and found a safe discharge for the victims, who remained together. The plan successfully stopped the abuse, including the continued misuse of these older adults' Social Security benefits.

Though the team faced bureaucratic setbacks that almost derailed successful plan execution, they ultimately prevailed in overcoming the obstacles because of the strong relationships, determination, and the collective case advocacy know-how of those involved.

As this case illustrates, through the E-MDT case presentation and discussion process immediate safety concerns were prioritized. Through thoughtful and informed coordination, the E-MDT team members, with the E-MDT Coordinator's leadership, developed a plan to secure these victims' safety and the safety of professionals working on the case. This case also describes how E-MDTs enable APS to partner with professionals who often have the agency and resources to effectuate an action plan that APS alone could not design and implement.

References

Administration for Community Living. 2016. "Final National Voluntary Consensus Guidelines for State Adult Protective Services Systems." Washington, DC: U.S. Department of Health and Human Services. tinyurl.com/yxovpxf6. Retrieved August 22, 2019.

Breckman, R., Callahan, J., and Solomon, J. 2015. *Elder Abuse Multidisciplinary Teams: Planning for the Future*. Final report from the New York City symposium, held September 8, 2014, sponsored by the New York City Elder Abuse Center at Weill Cornell Medicine, Brookdale Center for Healthy Aging, and The Harry and Jeanette Weinberg Center for Elder Abuse Prevention at the Hebrew Home at Riverdale. tinyurl.com/y3ltqfqd. Retrieved August 22, 2019.

Office of the NYC Comptroller. 2017. *Aging with Dignity: A Blueprint for Serving NYC's Growing Senior Population*. tinyurl.com/y49k8h83. Retrieved August 22, 2019.

U.S. Department of Justice (DOJ) and U.S. Department of Health and Human Services (HHS). 2014. *The Elder Justice Roadmap*. Washington, DC: DOJ and HHS. tinyurl.com/y4jxk2xo. Retrieved August 22, 2019.

DOJ. 2016. "Elder Abuse MDT Technical Assistance Center." Washington, DC: DOJ. tinyurl.com/y6qyf5lr. Retrieved August 22, 2019.

DOJ. 2019. "Statutory Review of Multidisciplinary Teams and Information-Sharing." Washington, DC: DOJ. tinyurl.com/yxcop39s. Retrieved August 22, 2019.

U.S. Census, n.d. "QuickFacts, New York City, New York." tinyurl.com/v5nq2yu. Retrieved August 22, 2019.