

# COMMUNITY ENGAGEMENT PROTOCOL



**ENHANCED  
MULTI  
DISCIPLINARY  
TEAMS**

(E-MDT)

**MICHIGAN VULNERABLE ADULT TEAMS (MI-VAT)**

Prepared By:



**ELDER ABUSE  
TASK FORCE**

***[Your Team Name / County]***

Enhanced-Multidisciplinary Team

(E-MDT)

Protocols


## ENHANCED MULTIDISCIPLINARY TEAMS:

Multidisciplinary teams (MDTs) have been around since the Mayo Brothers developed their “Mayo Clinic Model of Care” at the turn of the 20th century. MDTs have been used in various settings from health care and social services to business and marketing. MDTs are a group of individuals/agencies with various backgrounds, skills, experience, perspectives, and knowledge, working collaboratively to respond to an identified need or objective, and to obtain identified outcomes. Successful MDTs across all settings tend to maximize their collective knowledge through inclusive collaboration, team and professional training, commitment to a common goal, and quality outcomes.

Used for decades in Child Protection programs, MDT’s have improved case outcomes by facilitating collaboration between professionals/agencies. They are now gaining acceptance as a tool to combat elder abuse, a problem which has received increased attention as widespread system failures in addressing victimization are illuminated.

The Department of Justice has stressed that although “[c]ommunities have differing political issues, geographies (rural, urban, suburban), and demographics...any community can develop an MDT....” While any community can develop an MDT, there is no “one size fits all” MDT. “The size and structure of an MDT will reflect the needs and resources of the community in which it is developed.” To maximize positive outcomes, multiple MDT protocols may need to be used.

This protocol goes beyond a typical MDT and creates an Enhanced Multidisciplinary Team (E-MDT). Communities can customize this model E-MDT Community Engagement Protocol to implement a multi-faceted approach that will include community awareness/education, team/partner training and cross-training, and referral to and provision of resources. The E-MDT Community Engagement Protocol will guide communities in developing effective, efficient, holistic, and restorative responses that address systemic concerns of the older and vulnerable adult. A primary goal is victim restoration through client/victim-centered services which includes investigation and or prosecution of suspected financial exploitation, abuse, and or neglect, as well as providing referrals to necessary social and or medical services and establishing education and prevention strategies.



The companion document, “[Michigan Vulnerable Adult Teams \(MI-VAT\) Investigative Protocol](#),” is the model guide for the investigation and prosecution aspect of the E-MDT. The MI-VAT Investigative Protocol encourages early and continued coordination and cooperation between Adult Protective Services (APS), Law Enforcement, and Prosecutors to promote efficient investigations/prosecutions, increase awareness and reporting of vulnerable adult abuse cases, and develop a common goal and methodology to improve the management of adult abuse cases.

By utilizing multiple documents/protocols, we can create E-MDT’s that – through collaborative comprehensive assessment, communication and integrated planning – promote caring communities, encourage a culture of respect, and build a coordinated response that meets the complex needs of the older and vulnerable adults. Recognizing the diversity within each region of the State, this protocol is intended to be used as a platform to develop a unique MDT community that meets the specific needs of your region/county.

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# PROTOCOL STATEMENT

## a. Mission Statement

*The Mission of the [Your Team Name /County] Enhanced Multidisciplinary Team (E-MDT) is to, through coordinated efforts of our member agencies, conduct full reviews of suspected abuse, neglect, and or financial exploitation of older and vulnerable adults, and assist in the provision of services to maintain the safety and wellbeing of this population.*

*To promote victim-centered restorative resolutions, which include investigation and or prosecution of alleged perpetration of abuse, neglect/financial exploitation of eligible victims, as well as providing referrals to necessary social and or medical services and establishing education/prevention strategies within the communities served.*

*To develop effective, efficient responses that fully address all systemic concerns of this population.*

### **The Purpose and Scope:**

Our primary focus is to ensure coordination/collaboration of agencies to investigate, intervene, remedy, and prevent financial exploitation and abuse of older and vulnerable adults and provide coordinated assistance navigating the system to obtain services needed.

We will strive to provide a holistic/restorative response that includes recommendations and support of other agencies/individuals within the [Your Team Name /County] E-MDT to provide services that are in the best interest of vulnerable individuals within our communities.

This agreement is not intended to affect or extend any legal responsibility or rights of any party, to create, or change any pre-existing legal obligations or rights above and beyond those set forth by individual participating agencies.



**c. Composition of the team**

The E-MDT will include individuals representing various social agencies and organizations such as Law Enforcement, Adult Protective Services (APS), Civil Legal/Prosecutors’ Offices, Financial institutions, as well as specialists to help us better understand this complex issue and how to obtain better outcomes for clients/victims. The E-MDT can minimize trauma to the client/victim by bringing together the knowledge and strengths of these individual agencies/ organizations and minimize agency limitations through collaboration and coordination of services.

(Sample of representative agencies) \* denotes core members

- \*Law Enforcement
- \*APS/MDHHS Prosecutor’s Office
- \*Services on Aging
- \*Social Worker
- \*Financial institutions
- \*Civil Legal Services
- \*Medical Professional Victims’ Advocates
- Low-income housing Disability Providers
- \*Domestic violence advocates

- Specialists:**
- Delivery of Services to the Elderly
  - Neuropsychologist
  - Gerontologist
  - Forensic Accountant
  - Community Mental Health Services Programs: specialist for persons with developmental disabilities, mental illness
  - \*LTC Ombudsman
  - \*Tribal Liaisons

## **d. Roles & Responsibilities**

### **Core Members – each partner agency**

- Provide a representative to participate in regular meetings
- Provide an alternate representative when the primary person is unavailable
- Provide information to their agency about the E-MDT to increase awareness and referrals
- Make referrals to the E-MDT
- Accept referrals from the E-MDT
- Share appropriate information
- Collaborate with partner agencies through the E-MDT to investigate, intervene, provide services, and prevent further abuse
- Directly intervene for clients/victims when appropriate

### **Adult Protective Services/MDHHS:**

- Provide expert input on reviewed cases
- Assist with obtaining services for victims
- Case investigation/intervention
- Liaison between E-MDT and MDHHS
- Provide expert input as to county systems
- Provide expert input as to abilities and limitations of APS/MDHHS services

### **Law Enforcement:**

- Provide expert input/recommendations on cases reviewed
- Assist team in understanding legal/law enforcement related issues
- Provide pertinent information on cases
- Liaison between E-MDT and all law enforcement agencies
- Initiate investigations as appropriate
- Direct criminal investigations as appropriate

### **Forensic Accountant:**

- Participate in meetings and reviews
- Provide expert input and recommendations
- Provide a forensic review of taxes, accounting, legal and other documents for clients/victims
- Prepare report for prosecution
- Available to testify in a deposition/trial
- Training for partner agencies on topics such as the role of forensic accountants, recognizing “red flags” of financial exploitation

**Neuropsychologist/Gerontologist/Specialist on delivery of services to older adults/other Specialists:**

- Participate in meetings/reviews
- Provide expert input/recommendations
- Expert information regarding mental health/medical/service concerns
- Liaison between medical/mental health Community and E-MDT
- Conduct capacity evaluations
- Prepare documentation/reports for courts

**Aging Services**

- Provide expert input/recommendations
- Provide information regarding the availability of services and how to access them
- Assist with follow-up with victim services

**Civil Legal Services**

- Expert input/recommendations
- Liaison between E-MDT and legal system
- Research & provide legal history related to cases
- Provide direct advice, brief services, and representation to victims
- Provide pertinent information regarding laws related to financial exploitation/elder abuse
- Provide Advisory Legal Services to victims (suggested legal steps forward)

**Prosecutor's Office**

- Expert input/recommendations
- Liaison between the E-MDT and Criminal Justice System
- Prosecute cases involving criminal activity
- Provide pertinent information regarding laws related to financial exploitation/elder abuse
- Provide expert recommendations regarding evidence collection, the criminality of cases, prosecutorial issues

**Tribal Liaisons**

- Provide expertise related to cultural/historical issues of older and vulnerable adults within the tribal community
- Liaison between E-MDT and Tribal Community
- Provide information/education to E-MDT regarding tribal laws, cultural practices, and jurisdictional issues regarding financial exploitation and abuse of the older and vulnerable adults
- Assist with the development of culturally inclusive interventions, resources, and investigations

**Financial Institutions**

- Provide information related to banking procedures/processes related to fraudulent activity
- Provide pertinent information regarding fraud prevention/financial scams
- Refer suspected financial abuse/exploitation cases to E-MDT
- Review cases when appropriate

**LTC Ombudsman**

- Provide information regarding the role of LTC Ombudsman in abuse investigations
- Provide information on how LTC ombudsman interact with APS, State licensing/regulatory agencies, and Attorney General
- Provide information on risk factors and indicators of abuse/neglect in LTC facilities
- Provide information on standards of care
- Advocate for and support victims of abuse/neglect in LTC and residential facilities

**Medical Professional**

- Provide information regarding recognition of wounds and injury patterns associated with abuse/neglect
- Provide information regarding awareness of common health issues of older adults
- Identify the role that medication use or misuse may be playing in a case
- Advise when emergent medical assessment is needed

**Victim Advocates**

- Inform victims about how the criminal justice system works
- Explain what victims can expect when they come to court
- Explain what to do if victims are threatened by perpetrators
- Provide victims with eligibility information for compensation and how to apply
- Explain victims' rights and how to exercise them through impact statements or by enforcing restitution orders
- Provide services such as court accompaniment and transportation, notification of hearings, and trial dates

## DEFINITIONS

Consistent with the [Social Welfare Act definitions](#), and to create consistency in our process, we will use the following definitions to determine eligibility for E-MDT review:

- a. **Elderly** [Most developed countries have accepted the chronological age of 65 years as a definition of “elderly”](#), aka **“Older” adult**
- b. **Vulnerable** means a condition in which the adult is at risk for harm due to the inability to anticipate, cope with, resist/protect themselves, or recover from abuse, neglect, or exploitation because of a mental, emotional, or physical impairment, or because of advanced age.

(The **World Health Organization** defines vulnerability as “... the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters.” The **Centers for Disease Control** states that vulnerable populations may include anyone who has difficulty communicating, has difficulty accessing medical care, may need help maintaining independence, requires constant supervision, or may need help accessing transportation.)

- c. **Adult in need of protective services** means a vulnerable adult not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.
- d. **Abuse** means a willful, intentional act that inflicts harm or threatened harm to an adult’s health or welfare caused by the actions or failure to act by another person in a trust relationship, a position of power or authority. Abuse includes nonaccidental physical or mental injury, sexual abuse, or maltreatment.

The [Centers for Disease Control \(CDC\) uses definitions from the American Medical Association and Department of Justice / Victims of Crimes to define Elder Abuse](#).

- e. **Neglect** means harm to an adult’s health or welfare caused by the inability of the adult to respond to a harmful situation or by the action or inaction of a person who assumes responsibility for a significant aspect of the adult’s health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, medical care, or services necessary to avoid harm, pain, mental anguish, or emotional distress.
- f. **Exploitation** means an action that involves the misuse of an adult’s funds, property, or personal dignity by another person.<sup>1</sup>

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<sup>1</sup> Most agencies have their own definitions of what constitutes abuse, neglect, and exploitation. Although this document does not incorporate the definitions verbatim from all agencies it does attempt to convey the overall intent of those definitions.

# REFERRALS

## Referral Protocol

A referral may be made to the E-MDT Coordinator either in person, by phone, or by email. If the referral is made by email, the email should state who is making the referral and the best phone number and time for the coordinator to contact the person making the referral to obtain further information. No personally identifiable information regarding clients should be sent via email.

### a. Client Eligibility

An adult 65 years or older or a “vulnerable” adult who is in community living or residential care living, where there is suspicion of abuse, neglect, exploitation, self-neglect, hoarding issues, or who requires assistance obtaining needed services

### b. Who initiates a referral to E-MDT

Any members in good standing, APS, Law enforcement, Legal Services, Community agencies, self-report, families, neighbors, or friends

### c. Who accepts referral on behalf of E-MDT – The E-MDT Coordinator

### d. What happens next: ([flow chart in Appendix A](#))

- Initial referral – MDHHS/APS, Law enforcement, Community agency, family, neighbor, friend, self-report, etc. Referral goes directly to MDHHS/APS, Law Enforcement, or Legal Services. Upon receiving a complaint of alleged abuse, the recipient of the referral (MDHHS/APS) or Law Enforcement shall – if they do not have jurisdiction in the specified county – notify the appropriate agency with jurisdiction. The agency with jurisdiction will promptly investigate to determine the nature and cause of alleged abuse. The Social Service Agency (MDHHS/APS) and Law enforcement should conduct investigations together whenever possible. They can then refer the case to the E-MDT Coordinator to have it reviewed for team recommendations, assistance, and follow-up.
- E-MDT Coordinator Screens for Eligibility and E-MDT review – When a referral comes directly to the E-MDT Coordinator, if abuse or criminal activity is suspected, the Coordinator will forward the case immediately to MDHHS/APS, Law Enforcement and/or Legal Services for investigation. Whenever possible APS and Law enforcement should conduct joint investigations to minimize the trauma to the client/victim and to avoid duplication of interviews.

- E-MDT Coordinator places appropriate cases on meeting agenda for review and notifies E-MDT members
- E-MDT Coordinator presents the case for review (or if brought in by another member/agency they will present)
- Risk/Needs Evaluation by E-MDT member discussion – Safety, Financial, Services needed
- Assignments agreed upon for service referrals and follow-up
- Contact person (person who is providing services/following up) presents details of progress at next meeting
- Surveys will be conducted to Evaluate the process/resolution of each case – by team and client/victim

# INTAKE

## 1. What intake will look like

### a. Case Review Intake form ([see Appendix A](#))

**Eligibility:** the client/victim must meet at least 2 of the following criteria: Age 65 or over or “adult in need of protective services”, vulnerable, suspected abuse, neglect, or exploitation (includes self-neglect/hoarding), older or vulnerable adult who needs assistance in navigating the system to obtain services

#### **Types of information gathered may include:**

- **Demographics:** Client/victim name, age, gender, ethnicity, county of residence
- **Special Classifications:** Veteran, Disability (Physical/ Cognitive/Developmental), Homelessness, Hearing Impaired, Diminished Cognitive Function, Homebound, Substance abuse, LGBTQ, Language barriers
- **Type(s) of alleged abuse/victimization:** Sexual, Physical, Neglect, Theft, Financial, Exploitation, etc.
- **A current summary of the situation:** Narrative of current issue/allegations
- **Current Services/Interventions received:** Is the client/victim currently receiving services from any agency/organization related to this complaint/allegation, have emergency services been provided
- **Previous History/Reports:** Have there been previous reports/allegations/interventions
- **Psychosocial History:** Living arrangements, Support system (family, friends, religious institution, senior center, community group, etc.)
- **Is the client willing to accept services/E-MDT intervention/Coordination:** The client/victim must sign the **Release of Information Statement** indicating they are aware and agree that their information is shared within the E-MDT to provide and coordinate requested services
- **Goals for this case:** Desired Outcome as stated by the client/victim
- **Recommendations of E-MDT members/Follow-up**



## 2. Point of contact for clients/victims

The agency that initiated the case or takes over to provide services will act as the point of contact to keep the client/victim updated on recommendations/status of services.

## 3. Screening for other forms of abuse (Polyvictimization)

The word abuse covers many ways in which someone may harm an older adult or vulnerable adult, and often more than one type of abuse is employed, therefore screening must include numerous types of abuse.

### a. Definitions - Types of Abuse

**i. Physical abuse** – is when an older adult or vulnerable adult experiences illness, pain, injury, functional impairment, distress, or death as a result of the intentional use of physical force and includes acts such as hitting, kicking, pushing, slapping, and burning. Physical abuse may include striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. Additionally, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment are physical abuse.

**ii. Sexual abuse** – is forced or unwanted sexual interaction of any kind (any non-consensual sexual contact). Examples include unwanted touching, rape, sodomy, coerced nudity, sexually explicit photographing, or non-contact acts such as sexual harassment.

**iii. Mental mistreatment or emotional abuse** – is verbal or non-verbal behaviors that deliberately cause mental or emotional pain, fear, or distress. Examples include intimidation, coercion, ridiculing, threats, insults, harassment, treating an adult like a child, isolating an adult from family, friends, or regular activity, use of silence to control behavior, and yelling or swearing which results in mental distress.

**iv. Exploitation** – is the illegal or improper use of an older adult's or vulnerable adult's funds, property, personal dignity, or assets. Examples include, cashing an older adult's or vulnerable adult's checks without authorization or permission; forging their signature; misusing or stealing their money or possessions; coercing or deceiving them into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

**v. Neglect** – occurs when a person, either through their action or inaction, fails to meet the basic needs of an older adult or vulnerable adult necessary to maintain their physical or mental health. Examples include, not providing basic items such as food, water, clothing, a safe place to live, medicine, or health care.

**vi. Self-neglect** – occurs when an older adult or vulnerable adult fails to provide adequately for themselves and jeopardizes their well-being. Self-neglect generally manifests itself in an older adult or vulnerable adult as a refusal or failure to provide themselves with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. Examples include an older adult or vulnerable adult living in hazardous, unsafe, or unsanitary living conditions or not having enough food or water. The definition of self-neglect excludes a situation in which a mentally competent older adult, who understands the consequences of their decisions, makes a conscious and voluntary decision to engage in acts that threaten their health or safety as a matter of personal choice.

**vii. Abandonment** - occurs when a vulnerable adult is left without the ability to obtain necessary food, clothing, shelter, or health care. Examples include deserting a vulnerable adult in a public place or leaving a vulnerable adult at home without the means of getting basic life necessities.

**viii. Verbal abuse** - to threaten significant physical or emotional harm through derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or harassment, coercion, threats, humiliation, mental cruelty, or inappropriate sexual comments.<sup>1</sup>

Resources: Washington State Department of Social and Health Services, [Types and Signs of Abuse](#). CDC's National Center for Injury Prevention and Control, Division of Violence Prevention, [Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements](#)

#### 4. Available Services Identified

Services include the provision of food, clothing, shelter, medications, medical services, social services, legal services, or any other service required for the wellbeing of the individual. A list of services/agencies has been uploaded into the UPSCAN referral system.

**List of services/organizations** includes: ([see "Services" pages after the Appendices](#))

- a. County
- b. Tribal
- c. Veteran
- d. State
- e. National

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<sup>1</sup> Most agencies have their own definitions of what constitutes abuse, neglect, and exploitation. Although this document does not incorporate the definitions from all agencies, it does attempt to convey the overall intent of those definitions.

## **5. Follow-up**

The E-MDT will continue to follow a case until:

- The case is successfully resolved
- All service providers are in place
- After follow-up is completed with the client
- Services are no longer required
- The case is deemed to be unfounded

## **6. Case tracking**

The *[Your Team Name /County]* E-MDT will collect case data that includes the type of cases reviewed, outcomes of cases, reporter information, type of victimization, client/victim demographics, disposition of cases, and services provided.

# E-MDT MEETINGS

All information and records acquired by the [Your Team Name /County] E-MDT while performing its duties are confidential and may only be disclosed during an abuse or exploitation case review. A meeting summary of the case reviews will be kept by the E-MDT Coordinator and will be distributed to the members before the next meeting. Each member and any consultant will be required to sign a confidentiality statement, which will remain in effect until a written notice that the member wishes to terminate participation in the E-MDT. Each member/consultant will sign in at each meeting with an acknowledgment/reaffirmation of the confidentiality agreement.

## 1. Confidentiality Statement of agreement

- a. Member Confidentiality Statement ([see Appendix B](#))
- b. Client Release of Information Statement ([see Appendix B](#))
- c. Consultant Confidentiality Statement ([see Appendix B](#))
- d. Meeting Sign-in/Confidentiality Reaffirmation ([see Appendix C](#))

## 2. E-MDT Coordinator's Roles/responsibilities

- a. **Pertaining to the client/victim** – Appropriate referral Coordination, Communication, follow-up
- b. **Pertaining to the Team** – Coordinate/Facilitate meetings, maintain meeting records/minutes (coordinator will distribute the meeting minutes before the next meeting which will include E-MDT team assignments for accountability/follow-up)
- c. **Coordinate day to day activities** – obtain space for meetings, times, communications, speakers for meetings, training, team contact list, scan confidentiality/MOUs in for those who cannot attend in person (email or fax the documents)
- d. **Meeting agendas** – will be sent to members before the next meeting
- e. **Develop relationships with agencies/organizations in the community** – to improve services to victims
- f. **Maintain tracking/reporting data** – on case consultations and cases reviewed by E-MDT

### **Collaboration Code of Conduct during meetings for all team members**

- Be respectful
  - Focus on the client/victim
  - Do not talk over one another or interrupt
  - Be open to constructive discussions
  - Be constructive, not accusatory
  - Equal participation in discussions - everyone's input is valued
  - Accountability – follow-up with the team and client/victim
  - Regular Attendance is expected – notify E-MDT Coordinator if unable to attend
  - Ask questions, for help and clarification if needed
  - Come prepared (for discussion, to share ideas, to propose solutions)
  - Use appropriate language – (do not use jargon others may not be familiar with, profanity and yelling are not acceptable)
  - Assist in developing education/training for E-MDT members
  - Review system issues/gaps in services and evaluate for needed changes
  - Remote attendance platform for Specialists/members unable to attend – must ensure privacy and confidentiality of discussion/case/client/members
3. **Meeting Schedule, Frequency and Length** – Between 1-2 hours on a monthly/bi-monthly/weekly basis as determined by team consensus.
  4. **Meeting Agenda** – [See Appendix C](#) – for an outline structure of the meeting process
  5. **Meeting Minutes** – [See Appendix C](#) – for an outline of meeting minutes structure
  6. **Virtual Meetings** – Meeting schedules, agendas, and invitations should not be shared with anyone without the approval of the E-MDT Coordinator.
  7. **Document Management** – All Information and records acquired by the *[Your Team Name/County]* E-MDT during the discourse of their duty is confidential and may only be disclosed during an abuse or exploitation case review. All documents both written and digital will be handled in compliance with the Data Management protocol.
  8. **Team Training**
    - Cross-training

- Partner agencies (APS, LE, Legal, Services on aging, etc.)
- E-MDT training – webinars
  - ◇ [Office for Victims of Crime Training & Technical Assistance Center](https://ovcttac.gov/views/resources/index.cfm) (ovcttac.gov/views/resources/index.cfm)
  - ◇ [Elder Justice Initiative](https://justice.gov/elderjustice/webinars) (justice.gov/elderjustice/webinars)
  - ◇ [National Adult Protective Services Association](https://napsa-now.org/get-informed/webinars-webcasts/) (napsa-now.org/get-informed/webinars-webcasts/)

Training Topics include:

- MDT Training
- Cross-training (you train the team regarding your agency procedures, abilities, limitations)
- Recognizing signs of abuse
- Recognizing Financial Exploitation
- Forensic evidence collection
- Partner agency (training your agency may use that would be beneficial for the team)
- Cultural competency
- Tribal Community

## 9. Case Review

Most elder abuse/exploitation cases involve more than one kind of abuse and therefore require the efforts of multiple agencies to intervene. Typically consisting of Social Service Agencies (MDHHS, APS, LTC Ombudsman, Area on Aging Services), Law Enforcement, Legal Services, Financial Institutions and Specialists (Physicians, Psychologists, Gerontologists, Forensic Accountants...) The Case Review team composition will vary depending on the needs of the client/victim and the case being presented. All meeting notes/documentation will be kept in compliance with the Data Management policies.

**This agreement is not intended to affect or extend any legal responsibility or rights of any party, to create, or change any pre-existing legal obligations or rights above and beyond those set forth by individual participating agencies. E-MDT members should consult with their Records Management Officer to determine their disclosure and documentation retention responsibilities under FOIA.**

- **Recording during meetings:** E-MDT Coordinator will record meetings for purpose of meeting summary and assignments transcription only. No other recording will be permitted.
- **Note-taking:** Our primary goal is to maintain the confidentiality of clients/victims. Notes may be taken at meetings when reviewing cases. Each member will be responsible for securing and maintaining the privacy and confidentiality of those

documents and destroying them within 30 (thirty) days, or as appropriate per your agency's records management policy.

- **A review summary:** will be provided via encrypted email for those who are assigned for follow-up. There will also be a de-identified summary in the meeting minutes. Note-taking during educational training is acceptable.
- **Remote attendance platforms:** Specialists/members unable to attend scheduled meetings in person must ensure confidentiality/privacy (not in a public location, or using public wi-fi, etc.) while using remote attendance platforms. (See Communications section)
- **Meeting notes and/or recordings cannot be released without a Court Order:**
  - ◇ Court Order MUST be stamped by the court and signed by a Judge.
  - ◇ Copies of the Order will be scanned and attached to the appropriate client file.
  - ◇ The E-MDT must have a representative present at the time of the hearing

## 10. E-MDT Referral form

- Not all information on the intake form will be necessary with all clients/victims, but must include the following:
- Case number/identifier (i.e., C001 – Chippewa county case #1) or First name last initial and an identifier #
- Client/victim demographics (age, county, gender, ethnicity, type (s) of Victimization, special classifications)
- Summary of the current situation
- Date of referral
- Agency or person referring
- Date of team meeting/review
- Assignment of E-MDT members for follow-up
- Services needed/recommended
- Additional Services/Specialists needed
- Resolutions/Outcomes/follow-up

## 11. Evaluations

Various platforms and surveys will be utilized to evaluate the process, and outcomes of the MDT to deliver consistent quality services.

- a. E-MDT Process survey ([Appendix C](#))
- b. Clients/Victims survey ([Appendix C](#))
- c. Partner Evaluation (MS Excel)

- d. Performance Measure (MS Excel)
- e. Communications Tracker (MS Excel)
- f. Data Audit (MS Excel)
- g. Team Efficacy Evaluation
- h. Team Meeting evaluations



# INTERAGENCY AGREEMENT MEMORANDUM OF UNDERSTANDING

The Mission of the *[Your Team Name/County]* Enhanced Multi-disciplinary Team (E-MDT) is to, through coordinated efforts of individual agencies, conduct full reviews of suspected abuse, neglect, and or financial exploitation of older and vulnerable adults *[Your County]*. This Multidisciplinary Team will endeavor to provide a holistic response to serve our clients, colleagues, and the communities in which we work and live. ([see Appendix B](#))

## CODE OF ETHICS

As a member of the *[Your Team Name/County]* E-MDT, my primary duty is to serve the older and vulnerable adults within my county. To actively assist in the investigation and prosecution of, protection from, and prevention of all abuse, neglect, and financial exploitation and to provide necessary services to maintain the wellbeing of this population. In pursuit of Justice for all clients and victims, I will abide by the Code of Ethics for the E-MDT above and beyond those imposed upon me by my profession, agency, or organization. ([see Appendix B](#))

## CONFLICT RESOLUTION

To ensure a coordinated investigation the entire team must agree to take part. Specialized knowledge and diversity of perspectives contribute to better informed decisions and a greater likelihood of successful resolution. As differences of opinion and perspective are desired aspects of this collaborative body, disagreements will occur. We hope that by agreeing on resolution strategies, we will minimize any negative effects of conflict within our E-MDT by *keeping focused on the client/victim and their goals for resolution of the case.* ([see Appendix B](#))

# COMMUNICATIONS

It is imperative that whenever we are communicating within the team regarding a specific case; by phone, email, or in-person that the privacy and confidentiality of the case and clients/victims are maintained. Please ensure you are in a location where your conversations cannot be overheard. Do not copy or print out information that could be seen or obtained by others. Make sure emails are encrypted or otherwise secured and that your computer screen cannot be seen by others. **If you cannot ensure the above measures, Do Not use identifying information. Instead, use a case number that will be assigned to each client/victim file.**

## 1. E-MDT Communication within Team

### a. Formal – point of contact is the E-MDT Coordinator (in person, email, or phone)

- Referrals – in person, email, or phone to Coordinator for evaluation of eligibility.
- Meeting reminders- reminders will be sent via e-mail by the E-MDT Coordinator.
- Questions – can be made via phone, email, or in-person and may be placed on the meeting agenda by the Coordinator for open discussion.
- Request for assistance/meeting for a referral – can be made to Coordinator via phone, email, or in person.
- No confidential information to be disclosed to a third party outside of the E-MDT, unless specifically working through the individual’s agency on a case and are authorized by your agency and client/victim to do so.
- Remote attendance platform for specialists/members unable to attend a scheduled meeting - you must ensure confidentiality/privacy of the content of your conversations

### b. Informal - contact between members not necessarily for all members:

- Requests for additional assistance – may be made by email, phone, or in-person with appropriate notification to the E-MDT Coordinator for case tracking/follow-up
- No confidential information to be disclosed unless specifically working through the individual’s agency on a case (and authorized by your agency to do so)
- CC all email about a referred case to the E-MDT Coordinator for case tracking

Client/victim files/information will be retained in the [data management] system which is a secure site for sharing case/follow-up information between the E-MDT members working on the same case.

**2. Contacting Clients/Victims** The majority of service agencies will have Language Access Services to accommodate non-English speaking and deaf, blind, or hearing-impaired clients. Determining the appropriate model for the delivery of interpreter services includes considering the nature of the interaction, availability of trained in-person interpreters, and the available technology. ([see Services for Language access and Translator services lists](#))

- a. Interviews with the client/victim will take place per individual agency protocol to maintain the safest environment for both agency representatives and the client/victim.

- b. The agency or individual responsible for providing services will convey the recommendations of the E-MDT to the client/victim in a manner according to their agency policy.
- c. Investigations will be conducted per the policies of the respective agencies involved.
- d. Investigation Process - joint interviews will be conducted **when possible**, to decrease trauma to the client/victim.
  - Interview all parties involved, including witnesses, and the alleged perpetrator.
  - Coordinate efforts with APS, Law enforcement, Legal Services, Prosecutor's office, Courts, and other service providers whenever appropriate to ensure the client/victim receives all pertinent/necessary services.
  - Offer assistance of victim services professionals, local service providers, and any other available resources to ensure client/victim safety and wellbeing.
  - Assess the client's/victim's capacity to make informed decisions whenever they refuse necessary services or choose to remain in an unsafe environment. We should also offer alternatives to prosecution if the client/victim is unwilling to press charges against the perpetrator.
- e. Individual agencies will determine the best location to conduct client/victim interviews (i.e., safe, comfortable, private, ADA compatible)
- f. No client/victim interviews should be done in the presence of the perpetrator.
- g. When the client/victim accepts the intervention/services of the E-MDT, they will sign a Release of Information statement which indicates what and how their information will be shared to assist them in obtaining the necessary referrals and resources. ([see Appendix A](#))

# DATA MANAGEMENT

- 1. Data Management** - The *[Your Team Name/County]* E-MDT Coordinator will collect operational and statistical data, which includes demographic data, type of cases reviewed, outcomes of cases, reporter information, types of victimization, demographics, disposition of cases and services provided. The E-MDT will use this information to analyze caseloads and develop effective, efficient responses that fully address all systemic concerns of this population.
- 2. Document retention/destruction** – The E-MDT Coordinator will maintain data acquired through the E-MDT team activity. E-MDT member signed documents (i.e., Confidentiality, MOU, Code of Ethics, etc.) will be kept in a locked filing cabinet which is only accessible to the Coordinator. The E-MDT Coordinator will record meetings for purpose of minutes and assignment transcription only. No other recording will be permitted. The core principles of client/victim data protection are limited collection, client/victim consent, accuracy, integrity, security, and the client’s/victim’s right to revoke authorization to use personal information. All client/victim intakes and referrals will be completed and maintained in the secure [data management] system. Personal identifying information on the client/victim will be maintained for 2 years past the last activity in the client’s/victim’s case (except for abuse, exploitation, or fraud activity). A client’s/victim’s file will remain in “active” status of 1 year after the last activity. If there is no activity within 1 year, the client/victim file will be placed into an “inactive” archive until the end of the 2-year period of retention. At the end of the 2 years of inactivity, the client/victim file will be removed/deleted from the [data management] system. (Personal identifying information in abuse, exploitation, and fraud activity will be maintained indefinitely.)
  - a.** All client/victim intake information will be kept in the [data management] system
    - Restricted access will be applied - only members who are working on the case for either referral or follow-up will have access to password-protected documentation **regarding ONLY the clients/victims they are serving.**
    - An email will be used to provide E-MDT members with de-identified meeting summaries and follow-up assignments
  - b.** Meeting notes and/or recordings cannot be released without a Court Order.
    - Court Order MUST be stamped by the court and signed by a Judge.
    - Copies of the Order will be scanned and attached to the appropriate client/victim file.
    - The E-MDT must have a representative present at the time of the hearing
  - c.** This agreement is not intended to affect or extend any legal responsibility or rights of any party to create or change any pre-existing legal obligations or rights above and beyond those set forth by individual participating agencies. MDT members should consult with their Records Management Officer to determine their disclosure/document retention responsibilities under FOIA.
- 3. Data Collection and Reporting** – Statistical and Operational data will be evaluated quarterly, (March, June, September, and December) and the E-MDT Coordinator will collect and submit data to be reported to the Department of Justice, Office for Victims of Crimes, which includes:

## Statistical Data

the number of:

- Verified allegations of abuse/exploitation
- Verified cases referred to Law Enforcement
- Allegations NOT investigated by Law Enforcement
- Allegations that led to criminal charges
- Allegations of abuse/exploitation that were prosecuted
- Allegations that led to a conviction

## Operational Data

- Client/victim demographic data (age, gender, ethnicity, special classifications)
- E-MDT activities (i.e., training, community events, etc.)
- Types of services provided
- Types of victimization
- Case disposition
- E-MDT partner involvement

**4. Data Dissemination/Evaluation:** Various methods will be used to disseminate and evaluate data within the E-MDT which includes graphics, spreadsheets and surveys, and intake forms. This information will be used to evaluate the activities, progress, outcomes, and impact of E-MDT as well as budgetary information. To ensure documentation is accurate and complete, data audits will be completed quarterly as long as the case file remains in an active status.

# RECRUITMENT

Recruitment is an important part of developing an E-MDT. Initially, we need to attract members committed to serving the older and vulnerable populations who have support from their agencies.

Because there is a time commitment that comes with serving on an E-MDT, we need to manage our time and develop protocols that clarify the roles each member agency will fill in the team, and clearly define the mission, purpose, and scope of services.

To find the best fit for individual agencies as well as the team, the recruitment process may need to be ongoing from time to time. Using recommendations from current members, letters to community agencies, e-mails, and postcards to introduce our E-MDT to potentially interested individuals. ([See Appendix D](#))

## **Recruitment of Core E-MDT Members**

- Committed members who have support from their agencies to act upon cases
- Initial meetings to clarify each role and previous experience
- Mission Statement that sets forth the purpose of the team
- Clarify the scope of activities: abuse, neglect, exploitation, self-neglect, hoarding, older and vulnerable persons needing services
- Ongoing
- Invitation post card/e-mail
- Letter to introduce E-MDT to Community Agencies

# SERVICE REFERRALS

Service Referrals: Services include but are not limited to the provision of food, clothing, shelter, medications, medical services, social services, or any other service required for the safety and wellbeing of the client/victim. Since the perpetrator is often known to/close to the client/victim, the client/victim can be resistant to pursuing prosecution. Therefore, a more restorative approach should be utilized to encourage and maintain family/bonded relationships.

If requested by the victim, civil and social resolutions should also be sought for the perpetrator when the client/victim does not wish to press criminal charges.

## 1. How much involvement/assistance from the E-MDT

### a. Self- initiation of services

- i. Provide the name and number of a service provider
- ii. The client/victim chooses when to contact and schedule an appointment

### b. E- MDT to assist with initial appointments and continued assistance throughout the process.

- i. Does the E-MDT (POC) member go to the appointment with them
- ii. Provide transportation support (Victim Advocate or other services)
- iii. Arrange a support person to assist with appointments

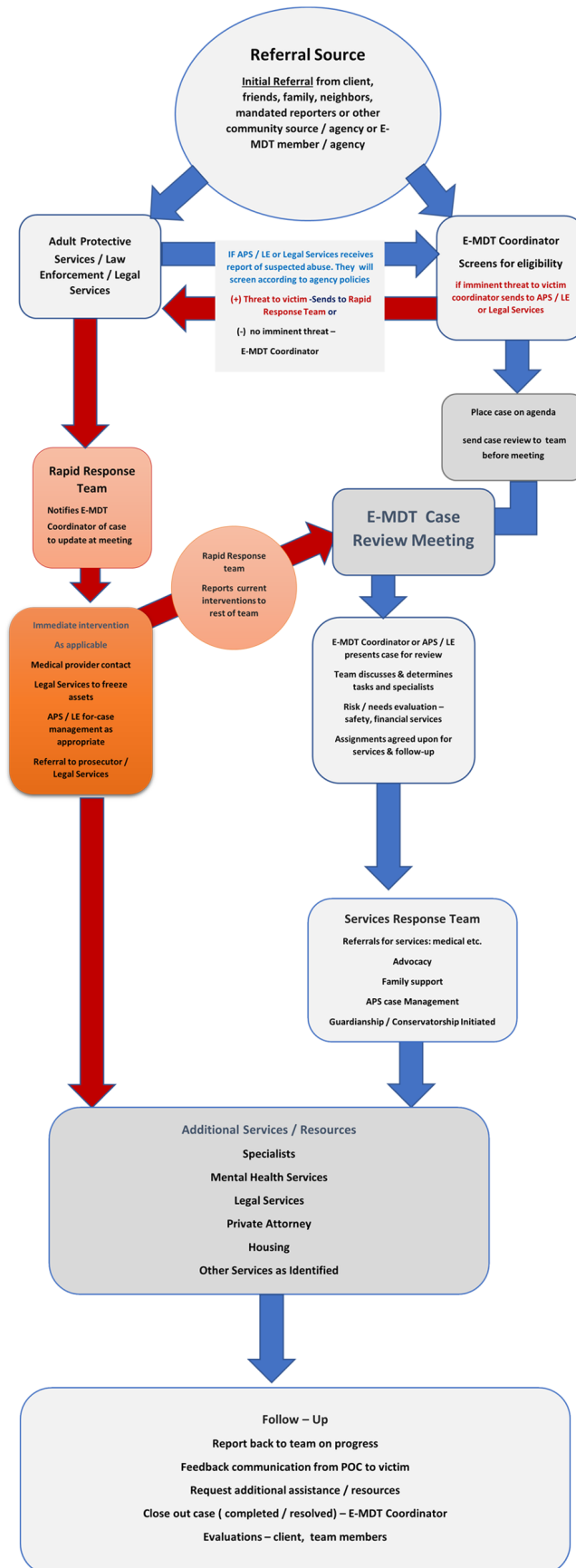
## 2. Follow-up on services

The E-MDT will continue to follow-up on cases reviewed until:

- The case is resolved/prosecuted
- All service providers are in place
- After follow-up is completed with the client
- Services are no longer required
- A case is deemed to be unfounded

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# APPENDIX A





# ***YOUR TEAM NAME/COUNTY E-MDT***

## Case Review Intake Form

<b>MDT Meeting Date:</b>	<b>Case Number:</b>	<b>County:</b>
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**Must meet two or more of the following criteria:**

- Age 65 or over or “adult in need of protective services”
- Vulnerable
- Suspected abuse, neglect, or exploitation (includes self – neglect /hoarding)
- Older or “vulnerable” adult who needs assistance in navigating through the system to obtain services

<b>Client / Victim:</b>	<b>Gender:</b>	<b>Age:</b>
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<b>Tribal Affiliation? Y / N</b>	<b>If yes, which tribe:</b>	<b>Location:</b>
----------------------------------	-----------------------------	------------------

**Living Arrangements:**

Alone	Nursing/Care facility
With spouse	With perpetrator
With friends	Shelter
With family	Other:

**Ethnicity:**

American Indian	Hispanic/Latino
Alaskan Native	Native Hawaiian/Pacific Islander
Asian	Caucasian
African American	Other:

**Special Classifications:**

Veteran	Homebound
Disabled (Physical, Cognitive, Developmental)	Substance Abuse
Homeless	LGBTQ
Deaf, deafblind, hard of hearing	Language Barriers
Diminished Cognition	Blind, legally blind
Other:	

**Alleged Abuser:**

Family Member	Other:
Acquaintance/Friend	NA

**Type (s) of alleged abuse/victimization:**

Adult physical	Identity Theft/fraud
Adult sexual	Mass violence
Adults sexually abused/assaulted as children	Other
Arson	Other vehicular (hit and run)
Burglary	Robbery
Cyber Crimes	Self-neglect
DIU/DWI	Stalking/harassment
Domestic/Family violence	Survivors of homicide victims
Elder Abuse or Neglect	Terrorism (domestic/international)
Financial Exploitation	Theft Financial
Gang violence	Theft Medications
Hate Crime	Theft Property
Hoarding	

**Previous History/Reports** (describe) - N/A:**Current Services/Interventions received:****Current Services/Referrals needed:**

Referral made by:

Date:

Is the client/victim willing to accept services/E-MDT intervention? **Y / N**Release of Information signed? **Y / N****Goals for this case: (Desired Outcome as stated by the client)**

<b>Recommendations/Interventions/Outcomes</b>	<b>Case #:</b>
---	----------------

**Advisor Name and Organization**

<b>Recommendation:</b>	<b>Date:</b>	<b>Outcome: (review at next meeting)</b>	<b>Date:</b>

<b>Recommendation:</b>	<b>Date:</b>	<b>Outcome: (review at next meeting)</b>	<b>Date:</b>

<b>Recommendation:</b>	<b>Date:</b>	<b>Outcome: (review at next meeting)</b>	<b>Date:</b>

<b>Recommendation:</b>	<b>Date:</b>	<b>Outcome: (review at next meeting)</b>	<b>Date:</b>

**Assignments/Follow-up**

<b>Agency Referring to</b>	
<b>POC (primary contact person(s))</b>	
<b>Date of Referral</b>	<b>Initial face to face contact with agency</b>

<b>Agency Referring to</b>	
<b>POC (primary contact person(s))</b>	
<b>Date of Referral</b>	<b>Initial face to face contact with agency</b>

<b>Agency Referring to</b>	
<b>POC (primary contact person(s))</b>	
<b>Date of Referral</b>	<b>Initial face to face contact with agency</b>

<b>Agency Referring to</b>	
<b>POC (primary contact person(s))</b>	
<b>Date of Referral</b>	<b>Initial face to face contact with agency</b>

<b>Agency Referring to</b>	
<b>POC (primary contact person(s))</b>	
<b>Date of Referral</b>	<b>Initial face to face contact with agency</b>

<b>Agency Referring to</b>	
<b>POC (primary contact person(s))</b>	
<b>Date of Referral</b>	<b>Initial face to face contact with agency</b>

<b>Agency Referring to</b>	
<b>POC (primary contact person(s))</b>	
<b>Date of Referral</b>	<b>Initial face to face contact with agency</b>

**Additional Services/Specialists required:**

**Comments/Notes:**

**Follow-up with the client/victim:**

**Disposition of case:**

**E-MDT Coordinator:**

**Date:**

# APPENDIX B

## Confidentiality Agreement

The primary focus of the **[Your Team Name/County]** E-MDT is to ensure coordination/collaboration of agencies to investigate, intervene, and prevent abuse and financial exploitation of older (65 years of age and older) and vulnerable adults (18 years of age and older) and provide assistance navigating the system to obtain services needed.

As a member of the **[Your Team Name /County]** E-MDT, I understand and agree that each recommended service and response will be documented to ensure quality data collection and identification of needs as well as appropriate follow-through on service recommendations. Each member will engage in and review the policies and protocols of their agency to determine the extent to which they are designed to assist in improving the identification, investigation, prosecution, and resolution of cases of abuse, neglect, and financial exploitation within the older and vulnerable adult populations of their county. Each collaborative partner will abide by the confidentiality mandates and records policy of their organization. This agreement is not intended to affect or extend any legal responsibility or rights of any party, to create, or change any pre-existing legal obligations or rights above and beyond those set forth by individual participating agencies. In no case will any team member disclose any information regarding team discussions outside the team meetings other than those under mandated agency responsibilities of that individual. Secondly, I agree that any information shared or discussed within the E-MDT meetings shall be held strictly confidential and used only for the purposes stated within this agreement. If/when involved in virtual meetings or communications I will maintain the confidentiality of the client and discussion by observing safe virtual communication measures such as, not using public or unsecured wi-fi access and being in a private location to not be overheard by others. Any breach of confidentiality may result in the referral of the matter to an appropriate enforcement entity and immediate termination from the E-MDT.

I, the undersigned, as a representative of the agency/organization listed below and a member of the **[Your Team Name /County]** E-MDT, agree to all the policies, conditions, and confidentiality agreement as defined herein. I further attest and agree that all information discussed and or obtained in the case review meetings shall remain confidential and shall not be disclosed for any reasons other than for the purposes stated except as required by law. This agreement will be reviewed on an annual basis.

**Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Signature** \_\_\_\_\_

## ***[Your Team Name /County]* E-MDT - Client Release of Information Statement**

This Release of Information Statement has been developed to inform clients/victims of how we intend to treat their personal and confidential information.

By signing this statement, I am indicating that I understand how the E-MDT will use my personal and confidential information and agree to the following:

1. I understand that the E-MDT will access data only for the Agreed Duties and that my personal information will be used to assist in obtaining services, investigating, and or prosecution of alleged incidences of abuse, neglect, and or exploitation for which I have requested the coordination/intervention of the E-MDT.
2. I understand that all personal and or confidential information will be kept secure and will be maintained for case tracking, evaluation, and follow-up purposes.
3. **The E-MDT will maintain the privacy and confidentiality of all accessible data except as required by law to disclose.**
4. **Confidentiality v. Protection:** It may be necessary to disclose information about a client/victim when they are at serious risk of death or injury. For example, when an older or vulnerable person is at risk of violence or abuse.
5. **Confidentiality v. Protection of the Public Interest:** It may also be necessary to disclose information about a client/victim to protect other individuals or the wider public from harm.
6. **Confidentiality v. Legal Obligations:** In some cases, there may be a legal obligation to disclose information. For example, in the case of certain infectious diseases or by court order.
7. When disclosing information to a Third Party, the information is de-identified, where possible, and will only disclose the necessary information to relevant persons or authorities.

### **Agreed Duties:**

The Mission of the *[Your Team Name /County]* Enhanced Multi-disciplinary Team (E-MDT) is to, through coordinated efforts of individual agencies, conduct full reviews of suspected abuse, neglect, and or financial exploitation of older and vulnerable adults. This includes investigation and/or prosecution of alleged perpetrators of abuse, neglect, and/or financial exploitation of eligible victims, as well as providing referrals to necessary social and or medical services and establishing education/prevention strategies within the communities served. The E-MDT will collect case data that includes statistical data regarding the type of cases reviewed, outcomes of cases, reporter information, types of victimization, demographics, disposition of cases, and services provided. This data will help the E-MDT analyze caseloads and develop effective and efficient responses that fully address all systemic concerns of this population. This information will only be shared within the E-MDT and those agencies providing services requested unless required by law.

I have read and understood the conditions under which my personal/confidential information will be used and disseminated. I authorize the E-MDT to utilize and share my information to affect the agreed-upon duties for which I am requesting their services. This authorization is to be valid until my case is resolved, or I am no longer in need of the services of the E-MDT. I may revoke this authorization at any time by notifying in writing the E-MDT Coordinator.

Disclaimer: The [Your Team Name /County] E-MDT utilizes virtual technology platforms to hold meetings and case reviews. We take every effort to secure your data and maintain confidentiality. However, we cannot guarantee that the virtual platform services we are using will not be breached, hacked, or have an information leak.

*Coordinator contact information:*

**Please check if appropriate:** I wish to have Legal Services review and assist with my case if legal services are available.

<b>Client Signature:</b>	<b>Date:</b>
<b>Name (BLOCK PRINT)</b>	
<b>Witness Signature:</b>	<b>Date:</b>
<b>Name (BLOCK PRINT)</b>	



## **Consultant Confidentiality Statement**

As a consultant to the **[Your Team Name / County]** E-MDT I agree to all the stated conditions of confidentiality. I further acknowledge that I will be treated in the same manner as a team member and will be subject to this agreement in the same manner and to the same extent.

**The Purpose and Scope:** The **[Your Team Name /County]** E-MDT is comprised of professionals from various disciplines and agencies. Our primary focus is to ensure coordination/collaboration of agencies to investigate, intervene, and prevent abuse and financial exploitation of older (65 years of age and older) and vulnerable adults (18 years of age and older) and provide assistance navigating the system to obtain needed services. We will strive to provide a holistic response that includes recommendations and support of others within the E-MDT. In no case will any team member or consultant disclose any information regarding team discussions outside the team meetings other than those under mandated agency responsibilities of that individual. Each collaborative partner will abide by the confidentiality mandates and records policy of their organization. This agreement is not intended to affect or extend any legal responsibility or rights of any party, to create, or change any pre-existing legal obligations or rights above and beyond those set forth by individual participating agencies. Secondly, I agree that any information shared or discussed within the E-MDT meetings shall be held strictly confidential and used only for the purposes stated within this agreement. If/when involved in virtual meetings or communications I will maintain the confidentiality of the client and discussion by observing safe virtual communication measures such as, not using public or unsecured wi-fi access and being in a private location as not to be overheard by others. Any breach of confidentiality may result in the referral of the matter to an appropriate enforcement entity.

I, the undersigned, as a representative of the agency/organization listed below and a consultant of the **[Your Team Name / County]** E-MDT, agree to the Purposes, Scope, and confidentiality agreement as defined herein. I further attest and agree that all information discussed and or obtained in the case review meetings shall remain confidential and shall not be disclosed for any reasons other than for the purposes stated except as required by law.

**Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Signature** \_\_\_\_\_

# Interagency Agreement / Memorandum of Understanding

## Mission Statement

***The Mission of the [Your Team name/ County] Enhanced Multi-disciplinary Team (E-MDT) is to, through coordinated efforts of our member agencies, conduct full reviews of suspected abuse, neglect, and/or financial exploitation of older and vulnerable adults, and assist in the provision of services to maintain the safety and wellbeing of this population. To promote victim-centered restorative resolutions, which include investigation and or prosecution of alleged perpetration of abuse, neglect/financial exploitation, as well as providing referrals to necessary social and or medical services and establishing education/prevention strategies within the communities served. To develop effective, efficient responses that fully address all systemic concerns of this population.***

***The Social Welfare Act, MCL 400.11, provides the following definitions:***

***Abuse:*** means a willful, intentional act that inflicts harm or threatened harm to an adult's health or welfare caused by the actions or failure to act by another person in a trust relationship, a position of power, or authority. Abuse includes nonaccidental physical or mental injury, sexual abuse, or maltreatment.

***Adult in need of protective services:*** means a vulnerable adult not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.

***Exploitation:*** means an action that involves the misuse of an adult's funds, property, or personal dignity by another person.

***Neglect:*** means harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care.

***Protective Services:*** includes remedial, social, legal, health, mental health, and referral services provided in response to a report of alleged harm or threatened harm because of abuse, neglect, or exploitation.

***Vulnerable:*** means a condition in which the adult is unable to anticipate, cope with, resist/protect themselves, or recover from abuse, neglect, or exploitation because of a mental, emotional, or physical impairment, or because of advanced age.<sup>1</sup>

## ***The Purpose and Scope:***

*Our primary focus is to ensure coordination/collaboration of agencies to investigate, intervene, and prevent abuse and financial exploitation of older and vulnerable adults and aid in navigating the system to obtain services needed. We will strive to provide a holistic/restorative response that includes recommendations and support of others within the E-MDT. This agreement is not intended to affect nor extend any legal responsibility or rights of any party, to create, or change any pre-existing legal obligations or rights above and beyond those set forth by individual participating agencies.*

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<sup>1</sup> Most agencies have their own definitions for what constitutes abuse, neglect, and exploitation. Although this document does not incorporate the definitions verbatim from all agencies it does attempt to convey the overall intent of those definitions.

**Agreement:**

*As an E-MDT member, a representative will attend regular meetings to address the coordination of services and referrals, communication issues, identify gaps in services, identify and promote needed system changes, educate myself regarding procedures and practices of partner agencies to ensure cases are effectively and efficiently investigated and or prosecuted. To help develop a coordinated methodology to improve management of adult abuse/exploitation to reduce trauma, provide protection and continued support of victims and families.*

***I understand the [Your Team Name/County] E-MDT will work toward:***

- Collaborative efforts to identify patterns and tactics of exploitation and abuse of eligible victims within my county/jurisdiction*
- Improving coordination of and communication between services and systems within my county/jurisdiction*
- Collaboratively delivering services to victims/clients*
- Reducing/eliminating the victimization of older and vulnerable adults*
- Sharing responsibility for identifying offenders and managing cases*
- Encouraging communication between all parties to resolve difficulties that may arise during or as the result of an investigation*
- Urging consideration of the opinions/advice of all agencies involved before final decisions are made*
- Understanding and respecting the responsibilities and limitations of all members of the E-MDT*
- Promoting increased community awareness and professional training*
- Continued evaluation and improvement of the E-MDT program and effectiveness of the team and processes*

*As an E-MDT member, we will commit to providing relevant information regarding cases, perpetrators, complaints, historical information, circumstances surrounding allegations of abuse and or victims to promote a collaborative multidisciplinary response to address abuse, neglect, and/or financial exploitation of the older/vulnerable adults in my county as permitted by law.*

- We agree to regularly communicate with the E-MDT & Coordinator and to follow up as necessary to ensure appropriate resolution for victims/clients as agreed upon in the E-MDT meetings.*
- We agree to notify the E-MDT Coordinator if we wish or need to end our participation in the team.*
- We agree to abide by the Confidentiality and Code of Ethics agreements as stated within this document and as mandated by our agency/organization.*
- We affirm that we have the full support and commitment of our agency/organization's management to participate in this E-MDT.*

## **Code of Conduct during meetings**

- Be respectful
- Focus on the victim/client
- Do not talk over one another or interrupt
- Be open to constructive criticism
- Be constructive, not accusatory
- Participate in discussions
- Accountability - follow-up: with the team and client
- Attend Regularly
- Ask questions and for help and clarification if needed
- Come prepared

## **Conflict resolution**

- Keep focused on the client/victim and their goals for the resolution of the case
- Encourage communication between all parties to resolve difficulties that may arise during or as the result of an investigation, look for opportunity does not blame.
- State your position clearly, avoid personalizing your position, clarify opposing points of view.
- Work toward a mutually agreeable resolution based on a consensus of the group.
- Urge consideration of the opinions/advice of all agencies involved before final decisions are made.
- Understand and respect the responsibilities and limitations of all members of the E-MDT
- Agree to disagree – not everyone will agree with every decision made, but if we focus on what is best for the victim/client and their wishes, we can resolve most conflicts.

***I have read and agree to abide by the Interagency Agreement/Memorandum of Understanding for the [Your Team Name/County] E-MDT as outlined in this document: If for any reason we are unable to uphold our commitment or find it necessary to terminate our partnership with the [Your Team Name/County] E-MDT we will notify the Coordinator in writing of this determination.***

***Name (print)*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Agency*** \_\_\_\_\_

***Signature*** \_\_\_\_\_

## **[Your Team Name/County] E-MDT Code of Ethics**

**As a member of the [Your Team Name/County] E-MDT:** My primary duty is to serve the older and vulnerable adults within [Your County]. To actively assist in the investigation and prosecution of, protection from, and prevention of abuse, neglect, and financial exploitation and to assist in providing necessary services to maintain the safety and wellbeing of this population.

*I will strive to balance my duty to protect the safety of each client/victim with their right to self-determination and respect their constitutional rights of liberty, equality, and justice.*

*I will earnestly assist in the investigation and prosecution of abuse, neglect, and financial exploitation without bias, or malice toward any individual (accused or victim).*

*I accept that my position with the [Your Team Name /County] E-MDT is an extension of the public trust afforded me by my professional capacity and I will cooperate with all legally authorized agencies and authorities in the pursuit of justice.*

*As part of my responsibilities to the E-MDT collaboration and the clients/victims I serve I will:*

- *Obtain informed consent from clients/victims before E-MDT services are provided*
- *Involve clients/victims in decision making whenever possible*
- *Treat each client/victim, family, and accused with caring, respect, and honesty*
- *Maintain the confidentiality of the clients'/victim's personal information*  
*(Subject only to laws and regulations requiring disclosure)*
- *Make referrals to other resources/services that are in the best interest of the client/victims, avoid any conflict of interest, and maximize the client's/victim's right to self-determination.*
- *Being accountable for my professional performance I will make every effort to understand the abilities and limitations of my E-MDT colleagues and appropriately represent those of my agency/profession. I will take every opportunity to enhance and improve my knowledge to serve the older and vulnerable adult population more effectively*
- *Conduct my relationships with my E-MDT colleagues in such a way as to promote mutual respect, public respect, and improvement of services. Giving equal respect and dignity as professionals*
- *Share knowledge, encourage proficiency and excellence within the E-MDT while serving the older and vulnerable adults in my county*
- *Promote as a public service, crime/violence prevention, and the extension of service provisions within the communities I serve*
- *Report any conflict of interest that prevents me from being able to provide competent unbiased services to a client/victim, to work cooperatively with colleagues, or to be impartial in the treatment of any client/victim, family, or accused that I am invoked to serve*
- *Maintain and be bound by the ethical standards of my profession/agency.*

***I hereby certify that I have read and agree to abide by the [Your Team Name/County] E-MDT Code of Ethics.***

**Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency / Organization** \_\_\_\_\_

**Signature** \_\_\_\_\_





## **Initial Meeting Agenda**

1. Welcome
2. Collaboration Code of Conduct
3. Confidentiality, Interagency/MOU agreement, Code of Ethics
4. Protocols/discuss gaps/needed changes
5. Referral/review form

### **Break**

6. Resources available (victim advocates, volunteer services, etc...
7. Services available
8. Desired training
  - A. Willingness to train E-MDT (your agency's roles/limitations)
  - B. Webinars, Handouts, Cross Training
9. Joint interviews
  - A. Advantages
  - B. Barriers
  - C. Location
10. Outside Team Community Activities
  - A. Community Awareness events
  - B. Distribution of educational materials
11. Comments/suggestions
12. Schedule next meeting

Adjournment



## **Meeting Agenda (General)**

1. Sign in/Confidentiality reaffirmation
2. Review of the last meeting
3. Updates
4. Case Review – if no case to present - open discussion/training opportunity
5. Case discussion–(risk, needs evaluation, recommendations) if no case - Team building exercise, training opportunity, or open discussion

### **Break**

6. Assignments for services/follow-up
7. Referrals
8. Comments/suggestions
9. Meeting process evaluation (after each case review meeting). [Do an annual evaluation of E-MDT process/Team Effectiveness].
10. Schedule next meeting

Organization/Committee Name

## Meeting Minutes

Date

Opening

The regular meeting of the **[Organization/Committee NameOrganization/Committee Name]** was called to order at **[time]** on **[date]** in **[location]** by the E-MDT Coordinator: [name]

### Members Present

*Attendee names*

### Virtual Attendance

*Attendee names*

### Approval of Agenda

Discuss previous agenda (approved/corrected)

### Approval of Minutes

Discuss previous meeting minutes (approve/corrected)

### Open Issues (Case Review/Training or Open discussion)

Summarize the discussion for each existing issue, state the outcome, and assign any action item.

### Updates/Follow-up/Recommendations

Summarize the discussion for new issues, state the next steps, and assign any action item.

### Comments/Questions

### Adjournment

The meeting was adjourned at **[time]** by **[Facilitator Name]**. The next general meeting will be at **[time]** on **[date]**, in **[location]**.

<i>Minutes submitted by:</i>	<b>Name</b>
<i>Approved by:</i>	<b>Name</b>

# E-MDT COORDINATOR'S CASE REVIEW WORKSHEET

<b>MDT Meeting Date:</b>	<b>Case Number:</b>	<b>County:</b>
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**Must meet two or more of the following criteria:**

- Age 65 or over or “adult in need of protective services”
- Vulnerable
- Suspected abuse, neglect, or exploitation (includes self – neglect /hoarding)
- Older or “vulnerable” adult who needs assistance in navigating through the system to obtain services

<b>Client / Victim initials:</b>	<b>Gender:</b>	<b>Age:</b>
----------------------------------	----------------	-------------

<b>Tribal Affiliation? Y / N</b>	<b>If yes, which tribe:</b>	<b>Location:</b>
----------------------------------	-----------------------------	------------------

<b>Living Arrangements:</b>		
Alone		Nursing/Care facility
With spouse		With perpetrator
With friends		Shelter
With family		Other:

<b>Ethnicity:</b>		
American Indian		Hispanic/Latino
Alaskan Native		Native Hawaiian/Pacific Islander
Asian		Caucasian
African American		Other:

<b>Special Classifications:</b>			
Veteran		Homebound	
Disabled (Physical, Cognitive, Developmental)		Substance Abuse	
Homeless		LGBTQ	
Deaf, deafblind, hard of hearing		Language Barriers	
Diminished Cognition		Blind, legally blind	
Other:			

<b>Alleged Abuser:</b>		
Family Member		Other:
Acquaintance/Friend		NA

<b>Type (s) of alleged abuse/victimization:</b>		
	Adult physical	Identity Theft/fraud
	Adult sexual	Mass violence
	Adults sexually abused/assaulted as children	Other
	Arson	Other vehicular (hit and run)
	Burglary	Robbery
	Cyber Crimes	Self-neglect
	DIU/DWI	Stalking/harassment
	Domestic/Family violence	Survivors of homicide victims
	Elder Abuse or Neglect	Terrorism (domestic/international)
	Financial Exploitation	Theft Financial
	Gang violence	Theft Medications
	Hate Crime	Theft Property
	Hoarding	

**Previous History/Reports** (describe) - N/A:

**Current Services/Interventions received:**

Referral made by:	Date:
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Is the client/victim willing to accept services/E-MDT intervention? **Y / N**

Release of Information signed? **Y / N**

**Goals for this case: (Desired Outcome as stated by the client)**

**Additional Services/Specialists required:**

**Comments/Notes:**

**Follow-up with the client/victim:**

**Disposition of case:**

**E-MDT Coordinator:**

**Date:**

## Client Evaluation Survey

Thank you for participating in this survey. This survey is only intended for the person receiving services. We do not use or collect your name or any personal information. Your answers will help improve the process and focus of the [Your Team Name /County] E-MDT to coordinate services, educate the community, and investigate/prevent abuse and exploitation of the older and vulnerable adults in your county.

<b>How did you hear about the E-MDT in your county?</b>				
Newspaper		Friends/Family		
Service Agency		Online/website		
Court/Legal Services		Tribal Agency		
Financial institution		Law Enforcement		
Library		Other (please list)		
<b>Were you aware of the available resources in your county before contact with the E-MDT?</b>				
Y / N / Somewhat				
<b>General Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Somewhat</b>
Do you feel you were included in the decision-making/outcome of your case?				
Were services or engagement with services culturally appropriate for you?				
Do you feel your case was handled promptly?				
Were you able to engage with a support network/agency?				
Were you able to access the services/information needed?				
Were you satisfied with the interventions you received?				
Did you understand the options available to you?				
Did someone work with you to help with your safety planning?				
Were there any unresolved issues/unmet needs?				
<b>Financial/Referral Services Support</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Somewhat</b>
Were you able to obtain safe housing?				
Did you receive follow-up medical care promptly?				
Were you able to get help with medical bills?				
Were you able to access the Victims of Crimes Act financial support?				
<b>Interaction with the E-MDT (Enhanced Multidisciplinary Team)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Somewhat</b>
Do you feel the follow-up from the E-MDT met your needs?				
Were you aware that an E-MDT existed in your community?				
Were you satisfied with your interactions with E-MDT members/Agencies?				
<b>Suggestions/Comments/Concerns:</b>				

## **E-MDT Process Evaluation**

Do you feel that working within the E-MDT has (**helped, hindered, improved, or had little/no effect**) on your ability to serve the elderly and vulnerable adults in your county?

Do you feel that working within the E-MDT has (**helped, hindered, improved, or had little/no effect**) on your ability to coordinate and collaborate with partner agencies?

Do you feel you learned from/have a better understanding of the responsibilities and limitations of other agencies represented within the E-MDT?

Please explain:

Do you feel that collaboration of multiple agencies provides more creative/informed solutions for clients?

Please explain:

Do you believe as an E-MDT member you were able to facilitate more effective, positive outcomes for your clients?

Please explain:

Do you feel that the responsibility for cases/client outcomes have been shared between the E-MDT members?

Please explain:

As a result of your involvement in the E-MDT do you feel that you are better able to identify gaps in services and help make changes to improve them?

Please explain:

Do you feel that collaboration of multiple agencies provides/enhances the safety of EA populations you serve?

Please explain:

An E-MDT is a dynamic process and should adapt and grow as members and clients' needs are identified. Do you have any suggestions for improvement of the general process or evaluation of the E-MDT?

- What do you like about being on an E-MDT?
  
- What would you like to see changed/strengthened on the E-MDT?
  
- Any concerns?
  
- Comments<sup>1</sup>

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<sup>1</sup> There will be an E-MDT Process evaluation/Team Efficacy evaluation completed annually. There will also be a Team meeting processes survey completed at the end of each case review meeting.



# APPENDIX D

## Community Needs Assessment

Dear Colleague,

As part of the Elder Justice Initiative through the Department of Justice, Office of Victims of Crimes, Community Partners working with *[Your Team Name/County]* are preparing to establish an Enhanced Multidisciplinary Team (E-MDT); to investigate, prosecute and develop prevention/education strategies regarding elder abuse and financial exploitation. To that end, we have created a community needs assessment survey to ascertain the current landscape of elder abuse services and to identify gaps in services and collaboration. The results of our survey will allow us to identify how an elder abuse E-MDT might assist current service agencies to close service gaps, strengthen collaboration and optimize coordinated responses, and provide for the needs of the older and vulnerable adults in your county.

You are a vital part of this survey process. Your insight and evaluation of services and community needs are foundational to our project. We recognize the value of your time and have attempted to draft a survey that is respectful of your busy schedule.

We respectfully request your participation in this survey, which is due by

You may contact *[Your Team Name/County]* E-MDT Coordinator with thoughts, concerns, or questions.

Thank you for your participation.

Sincerely,  
(Coordinator contact information)

## Community Needs Survey

Are you aware of any Multidisciplinary Teams (MDTs) working with elder abuse and the provision of services in your county? Y / N If Yes Who?

What general services do you provide for seniors/vulnerable adults in your area?

What resources/services can you provide to an older/vulnerable adult victim of abuse or financial exploitation?

Average age of your clients: \_\_\_\_\_

### Service accessibility:

What county do you serve: (circle one)

What days/hours is your office open & staffed?

Location

Languages/interpreters available

Do you have online services? Y / N

What modes of transportation are available in your area that can assist clients to reach your office?

Public                      Private (client provides own)

What kind of outreach / community awareness advertising do you do?

### Training:

Does your organization provide specific training focused on recognizing/prevention of elder abuse?

Y / N      if Yes, please describe:

Does your organization participate in cross-training with other agencies, organizations, or professions?

Y / N      if Yes, please describe:

Do you have any cross-training needs?

Y / N      if Yes, please describe:

Have you noticed that your clients have needs that your organization is unable to meet, either because they fall outside your mission or for other reasons?

Y / N      Please explain:

Have you encountered any of these common barriers to collaboration within the past year?  
(circle all that apply)

- **Differences in organizational culture**
  1. Policies related to confidentiality
  2. Conflicting goals or outcome priorities
  3. Industry-specific language/terminology
  4. Other: (describe)
- **Organizational challenges**
  1. Frequent staff turnover
  2. Frequent reorganization/policy changes
  3. Shortage of professionals/specialists
  4. Funding challenges
  5. Other: (describe)
- **Differences among collaborators**
  1. Lack of understanding of others' professional roles, responsibilities, and limitations
  2. Lack of professional cross-training
  3. Lack of trust among professionals/organizations
  4. Poor communication / follow-up
  5. Other: (describe)
- **Professional barriers**
  1. Staff overwhelmed "burned out" by the caseload
  2. Lack of access to resources/interventions for clients
  3. Lack of training in:
    - i. Financial abuse/exploitation
    - i. Forensic markers of physical abuse
    - i. Cognitive functioning in aging

In your opinion, what are the biggest obstacles to providing for the needs of the older and vulnerable adults within your county?

What do you perceive to be the biggest barrier to positive elder abuse case outcomes?

Which agencies/organizations would you like to form a stronger working relationship with?

- APS/MDHHS
- Courts/ Legal Services
- Community Service Providers (who?)
- Law Enforcement
- Tribal Communities
- Other: \_\_\_\_\_

What teams or meetings do you currently participate in that serve elder abuse clients?

What agency/organization do you represent \_\_\_\_\_

Name/Title \_\_\_\_\_

*[Your Team Name/County]* **E-MDT Recruitment**

Esteemed Community Member,

Elder abuse is receiving increased attention and societal awareness. Some research suggests that the prevalence of community-dwelling older adults who have experienced abuse/victimization, or financial exploitation in the past year is around 10%. Many cases never reach the attention of those who can and are charged with responding. The effects for those who experience the abuse/victimization include diminished health, finances, social connections, independence and may even contribute to early mortality. Current situations intensify the problem, creating an urgent need for a more collaborative response. As no one agency/organization can fulfill the multifaceted needs of this vulnerable population alone.

With this increased attention to such a complex issue, more sophisticated responses are required. One such response is to develop Enhanced Multidisciplinary Teams (E-MDTs) to investigate, prosecute, prevent, and protect against abuse/victimization. Community Partners working alongside *[Your Team Name]* have undertaken the task of developing a Multidisciplinary Team in *[Your County]*. Our current efforts are focused on building, developing, and implementing an MDT in/for the noted area(s). We would like to invite a representative from your agency/organization to collaborate with our MDT.

Our objective is to develop the *[Your Team Name /County]* E-MDT, focused on successfully and collaboratively assisting you in meeting the complex and varied needs of older adults & vulnerable individuals within your communities. As an important member of your community, we cordially request your participation as we move forward with the planning and development of this E-MDT. Your agency/organization has intimate knowledge regarding the needs and resources within your community, and your input is highly valued. I believe that together we can make a positive impact in the lives of our mutual clients, communities, and our respective agencies/organizations.

In closing, I would like to thank you for taking the time to learn about the *[Your Team Name/County]* E-MDT. Please see the attachment for more information about the *[Your Team Name]* E-MDT. I hope that I have provided you with adequate information to evaluate and consider becoming a member of our team. Please feel free to contact me should you have any questions or thoughts. We desire to make this team process collaborative and to effectively represent and serve the vulnerable population within *[Your County]*.

Sincerely,

*[Coordinator contact information]*

**“All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.”**

Martin Luther King, Jr.

## **Here is what we are about:**

*An E-MDT is comprised of individuals/agencies from various backgrounds, with varying skills, experience, perspectives, and knowledge working collaboratively to address and respond to an identified need/objective and to obtain an identified desired outcome.*

### ***Our E-MDT will be built around the following characteristics:***

#### ***Shared Decision Making***

- *The entire team will participate in discussions, sharing information and decision-making throughout the case review.*

#### ***Partnership***

- *A formal Memorandum of Understanding (MOU)/Interagency Agreement (IAA) is signed by all participating member agencies/organizations.*

#### ***Balanced Power***

- *All members have equal input, and we discourage a single member from dominating the group.*

#### ***Process***

- *We have developed and use protocols to provide predictability and accountability for the case review process, including protocols for conflict resolution, confidentiality, and a team code of ethics.*

#### ***Client/Victim focused***

- *We make all our decisions/recommendations focusing on what is in the best interest of the client/victim and their desired goal for the outcome.*

### ***Why is an E-MDT “Best Practice” for responding to the complex needs of Elder Abuse Victims and Vulnerable Adults?***

- Coordination creates an array of services that are tailored to the complex, multifaceted needs of the client/victim
- Coordination of services may reduce the number of systems/agencies the client/victim has to navigate thereby reducing trauma and confusion
- Collaboration produces creative solutions for complex issues
- Collaboration results in more desirable outcomes and better access to coordinated services for both the client/victim as well as the participating member agency/organization
- Collaboration extends the reach of limited resources within a community
- Coordination and collaboration builds and strengthens families and communities
- It enhances the relationships among public and private service providers
- Ability to draw on the expertise of Specialists. Through our collaborative efforts, we have access to specialists such as Neuropsychologists, Forensic Accountants, Specialists in the Delivery of services to the older adult population.

### ***So, what do we expect from our Member Agency's Representative?***

- *Sign Interagency Agreement/Memorandum of Understanding (IAA/MOU), confidentiality, and Code of Ethics*
- *Attend an orientation meeting*
- *Attend and actively participate in case reviews and training*
- *Be available to consult with other team members outside of case review meetings (especially for follow-up)*
- *Willingness to collaboratively address/improve gaps in services and systems*

### ***What can you expect from us?***

- *A recurring/predictable meeting schedule of approximately 1-2 hours*
  - ◊ *Except when there is an emergency that proves to be an imminent threat of physical or financial harm to the client/victim*
- *Meeting agendas will be conveyed to members before scheduled meetings*
- *Semi-formal case review meetings will be led by the E-MDT Coordinator*
- *Small group meetings (<20 members) are held monthly.*

Please feel free to contact me should you have any questions or thoughts. We want to make this team process collaborative and to effectively represent and serve the vulnerable population within *[Your County]*.

E-MDT Coordinator  
Contact information

## Services

### Transportation:

[List local information here]

### Service Agencies:

#### Community Action Agency

[List local information here]

Programs to combat poverty and improve self-sufficiency.

- Provides affordable housing for low and moderate incomes
- Early childhood programs
- Emergency Food assistance/Commodities programs
- Develops employment opportunities

#### [List local legal aid services here]

- provides a full range of legal services in most areas of civil law for people who meet Federal poverty guidelines or who are 60 years of age or older. These services include basic discussion of client rights; counseling; preparation of letters, documents, deeds, and pleadings; negotiations; administrative hearings; trials; and, in some cases, appeals, and community legal education presentations.

***Legal Aid Services does not provide service for criminal cases, traffic tickets, or "fee-generating" cases. Services may be limited based upon funding levels and restrictions.***

**[Michigan Long Term Care Ombudsman program](http://mltcop.org)** (mltcop.org)

866-485-9393

The Long Term Care Ombudsman program strives to improve the quality of care and quality of life experienced by residents who reside in licensed long-term care facilities.

**[Michigan Department of Health and Human Services](http://mi.gov/mdhhs)** (MDHHS) (mi.gov/mdhhs)

Offers several programs that provide temporary assistance:

- Cash assistance
- Special Health Care (Children)
- Food assistance
- Migrant/refugee services
- WIC program
- Childcare assistance
- Emergency relief (utilities, home, burial)
- Healthcare coverage / Medicaid
- Housing and homeless assistance
- Help from other programs

(List local MDHHS information here)



## **[Your region here] Area Agency on Aging**

Advocates for and provides services to the residents of **[Your region here]**

- 211 Call Center
- Wellness & Caregiver programs
- Long-term care programs
- Housing
- Medicare/Medicaid assistance programs
- Area Agency on Aging
- Aging & Disability Resource Collaborative
- Upper Peninsula LTC Ombudsman program
- Diabetes Outreach Network
- Mediation & resolution Services

[Your local contact numbers & address here]

## **Nationwide information / assistance**

800-338-7227

Service Area: Counties – [Your local service areas listed here]

## **Tribal [Insert your local information here]**

## **Veterans Services**

### **Contact Community Action Agencies in the resident county for assistance**

- MVA Staff (Emergency assistance) 1-800-Mich-Vet (1-800-642-4838)
- American Legion: [Local information here]
- VA Benefits: [Local information here]

## **Senior Centers**

provide great programs and activities for older adults. Contact the [Michigan Association of Senior Centers](#) at 248-505-8228 or visit [miseniorcenters.org](http://miseniorcenters.org) to find a senior center near you.

[Local information here]

## **Statewide:**

- [AARP Michigan](https://states.aarp.org/michigan/?cmp=RDRCT-ICM-WELCOMEKIT-STATES-MI) (https://states.aarp.org/michigan/?cmp=RDRCT-ICM-WELCOMEKIT-STATES-MI)

**866-227-7448**

AARP's mission is "to enhance the quality of life for all as we age, leading and delivering to our members through information, advocacy, and service."

- **Adult Protective Services**

**855-444-3911**

Protects vulnerable adults from abuse, neglect, and exploitation by investigating allegations and finding support for victims. To report abuse, neglect or exploitation call the 24/7 hotline.

- [Aging & Adult Services Agency \(AASA\)](https://mi.gov/osa) (mi.gov/osa)  
**517-241-4100**  
Michigan's designated State Unit on Aging provides federal and state (non-Medicaid) funding to Michigan's aging network. Does not provide aging services directly to Michigan residents.
- [Alzheimer's Association](https://alz.org) (alz.org)  
**800-272-3900**  
Provides information and support for people with Alzheimer's disease and their caregivers. Operates a 24/7 hotline and helps with care navigation. Michigan has two local chapters, Greater Michigan, and Michigan Great Lakes.
- [Area Agencies on Aging Association of Michigan \(AAAAM\)](https://aaanm.org/area-agencies-on-aging-michigan) (aaanm.org/area-agencies-on-aging-michigan)  
The AAAAM was created in 1975 by Michigan's area agencies on aging to disseminate information about public policy developments, provide education, business development, and other services to member organizations, and coordinate advocacy efforts on behalf of older Michigan residents.
- [Crime Victims Legal Assistance Project-Elder Justice](https://cvlap.org/elder-justice-program): (cvlap.org/elder-justice-program)  
**888-228-5590 (Chippewa / Mackinac Co.)**  
**888-645-9993 (Luce Co.)**  
A program to provide free civil legal assistance to victims of elder abuse, and legal services to promote older adults' safety, security, and dignity.
- [Elder Law of Michigan, Inc.](https://elderlawofmi.org) (elderlawofmi.org)  
**866-400-9164**  
Promotes and protects the rights, health, and economic well-being of older adults and people with disabilities by providing information, advocacy, and professional services.
- [Michigan Department of Health and Human Services \(MDHHS\) Language Assistance Services](https://mi.gov/mdhhs/keep-mi-healthy/chronicdiseases/cancer/language-assistance) (mi.gov/mdhhs/keep-mi-healthy/chronicdiseases/cancer/language-assistance)  
**517-241-2112 (TTY users call 711)**
- [Michigan Long-Term Care Ombudsman Program](https://mltcop.org) (mltcop.org)  
**866-485-9393**  
Advocates for residents in licensed long-term care facilities.
- [Michigan Medicare/Medicaid Assistance Program](https://mmapinc.org) (MMAP) (mmapinc.org)  
**800-803-7174**  
MMAP provides Michigan residents with free, objective guidance on how to make health benefit decisions.
- [Michigan Translators Resource List](https://mi.gov/-/media/Project/Websites/sos/24lawensn/Translators_Resource_List.pdf?rev=b7f7bea4a04144cca8ad18bd71460b71f) (mi.gov/-/media/Project/Websites/sos/24lawensn/Translators\_Resource\_List.pdf?rev=b7f7bea4a04144cca8ad18bd71460b71f)
- [Michigan Veterans Affairs Agency \(MVAA\)](https://michiganveterans.com) (michiganveterans.com)  
**800-MICH-VET (800-642-4838)**  
The MVAA connects Michigan residents who have served in the U.S. Armed Forces, and their families, to services and benefits.
- **Michigan's Coordinated Access to Food for the Elderly (MiCAFE)**  
**877-664-2233**  
Helps with applications for food assistance benefits for residents age 60 or older.

- [PACE Association of Michigan](http://pacemichigan.com) (pacemichigan.com)

**269-986-3248**

Dedicated to the expansion of comprehensive health care services to the frail elderly through the Program of All-inclusive Care for Elderly (PACE).

**National:**

- [BenefitsCheckUp®](http://benefitscheckup.org) (benefitscheckup.org)

Offers a comprehensive, free online tool that connects older adults with benefits they may qualify for.

- [Caregiver Action Network](http://caregiveraction.org) (caregiveraction.org)

**855-227-3640**

Nation's leading family caregiver organization working to improve the quality of life for the more than 90 million Americans who care for loved ones with chronic conditions, disabilities, disease, or the frailties of old age.

- [Family Caregiver Alliance](http://caregiver.org) (caregiver.org)

**800-445-8106**

Provides services, education programs, and resources with caregivers' needs in mind to offer support, tailored information, and tools to help caregivers manage the complex demands of caregiving.

- [Medicare](http://medicare.gov) (medicare.gov)

**800-633-4227**

Provides information about the Medicare program and has a tool for caregivers to compare home health care agencies and nursing homes.

- [National Council on Aging](http://ncoa.org) (ncoa.org)

**571-527-3900**

Helps people age 60 or older meet the challenges of aging by partnering with nonprofit organizations, government, and businesses to provide innovative community programs and services, online help, and advocacy.

- [National Institute on Aging](http://nia.nih.gov) (nia.nih.gov)

**800-222-2225**

Leads the federal government in conducting and supporting research on aging and the health and well-being of older people.

- [Social Security Administration](http://ssa.gov) (ssa.gov)

**800-772-1213 (TTY 1-800-325-0778)**

Information on retirement and disability benefits, including how to sign up for Social Security.

- [U.S. Eldercare Locator](http://eldercare.acl.gov/Public/Index.aspx) (eldercare.acl.gov/Public/Index.aspx)

**800-677-1116**

A public service of the U.S. Administration on Aging that connects citizens to services for older adults and their families. This program can connect Michigan residents to their regional AAA.



# ELDER ABUSE TASK FORCE

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