

Handout #1 - MDT Partner Activity

TOPIC: MDT Partner Activity

Point out the *MDT Partners Handout* in the participant manual on page 25. Assign each table 4-6 (depending on the number of tables) sections to complete on the chart. Allow 20 minutes for each table to complete their section of the chart, and 30 minutes for report-backs to the larger group. Instruct trainees that each person should make their own notes, with the goal of each person being able to leave the training with a completed chart for primary partners.

Directions:

- Working at your table, complete your assigned sections in the chart in your trainee handout #4. This table will do numbers 1-6, this table will do 7-12
- Identify how each MDT partner might help/why collaboration is valuable
- Identify potential areas of conflict/barriers to collaboration

Ask for report-backs to large group

Use the trainer version of the handout to assist you in the report-backs; be sure the debriefing covers the main points about why collaboration with specific agencies is valuable, and identifies potential barriers/areas of conflict. Also be sure that the debriefing notes that, for some disciplines, the “line” between the role of an APS worker and the partner’s role is more blurred. Example: A mental health worker with a biopsychosocial perspective may implement case management and resource/referral strategies typically assumed by APS.

During the debriefs, note that it is important for workers to be able to explain APS’ role and its regulations; in fact, we will discuss later that the ability to describe one’s role and organizational mission to others, and being able to communicate your expertise in identifying and responding to elder abuse, is an essential skill in collaboration.

Note that the afternoon modules will provide information and skill-building activities to begin to address the potential conflicts/barriers.



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HANDOUT 4 – MDT PARTNERS

| | Agency | How they help | Potential Areas of conflict |
|----|--|---------------|-----------------------------|
| 1. | Adult Protective Services | • | • |
| 2. | Home Delivered Meals | • | • |
| 3. | Code Enforcement | • | • |
| 4. | Animal Control | • | • |
| 5. | Public Guardian/ Conservator | • | • |
| 6. | Adult Day Health Centers/Adult Day Social Centers | • | • |

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| | Agency | How they help | Potential Areas of conflict |
|-----|-------------------------------|---------------|-----------------------------|
| 7. | Caregiver Agency | • | • |
| 8. | Utility Companies | • | • |
| 9. | Law Enforcement | • | • |
| 10. | Social Security | • | • |
| 11. | Representative Payee Program | • | • |
| 12. | Private Doctors/ Hospitals | • | • |

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| | Agency | How they help | Potential Areas of conflict |
|-----|------------------------------------|---------------|-----------------------------|
| 13. | Long-Term Care Ombudsman | • | • |
| 14. | Community Care Licensing | • | • |
| 15. | State Contractor's Licensing Board | • | • |
| 16. | Medicaid | • | • |
| 17. | Mental Health | • | • |
| 18. | Veterans Administration | • | • |

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| | Agency | How they help | Potential Areas of conflict |
|-----|---|---------------|-----------------------------|
| 19. | Office on Aging | • | • |
| 20. | Disability Resource Center/ Disability Advocates | • | • |
| 21. | Public Health | • | • |
| 22. | Rape Crisis Program | • | • |
| 23. | Welfare Fraud Investigations | • | • |
| 24. | Domestic Violence Program/Shelter | • | • |

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TRAINER COPY (for trainer use; not to be distributed)

| | Agency | How they help | Potential Areas of conflict |
|----|-----------------------------|--|---|
| 1. | Adult Protective Services | <p><i>(If all participants are APS workers, this refers to working with other APS offices and programs.)</i></p> <ul style="list-style-type: none"> • Provide history on some victims and perpetrators • Back-up for large projects (like emergency placements during a disaster) • Source of resources/information | <ul style="list-style-type: none"> • Jurisdictional issues (is it my case or yours?) • Struggle for limited resources/funding • There may be philosophical differences in how to handle cases |
| 2. | Home Delivered Meals | <ul style="list-style-type: none"> • Provide meals either free or at low cost • Can be an extra set of eyes in the home • May provide assistance referrals | <ul style="list-style-type: none"> • May not deliver to some areas (especially rural areas) • May not provide meals on weekends • May not have special diet available |
| 3. | Code Enforcement | <ul style="list-style-type: none"> • Can be the “bad guy” in hoarding cases, putting pressure on the client to clean things up. • Will often work with APS to give the client time to clean-up a situation. | <ul style="list-style-type: none"> • Often require clients to clean-up too fast (hoarders will revert later). • May require clients to pay large fines or clean-up fees. • The client’s mental health is not their priority. |
| 4. | Animal Control | <ul style="list-style-type: none"> • Can be the “bad guy” in animal hoarding cases, putting pressure on the client to give up animals/ provide care • Will often work with APS to help the client improve their situation | <ul style="list-style-type: none"> • May require client to give up all animals • May push for a quicker resolution than the client can handle. • The client’s mental health is not their priority. |
| 5. | Public Guardian/Conservator | <ul style="list-style-type: none"> • Can freeze bank accounts • Can conserve a person or estate to safeguard them • Can ask the court to require a client to be medicated if necessary. • Can make medical decisions • Can make placement decisions | <ul style="list-style-type: none"> • Higher level of proof required than the general public’s idea of incapacitated • Often overworked/overwhelmed • Disposition may not match expectations if client does not meet eligibility criteria (varies by agency) • Takes a long time to conserve a client • Can’t cross state lines |

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| 6. | Adult Day Health Centers/Adult Day Social Centers | <ul style="list-style-type: none"> • Can provide a safety net for clients for part of the day. • Can provide respite to caregivers | <ul style="list-style-type: none"> • Participant on participant abuse can happen • More caregivers can mean more chance of abuse • Service areas can be limited |
| 7. | Caregiver Agency | <ul style="list-style-type: none"> • Can provide hired caregivers for clients either free (if it's a government or insurance based service) or for a fee. • Can be a source of respite or emergency care • May fingerprint/background checked caregivers • Can provide an "extra set of eyes" on the client's situation | <ul style="list-style-type: none"> • May refuse to believe/investigate claims that their caregivers have acted wrongly • May refuse to serve difficult/demanding clients • May not be able to provide caregivers as timely as they claim • May fail to send caregivers for a shift (and not let anyone know) • May not do background checks |
| 8. | Utility Companies | <ul style="list-style-type: none"> • Can work out payment options for clients • May have low-income programs • May have programs for people with disabilities | <ul style="list-style-type: none"> • Need to get paid by <i>someone</i> (They are a business, not a charity) • May not be willing to cut a deal in every case. |
| 9. | Law Enforcement | <ul style="list-style-type: none"> • Welfare Checks on clients • "Back-up" for workers in dangerous situations • Enforce "Stay Away" orders • Keep the peace • Arrest perpetrators • Can fingerprint/ID lost/demented clients | <ul style="list-style-type: none"> • Not all abuse is criminal • Have a different standard of proof • Need different level of evidence • Have different confidentiality rules • See some situations as civil • Focus is on the perpetrator, not the client • May lack knowledge about APS |
| 10. | Social Security | <ul style="list-style-type: none"> • Can assign a Representative Payee to clients that need help managing their money. • Can provide background information about a client (address, name of rep payee, previous occupations, Medicare eligibility, etc.) • Can put a hold on a check in order to protect the client or his money | <ul style="list-style-type: none"> • Can be very difficult to get in touch with staff to confirm information about the client's SSA benefits |

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| 11. | Representative Payee Program | <ul style="list-style-type: none"> • Can help client manage their money • Usually charge the client a fee • Some provide case management | <ul style="list-style-type: none"> • May be a source of financial abuse • May have high fees |
| 12. | Private Doctors/Hospitals | <ul style="list-style-type: none"> • Can provide consultation on care needs • Clients are often more willing to talk to their doctor than others • Can determine whether a client needs a conservator | <ul style="list-style-type: none"> • Doctors often do not want to complete conservatorship paperwork. They don't want to upset their patient or testify in court. |
| 13. | Long Term Care Ombudsman | <ul style="list-style-type: none"> • Investigate complaints of residents of long term care facilities and act as their advocates | <ul style="list-style-type: none"> • Must have the consent of the client to report to law enforcement or other agencies. • Often use volunteers who may not have the skills to deal with specialized types of abuse (undue influence for example) |
| 14. | Care Licensing Agency | <ul style="list-style-type: none"> • Investigate and cite facility violations | <ul style="list-style-type: none"> • They handle the issues with the facility but are not responsible for providing services to individual victims. • Often have a very limited staff to facility ratio so may only check on a facility once every 2-3 years. |
| 15. | State Contractor's Licensing Board | <ul style="list-style-type: none"> • Can go after contractors who rip off clients | <ul style="list-style-type: none"> • Not always able to do much (if anything) against unlicensed contractors |
| 16. | Medicaid | <ul style="list-style-type: none"> • Provides medical care for low income seniors | <ul style="list-style-type: none"> • May not pay for specialized care or procedures or equipment |
| 17. | Mental Health | <ul style="list-style-type: none"> • Can hospitalize individuals who are a danger to themselves or others • Can deal with suicidal clients • Can provide treatment for mentally ill clients/perpetrators | <ul style="list-style-type: none"> • Dementia is organic and not a mental health problem (they won't do a mental health hold or treat dementia) • Generally don't bring treatment to the home • Generally won't do an assessment in the home • Generally can't provide transportation • Have different (stricter) rules about confidentiality |

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| 18. | Veterans Administration | <ul style="list-style-type: none"> • May provide medical care, trauma services, medical transportation, etc. | <ul style="list-style-type: none"> • May not pay for specialized care or procedures or equipment |
| 19. | Office on Aging (Services are variable) | <ul style="list-style-type: none"> • May offer case management services • May have a caregiver registry • May offer help with home repairs • May help clients complete forms, etc. • May offer free legal services | <ul style="list-style-type: none"> • Focus is on “healthy aging” rather than on vulnerability • May have looser confidentiality rules |
| 20. | Disability Resource Center/ Disability Advocates | <ul style="list-style-type: none"> • Depending on eligibility, may provide training to deal with disability, help with housing, caregivers, respite care, sheltered workshop activities, social and recreational activities, etc. | <ul style="list-style-type: none"> • There may be philosophical differences with APS- may want to promote client independence at the expense of safety. |
| 21. | Public Health | <ul style="list-style-type: none"> • Can check on clients who refuse to go to doctor • Can provide consultation on care needs • Clients are often more willing to talk to a nurse than anyone else | <ul style="list-style-type: none"> • May not be available for every case |
| 22. | Rape Crisis Program | <ul style="list-style-type: none"> • Have expertise in sexual assault. • Can arrange a forensic exam • Can provide specialized counseling | <ul style="list-style-type: none"> • May not have experience with older or disabled victims • Counseling groups for younger people may not be appropriate |
| 23. | Welfare Fraud Investigations | <ul style="list-style-type: none"> • Investigates situations where the client or other (e.g. caregiver) is defrauding the welfare system | <ul style="list-style-type: none"> • APS may have a conflict if the client is the one being fraudulent |
| 24. | Domestic Violence Program/Shelter | <ul style="list-style-type: none"> • Provide emergency shelter to victims of DV • Provide counseling to victims • Provide help obtaining services • Help with restraining orders, stay away orders, etc. • May provide services not limited to intimate partner | <ul style="list-style-type: none"> • Services may not be set-up to handle elderly/disabled clients • Support groups may be made up of younger women with different needs • There is a philosophical difference between APS and DV that seems to cause friction. (DV sees abuse as caused by power and control issues, APS sees additional causes such as ageism, responsibility for perp/child and caregiver burn out) |

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