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Elder Abuse Interventions Enhanced Multi-Disciplinary Team (E-MDT) Evaluation Final Report

Center for Human Services Research, University at Albany

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E-MDT YEAR 2

FINAL REPORT

SEPTEMBER 30, 2022



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EXECUTIVE SUMMARY

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

The E-MDT Initiative is funded with Federal Victim of Crime Act (VOCA) funding provided by the NYS Office of Victim Services (OVS) and State funding provided by NYSOFA. It is overseen by NYSOFA and coordinated statewide by Lifespan. The E-MDT Initiative is implemented in New York State through a network of eleven regional Hub organizations that administer program implementation and provide E-MDT Coordinator services for each county. Lifespan and NYCEAC each act as Hub organizations and work in concert to provide technical assistance and training to E-MDTs across New York State. NYCAging also funds NYCEAC to operate E-MDTs in New York City. Funding for this program evaluation was provided by Lifespan utilizing funding from OVS (federal VOCA funding) and NYSOFA.

This report provides findings from a survey distributed to E-MDT members and a series of focus groups conducted by the Center for Human Services Research at SUNY Albany, in collaboration with the SUNY Albany School of Social Welfare. The survey and focus group questions were developed collaboratively with Lifespan, NYSOFA, NYCEAC, and NYCAging.

SUMMARY OF SURVEY

The goal of the survey was to evaluate whether E-MDTs are effective at intervening in cases of elder abuse. The survey looked at the impact the E-MDTs have on elder abuse victims whose cases are referred to an E-MDT and the professionals who participate on the E-MDTs. It was sent to 955 identified E-MDT members across the state in the fall of 2021. There were 331 (35%) responses. The respondents included representatives from most of the 11 regions with the greatest representation coming from Regions 2, 3, and 10 (see Appendix A for a breakout of which counties are in each region). The majority of respondents indicated they are core members. Respondents identified as primarily female (75%), white (86%), non-Hispanic (91%), and college educated (91%). Although a majority of the respondents reflect an experienced workforce that has been employed in the field of elder abuse more than six years, it was noted that many of the respondents have only been involved specifically with the E-MDT Initiative for two or less years. This is not surprising, given the timing of this evaluation and the recent addition of E-MDTs in some of the regions.

A significant majority of the respondents perceived the E-MDT Initiative as having had a positive impact on elder abuse victims, their professional development, and their organization. A significant majority of the respondents (60%) reported the E-MDT is very effective in formulating recommendations that lead to positive outcomes for elder abuse victims, with an additional 32% indicating somewhat effective; no more than 12 respondents (depending on the question they ranged from 2-12) indicated the E-MDT was either somewhat ineffective or very ineffective in this area. Additionally, the vast majority of the respondents (90%) indicated that the E-MDT has positively impacted their professional development, with only nine respondents reporting that they have not experienced any professional benefits. Similarly, 97% of respondents indicated that their organization has been positively impacted by the E-MDT, with only 11 respondents stating that their organization has not experienced any benefits. The analysis of the survey's open-ended response was consistent with the quantitative results of the survey questions, articulating the positive impact of the E-MDT Initiative on elder abuse victims, professional development, and the respondent's organization.

The survey responses also highlighted a number of recommendations that could increase the effectiveness of the E-MDTs. These include increased access to resources and services for elder abuse victims, additional training/technical assistance for professionals, and increasing the number and types of organizations represented on the E-MDT.

SUMMARY OF FOCUS GROUPS

Potential focus group participants were identified using a systematic sampling method from E-MDT members and other professionals who have referred elder abuse cases to their local E-MDTs statewide. Eighty-five potential participants were invited to their choice of one of four scheduled focus groups over Zoom during summer 2022. Thirty-six individuals registered for a focus group, with sixteen people eventually participating. The participants represented nine of the eleven regions and several professions and agencies, including: APS, elder justice networks, intimate partner violence service providers, Long Term Care Ombudsman, financial institutions, health care, victim services providers, District Attorney's office, civil legal services, and community social services.

The focus groups used a semi-structured protocol. Each focus group was facilitated by a member of the CHSR research team. In addition to the facilitator, a second member of the research team assisted and took field notes describing both the content and context of the group interactions.

Participants noted the many benefits of referring cases to their local E-MDT Coordinator. These include assistance from multiple agencies with financial abuse cases and the ability to collaborate with colleagues from a variety of disciplines. Perhaps one of the more salient observations that emerged from the focus groups was the unanimous response of Yes when participants were asked whether they would continue to refer cases to the E-MDT Coordinator. It was also noted that some areas for improvement to the program would be to develop more culturally/ethnically/racially appropriate services, services for suspected perpetrators, and more consistent participation from law enforcement, district attorneys, and officials from financial institutions.

This report is organized in two sections. The first section presents the findings from self-report survey and the second section presents the findings from the focus groups.

Respectfully Submitted,

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SELF-REPORT SURVEY FINDINGS

METHODS

Goal

The goal of the survey was to evaluate whether Enhanced Multidisciplinary Teams (E-MDTs) are effective at intervening in cases of elder abuse. The survey looked at the impact the E-MDTs have on elder abuse victims whose cases are referred to an E-MDT and the professionals who participate on the E-MDTs. It was also intended to inform the questions for the focus groups.

Survey Design

The survey questions were developed collaboratively with Lifespan, NYSOFA, NYCEAC, and NYCAging using the principles of best practice in survey design. In addition to demographic and geographic characteristics a total of 29 questions covered the following areas of inquiry:

- 1 How has the E-MDT model/process helped providers work collaboratively to address cases of elder abuse?
- 2 What are potential drawbacks or negative outcomes resulting from E-MDT participation?
- 3 Is the E-MDT Initiative effective at intervening in complex cases of elder abuse and stopping said abuse?
- 4 What are the outcomes of E-MDT interventions and E-MDTs?
- 5 What was the impact of COVID on service delivery?

See Appendix D for the survey questions.

Sample

The survey was disseminated via email to all identified members of E-MDTs statewide (n=955) in late September 2021. Each potential respondent was sent a personalized link, which greatly reduced the possibility of survey forwarding and non-E-MDT members completing the survey. Roughly 5% (n=50) of the emails bounced back to the sender. When possible, additional email addresses replaced bad email addresses leading to a total of 45 email addresses with permanent delivery failure. Up to six reminder emails were sent over the course of several weeks to encourage survey responses. Final survey responses totaled 331 (35%); this response rate is consistent with similar surveys conducted by CHSR in the post-COVID environment. All responses were anonymous.

Survey respondents served in a number of different roles throughout the state, including core member, liaison member, and specialty service provider:

- Core Members are members that are expected to attend all or most E-MDT meetings. For the purposes of this survey, E-MDT Coordinators were considered Core Members to protect their anonymity, as most regions only have one or two Coordinators.
- Liaison Members are members that attend only when they are directly involved with a case.
- Specialty Service Providers are the forensic accountants, mental health professionals, and civil legal service providers.

See table 1 for the distribution of the roles of the respondents.

Data Collection

The strategy for distributing the survey was developed in collaboration with representatives of Lifespan, NYCEAC, NYCAging, and NYSOFA. The CHSR staff programmed the survey into Qualtrics. Qualtrics is an online survey design and dissemination platform preferred by SUNY Albany due to its functionality, flexibility, and data security and protection capabilities.

SURVEY FINDINGS

In addition to the findings summarized in this section of the report, all “other” responses can be found in Appendix E and the complete findings from the survey questions can be found in Appendix F.

Respondent Role

Of the 331 respondents completing the survey, the vast majority identified being a Core Member. Table 1 provides the distribution of the roles of the respondents.

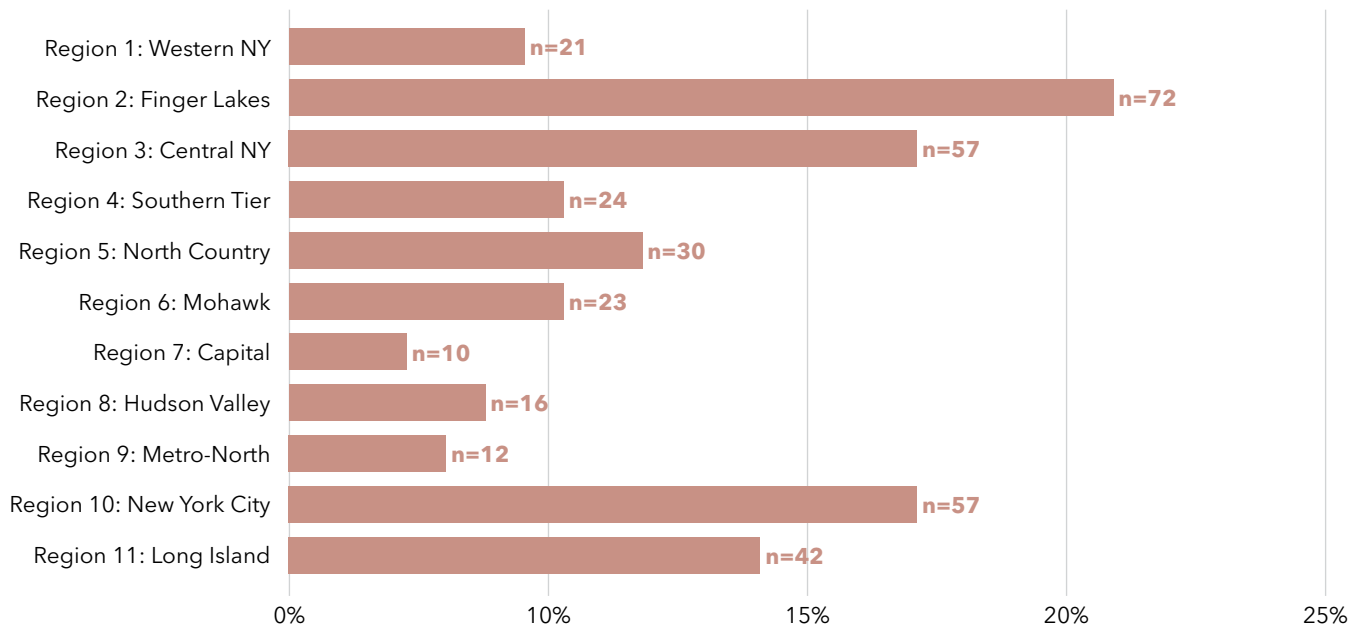
Table 1. E-MDT Survey Respondents by Role

Which role do you fill for your region?	
Response	N (%)
Core Member	242 (73%)
Liaison Member	30 (9%)
Specialty Service Provider	38 (12%)
Not sure	21 (6%)
Total	331 (100%)

Respondent Region

Respondents were asked to indicate each region they participate in that has an E-MDT. As indicated in Figure 1, Region 2 had the most respondents with 72, followed by Regions 3 and 10, with 57 each. Five respondents indicated they serve in multiple regions and reported that they are most active in the following regions: Region 2 (n=2), Region 3 (n=1), Region 7 (n=1), and Region 10 (n=2). See Appendix A for a breakout of which counties are in each region.

Figure 1. Respondent Regions



Time on E-MDT

The majority of respondents started on the E-MDT more than two years prior to the survey. As seen in Table 2, 21% of the respondents began after March 1, 2020.

Table 2. When Respondents Started on the E-MDT

When did you start participating on the E-MDT?	
Response	N (%)
Prior to March 1, 2020	240 (78%)
After March 1, 2020	66 (21%)
Prior to March 1, 2020 but did not participate after that	2 (1%)
Total	308 (100%)

Represented Organizations

The respondents to this survey represented several types of organizations. Respondents identifying as APS represented the largest number of respondents, followed by respondents from the Aging Network. Table 3 provides the number of respondents per type of organization represented in this survey.

Table 3. Type of Organization Represented on the E-MDT

Which best describes the type of organization you represent on the E-MDT?	
Response	N (%)
Adult protective services	74 (24%)
Aging network/Area Agency on Aging	51 (17%)
Criminal justice	13 (4%)
Civil legal services	33 (11%)
Domestic/intimate partner violence	15 (5%)
Elder justice network	4 (1%)
Financial institution	12 (4%)
Forensic accounting	3 (1%)
Guardianship	3 (1%)
Health care	8 (3%)
Home care	3 (1%)
Housing	2 (1%)
Law enforcement	22 (7%)
Mental health	4 (1%)
Social services	21 (7%)
Victim services	23 (8%)
Other	14 (5%)
Total	303 (100%)

E-MDT Effectiveness

Among the goals of the survey was to look at whether the respondents perceived the E-MDT as being effective or ineffective at formulating recommendations that lead to positive outcomes for elder abuse victims whose cases come before a team.

The vast majority of the respondents (289 out of 331, 92%) indicated that the E-MDTs are somewhat or very effective at formulating recommendations that lead to positive outcomes for elder abuse victims. 16 respondents (5%) indicated

that the E-MDTs are neither effective nor ineffective and 11 (4%) respondents said that the E-MDTs are somewhat or very ineffective at formulating recommendations that lead to positive outcomes for elder abuse victims (see table 4).

Table 4. Effectiveness of E-MDTs in Formulating Recommendations that Lead to Positive Outcomes

How effective do you think the E-MDT is at formulating recommendations that lead to positive outcomes for elder abuse victims whose cases come before the team?	
Response	N (%)
Very effective	189 (60%)
Somewhat effective	100 (32%)
Neither effective nor ineffective	16 (5%)
Somewhat ineffective	9 (3%)
Very ineffective	2 (1%)
Total	316 (100%)

Respondents highlighted several elements that contributed to positive outcomes for elder abuse victims whose cases were referred to the E-MDT. Of the almost 2,400 selections (respondents were allowed to make more than one selection), the most comment were facilitation of communication between providers (n=256), access to specialty services (forensic accountant, mental health, civil legal services) (n=243), help identifying additional issues and questions to consider for cases (n=242), mobilizing additional resources and services for victims (n=206), and identifying gaps in services (n=204). Only 3 respondents selected “I don’t see any positive outcomes” (see table 5).

Table 5. Elements that Contribute to Positive Outcomes for Elder Abuse Victims

What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDTs? (Select all that Apply)	
Response	N (%)
Facilitates communication between service providers	256 (82%)
Provides access to specialty services (forensic accountant, geriatric mental health, civil legal services)	243 (78%)
Helps identify additional issues and questions to consider for the case	242 (77%)
Mobilizes additional resources and services for elder abuse victims	206 (66%)
Identifies gaps in services	204 (65%)
Provides specific focus on elder abuse and the needs of older adults	196 (63%)
Variety of organizations that participate in the E-MDT	192 (61%)
Supports professionals/organizations that refer cases to the E-MDT	187 (60%)
Interventions are tailored to align with the victims’ goals	155 (50%)
Addresses gaps in services	155 (49%)
Increases likelihood that perpetrator will be held accountable (e.g., prosecution, restitution)	149 (48%)
Streamlines elder abuse responses	137 (44%)
Identifies redundancies in services	53 (17%)
I don’t see any positive outcomes	3 (1%)
Other	4 (1%)

Respondents identified several potential changes that could be made to the E-MDT to improve outcomes for elder abuse victims. Of the approximately 700 selections (respondents were allowed to make more than one selection), the

four most selected changes were increased access to resources and services for elder abuse victims (n=92), additional follow-up training/technical assistance to support professionals'/organizations' knowledge (n=71), implementation of rapid response capabilities (n=70), and identification of services for non-abusing family, friends, and neighbors to support the victim (n=68) (see table 6). All of these would benefit from further exploration as to the specifics of the change needed. For example, what types of resources and services are difficult to access and why. Two main themes from the "other, please specify" option identified a need for further understanding of the role of Adult Protective Services to team members and the need for increased participation/engagement from law enforcement and the District Attorney's Office. While it is important to further explore these potential changes, it should be noted that the second most selected response was "I do not think any changes are necessary" (n=80).

Table 6. Changes to Improve Outcomes for Elder Abuse Victims

What changes, if any, could be made to the E-MDT to improve outcomes for the elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)	
Response	N (%)
Increase access to resources and services for elder abuse victims	92 (30%)
Additional follow up training/technical assistance to support professionals'/organizations' knowledge about aging, elder abuse, specialty topics	71 (23%)
Review, discuss, and implement rapid response capabilities	70 (23%)
Need to discuss/identify services for non-abusing family, friends, and neighbors to support the victim	68 (22%)
Increases the number of organizations participating on the E-MDT	66 (22%)
Increases the types of organizations participating on the E-MDT	58 (19%)
More frequent attendance from E-MDT members	53 (17%)
Greater focus on ensuring services and interventions are culturally/ethnically/racially competent	41 (14%)
Need to discuss/identify services for abusers	37 (12%)
Interventions need to better align with the victims' goals	30 (10%)
More frequent meetings	13 (4%)
Decrease the number of organizations participating on the E-MDT	5 (2%)
Decrease the types of organizations participating on the E-MDT	0 (0%)
I do not think any changes are necessary	80 (26%)
Other	28 (9%)

Drawbacks to Elder Abuse Victims

The vast majority of respondents (82%) reported no drawbacks to elder abuse victims whose cases were referred to the E-MDT. Only 12 respondents reported drawbacks to a case being referred. Of those who did report drawbacks, the most frequently identified drawback was that the recommended services and interventions are not available in the community (n=8) and too much time between meetings increases the amount of time it takes to resolve cases or put services into place (n=6). Both of these drawbacks indicate areas of further development for the E-MDTs.

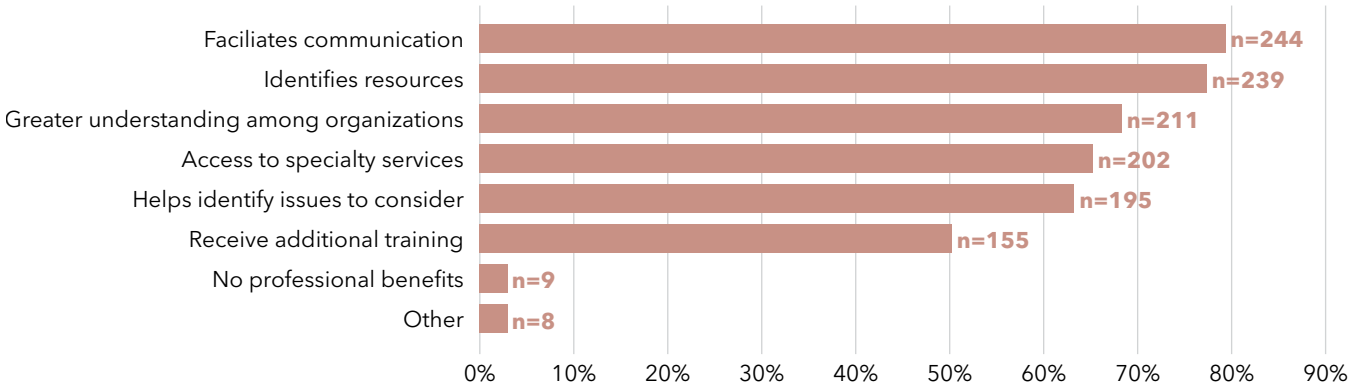
The majority of respondents who reported drawbacks for elder abuse victims whose cases were referred to the E-MDT Coordinator were from APS (n=3).

Professional Implications

The vast majority of the respondents (90%) indicated that they perceived the E-MDT has positively impacted their professional development. Of the more than 1,200 selections (respondents were allowed to make more than one selection), there were only nine responses indicating no professional benefits. Figure 2 provides a breakdown of the different areas where respondents stated that they have experienced professional benefits as a result of their involvement with the

E-MDT. In addition to these benefits, respondents noted several others; for example, the E-MDT “helps agencies feel more supported and that they are not working in a silo” and “I have learned many things outside the scope of my role.”

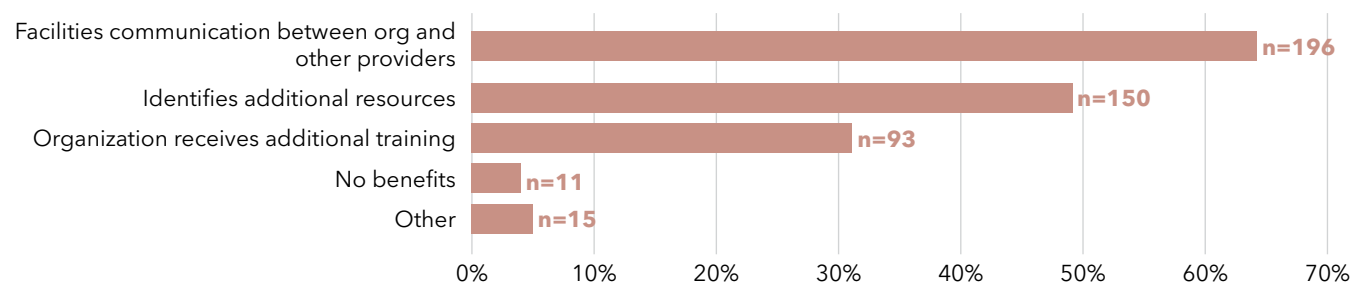
Figure 2. Professional Benefits of Being Involved with the E-MDT.



When asked to identify professional drawbacks, there were 188 responses out of 375 indicating no professional drawbacks (respondents were allowed to make more than one selection). The most selected professional drawback identified was that the recommended services and interventions are not available in the community. This raises the question if the professionals and/or E-MDT Coordinators who are making the recommendations are aware of potential limitations and/or availability of services available in the community. Further exploration is needed to identify where the gap is.

A similar number of respondents (97%) indicated that they perceived the E-MDT has positively impacted their organization. Of the approximately 400 selections (respondents were allowed to make more than one selection), there were only 11 responses indicating that the respondent’s organization has not experienced any benefits. Figure 3 provides a breakdown of the different areas where respondents stated that their organization has experienced benefits as a result of their involvement with the E-MDT. In addition to these benefits, respondents noted several others; for example, the E-MDT “identifies resources and facilitates communication.”

Figure 3. Benefits to the Respondent’s Organization.



When asked to identify drawbacks for their organization, there were 238 responses out of 300 indicating no drawbacks (respondents were allowed to make more than one selection). The most selected drawbacks were that accepting action items from the E-MDT adds to the organization’s caseload management and that allocating staff to attend E-MDT meetings creates staffing issues for the organization.

Impacts of COVID-19 on Outcomes for Elder Abuse Victims

Another aim of this survey was to determine how the COVID-19 pandemic impacted the effective operation of the E-MDTs. Of the 240 respondents that participated in the E-MDTs prior to March 1, 2020 (see Table 2), the responses varied as to if the COVID-19 pandemic impacted outcomes for elder abuse victims whose cases were referred to the E-MDT. The most common responses were Not sure (n=80) and No impact (n=60) (see Table 7).

Table 7. Impact of COVID-19 on Outcomes for Elder Abuse Victims

How did the COVID-19 pandemic impact outcomes for elder abuse victims whose cases were referred to the E-MDT?	
Response	N (%)
Positive	21 (9%)
Negative	44 (18%)
Both positive and negative	35 (15%)
No impact	60 (25%)
Not sure	80 (33%)
Total	240 (67%)

Of the positive impacts identified by respondents, the most commonly selected response (n=52) was that the ability to have virtual meetings led to greater attendance/participation by E-MDT members (see table 8). One respondent noted that the pandemic increased the ability to hold impromptu meetings.

Table 8. Ways in Which COVID-19 Positively Impacted Outcomes for Elder Abuse Victims

In which ways did the COVID-19 pandemic positively impact outcomes? (Select all that apply)	
Response	N (%)
Virtual meetings led to greater attendance/participation by E-MDT members	52 (69%)
Created/expanded mechanisms for remote interviews	38 (51%)
Identified gaps to be addressed through technology	32 (43%)
Improved secure electronic information sharing for action items	19 (25%)
Other	2 (3%)

The most frequently identified negative outcomes were increased difficulty accessing resources and services for elder abuse victims (n=57) and that elder abuse cases take longer to investigate and prosecute (n=47). A few themes were apparent in the "other" comments, including that the pandemic resulted in a decrease in referrals and that agencies were not able to meet with victims in their homes. One respondent indicated that this could have led to a decrease in identification of abuse cases.

Table 9. Ways in Which COVID-19 Negatively Impacted Outcomes for Elder Abuse Victims

In which ways did the COVID-19 pandemic negatively impact outcomes? (Select all that apply)	
Response	N (%)
Increased difficulty accessing resources and services for elder abuse victims	57 (58%)
Elder abuse cases take longer to investigate and prosecute	47 (48%)
Difficult to remove victim or abuser from the home during quarantine	40 (40%)
Increased difficulty obtaining case information	37 (37%)
Virtual meetings led to reduced attendance/participation by E-MDT members	27 (27%)
Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place	25 (25%)
Reduction in meetings led to less attendance/participation by E-MDT members	13 (13%)
Confidentiality concerns around discussion of case information in virtual environment	6 (6%)
Other	14 (14%)

Changes Implemented During the COVID-19 Pandemic that Should Be Continued Moving Forward

Respondents were asked about changes that occurred to the functioning of the team during the COVID-19 pandemic that they felt should be continued. The most significant recommendation to result from the text-based responses was the recommendation that teams either continue to meet virtually, or that some members have the ability to connect virtually to the meeting if they are not able to meet in person. See Appendix E for a listing of all the responses to this question.

QUALITATIVE FOCUS GROUP FINDINGS

METHODS

Goal

The goal of the focus groups was to better understand referral sources' experiences as part of the E-MDT Initiative across New York State.

Sample and Data Collection

Potential focus group participants were identified using a systematic sampling method from E-MDT members and other professionals who have referred elder abuse cases to their local E-MDTs statewide. Eighty-five potential participants were invited to their choice of one of four scheduled focus groups over Zoom during summer 2022. Focus groups were scheduled during a variety of days and times to maximize participation. An initial email was sent to all eighty-five potential participants, with additional four follow-up email reminders. Sixteen emails were undeliverable, with an additional two individuals responding that they were unable to participate. Thirty-six individuals registered for a focus group, with sixteen eventually participating. This response rate is consistent with similar focus groups conducted by CHSR in the post-COVID environment.

The sixteen participants represented the following E-MDT regions:

- **Region 1:** Western NY
- **Region 2:** Finger Lakes
- **Region 3:** Central NY
- **Region 4:** Southern Tier
- **Region 5:** North Country
- **Region 6:** Mohawk
- **Region 8:** Hudson Valley
- **Region 10:** New York City
- **Region 11:** Long Island

The participants represented several professions and agencies, including: APS, elder justice networks, intimate partner violence service providers, Long Term Care Ombudsman, financial institutions, health care, victim services providers, District Attorney's office, civil legal services, and community social services.

The focus group protocol (see Appendix C) was developed through a collaborative review of the results of the survey by CHSR, SSW, Lifespan, NYSOFA, NYCEAC, and NYCAging.

The focus groups lasted approximately 90 minutes and were recorded and prepared for analysis.

FINDINGS

Participants noted many benefits of referring cases to their local E-MDT Coordinator, including the ability to collaborate with colleagues from a variety of disciplines and assistance with difficult financial abuse cases. When the participants were asked if they would continue to refer cases to the E-MDT Coordinator, they unanimously responded with "Yes."

One participant summed up the benefits of the E-MDTs by saying, "What the team does is address the primary issue, but also the other agencies involved pick up other issues like self-neglect, hoarding, not taking medication, things like that. So the team doesn't just address the abuse, they also address the other issues that exist."

It was also noted that some areas for improvement to the program would be to develop more culturally/ethnically/racially appropriate services, services for suspected perpetrators, and more consistent participation by law enforcement, district attorneys, and officials from financial institutions.

A summary of the participants' responses to each question begins on page 10.

PART I: THE CASE REFERRAL PROCESS

The first group of questions focused on participants' experiences referring elder abuse cases to the E-MDT Coordinator. The facilitators were interested in knowing what led participants to refer certain cases and what their experience was with the referral process.

Question 1. Thinking about the cases you have brought to the E-MDT, what were the characteristics or components of the cases that led you to refer them to the E-MDT Coordinator?

The participants identified that they mostly refer cases that cannot be handled by only one agency. One specific example was financial exploitation. The financial abuse component appears to present unique challenges for the teams, as most of the participants reported they do not have expertise in accounting or finances. In addition to financial exploitation, a number of participants mentioned that domestic violence was also involved in the cases they brought to the team.

Some participants said they use the E-MDT Coordinator to "bounce ideas off of" in order to make sure the case is a good fit for the team before going through the process of referring.

Question 2. What has been your experience when you have referred cases to the E-MDT Coordinator?

As with the previous question, several participants suggested they use "side bar" conversations with the E-MDT Coordinator to screen a case before presenting it. Several participants reported that they will only refer cases if they feel it is beyond the scope of what they can do. For example, participants from APS reported they can handle a lot within their own agency, so they may only involve the E-MDT when the issues are very complex. Others indicated they do not tend to use the E-MDT Coordinator as a sounding board beforehand.

Probing question. Was there anything about the referral process that went particularly well, or that you would like to highlight? Was there anything about the referral process that could be improved?

There is variability between E-MDT Coordinators on how the referral process is handled. Several participants reported the referral process is straightforward, easy, and efficient. Some suggested that they may not refer cases due to timing. If a case needs to be dealt with immediately, the person may try and troubleshoot themselves, or reach out to individual members of the team rather than wait for a full meeting. Sometimes, the Coordinator may push up the meeting so the case can be discussed. Several participants reported that there is too much paperwork involved, and it sometimes limits the number of cases that they bring to the team.

Question 3. Can you describe case characteristics or some components of cases that you considered for referral but did not refer to the E-MDT Coordinator?

Focus group participants noted that there are cases that, after talking with the E-MDT Coordinator, do not seem appropriate for referral. Characteristics of non-referred cases vary. For example, the agency handling the case may feel that a referral is not necessary because they have already connected the victim with law enforcement or other appropriate services. There are other cases where the victim is reluctant to accept assistance, refuses to pursue the case, or does not wish to see charges brought against the suspected perpetrator.

PART II: THE E-MDT MEETING

The next group of questions asked participants about their experience presenting cases to the E-MDT. If participants have presented many cases to the team, they were asked to think about 1-2 cases that particularly stand out in their mind for one reason or another.

Question 4. What was involved in preparing the case for presentation to the E-MDT?

All participants agreed it is important to know the details of the case, be organized, and be prepared. For one participant this means putting together a PowerPoint with the details of the case, for others it is talking to everyone involved in the situation (not just the victim) to hear all sides before the meeting, reading over case notes, and making sure they have the information (e.g., financial information, living situation of the victim) to answer the team members' questions.

Question 5. Describe your experience presenting the case to the E-MDT.

Most participants agreed that all members of the team were engaged and offered helpful information during the case presentation. One participant mentioned that people are very engaged during the meeting, but follow-up can be uneven. Sometimes things “fall through the cracks.” The Coordinators do their best to take notes and create an action plan so everyone knows what their responsibilities are once the meeting is over.

Several participants responded that it can be frustrating when, during the meeting, E-MDT members do not fully listen to the case presentation and present ideas and suggestions that have already been tried or are outside the jurisdiction of the person presenting the case. Some focus group participants noted it can sometimes feel like some team members are trying to put additional responsibility on the person presenting the case rather than taking on additional responsibilities themselves. Some participants from APS reported feeling that there is sometimes finger pointing from other members of the team that APS did not do certain things before bringing the case to the team. This may stem from a lack of understanding of what APS can, and cannot, do.

Most participants who presented a case prior to COVID noted that there is a much different “vibe” in the meetings when they are virtual versus in-person. Everyone agreed that when meetings are in-person all participants are more vocal and engaged in the discussion. Focus group participants noted it is easy to be less engaged when meetings are virtual because E-MDT members can be doing other things at their desks.

Question 6. How did you feel when you left the meeting?

While over half the focus group participants responded that they feel energized and positive when leaving the meetings, one-third of participants reported they feel like things are often left “up to them.” They reported it can also feel frustrating when there are either not a lot of new ideas generated by the team or there is a sense that the victim will not accept any of the suggestions. As one participant stated, “it’s hard to accept that we all have the right to make a bad choice.”

Overall, however, the general feeling was that E-MDT meetings are helpful and almost always produce additional ideas, options, and resources for the victim.

Question 7. Based on your experiences with this process, will you continue to refer cases to the E-MDT Coordinator? Why or why not?

When posed with this question there was unanimous agreement, with everyone responding “yes.”

PART III: SERVICES AND INTERVENTIONS

The final group of questions asked about the types of services and interventions recommended by the E-MDT.

Question 8. In your opinion, are there specific resources and services that are needed that the E-MDT does not recommend?

The responses to this question were almost universally “no.” In cases where resources and services were not recommended it was always because the service or resource does not exist or is overly taxed within the community. For example, one participant reported that she knows that many of the victims need mental health support, but the local agencies that provide these services are already full. Another participant mentioned that transportation services are badly needed, but again, not widely available in that geographic area.

Question 9. What specific resources and services are needed so that the services and interventions recommended by the E-MDT are more culturally/ethnically/racially appropriate?

Only four participants answered this question. They suggested better outreach to diverse communities was needed to let those communities know that the teams exist and can be a resource for entities in those communities when dealing with elder abuse cases. Participants also mentioned that services are available in Spanish in many parts of the state, but others (especially rural areas) have more homogeneous populations.

Question 10. Have you had an experience where the recommended services or interventions are either unable to help the client or the client experienced negative outcomes because of recommended E-MDT interventions? If so, can you describe what happened?

Focus group participants reported there are long-term cases where the victim is competent but refusing services for different reasons. The teams will keep an eye on these cases and revisit them as needed. Two participants noted cases where guardianship was recommended but not pursued and as a result the victim suffered negative physical, emotional, and financial outcomes.

Question 11. Are there specific organizations or service providers in your area that, in your opinion, the E-MDT should connect to but hasn't?

Participants suggested the following organizations and services providers: law enforcement, District Attorney's offices, and representatives from financial institutions. One participant was adamant that all providers who deal with criminals should be involved on the team. This participant felt that the E-MDTs need participants from groups that serve suspected perpetrators, not just victims.

Question 12. Is there anything else you think it's important for us to know about your work with the E-MDT?

The participants had the following responses:

- "It's important that more cases are referred. This needs to come from the top (OCFS, maybe?) encouraging agencies to make referrals."
- "It's my favorite meeting to attend, always a successful meeting."
- "I wish more people would attend the meetings."
- "Without this group I don't think we could have helped the people we have helped. I wouldn't have known about a lot of resources without this group. The group is extremely successful. The coordinator is there to help at any time."
- "I think there would be more engagement if they went back to in person."
- "Making other people aware that the E-MDT exists."
- "Mandated reporting is needed. It's more difficult to take away the rights of an adult."



APPENICES



APPENDIX A

E-MDT REGIONS AND COUNTIES

Regions with County Breakout (highlighted counties had operational E-MDTs as of September 30, 2022)

Region 1: Western NY	Region 2: Finger Lakes	Region 3: Central NY	Region 4: Southern Tier	Region 5: North Country	Region 6: Mohawk
Cattaraugus	Allegany	Cortland	Broome	Clinton	Fulton
Chautauqua	Cayuga	Herkimer	Chenango	Essex	Hamilton
Erie	Chemung	Madison	Delaware	Franklin	Montgomery
Niagara	Genesee	Oneida	Otsego	Jefferson	Saratoga
Wyoming	Livingston	Onondaga	Tioga	Lewis	Schoharie
	Monroe	Oswego		St. Lawrence	Warren
	Ontario	Tompkins			Washington
	Orleans				
	Schuyler				
	Seneca				
	Steuben				
	Yates				
	Wayne				

Region 7: Capital	Region 8: Hudson Valley	Region 9: Metro-North	Region 10: New York City	Region 11: Long Island
Albany	Dutchess	Putnam	Bronx	Nassau
Columbia	Orange	Westchester	Kings (Brooklyn)	Suffolk
Greene	Rockland		New York (Manhattan)	
Rensselaer	Sullivan		Queens	
Schenectady	Ulster		Richmond (Staten Island)	

APPENDIX B

FOCUS GROUP REGISTRATION

Consent - The Center for Human Services Research, a part of the Research Foundation of the State University of New York (www.albany.edu/chsr), on behalf of Lifespan of Greater Rochester and the New York City Elder Abuse Center is hosting a series of online Zoom focus groups in July and August. We are asking a variety of Elder Abuse Enhanced Multidisciplinary Team (E-MDT) members to participate in these focus groups. The goal of the focus groups is to better understand members' experiences as part of the E-MDT Initiative across New York State.

Participation in these groups is voluntary. Your responses will remain confidential. No personal information will be presented in any reports, publications, or presentations. The information provided will not be used beyond the purpose of this project. The focus groups are scheduled to last approximately 90 minutes. You will need at least audio (video preferred) Zoom capabilities. After registering for a group (below), you will receive a link to the focus group.

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

For questions about participating in the focus groups, please contact Erin Berical, Assistant Director, the Center for Human Services Research at eberical@albany.edu.

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

1. Regions: Please indicate each region that has an Elder Abuse E-MDT that you participate on. Check all that apply.

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

2. How long have you been involved in elder abuse-related work

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

3. How many cases have you referred to the E-MDT

- 0 cases
- 1-3 cases
- 4-6 cases
- 7-10 cases
- 11+ cases

4. Which best describes the type of organization you represent on the E-MDT?

- Adult Protective Services
- Aging network/Area Agency on Aging
- Criminal justice
- Civil legal services
- Domestic/Intimate Partner violence
- Elder justice network
- Faith-based
- Financial institution
- Forensic accounting
- Guardianship
- Health care
- Home Care
- Housing
- Law enforcement
- Mental health
- Social services
- Shelter services
- Transportation
- Victim services
- Other, please specify: _____

5. Are there any of the following dates/times that you CANNOT participate in? (you can select multiple answers)

- Tuesday, July 19th from 10am-11:30am
- Thursday, August 4th from 4pm-5:30pm
- Friday, August 12th from 1pm-2:30pm
- Friday, July 29th from 10am-11:30pm

6. Please rank your preference for focus groups by moving the following dates/times from most preferred to least preferred.

- _____ Tuesday, July 19th from 10am-11:30am
- _____ Thursday, August 4th from 4pm-5:30pm
- _____ Friday, August 12th from 1pm-2:30pm
- _____ Friday, July 29th from 10am-11:30pm

The last two questions are demographic questions. They help us understand if we have a representative group participating in the focus groups.

7. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Prefer not to say

8. Which race(s) best describe you? Select all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Other, please specify: _____
- Prefer not to say

9. What is your email address so we can send you a link to the Zoom focus group:

APPENDIX C

E-MDT FOCUS GROUP PROTOCOL

Part I: Introductions

Welcome, everyone. Thank you for joining us for today's focus group. My name is [facilitator's name]. I'm a (We are) researcher(s) from the Center for Human Services Research at the University at Albany, State University of New York. We're working with the University at Albany School of Social Welfare, Lifespan of Greater Rochester, the New York City Elder Abuse Center (NYCEAC) at Weill Cornell Medicine, and the New York State Office for the Aging (NYSOFA) to evaluate the Elder Abuse Enhanced Multidisciplinary Team (E-MDT) Initiative and the E-MDT model in New York state. We're here to learn from you about your experiences referring cases to the E-MDT Coordinator. This focus group is number X of X we are conducting.

The information collected during these focus groups will be aggregated and included in a program evaluation report that will be prepared for Lifespan, NYCEAC, and NYSOFA. The report will also include data collected from an anonymous survey that was done last fall and will evaluate the effectiveness of the E-MDTs at intervening in cases of elder abuse. All data will be anonymous.

With your permission, we'll record this discussion, so we don't miss anything important. Please acknowledge your acceptance of this in the chat box. If you'd like to add something that you don't want us to record, please let us know and we'll turn off the recording for that portion of the group. This group should last about 90 minutes.

First, I'd like to go around and ask each of you to introduce yourselves. Please tell us:

1. Where you work (Agency Name) and your job title.
2. Whether you are an E-MDT member (and if so, how long you've been a team member) or if you have only referred cases to the E-MDT Coordinator.

Part II: The Case Referral Process

Now we'd like to know about your experiences referring elder abuse cases to the E-MDT Coordinator. We are interested in knowing what led you to refer certain cases and what your experience was with the referral process.

1. Thinking about the cases you have brought to the E-MDT, what were the characteristics or components of the cases that led you to refer them to the E-MDT Coordinator?
 - a. Probing questions:
 - i. Did someone recommend that you do this?
 - ii. What made the case seem like a good fit for the team?
2. What has been your experience when you have referred cases to the E-MDT Coordinator?
 - a. Probing questions:
 - i. Did the E-MDT Coordinator suggest recommendations before the case was presented to the E-MDT?
 - ii. If you received recommendations before the case was presented to the E-MDT, did you or your organization act on any of these recommendations? If so, did the recommendations help reduce risk to the client?

3. Was there anything about the referral process that went particularly well, or that you would like to highlight?
4. Was there anything about the referral process that could be improved?
5. Can you describe case characteristics or some components of cases that you considered for referral but did not refer to the E-MDT Coordinator?
 - a. Probing questions:
 - i. Why did you decide to not make the referral?
 - ii. Did you feel that you did not need the assistance of the E-MDT?
 - iii. Are there resource or systems barriers that impacted your decision to not refer a case to the team?
 - iv. Were you not comfortable making a referral? If so, why?

Part III: The E-MDT Meeting

Now we would like to know about your experience presenting cases to the E-MDT. If you have presented many cases to the team, please think about 1-2 cases that particularly stand out in your mind for one reason or another. If you have never presented a case to the E-MDT, that's ok, too. Provide whatever insight you think might be helpful.

6. What was involved in preparing the case for presentation to the E-MDT?
7. Describe your experience presenting the case to the E-MDT
 - a. Probing questions
 - i. Was the group engaged during your presentation? Did they treat you as a partner in developing recommendations?
 - ii. Did the group offer responses and action steps that were useful to you and your client?
 - iii. What do you think went particularly well during this part of process?
 - iv. Was there an agency, professional and/or discipline missing during your case presentation?
 - v. Was there anything that could have been improved?
8. How did you feel when you left the meeting?
 - a. Probing questions
 - i. Did you feel like presenting the case was a good use of your time?
 - ii. Did you receive the resources or support you needed to move forward with the case?
 - iii. Did you receive recommendations from the E-MDT? Did you follow-up with these services/ interventions, and if so, how did it go? If not, why?
 - iv. Did the E-MDT make any recommendations that were assigned to other team members or the E-MDT Coordinator? Did they follow through, and if so, how did it go? If not, do you know why?
 - v. Did you follow up with the E-MDT Coordinator and the team? If the recommendations were not successful, were new recommendations generated?
9. Based on your experiences with this process, will you continue to refer cases to the E-MDT Coordinator? Why or why not?

Part IV: Services and Interventions

Now we are going to ask you some questions related to the types of services and interventions recommended by the E-MDT.

10. In your opinion, are there specific resources and services that are needed that the E-MDT does not recommend?
 - i. For elder abuse victims?
 - ii. For family and caregivers who support caregivers?
 - iii. For suspected perpetrators?
11. What specific resources and services are needed so that the services and interventions recommended by the E-MDT are more culturally/ethnically/racially appropriate?
12. Have you had an experience where the recommended services or interventions are either unable to help the client or the client experienced negative outcomes because of recommended E-MDT interventions? If so, can you describe what happened?
13. Are there specific organizations or service providers in your area that, in your opinion, the E-MDT should connect to but hasn't? If you would like to suggest specific organizations or service providers, we will pass these suggestions along to Lifespan, NYCEAC, and NYSOFA anonymously. They will not be included in the final report, and we can pause the recording if you wish.

Is there anything else you think it's important for us to know about your work with the E-MDT?

Thank you so much for participating in today's group, we sincerely appreciate your willingness to be so open, honest, and candid with us. As noted at the start of today's discussion, the information collected during these focus groups will be aggregated and included in a program evaluation report that will be prepared for Lifespan, NYCEAC, and NYSOFA. The report will evaluate the effectiveness of the E-MDTs at intervening in cases of elder abuse. All data will be anonymous. If you have any additional questions or comments, or would like to follow-up with someone after this group has ended, please email Erin Berical at eberical@albany.edu. I will put her information in the chat box. Thank you again for attending, you may log out of the meeting at this time.

APPENDIX D

E-MDT SURVEY QUESTIONS

This survey is to obtain information about the Elder Abuse Enhanced Multidisciplinary Team (E-MDT) Initiative across New York State. The goal is to evaluate whether E-MDTs are effective at intervening in complex cases of elder abuse. The survey looks at the impact the E-MDTs have on elder abuse victims whose cases are referred to an E-MDT and the professionals who participate on the E-MDTs. It is intended to inform focus groups that will be conducted in 2022.

This survey is being conducted by the Research Foundation of the State University of New York on behalf of Lifespan of Greater Rochester and the New York City Elder Abuse Center. It is intended to be taken by E-MDT members.

Participation in this survey is voluntary. Your responses will remain confidential. No personal information will be presented in any reports, publications, or presentations. The information provided will not be used beyond the purpose of this project. The survey will take about 15 minutes to complete.

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

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

Please indicate each region that has an Elder Abuse E-MDT that you participate on. Check all that apply.

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

In which of the regions are you most active?

- Region 1: Cattaraugus, Chautauqua, Erie, Niagara, Wyoming
- Region 2: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Yates, Wayne
- Region 3: Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, Tompkins
- Region 4: Broome, Chenango, Delaware, Otsego, Tioga
- Region 5: Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence
- Region 6: Fulton, Hamilton, Montgomery, Saratoga, Schoharie, Warren, Washington
- Region 7: Albany, Columbia, Greene, Rensselaer, Schenectady

- Region 8: Dutchess, Orange, Rockland, Sullivan, Ulster
- Region 9: Putnam, Westchester
- Region 10: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)
- Region 11: Nassau, Suffolk

Please answer the rest of the questions on this survey while keeping in mind your work on the E-MDT in \${MostActiveRegion/ChoiceGroup/SelectedChoices}.

As a reminder: there are three roles on E-MDTs:

Core Members are members that are expected to attend all or most E-MDT meetings. For the purposes of this survey, E-MDT Coordinators should consider themselves to be Core Members.

Liaison Members are members that attend only when they are directly involved with a case.

Specialty Service Providers are the forensic accountants, geriatric psychiatrists/mental health professionals, and civil legal services.

Role: Which role do you fill for your region?

- Core Member
- Liaison Member
- Specialty Service Provider
- Not sure

The next questions focus on what you perceive to be the impact of the E-MDT on outcomes for elder abuse victims whose cases are referred to the E-MDT.

1. Efficacy: How effective do you think the E-MDT is at formulating recommendations that lead to positive outcomes for elder abuse victims whose cases come before the team?

- Very effective
- Somewhat effective
- Neither effective nor ineffective
- Somewhat ineffective
- Very ineffective

2. What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT? Select all that apply.

- I don't see any positive outcomes
- Provides specific focus on elder abuse and the needs of older adults
- Identifies gaps in services
- Addresses gaps in services
- Facilitates communication between service providers
- Identifies redundancies in services
- Streamlines elder abuse responses
- Interventions are tailored to align with the victims' goals
- Mobilizes additional resources and services for elder abuse victims
- Provides access to specialty services (forensic accountant, geriatric mental health, civil legal services)

- Helps identify additional issues and questions to consider for the case
- Increases likelihood that perpetrator will be held accountable (e.g., prosecution, restitution)
- Supports professionals/organizations that refer cases to the E-MDT
- Variety of organizations that participate on the E-MDT
- Other, please specify: _____

3. What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? Select all that apply.

- I do not think any changes are necessary
- Decrease the number of organizations participating on the E-MDT
- Increase the number of organizations participating on the E-MDT
- Decrease the types of organizations participating on the E-MDT
- Increase the types of organizations participating on the E-MDT
- More frequent meetings
- More frequent attendance from E-MDT members
- Interventions need to better align with the victims' goals
- Increase access to resources and services for elder abuse victims
- Greater focus on ensuring services and interventions are culturally/ethnically/racially competent
- Need to discuss/identify services for non-abusing family, friends, and neighbors to support the victim
- Need to discuss/identify services for abusers
- Review, discuss, and implement rapid response capabilities
- Additional follow up training/technical assistance to support professionals'/organizations' knowledge about aging, elder abuse, specialty topics
- Other, please specify: _____

4. Are you aware of elder abuse victims experiencing any drawbacks from having their case referred to the E-MDT?

- Yes
- No
- Not sure

5. What drawbacks have they experienced? Select all that apply.

- Recommended services and interventions are not available in the community
- Recommended services and interventions are not culturally/ethnically/racially appropriate
- Too much time between meetings increases the amount of time it takes to resolve cases or put services in place
- Use of potentially victim-identifiable information in meetings
- E-MDT recommendations do more harm for victims than good
- Other, please specify: _____

The next two questions focus on the impact that E-MDTs have on you as a professional.

6. What professional benefits, if any, have you experienced due to your participation on the E-MDT? Select all that apply.

- I have not experienced any professional benefits
- Identifies additional resources and services for elder abuse victims
- Access to specialty services (forensic accountant, geriatric mental health, civil legal services)
- Helps identify additional issues and questions to consider for the case
- E-MDT discussions lead to a greater understanding of the role of other professionals/organizations
- Facilitates communication/networking between myself and other service providers
- Receive additional training/technical assistance to support my knowledge about aging, elder abuse, and other topics
- Other, please specify: _____

7. What professional drawbacks, if any, have you experienced due to your participation on the E-MDT? Check all that apply.

- I have not experienced any professional drawbacks
- Accepting action items from the E-MDT adds to already full caseload
- Attending E-MDT meetings takes up a great deal of time
- Preparing a case for presentation to the E-MDT takes up a great deal of time
- E-MDT discussions may show some professionals in a negative light
- Greater communication needed for clear presentation about cases and how they are handled at each E-MDT meeting
- The expectations of my participation are not clear
- Recommended services and interventions are not available in the community
- Recommended services and interventions are not culturally/ethnically/racially appropriate
- Too much time between meetings increases the amount of time it takes to resolve cases or put services in place
- Need additional follow up training/technical assistance to support professionals'/organizations' knowledge about aging, elder abuse, specialty topics
- Other (specify)

The next few questions focus on the organization that you represent on the E-MDT.

8. What benefits, if any, has your organization experienced due to your participation on the E-MDT? Select all that apply.

- My organization has not experienced any benefits
- Identifies additional resources and services for elder abuse victims
- Facilitates communication/networking between my organization and other service providers
- Receives additional training/technical assistance to support my organizations' knowledge about aging, elder abuse, and other topics
- Other, please specify: _____

9. What drawbacks, if any, has your organization experienced due to their participation in the E-MDT? Select all that apply.

- My organization has not experienced any drawbacks
- Accepting action items from the E-MDT adds to my organization's caseload management
- Allocating staff to attend E-MDT meetings has created staffing issues at my organization
- The expectations of my organization's participation are not clear
- Allocating staff to attend E-MDT meetings has not resulted in positive outcomes for victims served by my agency
- Other, please specify: _____

10. What changes, if any, could be made to improve benefits or increase positive outcomes for your organization? Select all that apply.

- No changes are necessary
- Decrease the number of organizations participating on the E-MDT
- Increase the number of organizations participating on the E-MDT
- Decrease the types of organizations participating on the E-MDT
- Increase the types of organizations participating on the E-MDT
- More frequent E-MDT meetings
- Less frequent E-MDT meetings
- Longer E-MDT meetings
- Shorter E-MDT meetings
- Other, please specify: _____

The next several questions focus on the variety of organizations that regularly participate on the E-MDT.

11. How does the variety of organizations that participate in the E-MDT impact outcomes for elder abuse victims whose cases come before the team?

- Positively
- Negatively
- Both positively and negatively
- No impact
- Not sure

12. Outcomes In what ways does the variety of organizations positively impact outcomes? Select all that apply.

- Addresses gaps in services
- Facilitates communication between service providers
- Improves cross-systems collaboration
- Improves service coordination
- Identifies redundancies in services
- Streamlines elder abuse responses
- Mobilizes additional resources and services for elder abuse victims
- Interventions are tailored to align with the victims' goals
- Increases likelihood that perpetrator will be held accountable (e.g., prosecution, restitution)
- More recommendations for interventions/victim assistance

- The necessary organizations are represented on the E-MDT
- Provides racially/ethnically/culturally appropriate services to victims
- Other, please specify: _____

13. In what ways does the variety of organizations negatively impact outcomes? Select all that apply.

- Too many organizations are represented on the E-MDT
- Too few organizations are represented on the E-MDT
- The necessary organizations are not represented on the E-MDT
- Inconsistent participation by organizations from meeting-to-meeting leads to variability in recommended actions
- Lack of representation for racial/ethnic/cultural diversity
- Other, please specify: _____

14. Which types of organizations are not invited to regularly participate on the E-MDT but should be? Select all that apply.

- All organizations that should be invited are invited
- Disability services
- Domestic/intimate partner violence victim services
- Faith-based services
- Health care providers/hospitals
- Home health/home care agencies
- Homeless services
- Housing services
- Long Term Care Ombudsman Program
- Mental health providers
- Organizations that provide services to culturally/ethnically/racially diverse populations
- Organizations that provide services to LGBTQ+
- Organizations that work with abusers/perpetrators
- Organizations that work with non-abusing family/friends/neighbors
- Representative payee services
- Sexual assault/violence victim services
- Shelter services
- Substance use disorder/treatment services
- Victim advocates/service providers
- Other, please specify: _____
- Not sure

The next several questions focus on the impact of COVID-19 on the E-MDT.

15. When did you begin participating in the E-MDT?

- Prior to March 1, 2020
- After March 1, 2020
- Prior to March 1, 2020 but did not participate after that

16. How did the COVID-19 pandemic impact outcomes for elder abuse victims whose cases were referred to the E-MDT?

- Positively
- Negatively
- Both positively and negatively
- No impact
- Not sure

17. In which ways did the COVID-19 pandemic positively impact outcomes? Select all that apply.

- Identified gaps to be addressed through technology
- Created/expanded mechanisms for remote interviews
- Improved secure electronic information sharing for action items
- Virtual meetings led to greater attendance/participation by E-MDT members
- Other, please specify: _____

18. In which ways did the COVID-19 pandemic negatively impact outcomes? Select all that apply.

- Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place
- Elder abuse cases take longer to investigate and prosecute
- Increased difficulty obtaining case information
- Increased difficulty accessing resources and services for elder abuse victims
- Difficult to remove victim or abuser from home during quarantine
- Confidentiality concerns around discussion of case information in virtual environment
- Reduction in meetings led to less attendance/participation by E-MDT members
- Virtual meetings led to reduced attendance/participation by E-MDT members
- Other, please specify: _____

19. How did the COVID-19 pandemic impact the effective operation of the E-MDT?

- Positively
- Negatively
- Both positively and negatively
- No impact
- Not sure

20. In which ways did the COVID-19 pandemic positively impact the effective operation of the E-MDT? Select all that apply.

- Increase in referrals to the E-MDT
- Greater opportunities for inter-agency collaboration and communication
- More frequent E-MDT meetings
- Protocols put in place for secure electronic document sharing for action steps
- Increase in referrals/meetings led to increased attendance/participation by E-MDT members
- Virtual meetings led to greater attendance/participation by E-MDT members
- Other, please specify: _____

21. In which ways did the COVID-19 pandemic negatively impact the effective operation of the E-MDT? Select all that apply.

- Fewer referrals to the E-MDT
- Fewer opportunities for inter-agency collaboration and communication
- Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place
- Elder abuse cases take longer to investigate
- Increased difficulty obtaining case information
- Confidentiality concerns around discussion of case information in virtual environment
- Reduction in referrals/meetings led to less attendance/participation by E-MDT members
- Virtual meetings led to reduced attendance/participation by E-MDT members
- Other, please specify: _____

22. Please describe any changes made during the pandemic that should be continued moving forward.

The last several questions are demographic questions.

23. What is your age?

- Less than 18 years old
- 18–24 years old
- 25–34 years old
- 35–44 years old
- 45–54 years old
- 55–64 years old
- 65 or older

24. Which gender do you most identify with?

- Male
- Female
- Prefer to self-describe: _____
- Prefer not to say

25. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Prefer not to say

26. Which race(s) best describe you? Select all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Other, please specify: _____
- Prefer not to say

27. What is the highest degree or level of school you have completed?

- Less than a high school diploma
- High school diploma or GED
- Post-high school other than college
- Some college credit but no degree
- Associate's degree
- Bachelor's degree
- Master's Degree
- Professional degree
- Doctorate

28. Which best describes the type of organization you represent on the E-MDT?

- Adult Protective Services
- Aging network/Area Agency on Aging
- Criminal justice
- Civil legal services
- Domestic/Intimate Partner violence
- Elder justice network
- Faith-based
- Financial institution
- Forensic accounting
- Guardianship
- Health care
- Home Care
- Housing
- Law enforcement
- Mental health
- Social services
- Shelter services
- Transportation
- Victim services
- Other, please specify: _____

APPENDIX E

'OTHER' RESPONSES IN SURVEY QUESTIONS

Minor edits have been made to the below responses to correct grammatical and spelling errors.

Q1. No "Other, please specify" option.

Q2. What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT? Other please specify:

- Coordination.
- Cross-systems education for service providers on the E-MDT.
- E-MDT has just started.
- Enhances Collaboration and education.

Q3. What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? Other, please specify:

- Additional funding for legal services whether that be for nonprofit legal services or to retain specialized private attorneys; funding to assign a specific social worker to each case; APS intervention is not sufficient and referring organizations do not have capacity.
- Always helpful to have one-on-one counseling for the victim with a properly trained counselor/social worker.
- APS role needs expansion.
- As for the increase access to resources and services for elder abuse victims: specifically, programs to provide case management for elder abuse cases when not eligible for APS.
- Awareness and respect regarding culture, ethnicity, and racial issues should always be considered.
- Clarify action steps and ensure they were taken prior to next meeting.
- Expand availability of team directly to elder abuse victims.
- Have had few cases presented.
- Having the ability to have a meeting asap if needed and a big issue is that we need consent from the victim to present the case when often the problem with the victim is they are not willing to work with APS, they just want the problem to go away but not press charges against the family member if they are the perp.
- If anything E-MDT has added another group to "play the telephone game" with. Why would I communicate with E-MDT staff so they can act as a middle man. Why shouldn't I communicate directly with the parties I need to speak to.
- Increase number of cases brought before the team.
- It would be very helpful if the group included a representative from Family court and a representative from Landlord/Tenant Court. More training for the group coordinator to enable them to streamline the process of screening and presenting cases to the group.
- Marketing the E-MDT - so Agencies/organizations are aware that they can refer elder abuse cases to the E-MDT.
- More consistent law enforcement participation.
- More severe criminal consequences for abusers. Make elder abuse cases a higher priority in the CJ system.
- Need to engage local District Attorney to bring more case to trial.
- No final outcome if charges can be made...
- Our Law Enforcement, APS, Attorneys need to actually attend and find this helpful.

- Quicker responses are needed to case outcomes.
- Some agencies have a tremendous amount of workers come to the meeting making the meeting feel unbalanced
- There is often little or no communication between organizations about cases between E-MDT meetings, so that sometimes little progress has been made from one meeting to another on a given case. Facilitation of that communication would be helpful.
- Timeliness is the key to interventions for elder abuse victims, but having more frequent E-MDT meetings is simply not possible due to the workload of our core members. They can't even make monthly meetings sometimes - how can they make them more frequently then? We also don't seem to have cases to discuss. So many agencies already know who to reach out to and they just do it; they don't wait for an E-MDT meeting.
- To early in process to tell what changes might be necessary.
- To early to say what changes are needed at this time based.
- Unknown at this time.
- Virtual meetings are difficult, information is lost, unclear who does what and why, delays...etc.
- We need to better identify objectives in order to move forward in cases. We then need to assign specific actions and professionals to carry out these objectives to meet these objectives.

Q4. No "Other, please specify" option.

Q5. What drawbacks have they experienced? Other, please specify:

- Agencies will refer a case to the E-MDT and then think they have no more to do, having "kicked the can down the road" to speak. It is challenging when an Agency brings a case to the Team and then leaves us "holding the bag."
- Help is not wanted in many cases.
- Law enforcement/DA are too busy and short-staffed to investigate and pursue cases properly. Bail reform and lack of punitive system prevents victims from being compensated and perpetrators have few to no consequences.
- Not what victim wanted.
- Services take so long to access that it slows the entire momentum of the investigation and prosecution.
- Specific policies under which each member agency functions that may limit their ability to provide the support needed and/or requested by the client to stop the alleged abuse/neglect or provide other services necessary; decisions that client makes, i.e., not to press charges against offender, that limit E-MDT's ability to assist client to reach requested goals.
- The recommendations made at our E-MDT often conflict with what the adult wants in their life. Too much of a rush to say victims are not making good decisions, need a guardian, should be in a nursing home. Many of the members have rushed to judgement and make inflammatory statements towards other agencies regarding their ability to respond or assessment. Many private sector and nonprofit agency members do not understand the parameters that OFA and APS work in. Ours is led by a nonprofit.

Q6. What professional benefits, if any, have you experienced due to your participation on the E-MDT? Other, please specify:

- Ability to better help my patients.
- Helps Agencies feel more supported and that they are not working in a silo.
- Helps ensure follow up is being done.
- I have learned many things outside the scope of my role as law enforcement.
- I personally feel not meeting in person has diminished the effectiveness of the E-MDT.
- Since we have not used the forensic accountant on any cases, I'm not identifying their positive capabilities.

- The summer conference was very informative.
- Validation and support from team members after presenting challenging cases to the E-MDT; it's nice to know I'm not alone and receive support around the interventions and approaches used in day-to-day case work.

Q7. What professional drawbacks, if any, have you experienced due to your participation on the E-MDT? Other, please specify:

- Agencies refer cases to the E-MDT that fall outside of their wheelhouse, and referring a case to the E-MDT means the referring agency will have to stay involved in the matter they are not qualified to handle.
- All members of the team should be proactive in helping and making recommendations and following up on them. Sometimes recommendations do not get a follow-up.
- At times the services that are supposed to be offered are too difficult to access.
- Cases are sometimes dragged on too long when it's time to have the case closed out of the E-MDT meeting.
- Certain people don't always accept things and go on and on about certain cases when we need to just move on. That takes time from workable cases.
- Clients in rural counties need more supports to decrease isolation and stay connected to healthy supports.
- Disclosure requirements significantly slow response times.
- Entry of cases into PeerPlace is time consuming and often repetitive. Lack of participation in meetings from law enforcement/DA and elder abuse cases not being handled properly.
- Having a more knowledgeable E-MDT coordinator.
- I am frustrated that team members are not bringing cases to the table for discussion. Feels like many team members are just going through the motions and do not think the E-MDT can be effective and useful.
- Inconsistent attendance. - unclear follow-up in cases. not enough cases to present or talk about.
- It would be nice to have some organizations more involved.
- Lack of some available resources makes it hard to accomplish all goals of assisting the victim.
- Law enforcement does not have the availability to attend most meetings.
- Meetings should respect people's time; they should start on time and be held only if there's a case to discuss.
- Our E-MDT coordinator doesn't allow the team to lead the discussion. She struggles to facilitate the conversation and meetings tend to go longer than necessary. She often rehashes suggestions which lead to frustration by team members. A more skilled coordinator/facilitator could lead to improved attendance and outcomes.
- Outside of the forensic accounting, the E-MDT has not really resulted in any game changing recommendations or assistance.
- Sometimes I believe some cases drag on although the client is not willing to make changes in their lives or guardianship is the answer to resolve most matters and it isn't always ideal.
- Sometimes it's clear that an agency tasked with assisting an abuse victim has failed to take appropriate action in some way, and because the meetings are a "safe space," I do not feel able to speak candidly about this.
- The organization has created an additional hoop to jump through when communicating with interested parties. Also disclosure of information during an active investigation, to a 501(c)(3) may not be appropriate.
- The pandemic has made me less available to participate in these meetings.

Q8. What benefits, if any, has your organization experienced due to your participation on the E-MDT? Other, please specify:

- Forensic Accountant services.
- I am a law enforcement component, so I am only called upon when that angle is needed.

- Identifies resources and facilitates communication.
- Provides investigative services.

Q9. What drawbacks, if any, has your organization experienced due to their participation in the E-MDT? Other, please specify:

- Attendance at our E-MDT meetings has not been good. We have struggled to bring needed members together which has led to our agency not seeing a positive impact from being part of the E-MDT. This has been happening since being assigned a new coordinator/facilitator. The pandemic may also play a role.
- I'm an attorney. The only drawback is my time on the MDT doesn't produce for the firm.
- Meetings are long and frequent, and oftentimes my organization is not critical to the meetings.
- We are in a holding pattern. Outcome of accounting is pending.
- We have not had cases to bring as we need client consent and clients do not always see the problem and wants APS out of their life.

Q10. What changes, if any, could be made to improve benefits or increase positive outcomes for your organization? Other, please specify:

- Better organized and directed.
- Better outreach to diverse communities.
- Better oversight by the coordinators so we do not spend time repeatedly on the same cases with no clear direction.
- Buy in from other agencies pertinent to making this work.
- Continue to specify in advance which cases will be discussed so I know whether I need to log on. Also, when directing questions at an organization or person, remind them of the case and the question first because sometimes people tune out as they have a lot going on and need to be clued into what is being discussed.
- Discussion around cases can become redundant and take up unnecessary time.
- E-MDT members need to attend the meetings. We need representatives from our advocacy agency, the DA's office, banking community, and mental health community. Meetings needed improved facilitation - someone who can focus the meeting on the tasks at hand and create an action plan that is developed by the team.
- Format for case presentation.
- Improve buy in from partners on the E-MDT.
- Key organizations that are invited do not attend and it is hurting the entire team: no presence of DA or Victim Advocacy.
- Like I mentioned before, we need to better identify outcomes and create specific actions to meet those objectives.
- Maintaining a virtual component to meetings. My counties are extremely rural and many Agency partners have to travel an hour each way to attend a meeting. This is especially challenging in winter, going through the Adirondacks.
- Meetings when needed to address a situation.
- More cases needed.
- More funding for private and public service attorneys; dedicated social work team to each E-MDT.
- More participation in bringing case forward.
- n/a
- Needs better review of cases before they are presented; the cases need to have clear goals as to what the discussion during E-MDT will meet.
- No changes for the team but if my organization was fully staffed, I could pay more attention to my role on this team. I am sure other law enforcement agencies are having similar experience.

- Outreach from E-MDT.
- Participation from key organizations, i.e., the District Attorney's office.
- Perhaps shorter meeting 2x month.
- See a marked positive change in a victim's life resulting from E-MDT meetings.
- Sometimes, we stop the meetings because they are one hour long, but we haven't always finished the discussions on the agenda. If the meeting went longer, it seems like it would be okay with everyone.
- The length of the meetings are the proper length.
- The structure as it stands for the NYC regions work for me and my organization.
- Too early in process to know.
- Transfer of referred cases to the agencies on the E-MDT that actually handle the case types involved.
- Unsure.
- We have a very reliable group who attend regularly - hopefully we can maintain this.

Q11. No "Other, please specify" option.

Q12. In what ways does the variety of organizations positively impact outcomes? Other, please specify:

- Coordination of actions.
- Financial Institutions are hesitant to be on E-MDT's but could benefit from supports for their patrons.
- Helps other Agencies to "think outside the box," regarding their own methodologies and provided services.

Q13. In what ways does the variety of organizations negatively impact outcomes? Other, please specify:

- Each E-MDT is different thus it is difficult to address this question. for example, some E-MDTs are large and have a great variety of agencies, while some are small and only include core county government.
- Participants need to become more familiar with program limitations and roles and responsibilities.
- Some of the participating organizations are not authorized to take/contribute any meaningful action to assist the victims.

Q14. Which types of organizations are not invited to regularly participate on the E-MDT that should be? Other, please specify:

- Appropriate organizations are present, per case specific needs.
- Banks.
- Banks and their investigators.
- Court-based org., i.e., family court representative.
- Family Court and Landlord/Tenant Court representatives.
- I think that many of these organizations are invited, but representatives do not always show up. I'm not sure why.
- Legal.
- Local Law enforcement agencies.
- More law enforcement participation.
- Organizations are invited but few attend scheduled meetings.
- Others are invited who represent the other areas above, but do not attend meetings regularly.
- Some of these organizations may not need to be invited on a consistent basis but on an ad hoc basis.
- When children are involved, child protective services experts.

Q15. No "Other, please specify" option.

Q16. No "Other, please specify" option.

Q17. In which ways did the COVID-19 pandemic positively impact outcomes? Other, please specify:

- Easier to do impromptu meetings via Zoom instead of doing lots of emails.

Q18. In which ways did the COVID-19 pandemic negatively impact outcomes? Other, please specify:

- All agencies were negatively impacted by the pandemic.
- Court dates were postponed- delays in prosecution and lack of resources for victims and service providers were not going into homes.
- Due to covid some organizations could not meet with clients in the home.
- During COVID, agencies were not open to seeing clients in person. This may have led to a decrease in agencies becoming aware of abusive situations. This may have led to a reduction in cases brought to the E-MDT.
- Face to face meetings are more productive.
- Fewer cases referred.
- Fewer cases referred to the E-MDTs.
- Less cases referred to E-MDT.
- Meetings stopped for a while.
- Not sure about some of the options - nothing has been definite or consistent regarding COVID impacts on anything.
- Overall harder to investigate criminal activity with COVID precautions for many reasons such as work from home, not intervening people in person, people quarantined, etc.... I can go on and on. The restrictions make the job hard and people suffer.
- The E-MDT just restarted up after it was out of commission for a few years.
- Unaware of negative issues.
- Virtual meetings can "encourage" less attentive participation.

Q19. No "Other, please specify" option.**Q20. In which ways did the COVID-19 pandemic positively impact effective operation of the E-MDT? Other, please specify:**

- Easier to log onto a meeting than travel to a location to attend.
- Greater cohesion of the E-MDT members due to the "we are all in this together" mentality. Being mindful of elders being taken advantage of because of stimulus money also galvanized the group.
- I am not sure as I joined the E-MDT after Covid.
- I prefer face to face meetings, but I am happy that we continued to meet-even if only virtual.

Q21. In which ways did the COVID-19 pandemic negatively impact the effective operation of the E-MDT? Other, please specify:

- As stated before, attendees of meetings may not be as attentive during meetings.
- At one point during the pandemic, we did not meet due to the E-MDT coordinator leaving.
- Criminal Justice system did not prioritize elder abuse cases or in some cases refused to take a report or investigate.
- I am not sure as I joined the E-MDT after Covid.
- I believe meetings are more effective in person as you can read body language and people pay more attention in person.
- Less opportunities to organically network and meet other members personally. Also, more difficult to pay attention sometimes.
- Not sure.

- Providers were so busy during the last year and a half and agencies so stressed that the E-MDT was not a priority.
- Reduced interaction among members in a virtual environment.
- The E-MDT did not have a coordinator for a prolonged period of time.
- Time for general networking was diminished which helps build relationships.
- Virtual meetings impacted the meetings that seemed to function better in person.
- We haven't had a really good structure E-MDT locally for some time, even prior to COVID.

Q22. Please describe any changes made during the pandemic that should be continued moving forward.

- Please continue virtual EMDT meetings even after the pandemic. It is better not having to travel out of my building due to an already busy workload.
- Remote meetings- I believe these encourage participation by organizations because travel time and such is not needed to attend the meetings.
- The only benefit that should be continued is the ability to have some virtual participants in the meetings. It is a wide range of area that people need to drive and having virtual meetings proved that we could use technology appropriately for these meetings when people didn't think it would work before. In person meetings are still preferred, but when that can't happen for everyone, the ability to add people virtually is great!
- Everyone is working as hard as they can before and after the pandemic.
- Not sure.
- Ability to attend meetings remotely.
- Virtual meetings should continue as participation in my opinion has increased and folks attend regularly. Additionally, reduction in travel time has to have an impact on productivity as the time not spent on traveling to and from meetings is used to further assist clients. I think a hybrid or option once we go post COVID safety protocols to continue virtual meetings should remain.
- No changes needed we have a good team.
- Virtual meetings have increased member attendance especially for the more rural counties in the hub. Going forward continuing to offer a virtual option may continue this trend.
- Continued E-MDT Meeting "Agency Announcements", which happen at the top of the meeting concurrently with the roll call. It started as a way to let each Team member share what was going on in their organization regarding Covid-19 difficulties and challenges etc. I will maintain this, because sometimes this is the only time a Team member will speak during a meeting, and it helps the Team members get to know each other better and feel like they are not alone in their challenges. Increased connection between membership and Coordinator between meetings.
- I believe the virtual meetings make it easier for members to attend.
- The option to still have virtual capabilities of the meetings.
- No changes have been made. We were on pause for several months. E-MDT meetings are back and we continue to service clients like before.
- The virtual option to meet is great as we are a very rural county, and the meetings tend to get more attendance when folks have this option.
- Virtual meeting option.
- Maintain virtual meetings rather than in person because there are many E-MDT participants and having them all in a conference room with limited ventilation is not feasible at this time. All of us need to keep ourselves safe.
- The virtual meeting made it easier to attend the E-MDT meeting. We had always collaborated and followed up on challenging cases post meeting and that did not change - we continued to meet virtually or via phone and communicate via email.
- Increased use of technology.

- Several teams experienced an initial drop off of referrals at the beginning of the pandemic. However, referrals came back up after those teams became comfortable meeting virtually. Due to staffing shortages, some agencies have had difficulties with members attending meetings but overall, more have found it to be easier to attend virtual meetings (this seems especially true for law enforcement). Another change has been the ability to hold "mini-meetings" fairly easily via Zoom, as need arises.
- Virtual meetings have been great for those who are out of the area/difficult to travel, but want to participate (forensic accountant, banking, etc.).
- Zoom meetings.
- Not sure. I started just before March 1.
- Overall I did find the change from in person to virtual meetings was beneficial for me because it cut down on travel time to meet in person. However there are some nuances that are missed when not in person. Our team is still building and overall I have had nothing but positive experiences come from it. My opinion is the E-MDT teams are a worthy endeavor.
- The continued ability to have people meet virtually (if needed) once in-person meetings resume as it might be easier for some participants to participate this way while other can come in person.
- A virtual/hybrid meeting schedule would be great.
- I think it would be a good idea to offer both in-person and virtual meetings to increase participation.

Q28. Which best describes the type of organization you represent on the E-MDT? Other, please specify:

- Aging services.
- Prosecutor.
- Elder Abuse.
- I am the E-MDT Coordinator.
- Community Action Program.
- Adult Victims Advocate.
- Long Term Care Ombudsman Program.
- Advocacy.
- Volunteer driven aging services.
- Nonprofit that specializes in providing services to the aging and elderly and their caretakers.
- County Law.
- Elder abuse prevention.
- Fraud division of DSS.
- Forensic Nurse Examiner.

APPENDIX F

SURVEY RESPONSES & TABLES

Tables for all questions

Please indicate each region that has an Elder Abuse E-MDT that you participate on. (Select all that apply)	
Region	N (%)
Region 1	21 (6%)
Region 2	72 (21%)
Region 3	57 (16%)
Region 4	24 (7%)
Region 5	30 (9%)
Region 6	23 (7%)
Region 7	10 (3%)
Region 8	16 (5%)
Region 9	12 (4%)
Region 10	57 (16%)
Region 11	42 (12%)

In which regions are you most active?	
Region	N (%)
Region 1	0 (0%)
Region 2	2 (40%)
Region 3	1 (20%)
Region 4	0 (0%)
Region 5	0 (0%)
Region 6	0 (0%)
Region 7	1 (20%)
Region 8	0 (0%)
Region 9	0 (0%)
Region 10	1 (20%)
Region 11	0 (0%)
Total	5 (100%)

Note: Question asked only of respondents who reported participating on Elder Abuse E-MDTs in multiple regions.

Which role do you fill for your region?

Role	N (%)
Core Member	242 (73%)
Liaison Member	30 (9%)
Specialty Service Provider	38 (12%)
Not sure	21 (6%)
Total	331 (100%)

How effective do you think the E-MDT is at formulating recommendations that lead to positive outcomes for elder abuse victims whose cases come before the team?

Level of effectiveness	N (%)
Very effective	189 (60%)
Somewhat effective	100 (32%)
Neither effective nor ineffective	16 (5%)
Somewhat ineffective	9 (3%)
Very ineffective	2 (1%)
Total	316 (100%)

What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)

Response	N (%)
Facilitates communication between service providers	256 (82%)
Provides access to specialty services (forensic accountant, geriatric mental health, civil legal services)	243 (78%)
Helps identify additional issues and questions to consider for the case	242 (77%)
Mobilizes additional resources and services for elder abuse victims	206 (66%)
Identifies gaps in services	204 (65%)
Provides specific focus on elder abuse and the needs of older adults	196 (63%)
Variety of organizations that participate in the E-MDT	192 (61%)
Supports professionals/organizations that refer cases to the E-MDT	187 (60%)
Interventions are tailored to align with the victims' goals	155 (50%)
Addresses gaps in services	155 (49%)
Increases likelihood that perpetrator will be held accountable (e.g., prosecution, restitution)	149 (48%)
Streamlines elder abuse responses	137 (44%)
Identifies redundancies in services	53 (17%)
I don't see any positive outcomes	3 (1%)
Other	4 (1%)

Note: Question asked of all respondents, not just those who responded that the E-MDT is Very or Somewhat Effective at formulating recommendations that lead to positive outcomes for elder abuse victims.

What changes, if any, could be made to the E-MDT to improve outcomes for the elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)

Response	N (%)
Increase access to resources and services for elder abuse victims	92 (30%)
Additional follow up training/technical assistance to support professionals'/organizations' knowledge about aging, elder abuse, specialty topics	71 (23%)
Review, discuss, and implement rapid response capabilities	70 (23%)
Need to discuss/identify services for non-abusing family, friends, and neighbors to support the victim	68 (22%)
Increases the number of organizations participating on the E-MDT	66 (22%)
Increases the types of organizations participating on the E-MDT	58 (19%)
More frequent attendance from E-MDT members	53 (17%)
Greater focus on ensuring services and interventions are culturally/ethnically/racially competent	41 (14%)
Need to discuss/identify services for abusers	37 (12%)
Interventions need to better align with the victims' goals	30 (10%)
More frequent meetings	13 (4%)
Decrease the number of organizations participating on the E-MDT	5 (2%)
Decrease the types of organizations participating on the E-MDT	0 (0%)
I do not think any changes are necessary	80 (26%)
Other	28 (9%)

Note: Question asked of all respondents, not just those who responded that the E-MDT is Very or Somewhat Ineffective at formulating recommendations that lead to positive outcomes for elder abuse victims.

Are you aware of elder abuse victims experiencing any drawbacks from having their case referred to the E-MDT?

Response	N (%)
Yes	12 (4%)
No	260 (82%)
Not sure	43 (14%)
Total	315 (100%)

Which drawbacks have they experienced? (Select all that apply)

Response	N (%)
Recommended services and interventions are not available in the community	8 (36%)
Too much time between meetings increases the amount of time it takes to resolve cases or put services into place	6 (27%)
Use of potentially victim-identifiable information in meetings	4 (18%)
Services and interventions are not culturally/ethnically/racially appropriate	3 (14%)
Recommendations do more harm for victims than good	2 (9%)
Other	7 (32%)

Note: Question only asked of respondents who responded that elder abuse victims have experienced drawbacks.

What professional benefits, if any, have you experienced due to your participation on the E-MDT? (Select all that apply)

Response	N (%)
Facilitates communication/networking between myself and other service providers	244 (79%)
Identifies additional resources and services for elder abuse victims	239 (77%)
E-MDT discussions lead to a greater understanding of the role of other professionals/organizations	211 (68%)
Access to specialty services (forensic accountant, geriatric mental health, civil legal services)	202 (65%)
Helps identify additional issues and questions to consider for the case	195 (63%)
Receive additional training/technical assistance to support my knowledge about aging, elder abuse, and other topics	155 (50%)
I have not experienced any professional benefits	9 (3%)
Other	8 (3%)

What professional drawbacks, if any, have you experienced due to your participation in the E-MDT? (Select all that apply)

Response	N (%)
Recommended services and interventions are not available in the community	33 (11%)
Accepting action items from the E-MDT adds to an already full caseload	30 (10%)
Attending E-MDT meetings takes up a great deal of time	27 (9%)
Greater communication needed for clear presentation about cases and how they are handled at each E-MDT meeting	25 (8%)
E-MDT discussions may show some professionals in a negative light	16 (5%)
Too much time between meetings increases the amount of time it takes to resolve cases or put services in place	13 (4%)
The expectations of my participation are not clear	11 (4%)
Need additional follow-up training/technical assistance to support professionals'/organizations' knowledge about aging, elder abuse, specialty topics	10 (3%)
Recommended services and interventions are not culturally/ethnically/racially appropriate	1 (<1%)
I have not experienced any professional drawbacks	188 (62%)
Other	21 (7%)

What benefits, if any, has your organization experienced due to your participation in the E-MDT? (Select all that apply)

Response	N (%)
Facilitates communication/networking between my organization and other service providers	196 (64%)
Identifies additional resources and services for elder abuse victims	150 (49%)
Receives additional training/technical assistance to support my organizations' knowledge about aging, elder abuse, and other topics	93 (31%)
My organization has not experienced any benefits	11 (4%)
Other	15 (5%)

What drawbacks, if any, has your organization experienced due to their participation in the E-MDT? (Select all that apply)

Response	N (%)
Accepting action items from the E-MDT adds to my organization's caseload management	26 (9%)
Allocating staff to attend E-MDT meetings has created staffing issues at my organization	14 (5%)
Allocating staff to attend E-MDT meetings has not resulted in positive outcomes for victims served by my agency	9 (3%)
The expectations of my organization's participation are not clear	6 (2%)
My organization has not experienced any drawbacks	238 (82%)
Other	7 (2%)

What changes, if any, could be made to improve benefits or increase positive outcomes for your organization? (Select all that apply)

Response	N (%)
Increased the number of organizations participating on the E-MDT	51 (18%)
Increases the types of organizations participating on the E-MDT	47 (16%)
More frequent E-MDT meetings	15 (5%)
Shorter E-MDT meetings	15 (5%)
Less frequent E-MDT meetings	10 (4%)
Decrease the number of organizations participating on the E-MDT	6 (2%)
Decrease the types of organizations participating on the E-MDT	5 (2%)
Longer E-MDT meetings	5 (2%)
No changes are necessary	172 (60%)
Other	31 (11%)

How does the variety of organizations that participate in the E-MDT impact outcomes for elder abuse victims whose cases come before the team?

Response	N (%)
Positively	264 (85%)
Negatively	1 (<1%)
Both positively and negatively	17 (6%)
No impact	7 (2%)
Not sure	20 (7%)
Total	309 (100%)

In what ways does the variety of organizations positively impact outcomes? (Select all that apply)

Response	N (%)
Facilitates communication between service providers	255 (90%)
Improves cross-systems collaboration	235 (83%)
Improves service coordination	202 (71%)
Mobilizes additional resources and services for elder abuse victims	186 (66%)
Addresses gaps in services	164 (58%)
More recommendations for interventions/victim assistance	161 (57%)
Streamlines elder abuse response	137 (48%)
Increases likelihood that perpetrator will be held accountable (e.g., prosecution, restitution)	134 (47%)
Interventions are tailored to align with the victims' goals	127 (45%)
The necessary organizations are represented on the E-MDT	119 (42%)
Identifies redundancies in services	79 (28%)
Provides racially/ethnically/culturally appropriate services to victims	63 (22%)
Other	3 (1%)

Note: Question only asked of respondents who answered "positively" or "both positively and negatively" on question "How does the variety of organizations that participate in the E-MDT impact outcomes for elder abuse victims whose cases come before the team?"

In what ways does the variety of organizations negatively impact outcomes? (Select all that apply)

Response	N (%)
Inconsistent participation by organizations from meeting-to-meeting leads to variability in recommended actions	9 (50%)
Lack of representation for racial/ethnic/cultural diversity	5 (28%)
The necessary organizations are not represented on the E-MDT	4 (22%)
Too many organizations are represented on the E-MDT	3 (17%)
Too few organizations are represented on the E-MDT	1 (11%)
Other	3 (17%)

Note: Question only asked of respondents who answered "negatively" or "positively and negatively" to question "How does the variety of organizations that participate in the E-MDT impact outcomes for elder abuse victims whose cases come before the team?"

Which types of organizations are not invited to regularly participate on the E-MDT that should be? (Select all that apply)

Response	N (%)
Mental health providers	72 (24%)
Disability services	70 (23%)
Faith-based services	69 (23%)
Home health/home care agencies	66 (22%)
Health care providers/hospitals	63 (21%)
Housing services	55 (18%)
Substance use disorder/treatment services	45 (15%)
Homeless services	44 (15%)
Organizations that provide services to LGBTQ+	43 (14%)
Organizations that provide services to culturally/ethnically/racially diverse populations	38 (13%)
Long Term care Ombudsman Program	36 (12%)
Organizations that work with abusers/perpetrators	33 (11%)
Representative payee services	31 (10%)
Shelter services	31 (10%)
Domestic/Intimate partner violence victim services	29 (10%)
Victim advocates/service providers	29 (10%)
Organizations that work with non-abusing family/friends/neighbors	26 (9%)
Sexual assault/violence victim services	18 (6%)
All organizations that should be invited are invited	77 (26%)
Other	14 (5%)
Not sure	45 (15%)

When did you start participating in the E-MDT?

Response	N (%)
Prior to March 1, 2020	240 (78%)
After March 1, 2020	66 (21%)
Prior to March 1, 2020 but did not participate after that	2 (1%)
Total	308 (100%)

How did the COVID-19 pandemic impact outcomes for elder abuse victims whose cases were referred to the E-MDT?

Response	N (%)
Positively	21 (9%)
Negatively	44 (18%)
Both positively and negatively	35 (15%)
No impact	60 (25%)
Not sure	80 (33%)
Total	240 (100%)

Note: Question asked of all respondents.

In which ways did the COVID-19 pandemic positively impact outcomes? (Select all that apply)

Response	N (%)
Virtual meetings led to greater attendance/participation by E-MDT members	52 (69%)
Created/expanded mechanisms for remote interviews	38 (51%)
Identified gaps to be addressed through technology	32 (43%)
Improved secure electronic information sharing for action items	19 (25%)
Other	2 (3%)

Note: Question only asked of respondents who reported "positively" or "both positively and negatively" to the question "How did the COVID-19 pandemic impact outcomes for elder abuse victims whose cases were referred to the E-MDT?"

In which ways did the COVID-19 pandemic negatively impact outcomes? (Select all that apply)

Response	N (%)
Increased difficulty accessing resources and services for elder abuse victims	57 (58%)
Elder abuse cases take longer to investigate and prosecute	47 (48%)
Difficult to remove victim or abuser from the home during quarantine	40 (40%)
Increased difficulty obtaining case information	37 (37%)
Virtual meetings led to reduced attendance/participation by E-MDT members	27 (27%)
Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place	25 (25%)
Reduction in meetings led to less attendance/participation by E-MDT members	13 (13%)
Confidentiality concerns around discussion of case information in virtual environment	6 (6%)
Other	14 (14%)

Note: Question only asked of respondents who reported "negatively" or "both positively and negatively" to the question "How did the COVID-19 pandemic impact outcomes for elder abuse victims whose cases were referred to the E-MDT?"

How did the COVID-19 pandemic impact the effective operation of the E-MDT?

Response	N (%)
Positively	19 (8%)
Negatively	45 (19%)
Both positively and negatively	47 (20%)
No impact	73 (31%)
Not sure	52 (22%)
Total	236 (100%)

Note: Question asked of all respondents.

In which ways did the COVID-19 pandemic positively impact the effective operation of the E-MDT? (Select all that apply)

Response	N (%)
Virtual meetings led to greater attendance/participation by E-MDT members	52 (77%)
Protocols put in place for secure electronic document sharing for action steps	19 (28%)
Increased referrals to the E-MDT	14 (21%)
Greater opportunities for inter-agency collaboration and communication	9 (13%)
Increase in referrals/meetings led to increased attendance/participation by E-MDT members	2 (3%)
Other	6 (9%)

Note: Question only asked of respondents who reported “positively” or “both positively and negatively” to the question “How did the COVID-19 pandemic impact the effective operation of the E-MDT?”

In which ways did the COVID-19 pandemic negatively impact outcomes? (Select all that apply)

Response	N (%)
Increased difficulty accessing resources and services for elder abuse victims	57 (58%)
Elder abuse cases take longer to investigate and prosecute	47 (47%)
Difficult to remove victim or abuser from home during quarantine	40 (40%)
Increased difficulty obtaining case information	37 (37%)
Virtual meetings led to reduced attendance/participation by E-MDT members	27 (27%)
Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place	25 (25%)
Reduction in meetings led to less attendance/participation by E-MDT members	13 (13%)
Confidentiality concerns around discussion of case information in virtual environment	6 (6%)
Other	14 (14%)

Note: Question only asked of respondents who reported “negatively” or “both positively and negatively” to the question “How did the COVID-19 pandemic impact the effective operation of the E-MDT?”

What is your age?

Response	N (%)
18-24 years old	1 (<1%)
25-34 years old	37 (12%)
35-44 years old	74 (24%)
45-54 years old	83 (27%)
55-64 years old	86 (28%)
65 or older	23 (8)
Total	304 (100%)

Which gender do you most identify with?

Response	N (%)
Male	61 (20%)
Female	226 (75%)
Prefer to self-describe	2 (1%)
Prefer not to say	14 (5%)
Total	303 (100%)

Are you of Hispanic, Latino, or Spanish origin?

Response	N (%)
Yes	17 (6%)
No	268 (91%)
Prefer not to say	10 (3%)
Total	295 (100%)

Which race(s) best describe you? (Select all that apply)

Response	N (%)
American Indian or Alaska Native	1 (1%)
Black or African American	17 (6%)
Asian	9 (3%)
White	254 (86%)
Other	7 (2%)
Prefer not to say	14 (5%)

What is the highest degree or level of school you have completed?

Response	N (%)
High school diploma or GED	3 (1%)
Post high school other than college	1 (<1%)
Some college credit but no degree	10 (3%)
Associate's degree	16 (5%)
Bachelor's degree	126 (42%)
Master's degree	79 (26%)
Professional degree	44 (15%)
Doctorate	23 (8%)
Total	302 (100%)

Which best describes the type of organization you represent on the E-MDT?

Response	N (%)
Adult protective services	74 (24%)
Aging network/Area Agency on Aging	51 (17%)
Criminal justice	13 (4%)
Civil legal services	33 (11%)
Domestic/intimate partner violence	15 (5%)
Elder justice network	4 (1%)
Financial institution	12 (4%)
Forensic accounting	3 (1%)
Guardianship	3 (1%)
Health care	8 (3%)
Home care	3 (<1%)
Housing	2 (1%)
Law enforcement	22 (7%)
Mental health	4 (1%)
Social services	21 (7%)
Victim services	23 (8%)
Other	14 (5%)
Total	303 (100%)

Tables stratified by respondent region

Which role do you fill for your region?											
	Core Member		Liaison Member		Specialty Service Provider		Not Sure		Total		
	N	%	N	%	N	%	N	%	N	%	
Region 1	16	76	1	5	2	9	2	9	21	100	
Region 2	48	71	8	12	7	10	5	7	68	100	
Region 3	40	71	5	9	8	14	3	5	56	100	
Region 4	15	68	1	4	4	18	2	9	22	100	
Region 5	23	85	1	4	3	11	0	0	27	100	
Region 6	17	77	1	4	3	14	1	4	22	100	
Region 7	8	80	0	0	2	20	0	0	10	100	
Region 8	11	73	1	7	1	7	2	13	15	100	
Region 9	6	55	2	18	3	27	0	0	11	100	
Region 10	37	73	6	12	5	10	3	6	51	100	
Region 11	28	68	4	10	6	15	3	7	41	100	
Total	238	73	30	9	38	12	21	6	327	100	

How effective do you think the E-MDT is at formulating recommendations that lead to positive outcomes for elder abuse victims whose cases come before the team?												
	Very effective		Somewhat effective		Neither effective nor ineffective		Somewhat ineffective		Very ineffective		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	9	45	10	50	0	0	1	5	0	0	20	100
Region 2	47	69	14	21	4	6	3	4	0	0	68	100
Region 3	38	69	14	25	2	4	1	2	0	0	55	100
Region 4	15	75	4	20	1	5	0	0	0	0	20	100
Region 5	16	59	10	37	1	4	0	0	0	0	27	100
Region 6	8	38	12	57	1	5	0	0	0	0	21	100
Region 7	6	67	1	11	2	22	0	0	0	0	9	100
Region 8	2	14	7	50	3	21	0	0	2	14	14	100
Region 9	7	70	3	30	0	0	0	0	0	0	10	100
Region 10	27	59	17	37	1	2	1	2	0	0	46	100
Region 11	24	62	11	28	1	3	3	8	0	0	39	100
Total	199	60	103	31	16	5	9	11	2	14	312	100

**What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT?
(Select all that apply)***

	I don't see any positive outcomes		Specific focus on elder abuse and the needs of older adults		Identifies gaps in services		Addresses gaps in services		Facilitates communication between service providers	
	N	%	N	%	N	%	N	%	N	%
Region 1	1	5	12	60	12	60	9	45	17	85
Region 2	0	0	46	69	43	64	37	55	59	88
Region 3	1	2	36	65	27	49	26	47	45	82
Region 4	0	0	12	60	15	75	12	60	16	80
Region 5	0	0	18	67	20	74	16	59	24	89
Region 6	0	0	12	57	17	81	12	57	18	86
Region 7	0	0	6	67	8	89	4	44	8	89
Region 8	0	0	7	50	7	50	4	29	8	57
Region 9	0	0	6	60	7	70	7	70	9	90
Region 10	1	2	26	59	32	73	24	54	32	73
Region 11	0	0	29	74	31	79	20	51	34	87
Total	3	1	193	62	203	66	155	50	253	82

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

**What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT?
(Select all that apply)* Continued**

	Identifies redundancies in services		Streamlines elder abuse responses		Interventions are tailored to align with the victims' goals		Mobilizes additional resources for elder abuse victims		Provides access to specialty services (forensic accountant, geriatric mental health, civil legal services)	
	N	%	N	%	N	%	N	%	N	%
Region 1	6	30	7	35	10	50	13	65	18	90
Region 2	17	25	40	60	46	69	51	76	58	87
Region 3	5	9	23	42	19	34	27	49	41	75
Region 4	1	5	11	55	12	60	11	55	15	75
Region 5	8	30	11	41	16	59	19	70	21	78
Region 6	6	29	8	38	8	38	14	67	18	86
Region 7	3	33	2	22	4	44	7	78	7	78
Region 8	1	7	3	21	4	29	4	29	10	71
Region 9	1	10	5	50	7	70	7	70	8	80
Region 10	8	18	22	50	22	50	32	73	31	71
Region 11	8	21	15	38	24	62	31	79	30	77
Total	53	17	135	44	155	50	203	66	240	78

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)* Continued

	Helps identify additional issues and questions to consider for the case		Increases the likelihood that perpetrator will be held accountable (e.g., prosecution/restitution)		Supports professionals/ organizations that refer cases to the E-MDT		Variety of organizations that participate on the E-MDT		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	14	70	13	65	14	70	13	65	1	5	20	6
Region 2	57	85	41	61	52	78	45	67	2	3	67	22
Region 3	40	73	28	51	28	51	29	53	0	0	55	18
Region 4	15	75	14	70	11	55	13	65	0	0	20	7
Region 5	24	89	17	63	20	74	18	67	0	0	27	9
Region 6	16	76	11	52	11	52	14	67	0	0	21	7
Region 7	7	78	4	44	4	44	4	44	1	11	9	3
Region 8	8	57	4	29	5	36	7	50	0	0	14	5
Region 9	9	90	3	30	8	80	7	70	0	0	10	3
Region 10	36	82	13	29	26	60	24	55	0	0	44	14
Region 11	30	77	16	41	21	53	30	77	1	3	39	13
Total	239	77	148	48	184	60	189	61	4	1	309	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)*

	I do not think any changes are necessary		Decrease the number of organizations participating on the E-MDT		Increase the number of organizations participating on the E-MDT		Decrease the types of organizations participating on the E-MDT		Increasing the types of organizations participating on the E-MDT	
	N	%	N	%	N	%	N	%	N	%
Region 1	1	5	0	0	9	45	0	0	10	50
Region 2	15	23	0	0	17	26	1	2	13	20
Region 3	18	34	0	0	11	21	0	0	12	23
Region 4	7	37	0	0	2	11	0	0	2	11
Region 5	11	41	0	0	6	22	0	0	6	22
Region 6	8	40	0	0	4	20	0	0	2	10
Region 7	0	0	0	0	3	33	0	0	3	33
Region 8	0	0	1	8	1	8	1	8	1	8
Region 9	1	10	0	0	5	50	0	0	5	50
Region 10	7	16	2	4	9	21	1	2	12	27
Region 11	11	30	2	5	5	14	0	0	7	19
Total	79	26	5	2	66	22	3	1	58	19

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)* Continued

	More frequent meetings		More frequent attendance from E-MDT members		Interventions need to better align with the victims' goals		Increase access to resources and services for elder abuse victims		Greater focus on ensuring services and interventions is cultural/ ethnically/ racially competent	
	N	%	N	%	N	%	N	%	N	%
Region 1	3	15	8	40	1	5	7	35	1	5
Region 2	4	6	14	21	3	4	18	27	8	12
Region 3	1	2	13	25	5	9	11	21	5	9
Region 4	1	5	3	16	0	0	4	21	0	0
Region 5	2	7	3	11	0	0	8	30	3	11
Region 6	0	0	4	20	2	10	7	35	1	5
Region 7	0	0	1	11	1	11	4	44	4	44
Region 8	0	0	3	25	1	8	4	33	0	0
Region 9	1	10	0	0	3	30	6	60	2	20
Region 10	0	0	2	5	7	16	15	34	9	21
Region 11	2	5	3	8	7	19	19	51	7	19
Total	13	4	53	18	30	10	92	31	40	13

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)* Continued

	Need to discuss/ identify services for non-abusing family, friends, and neighbors to support the victim		Need to discuss/ identify services for abusers		Review, discuss, and implement rapid response capabilities		Additional follow up training/technical assistance to support professionals'/ organizations' knowledge about elder abuse, specialty topics		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	10	50	2	10	5	25	5	25	1	5	20	7
Region 2	15	23	8	12	16	24	14	21	9	14	66	22
Region 3	15	28	7	13	10	19	10	19	2	4	53	18
Region 4	5	26	0	0	3	16	3	16	1	5	19	6
Region 5	5	19	1	4	8	30	7	26	1	4	27	9
Region 6	2	10	0	0	4	20	2	10	1	5	20	7
Region 7	3	33	0	0	1	11	4	44	1	11	9	3
Region 8	7	58	2	17	5	42	1	8	5	42	12	4
Region 9	4	40	2	20	3	30	5	50	1	10	10	3
Region 10	9	21	10	23	7	16	8	18	4	9	44	15
Region 11	6	16	5	14	11	30	10	27	2	5	37	12
Total	67	22	37	12	69	23	69	23	28	9	300	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

Are you aware of elder abuse victims experiencing any drawbacks from having their case referred to the E-MDT?

	Yes		No		Not sure		Total	
	N	%	N	%	N	%	N	%
Region 1	2	10	13	65	5	25	20	100
Region 2	1	2	61	90	6	9	68	100
Region 3	5	9	43	78	7	13	55	100
Region 4	0	0	17	85	3	15	20	100
Region 5	2	7	23	85	2	7	27	100
Region 6	0	0	20	100	0	0	20	100
Region 7	0	0	7	78	2	22	9	100
Region 8	0	0	11	79	3	21	14	100
Region 9	0	0	9	90	1	10	10	100
Region 10	1	2	35	76	10	21	46	100
Region 11	1	3	31	80	7	18	39	100
Total	12	4	257	83	42	14	311	100

What drawbacks have they experienced? (Select all that apply)*

	Recommended services and interventions are not available in the community		Recommended services and interventions are not culturally/ ethnically/ racially appropriate		Too much time between meetings increases the amount of time it takes to resolve cases or put services in place		Use of potentially victim-identifiable information in meetings		E-MDT recommendations do more harm for victims than good		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	0	0	1	50	0	0	0	0	1	50	2	10
Region 2	2	100	0	0	0	0	0	0	0	0	0	0	2	10
Region 3	2	29	1	14	1	14	1	14	1	14	3	43	7	33
Region 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 5	2	100	0	0	0	0	1	50	0	0	1	50	2	10
Region 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 9	1	100	0	0	0	0	0	0	0	0	0	0	1	5
Region 10	1	20	1	20	3	60	1	20	0	0	0	0	5	24
Region 11	0	0	0	0	0	0	1	50	1	50	2	100	2	10
Total	8	38	2	10	5	24	4	19	2	10	7	33	21	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What professional benefits, if any, have you experienced due to your participation on the E-MDT? (Select all that apply)*

	I have not experienced any professional benefits		Identifies additional resources and services for elder abuse victims		Access to specialty services (forensic accountant, geriatric mental health, civil legal services)		Helps identify additional issues and questions to consider in the case		Discussions lead to a greater understanding of the role of professionals/ organizations	
	N	%	N	%	N	%	N	%	N	%
Region 1	1	50	17	85	14	70	14	70	13	65
Region 2	3	5	50	76	45	68	51	77	46	70
Region 3	2	4	43	80	38	70	32	60	25	46
Region 4	0	0	17	81	9	43	13	62	16	76
Region 5	1	4	23	85	17	63	18	67	19	70
Region 6	0	0	16	80	15	75	9	45	15	75
Region 7	0	0	6	67	5	56	5	56	7	78
Region 8	1	8	8	62	6	46	4	31	5	39
Region 9	0	0	8	80	8	80	7	70	8	80
Region 10	1	2	32	73	26	59	28	64	30	69
Region 11	0	0	35	90	17	44	27	69	32	82
Total	9	3	238	78	198	65	192	63	209	68

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What professional benefits, if any, have you experienced due to your participation on the E-MDT? (Select all that apply)*
Continued

	Facilitates communication/ networking between myself and other service providers		Receive additional training/ technical assistance to support my knowledge about aging, elder abuse, and other topics		Other		Total	
	N	%	N	%	N	%	N	%
Region 1	18	90	13	65	0	0	20	7
Region 2	56	85	33	50	3	5	66	22
Region 3	37	69	25	46	0	0	54	18
Region 4	19	91	11	52	0	0	21	7
Region 5	21	78	15	56	2	7	27	9
Region 6	18	90	7	35	0	0	20	7
Region 7	8	89	7	78	0	0	9	3
Region 8	8	62	2	15	1	8	13	2
Region 9	10	100	7	70	0	0	10	3
Region 10	32	73	26	59	1	2	44	14
Region 11	32	82	24	62	1	3	39	13
Total	242	79	154	50	8	3	306	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What professional drawbacks, if any, have you experienced due to your participation in the E-MDT? (Select all that apply)*

	I have not experienced any professional drawbacks		Accepting action items from the E-MDT adds to already full caseload		Accepting E-MDT meetings takes up a great deal of time		Preparing a case for presentation to the E-MDT takes up a great deal of time		E-MDT Discussions may not show some professionals in a negative light		Greater communication needed for clear presentation about cases and how they are handled at each E-MDT meeting		The expectations of my participation are not clear	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	12	60	1	5	1	5	0	0	0	0	2	10	2	10
Region 2	43	65	6	9	3	4	2	3	2	3	3	4	1	1
Region 3	30	55	10	18	5	9	3	5	3	5	3	6	4	7
Region 4	13	65	0	0	0	0	0	0	0	0	1	5	0	0
Region 5	19	70	5	18	2	7	1	3	1	3	3	11	0	0
Region 6	13	65	1	5	1	5	1	5	0	0	1	5	0	0
Region 7	3	37	1	12	0		0	0	2	25	1	12	0	0
Region 8	5	41	1	8	3	25	0	0	2	17	2	17	1	8
Region 9	6	60	1	10	0	0	0	0	0	0	0	0	0	0
Region 10	28	65	3	7	5	11	3	7	3	7	3	7	0	0
Region 11	20	54	2	5	7	19	1	3	5	13	5	13	2	5
Total	186	62	30	10	27	9	11	4	16	5	24	8	11	4

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

**What professional drawbacks, if any, have you experienced due to your participation in the E-MDT? (Select all that apply)*
Continued**

	Recommended services and interventions are not available in the community		Recommended services and interventions are not culturally/ethnically/racially appropriate		Too much time between meetings increases the amount of time it takes to resolve cases or put services in place		Need additional follow up training/technical assistance to support professionals/organizations knowledge, elder abuse. Specialty topics.		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	0	0	2	10	1	5	1	5	20	7
Region 2	10	15	0	0	4	6	1	1	4	6	66	22
Region 3	5	9	0	0	2	4	3	6	3	6	54	18
Region 4	4	20	0	0	1	5	0	0	1	5	20	7
Region 5	4	15	0	0	2	7	0	0	1	4	27	9
Region 6	1	5	0	0	1	5	0	0	3	15	20	7
Region 7	3	37	0	0	1	12	0	0	1	12	8	3
Region 8	1	8	0	0	3	25	1	8	3	25	12	4
Region 9	1	10	0	0	2	20	0	0	1	10	10	3
Region 10	2	4	0	0	3	7	1	2	2	5	43	14
Region 11	3	8	1	3	2	5	3	8	1	3	37	12
Total	33	11	1	<1	13	4	10	3	21	7	300	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What benefits, if any, has your organization experienced due to your participation on the E-MDT? (Select all that apply)*

	My organization has not experienced any benefits		Identifies additional resources and services for elder abuse victims		Facilitates communication/networking between my organization and other service providers		Receives additional training/technical assistance to support my organizations' knowledge about aging, elder abuse, and other topics		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	1	5	9	45	15	75	7	35	0	0	20	7
Region 2	3	4	25	38	40	61	13	20	5	8	66	22
Region 3	2	4	25	46	37	68	21	39	1	2	54	18
Region 4	0	0	6	30	15	75	6	30	0	0	20	7
Region 5	1	4	13	48	14	52	7	26	2	7	27	9
Region 6	0	0	10	53	12	63	6	32	0	0	19	6
Region 7	0	0	6	67	7	78	5	56	0	0	9	3
Region 8	0	0	5	42	10	83	1	8	2	17	12	4
Region 9	0	0	4	40	9	90	3	30	1	10	10	3
Region 10	1	2	27	63	28	65	23	53	2	5	43	14
Region 11	3	8	19	50	24	63	6	16	2	5	38	13
Total	11	4	146	48	196	65	93	31	15	5	301	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What drawbacks, if any, has your organization experienced due to their participation in the E-MDT? (Select all that apply)*

	My organization has not experienced any drawbacks		Accepting action items from the E-MDT adds to my organization's caseload management		Allocating staff to attend E-MDT meetings has created staffing issues at my organization		The expectations of my organization's participation are not clear		Allocating staff to attend E-MDT meetings has not resulted in positive outcomes for victims served by my agency		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	14	74	0	0	3	16	2	10	0	0	1	5	19	7
Region 2	49	79	5	8	5	8	0	0	5	8	0	0	62	21
Region 3	38	76	6	12	5	10	1	2	1	2	1	2	50	17
Region 4	18	90	0	0	1	5	1	5	0	0	0	0	20	7
Region 5	23	88	1	4	2	8	0	0	0	0	0	0	26	9
Region 6	14	78	3	17	1	6	0	0	0	0	0	0	18	6
Region 7	5	62	2	25	1	12	0	0	0	0	0	0	8	3
Region 8	9	75	1	8	1	8	0	0	1	8	2	17	12	4
Region 9	8	80	1	10	1	10	0	0	0	0	0	0	10	3
Region 10	35	83	2	5	2	5	1	2	0	0	2	5	42	15
Region 11	29	76	5	13	2	5	1	3	2	5	1	3	38	13
Total	236	82	25	9	14	5	6	2	9	3	7	2	288	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to improve benefits or increase positive outcomes for your organization? (Select all that apply)*

	No changes are necessary		Decrease the number of organizations participating on the E-MDT		Increase the number of organizations participating on the E-MDT		Decrease the types of organizations participating on the E-MDT		Increase the types of organizations participating on the E-MDT		More frequent E-MDT meeting	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	9	50	0	0	7	39	0	0	6	33	2	11
Region 2	40	64	0	0	14	23	2	3	12	19	6	10
Region 3	28	55	1	2	8	16	1	2	7	14	3	6
Region 4	15	75	0	0	3	15	0	0	2	10	0	0
Region 5	16	61	0	0	4	15	0	0	4	15	2	8
Region 6	12	63	0	0	4	21	0	0	3	16	0	0
Region 7	4	44	0	0	4	44	0	0	3	33	0	0
Region 8	3	27	2	18	1	9	0	0	0	0	0	0
Region 9	5	56	0	0	3	3	0	0	2	2	1	11
Region 10	25	61	2	5	4	10	1	2	6	15	0	0
Region 11	22	61	1	3	5	14	1	3	7	19	2	6
Total	169	59	6	21	51	18	5	2	47	17	15	5

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to improve benefits or increase positive outcomes for your organization? (Select all that apply)* Continued

	Less frequent E-MDT meeting		Longer E-MDT meetings		Shorter E-MDT meetings		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	1	6	1	6	0	0	18	6
Region 2	1	2	0	0	1	2	4	6	62	22
Region 3	4	8	3	6	5	10	5	10	51	18
Region 4	0	0	0	0	0	0	1.0	5	20	7
Region 5	1	4	1	4	0	0	4	15	26	9
Region 6	1	5	0	0	0	0	3	16	19	7
Region 7	1	11	0	0	0	0	0	0	9	3
Region 8	1	9	0	0	2	18	4	36	11	4
Region 9	0	0	0	0	0	0	1	11	9	3
Region 10	1	2	0	0	2	5	3	7	41	14
Region 11	1	3	0	0	4	11	6	17	36	13
Total	10	4	5	2	15	5	31	11	285	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

How does the variety of organizations that participate in the E-MDT impact outcomes for elder abuse victims whose cases come before them?

	Positively		Negatively		Both positively and negatively		Not sure		No impact		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	17	85	0	0	2	10	1	5	0	0	20	100
Region 2	56	83	0	0	2	3	5	7	4	6	67	100
Region 3	46	85	0	0	3	6	4	7	1	2	54	100
Region 4	18	90	0	0	0	0	2	10	0	0	20	100
Region 5	24	89	0	0	2	7	0	0	1	4	27	100
Region 6	19	95	0	0	0	0	1	5	0	0	20	100
Region 7	9	100	0	0	0	0	0	0	0	0	9	100
Region 8	9	75	0	0	1	8	2	17	0	0	12	100
Region 9	9	90	0	0	1	10	0	0	0	0	10	1000
Region 10	37	84	1	2	2	4	3	7	1	2	44	100
Region 11	34	87	0	0	3	8	2	5	0	0	39	100
Total	261	86	1	<1	16	5	20	7	7	2	305	100

In what ways does the variety of organizations positively impact outcomes? (Select all that apply)*

	Addresses gaps in services		Facilitates communication between service providers		Improves cross-systems collaboration		Improves service coordination		Identifies redundancies in services		Streamlines elder abuse responses		Mobilizes additional resources and services for elder abuse victims	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	9	50	16	89	14	78	11	61	4	22	9	50	11	61
Region 2	34	59	51	88	52	90	45	78	21	36	40	69	44	76
Region 3	25	49	45	88	39	76	38	74	10	20	25	49	27	53
Region 4	10	53	18	95	18	95	12	63	2	11	9	47	11	58
Region 5	16	62	22	85	23	89	16	62	8	31	11	42	21	81
Region 6	14	74	16	84	17	90	15	79	7	37	10	53	13	68
Region 7	5	56	6	89	9	100	8	89	4	44	4	44	7	78
Region 8	6	60	7	70	8	80	5	50	1	10	2	20	4	40
Region 9	5	50	9	90	10	100	8	80	0	0	4	40	8	80
Region 10	28	70	34	85	32	80	30	75	13	33	16	40	26	65
Region 11	28	76	32	87	28	76	28	76	9	24	13	35	29	78
Total	163	58	251	90	233	83	201	72	78	28	136	49	184	66

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In what ways does the variety of organizations positively impact outcomes? (Select all that apply)* Continued

	Interventions are tailored to align with the victims' goals		Increases likelihood that perpetrator will be held accountable (e.g., prosecution, restitution)		Recommendations for interventions/victim assistance		The necessary organizations are represented on the E-MDT		Provides racially/culturally appropriate services to victims		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	9	50	13	72	9	50	7	39	3	17	1	6	18	6
Region 2	40	69	35	60	41	71	35	60	21	36	2	3	58	21
Region 3	12	23	22	43	19	37	13	25	6	12	0	0	51	18
Region 4	8	42	15	79	11	58	6	32	3	16	0	0	19	7
Region 5	13	50	14	54	17	65	11	42	8	31	1	4	26	9
Region 6	10	53	8	42	10	53	5	26	3	16	0	0	19	7
Region 7	5	56	5	56	4	44	5	56	3	33	0	0	9	3
Region 8	2	20	3	30	3	30	2	20	1	10	0	0	10	4
Region 9	6	60	5	50	6	60	7	70	3	30	0	0	10	4
Region 10	22	55	13	33	25	63	17	43	13	33	0	0	40	14
Region 11	16	43	16	43	26	70	21	57	10	27	0	0	37	13
Total	126	45	133	48	159	57	118	42	63	23	3	1	280	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In what ways does the variety of organizations negatively impact outcomes? (Select all that apply)*

	Too many organizations are represented on the E-MDT		Too few organizations are represented on the E-MDT		The necessary organizations are not represented on the E-MDT		Inconsistent participation by organizations from meeting leads to variability in recommended actions		Lack of representation for racial/ethnic/cultural diversity		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	0	0	0	0	1	100	0	0	0	0	1	6
Region 2	0	0	0	0	1	50	1	50	0	0	0	0	2	12
Region 3	0	0	2	50	1	25	2	50	1	25	1	25	4	24
Region 4	0	0	0	0	0	0	1	100	0	0	0	0	1	6
Region 5	0	0	0	0	1	50	2	100	1	50	0	0	2	12
Region 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 8	0	0	0	0	0	0	0	0	0	0	1	100	1	6
Region 9	0	0	0	0	1	100	1	100	1	10	0	0	1	6
Region 10	2	67	0	0	0	0	1	33	1	33	0	0	2	18
Region 11	1	50	0	0	0	0	0	0	1	50	0	0	2	12
Total	3	18	2	12	4	24	9	53	5	30	2	12	17	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

Which types of organizations are not invited to regularly participate on the E-MDT but should be? (Select all that apply)*

	All organizations that should be invited are invited		Disability services		Domestic/intimate partner violence victim services		Faith-based services		Health care providers/hospitals		Home health/homecare agencies		Homeless services	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	5	26	4	21	4	21	8	42	7	37	6	32	4	21
Region 2	18	28	19	30	11	17	20	31	13	20	14	22	9	14
Region 3	11	20	11	20	3	6	11	20	11	20	13	24	5	9
Region 4	7	37	1	5	0	0	5	26	3	16	2	11	0	0
Region 5	9	33	4	15	1	4	5	19	8	30	6	22	3	11
Region 6	3	15	5	25	4	20	7	35	7	35	6	30	2	10
Region 7	2	22	3	33	0	0	3	33	3	33	4	44	1	11
Region 8	4	33	3	25	0	0	4	33	4	33	5	42	0	0
Region 9	1	10	1	10	2	20	2	20	4	40	2	20	2	20
Region 10	7	16	11	25	3	7	13	30	8	18	12	27	9	21
Region 11	9	25	8	22	2	6	8	22	4	11	6	17	9	25
Total	76	26	70	24	29	10	69	23	62	21	65	22	44	15

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

Which types of organizations are not invited to regularly participate on the E-MDT but should be? (Select all that apply)*

	Housing services		Long term care Ombudsman program		Mental health providers		Organizations that provide services to culturally/ethnically/racially diverse populations		Organizations that provide services to LGBTQ+		Organizations that work with abusers/perpetrators		Organizations that work with non-abusing family/friends/neighbors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	4	21	5	26	5	26	4	21	4	21	3	16	2	11
Region 2	16	25	10	16	21	33	9	14	10	16	4	6	3	5
Region 3	4	7	11	20	13	24	7	13	7	13	7	13	5	9
Region 4	0	0	1	5	1	5	2	11	2	11	1	5	0	0
Region 5	2	7	1	4	6	22	4	15	8	30	3	11	4	15
Region 6	3	15	2	10	8	40	3	15	2	10	1	5	2	10
Region 7	2	22	1	11	2	22	4	44	2	22	0	0	2	22
Region 8	0	0	1	8	5	42	3	25	3	25	1	8	0	0
Region 9	2	20	1	10	4	40	3	30	3	30	0	0	1	10
Region 10	15	34	7	16	7	16	9	21	10	23	12	27	3	7
Region 11	9	25	1	3	2	6	4	11	6	17	5	14	4	11
Total	55	19	36	12	72	24	38	13	43	15	33	11	26	9

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

Which types of organizations are not invited to regularly participate on the E-MDT but should be? (Select all that apply)*
Continued

	Representative payee services		Sexual assault/violence victim services		Shelter services		Substance use disorder/treatment services		Victim advocates/service providers		Other		Not sure		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	4	21	2	11	2	11	5	26	5	26	0	0	3	16	19	7
Region 2	9	14	5	8	7	11	8	13	9	14	2	3	4	6	64	22
Region 3	7	13	3	6	3	6	10	19	6	11	3	6	14	26	54	18
Region 4	1	5	0	0	1	5	3	16	0	0	0	0	5	26	19	6
Region 5	1	4	1	4	2	7	6	22	0	0	0	0	4	15	27	9
Region 6	1	5	1	5	1	5	3	15	2	10	2	10	2	10	20	7
Region 7	1	11	0	0	0	0	1	11	1	11	0	0	0	0	9	3
Region 8	0	0	0	0	0	0	2	17	0	0	1	8	0	0	12	4
Region 9	1	10	0	0	0	0	3	30	3	30	1	10	1	10	10	3
Region 10	6	14	4	9	8	18	12	27	4	9	2	5	4	9	44	15
Region 11	5	14	2	6	7	19	6	17	0	0	2	6	7	20	36	12
Total	31	10	18	6	31	10	45	15	29	10	13	4	44	15	297	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

When did you begin participating in the E-MDT?

	Prior to March 1, 2020		After March 1, 2020		Prior to March 1, 2020, but did not participate after that		Total	
	N	%	N	%	N	%	N	%
Region 1	17	90	2	11	0	0	19	100
Region 2	55	83	10	15	1	2	66	100
Region 3	49	91	5	9	0	0	54	100
Region 4	18	86	2	10	1	5	21	100
Region 5	24	89	3	11	0	0	27	100
Region 6	4	20	16	80	0	0	20	100
Region 7	2	22	7	78	0	0	9	100
Region 8	9	69	4	31	0	0	13	100
Region 9	10	100	0	0	0	0	10	100
Region 10	41	93	3	7	0	0	44	100
Region 11	23	61	15	40	0	0	38	100
Total	237	78	65	21	2	1	304	100

How did the COVID-19 pandemic impact outcomes for elder abuse victims whose cases were referred to the E-MDT?

	Positively		Negatively		Both positively and negatively		No impact		Not sure		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	1	6	3	18	3	18	3	18	7	41	17	100
Region 2	1	2	13	24	8	15	13	24	20	36	55	100
Region 3	7	14	6	12	5	10	16	33	15	31	49	100
Region 4	2	11	4	22	3	17	4	22	5	28	18	100
Region 5	3	13	6	25	3	13	6	25	6	25	24	100
Region 6	1	25	0	0	0	0	1	25	2	50	4	100
Region 7	0	0	0	0	0	0	0	0	2	100	2	100
Region 8	0	0	1	11	2	22	1	11	5	56	9	100
Region 9	0	0	1	10	3	30	1	10	5	50	10	100
Region 10	5	12	4	10	12	29	6	15	14	34	41	100
Region 11	1	4	6	26	1	4	8	35	7	30	23	100
Total	21	9	44	19	35	15	59	25	78	33	237	100

In what ways did the COVID-19 pandemic positively impact outcomes? (Select all that apply)*

	Identified gaps to be addressed through technology		Created/expanded mechanisms for remote interviews		Improved secure electronic information sharing for actions items		Virtual meetings led to greater attendance/participation by E-MDT members		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	3	43	2	29	3	43	4	57	0	0	7	10
Region 2	7	58	8	67	2	17	7	58	1	8	12	16
Region 3	8	47	8	47	5	29	11	65	0	0	17	23
Region 4	4	44	3	33	3	33	9	100	0	0	9	12
Region 5	5	56	4	44	5	56	8	89	1	11	9	12
Region 6	2	67	1	33	0	0	3	100	0	0	3	4
Region 7	1	100	0	0	0	0	1	100	0	0	1	1
Region 8	2	50	2	50	0	0	3	75	0	0	4	5
Region 9	2	67	1	33	0	0	2	67	0	0	3	4
Region 10	10	50	11	55	5	25	15	75	0	0	20	27
Region 11	3	75	1	25	0	0	3	75	0	0	4	5
Total	32	43	37	50	19	26	52	70	2	3	74	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In what ways did the COVID-19 pandemic negatively impact outcomes? (Select all that apply)*

	Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place		Elder abuse cases take longer to investigate and prosecute		Increased difficulty obtaining case information		Increased difficulty accessing resources and services for elder abuse victims		Difficult to remove victim or abuser from home during quarantine		Confidentiality concerns around discussion of case information in virtual environment	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	4	40	6	60	4	40	4	40	5	50	0	0
Region 2	10	37	13	48	9	33	15	56	13	48	0	0
Region 3	5	33	7	47	4	27	11	73	3	20	0	0
Region 4	4	40	4	40	5	50	7	70	2	20	1	10
Region 5	2	20	5	50	6	60	8	80	4	40	0	0
Region 6	0	0	1	50	2	100	1	50	1	50	0	0
Region 7	0	0	1	100	1	100	1	100	1	100	0	0
Region 8	0	0	2	40	2	40	1	20	1	20	0	0
Region 9	1	17	4	67	2	33	5	83	4	67	2	33
Region 10	1	6	13	72	11	61	12	67	13	72	1	6
Region 11	2	25	6	75	5	63	6	75	6	75	2	25
Total	24	25	47	49	37	38	57	59	39	40	6	6

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In what ways did the COVID-19 pandemic negatively impact outcomes? (Select all that apply)* Continued

	Reduction in meetings led to less attendance/participation by E-MDT members		Virtual meetings led to reduced attendance/participation by E-MDT members		Other		Total	
	N	%	N	%	N	%	N	%
Region 1	3	30	3	30	1	10	10	10
Region 2	5	19	12	44	4	15	27	28
Region 3	2	13	5	33	1	7	15	16
Region 4	2	20	2	20	1	10	10	10
Region 5	1	10	1	10	0	0	10	10
Region 6	0	0	0	0	1	50	2	2
Region 7	0	0	0	0	0	0	1	1
Region 8	0	0	1	20	2	40	5	5
Region 9	0	0	2	33	0	0	6	6
Region 10	0	0	1	6	2	11	18	18
Region 11	1	13	1	13	1	13	8	8
Total	13	13	27	28	13	13	97	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

How did the COVID-19 pandemic impact the effective operation of the E-MDT?

	Positively		Negatively		Both positively and negatively		No impact		Not sure		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	1	6	4	24	7	41	3	18	2	12	17	7
Region 2	1	2	15	28	8	15	10	19	20	37	54	23
Region 3	6	12	8	16	9	18	16	33	10	20	49	21
Region 4	3	17	3	17	3	17	8	44	1	6	18	7
Region 5	3	13	5	22	7	30	7	30	1	7	23	10
Region 6	1	25	0	0	0	0	1	25	2	50	4	2
Region 7	1	50	1	50	0	0	0	0	0	0	2	1
Region 8	1	12	1	12	2	25	1	12	3	38	8	3
Region 9	1	10	1	10	3	30	3	30	2	20	10	4
Region 10	10	25	1	3	9	22	15	37	5	13	40	17
Region 11	1	4	6	26	3	13	8	35	5	22	23	10
Total	19	8	45	19	46	20	72	31	51	22	233	100

In which ways did the COVID-19 pandemic positively impact the effective operation of the E-MDT? (Select all that apply)*

	Increase in referrals to the E-MDT		Greater opportunities for inter-agency collaboration and communication		Protocols put in place for secure electronic document sharing for action steps		Increase in referrals/meetings led to increased attendance/participation by E-MDT members		Virtual meetings led to greater attendance/participation by E-MDT members		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	1	20	1	20	2	40	0	0	3	60	1	20	5	8
Region 2	0	0	0	0	5	42	0	0	7	58	1	8	12	18
Region 3	4	25	5	31	4	25	0	0	11	69	0	0	16	24
Region 4	1	17	2	33	3	50	0	0	6	100	0	0	6	9
Region 5	3	30	1	10	3	30	0	0	10	100	2	20	10	15
Region 6	0	0	0	0	1	33	0	0	3	100	0	0	3	5
Region 7	0	0	0	0	0	0	0	0	1	100	0	0	1	2
Region 8	0	0	0	0	0	0	0	0	2	67	1	33	3	5
Region 9	1	33	0	0	2	67	0	0	2	67	0	0	3	5
Region 10	4	21	3	16	3	16	2	11	17	90	0	0	19	28
Region 11	0	0	1	25	1	25	0	0	4	100	0	0	4	6
Total	14	21	9	13	19	28	2	3	52	78	5	8	67	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In which ways did the COVID-19 pandemic negatively impact the effective operation of the E-MDT? (Select all that apply)*

	Increase in referrals to the E-MDT		Greater opportunities for inter-agency collaboration and communication		Protocols put in place for secure electronic document sharing for action steps		Increase in referrals/meetings led to increased attendance/participation by E-MDT members		Virtual meetings led to greater attendance/participation by E-MDT members	
	N	%	N	%	N	%	N	%	N	%
Region 1	2	20	6	60	3	30	2	20	2	20
Region 2	15	52	13	45	7	24	6	21	6	21
Region 3	7	39	4	22	3	17	4	22	5	28
Region 4	3	50	2	33	2	33	3	50	2	33
Region 5	4	36	2	18	3	27	5	45	6	55
Region 6	1	100	0	0	0	0	0	0	0	0
Region 7	0	0	1	100	0	0	1	100	0	0
Region 8	1	33	1	33	0	0	0	0	0	0
Region 9	0	0	2	50	0	0	3	75	0	0
Region 10	5	56	3	33	0	0	7	78	7	78
Region 11	3	33	3	33	1	11	4	44	3	33
Total	40	42	36	38	19	20	32	33	27	28

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In which ways did the COVID-19 pandemic negatively impact the effective operation of the E-MDT? (Select all that apply)*
Continued

	Confidentiality concerns around discussion of case information in virtual environment		Reduction in referrals/meetings led to less attendance/participation by E-MDT members		Virtual meetings led to reduced attendance/participation by E-MDT members		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	2	20	4	40	1	10	10	10
Region 2	2	7	8	28	12	41	3	10	29	30
Region 3	1	6	3	17	9	50	1	6	18	19
Region 4	0	0	3	50	2	33	1	17	6	6
Region 5	1	9	1	9	2	18	2	18	11	12
Region 6	0	0	0	0	0	0	0	0	1	1
Region 7	0	0	1	100	0	0	0	0	1	1
Region 8	0	0	0	0	0	0	2	67	3	3
Region 9	1	25	0	0	1	25	0	0	4	4
Region 10	0	0	2	22	0	0	1	11	9	9
Region 11	3	33	1	11	2	22	2	22	9	9
Total	8	8	20	21	31	32	13	14	96	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What is your age?

	18-24 years old		25-34 years old		35-44 years old		45-54 years old		55-64 years old		65 or older		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	5	28	2	11	6	33	3	17	2	11	18	100
Region 2	1	2	8	12	23	35	17	26	11	17	6	9	66	100
Region 3	0	0	6	11	9	17	19	35	17	32	3	6	54	100
Region 4	0	0	3	14	8	38	6	29	4	19	0	0	21	100
Region 5	0	0	2	8	7	27	10	39	5	19	2	8	26	100
Region 6	0	0	2	11	3	16	6	32	6	32	2	11	19	100
Region 7	0	0	3	33	1	11	2	22	3	33	0	0	9	100
Region 8	0	0	3	23	1	8	3	23	6	46	0	0	13	100
Region 9	0	0	2	20	1	10	3	30	3	30	1	10	10	100
Region 10	0	0	8	19	12	28	7	16	15	35	1	2	43	100
Region 11	0	0	5	13	8	21	8	21	11	29	6	16	38	100
Total	1	<1	37	12	74	25	81	27	84	28	23	8	300	100

Which gender do you most identify with?

	Male		Female		Prefer to self-describe		Prefer not to say		Total	
	N	%	N	%	N	%	N	%	N	%
Region 1	2	12	13	77	0	0	2	12	17	100
Region 2	17	26	45	68	1	2	3	5	66	100
Region 3	17	32	32	60	1	2	3	6	53	100
Region 4	3	14	17	81	0	0	1	5	21	100
Region 5	6	23	19	73	0	0	1	4	26	100
Region 6	6	30	14	70	0	0	0	0	20	100
Region 7	1	11	5	56	0	0	3	33	9	100
Region 8	6	46	7	54	0	0	0	0	13	100
Region 9	2	20	8	80	0	0	0	0	10	100
Region 10	7	16	35	81	0	0	1	2	43	100
Region 11	4	11	35	89	0	0	0	0	38	100
Total	61	20	223	75	2	1	13	4	299	100

Are you of Hispanic, Latino, or Spanish origin?

	Yes		No		Prefer not to say		Total	
	N	%	N	%	N	%	N	%
Region 1	1	6	15	83	2	11	18	100
Region 2	4	7	56	90	2	3	62	100
Region 3	2	4	49	94	1	2	52	100
Region 4	0	0	20	95	1	5	21	100
Region 5	0	0	25	100	0	0	25	100
Region 6	0	0	20	100	0	0	20	100
Region 7	1	11	6	67	2	22	9	100
Region 8	0	0	12	92	1	8	13	100
Region 9	0	0	10	100	0	0	10	100
Region 10	6	14	34	81	2	5	42	100
Region 11	3	8	34	92	0	0	37	100
Total	17	6	265	91	10	3	292	100

Which race(s) best describe you? (Select all that apply)*

	American Indian or Alaska Native		Black or African American		Asian		White		Other		Prefer not to say		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	0	0	0	0	16	89	0	0	2	11	18	6
Region 2	0	0	0	0	1	2	59	94	0	0	3	5	63	22
Region 3	0	0	1	2	0	0	49	94	1	2	1	2	52	18
Region 4	0	0	0	0	0	0	20	95	0	0	1	5	21	7
Region 5	1	4	0	0	0	0	26	100	0	0	0	0	26	9
Region 6	0	0	0	0	0	0	20	100	0	0	0	0	20	7
Region 7	0	0	0	0	0	0	7	78	0	0	2	22	9	3
Region 8	0	0	1	8	1	8	11	92	0	0	1	8	12	4
Region 9	0	0	1	10	0	0	9	90	1	10	0	0	10	3
Region 10	1	2	13	32	5	12	18	44	3	7	4	10	41	14
Region 11	0	0	1	3	2	5	32	87	2	5	1	3	37	13
Total	2	1	17	6	9	3	251	86	7	2	14	5	292	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What is the highest degree or level of school you have completed?

	High school diploma or GED		Post-high school other than college		Some college credit but no degree		Associate's degree		Bachelor's degree	
	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	0	0	0	0	2	11	9	50
Region 2	1	2	0	0	2	3	3	5	32	50
Region 3	2	4	0	0	1	2	5	9	27	51
Region 4	0	0	0	0	1	5	2	10	10	48
Region 5	0	0	1	4	3	11	3	11	12	44
Region 6	0	0	0	0	1	5	0	0	13	65
Region 7	0	0	0	0	0	0	0	0	3	33
Region 8	0	0	0	0	0	0	0	0	6	46
Region 9	0	0	0	0	0	0	0	0	3	30
Region 10	0	0	0	0	1	2	1	2	10	23
Region 11	0	0	0	0	1	3	0	0	3	8
Total	3	1	1	<1	10	3	16	5	123	41

What is the highest degree or level of school you have completed? Continued

	Master's degree		Professional degree		Doctorate		Total	
	N	%	N	%	N	%	N	%
Region 1	3	17	2	11	2	11	18	100
Region 2	16	25	7	11	3	5	64	100
Region 3	7	13	9	17	2	4	53	100
Region 4	6	29	1	5	1	5	21	100
Region 5	4	15	2	7	2	7	27	100
Region 6	3	15	1	5	2	10	20	100
Region 7	4	44	2	22	0	0	9	100
Region 8	4	31	2	15	1	8	13	100
Region 9	4	40	2	20	1	10	10	100
Region 10	54	56	5	12	2	5	43	100
Region 11	15	40	12	32	7	18	38	100
Total	79	26	44	15	23	8	299	100

Which best describes the type of organization you represent on the E-MDT?

	Adult Protective Services		Aging network/ Area Agency on Aging		Criminal justice		Civil legal services		Domestic/ Intimate Partner violence		Elder justice network	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	1	6	3	17	2	11	5	28	1	6	0	0
Region 2	6	25	19	30	1	2	9	14	0	0	1	2
Region 3	20	37	6	11	2	4	3	6	3	6	1	2
Region 4	3	14	6	29	0	0	2	10	2	10	0	0
Region 5	3	11	5	19	0	0	1	4	0	0	0	0
Region 6	5	25	5	25	0	0	2	10	1	5	0	0
Region 7	1	11	1	11	0	0	1	11	3	33	0	0
Region 8	3	23	2	15	1	8	0	0	2	15	0	0
Region 9	3	30	1	10	0	0	2	20	0	0	0	0
Region 10	15	35	2	5	4	9	4	9	1	2	1	2
Region 11	2	5	2	5	3	8	4	11	2	5	1	3
Total	72	24	51	17	13	4	33	11	15	5	4	1

Which best describes the type of organization you represent on the E-MDT? Continued

	Financial institution		Forensic accounting		Guardianship		Health care		Home care		Housing	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	2	11	0	0	0	0	0	0	0	0
Region 2	2	3	2	3	0	0	0	0	0	0	0	0
Region 3	3	6	2	4	0	0	1	2	1	2	0	0
Region 4	2	10	2	10	0	0	0	0	0	0	1	5
Region 5	3	11	2	7	0	0	0	0	0	0	0	0
Region 6	0	0	1	5	0	0	0	0	0	0	0	0
Region 7	0	0	1	11	0	0	0	0	0	0	0	0
Region 8	1	8	0	0	1	8	0	0	0	0	0	0
Region 9	0	0	1	10	0	0	0	0	0	0	0	0
Region 10	0	0	1	5	1	2	2	5	0	0	0	0
Region 11	1	3	1	3	2	5	4	11	0	0	0	0
Total	12	4	3	1	3	1	8	3	1	<1	1	<1

Which best describes the type of organization you represent on the E-MDT? Continued

	Law enforcement		Mental health		Social services		Victim services		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Region 1	0	0	0	0	1	6	2	11	1	6	18	100
Region 2	6	9	1	2	2	3	3	5	2	3	64	100
Region 3	5	9	0	0	3	6	3	6	1	2	54	100
Region 4	1	5	2	10	0	0	0	0	0	0	21	100
Region 5	5	19	0	0	3	11	1	4	4	15	27	100
Region 6	2	10	0	0	3	15	0	0	1	5	20	100
Region 7	0	0	0	0	0	0	1	11	1	11	9	100
Region 8	0	0	0	0	1	8	0	0	1	8	13	100
Region 9	1	10	1	10	0	0	1	10	0	0	10	100
Region 10	1	2	0	0	4	9	5	12	1	2	43	100
Region 11	1	3	0	0	3	8	8	22	3	8	37	100
Total	22	7	4	1	20	7	23	8	14	5	299	100

Tables stratified by respondent role

Please indicate each region that has an Elder Abuse E-MDT that you participate on. (Select all that apply)*												
	Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	16	76	48	71	40	71	15	68	23	85	17	77
Liaison Member	1	5	8	12	5	9	1	4	1	4	1	4
Specialty Service Provider	2	9	7	10	8	14	4	18	3	11	3	14
Not Sure	2	9	5	7	3	5	2	9	0	0	1	4
Total	21	100	68	100	56	100	22	100	27	100	22	100

Please indicate each region that has an Elder Abuse E-MDT that you participate on. (Select all that apply)* Continued												
	Region 7		Region 8		Region 9		Region 10		Region 11		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	8	80	11	73	6	55	37	73	28	68	238	73
Liaison Member	0	0	1	7	2	18	6	12	4	10	30	9
Specialty Service Provider	2	20	1	7	3	27	5	10	6	15	38	12
Not Sure	0	0	2	13	0	0	3	6	3	7	21	6
Total	10	100	15	100	11	100	51	100	41	100	327	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

How effective do you think the E-MDT is at formulating recommendations that lead to positive outcomes for elder abuse victims whose cases come before the team?												
	Very effective		Somewhat effective		Neither effective nor ineffective		Somewhat ineffective		Very ineffective		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	144	61	69	29	14	6	6	3	2	1	235	100
Liaison Member	13	46	12	43	1	4	2	7	0	0	28	100
Specialty Service Provider	23	66	11	31	0	0	1	3	0	0	35	100
Not Sure	9	50	8	44	1	6	0	0	0	0	18	100
Total	189	60	100	32	16	5	9	3	2	1	316	100

What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)*												
	I don't see any positive outcomes		Provides specific focus on elder abuse and the needs of older adults		Identifies gaps in services		Addresses gaps in services		Facilitates communication between service providers		Identifies redundancies in services	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	2	67	146	75	150	73	116	75	196	77	40	76
Liaison Member	0	0	14	7	13	6	12	8	19	7	2	4
Specialty Service Provider	1	33	25	13	29	14	9	12	29	11	6	11
Not Sure	0	0	11	6	12	6	8	5	12	5	5	9
Total	3	100	196	100	204	100	155	100	256	100	53	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)* Continued

	Streamlines elder abuse responses		Interventions are tailored to align with the victims' goals		Mobilizes additional resources and services for elder abuse victims		Provides access to specialty services (forensic accountant, geriatric mental health, civil legal services)		Helps identify additional issues and questions to consider for the case		Increases the likelihood that perpetrator will be held accountable (e.g., prosecution, restitution)	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	100	73	118	76	161	78	186	77	188	78	110	74
Liaison Member	12	9	10	6	12	6	17	7	14	6	13	9
Specialty Service Provider	17	12	22	14	23	11	28	12	30	12	22	15
Not Sure	8	6	6	4	10	5	12	5	10	4	4	3
Total	137	100	156	100	206	100	243	100	242	100	149	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What elements, if any, contribute to positive outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)* Continued

	Supports professionals/ organizations that refer cases to the E-MDT		Variety of organizations that participate on the E-MDT		Other		Total	
	N	%	N	%	N	%	N	%
Core Member	143	77	143	75	3	75	234	75
Liaison Member	14	8	19	10	0	0	26	8
Specialty Service Provider	20	11	19	10	1	25	35	11
Not Sure	10	5	11	6	0	0	18	6
Total	187	100	192	100	4	100	313	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)*

	I do not think any changes are necessary		Decrease the number of organizations participating on the E-MDT		Increase the number of organizations participating on the E-MDT		Decrease the types of organizations participating on the E-MDT		Increase the types of organizations participating on the E-MDT		More frequent meetings	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	57	71	4	80	46	70	3	100	44	76	9	69
Liaison Member	6	8	1	20	5	8	0	0	3	5	1	8
Specialty Service Provider	9	11	0	0	12	18	0	0	9	15	1	8
Not Sure	8	10	0	0	3	5	0	0	2	3	2	15
Total	80	100	5	100	66	100	3	100	58	100	13	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)* Continued

	More frequent attendance from E-MDT members		Interventions need to better align with the victims' goals		Increase access to resources and services for elder abuse victims		Greater focus on ensuring services and interventions are culturally/ethnically/racially competent		Need to discuss/identify services for non-abusing family, friends, and neighbors to support the victim		Need to discuss/identify services for abusers	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	44	83	21	70	71	77	32	78	48	71	29	78
Liaison Member	4	8	2	7	10	11	1	3	4	6	1	3
Specialty Service Provider	2	4	4	13	7	8	4	10	11	16	4	11
Not Sure	3	6	3	10	4	4	4	10	5	7	3	8
Total	53	100	30	100	92	100	41	100	68	100	37	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to the E-MDT to improve outcomes for elder abuse victims whose cases were referred to the E-MDT? (Select all that apply)* Continued

	Review, discuss, and implement rapid response capabilities		Additional follow up training/technical assistance to support professionals'/ organizations' knowledge about aging, elder abuse, specialty topics		Other		Total	
	N	%	N	%	N	%	N	%
Core Member	53	76	57	80	24	86	228	75
Liaison Member	7	10	3	4	1	4	25	8
Specialty Service Provider	8	11	10	14	1	4	34	11
Not Sure	2	3	1	1	2	7	17	6
Total	70	100	71	100	28	100	304	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

Are you aware of elder abuse victims experiencing any drawbacks from having their case referred to the E-MDT?

	Yes		No		Not sure		Total	
	N	%	N	%	N	%	N	%
Core Member	9	4	197	84	28	12	234	100
Liaison Member	1	4	23	82	4	14	28	100
Specialty Service Provider	1	3	29	83	5	14	35	100
Not Sure	1	6	11	61	6	33	18	100
Total	12	4	260	83	43	14	315	100

What drawbacks have they experienced? (Select all that apply)*

	Recommended services and interventions are not available in the community		Recommended services and interventions are not culturally/ ethnically appropriate		Too much time between meetings increases the amount of time it takes to resolve cases or put services in place		Use of potentially victim-identifiable information in meetings		E-MDT recommendations do more harm than good		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	6	75	3	100	4	67	4	100	2	100	5	71	16	73
Liaison Member	2	25	0	0	2	33	0	0	0	0	0	0	4	18
Specialty Service Provider	0	0	0	0	0	0	0	0	0	0	1	14	1	4
Not Sure	0	0	0	0	0	0	0	0	0	0	1	14	1	4
Total	8	100	3	100	6	100	4	100	2	100	7	100	22	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What professional benefits, if any, have you experienced due to your participation on the E-MDT? (Select all that apply)*

	I have not experienced any professional benefits		Identifies additional resources and services for elder abuse victims		Access to specialty services (forensic accountant, geriatric mental health, civil legal services)		Helps identify additional issues and questions to consider in the case		Discussions lead to a greater understanding of the role of professionals/ organizations	
	N	%	N	%	N	%	N	%	N	%
Core Member	7	78	182	76	161	80	152	78	166	79
Liaison Member	0	0	20	8	16	9	15	8	15	7
Specialty Service Provider	1	11	26	11	20	10	19	10	23	11
Not Sure	1	11	11	5	5	3	9	5	7	3
Total	9	100	239	100	202	100	195	100	211	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What professional benefits, if any, have you experienced due to your participation on the E-MDT? (Select all that apply)*
Continued

	Facilitates communication/ network-ing between myself and other service providers		Receive additional training/technical assistance to support my knowledge about aging, elder abuse, and other topics		Other		Total	
	N	%	N	%	N	%	N	%
Core Member	185	76	121	78	7	88	231	75
Liaison Member	21	9	9	6	0	0	28	9
Specialty Service Provider	29	12	18	12	0	0	35	11
Not Sure	9	3	7	4	1	12	16	5
Total	244	100	155	100	8	100	310	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What professional drawbacks, if any, have you experienced due to your participation on the E-MDT? (Select all that apply)*

	I have not experienced any professional drawbacks		Accepting action items from the E-MDT adds to already full caseload		Attending E-MDT meetings takes up a great deal of time		Preparing a case for presentation to the E-MDT takes up a great deal of time		E-MDT discussions may show some professionals in a negative light		Greater communication needed for clear presentation about cases and how they are handled at each E-MDT meeting		The expectations of my participation are not clear	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	142	76	22	73	19	70	6	55	13	81	21	84	7	64
Liaison Member	14	7	3	10	3	11	4	36	2	12	1	4	1	9
Specialty Service Provider	22	12	5	17	3	11	0	0	1	6	1	4	2	18
Not Sure	10	5	0	0	2	7	1	9	0	0	2	8	1	9
Total	188	100	30	100	27	100	11	100	16	100	25	100	11	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

**What professional drawbacks, if any, have you experienced due to your participation on the E-MDT? (Select all that apply)*
Continued**

	Recommended services and interventions are not available in the community		Recommended services and interventions are not culturally/ ethnically appropriate		Too much time between meetings increases the amount of time it takes to resolve cases or put services into place		Need additional follow up training/technical assistance to support professionals'/ organizations' knowledge about aging, elder abuse, specialty topics		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	27	82	1	100	11	85	7	70	17	81	227	75
Liaison Member	2	6	0	0	2	15	0	0	2	10	27	9
Specialty Service Provider	4	12	0	0	0	0	3	30	1	5	34	11
Not Sure	0	0	0	0	0	0	0	0	1	5	15	5
Total	33	100	1	100	13	100	10	100	21	100	303	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What benefits, if any, has your organization experienced due to your participation on the E-MDT? (Select all that apply)*

	My organization has not experienced any benefits		Identifies additional resources and services for elder abuse victims		Facilitates communication/networking between my organization and other service providers		Receives additional training/ technical assistance to support my organizations' knowledge about aging, elder abuse, and other topics		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	8	73	108	72	143	73	65	70	14	93	228	75
Liaison Member	0	0	14	9	19	10	6	7	0	0	26	9
Specialty Service Provider	2	18	20	13	24	12	15	16	1	7	34	11
Not Sure	1	9	8	5	10	5	7	8	0	0	17	6
Total	11	100	150	100	196	100	93	100	15	100	305	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What drawbacks, if any, has your organization experienced due to their participation in the E-MDT? (Select all that apply)*

	My organization has not experienced any drawbacks		Accepting action items from the E-MDT adds to my organization's caseload management		Allocating staff to attend E-MDT meetings has created staffing issues at my organization		The expectations of my organization's participation are not clear		Allocating staff to attend E-MDT meetings has not resulted in positive outcomes for victims served by my agency		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	178	75	20	77	9	64	3	50	7	78	6	86	216	74
Liaison Member	20	8	3	12	1	7	1	17	0	0	0	0	25	9
Specialty Service Provider	26	11	3	12	2	14	1	17	1	11	1	14	33	11
Not Sure	14	6	0	0	2	14	1	17	1	11	0	0	17	6
Total	238	100	26	100	14	100	6	100	9	100	7	100	291	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to improve benefits or increase positive outcomes for your organization? (Select all that apply)*

	No changes are necessary		Decrease the number of organizations participating on the E-MDT		Increase the number of organizations participating on the E-MDT		Decrease the types of organizations participating on the E-MDT		Increase the types of organizations participating on the E-MDT		More frequent meetings	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	126	73	4	67	39	77	4	80	35	75	13	87
Liaison Member	15	9	1	17	3	6	0	0	3	6	1	7
Specialty Service Provider	20	12	1	17	7	14	1	20	8	17	1	7
Not Sure	11	6	0	0	2	4	0	0	1	2	0	0
Total	172	100	6	100	51	100	5	100	47	100	15	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What changes, if any, could be made to improve benefits or increase positive outcomes for your organization? (Select all that apply)* Continued

	Less frequent E-MDT meetings		Longer E-MDT meetings		Shorter E-MDT meetings		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Core Member	7	70	5	100	11	73	24	77	217	75
Liaison Member	0	0	0	0	3	20	1	3	24	8
Specialty Service Provider	2	20	0	0	1	7	3	10	32	11
Not Sure	1	10	0	0	0	0	3	10	15	5
Total	10	100	5	100	15	100	31	100	288	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

How does the variety of organizations that participate in the E-MDT impact outcomes for elder abuse victims whose cases come before them?

	Positively		Negatively		Both positively and negatively		Not sure		No impact		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	202	87	0	0	9	4	13	6	7	3	231	100
Liaison Member	20	74	0	0	3	11	4	15	0	0	27	100
Specialty Service Provider	30	88	1	3	2	6	1	3	0	0	34	100
Not Sure	12	71	0	0	3	18	2	12	0	0	17	100
Other	264	85	1	<1	17	6	20	6	7	2	309	100

In what ways does the variety of organizations positively impact outcomes? (Select all that apply)*

	Addresses gaps in services		Facilitates communication between service providers		Improves cross-systems collaboration		Improves service coordination		Identifies redundancies in services		Streamlines elder abuse responses		Mobilizes resources and services for elder abuse victims	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	125	76	193	76	179	76	153	76	61	77	108	79	144	77
Liaison Member	10	6	21	8	19	8	17	8	4	5	11	8	16	9
Specialty Service Provider	21	13	30	12	28	12	22	11	11	14	15	11	22	12
Not Sure	8	5	11	4	9	4	10	5	3	4	3	2	4	2
Total	164	100	255	100	235	100	202	100	79	100	137	100	186	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In what ways does the variety of organizations positively impact outcomes? (Select all that apply)* Continued

	Interventions are tailored to align with the victims' goals		Increases the likelihood that the perpetrator will be held accountable (e.g., prosecution, restitution)		More recommendations for interventions/victim assistance		The necessary organizations are represented on the E-MDT		Provides racially/ethnically/culturally appropriate services to victims		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	98	77	104	78	126	78	89	75	49	78	2	67	213	75
Liaison Member	11	9	9	7	12	8	14	12	8	13	0	0	25	9
Specialty Service Provider	17	13	18	13	19	12	14	12	6	9	1	33	31	11
Not Sure	1	1	3	2	4	3	2	2	0	0	0	0	15	5
Total	127	100	134	100	161	100	119	100	63	100	3	100	284	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In what ways does the variety of organizations negatively impact outcomes? (Select all that apply)*

	Too many organizations are represented on the E-MDT		Too few organizations are represented on the E-MDT		The necessary organizations are not represented on the E-MDT		Inconsistent participation by organizations from meeting-to-meeting leads to variability in recommendations		Lack of representation for racial/ethnic/cultural diversity		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	2	67	1	50	1	25	5	56	2	40	2	67	9	50
Liaison Member	0	0	0	0	2	50	3	33	1	20	1	33	5	28
Specialty Service Provider	1	33	0	0	0	0	0	0	0	0	0	0	1	6
Not Sure	0	0	1	50	1	25	1	11	2	40	0	0	3	17
Total	3	100	2	100	4	100	9	100	5	100	3	100	18	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

Which types of organizations are not invited to regularly participate on the E-MDT but should be? (Select all that apply)*

	All organizations that should be invited are invited		Disability services		Domestic/intimate partner violence victim services		Faith based services		Health care providers/hospitals		Home health/home care agencies		Homeless services	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	60	78	55	79	17	59	48	70	51	81	55	83	33	75
Liaison Member	7	9	5	7	4	14	5	7	6	9	5	8	3	7
Specialty Service Provider	6	8	7	10	4	14	10	15	4	6	5	8	5	11
Not Sure	4	5	3	4	4	14	6	9	2	3	1	2	3	7
Total	77	100	70	100	29	100	69	100	63	100	66	100	44	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

**Which types of organizations are not invited to regularly participate on the E-MDT but should be? (Select all that apply)*
Continued**

	Housing services		Long Term Care Ombudsman Program		Mental health providers		Organizations that provide services to culturally/ethnically/racially diverse populations		Organizations that provide services to LGBTQ+		Organizations that work with abuser/perpetrators		Organizations that work with non-abusing family/friends/neighbors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	41	75	26	72	54	75	23	61	27	63	22	67	16	62
Liaison Member	3	5	0	0	7	10	4	10	4	9	3	9	1	4
Specialty Service Provider	9	16	8	22	7	10	8	21	10	23	5	15	7	27
Not Sure	2	4	2	6	4	6	3	8	2	5	3	9	2	8

Which types of organizations are not invited to regularly participate on the E-MDT but should be? (Select all that apply)*
Continued

	Representative payee services		Sexual assault/violence victim services		Shelter services		Substance use disorder/treatment services		Victim advocates/service providers		Other		Not sure		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	21	68	11	61	25	81	34	76	22	76	10	71	33	73	225	75
Liaison Member	2	6	2	11	2	6	4	9	2	7	2	14	3	7	26	9
Specialty Service Provider	8	26	5	28	3	10	5	11	2	7	1	7	4	9	34	11
Not Sure	0	0	0	0	1	3	2	4	3	10	1	7	5	11	16	5
Total	31	100	18	100	31	100	45	100	29	100	14	100	45	100	301	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

When did you begin participating in the E-MDT?

	Prior to March 1, 2020		After March 1, 2020		Prior to March 1, 2020, but did not participate after that		Total	
	N	%	N	%	N	%	N	%
Core Member	180	78	49	21	1	<1	230	100
Liaison Member	22	82	5	19	0	0	27	100
Specialty Service Provider	29	83	6	17	0	0	35	100
Not Sure	9	56	6	38	1	6	16	100
Total	240	78	66	21	2	1	308	100

How did the COVID-19 pandemic impact outcomes for elder abuse victims whose cases were referred to the E-MDT?

	Positively		Negatively		Both positively and negatively		No impact		Not sure		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	16	9	33	18	27	15	50	28	54	30	180	100
Liaison Member	2	9	3	14	3	14	6	27	8	36	22	100
Specialty Service Provider	3	10	6	21	4	14	3	10	13	45	29	100
Not Sure	0	0	2	22	1	11	1	11	5	56	9	100
Other	21	9	44	18	35	15	60	25	80	33	240	100

In which ways did the COVID-19 pandemic negatively impact outcomes? (Select all that apply)*

	Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place		Elder abuse cases take longer to investigate and prosecute		Increased difficulty obtaining case information		Increased difficulty accessing resources and services for elder abuse victims		Difficult to remove victim or abuser from home during quarantine	
	N	%	N	%	N	%	N	%	N	%
Core Member	18	72	41	87	30	81	46	81	31	78
Liaison Member	1	4	3	6	0	0	6	10	3	7
Specialty Service Provider	5	20	3	6	7	19	4	7	5	13
Not Sure	1	4	0	0	0	0	1	8	1	3
Total	25	100	47	100	37	100	57	100	40	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In which ways did the COVID-19 pandemic negatively impact outcomes? (Select all that apply)* Continued

	Confidentiality concerns around discussion of case information in virtual environment		Reduction in meetings led to less attendance/participation by E-MDT members		Virtual meetings led to reduced attendance/participation by E-MDT members		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Core Member	4	67	10	77	20	74	12	86	77	78
Liaison Member	0	0	1	7	3	11	1	7	8	8
Specialty Service Provider	2	33	2	15	3	11	0	0	10	10
Not Sure	0	0	0	0	1	4	1	7	4	4
Total	6	100	13	100	27	100	14	100	99	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

How did the COVID-19 pandemic impact the effective operation of the E-MDT?

	Positively		Negatively		Both positively and negatively		No impact		Not sure		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	15	9	36	20	39	22	54	31	33	19	177	100
Liaison Member	1	5	2	9	1	5	9	41	9	41	22	100
Specialty Service Provider	3	11	5	18	6	21	9	32	5	18	28	100
Not Sure	0	0	2	22	1	11	1	11	5	55	9	100
Total	19	8	45	19	47	20	73	31	52	22	236	100

In which ways did the COVID-19 pandemic positively impact the effective operation of the E-MDT? (Select all that apply)*

	Increase in referrals to the E-MDT		Greater opportunities for interagency collaboration and communication		Protocols put in place for secure electronic document sharing for action steps		Increase in referrals/ meetings led to increased attendance/ participation by E-MDT members		Virtual meetings led to greater attendance/ participation by E-MDT members		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	11	79	6	67	12	63	1	50	43	83	6	100	56	82
Liaison Member	0	0	1	11	1	5	0	0	1	2	0	0	3	4
Specialty Service Provider	3	21	2	22	6	32	1	50	7	14	0	0	8	12
Not Sure	0	0	0	0	0	0	0	0	1	2	0	0	1	2
Total	14	100	9	100	19	100	2	100	52	100	6	100	68	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

In which ways did the COVID-19 pandemic negatively impact the effective operation of the E-MDT? (Select all that apply)*

	Fewer referrals to the E-MDT		Fewer opportunities for inter-agency collaboration and communication		Fewer E-MDT meetings increases the amount of time it takes to resolve cases or put services in place		Elder abuse cases take longer to investigate		Increased difficulty obtaining case information	
	N	%	N	%	N	%	N	%	N	%
Core Member	34	85	29	78	18	90	25	76	22	79
Liaison Member	2	5	3	8	0	0	3	9	2	7
Specialty Service Provider	3	8	4	11	2	10	5	15	4	14
Not Sure	1	3	1	3	0	0	0	0	0	0
Total	40	100	37	100	20	100	33	100	28	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

**In which ways did the COVID-19 pandemic negatively impact the effective operation of the E-MDT? (Select all that apply)*
Continued**

	Confidentiality concerns around discussion of case information in virtual environment		Reduction in referrals/ meetings led to less attendance/ participation by E-MDT members		Virtual meetings led to less attendance/ participation by E-MDT members		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Core Member	6	75	17	85	24	77	12	92	76	79
Liaison Member	0	0	0	0	1	3	0	0	6	6
Specialty Service Provider	1	13	3	15	3	10	0	0	10	10
Not Sure	1	13	0	0	3	10	1	8	5	5
Total	8	100	20	100	31	100	13	100	97	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What is your age?

	18-24 years old		25-34 years old		35-44 years old		45-54 years old		55-64 years old		65 or older		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	0	0	26	12	51	23	59	26	70	31	20	9	226	100
Liaison Member	0	0	1	4	6	22	10	37	9	33	1	4	27	100
Specialty Service Provider	1	3	5	14	11	31	11	31	5	14	2	6	35	100
Not Sure	0	0	5	31	6	38	3	19	2	13	0	0	16	100
Total	1	<1	37	12	74	24	83	27	86	28	23	8	304	100

Which gender do you most identify with?

	Male		Female		Prefer to self-describe		Prefer not to say		Total	
	N	%	N	%	N	%	N	%	N	%
Core Member	43	19	174	77	0	0	9	4	226	100
Liaison Member	10	37	15	56	1	4	1	4	27	100
Specialty Service Provider	8	23	24	69	1	3	2	6	35	100
Not Sure	0	0	13	87	0	0	2	13	15	100
Total	61	20	226	75	2	1	14	5	303	100

Are you of Hispanic, Latino, or Spanish origin?

	Yes		No		Prefer not to say		Total	
	N	%	N	%	N	%	N	%
Core Member	11	5	202	92	6	3	219	100
Liaison Member	2	7	24	89	1	4	27	100
Specialty Service Provider	2	6	31	89	2	6	35	100
Not Sure	2	14	11	79	1	7	14	100
Total	17	6	268	91	10	3	295	100

Which race(s) best describes you? (Select all that apply)*

	American Indian or Alaska Native		Black or African American		Asian		White		Other		Prefer not to say		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	1	50	10	59	7	78	198	78	3	43	8	57	221	75
Liaison Member	0	0	1	6	0	0	19	8	4	57	3	21	27	9
Specialty Service Provider	1	50	4	24	2	22	25	10	0	0	2	14	32	11
Not Sure	0	0	2	12	0	0	12	5	0	0	1	7	15	5
Total	2	100	17	100	9	100	254	100	7	100	14	100	295	100

* Due to respondents being able to select more than one choice, totals and percentages may not add to 100%

What is the highest degree or level of school you have completed?

	High school diploma or GED		Post-high school other than college		Some college credit but no degree		Associate's degree		Bachelor's degree	
	N	%	N	%	N	%	N	%	N	%
Core Member	2	1	1	<1	9	4	15	7	89	40
Liaison Member	0	0	0	0	0	0	0	0	21	78
Specialty Service Provider	1	3	0	0	1	3	1	3	9	26
Not Sure	0	0	0	0	0	0	0	0	7	47
Total	3	1	1	<1	10	3	16	5	126	42

What is the highest degree or level of school you have completed? Continued

	Master's degree		Professional degree		Doctorate		Total	
	N	%	N	%	N	%	N	%
Core Member	61	27	31	14	17	8	225	100
Liaison Member	5	19	1	4	0	0	27	100
Specialty Service Provider	7	20	10	29	6	17	35	100
Not Sure	6	40	2	13	0	0	15	100
Total	79	26	44	15	23	8	302	100

Which best describes the type of organization you represent on the E-MDT?

	Adult Protective Services		Aging network/ Area Agency on Aging		Criminal justice		Civil legal services		Domestic/ Intimate Partner violence		Elder justice network	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	55	24	48	21	12	5	20	9	9	4	4	2
Liaison Member	14	52	3	11	1	4	0	0	1	4	0	0
Specialty Service Provider	2	6	0	0	0	0	12	34	2	6	0	0
Not Sure	3	20	0	0	0	0	1	7	3	20	0	0
Total	74	24	51	17	13	4	33	11	15	5	4	1

Which best describes the type of organization you represent on the E-MDT? Continued

	Financial institution		Forensic accounting		Guardianship		Health care		Home care		Housing	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	8	4	1	<1	2	1	5	2	1	<1	2	1
Liaison Member	0	0	0	0	0	0	0	0	0	0	0	0
Specialty Service Provider	4	11	2	6	0	0	3	9	0	0	0	0
Not Sure	0	0	0	0	1	7	0	0	0	0	0	0
Total	12	4	3	1	3	1	8	3	1	<1	2	1

Which best describes the type of organization you represent on the E-MDT? Continued

	Law enforcement		Mental health		Social services		Victim services		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Core Member	16	7	2	1	16	7	13	6	12	5	226	100
Liaison Member	4	15	0	0	2	7	1	4	1	4	27	100
Specialty Service Provider	1	3	1	3	3	9	4	11	1	3	35	100
Not Sure	1	7	1	7	0	0	5	33	0	0	15	100
Total	22	7	4	1	21	7	23	8	14	5	303	100

E-MDT YEAR 2

FINAL REPORT

SEPTEMBER 30, 2022



CENTER FOR
HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY
State University of New York



SCHOOL OF SOCIAL WELFARE
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