

# **MAKING THE MULTI-DISCIPLI NARY TEAM MODEL WORK**

Exploring the Efficacy of the  
MDT Model for the  
Investigation/Prosecution of  
Elder Abuse Cases.

# **INTRODUCTION: WHAT ARE WE DOING, ANYWAY?**

A multi-disciplinary team is a group of different professionals that come from different disciplines and agencies, with each of them providing different services to the older person and potentially her family. These professionals work together to coordinate services such as medical exams, forensic interviews, victim advocacy, counseling, and much more. The hope of providing these services in a coordinated and collaborative way is to provide support for the older person throughout every step of the criminal justice process and aid them on their path to healing.

# WHAT IS A TEAM?

---

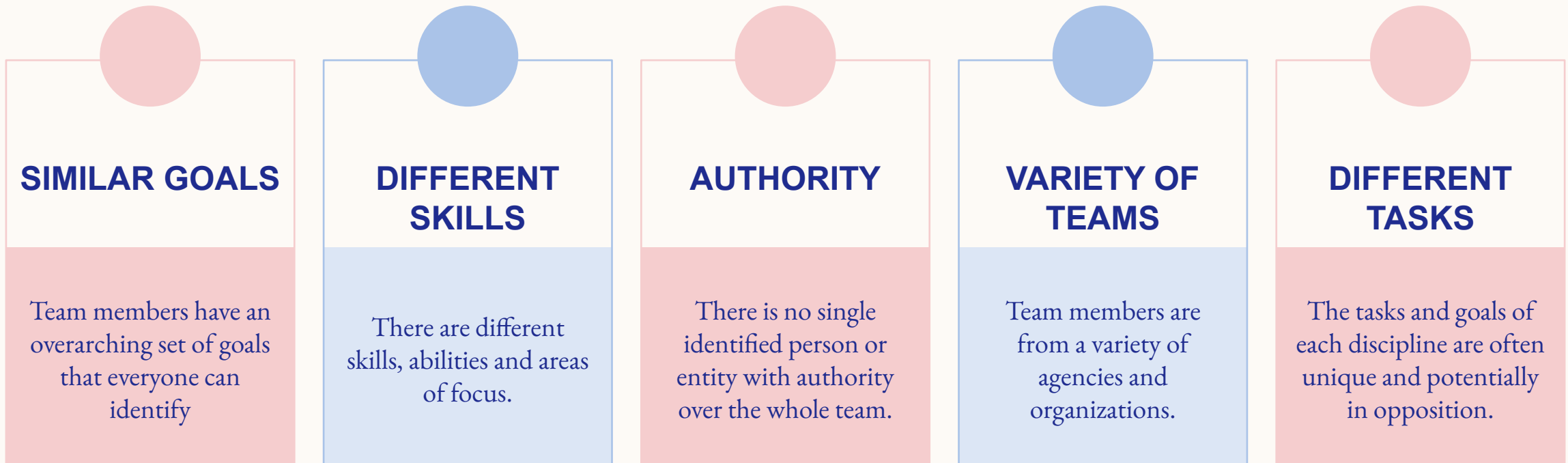
1

A group who work to achieve a common goal.

2

A group of people with a full set of complementary skills required to complete a job, task, or project.

# WHAT IS AN MDT?



# CORE FUNCTIONS OF THE MDT



## JOINT RESPONSE

Different agencies have different skills and abilities at response level.



## INFORMATION SHARING

Fewer reinterviews of the child. Better and higher quality information.



## VICTIM FOCUSED

Places focus in the appropriate place.



## SUPPORTIVE INTERVENTION

Counseling/medical/other services can come alongside.



## CASE REVIEW

Prosecutors can view package of information as a coherent whole.



# **RICHMOND, VA MDT**

*A Case Study*

# BACKGROUND INFORMATION

- Richmond MDT for Elder Abuse had existed in a limited form since 2010;
- Meetings were quarterly. The challenges presented by those meetings were that they were too long, they did not exhibit good communication between the agencies, and we were evaluating every case.
- Process was exhausting and no one looked forward to it.
- There were no common team goals other than the generalized goal that all agencies wanted to do a good job serving the older adults we were serving.

**IT IS NOT THE CRITIC WHO  
“ COUNTS...THE CREDIT BELONGS  
TO THE MAN WHO IS ACTUALLY  
IN THE ARENA... ”**

*-Theodore Roosevelt: Citizenship  
in a Republic*

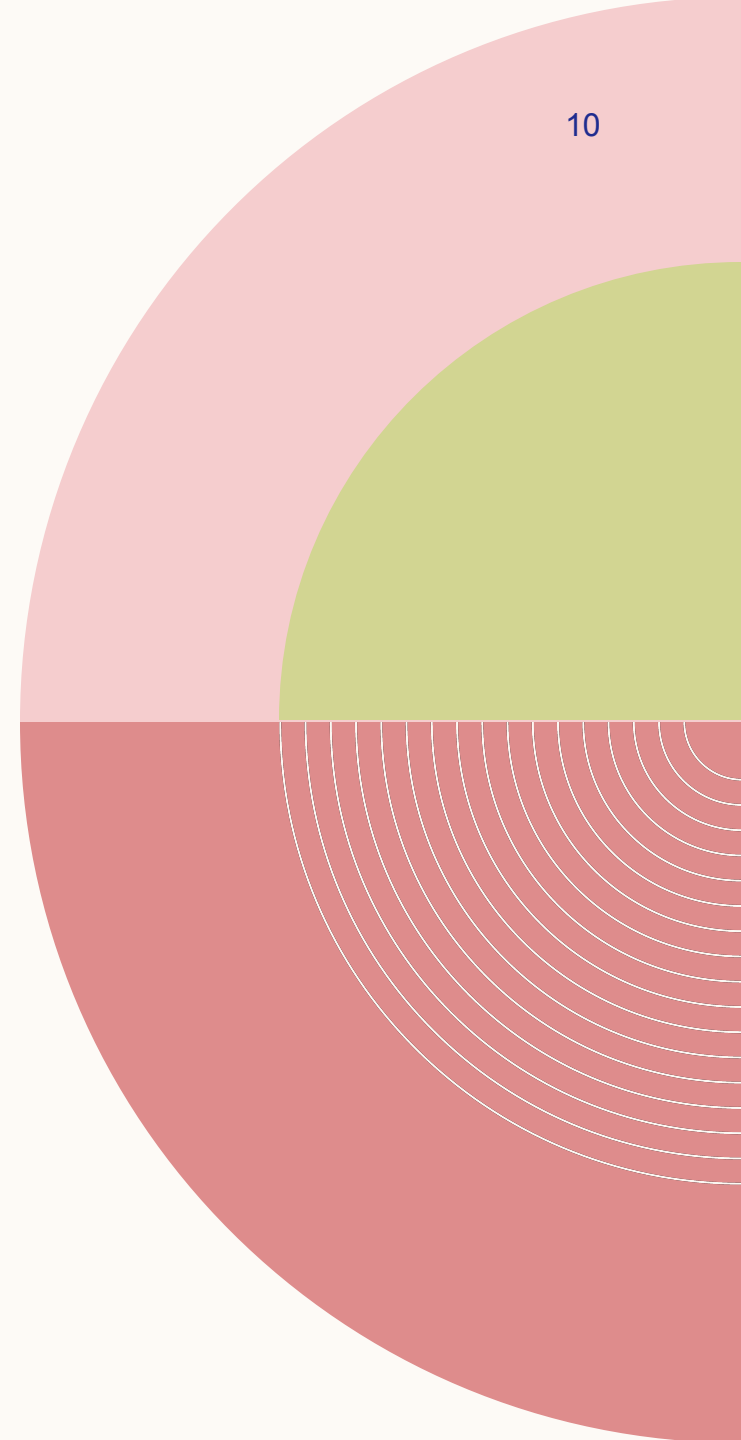


The background features a vertical line on the left side. To the left of this line, there are concentric white circles on a light green background. To the right of the line, there are four colored triangular shapes: a light blue one at the top, a light green one in the middle, a light pink one at the bottom left, and a reddish-pink one at the bottom right.

**SO WHAT DID WE DO?**

**THE ANSWER TO THAT IS IN THE  
FEDERAL GRANT PROCESS...**

**RICHMOND'S MDT  
WROTE AND  
RECEIVED A GRANT  
FOR \$375,000.00  
FROM THE  
DEPARTMENT OF  
JUSTICE**

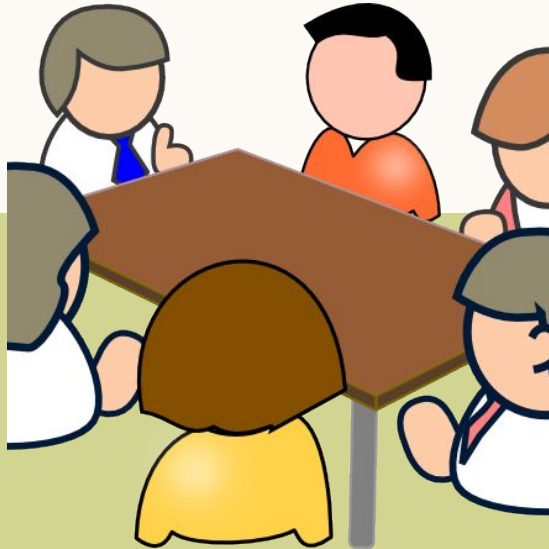


# WHAT DID WE USE THE FUNDS TO DO?

As a result of a DOJ grant in 2019, there was a total transformation to a prosecutor-driven EMDT model. Now, the EMDT has prosecutors, law enforcement, APS, a forensic accountant, a physician who is board certified in geriatric medicine, an elder law lawyer, and a forensic psychologist who attend every month. Cases are screened in according to criteria outlined in a MOU.



# WHAT DID OUR PLAN OUTLINE?



**TOTAL RETHINKING  
OF THE MEETING  
PROCESS, WITH  
APPROPRIATE  
EXPERTS**



**FORENSIC  
INTERVIEWING  
TRAINING**



**COMMUNITY WIDE  
TRAININGS**

# MDT CHALLENGES

---

- Communication issues
- Confusion about roles
- Turf/Ego
- Organizational culture differences
- Conflict styles
- Ghosts in the room
- Conflicting policies and protocols
- Turnover
- Differences of opinion
- Lack of a single leader





# WHAT'S THE MOST BASIC STEP TO A FUNCTIONING MDT TEAM?

---

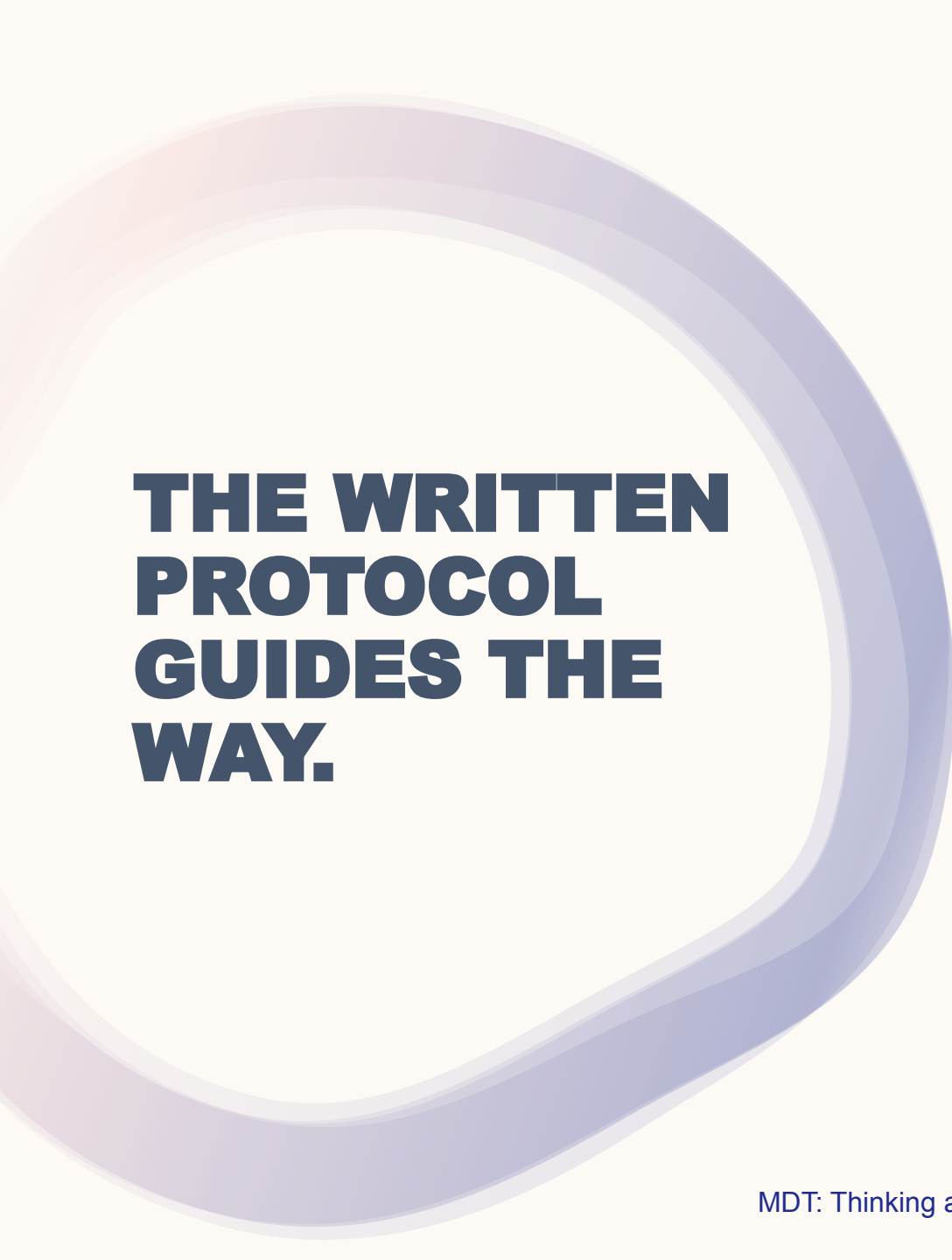


# **WHAT DOES THE SAME PAGE LOOK LIKE?**

---

• WE ARE ALL DOING THIS FOR THE VICTIM.

- Not the family.
- Not the person's "story".
- Not the evidence.
- Not the Court.
- Not the needs of law enforcement, the prosecutor, etc.



# **THE WRITTEN PROTOCOL GUIDES THE WAY.**

- The written protocol for your MDT defines the guidelines that dictate how the team will operate. The protocol also outlines the roles and responsibilities for all MDT members.
- Protocols exist to shape the basic functioning of the team: they can discuss the age of victims, types of abuse cases, schedules for regular case review, and who has responsibility to coordinate the team.
- Protocols often cover agreements for routine sharing of information among team members, in accordance with state law regarding confidentiality issues, and are mindful of the needs of the prosecution.



**KEEPING  
THE OLDER  
PERSON  
SAFE:  
BROUGHT  
TO YOU  
COURTESY  
OF YOUR  
MDT**

- What is the current living situation?
- Where is the offender located?
- Does the victim have appropriate safety planning in place?
- PPO or ERO needed?
- LE: WHERE IS THEIR INVESTIGATION?
- Commonwealth: Any additional information needed?

# MAN IN THE ARENA

It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.



# **SCENARIOS**

Get with your group.

Everyone pick a role.

What would you do? What information would you like to have?

# SCENARIO 1

Victim is a 91-year-old man who is now in the hospital and APS was called because of massive bedsores and because his body appeared to be “frozen” into position. Law enforcement officers were commenced an investigation, and they learned that the victim’s primary caregiver was his step-granddaughter, with whom he was living in the upstairs bedroom of a 2-bedroom apartment in a housing project. Investigation showed that he was confined to a urine and feces-soaked armchair and went outside so infrequently that most of the neighbors didn’t even know he was living there. Investigation continued and officers realized that step-granddaughter had rerouted all the victim’s direct deposits into her accounts. Step-granddaughter has been somewhat cooperative and has also stated that she has “power-of-attorney” to make medical and financial decisions for victim but will not produce a document showing that authority.

## SCENARIO 2

Victim is an 83-year-old woman who is confined to her bed at a skilled nursing care facility located in the city. She has signs and symptoms of dementia. She has previously complained that a male caregiver in the facility has been sexually aggressive with her, but while those concerns have been documented, they have been dismissed as being without merit. APS was called because a female caregiver went into her room and found the male caregiver about who the victim had complained in her room with the door closed with his pants and underwear around his ankles. Our victim was not wearing underwear.

## **SCENARIO 3**

Victim is 91 years old and requires 24-hour care. Suspected perpetrator is victim's niece living in the home and providing care to the victim. Case was referred to APS and law enforcement due to suspicious transactions on bank statements and unpaid bills in the home. Upon investigation, law enforcement determined there was enough evidence to arrest the suspected perpetrator but there were concerns about the impact on victim being left along and without care.

# SCENARIO 4

Victim is a 68 year old mother who lives at home with her 45 year old son, who cannot hold a job, primarily because of his 2 DUI convictions. On the evening in question, he becomes frustrated with her and cuts the tubing to her oxygen machine. He then rips off her LifeAlert necklace and hides it in a shoebox in his room with his ammunition (he's also a convicted felon). She realizes that she isn't getting appropriate oxygen and calls 911 for help. She makes a clear disclosure that is captured on law enforcement's body worn camera, and as a result, the perpetrator is charged with domestic assault & battery and attempted murder.

Almost immediately, the son is arrested and taken to jail, where he is held without bond. In violation of the Court's order, he starts calling his mother on the phone. She starts to recant her story. The prosecution does not need her to testify to prove the case, but she is unequivocal that she only wants her son to get drug/alcohol treatment, not a conviction.

# SCENARIO 5

Victim is an 83-year-old female living alone with signs and symptoms of dementia. APS received referral with allegations of self-neglect. During the APS investigation, suspicious activity on victim's bank account is discovered. Victim's son, who lives out of state, is named power of attorney and health care proxy. He stopped responding to APS. Preliminary review of victim's bank statements indicate that her son is using her account to pay some of his bills.



# THANK YOU

On behalf of all older  
people in the  
Commonwealth who  
need you.

Alison Martin:

804.263.4413

mar189@henrico.us

