Chapter 10: Case Tracking and Program Evaluation

Case Tracking

Case tracking involves collecting data about a case. Data can be collected from the various MDT members and/or from victims and offenders. The purpose of case tracking might be:

- To enable the MDT to analyze their caseload
- To measure the success of specific cases and the over-all effectiveness of the team
- To ensure that cases are being monitored
- For tracking the MDT case review meeting information
- To improve program performance (see Chapter 10 for a primer)[i]
- For some forms of program evaluation (see Chapter 10 for a primer)
- To educate the public
- To create targeted outreach campaigns
- To identify patterns of behavior that might eventually be used to predict risk[ii]
- To provide evidence of effectiveness in grant applications to funding agencies

The length of case tracking may vary considerably from initial intake to some period of time after the close of the case. Often, data are retained in different departments and agencies and must be extracted in some fashion. Strategies for obtaining case tracking data include:

- Collecting information at case review
- Agency-completed forms that are returned to the MDT Coordinator
- Telephoning the agency directly for information
- Appointing a staff member (e.g., the victim advocate) to collect the information
- Some combination of these methods

Consider developing a form that captures this case-level data, sometimes referred to as a case tracking form.[iii] Discuss which data elements are important for the MDT to collect by identifying the purpose of the data.

Data tracking systems for storing such information might be as simple as Microsoft Excel or Access. Data points to consider collecting include:

- Victim demographic information
- Offender demographic information
- Type of abuse
- Circumstances surrounding the abusive situation

- Assessment results
- Dispositions
- Recommendations
- Services offered (and accepted)

Data Management Plan

If a case-tracking plan is adopted, the MDT will need to develop a data management plan. The plan not only increases accountability of the data, but also reduces the number of people who handle the data.[iv] Consider the following:

- Save all information on password protected computers.
- Use identification numbers for each person entering data.
- Incorporate periodic review of data forms for completeness and accuracy. Data checking can be accomplished by randomly selecting, for example, 10% of the cases. Compare the printouts of data entered with the original forms. Be sure to report the time and date of reviews and any conclusions. If problems are identified, bring these problems to the MDT to identify solutions.

Depending on the type of data being collected and the representative's agency, some MDTs will need to obtain approval for data collection from their institutional review board (IRB).[v]

Primer on Research and Evaluation

Evaluation

Since the 1970s, teams have become a popular mechanism for addressing a range of issues. However, sometimes teams are promoted due to their psychological value rather than their empirically validated benefit.[vi] The goal of developing a team is to support and respond to victims of elder abuse (a performance outcome) rather than the goal of developing a team. Therefore, the MDT will want to assess their ability to achieve this goal.

Evaluation of MDTs may occur at the level of:

- Structure
  Who participates on the MDTs; what is the organizational affiliation of the MDT
- Process
  How is case review conducted[vii] ; how are cases referred to the MDT
- Outcomes
  As a result of the MDT, are clients assigned guardianship; has the abuse stopped

Evaluation of the MDT and Clients

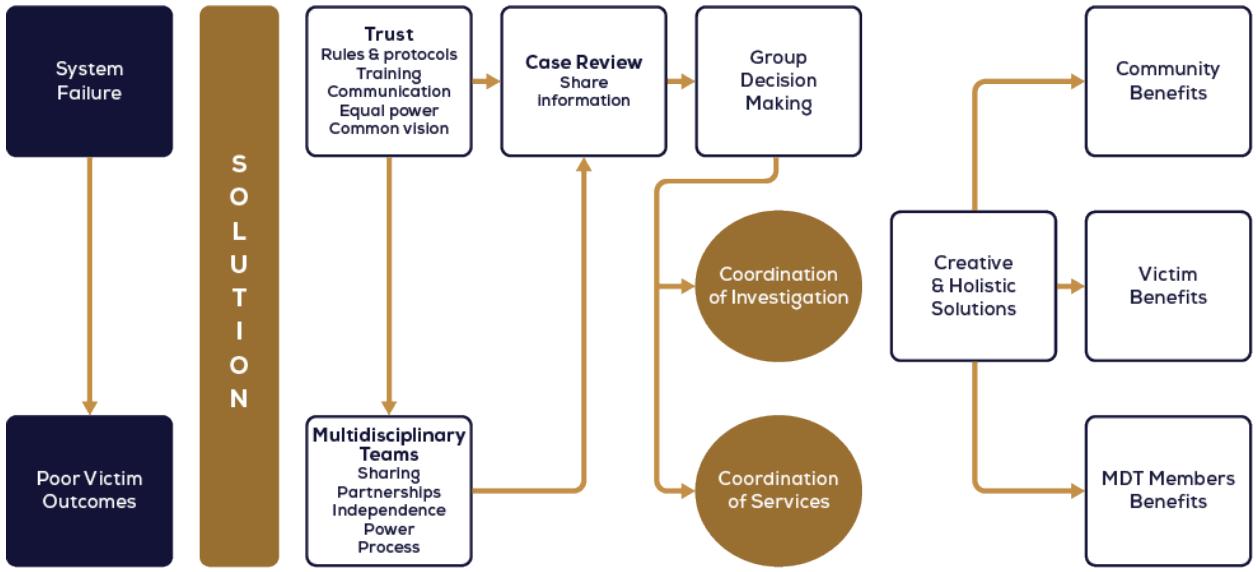
Strong evaluation helps protect the integrity of the program and can be a powerful tool for program sustainability. Evaluations can be used to:

- Promote the model of service delivery to funders and other stakeholders
- Serve as the basis for making changes in the program design
- Identify areas for professional development
- Determine new partners needed to strengthen the MDT
- Leverage results to obtain, retain, or expand funding
- Estimate the cost of the program for a cost-benefit analysis

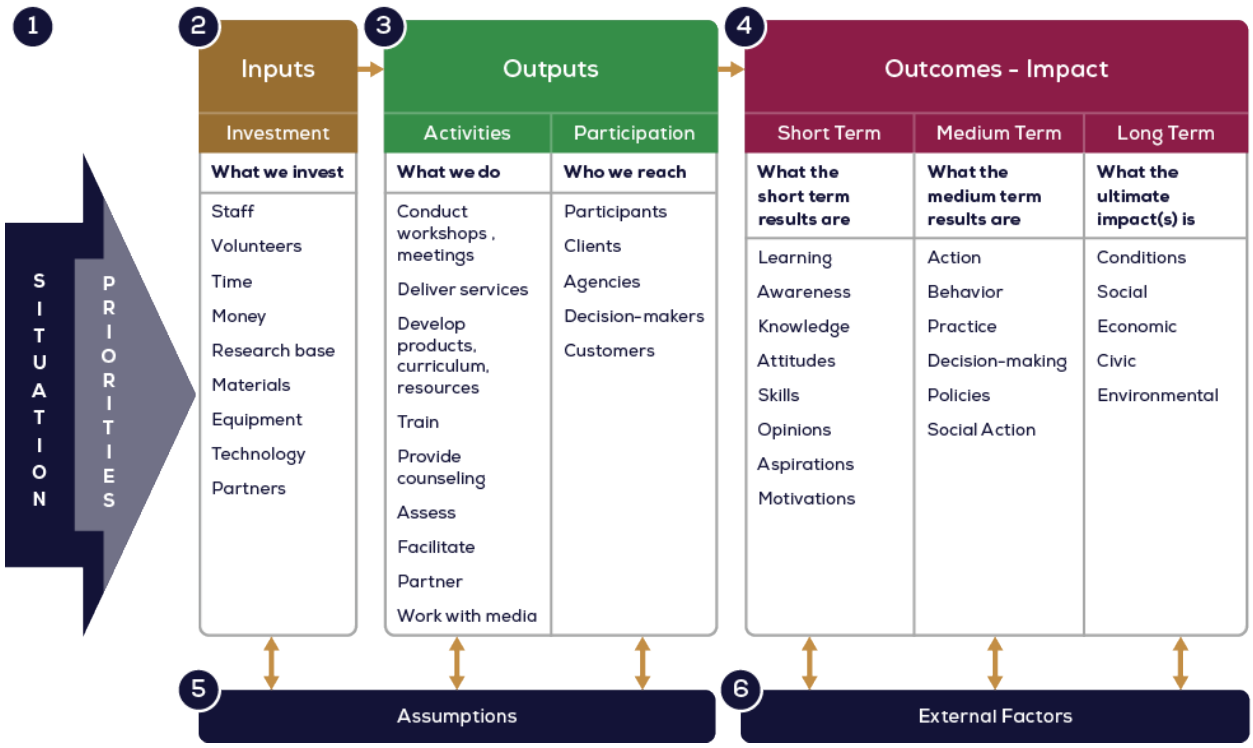
The first step in an evaluation is developing a logic model.[viii] A logic model is simply a visual representation that describes how a program or intervention will work. It links the program's activities to the planners' goals and objectives, and it identifies anticipated short- and longer-term outcomes. As such, the logic model is the foundation for program evaluation, which in turn is essential for learning "what works" in victim assistance and compensation.[ix] Based on the logic model, a program evaluation plan can be crafted.[x]

A well-crafted program evaluation is essential in determining whether the program is meeting its goals and what is producing the desired outcomes.[xi] For example, just prior to the Los Angeles Elder Justice Forensic Center being created, they had concluded that the MDTs that had developed in response to elder abuse cases were extremely large and it was difficult to actively work through a case, necessitating change.[xii]

Sample Logic Model



Sample Generic Logic Model



RESOURCES	ACTIVITIES	OUTPUTS	SHORT AND LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	In order to address our problem or asset we will conduct the following activities:	We expect that once completed or under way these activities will produce the following evidence of service delivery:	We expect that if completed or ongoing these activities will lead to the following changes in 1–3 then 4–6 years:	We expect that if completed these activities will lead to the following changes in 7–10 years:

Program Evaluation

There are different kinds of evaluation and different aspects of your program you may want to evaluate.[xiii] For example:

- The functioning of the MDT [xiv]
- Team performance [xv]
- MDT satisfaction[xvi]
- Client satisfaction[xvii]
- Board survey (if applicable)

Evaluation targeted at different points in the process will capture different experiences.[xviii] For example, a client satisfaction evaluation immediately after the case has closed will capture different information than a client satisfaction survey administered six months after the case has closed.

Regardless of the type of program evaluation, the best evaluations engage program staff, volunteers, clients, and other major stakeholders in the design and implementation of the evaluation.

MDT Functioning and Satisfaction

At some point after the MDT has been established, you will want to evaluate the functioning[xix] and effectiveness of your MDT.[xx] You may want to focus your evaluation on the elements of a successful MDT. These characteristics will need to be quantified for evaluation purposes. For example:

Team Trust and Cohesion

- The team has a shared interdisciplinary team philosophy[xxi]
- The team has honest and continuous communication[xxii]
- The team readily shares knowledge (as opposed to information), for example, through informal and formal cross training[xxiii]
- MDT members are comfortable exchanging information
- There is a sense of collegiality among MDT members
- MDT members share ideas and experiences, discuss cases, and engage in a critical analysis of cases
- There is a shared belief that working as a team leads to better outcomes
- Mutual support is provided by MDT members
- MDT members feel mutual trust and respect
- MDT members are able to develop trust with victims[xxiv]
- MDT members complement each other's functions
- MDT members share resources
- MDT members enhance each other's capacity to address a crucial victim need[xxv]

- The agencies represented on the MDT have changed the way they operate as a result of participation on the MDT

Administrative Functions of the MDT

- Roles and responsibilities among partner agencies and individuals are clearly defined[xxvi], typically in writing through MOUs or IAAs
- The MDT has adequate financial support
- The MDT has a written financial plan and a clear strategy for obtaining financial resources with identified responsibilities for implementing it
- The MDT has strong leadership including high-level, visible leaders
- Protocols have been adopted by the MDT
- There is adequate space and support dedicated to the MDT
- There is protected time for MDT members (e.g., regularly scheduled case review meetings)
- Professionals represented on the MDT are from a diverse range of disciplines that reflect the needs of the community
- The MDT Coordinator provides strong leadership
- The MDT Coordinator is accountable to the MDT
- There is opportunity for ongoing education and training for MDT members
- MDT members attend meetings regularly[xxvii]
- The MDT members review and evaluate their program regularly
- The MDT has clearly articulated goals, strategies, and indicators of progress that provide a sense of direction
- Evaluation results are used to enhance future efforts
- The MDT has established evidence of progress in affecting desired outcomes
- The MDT is exposed to some media coverage[xxviii]
- Joint documentation is utilized,[xxix] for example, all members sign reports[xxx]

Victim Satisfaction

The challenge associated with victim satisfaction surveys is that victims do not always perceive the "process" the way the systems perceive the process.[xxxi] While the MDT may perceive the investigation, services, and case review as a seamless process, victims may want to rate those activities individually. Victim satisfaction surveys may want to address whether:

- Victims receive follow-up medical care where necessary
- Victim are able to access Victims of Crime Act financial support

- Victims are able to get their medical bills paid
- Victims are able to secure safe housing
- Victims are able to build a sustainable support network
- Victims are satisfied with their interactions with various team members
- Victims are satisfied with their- intervention

Lessons Learned

Consider keeping a *Lessons Learned* log that you can share with the MDT at annual or semi-annual review meetings. The MDT Coordinator can be the keeper of the log, but have MDT members provide suggestions for the log.

Evaluation Logistics

Frequency of Administration of Surveys

The MDT will need to decide how frequently to administer various surveys: After every meeting, every six months, annually.

Instruments

There are a number of surveys that might be adapted for the purposes described above. However, there are no empirically validated measures of client satisfaction in the context of elder abuse MDTs. Where feasible, consider partnering with a university faculty member or graduate student.[xxxii]

Data Collection Plan

As part of your evaluation plan, a plan for collecting and storing data will need to be developed to ensure information is being captures that allows the evaluation questions to be answered. Several data collection plans exist.[xxxiii]

Seek Out Consultations

Consult with individuals who have considerable experience with MDTs, either via websites[xxxiv] or through literature searches.[xxxv]

Utilize Evaluation Results

Utilize the information obtained from these evaluation efforts to improve your program. It may be hard to hear that all of your efforts fail to result in perfect outcomes, but keep in mind that improvement is always possible and is definitely desirable.

Research: MDTs Make a Difference

There is very little research available on elder abuse collaborations such as MDTs.[xxxvi] What is available is reviewed below.

- Empirical evidence suggests that a social worker-lawyer collaboration is more effective at reducing risk of elder abuse compared to a social worker alone.[xxxvii]
- In an evaluation of the Los Angeles County Elder Justice Forensic Center (EJFC), the use of a MDT funneled more cases to the District Attorney, therefore there were more convictions in absolute numbers, but not a statistical improvement compared to cases managed solely by APS. That is, the EJFC had significantly more financial exploitation cases referred to the DA compared to APS cases (22% vs. 3% respectively), although the number of cases with charges filed (73% vs. 86% respectively) and the number of convictions (92% vs. 100%) were not significantly different.[xxxviii]
- One study found that social workers made therapeutic referrals most frequently, although legal interventions showed the greatest improvement in terms of stopping the abuse.[xxxix] This suggests the need for multiple systems to work collaboratively. However, the study found that the more interventions implemented, the lower the rate of improvement, possibly because cases requiring more interventions are more complex and intractable.
- There are potentially multiple explanations for a condition indicating elder abuse, requiring greater interactive information gathering and fact checking in these cases.[xl] Using adult protective services data from two counties in Maryland, it was learned that social workers were more likely to substantiate physical abuse, neglect by others, and financial exploitation (but not self-neglect) compared to when a social worker and nurse worked a case collaboratively, suggesting a nurse persuaded the social worker the injury was a result of an accident rather than abuse. However, the collaborative approach did result in reductions of risk for physical abuse, neglect by others, and self-neglect (although not financial exploitation). However, recidivism rates did not differ.[xli] Nurses tended to focus more on health needs and functional abilities, while social workers asked more extensive questions about social needs, including relationships with family and support services. The authors concluded, however, that the marginal gains did not justify the costs associated with collaborative responses.

There is more research on the process of MDTs than outcomes.[xlii] While we believe the benefits of collaboration carry over to victims, there is little empirical evidence one way or the other.

Summary

Case tracking typically receives little attention in guidebooks, but it is a critical component of program evaluation. Without data of some type, programs are left relying the intuition of those who run the programs. Participants in these programs deserve more. Tracking cases can provide valuable insight into the success of your team, but good case outcomes are not the only variable in evaluating your program. Take the time to create meaningful performance measures, such as those that can be found in the provided Logic Model samples. Account for everyone's effort, and survey your team regularly regarding satisfaction and to gather feedback around the functions of your team. Not only will a strong evaluation plan provide you with the tools to strengthen and grow your team, it will also give you objective measureable data that can be used to advocate for your team, apply for funding, recruit new members, and justify your existence.

Endnotes

[i] For example, see Walsh, W. A., Jones, L. M., & Swiecick, C. C. (2014). Using Child Advocacy Center Tracking Data to Examine Criminal Disposition Times. *Journal of Child Sexual Abuse, 23*(2), 198-216. doi:10.1080/10538712.2014.868386

[ii] Stiegel, L. A. (2005). *Elder Abuse Fatality Review Teams: A Replication Manual*. Washington, DC: American Bar Association Commission on Law and Aging. Retrieved from http://www.americanbar.org/content/dam/aba/administrative/law_aging/fatalitymanual.authcheckdam.pdf

[iii] See, e.g., Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.*). Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*. (p. 82-85).

[iv] For an example, see Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (p. 87).

[v]Mark Lachs (October 2012) makes a compelling argument for loosening, not eliminating, IRB requirements. Transcript of testimony before the Elder Justice Coordinating Council is available at http://www.aoa.gov/AoA_programs/Elder_Rights/EJCC/meetings/docs/EJCC%20Panel%204%20Advancing%20Reasearch.pdf

[vi]Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.

[vii] Navarro, A. E., Wysong, J., DeLiema, M., Schwartz, E. L., Nichol, M. B., & Wilber, K. H. (2015). Inside the black box: The case review process of an elder abuse forensic center. *The Gerontologist*, *56*(4), 772-781. doi:10.1093/geront/gnv052.

[viii] Burnes, D., & Lachs, M. S. (2017). The case for individualized goal attainment scaling measurement in elder abuse interventions. Journal of Applied Gerontology, 36(1) 116–122. DOI: 10.1177/0733464815581486

[ix] Nichol, M. B., Wilber, K. H., Wu, J., & Gassoumis, Z. D. (2015). Evaluating the Cost Effectiveness of the Elder Abuse Forensic Center Model. Final Report submitted to the National Institute of Justice, Retrieved April 14, 2017, https://www.ncjrs.gov/pdffiles1/nij/grants/248556.pdf

[x] See, for example, James Bell Associates. (2007). *Evaluation Brief: Developing a Logic Model*. Retrieved from http://www.jbassoc.com/ReportsPublications/Developing%20a%20Logic%20Model.pdf

[xi]For an online tutorial on evaluation and performance measures, visit https://www.nttac.org/index.cfm?event=trainingCenter.traininginfo&eventID=1&from=training&dtab=1; for a logic model workbook visit Innovation Network. (n. d.) *Logic model workbook*. Retrieved from http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

[xii] See, for example, Anderson, S. E. (2014). *Program plan for the development and implementation of an elder abuse multi-disciplinary team within a federally qualified healthcare center* (Master's Thesis). Retrieved from https://csus-dspace.calstate.edu/bitstream/handle/10211.3/124915/SA%20special%20project%20final%20(2)%20PDF%20August%203%202014.pdf?sequence=2 . (pp. 58-70)

[xiii]A recent study found that of the cases that had been substantiated by CPS, there were no differences in rates of revictimization between children seen at a CAC and children seen in the comparison community. The authors explain that revictimization is associated with family structures and financial resources, factors which may be difficult for something like interagency coordination to impact. (Wolfteich, P., & Loggins, B. (2007). Evaluation

of the Children's Advocacy Center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal, 24*, 333-352.) (4), 333-352. doi:10.1007/s10560-007-0087-8).

[xiv] Schneider, D. C., Mosqueda, L., Falk, E., & Huba, G. J. (2010). Elder abuse forensic centers. *Journal of Elder Abuse & Neglect, 22(*3-4), 255-274. doi:10.1080/08946566.2010.490137

[xv] For a discussion of possible goals and objectives, see Anderson, S. E. (2014). *Program plan for the development and implementation of an elder abuse multi-disciplinary team within a federally qualified healthcare center.* (Master's Thesis). Retrieved from https://csus-dspace.calstate.edu/bitstream/handle/10211.3/124915/SA%20special%20project%20final%20(2)%20PDF%20August%203%202014.pdf?sequence=2 . (pp. 42-51).

[xvi] For an example, see Human Services Department County of Sonoma. (2012). *A collaborative approach to multidisciplinary teams in Sonoma County*. Retrieved from http://www.centeronelderabuse.org/docs/A-Collaborative-Approach-to-Multidisciplinary-Teams-in-Sonoma-County.092812.pdf; for a review of factors related to a well-functioning MDT, see Conroy, C., & D. E. Logan. (2014). Pediatric multidisciplinary and interdisciplinary teams and interventions. In M. C. Roberts, B. S. Aylward, & Y. P. Wu (Eds.), *Clinical Practice of* Pediatric *Psychology* (pp. 93-108). New York, NY: Guilford. (p. 96).

[xvii] Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (see Chapter 16 Evaluating and rewarding teams).

[xviii] Providing an example of program improvement, with 97% of those who referred cases to the VAST indicating that the team was helpful (Mosqueda, L., Burnight, K., Liao, S., & Kemp, B. (2004). Advancing the Field of Elder Mistreatment: A New Model for Integration of Social and Medical Services. *The Gerontologist, 44*(5), 703–708.) doi:10.1093/geront/44.5.703). Evaluation questions are also available in Wiglesworth, A., Mosqueda, L., Burnight, K., Younglove, T., & Jeske, D. (2006). Findings from an Elder Abuse Forensic Center. *The Gerontologist, 46*(2), 277–283. doi:10.1093/geront/46.2.277

[xix] An example of a client satisfaction survey can be found in Mosqueda, L., Burnight, K., Liao, S., & Kemp, B. (2004). Advancing the Field of Elder Mistreatment: A New Model for Integration of Social and Medical Services. *The Gerontologist, 44*(5), 703–708. doi:10.1093/geront/44.5.703

[xx] A study interviewing families during the investigation phase found that CAC clients experienced greater satisfaction (70%) than clients in the comparison sites (54%). This finding, however, appears to be partially related to the adjustment of the children. Caregivers reported lower levels of investigation satisfaction when their child had higher levels of anxiety and depressive symptoms. (Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2007). Do children's advocacy centers improve families' experiences of child sexual abuse investigations? *Child Abuse and Neglect, 31*, 1069-1085.) (10), 1069-1085. doi:10.1016/j.chiabu.2007.07.003) However, a client satisfaction survey administered initially and three months later found that while clients (caregivers) were initially satisfied with their experience, but at the three month follow-up, satisfaction had declined significantly. (Jenson, J. M., Jacobson, M., Unrau, Y., & Robinson, R. L. (1996). Intervention for victims of child sexual abuse: An evaluation of the children's advocacy model. *Child and Adolescent Social Work Journal, 13*, 139-156.) (2), 139-156. doi:10.1007/BF01876643). When children were asked about their satisfaction, however, there were no significant differences in overall satisfaction between the CAC communities and the comparison communities (Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2007). Do children's advocacy centers improve families' experiences of child sexual abuse investigations? *Child Abuse and Neglect, 31*, 1069-1085.) (10), 1069-1085. doi:10.1016/j.chiabu.2007.07.003). It has been suggested that it may matter less to a child victim of sexual abuse where the investigation takes place (Faller, K. C., & Palusci, V. J. (2007). Children's advocacy centers: Do they lead to positive outcomes? *Child Abuse and Neglect, 31*, 1021–1029.) (10), 1021–1029. doi:10.1016/j.chiabu.2007.09.001).

[xxi] Jenson, J. M., Jacobson, M., Unrau, Y., & Robinson, R. L. (1996). Intervention for victims of child sexual abuse: An evaluation of the children's advocacy model. Child and Adolescent Social Work Journal, 13, 139-156.

[xxii] Consider adapting questions from Lamb, B. W., Taylor, C., Lamb, J. N., Strickland, S. L., Vincent, C., Green, J. S. A., & Sevdalis, N. (2013). Facilitators and barriers to teamworking and patient centeredness in multidisciplinary cancer teams: Findings of a national study. *Annals of Surgical Oncology, 20*(5), 1408-1416 (p. 1410). doi:10.1245/s10434-012-2676-9

[xxiii] Although CACs are prevalent, evaluation of MDTs, and CACs specifically, remains scant (Connell, M. (2009). The child advocacy center model. In K. Kuehnle & M. Connell (eds.), *The Evaluation of* Child Sexual Abuse A*llegations: A* Comprehensive *Guide to Assessment and* Testimony. (pp. 423-450). Hoboken, NJ: John Wiley & Sons.; Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare, 84*(4), 433-458.)

[xxiv] Koenig, T. L., Leiste, M. R., & Spano, R. (2013). Multidisciplinary team perspectives on older adult hoarding and mental illness. *Journal of Elder Abuse & Neglect, 25*(1), 56-75.; doi:10.1080/08946566.2012.712856; Johansson, G., Eklund, K., & Gosman-Hedström, G. (2010). Multidisciplinary team, working with elderly persons living in the community: a systematic literature review. *Scandinavian Journal of Occupational Therapy, 17*(2), 101-116. doi:10.1080/11038120902978096

[xxv] Johansson, G., Eklund, K., & Gosman-Hedström, G. (2010). Multidisciplinary team, working with elderly persons living in the community: a systematic literature review. *Scandinavian Journal of Occupational Therapy, 17*(2), 101-116. doi:10.1080/11038120902978096

[xxvi] Koenig, T. L., Leiste, M. R., & Spano, R. (2013). Multidisciplinary team perspectives on older adult hoarding and mental illness. *Journal of Elder Abuse & Neglect, 25*(1), 56-75.; doi:10.1080/08946566.2012.712856; Johansson, G., Eklund, K., & Gosman-Hedström, G. (2010). Multidisciplinary team, working with elderly persons living in the community: a systematic literature review. *Scandinavian Journal of Occupational Therapy, 17*(2), 101-116. doi:10.1080/11038120902978096

[xxvii] Koenig, T. L., Leiste, M. R., & Spano, R. (2013). Multidisciplinary team perspectives on older adult hoarding and mental illness. *Journal of Elder Abuse & Neglect, 25*(1), 56-75. doi:10.1080/08946566.2012.712856

[xxviii] These details are usually formally described in a Memorandum of Understanding (MOU).

[xxix] For list of roles associated with various professions, see Du Mont, J., Kosa, D., Macdonald, S., Elliot, S., & Yaffe, M. (2015). Determining Possible Professionals and Respective Roles and Responsibilities for a Model Comprehensive Elder Abuse Model Comprehensive Elder Abuse Intervention: A Delphi Consensus Survey. *PloS one, 10*(12), e0140760. doi:10.1371/journal.pone.0140760

[xxx] Teaster, P. B., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. *Journal of Elder Abuse & Neglect, 15*(3-4), 91-107. doi:10.1300/J084v15n03_06

[xxxi] Koenig, T. L., Leiste, M. R., & Spano, R. (2013). Multidisciplinary team perspectives on older adult hoarding and mental illness. *Journal of Elder Abuse & Neglect, 25*(1), 56-75. doi:10.1080/08946566.2012.712856 (p. 71)

[xxxii] Johansson, G., Eklund, K., & Gosman-Hedström, G. (2010). Multidisciplinary team, working with elderly persons living in the community: A systematic literature review. *Scandinavian Journal of Occupational Therapy, 17*(2), 101-116. doi:10.1080/11038120902978096

[xxxiii] Tousijn, W. (2012).Integrating health and social care: Interprofessional relations of multidisciplinary teams in Italy. *Current Sociology, 60*, 522-537. (4), 522-537. doi:10.1177/0011392112438335

[xxxiv] Bonach, K., Mabry, J. B., & Potts-Henry, C. (2010). Exploring Nonoffending Caregiver Nonoffending Caregiver Satisfaction with a Children's Advocacy Center. *Journal of Child Sexual Abuse, 19*(6), 687-708. doi:10.1080/10538712.2010.522495

[xxxv] Blowers, A. N., Davis, B., Shenk, D., Kalaw, K., Smith, M., & Jackson, K. (2012). A Multidisciplinary approach to detecting and responding to elder mistreatment: Creating a university-community partnership. *American Journal of Criminal Justice, 37*, (2), 276-290. doi:10.1007/s12103-012-9156-4 To read the results of a research-practitioner partnership, see Sommerfeld, D. H., Henderson, L. B., Snider, M. A., & Aarons, G. A. (2014). Multidimensional measurement within adult protective services: Design and initial testing of the tool for risk, interventions, and outcomes (TRIO). *Journal of Elder Abuse & Neglect, 26*(5), 495-522. doi:10.1080/08946566.2014.917598

[xxxvi] See, for example, James Bell Associates (2007). *Evaluation Brief: Developing a Logic Model* (p. 7), Retrieved from http://www.jbassoc.com/ReportsPublications/Developing%20a%20Logic%20Model.pdf

[xxxvii] For example, a forum for discussing developing new (or existing) MDTs is offered by the New York City Elder Abuse Center, which facilitates a monthly phone-based peer leadership support group (for more information (see http://nyceac.com/clinical-services/mdts/); University of California - Irvine provides consultation services for professionals in their jurisdiction and across the country.

[xxxviii] Brandl, B., Dyer, C. B., Heisler, C. J., Otto, J. M., Stiegel, L. A. & Thomas, R. W., (Eds.). (2007). *Elder abuse detection and intervention: A collaborative approach*. New York, NY: Springer.; Publishing Co., LLC.; Navarro, A. E., Gassoumis, Z. D., & Wilber, K. H. (2013). Holding abusers accountable: An elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist, 53*(2), 303-312.; doi:10.1093/geront/gns075; Wiglesworth, A., Mosqueda, L., Burnight, K., Younglove, T., & Jeske, D. (2006). Findings from an elder abuse forensic center. *The Gerontologist, 46(*2), 277-283. doi:10.1093/geront/46.2.277

[xxxix] Dong, X. (2014). Elder abuse: Research, practice, and health policy. The 2012 GSA Maxwell Pollack Award Lecture. *The Gerontologist, 54*(2), 153–162. doi:10.1093/geront/gnt139, referring to MDTs as "action over evidence" (p. 157).

[xl] Rizzo, V. M., Burnes, D., & Chalfy, A. (201320132015). A systematic evaluation of a multidisciplinary social work–lawyer elder mistreatment intervention model. *Journal of Elder Abuse & Neglect, 27*(1), 1-18. doi:10.1080/08946566.2013.792104, finding that being female, married, and living with perpetrator was associated with unfavorable outcomes (lack of risk reduction) and there were no differences by type of maltreatment.

[xli] Navarro, A. E., Gassoumis, Z. D., & Wilber, K. H. (2013). Holding abusers accountable: An elder abuse forensic center increases criminal prosecution of financial exploitation. *The Gerontologist, 53*(2), 303-312. doi:10.1093/geront/gns075

[xlii] Alon, S., & Berg-Warman, A. (201320132014). Treatment and Prevention of Elder Abuse and Neglect: Where Knowledge and Practice Meet—A Model for Intervention to Prevent and Treat Elder Abuse in Israel. *Journal of Elder Abuse & Neglect, 26*(2), 150-171. doi:10.1080/08946566.2013.784087

[xliii] Scheiderer, E. M. (2012). Elder abuse: Ethical and related considerations for professionals in psychology. *Ethics & Behavior, 22*(1), 75-87. doi:10.1080/10508422.2012.638828

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