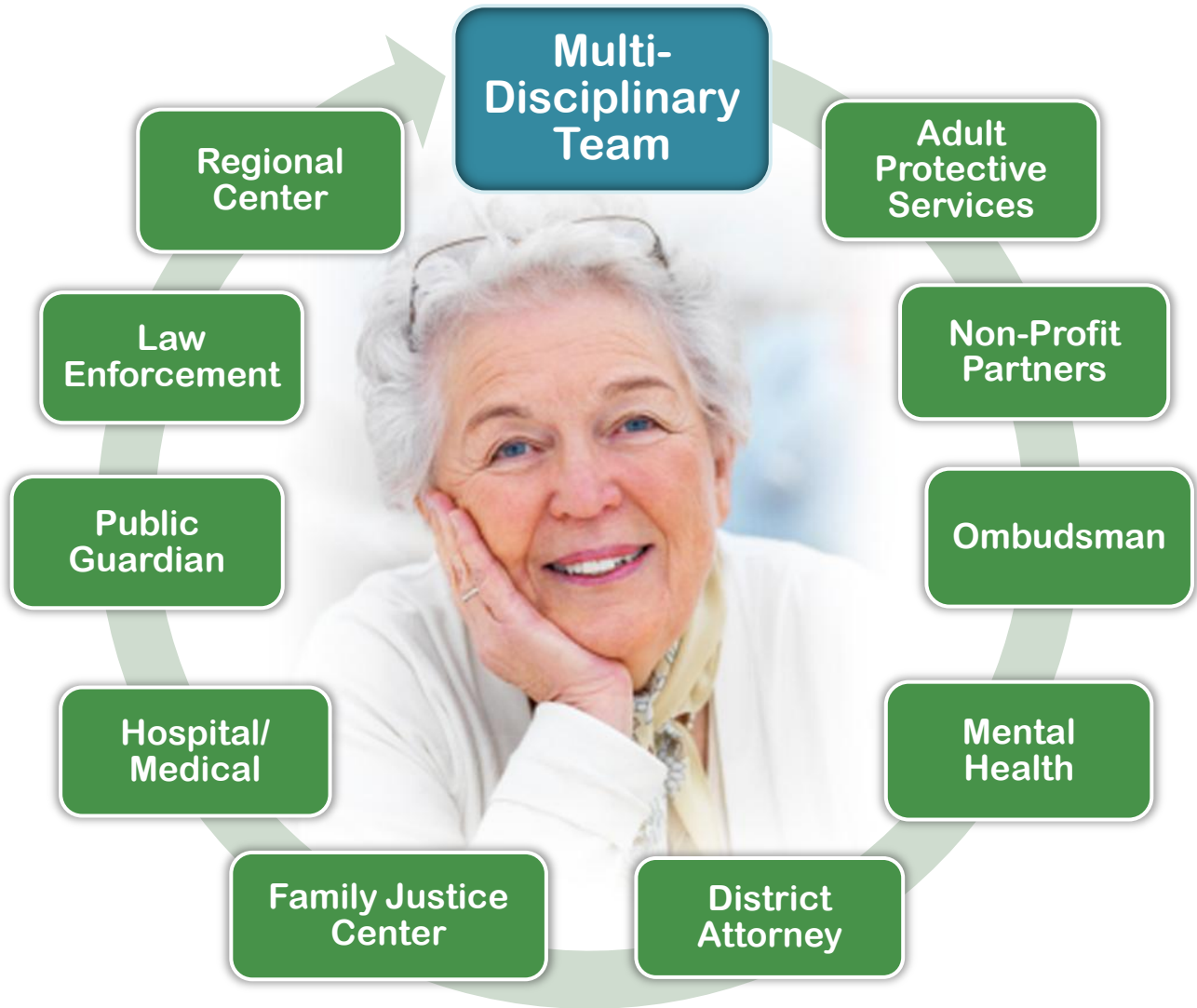




Human Services Department
COUNTY OF SONOMA



A Collaborative Approach to Multidisciplinary Teams in Sonoma County

Adult and Aging Services Division · August 31, 2012

This report, developed primarily to enhance the Sonoma County Elder and Dependent Adult Multidisciplinary Team, will be shared with community partners in Sonoma County, the Sonoma County Area Agency on Aging Advisory Council, the Sonoma County Human Services Department Adult and Aging Services Division managers, as well as other counties individually or through the California Welfare Directors Association (CWDA) Protective Services Operations Committee (PSOC). It is hoped that this report will foster increased collaboration to meet the needs of elder and dependent adults in Sonoma County.

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EXECUTIVE SUMMARY

“MDT is really helpful to us because we have the involved agencies at the table...”
- Social Worker

As the population of aging seniors in Sonoma County grows, local agencies are seeing more and more elder and dependent adults who are facing complex problems that make them susceptible to abuse and neglect. Due to funding limitations, the community agencies charged with protecting and serving these clients struggle with inadequate staffing and limited training. No single agency can put together all the pieces of the puzzle that are needed to provide the best service to this vulnerable population. As a result, collaborative multidisciplinary teams (MDTs) have become the hallmark of elder and dependent adult abuse prevention programs.

Sonoma County’s Elder and Dependent Adult MDT has been in existence in its current form for over ten years, and in that time many new collaborative ideas and practices have been developed. This report provides recommendations to improve the Sonoma County MDT, and thus improve services for our clients. Research for this report includes information gathered from current publications, observations of other California county MDTs, a survey of local Sonoma County agencies, and interviews with key informants.

This report’s major findings indicate that the Sonoma County MDT can be more effective and provide better support to clients and agencies by making changes that will enhance communication between MDT members, improve the organization of the MDT, and enhance the infrastructure of the MDT, thus enhancing MDT outcomes.

Recommended changes to enhance communication include a streamlined MDT meeting reminder process, regular invitations and check-ins with community partners, and establishing a philosophy of collaboration between agencies.

To improve the MDT’s organization, this report recommends the creation of a Coordinating Team, which will be made up of agencies that provide services in the core areas of abuse and neglect investigation, law enforcement, medical services and public administration. The Coordinating Team will designate the responsibilities of its members, including members facilitating and coordinating the MDT itself on a rotational basis. The Coordinating Team will also create memoranda of understanding between agencies and the MDT, plan trainings, and promote team-building.

Recommendations to enhance the infrastructure of the MDT include the revision of the MDT Facilitator role to include the approval of case presentation summaries; review of confidentiality, ground rules, and philosophy at the meetings; direct check-ins with team members; and bi-annual review of the member email list. This report also recommends the creation of the MDT Coordinator role, which will cover clerical responsibilities, meeting room accommodations, data collection and meeting follow-up. Another recommendation is to research the feasibility of holding a bi-monthly MDT meeting in South County, in order to ensure better services for clients who utilize agencies there.

Although there are some limitations to this report, including limited availability of research literature, time constraints that reduced the number of MDT observations, and a survey participation rate below 70%, ample information has been gathered to make strong recommendations. This report predicts that the Sonoma County MDT, incorporating the above recommendations, will demonstrate improved outcomes for clients and community partners, as measured and tracked via Trendex data analysis, and will increase outreach to community partners and the larger community via trainings both within and provided by the MDT.

INTRODUCTION

DEFINITIONS

What is a Multidisciplinary Team (MDT)?

Elder and dependent adult abuse is a complex puzzle. Victims are often in crisis and present with multiple diverse needs. In these situations a single agency can rarely provide all the necessary services to stop the abuse and address its potentially devastating effects. It can be difficult for elders and dependent adults to negotiate complex service networks in order to receive the help they require. The result is that victims do not receive the needed support, or supports are delayed. Victims are then left frustrated and further traumatized.

To address these issues, many states and communities have established collaborative interventions to best protect and respond to victims of elder abuse, many of which involve a formal or informal multidisciplinary team (MDT). In these teams, Adult Protective Services and other community agencies such as hospitals and law enforcement work in collaboration with one another to pool their resources together and coordinate services. By working as partners these agencies can prevent elders and dependent adults from “falling between the cracks,” provide appropriate support to victims and reduce working at cross purposes, wasteful overlap and duplication of services.ⁱ

There are different types of multidisciplinary teams; their purposes may vary to some extent, but all involve representatives of multiple disciplines working together to improve the response to victims of elder and dependent adult abuse.ⁱⁱ Thus these teams are able to bring various “puzzle pieces” together to form a collaborative case plan.

While their primary purpose is typically to help team members resolve difficult cases, MDTs may fulfill a variety of additional functions:

1. Promote coordination, communication and increase relationships between service agencies
2. Provide a "checks and balances" mechanism to ensure that the interests and rights of all concerned parties are addressed
3. Provide a “heads-up” to member agencies about clients that may potentially utilize services from them in the future

4. Identify service gaps and breakdowns in coordination or communication between agencies or individuals
5. Provide support and validation for team members
6. Allow team members to “network” among professional groups
7. Raise awareness of trending issues in the elder and dependent adult populations
8. Enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplinesⁱⁱⁱ

Who Serves on a Multidisciplinary Team?

Professional disciplines that are typically represented on elder abuse multidisciplinary teams include protective services, the civil and criminal justice systems, health and social services, and mental health services. Some teams also include domestic violence advocates, substance abuse specialists, and representatives from financial institutions, clergy, and policy makers.^{iv} Membership is limited and not open to all service providers or members of the public.

How Do Multidisciplinary Teams Work?

Most multidisciplinary teams review cases in which prior interventions for clients have proven unsuccessful, as well as cases in which multiple agencies are involved and there is a lack of clarity regarding each agency’s role. By discussing these “real life” situations, teams are also likely to identify systemic problems that can be addressed through advocacy, training or coordination.^v APS has overall responsibility for MDT according to the statute.

HISTORY OF SONOMA COUNTY ELDER AND DEPENDENT ADULT MULTIDISCIPLINARY TEAM

In 1995, the Sonoma County District Attorney (DA) and Sonoma County Adult Protective Services (APS) started a regular meeting to discuss difficult and/or complex client cases. Participants at these meetings included law enforcement, various older adult service agencies, and the UC San Francisco medical residency program at Sutter Hospital. Cases presented at these meetings came from all jurisdictions and the focus of the meetings was on criminal prosecution. The purpose of the meetings was to help agencies work collaboratively on these complex cases, in order to provide positive outcomes for the clients. These meetings were the first multidisciplinary team meetings held in Sonoma County.^{vi}

These meetings continued to be facilitated jointly by the DA and APS until 1999, when California Senate Bill 2199 was passed. This bill created a statewide APS program with minimum standards, and the resulting CA Welfare & Institutions Code 15760 mandated that county APS programs must hold a multidisciplinary team (MDT) meeting “to develop interagency treatment

strategies, to ensure maximum coordination with existing community resources, to ensure maximum access on behalf of elders and dependent adults, and to avoid duplication of efforts.”^{vii}

After 1999, facilitation of the Sonoma County Elder and Dependent Adult MDT transitioned to APS exclusively, and the focus of the meetings shifted to social work. Since 1999, the MDT has become decreasingly representative of multiple disciplines, and has experienced varying levels of participation from those that do attend. The purpose of this report is to demonstrate the effectiveness of MDTs in assisting with complex and challenging client cases, to examine the current research on MDTs to determine the state of the art, to present data collected from Sonoma County MDT participants and other county MDTs, and to make recommendations to improve our MDT with the end result of improved outcomes for elders and dependent adults experiencing abuse and neglect in Sonoma County.

CASE EXAMPLES

Multidisciplinary teams are extremely valuable in facilitating positive outcomes for clients who are in difficult or complex situations, and Sonoma County has had several success stories that are a direct result of MDT collaboration. Each of these very complicated cases involved multiple agencies that collaborated together at MDT meetings to create case plans that led to positive outcomes for these clients.

- D.V., a 68-year old medically frail man, was living with his 13-year old daughter in a very substandard home. The floor of the home was completely covered with garbage and piled high with papers and other items. There was a strong odor of rotting food, and no functioning oven or plumbing. D.V. was unable to provide for his and his daughter’s basic needs due to his medical condition, and he was not getting the regular medical care he needed. D.V.’s wife was placed in a skilled nursing facility at the time, but D.V. was unable to bring her home due to the unsafe condition of the home. In 2004 D.V.’s case was presented at the MDT, which resulted in collaboration between APS, Child Protective Services, medical practitioners, garbage pick-up service, environmental clean-up service, In-Home Supportive Services caregivers, Multi-Purpose Senior Services Program case management, and Council on Aging money management. As a result, D.V.’s home was cleaned up and he and his daughter were able to remain in the home together, which was their wish.
- G.D. was an 86-year old woman who was a victim of recurrent physical and emotional trauma, resulting in multiple mental health diagnoses. G.D. had a multiple-year history with APS and was frequently seen by social workers to investigate abuse and neglect. In 2009 G.D. experienced a sudden increase in paranoid delusions and impulsive and antisocial behaviors, along with an apparent cognitive decline. At this time G.D. was losing weight, receiving no medical evaluation or treatment, and was at high risk for financial abuse and homelessness. G.D.’s case was presented at MDT, which led to collaboration between APS, Santa Rosa Police Department, local hospitals and the Public Guardian. Ultimately G.D. was permanently

conserved by the Public Guardian, and then was moved to a long-term care placement where she remained safely until her death.

- M.F. was a 40-year old severely developmentally disabled man living with his abusive and neglectful family. M.F. had a long history with APS, which investigated multiple instances of physical, psychological and financial abuse and neglect by family members. As a result of this abuse, M.F. experienced weight loss and untreated medical and dental conditions. M.F.'s family refused to consider placement for him, as they relied on his Social Security (SSI) income and even on his work center paycheck. M.F.'s situation was reported to law enforcement officials, but they were unable to proceed with an investigation as M.F. was non-verbal and unable to provide testimony. M.F.'s case was presented at multiple (nine) MDT meetings in 2007, 2008 and 2009, and APS, Public Guardian, North Bay Regional Center (NBRC), In-Home Supportive Services and Old Adobe Developmental Services (M.F.'s workplace) collaborated together to create a case plan. As a result, Public Guardian became the payee of M.F.'s SSA benefit and obtained temporary conservatorship so that M.F. could be removed from the family home. NBRC then petitioned the CA Department of Developmental Services (DDS) to act as permanent conservator for M.F. Ultimately M.F. was placed in a group home for developmentally disabled adults.

NEEDS STATEMENT

SCOPE OF NEED

Many agencies in the community respond to the needs of elder and dependent adults. These agencies tend to provide a wide range of services and frequently do not have a specific or comprehensive understanding of these vulnerable populations, nor do they have enough available resources to assist their clients. Sonoma County MDT brings the aging and dependent adult service provider network together to serve clients and families for whom prior interventions have been unsuccessful, and connects the various agencies involved in clients' lives to find solutions to health and safety risks in a confidential environment.

In general, Sonoma County seniors are living longer and now represent 21% of the total county population. While many of these seniors live independently and enjoy a good quality of life, other groups face a greater risk of decreased independence and well-being. According to a recent report by the Sonoma County Area Agency on Aging:

- 35% of Sonoma County seniors age 65 and older are disabled due to some type of physical, mental and/or emotional condition
- 22% of seniors age 65 and older live below 200% of the Federal Poverty Level; this figure rises to 27% for seniors 75 and older

- More than 11,000 seniors age 85 and older live in Sonoma County; this group also experiences greater rates of frail health, injury, disability, poverty and social isolation, and relies more heavily on paid caregivers
- 12% of the total senior population, age 60 and older, are considered “geographically isolated”

To meet the needs of this rising population of seniors in Sonoma County, there is an assortment of publicly and privately funded community-based senior programs. However, these independently functioning agencies do not represent a true “system of care” and the increased demand for services from the ever-growing senior population is straining the available resources. At the same time, public funding for senior programs is being cut dramatically, which is causing gaps in service, increasing caseload numbers and creating even more strain on resources.^{viii}

The senior population in Sonoma County will continue to grow, and the demand for long-term services and supports will continue to increase as seniors live longer. Vulnerable seniors will face even greater risk as economic conditions deteriorate and the demand on public services increases even further. In fact, this is already happening: from 1999-2011, the number of abuse reports made to APS increased by 300% and the number of investigations increased by more than 200%.^{ix} Therefore, an active and engaged MDT is critical to the success of Adult Protective Services in Sonoma County.

CURRENT RESPONSES TO NEED

Like many MDTs across the country,^x over the last several years the quality and number of cases presented at the Sonoma County MDT began to decrease, and the variety of disciplines attending began to decline. In January 2012 the Sonoma County MDT began meeting at the Family Justice Center. Co-located in this one building are the district attorney, law enforcement, domestic violence services, legal aid and other elder advocates, making it an ideal location for MDT. The change of location coincided with the commencement of this study, and together these two changes brought a renewed focus to the MDT in first half of 2012. With this increased focus, this report will examine and recommend additional methods to improve MDT and to increase effectiveness for MDT participants, clients, and the community.

BARRIERS TO SERVICE

MDTs in general appear to have similar challenges that prevent the best outcomes for clients,^{xi} and Sonoma County MDT is no exception. Service agencies are struggling to provide help to clients in the face of dwindling funding and resources, and staff members may feel that utilizing the MDT creates an additional burden. Some barriers to service that MDTs face include:

- Attendance issues (not having a large variety of agencies represented)
- Travel time to meeting location
- A lack of cases presented
- A lack of knowledge of other agencies’ policies and mandates, which often leads to the perception that some agencies “don’t care” or are non-cooperative or obstructive

- A lack of commitment from other agencies to attend regularly, or to send a replacement
- Presenters' difficulty finding the time to complete a case summary for presentation
- A perception that case presentation does not lead to an effective outcome
- A frustration among agencies in dealing with seemingly unsolvable cases.^{xii}

DATA COLLECTION

METHODOLOGY

One of the most important functions of this report is to present the data that has been used to inform the recommendations that follow. The purpose of this data collection was to determine the MDT “state of the art” through a review of the current research on MDTs; to gather new ideas and procedures from other existing MDTs; and to gather information from current and potential Sonoma County MDT participants -- and use these new “puzzle pieces” to improve the overall function and effectiveness of the MDT.

Review of Current MDT Research

This report reviewed several published articles about MDTs; including two that examined over 30 MDTs across the country, two that looked more specifically at MDTs in California, one that looked at APS in community collaboration, and one that looked at an MDT specifically designed to address hoarding cases. In addition, several other published sources of information were used.

Observation of Nearby County MDTs

MDT meetings were attended and observed in person in Marin, San Francisco and Sacramento counties. Information such as copies of forms and agreements were received from Alameda, Mendocino, San Diego and Ventura counties.

Survey

A survey was developed to gather information from current and potential MDT participants. The survey was sent to forty-two local government and non-profit agencies (Appendix 1).

Key Informant Interviews

In-depth phone interviews were completed with both regularly participating MDT members, and with representatives of agencies that don't attend MDT regularly (Appendix 4).

LIMITATIONS

Limitations of this evaluation include:

- While an exhaustive literature review was not conducted, there is a dearth of research on elder abuse MDTs, and the limited research focuses more on team development and less on the function and benefits of MDTs.^{xiii}

- Due to time constraints for this project, there was difficulty in arranging observations of nearby MDTs; ultimately out of seven MDTs contacted, three were observed.
- Survey participation was below the 70% threshold. Fifty-eight responses were received from twenty-eight agencies, out of a total of forty-two agencies invited to participate. However, these responses were valuable and provided the needed information to support substantial recommendations for the Sonoma County MDT.

RESULTS AND ANALYSIS

REVIEW OF CURRENT MDT RESEARCH

Core Members

Several articles discussed the concept of “core membership” within the MDT.^{xiv} & ^{xv} Core member agencies are defined as agencies that are mandated to participate in MDT, or who bring critical expertise to the meeting. Examples of core member agencies are APS, law enforcement, Ombudsman, Public Guardian, medical practitioners and the District Attorney’s office. Core member agencies would commit to sending a representative to each MDT, and sending a replacement if the regular representative is not available. Some MDTs have built in benefits to being selected as a core member agency; for example, allowing only core member agencies to present cases, or allowing only core member agencies to be part of longer-term planning such as choosing training topics.

Trainings

Research shows that there is a trend toward offering short (i.e. 30 min) trainings at MDTs on a variety of topics that are of interest to the members. In addition, many MDTs set aside a part of their meeting time for community agencies to present an overview of their services, hand out brochures, or describe changes in services.^{xvi}

MDT Coordinator

Research shows that most MDTs are administered by APS, without dedicated staffing to do so. However, two recent publications stress the importance of an “MDT Coordinator” position. One article from 2010 stated, “The importance of the coordinator role cannot be overstated.”^{xvii} The functions of the MDT Coordinator are more administrative in nature, and are distinct from the MDT Facilitator, whose main functions are to review submitted case summaries, facilitate the MDT meeting, and network with current and potential participants. The Coordinator, on the other hand, sends MDT meeting alerts, receives completed case summaries, creates the agenda, sets up the meeting room, takes meeting minutes, arranges trainings and agency overviews, and notes issues raised at the MDT that require follow-up. In smaller MDTs the Coordinator and Facilitator are often the same person; in larger MDTs these positions tend to be separated. In Sonoma County, it has been challenging for the Facilitator (an APS supervisor) to play both roles effectively.

Case Summary Guidelines

Most MDTs use some sort of guideline to assist people in presenting case information. Some MDTs use a standard case summary form that is provided to case presenters, which presenters complete and submit to the MDT Coordinator for review before the meeting. Other MDTs use a presentation template which presenters use during the verbal presentation in order to assist them to provide clear and concise case information.

Team-Building

Several articles discussed the importance of team-building activities for the MDT. These can take the form of something as simple as doing regular check-ins with team members or reviewing the value of team process, or can be as complex as hosting an annual education conference (where team members participate as faculty) or holding a day-long retreat to review the successes and challenges of the past year.^{xviii}

Ongoing Data Collection

Some research pointed to the importance of collecting regular data about the MDT. This data can be used to track MDT progress, identify trends in abuse and abusers, determine which community agencies are utilizing MDT, determine the impact of MDT on clients' lives, influence local leaders, garner press about elder and dependent adult issues, and provide tangible information to potential funders. Examples of the types of data collected are: number of presentations by agencies, MDT attendance, demographic information (victim and abuser), types of abuse presented, assets lost by victims, interventions recommended, trainings and number of people trained, DA filings, and success of outcomes.^{xix}

Funding Sources

According to the research, most MDTs are run with minimal or no funding (i.e. about 25% of MDTs in one study received monies of \$70 to \$250 annually from APS).^{xx} However, some MDTs have received funding from a variety of sources, including Area Agencies on Aging (AAA), community foundations, departments of public safety, justice councils, and the American Association of Retired Persons (AARP). In particular, AAAs can provide monies through elder abuse funds under the Older Americans Act (OAA). These monies can be used toward annual conferences or retreats, specialized trainings (either member-attended or member-provided), and/or outreach to the community.^{xxi} The Sonoma County AAA has funded many elder abuse prevention efforts throughout the past ten years. This report is being funded through the usage of OAA Title VIIB funding through an allocation of the Sonoma County AAA.

MDT OBSERVATIONS

One of the best and most direct ways to find ideas to improve an MDT is to observe actual MDT meetings in action, to see what is working and what's not working in counties similar to Sonoma. To that end, seven nearby counties were contacted with requests to observe their MDT meetings:

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Alameda, Marin, Mendocino, Napa, Sacramento, San Francisco and Solano. Due to time constraints, Alameda's MDT was not observed; Alameda provided copies of forms used in their MDT. Similar time constraints eliminated observation of Solano, Mendocino, and Napa MDTs from the project. The project directly observed the MDT meeting process in Marin, Sacramento and San Francisco counties.

Marin County

At the time of the observation, the Marin County MDT was both facilitated and coordinated by an APS Program Manager. The MDT observed was attended by APS (which comprised most of the attendees), mental health, court investigators, Public Guardian, and environmental health. A sign-in sheet and confidentiality agreement were passed around for participants to sign. Marin uses a case summary form, but does not hand out copies of the summary at the MDT meeting. Updates were given first, and then new case presentations followed. Marin does not provide refreshments. All cases presented are updated at the following MDT. At the end of the meeting, the Facilitator informed attendees about a client that was "camping out" in the office building, in order to ensure a consistency of response to the client.

In follow up questions, the Facilitator stated that Marin MDT does not have specific core members, but they do try to get regular attendance from APS, law enforcement, mental health, court investigators, Public Guardian and DA. The Facilitator noted that it was usually the same person representing the agency at each meeting.

The Facilitator also noted that Marin MDT does not have any additional funding to assist in running the meeting, nor do they have regular trainings or presentations, although they do have agencies present overviews of their services when there has been a change.

San Francisco County

The MDT in San Francisco County has merged with the S.F. Elder Abuse Forensic Center. It is facilitated by the Director of Elder Abuse Prevention, Institute on Aging (IOA), and coordinated by an IOA administrative assistant. The meeting was attended by APS, DA, Public Guardian, non-profit senior service agencies, Institute on Aging staff, UCSF staff, a civil litigator, a psychologist, a geriatrician, and staff from a senior center. A large packet of case summaries and additional case information was available for members to use during the meeting, and community agencies brought brochures and fliers to help team members learn more about them. Participants also signed in on a sign-in sheet. Presenters use a required case referral form, and there is an optional presentation outline to assist with the verbal presentation. The observed meeting presented cases first, and then after a short break (during which food and drink were available), there were short educational presentations. Presented cases are regularly updated at subsequent MDTs. At the end of the observed meeting, the MDT made a video public service announcement in honor of Elder Abuse Awareness month.

In follow-up questions, the Facilitator noted that the San Francisco MDT has core members who are expected to attend each meeting (or send a substitute). These core members are the City agencies that participate in the Forensic Center. There are MOUs in place between the IOA and these agencies

that outline participation expectations on both sides. The MDT receives some funding support from the City of San Francisco, and they also hold an end-of-the-year program update where all members are invited to attend and hear about the successes and challenges of the past year.

Sacramento County

On the day of the observation, the Sacramento MDT Executive Committee was also meeting. This committee is chaired by the MDT Facilitator, who at the time of the observation was a Senior Mental Health Counselor (now a Program Specialist) attached to APS. This Executive Committee meeting was attended by the MDT core members (Regional Center, Ombudsman, APS, Public Guardian, and AAA). The purpose of this committee is to approve new members, make recommendations for future speakers, and discuss potential improvements to the MDT. On this day, the Executive Committee was discussing ideas to attract more case presentations, including changing to a “capacity-risk” model to frame cases, and revising their case review form.

Sacramento County’s regular MDT is also facilitated and coordinated by the now-Program Specialist; an APS administrative assistant took meeting minutes. In addition to the Executive Committee members, the meeting was attended by homeless services, housing services, IHSS and HICAP staff. Before the meeting, this MDT sends out the previous meeting’s minutes via encrypted e-mail, along with the meeting alert. The sign-in sheet, confidentiality agreement, agenda and other brochures were by the front door so members could sign in ahead of time. Coffee was available. The meeting loosely followed Robert’s Rules of Order (i.e. approving and seconding). The assistant took minutes via a laptop. There was a guest speaker who spoke for almost an hour, and then there were two case updates. All cases must be updated one to two months after presentation. If the presenting agency is APS and the case will be closed as unresolved, the social worker is required to establish a “gatekeeper” who will maintain contact with the client and re-report abuse if necessary. The meeting ended 45 minutes ahead of schedule because there were no new cases.

In follow-up questions, the Facilitator stated that they currently do not require a core member attendance commitment, partly because agencies are so busy, and partly because the location of the MDT recently moved away from downtown Sacramento, which caused the loss of several members. The Facilitator also noted that although all cases require an update, the presenter does not have to do so in person; the presenter may submit a written update to be read at the meeting. The Facilitator stated that finding time for the MDT is her biggest challenge, as it is an additional duty that she fits into her regular County position.

SURVEY ANALYSIS

In order to gather data about the community’s knowledge and opinions on the Sonoma County Elder and Dependent Adult MDT, a survey (Appendix 1) was designed and distributed to current and potential MDT partners in Sonoma County using the web-based tool Survey Monkey. An initial e-mail request was sent by the Adult and Aging Division Director requesting that agencies participate in this survey in order to inform this evaluation project. Subsequently, the survey link was sent by e-mail and

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a reminder e-mail was sent as well. These e-mails were sent to 121 individuals representing a total of 42 agencies on April 23, 2012. The survey closed on May 15, 2012.

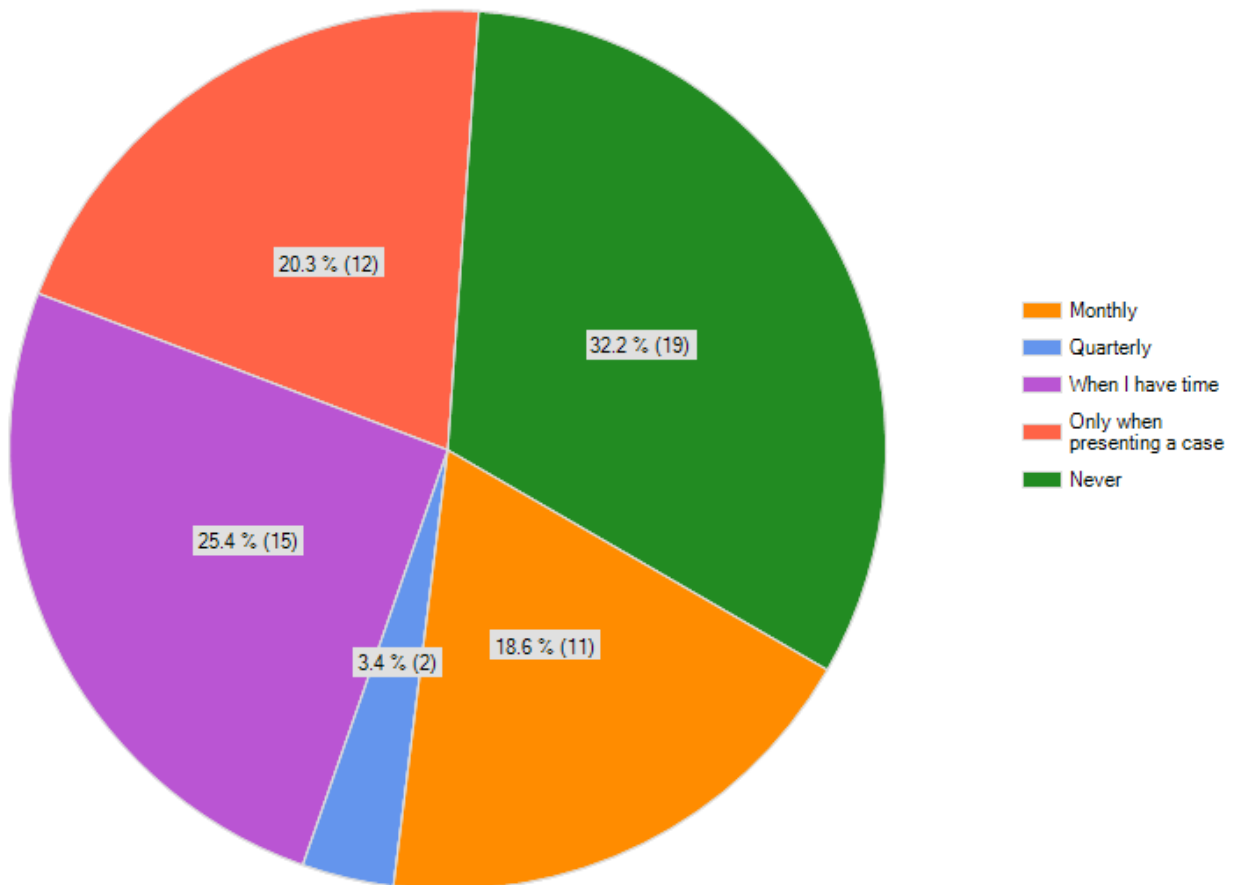
A total of 58 surveys were completed by representatives of 28 agencies working in the fields of developmental disability services, financial services, fire departments, health care provision (including hospitals, health clinics, mental health and emergency medical services), law enforcement (including court investigations and the district attorney's office), the public guardian's office, and older adult services (including ombudsman services).

Following is a brief presentation of the responses to the survey questions. Complete results and figures are available in Appendix 2.

Membership, Meeting Attendance, Meeting Time, and Frequency

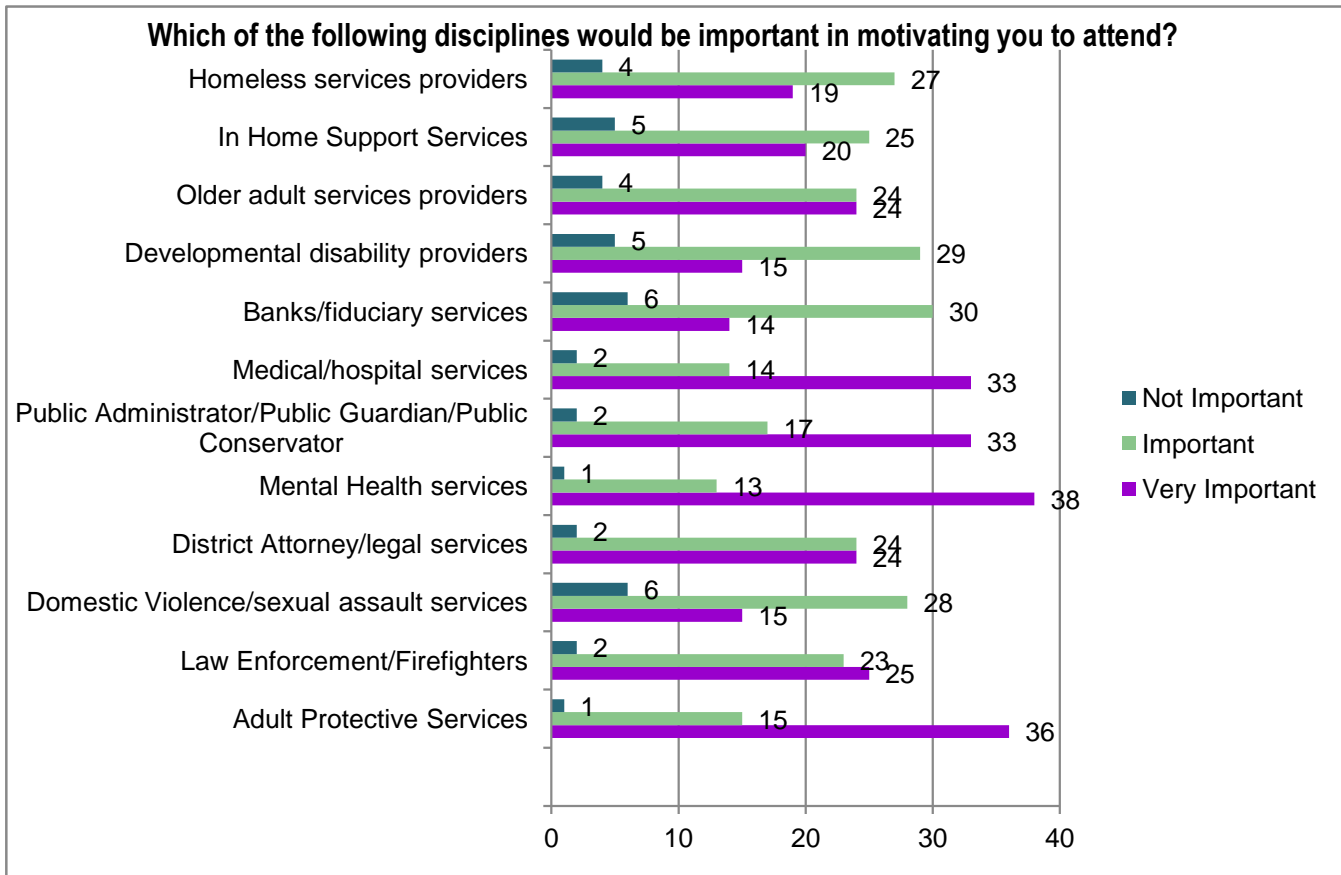
Of the fifty-eight people who responded to the survey, 22% stated they currently attend MDT monthly or quarterly. Another 45.7% stated they attend MDT only when presenting a case, or only when they have time to do so. 32.2% of respondents stated they never attend MDT (Appendix 2).

How often do you currently attend the monthly Sonoma County Elderly and Dependent Adult MDT?



When asked how important the regular attendance of certain disciplines would be in motivating respondents to attend, five disciplines were rated as “very important”: mental health services (38%), APS (36%), medical services (33%), the Public Guardian (33%), and law enforcement/firefighters (25%). Older adult services and the District Attorney were equally rated as “very important” and “important” (24% for each rating) in motivating attendance (Appendix 2).

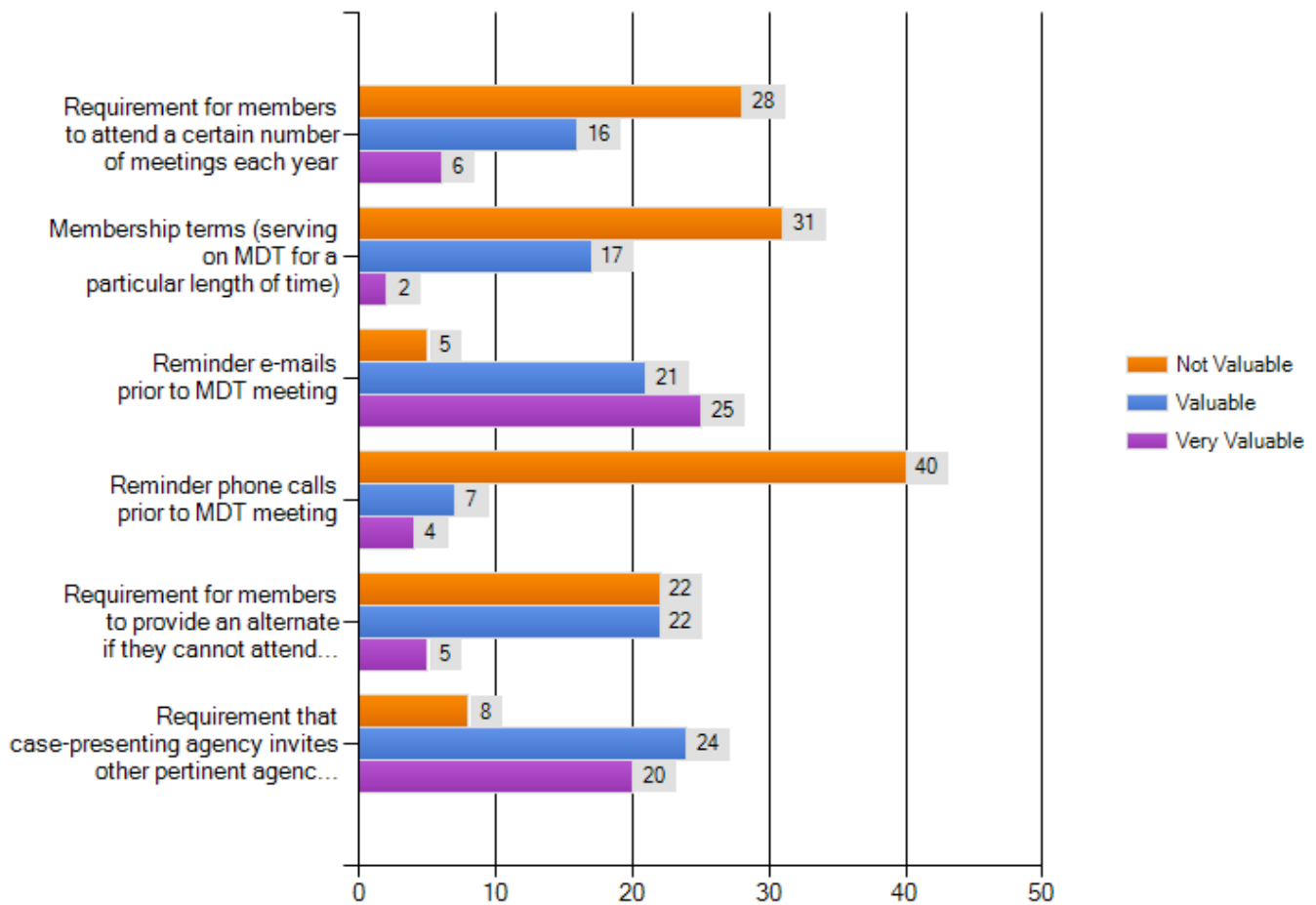
Respondents rated the following disciplines as “important” in motivating them to attend: banks/fiduciary services (30%), developmental disability services (29%), domestic violence/sexual assault services (28%), homeless services (27%), and IHSS (25%). No disciplines were rated by respondents as primarily “not important” in motivating them to attend MDT.



When asked whether they as MDT members would see value in specific attendance strategies, survey respondents rated the following strategy as “very valuable”: reminder e-mails prior to the meeting (25%). Survey respondents rated the following strategy as “valuable”: a requirement that the case-presenting agency invite other pertinent agencies to attend (20%, Appendix 2).

Respondents rated the following attendance strategies as “not valuable”: reminder phone calls prior to the meeting (40%), serving on MDT for a particular length of time (31%), and a requirement for members to attend a certain number of meetings per year (28%). Equal proportions of respondents rated the strategy of requiring members to send an alternate if they were unable to attend as “valuable” and “not valuable” (22%, Appendix 2).

Would you as an MDT member see value in any of the following attendance strategies?



Functions of the Multidisciplinary Team and Model

When asked which functions of the current MDT model were important, respondents rated the following functions as “very important”: developing and carrying out coordinated care plans (39%), providing expert consultation to service providers (35%), identifying service gaps and/or systems problems (33%), enhancing knowledge of resources and practices, and networking with other members (both 31%), and keeping members up-to-date about new services and programs (29%). Respondents rated the following MDT function as “important”: advocating for needed change such as funding (30%, Appendix 2). No functions of the MDT were rated by respondents as “unimportant.”

Additionally, in an open-ended Comments section, seven respondents noted that trainings and agency overviews would be an important function of the MDT, and three respondents stated that increased involvement and cooperation among different agencies in key fields would be an important function of the MDT (Appendix 4).

Meeting Format, Topics and Products

When asked how important the current MDT agenda items were, respondents rated the following agenda items as “very important”: the opportunity to make case presentations (41%), follow-ups on previously raised issues or questions (30%), and listening to updates on new programs and services (28%, Appendix 2).

Respondents rated the following agenda items as “important”: the opportunity for member announcements (37%), member introductions at the beginning of each meeting (33%), and updates on previously presented cases (27%). No current MDT agenda items were rated as primarily “unimportant” by survey respondents.

When asked whether they would like to see 30-minute trainings incorporated into MDT, respondents universally answered “yes.” Respondents rated the following training topics most highly: capacity (46%), financial abuse (43%), the probate conservatorship process (43%), trusts and estates (41%), civil v. criminal remedies for elder abuse (41%), dementia and related conditions (39%), hoarding behavior (35%), and chemical dependency (33%). When asked about potential MDT products, respondents found the following products to be “valuable”: internal training events for MDT members (35%), overview presentations of agencies’ services on a rotational basis (33%), external training events for MDT members (30%), interagency agreements or protocols (30%), MDT orientation materials (27%), and sponsoring legislation (23%). No respondents found any of the potential MDT products to be primarily “very valuable,” nor did any find these products to be primarily “not valuable” (Appendix 2).

Current MDT Members’ Perceptions of Meetings

When asked about challenges they had noticed or encountered as MDT members, 24% of respondents either agreed or strongly agreed that lack of participation by some disciplines makes MDT less useful to them. Respondents agreed or strongly agreed that MDT is relevant to their work (24%), the meetings are well organized (25%), the location of the meeting is convenient (25%), and that effective case plans or ideas have been developed as a result of MDT presentation (22%). Respondents strongly disagreed or disagreed that the meeting time is too long (24%), that they are concerned with client confidentiality (25%), and that too few cases are presented (16%).

Other Comments or Concerns

All respondents were asked as a final question whether they had any comments or concerns that were not addressed in the survey. Twenty-five respondents took the opportunity to enter a remark. The following issues or topics were addressed by at least three individuals:

- Seven respondents emphasized the value of MDT for allowing organizations to work in partnership with other organizations and other disciplines. Of these, five respondents expressed the desire for a stronger presence of law enforcement, and three respondents stated that a stronger participation of mental health is desirable.

- Four respondents stated that they did not believe that their membership in or regular attendance of MDT was appropriate due to the nature of their agency or their position.
- Three respondents stated they did not believe that they were MDT members or understand what membership means.

KEY INFORMANT INTERVIEWS

Both regular Sonoma County MDT attendees and infrequent participants answered questions about MDT (Appendix 3), and provided the following information. Complete Key Informant interview results are available in Appendix 4.

- Helpfulness of MDT feedback depends on whether relevant agencies are present.
- Food/drink would be welcomed.
- Short trainings and/or agency overviews would be useful.
- There is some confusion about whether cases to be presented must ONLY address serious abuse or neglect situations, or must be “stuck” with no plan for resolution.
- There is concern that certain agencies are perceived as “blocking progress.”
- MDT is more effective when members are at the same decision-making level.
- Networking would be better with a wider range of agencies regularly attending.
- MDT alerts can be sent via Outlook Calendar.
- Tasks forces could be created within MDT to address specific issues.
- Some positive outcomes need to be presented too!
- All presented cases should have follow-ups at subsequent meetings.
- LE might work better as “consultants” who attend specific meetings where cases relevant to their specialty are presented.
- Consider holding an occasional MDT in Petaluma or other outer county locations.

RECOMMENDATIONS

The following recommendations are based on analysis of research from current journal publications, observation of three other counties’ MDT meetings, completion of a survey of twenty-eight local agencies, and sixteen key informant interviews. These recommendations are intended to build upon the current MDT foundation and create a more dynamic and professionally diverse team, with the ultimate goal of improving access to services and reducing risk for Sonoma County elder and dependent adults.

GOAL 1: ENHANCING COMMUNICATION

Recommendation 1A: MDT Meeting Reminders

MDT meeting reminders will be sent via a series of e-mails. The first e-mail, including a call for cases and the updated Case Summary Forms (Appendices 6 and 7), will be sent 17 days before the

MDT is to meet. A second e-mail, including the preliminary agenda, will be sent one week before the MDT. Each e-mail will include the MDT Fact Sheet, which is a one-page description of the MDT’s role and purpose (Appendix 5). These alerts can also be sent via Microsoft Outlook Calendar.

Recommendation 1B: Invitations to Community Partners

The MDT Coordinator will coordinate with all case presenters in the week prior to each meeting to ensure that relevant community partners involved in the case are invited and prepared for the meeting. Goal 3 includes further information on the role of the MDT Coordinator.

Recommendation 1C: Philosophy of Collaboration

Sonoma County MDT will be a safe place for agencies to present difficult cases in all their complexity, including situations where agencies disagree or where their mandates require differing approaches. In keeping with its philosophy of community collaboration, Sonoma County MDT will not permit the blame or public shaming of any member or participant. The MDT Facilitator (more below) will review ground rules at the beginning of each MDT meeting.

Recommendation 1D: Regular Check-ins

The MDT Facilitator will check in regularly with all Coordinating Team members to ensure that the MDT is meeting their needs and expectations. In addition, the Facilitator will continue to reach out to those agencies that are reluctant to make a commitment to attend the MDT regularly. The Facilitator will also be responsible for orienting new participants from agencies that regularly rotate staff (i.e. LE or DA) by providing them with an MDT Fact Sheet and answering any questions that may arise. More information on the Coordinating Team is included in Goal 2.

GOAL 1: ENHANCE COMMUNICATION			
RECOMMENDATION	HOW	WHEN	WHO
1A: MDT Meeting Reminders	First e-mail to include a call for cases, Case Summary Forms and MDT Fact Sheet	First e-mail to be sent 17 days before scheduled MDT meeting	MDT Coordinator
	Second e-mail to include preliminary agenda and MDT Fact Sheet	Second e-mail to be sent 7 days before scheduled MDT meeting	
	E-mails to be sent via Outlook Calendar		
1B: Invitations to Community Partners	Coordination with case presenters to ensure relevant agencies are invited and prepared	In the week prior to scheduled MDT meeting, once case summary is approved by MDT Facilitator	MDT Coordinator

GOAL 1: ENHANCE COMMUNICATION			
RECOMMENDATION	HOW	WHEN	WHO
1C: Philosophy of Collaboration	Review Philosophy of Collaboration	At the beginning of each MDT meeting, after member introductions	MDT Facilitator
1D: Regular Check-Ins	Regular check-ins with Coordinating Team members	After each MDT meeting	MDT Facilitator
	Outreach to desired agencies that are reluctant to make a commitment to regular MDT attendance	Quarterly	
	Orient new participants from agencies that rotate staff	As needed	

GOAL 2: IMPROVING ORGANIZATION

Recommendation 2A: Coordinating Team

Although APS is mandated by state law to maintain a multidisciplinary team meeting, there is no directive in the law as to how to conduct these meetings, nor any prohibition against involving other community partners in the meeting process.^{xxii} Therefore, this project recommends that the Sonoma County MDT invite the following core agencies to serve as a Coordinating Team:

- APS
- Public Guardian
- Ombudsman
- Law Enforcement
- District Attorney
- Council on Aging
- Hospitals (Kaiser, Santa Rosa Memorial, Sutter)

The membership of the Coordinating Team will not be expanded beyond the agencies listed above, who are already directly participating in the MDT process (and designated in the W&I code).

The Coordinating Team will meet quarterly to plan trainings, resolve issues and designate responsibilities between members, such as who will act as MDT Facilitator and Coordinator. Coordinating Team agencies will sign an agreement in which they commit to sending a representative (or an alternate, if the regular member is unable to attend) to each monthly MDT. Coordinating Team agencies will also commit to presenting at least one case per year. A benefit of Coordinating Team membership includes participation in long-term MDT planning such as choosing training topics, inviting

community agencies to give an overview of their services to the MDT, or planning an annual conference or retreat; they will also be given the opportunity by the Facilitator to express any questions or concerns about the MDT during the Facilitator’s regular check-ins with them. Coordinating Team agency representatives will be designated as “MDT members” while all other attendees will be designated as “MDT participants.”

Recommendation 2B: Membership

With the creation of the Coordinating Team, the Sonoma County MDT will increase its membership and improve attendance from Coordinating Team member agencies. In addition, the MDT Facilitator, along with other Coordinating Team members, will reach out to community partners who do not currently or regularly attend the MDT and invite them to attend (Recommendation 1D).

The MDT Coordinator will add any new participants to the MDT Meeting Reminder e-mail list after every meeting. The MDT Facilitator will review and purge the MDT Meeting Reminder e-mail list every six months.

Recommendation 2C: Confidentiality

All Coordinating Team agencies will sign a Memorandum of Understanding with the MDT, spelling out their responsibilities and privileges. MDT participants who are not Coordinating Team members will sign a monthly confidentiality agreement at the MDT meeting.

Recommendation 2D: Team-Building

The MDT Coordinating Team will review the value of team process with MDT participants on a regular basis. In addition, the MDT will host an annual retreat or other day-long team-building exercise.

GOAL 2: IMPROVE ORGANIZATION			
RECOMMENDATION	HOW	WHEN	WHO
2A: Creation of a Coordinating Team	Invitation to desired core agencies to serve as an Coordinating Team which will meet quarterly to plan trainings, resolve MDT issues and designate responsibilities between members	After approval of recommendation	MDT Facilitator
2B: Membership	Add any new participants to MDT Meeting Reminder e-mail list	After each MDT meeting, as needed	MDT Coordinator
	Review MDT Meeting Reminder e-mail list and purge if needed	Every six months	MDT Facilitator
	Outreach to community partners who do not currently or regularly attend MDT	Quarterly	MDT Facilitator, Coordinating Team

GOAL 2: IMPROVE ORGANIZATION			
RECOMMENDATION	HOW	WHEN	WHO
2C: Confidentiality	Coordinating Team members to sign an MOU	After creation of Coordinating Team	MDT Facilitator
	Meeting participants to sign a monthly confidentiality agreement	At the beginning of each MDT meeting	MDT Coordinator
2D: Team Building	Review the value of team process	Quarterly	Coordinating Team
	Host a retreat or other team-building exercise	Annually	Coordinating Team

GOAL 3: ENHANCING INFRASTRUCTURE

Recommendation 3A: Revision of the MDT Facilitator Role

The MDT Facilitator will be designated on a rotating basis by the MDT Coordinating Team; this role is expected to alternate among members of the Coordinating Team agencies. When the role of MDT Facilitator is not held by APS staff, an APS Supervisor will assist the Facilitator with the case summary approval process. The MDT Facilitator role will be revised to include the following responsibilities:

- Reviews, approves and prioritizes case summaries submitted for presentation
- Sits at the head of the table in order to best facilitate
- Facilitates introductions and agency announcements
- Reviews the confidentiality agreement
- Reviews discussion ground rules (i.e. raising hand to be called on to speak, no shame no blame)
- Directs group discussion toward the presenter’s questions as noted on the Case Summary Form
- Checks in with the presenter at the end of the discussion as to whether he/she got the assistance needed
- Responds to previously raised issues where follow-up was requested
- Reviews and purges the MDT Meeting Reminder e-mail list every six months
- Presents information about the role and function of the MDT to the wider community as requested or needed

Recommendation 3B: Creation of the MDT Coordinator

For MDT to function most effectively, administrative support is required to maintain the organization of the Coordinating Team as well as communication between team members. The MDT Coordinator will be a designated individual from one of the Coordinating Team agencies. This role will also be filled on a rotating basis, and will consist of the following responsibilities:

- Sends out MDT meeting reminders and agendas via e-mail
- Receives Case Summary Forms submitted for presentation, and forwards to the MDT Facilitator (and to an APS Supervisor, when the MDT Facilitator role is not filled by APS staff) for review and approval
- Sets up the meeting room:
 - Arranges sign-in sheet/confidentiality agreement, copies of case summaries, name cards, and any other community information on a table by the front door
 - Coordinates food and drink
- Records meeting minutes using the MDT Data Collection Form (Appendix 9)
- Arranges 30-minute trainings as directed by the Facilitator
- Arranges agency overviews as directed by the Facilitator
- Notes issues raised at MDT meetings that need follow-up, and alerts Facilitator for response

Recommendation 3C: Case Presentation Process

All case presenters will complete updated Case Summary Forms (Appendices 6 and 7) and submit them via e-mail to the MDT Coordinator. After case summaries are reviewed and approved by the MDT Facilitator, the Coordinator will contact presenters to schedule their presentations. Presenters will use the Case Summary Form as a guide during their verbal presentations at the meeting. Presenters will focus their presentations toward what they hope to get from the MDT in terms of outcome. After the MDT, the Coordinator will contact all presenters to schedule case updates within the next quarter after their presentations. The Coordinator will send Case Update Forms (Appendix 8) to presenters via e-mail, and presenters will complete the forms and update their cases at the MDT meeting within the next quarter. Updates may be given by presenters, or by the MDT Facilitator using the submitted Case Update Forms. The MDT Coordinator will track case updates and record case outcomes. APS presenters will record presentation results (i.e. suggested interventions) in client case notes.

Recommendation 3D: South County MDT

Feedback about the current MDT meeting location at the Family Justice Center has been very positive. However, additional MDT meetings will also be available to convene as needed in outer areas of the county, such as Petaluma, in order to provide better service to clients who utilize agencies there. The APS Section Manager and Ombudsman will research the feasibility of conducting a bi-monthly MDT meeting in Petaluma in collaboration with South County partners such as Petaluma People Services Center (PPSC), Petaluma Ecumenical Housing (PEP), Committee on the Shelterless (COTS), Petaluma Police Department, and the Petaluma Senior Center.

GOAL 3: ENHANCE INFRASTRUCTURE			
RECOMMENDATION	HOW	WHEN	WHO
3A: Revision of MDT Facilitator role	<ul style="list-style-type: none"> • Reviews, approves, prioritizes case summaries submitted for presentation • If Facilitator role is not currently filled by APS, then APS Supervisor will assist Facilitator with case summary approval process • At meeting, facilitates introductions, announcements, confidentiality agreement and ground rules discussions • Directs group discussion toward needs of presenter • Checks in with presenter at end of discussion to ensure satisfaction • Responds to issues raised at previous MDTs • Presents info about MDT role/function to the wider community 	After approval of recommendation	Designated on a rotating basis by the MDT Coordinating Team
3B: Creation of MDT Coordinator role	<ul style="list-style-type: none"> • Sends out MDT Meeting Reminders • Receives case summaries and forwards to Facilitator (and APS Supervisor if necessary) for review/approval • Sets up meeting room • Records meeting minutes using Data Collection Form • Arranges trainings and overviews as directed by Facilitator • Notes issues that require follow-up 	After approval of recommendation	Designated on a rotating basis by the MDT Coordinating Team
3C: Case Presentation Process	Case presenters submit Case Summary Form	Up to 10 days before next scheduled MDT	Case Presenter
	Case is approved for presentation	After approval by MDT Facilitator	MDT Coordinator
	Presenters use Case Summary Form to guide verbal presentation, and gear presentation toward desired outcome	At MDT meeting	Case Presenter
	Coordinator sends Case Update Form to all presenters	After MDT meeting	MDT Coordinator
	Presenter or Facilitator updates case at upcoming MDT meeting	Within 3 months of initial case presentation	Presenter or MDT Facilitator

GOAL 3: ENHANCE INFRASTRUCTURE			
RECOMMENDATION	HOW	WHEN	WHO
3D: South County MDT	Research feasibility of conducting a bi-monthly MDT in Petaluma	After approval of recommendation	APS Section Manager and Ombudsman

GOAL 4: ENHANCING OUTCOMES

Recommendation 4A: Products

The main product of this report is the report itself, including data collection and recommendations. Several new forms and an MDT Fact Sheet were also created as a result of this project (Appendices 5 through 8). In addition, the MDT Coordinator will begin collecting a variety of data that will assist the MDT Facilitator and other Coordinating Team members to track MDT progress and determine the impact of MDT on the lives of clients (Appendix 9). Another recommendation is that the Information Integration Business Consultant assigned to the Human Services Department Adult and Aging Services Division (A&A) assist the project to develop outcome measures that can be tracked via the A&A Trendex.

Recommendation 4B: Outreach

The MDT Facilitator, in conjunction with the MDT Coordinating Team, will reach out to community members and support the MDT by scheduling trainings and agency overviews, and will also be available to provide presentations to community members on the role and function of the MDT.

GOAL 4: ENHANCE OUTCOMES			
RECOMMENDATION	HOW	WHEN	WHO
4A: Products	<ul style="list-style-type: none"> Report data and recommendations Creation of Case Summary forms and Case Update form 	Already completed	Report staff
	Creation of MDT Fact Sheet	Already completed	Report staff
	Collection of data via MDT Data Collection form	At each MDT meeting	MDT Coordinator
	Creation of outcome measures that can be tracked via A&A Trendex	After approval of recommendation	Information Integration Business Analyst
4B: Outreach	<ul style="list-style-type: none"> Scheduling trainings and agency overviews Availability to make presentations on MDT to community members 	Ongoing as needed	MDT Facilitator

CONCLUSION

Sonoma County is entering an era in which a growing number of elder and dependent adults require programs and services that the current system of care cannot provide. As local agencies see more and more cases of vulnerable elder and dependent adults, and the current system continues to lag behind in funding, collaborative MDTs are emerging as the best practice for the provision of services to this growing population.

To improve the Sonoma County MDT, this report has presented recommendations which have been informed by data collected from current publications, observations of other MDTs, a survey of local agencies, and key informant interviews. These recommendations will improve the function and effectiveness of the Sonoma County Elder and Dependent Adult Multidisciplinary Team, and ultimately improve the lives of elder and dependent adults in the community.

ACKNOWLEDGEMENTS

Thank you to the Sonoma County Area Agency on Aging Advisory Council for funding this study with Older Americans Act Title VIIB funding. Sonoma County APS is appreciative to the staff and MDT participants in Marin, Sacramento and San Francisco counties for sharing their practices, forms, and thoughts on their MDTs. Alison Lobb of the Human Services Information Integration Division was very helpful to the project in the survey design and evaluation. Lastly, Sonoma County APS is grateful to all the community partners who have participated in various parts of this study to improve outcomes for elder and dependent adults in Sonoma County.

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APPENDICES

APPENDIX 1: MDT REDESIGN PROJECT SURVEY

Survey on Multidisciplinary Teams Sonoma County MDT Redesign Project

Sonoma County Adult Protective Services (APS) is seeking to redesign the Multidisciplinary Team (MDT) meetings to increase attendance and participation as well as the diversity of disciplines represented. We will use your survey responses to help us with the redesign. In order to best utilize the survey results we need to know which agency you work for, but the information you provide will be kept confidential and will be used only to assist us in our goal of improving the MDT. This survey takes approximately 10 minutes to complete. Please complete this survey by May 7, 2012. If you have any questions, please contact Tracey Fisher at tfisher@schsd.org or 565-5909.

*** 1. Agency**

2. Title

3. What is the main function of your organization?

<input type="radio"/> Health care provider	<input type="radio"/> Public guardian
<input type="radio"/> Older adult services	<input type="radio"/> Law enforcement
<input type="radio"/> Developmentally disabled adult services	<input type="radio"/> Financial institution
<input type="radio"/> Ombudsman	
<input type="radio"/> Other (please specify)	

4. How often do you currently attend the monthly Sonoma County Elderly and Dependent Adult MDT?

Monthly

Quarterly

When I have time

Only when presenting a case

Never

5. Please rate the importance of the following functions in the current MDT model:

	Unimportant	Important	Very Important
Provide expert consultation to service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan and carry out coordinated care planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify service gaps and/or systems problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocate for needed change (i.e. funding for services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhance knowledge of resources and practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Network with other members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep members up to date about new services, programs, legislation, services etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Are there any other functions you would like to see implemented in MDT?

- No
- Yes. Please explain

7. Please check below all times you would be available for the MDT meeting

	AM	PM
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>

8. Does current meeting frequency (monthly) work for you?

- Yes
- No - Quarterly
- No - As Needed

Format of the MDT

9. Please rate the level of importance of the following current MDT agenda items.

	Unimportant	Important	Very Important
Member introductions at beginning of each meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for member announcements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to updates on new services and programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to make case presentation(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Updates on previously presented cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-ups on previously raised issues or questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Would you like to see MDT periodically incorporate short trainings (30 minutes).

	Yes	No
Probate conservatorship process	<input type="radio"/>	<input type="radio"/>
Trusts and estates	<input type="radio"/>	<input type="radio"/>
Chemical dependency	<input type="radio"/>	<input type="radio"/>
Civil vs criminal remedies for elder abuse	<input type="radio"/>	<input type="radio"/>
Cultural diversity	<input type="radio"/>	<input type="radio"/>
Hoarding behavior	<input type="radio"/>	<input type="radio"/>
Dementia and related conditions	<input type="radio"/>	<input type="radio"/>
Capacity	<input type="radio"/>	<input type="radio"/>
Financial abuse and seniors	<input type="radio"/>	<input type="radio"/>

MDT Attendance

11. Would you as an MDT member see value in any of the following attendance strategies?

	Not Valuable	Valuable	Very Valuable
Requirement for members to attend a certain number of meetings each year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Membership terms (serving on MDT for a particular length of time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminder e-mails prior to MDT meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminder phone calls prior to MDT meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requirement for members to provide an alternate if they cannot attend the meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requirement that case-presenting agency invites other pertinent agency representatives to MDT meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Which of the following disciplines, if they regularly attended MDT, would be important in motivating you to attend?

	Not Important	Important	Very Important
Adult Protective Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement/Firefighters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence/sexual assault services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
District Attorney/legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Administrator/Public Guardian/Public Conservator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/hospital services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banks/fiduciary services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental disability providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adult services providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Home Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless services providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tangible Products

13. How would you, as member, rate the value of the following potential MDT products?

	Not Valuable	Valuable	Very Valuable
Sponsoring legislation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agencies presenting an overview of their services (on a rotational basis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizing internal training events for MDT members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizing external training events for the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing MDT orientation manuals or materials, brochures, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing interagency agreements or protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Challenges

14. Are you a current MDT member?

- Yes
 No

15. What challenges have you noticed or encountered as an MDT member?

	Strongly Disagree	Disagree	Agree	Strongly Agree
The MDT is relevant to my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meetings are well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meeting location is convenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meeting time is too long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The lack of regular participation by some disciplines lowers the usefulness of the meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have concerns that client confidentiality will be breached	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too few cases are presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective case plan and/or ideas have been developed as a result of MDT presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Any other questions, concerns or comments?

Thank you for participating in this survey. If you have any questions or comments about the survey, please contact Tracey Fisher at tfisher@schsd.org or (707) 565-5909.

APPENDIX 2: MDT SURVEY RESULTS REPORT

Sonoma County MDT Redesign Project Survey on Multidisciplinary Teams Analysis of the Responses

Purpose of This Report

This report presents the main findings of the Survey on Multidisciplinary Teams in order to inform the Multidisciplinary Team (MDT) Redesign Project. The MDT Redesign Project aims at restructuring MDT meetings in order to maximize the usefulness and attractiveness of the meetings to members with the goal of having the full cross-section of key agencies represented regularly. The Project draws on a number of research tools in addition to the survey.

Survey Methodology

The Survey on Multidisciplinary Teams was designed by staff of the Adult Protective Services section of the Adult & Aging Services Division. The survey was administered through the web-based tool Survey Monkey. E-mail requests to complete the survey were sent to 121 individuals representing a total of 45 agencies on April 23. The last response was received on May 15.

A total of 59 surveys were completed by representatives of 27 agencies working in the fields of developmentally disabled adults services, financial services, health care provision (including mental health and emergency medical services), law enforcement (including court investigations), older adult services, and ombudsman services. A table that lists all organizations that were invited to take the survey and indicates the number of members who responded is included.

Main Function	Number of Organizations Invited	Number of Organizations That Responded	Percentage of Responding Organizations in Function	Number of Individuals Who Responded
Developmentally Disabled Adult Services	5	1	20%	4
Financial institution	1	1	100%	1
Health care provider	17	12	88%	22
Law enforcement	12	4	33%	4
Older Adult Services	8	7	88%	24
Ombudsman	1	1	100%	2
Public Guardian	1	1	100%	2
TOTAL	45	27	60%	59

The Information Integration Division strives to achieve at least a 70% response rate with surveys. This means that the organizations that perform the main functions necessary to the MDT are well-represented, with the exceptions of agencies providing developmentally disabled adult services and law enforcement. In terms of the survey findings, the low response rate of agencies providing developmentally disabled adult services is somewhat mitigated by the fact that half of the agencies that primarily serve older adults also serve adults with developmental disabilities, while the low response rate of law enforcement is somewhat mitigated by the participation of two fire departments that, for the sake of MDT, are considered health care providers. Nonetheless, the MDT Redesign Project Team should keep the low response rates of organizations in law enforcement and in developmentally disabled adult services when drawing on the findings.

Membership, Meeting Attendance, Meeting Time, and Frequency

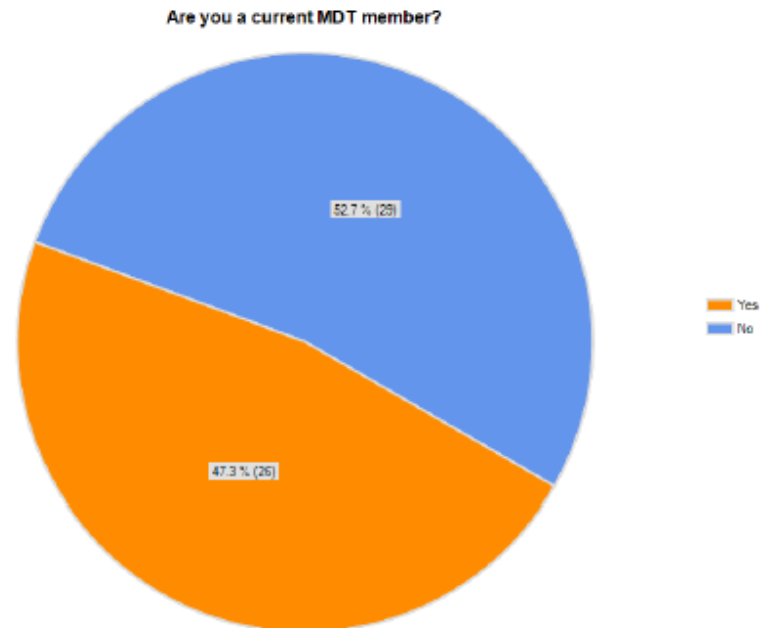


Figure 1

Please Note: Many respondents expressed confusion as to whether or not they are MDT Members. None of the representatives of law enforcement considered themselves to be a member.

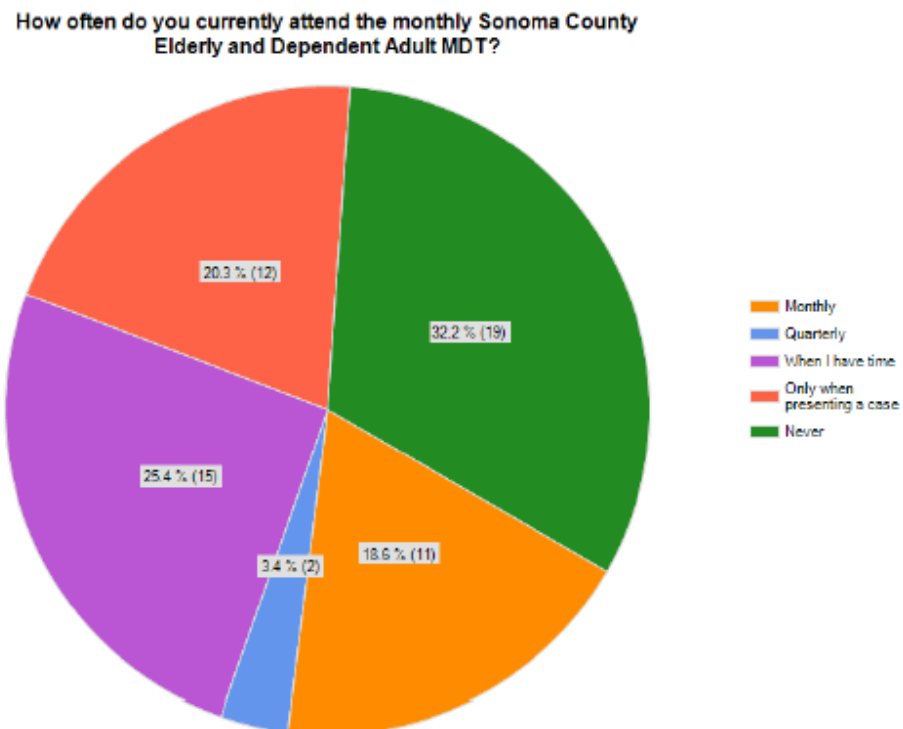


Figure 2

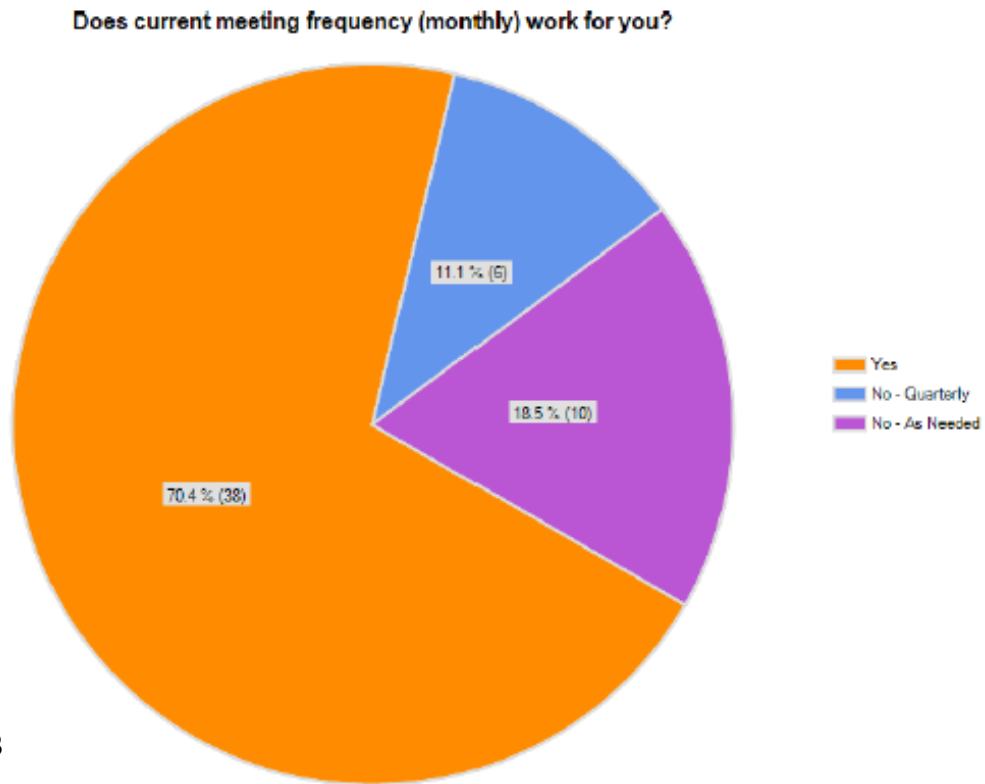
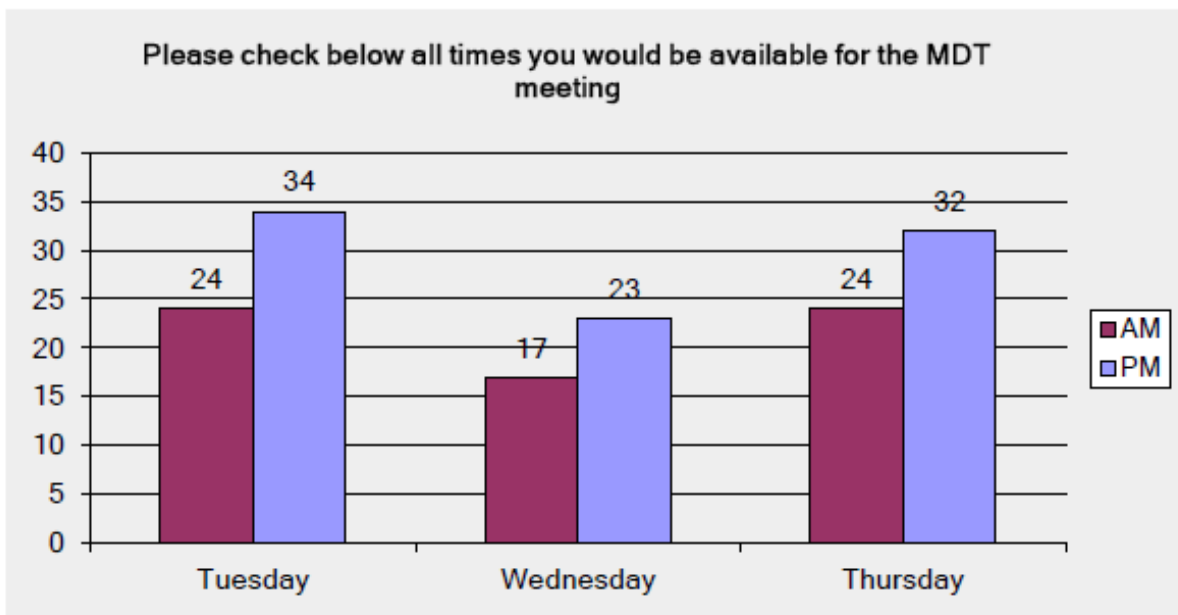


Figure 3

Figure 4



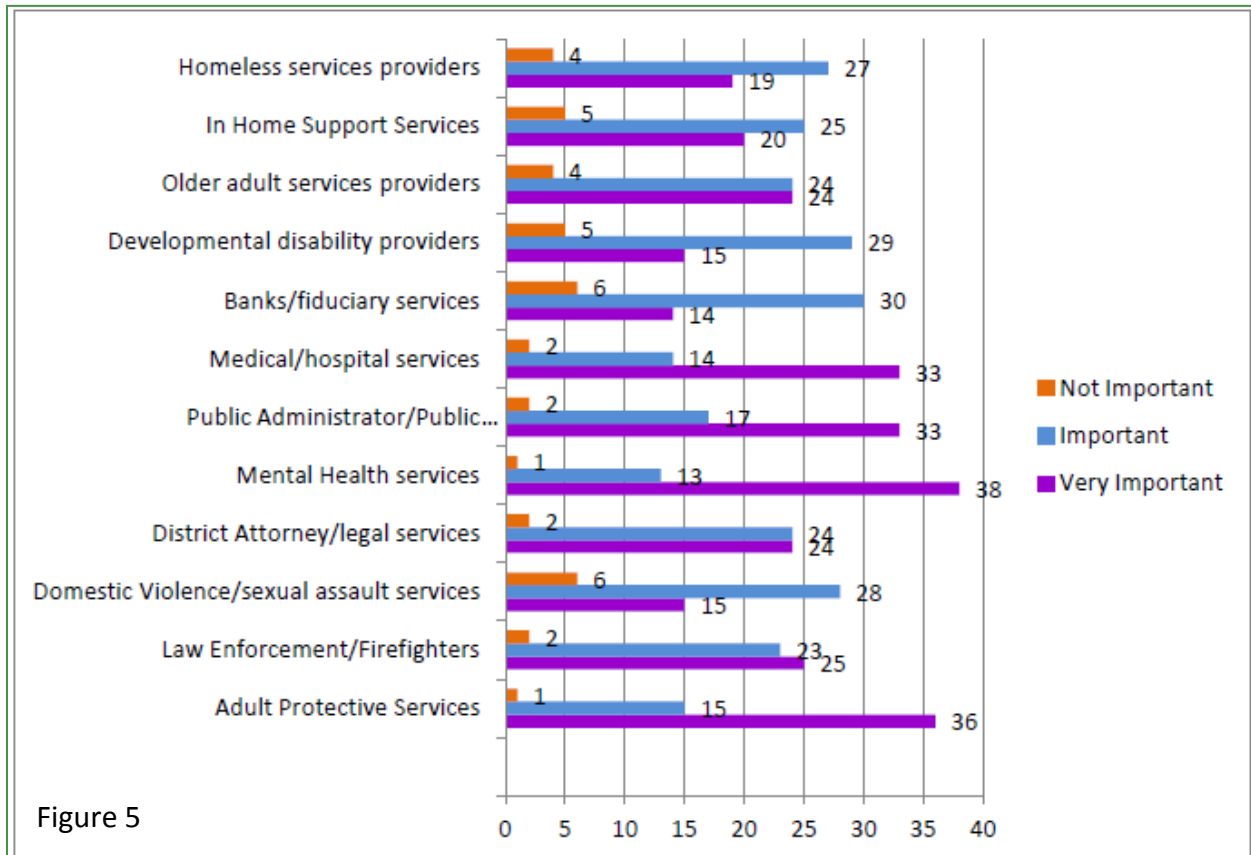


Figure 5

The attendance of representatives of mental health services was disproportionately important to respondents in the fields of health care, older adult services, and developmentally disabled adult services.

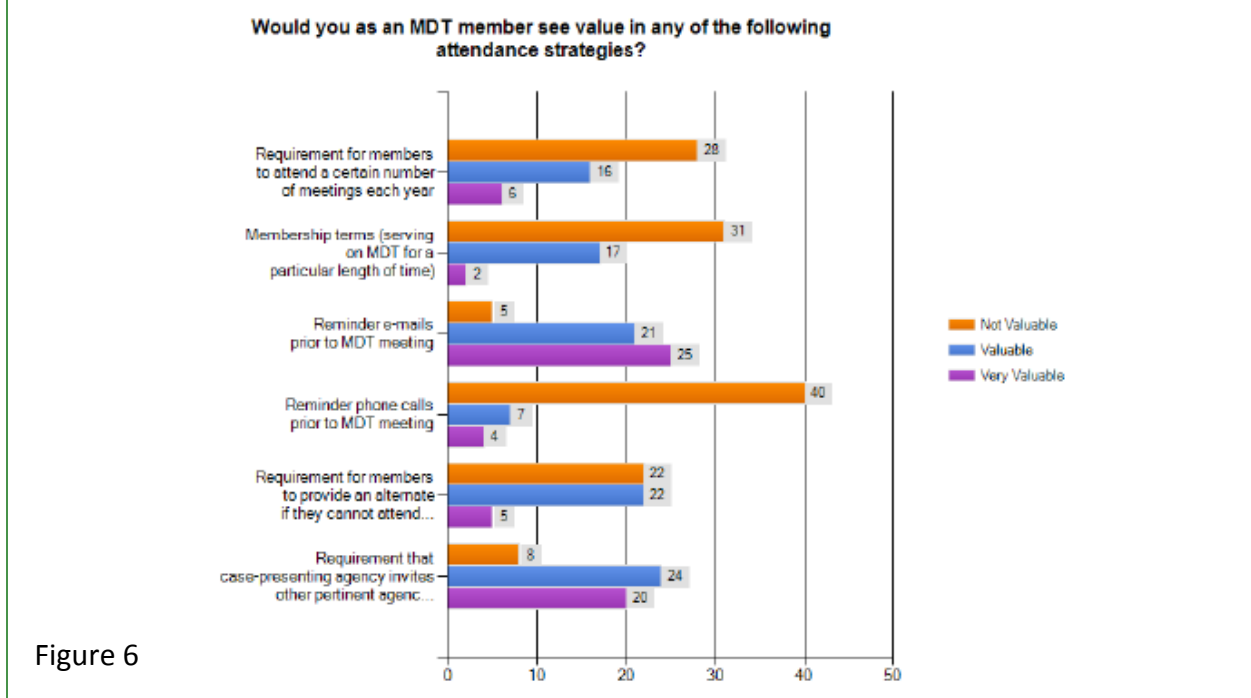


Figure 6

Functions of the Multidisciplinary Team and Model

Please rate the importance of the following functions in the current MDT model:

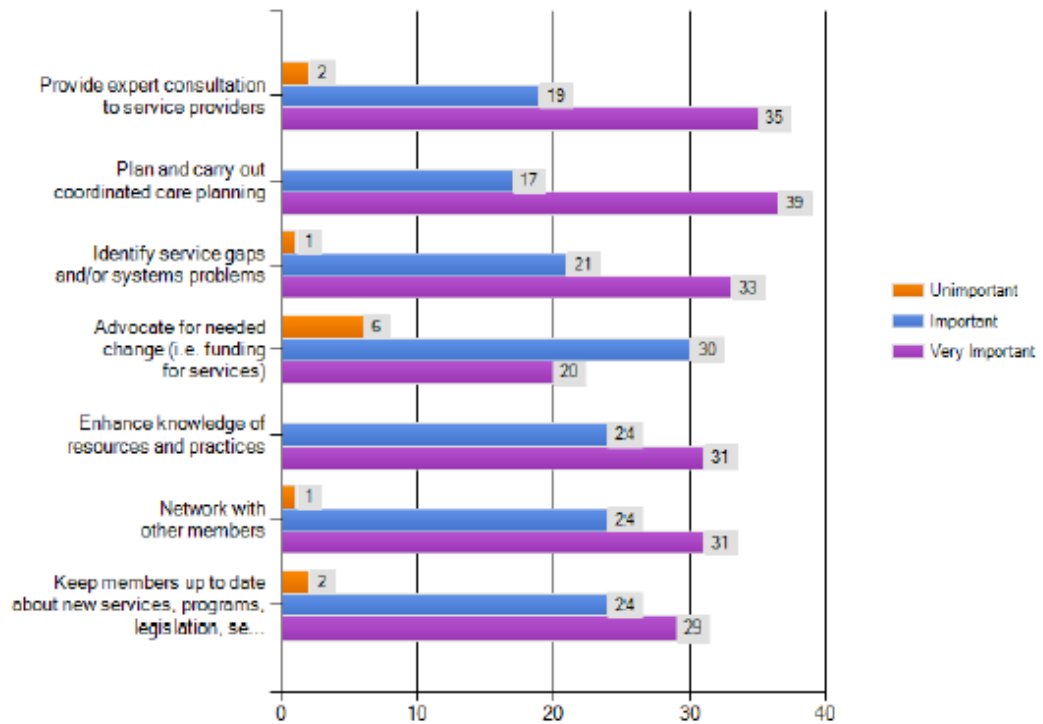


Figure 7

Are there any other functions you would like to see implemented in MDT?

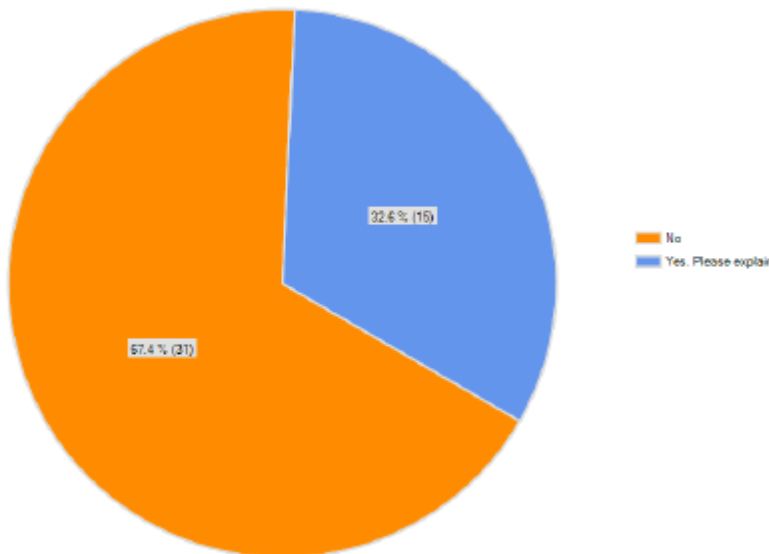


Figure 8

Other functions desired (provided by at least three respondents):

- Education, mini trainings, regular trainings, agency overviews, periodic training on systems such as conservatorships with public guardian. (7 respondents.)

- Increased involvement and cooperation of different agencies in key fields. (3 respondents.)

Meeting Format, Topics, and Products

Please rate the level of importance of the following current MDT agenda items.

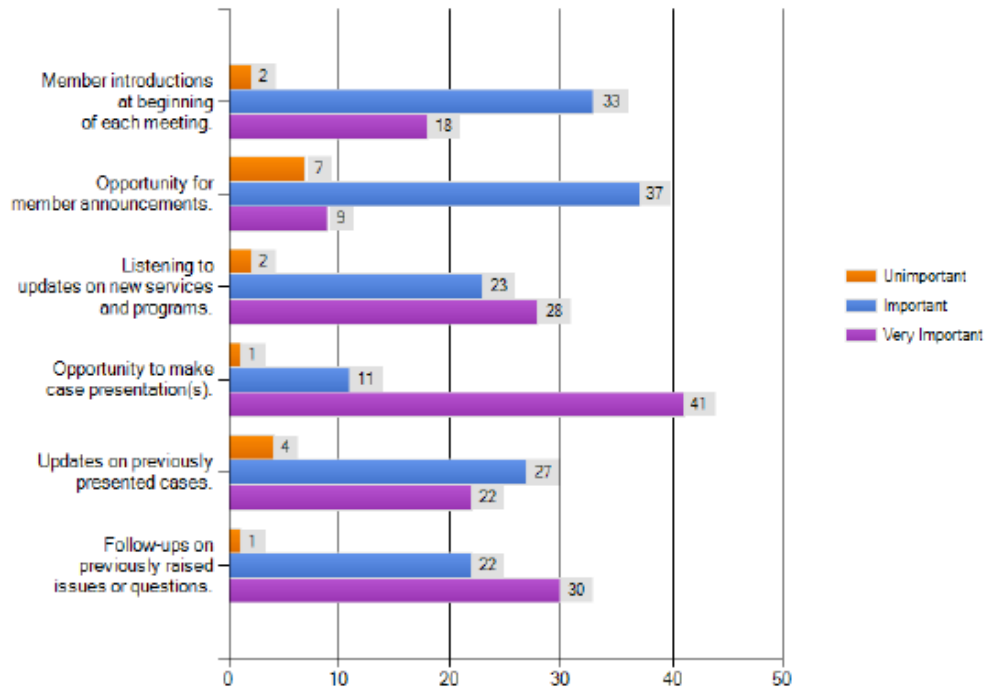


Figure 9

Would you like to see MDT periodically incorporate short trainings (30 minutes).

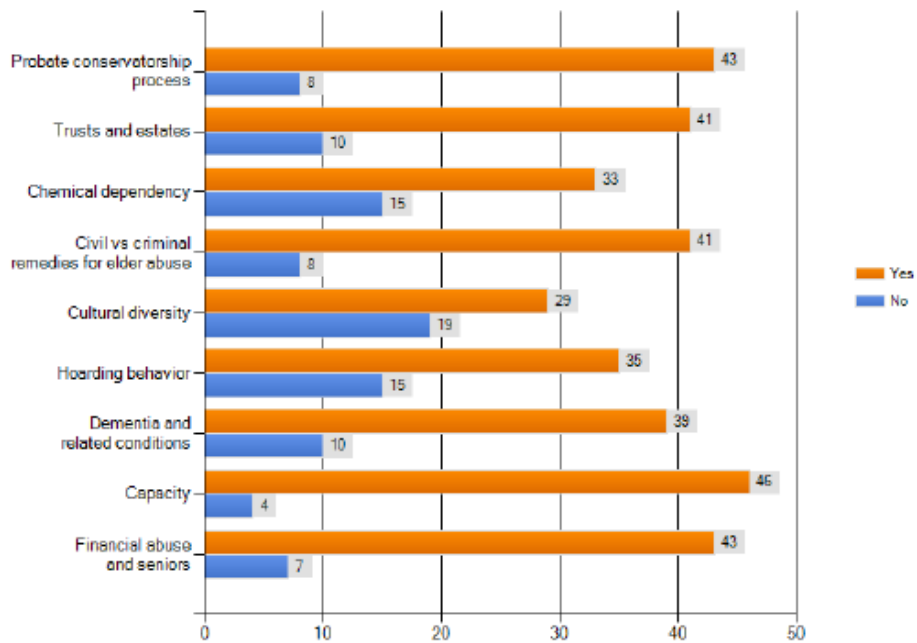
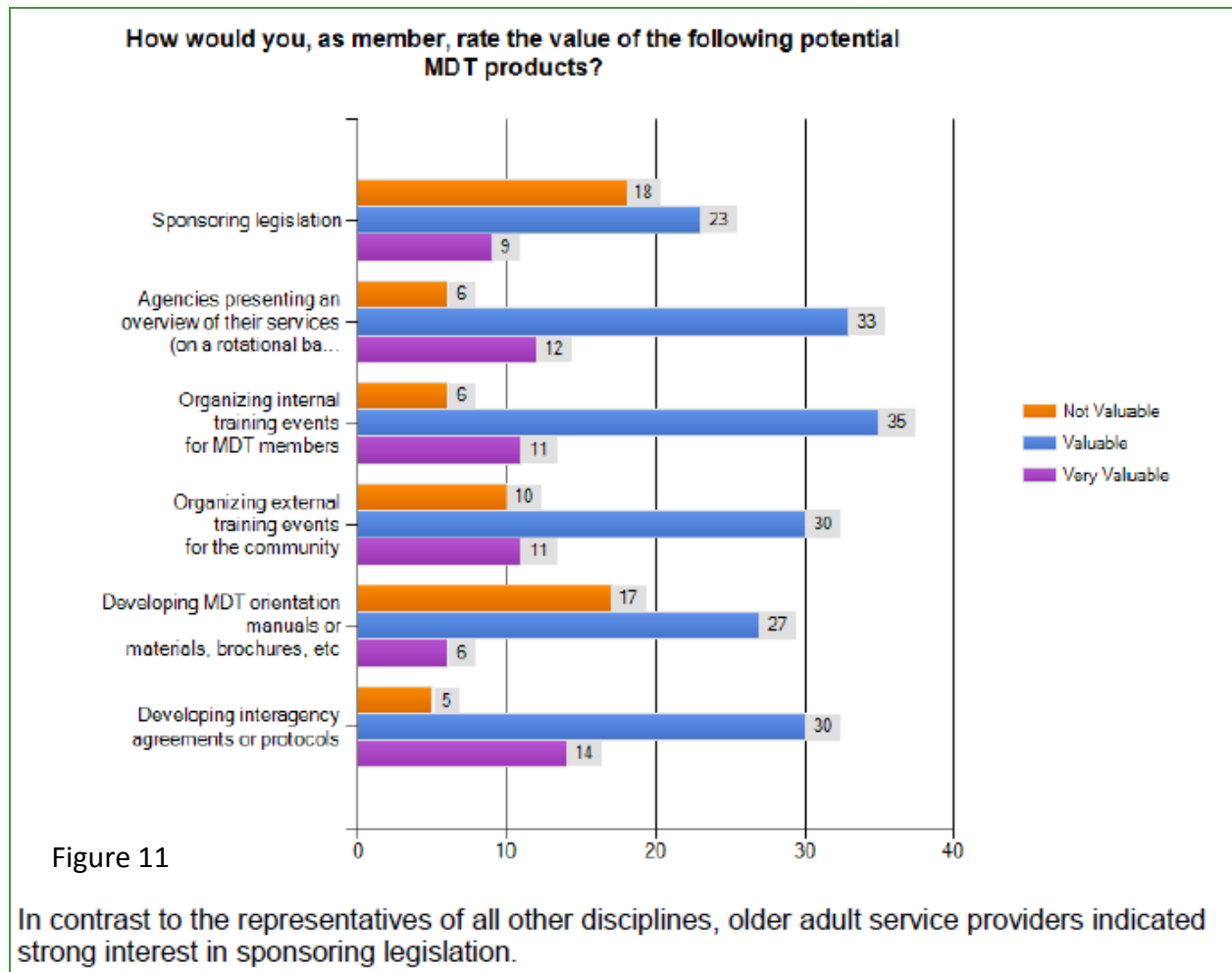
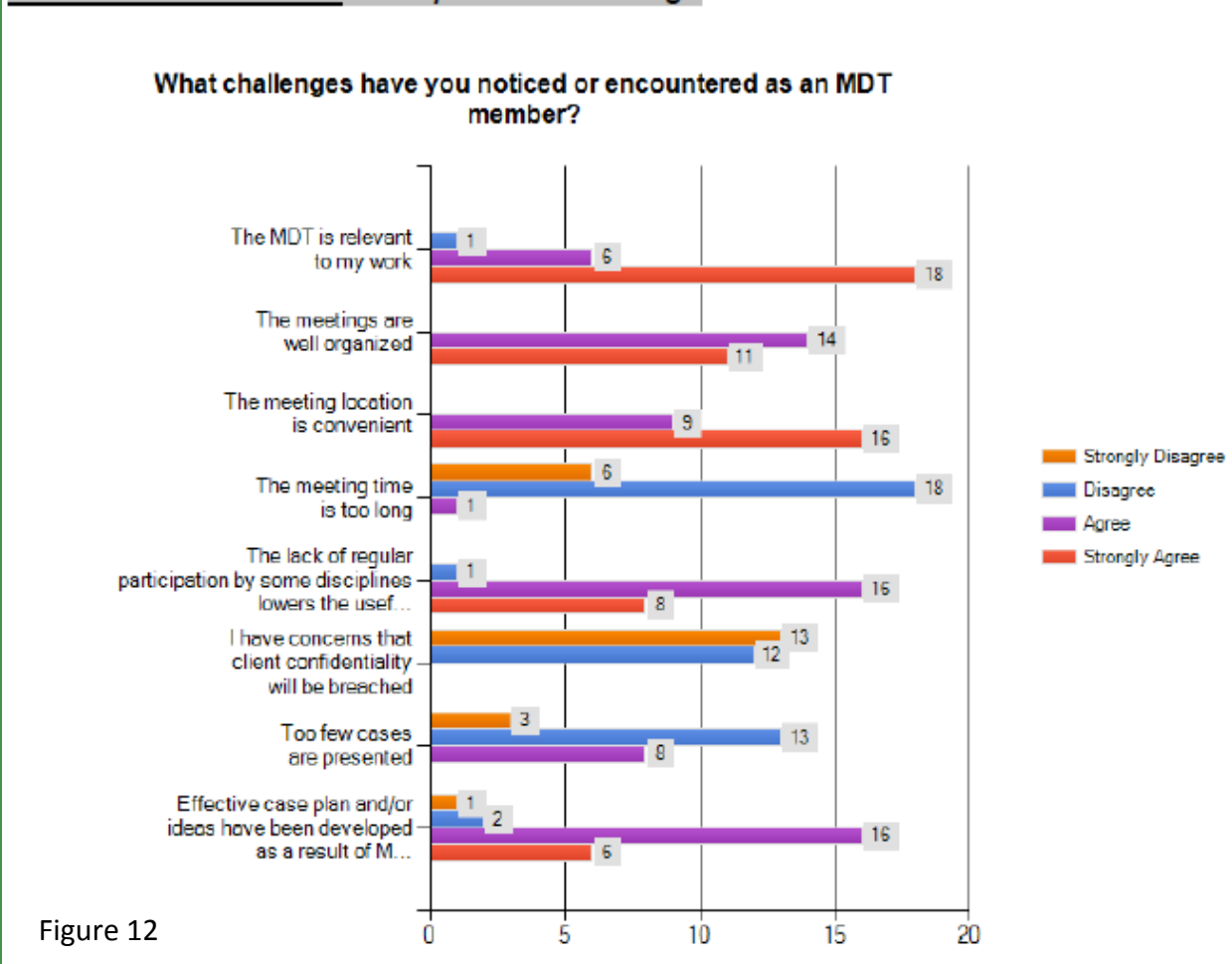


Figure 10



Current MDT Members' Perceptions of Meetings



Other Comments or Concerns

All respondents were asked as a final question whether they had any questions, comments or concerns that were not addressed in the survey. Twenty-five respondents took the opportunity to enter a remark. The following lists the issues or topics that were made by at least three individuals.

- Seven respondents emphasized the value of MDT for allowing organizations to work in partnership with other organizations and other disciplines. Of these, 5 respondents expressed the desire for a stronger presence of law enforcement, and 3 respondents stated that a stronger participation of mental health is desirable.
- Four respondents stated that they did not believe that their membership in or regular attendance of MDT is appropriate due to the nature of their agency or their position.
- Three respondents stated they did not believe that they are members or understand what membership means.

The full listing of open-ended comments that were solicited at the end of the survey is attached.

A Collaborative Approach to Multidisciplinary Teams

Agencies Invited and Number of Members that Responded

Agencies	Main Function	Members
Adult Protective Services, Adult & Aging Services	Older adult services	12
Alzheimer's Association	Older adult services	0
Becoming Independent	Developmentally disabled adult services	0
City of Santa Rosa Fire Department	Health care provider	1
Cloverdale Police Department	Law enforcement	0
Council on Aging	Older adult services	3
Disability Services & Legal Center	Developmentally disabled adult services	0
Exchange Bank	Financial institution	1
Healdsburg District Hospital	Health care provider	1
House Calls	Health care provider	1
In-Home Supportive Services, Adult & Aging Services	Older adult services	2
Kaiser Permanente	Health care provider	3
Multipurpose Senior Services Program, Adult & Aging Services	Older adult services	3
North Bay Regional Center	Developmentally disabled adult services	4
Oaks of Hebron	Developmentally disabled adult services	0
Old Adobe Developmental Services	Developmentally disabled adult services	0
Palm Drive Hospital	Health care provider	0
Petaluma City Fire Department	Health care provider	7
Petaluma People Services Center	Older adult services	1
Petaluma Police Department	Law enforcement	0
Petaluma Valley Hospital	Health care provider	1
Public Guardian, Adult & Aging Services	Public Guardian	2
Redwood Caregiver Resource Center	Older adult services	1
Rohnert Park Police Department	Law enforcement	0
Santa Rosa Community Health Centers	Health care provider	1
Santa Rosa Memorial Hospital	Health care provider	2
Santa Rosa Police Department	Law enforcement	1
Sebastopol Police Department	Law enforcement	0
Senior Advocacy Services	Ombudsman	2
Sonoma County Animal Care and Control	Law enforcement	1
Sonoma County District Attorney's Office	Law enforcement	1
Sonoma County Indian Health Project	Health care provider	1
Sonoma County Mental Health	Health care provider	0
Sonoma County Sheriffs Department	Law enforcement	0
Sonoma Police Department	Law enforcement	0
Sonoma Valley Fire Department	Health care provider	0
Sonoma Valley Hospital and Skilled Nursing Facility	Health care provider	1
Superior Court - Probate Court Investigators	Law enforcement	1
Sutter Medical Center of Santa Rosa	Health care provider	1
Veterans Administration Santa Rosa Outpatient Clinic	Health care provider	2
West County Community Services	Older adult services	1
West County Health Services	Health care provider	0
Windsor Police Department	Law enforcement	0

Please note: One respondent in the main function of "older adult services" did not identify the agency and so is not included in the above table.

APPENDIX 3: KEY INFORMANT INTERVIEW QUESTIONS

Key Informants who **ARE** Current MDT Participants:

- APS Supervisor
- APS Social Worker
- APS Section Manager
- Public Guardian
- SRMH Social Services Supervisor
- Sutter Social Services Supervisor
- Kaiser Social Worker
- Ombudsman

Have you or your agency ever presented a case or been associated with a case that has been presented at Sonoma County Elder and Dependent Adult Multidisciplinary Team meeting (MDT)?

If Yes:

- Please describe how effective the MDT meeting was in providing strategies and identifying resources in regards to the case(s).
- If the case had not been presented to MDT, would the results of the case be any different?
- Please describe your level of satisfaction with the feedback provided by MDT.

If No, why not?

Please describe what changes, if any, would be needed to facilitate attendance and participation at the MDT meeting by your agency.

Key Informants who **ARE NOT** Current MDT Participants:

- SRPD
- Sonoma County Sheriff
- Sonoma County DA
- Petaluma Hospital Social Worker
- Kaiser Continuing Care MD

Have you or your agency ever presented a case or been associated with a case that has been presented at MDT?

If Yes:

- Please describe how effective the MDT meeting was in providing strategies and identifying resources in regards to the case.
- If the case had not been presented to MDT would the results of the case be any different?
- Please describe your level of satisfaction with the feedback provided at by MDT.

If No, why not?

- Please describe how familiar you are with MDT?
- Please describe what changes, if any, would be needed to facilitate attendance and participation in the MDT meeting by your agency.

APPENDIX 4: KEY INFORMANT INTERVIEW RESULTS

Participating Agencies: Sonoma County Adult Protective Services, Sonoma County Public Administrator/Conservator/Guardian, Kaiser Hospital, Santa Rosa Memorial Hospital, Sutter Hospital, Senior Advocacy Services, Santa Rosa Police Department, Sonoma County Sheriff’s Department, Sonoma County District Attorney’s Office, Petaluma Valley Hospital

Current MDT Participants Who Have Presented (or Associated with Case) at MDT			
How effective was MDT?	If not presented, would case results be different?	Level of satisfaction with feedback?	What is needed to facilitate participation?
Very effective, when needed members are present; also educational to other agencies to improve system/ jurisdiction knowledge	When needed members are present – yes, resources would not have been as clear for client	Feedback is excellent by those members who attend	<ul style="list-style-type: none"> • Food/drink or lunch • The more people who come, the more who will want to come
Colleague presented case (this informant not present) but at mtg informant went to, participants appeared free to speak, process was collaborative and different opinions appeared welcome	Per presenting colleague, case still ongoing but colleague felt MDT was helpful in that she had a new starting point and new resources	At mtg this informant attended, feedback appeared good	<ul style="list-style-type: none"> • Mtg time/place are good (response from Novato) • Helpful to have other disciplines present (MH, LE) that are more difficult to connect with otherwise • Agency overviews would be very helpful • All APS SWs and supvs attended Marin MDTs to provide their various areas of expertise
Not effective in the moment, but laid a groundwork so the next time client was presented, this informant was able to put plan developed at MDT into action; also a good opportunity to educate other members about what hospitals can/can’t do	Yes, able to put new plan into action when client next presented, so outcome was better	Feedback is good, but dependent on whether needed members are present	<ul style="list-style-type: none"> • FJC better location • Can market MDT in a new way to attract new/different members • Send out MDT alerts via Outlook Calendar (so gets calendared automatically)? • Have flyers available for new members to take back to their agencies • Creation of task forces (to meet outside of MDT) to address systemic issues

Current MDT Participants Who Have Presented (or Associated with Case) at MDT			
How effective was MDT?	If not presented, would case results be different?	Level of satisfaction with feedback?	What is needed to facilitate participation?
Varied over the years, some stellar outcomes, dependent on members that case requires; system change to help future cases; MDT used to be a place where APS put members on the hot-seat, now more of a collaboration	In good outcome cases – outcome would not have been as good without MDT	Never left feeling it was not worthwhile; participants engage fully	<ul style="list-style-type: none"> • More representation from A&A division (needs to be sold to them why they should come) • Provide trainings and/or explain agency roles/services • Quarterly meeting in Petaluma? • Re-framing cases as not solely abuse/neglect
Really helpful to have all involved agencies at the table, along with people who know the history of the client or have experience with similar cases; “public shaming” element has been helpful in the past to cause systemic change	Yes, not having to reinvent the wheel, so client is d/c from hospital sooner	Pretty satisfied, although dependent on who is present	<ul style="list-style-type: none"> • Would be great to end on “upnote” (cases tend to be depressing) such as good outcome or new service available • Yes to food/coffee • Agency overviews would be helpful • Getting to know members (i.e. a 1-question icebreaker during introductions) • Only reason this informant not attending regularly is staffing issues
Presentation was years ago, but this informant remembers it being effective	Most likely yes	Feedback generally good, but better with more varied agency participation	<ul style="list-style-type: none"> • More varied agencies at the table, not just to attend but to bring cases • If more LE/DA type cases were presented, those agencies would attend • Quality of cases needs to be better • Networking possibilities better with more varied agency attendance • FJC staff should attend regularly • Separate FAST team?

A Collaborative Approach to Multidisciplinary Teams

Current MDT Participants Who Have Presented (or Associated with Case) at MDT			
How effective was MDT?	If not presented, would case results be different?	Level of satisfaction with feedback?	What is needed to facilitate participation?
Most cases were already closing, so effectiveness was in providing education to community	No – SW tends to do own problem-solving	Most effective input came from PG, LE and DA when present; otherwise feedback not helpful	<ul style="list-style-type: none"> • More regular attendance by LE and DA • FAST team would be helpful

Current MDT Participants Who Have NOT Presented at MDT	
Why Haven't Presented at MDT?	What Is Needed to Facilitate Participation?
This informant is new to the job; tends to handle cases outside of MDT; believes that only cases that are “stuck” can be presented at MDT	<ul style="list-style-type: none"> • Members need to know that it’s worth it to attend • Some participants like to talk about their own experiences which are not always relevant • FJC is a good setting • All presented cases should be updated with outcome
Problem-solving is more specific, so this informant contacts partners directly instead	<ul style="list-style-type: none"> • Often feels confrontational to attend, as this informant believes agency is perceived as “blocking” progress • Energy seems better at FJC location • When members are at the same decision-making level (i.e. FAST team), problem-solving is more effective, especially for emergent cases

APPENDIX 5: MDT FACT SHEET



THE SONOMA COUNTY ELDER AND DEPENDENT ADULT MULTIDISCIPLINARY TEAM



FACT SHEET

WHAT IS THE MULTIDISCIPLINARY TEAM?

The Multidisciplinary Team (MDT) is a select group of professionals throughout the community who work with Elder and/or Dependent Adults. The Welfare and Institutions Code Section 15763, requires each county to establish and maintain an adult MDT. To meet this goal, Sonoma County Adult Protective Services and operated the MDT meeting since 1999.

WHAT DOES MDT DO?

Professionals from the community present complex cases in confidential meetings and team members provide constructive feedback and identify strategies to reduce risk to these vulnerable adults. In the process, resources and information about the community services are shared in the group.

WHAT ARE THE BENEFITS OF MDT?

- Collaborate with local programs and agencies
- Develop and implement interagency treatment strategies
- Comprehensive, coordinated service delivery for your clients
- Eliminate barriers to services for your clients
- Expand awareness of agency capabilities and community network of services
- Understand problem-solving approaches across disciplines and professions
- Access training and updates
- Expand your network with community professionals

WHO CAN PARTICIPATE IN MDT?

- | | |
|--|---|
| <ul style="list-style-type: none"> • Adult Protective Services • Code Enforcement • County Counsel • District Attorney's Office • Family Justice Center • Victim Witness • Mental Health • Probation • Public Guardian/Conservator • Sherriff's Department | <ul style="list-style-type: none"> • Alzheimer's Association • Council on Aging • Health Clinics • Hospitals • Law Enforcement Agencies • Legal Services • North Bay Regional Center • Redwood Caregiver Resource Center • Ombudsman • Financial Institutions |
|--|---|

WHAT ABOUT YOU?

Meetings: 1st Tuesday of each month, 1:30 – 3:00 at Family Justice Center

2775 Mendocino Avenue, Suite 100, Santa Rosa 95403

For more information or to schedule a case, contact Anne Coelho

acoelho@schsd.org

707-565-5996

APPENDIX 6: CASE SUMMARY FORM (APS)

Sonoma County MDT for Elderly and Dependent Adults

New Case Summary Form (APS)

(To be turned in to MDT Coordinator before meeting, and used during meeting presentation)

Request for case presentation at _____ MDT meeting

I. Referral Source/Presenter:		
Name/Agency:		Phone:
II. Client Information		
Case Name (initials only):	Age:	
City of Residence:	Source of Income (SSI/SS/other):	
Living Situation:	Legal tools in place (powers of attorney, protective orders):	
Physician: yes –	Medical Insurance Source:	
Medical/MH Dx:	Other Agencies Involved:	
III. MDT Members Requested:		
<input type="checkbox"/> Public Health Nurse	<input type="checkbox"/> District Attorney	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Public Guardian	<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Hospital Social Worker
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Older Adult Service agency
<input type="checkbox"/> Mental Health services	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Developmental Disability agency
IV. Client Functioning Level:		
Does client present with an impaired level of cognitive functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is client meeting basic needs (food/clothing/shelter)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is client independent in IADLs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does client have physical impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client have MH issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does client have addiction issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Support System:	Is support system adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
V. APS History		
Date	Allegation(s)	Finding(s)
VI. Reason for Presentation:		
Current Allegation(s):		Finding(s):
Brief summary of concern:		
VII. Services Offered to Date:		Client Accepted/Declined
VIII. Questions for Team:		
How best to protect and educate senior citizens from financial exploitation/scams?		

APPENDIX 7: CASE SUMMARY FORM (NON-APS)

Sonoma County MDT for Elderly and Dependent Adults

New Case Summary Form (Non-APS)

(To be turned in to MDT Coordinator before meeting, and used during meeting presentation)

Request for case presentation at _____ MDT meeting

I. Referral Source/Presenter:		
Name/Agency:	Phone:	
II. Client Information		
Case Name (initials only):	Age:	
City of Residence:	Source of Income (SSI/SS/other):	
Living Situation:	Legal tools in place (powers of attorney, protective orders):	
Physician: yes –	Medical Insurance Source:	
Medical/MH Dx:	Other Agencies Involved:	
III. MDT Members Requested:		
<input type="checkbox"/> Public Health Nurse	<input type="checkbox"/> District Attorney	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Public Guardian	<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Hospital Social Worker
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Older Adult Service agency
<input type="checkbox"/> Mental Health services	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Developmental Disability agency
IV. Client Functioning Level:		
Does client present with an impaired level of cognitive functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is client meeting basic needs (food/clothing/shelter)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is client independent in IADLs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does client have physical impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client have MH issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does client have addiction issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Support System:	Is support system adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Abuse History		
Does APS or Ombudsman have history with this case? Y N		
VI. Reason for Presentation (brief summary of concern):		
VII. Services Offered to Date:	Client Accepted/Declined	
VIII. Questions for Team:		

APPENDIX 8: CASE UPDATE FORM

Sonoma County MDT for Elderly and Dependent Adults

Case Update Summary Form

(To be turned in to MDT Coordinator before meeting, and used during meeting presentation)

Request for case update at _____ MDT meeting

I. Referral Source/Presenter:			
Name/Agency:		Phone:	
II. Initial MDT presentation:			
Date:			
III. Client Information			
Case Name (initials only):		Age:	
IV. Reason for Initial Presentation (brief summary of concern):			
V. Action Plan from Initial MDT Presentation:			
Recommendations & Interventions:	Person/Agency Involved	Result	
•			
•			
•			
•			
VI. Brief Summary of Situation After Recommendations & Interventions:			
VI. Additional Questions for Team (if any):			
•			
•			
•			
•			

APPENDIX 9: MDT DATA COLLECTION FORM

Sonoma County MDT for Elderly and Dependent Adults

MDT Data Collection Form

MDT meeting date: _____

Agencies in attendance (circle)

Core Membership

- APS
- SRPD
- Public Guardian
- DA

- Ombudsman
- Sherriff
- Sutter Hospital

- Kaiser Hospital
- Memorial Hospital
- Petaluma Valley Hospital
- Other _____

Participating Agencies

- Council on Aging
- Alzheimer's Association

- Mental Health
- Family Justice Center

- NBRC
- IHSS
- Other _____

	Case Initials _____	Case Initials _____	Case Initials _____	Case Initials _____
Presenting Agency				
Age/Gender of Victim				
Age/Gender of Abuser				
Relationship of Abuser to victim				
Type(s) of Abuse: <ul style="list-style-type: none"> • Physical • Psychological • Financial • Neglect • Self-neglect 				
Recommended Intervention(s): <ul style="list-style-type: none"> • Agency referral • Agency collaboration • Suggested resource(s) • None 				
(For Updates) Were intervention(s) successful?				

Training Topic: _____

Agency Overview by: _____

Issues to be addressed at next MDT: _____

ENDNOTES

- i NCPEA website, “What Can Communities Do”
- ii US Administration on Aging, National Center on Elder Abuse, Analysis of State APS Laws
- iii NCPEA website, “What Can Communities Do”
- iv *ibid*
- v *ibid*
- vi Diane Kaljian, key informant interview
- vii California Welfare & Institutions Code 15763 (a)
- viii *Ibid*
- ix Data from Sonoma County Adult Protective Services. In 1999, there were 948 reports of abuse/neglect and 838 investigations conducted. In 2011, there were 2720 reports of abuse neglect and 1706 investigations conducted.
- x National Center on Elder Abuse, “A National Look at Elder Abuse Multidisciplinary Teams”, 2002
- xi University of Wisconsin Law School, “ I-Team Approach to Hoarding”, 2005; Ohio Elder Abuse Task Force, “Elder Abuse Interdisciplinary Team Manual”, 2004; and Twomey, M.S. “The Successes and Challenges of Seven Multidisciplinary Teams”, 2010
- xii National Committee for the Prevention of Elder Abuse, “Elder Abuse Prevention Teams: A New Generation”, 2003
- xiii National Center on Elder Abuse, “A National Look at Elder Abuse Multidisciplinary Teams,” 2002, p.3
- xiv National Committee for the Prevention of Elder Abuse, “Elder Abuse Prevention Teams: A New Generation”, 2003
- xv Twomey, M.S. “The Successes and Challenges of Seven Multidisciplinary Teams”, 2010
- xvi *ibid*
- xvii Twomey, M.S. “The Successes and Challenges of Seven Multidisciplinary Teams”, 2010
- xviii *ibid*
- xix *ibid*
- xx National Center on Elder Abuse, “A National Look at Elder Abuse Multidisciplinary Teams,” 2002
- xxi *ibid*
- xxii Personal communication, office of the Sonoma County Counsel