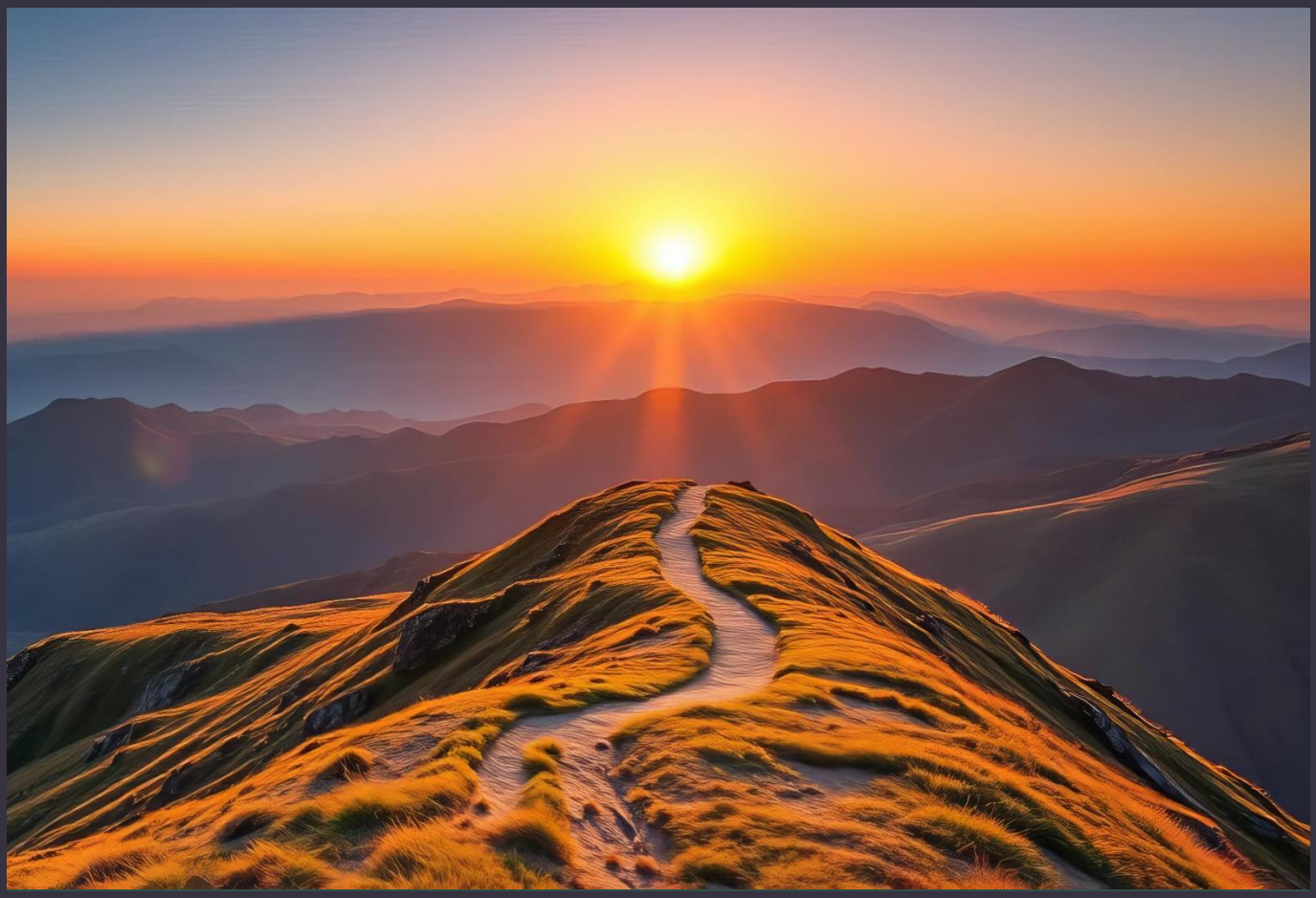
DEPARTMENT OF JUSTICE

Elder Justice INITIATIVE

National Elder Abuse Multidisciplinary Team (MDT) Survey Report: A Path Forward

2026



Contents

Executive Summary

As a follow up to the 2025 Elder Abuse MDT Listening Sessions and the First National Elder Abuse MDT Summit, the Elder Justice Initiative (EJI) conducted a National Elder Abuse MDT Needs Assessment Survey to deepen its understanding of the current landscape, challenges, and future needs of elder abuse multidisciplinary teams (MDTs). This survey was designed to build upon insights gathered through prior national engagement activities and to inform strategies that align, strengthen, and advance MDT practice across the elder justice field.

The survey was administered in December 2025 and received 116 responses from MDT professionals nationwide, representing a broad range of roles, disciplines, and geographic contexts. Respondents included MDT coordinators (38%), MDT members (42%), directors, consultants, and others. The largest professional representation came from Adult Protective Services/social work, followed by aging services, victim services, healthcare, law enforcement, prosecutors, and long-term care ombudsman programs. MDTs reported serving rural, urban, suburban, and Tribal communities, often across multiple region types, highlighting the diversity of operational environments and resource constraints faced by MDTs nationwide.

The survey included twelve close-ended questions followed by three open-ended questions to capture both quantitative patterns and qualitative perspectives from the field. Taken together, the findings present a consistent and compelling picture: elder abuse MDTs are widely valued, increasingly relied upon, and deeply under-resourced. While MDTs demonstrate strong philosophical alignment with person-centered, trauma-informed, and ageism-awareness practices, their ability to implement and sustain these approaches is constrained by limited funding, workforce shortages, uneven infrastructure, and minimal evaluation capacity.

Respondents emphasized that MDTs have moved beyond a proof-of-concept phase and are now essential components of elder abuse response systems. At the same time, many teams remain dependent on informal relationships rather than durable systems, leaving them vulnerable to burnout, turnover, and stagnation. The findings underscore a clear opportunity, and urgency for targeted national technical assistance, shared tools, sustainable funding strategies, and coordinated field leadership to support MDTs in moving from a relationship-driven collaboration to a place where MDTs are sustainable, measurable, and person-centered.

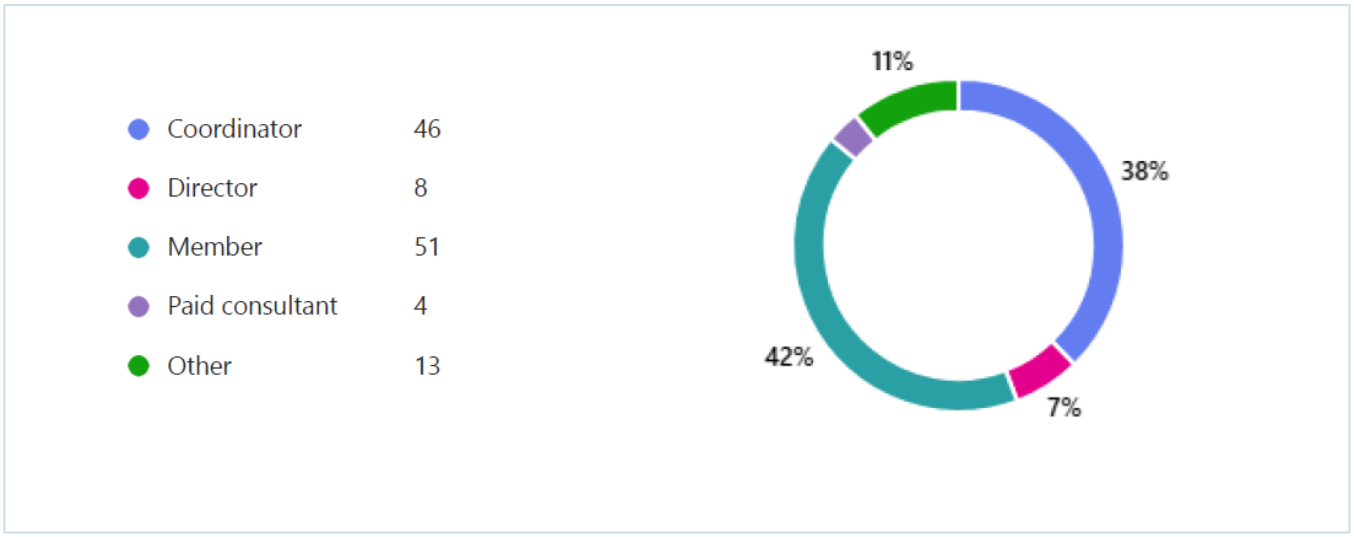
Results: Describing Respondents – Questions 1-3

Below are the results from three questions designed to describe the sample of respondents. Respondents were highly experienced in working within the MDT structure, comprised of an array of elder justice professionals (although the most frequent respondent was from Adult Protective Services), and with a relatively even mix of professionals who work in rural, urban, and suburban jurisdictions.

Question 1

What is your role within the MDT?

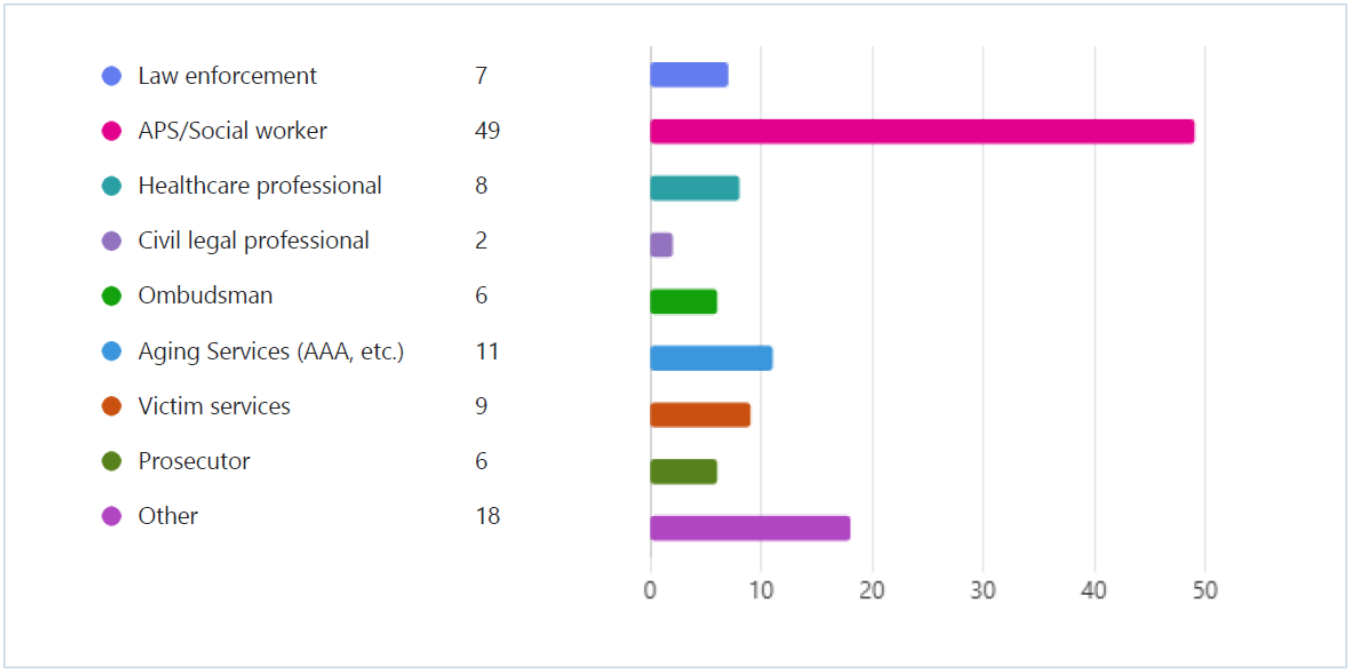
Respondents primarily identified as MDT members (42%) and MDT coordinators (38%), with smaller numbers of directors, consultants, and other roles. This indicates that the survey reflects perspectives from both operational leadership and frontline MDT participants, but both with a strong emphasis on day-to-day coordination and casework.



Question 2

What is your profession or discipline?

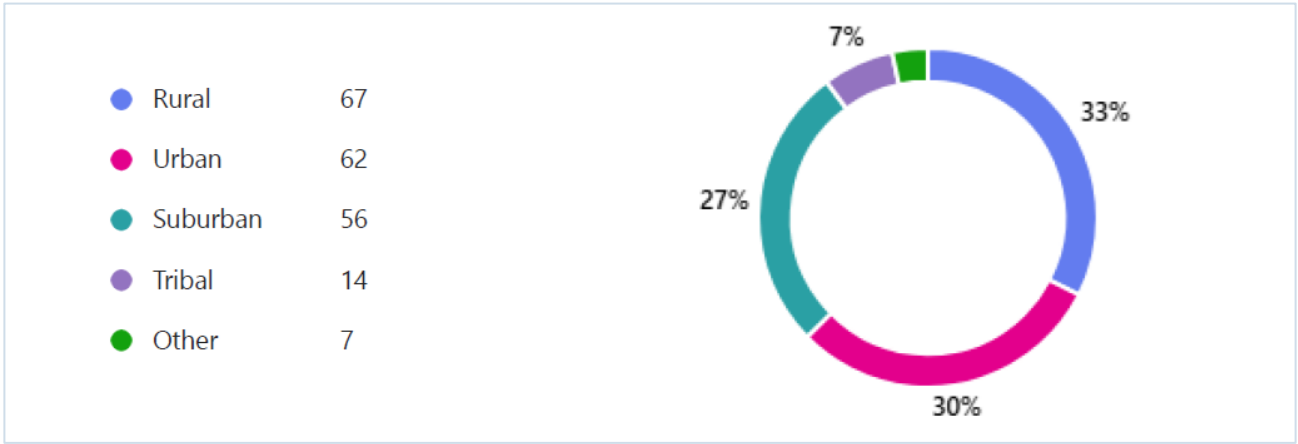
The largest group of respondents identified as Adult Protective Services (APS)/social workers, followed by aging services, victim services, healthcare professionals, law enforcement, prosecutors, and long-term care ombudsmen. A notable portion selected “other,” reflecting the multidisciplinary nature of MDTs and the inclusion of less traditional partners.



Question 3

What type of region does your MDT serve?

Respondents reported serving rural, urban, and suburban areas in nearly equal proportions, with a smaller but important representation of Tribal communities. 48% of respondents shared that they serve multiple region types simultaneously.



Question 4

Does your MDT integrate the following practices: Person-centered, trauma-informed, or ageism-awareness?

78% of respondents indicated that their MDTs integrate person-centered practices. 67% of respondents indicated that they utilize trauma-informed practices. 64% of respondents noted utilizing ageism-awareness practices. Of the respondents that did not incorporate these practices, most reported wanting to integrate these practices but lacked the capacity to do so.

IMPLICATION: There is strong conceptual alignment with these three best practices, but implementation may require additional support.

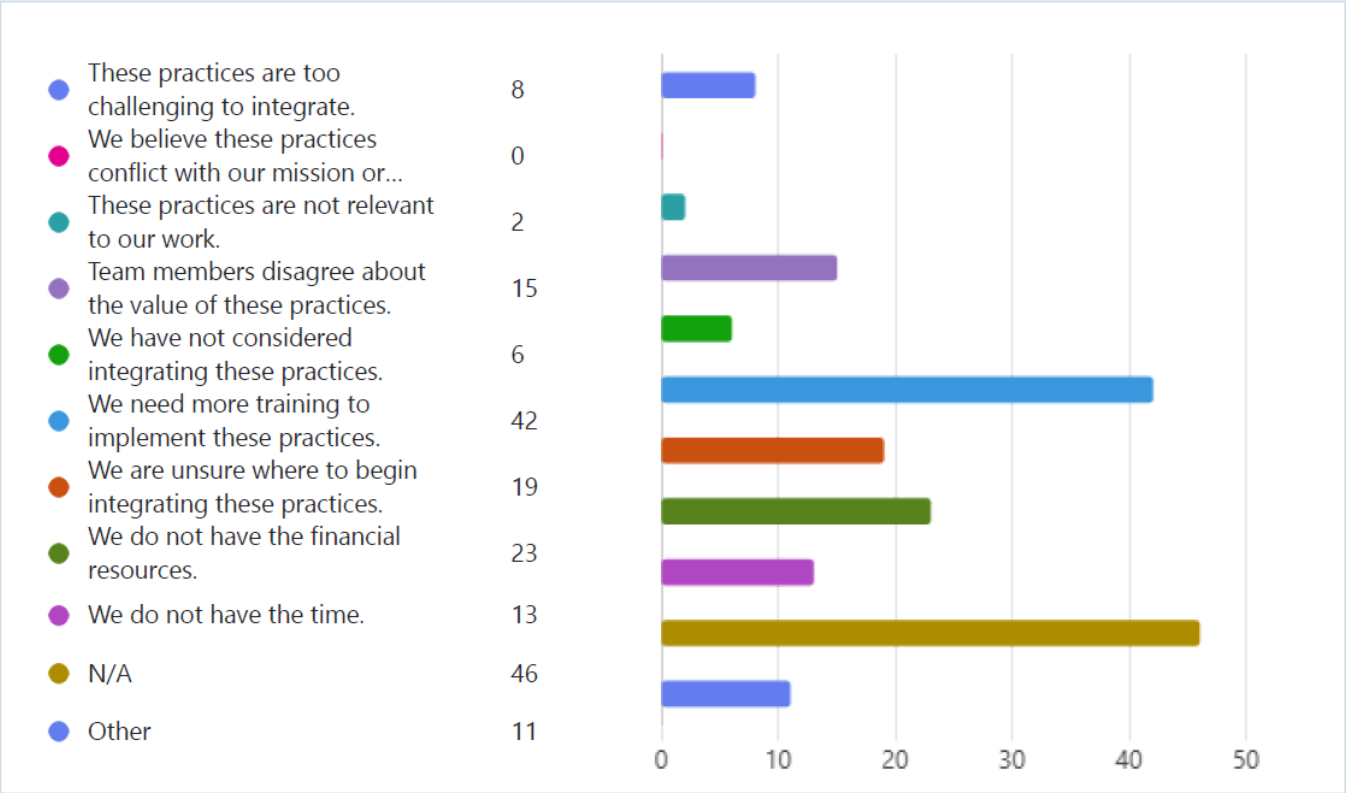
Question 5

Are there barriers to integrating person-centered practices?

The most frequently reported barriers were:

- Need more training
- Lack of financial resources
- Uncertain about where to begin

IMPLICATION: Barriers are structural and capacity-based, not philosophical.



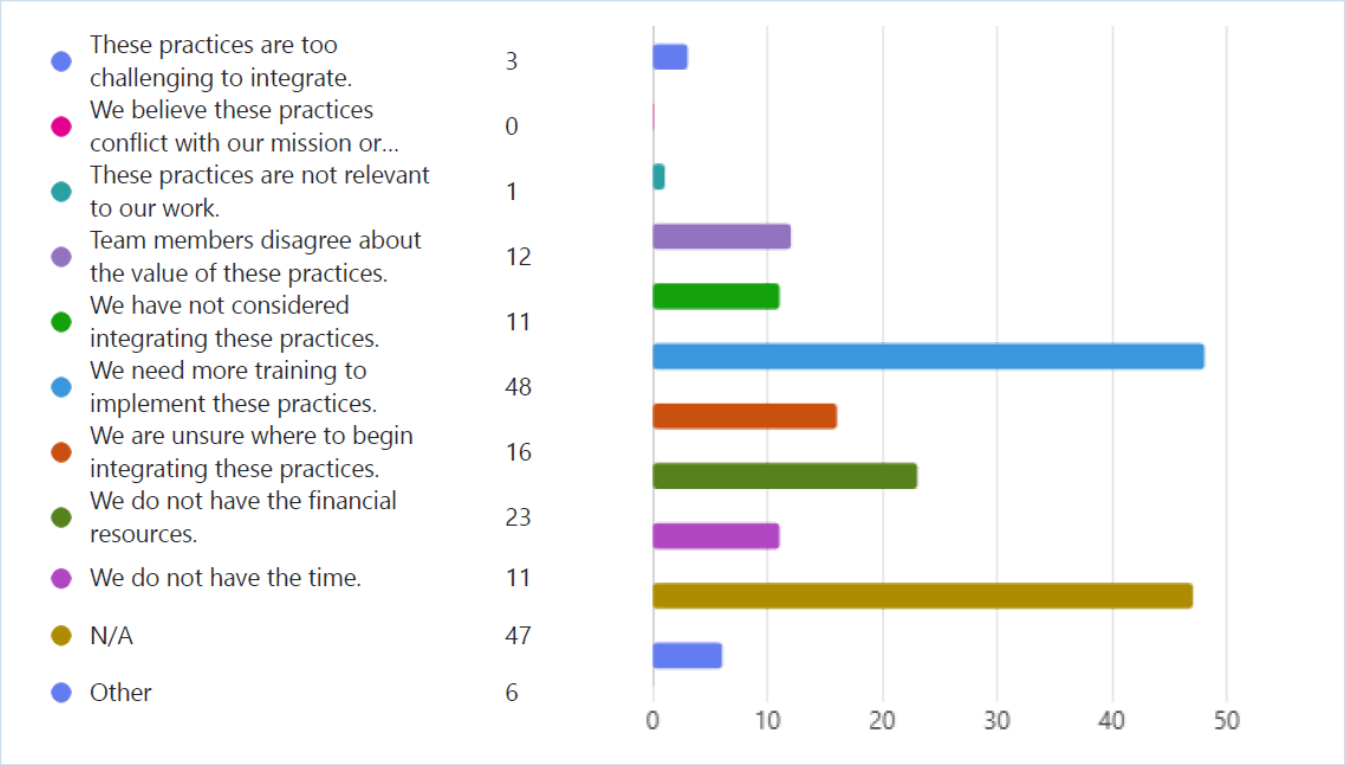
Question 6

Are there barriers to integrating trauma-informed practices?

Patterns closely mirrored person-centered barriers:

- need for more training
- lack financial resources
- uncertainty about where to begin

IMPLICATION: MDTs recognize trauma-informed practices as essential but need practical, applied support to use it consistently in practice.



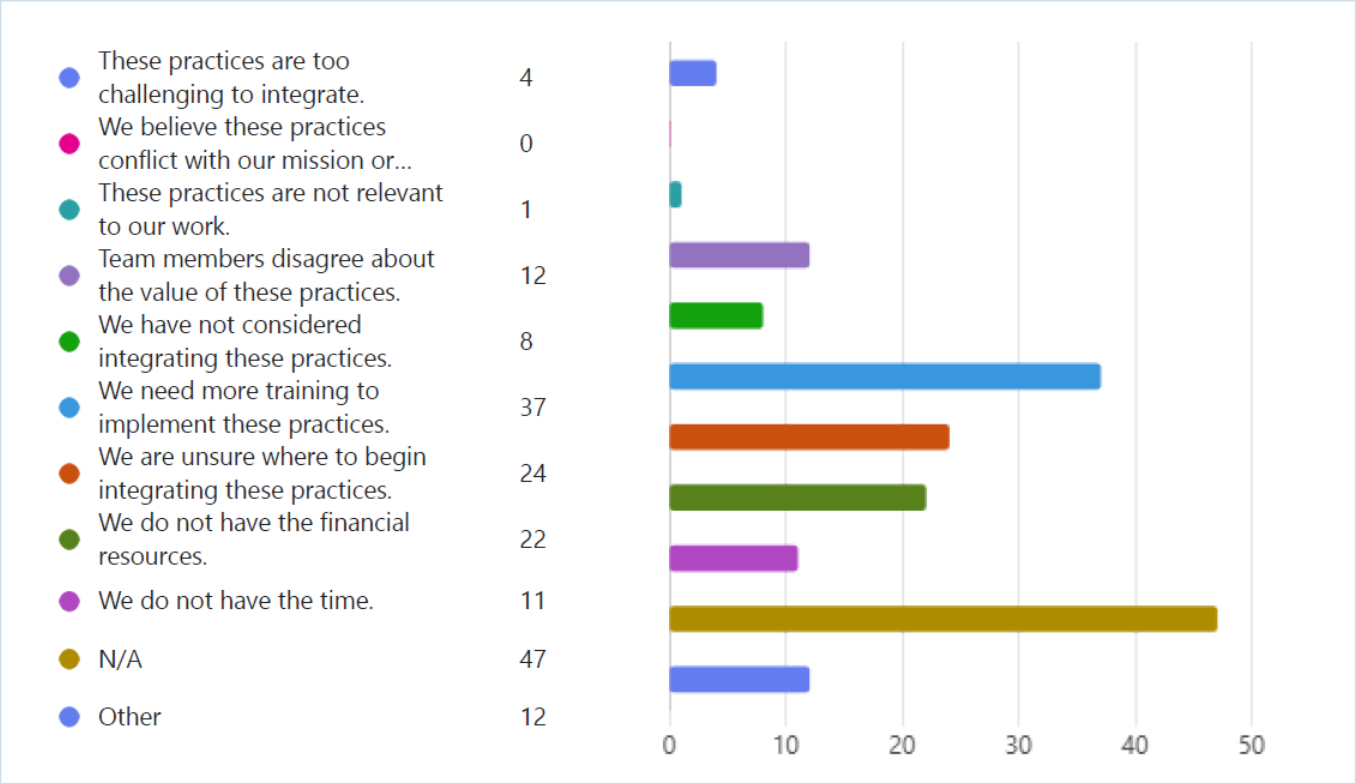
Question 7

Are there barriers to integrating ageism-awareness practices?

Respondents again most frequently cited:

- Need more training
- Uncertainty about how to begin
- Lack of financial resources

IMPLICATION: Ageism is recognized as important but remains less concretely defined and operationalized in MDT work.



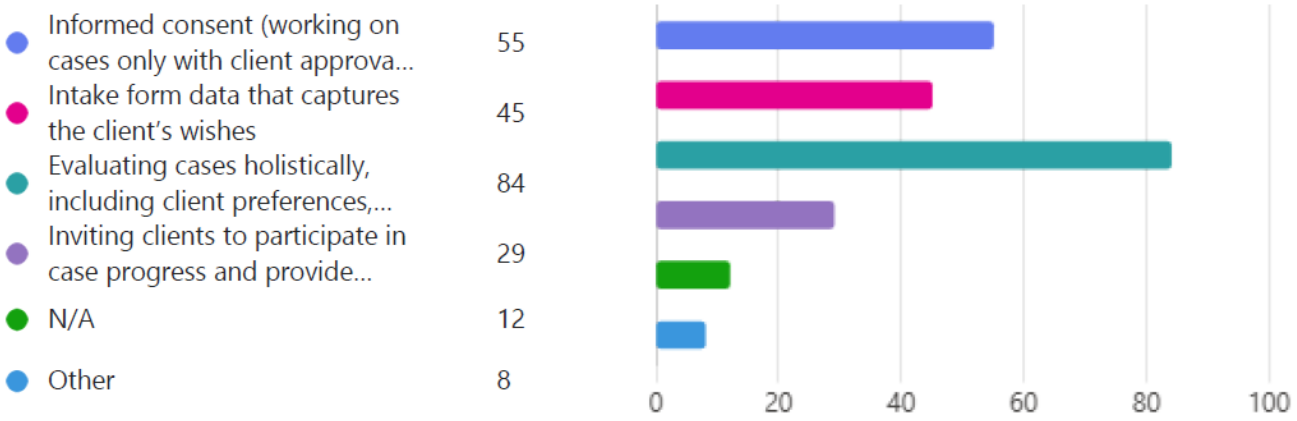
Question 8

Which person-centered practices do you use?

Most frequently endorsed person-centered practices included:

- Evaluating cases holistically, including client preferences
- Using informed consent
- Capturing client wishes during intake

IMPLICATION: Person-centered practices are more common at the case assessment level than at the decision-making or feedback level.

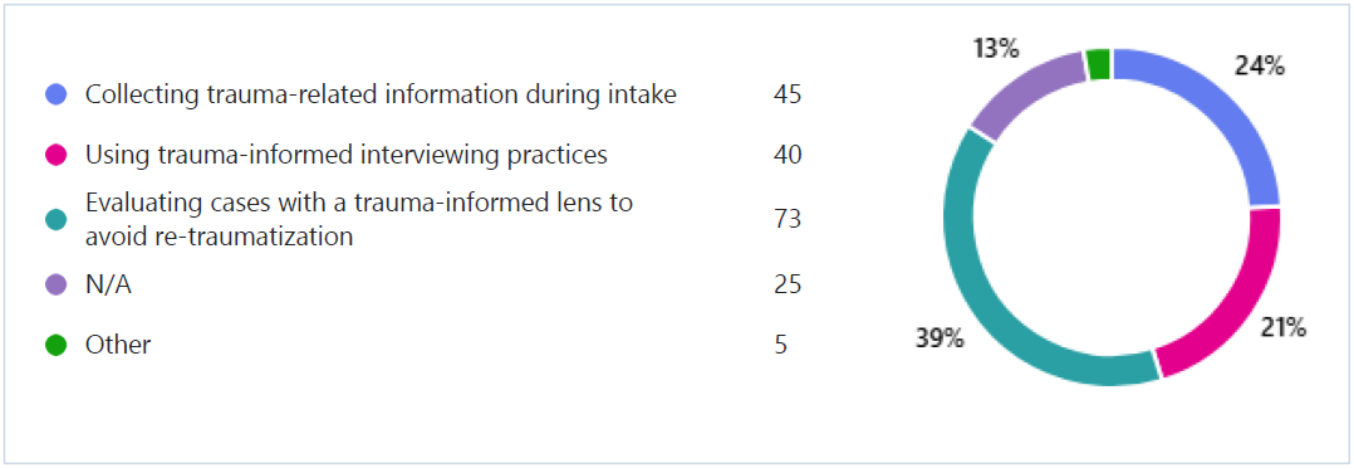


Question 9

Which trauma-informed practices do you use?

The most common trauma-informed practice was evaluating cases with a trauma-informed lens to avoid re-traumatization. Respondents reported using trauma-informed interviewing or collecting trauma-related information during intake.

IMPLICATION: Trauma-informed care is more embedded in review and analysis than in front-end engagement.



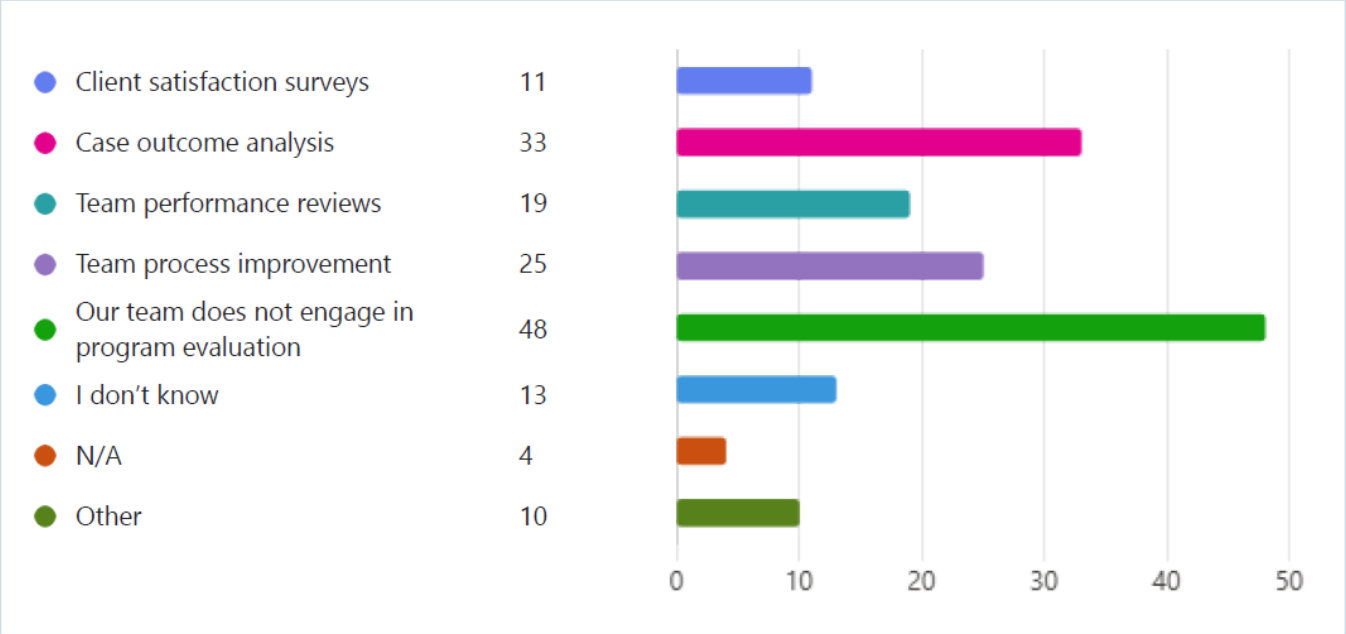
Question 10

Which program evaluation approaches does your MDT use?

Nearly half of respondents indicated their MDT does not engage in program evaluation. Among those that do, evaluation most often focuses on:

- Case outcomes
- Team process improvement
- Client satisfaction surveys were used infrequently.

IMPLICATION: Evaluation capacity is limited and inconsistent.



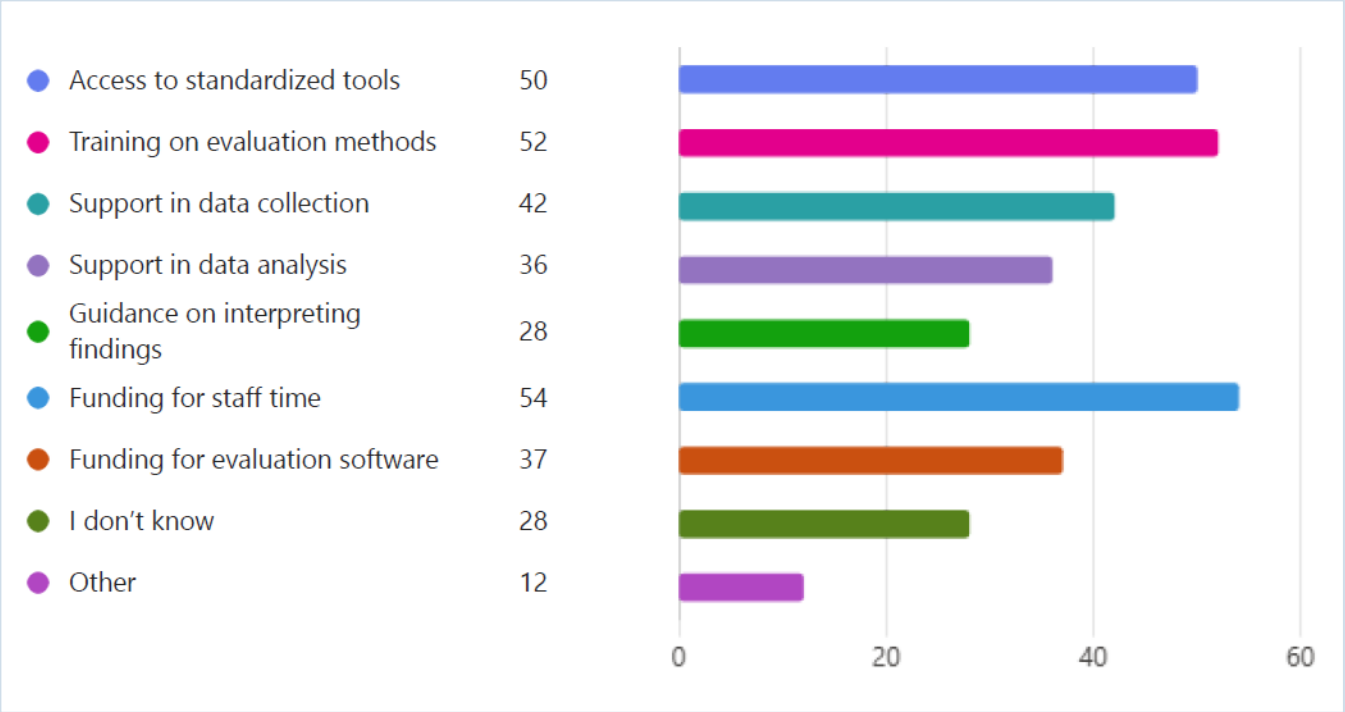
Question 11

Most pressing needs for program evaluation?

Top needs included:

- Funding for staff time
- Training in evaluation methods
- Access to standardized tools
- Support with data collection and analysis

IMPLICATION: MDTs want to evaluate their work but lack infrastructure, time, and guidance.



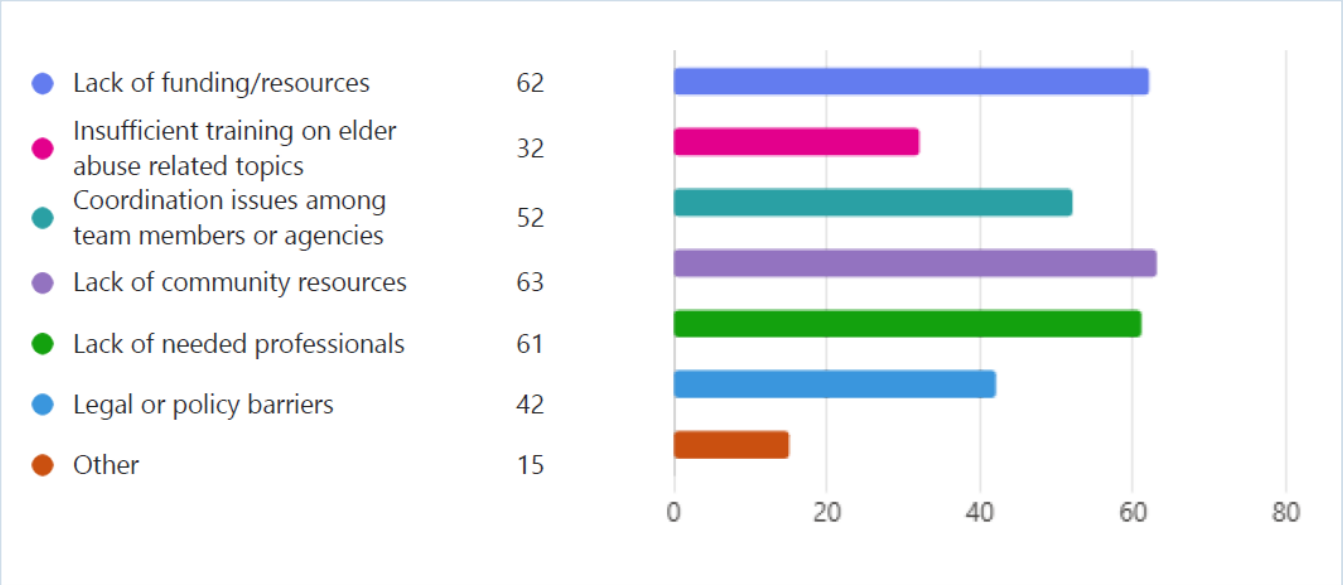
Question 12

What are your primary challenges when working on elder abuse cases?

The most frequently cited challenges were:

- Lack of community resources
- Lack of needed professionals
- Lack of funding
- Coordination challenges
- Legal or policy barriers

IMPLICATION: MDT effectiveness is constrained less by motivation and more by system-level resource gaps.


Lack of funding/resources
62
Insufficient training on elder abuse related topics
32
Coordination issues among team members or agencies
52
Lack of community resources
63
Lack of needed professionals
61
Legal or policy barriers
42
Other
15
0
20
40
60
80

Introduction

The following questions were presented in an open-ended format to give respondents an opportunity to voice their thoughts on important MDT topics including projected needs of MDTs, elements of success, and any additional thoughts they wanted to share.

Question 13

In your opinion, what will be the needs of elder abuse MDTs in the next 5 years?

Six Core Themes

1. Sustainable Funding (Most Dominant Theme)

Respondents consistently emphasized the need for:

- Stable, dedicated funding (not short-term grants)
- Funding for staff time, not just participation
- Resources for coordination, administration, and data systems
- Funding to compensate specialized experts (e.g., forensic accountants, neuropsychologists)

"More funding for law enforcement, APS, and coordination. Coordinators are stretched thin and often unpaid." (Respondent 7)

"MDTs require funding for staff time. Without it, participation depends on goodwill, which is not sustainable." (Respondent 34)

"Funding is the biggest barrier. We need dedicated funding streams to keep MDTs functioning long-term." (Respondent 52)

"Without consistent funding, MDTs will continue to struggle to meet increasing demand." (Respondent 89)

2. Workforce Development

Common needs included:

- Qualified professionals with protected time to participate
- Access to specialized professionals:
    - Forensic accountants
    - Prosecutors trained in elder abuse
    - Geriatric medical and mental health providers
- Reduced turnover achievable through increased institutional support

- Addressing staff burnout
- Methods for sustaining engagement across agencies.

"Lack of professionals trained in elder abuse is a major issue. We need more prosecutors, forensic accountants, and medical experts." (Respondent 18)

"It's difficult to find professionals with the time and expertise needed to participate meaningfully." (Respondent 61)

"Cases are getting more complex, especially financial exploitation, and we don't always have the right expertise at the table." (Respondent 95)

---

3. Training

Strong demand for:

- Ongoing training on:
  - Financial exploitation
  - Cognitive impairment and capacity
  - Trauma-informed and person-centered approaches
  - Technology-facilitated abuse and scams
- Cross-training so members understand each other's roles and constraints
- Practical, case-based learning rather than theory alone

"We need advanced training on financial exploitation, scams, and cognitive impairment." (Respondent 44)

"Training needs to be ongoing, not one-time. Elder abuse is constantly evolving." (Respondent 73)

---

4. Improved Communication

Respondents cited the need for:

- Better interagency communication systems
- More consistent case review structures
- Technology platforms to support collaboration (especially for rural teams)

"Financial support, state mandates to have MDT teams in each county, and clearer guidance regarding confidentiality." (Respondent 34)

"Coordination between agencies remains a challenge. Communication barriers slow down cases." (Respondent 31)

"Confidentiality is key. If team members are unsure what they can share, it limits collaboration." (Respondent 10)

---

5. Person-Centered, Holistic Services

MDTs identified the growing need for:

- Housing solutions
- Healthcare and mental health access
- Financial remediation and benefits navigation
- Inclusion of the older adult's voice and preferences in [regarding what?]
- Individualized services

"MDTs need more resources to address housing, mental health, and financial recovery for victims." (Respondent 40)

"We need better community resources, so victims have real options after cases are identified." (Respondent 104)

---

6. Case Tracking and Evaluation

Respondents want:

- Guidance on what to measure beyond prosecution
- Tools for tracking:
    - Case progress
    - Victim outcomes
    - System improvements
- Support with evaluation design and reporting

"We need better ways to measure success beyond arrests and prosecutions. MDTs do a lot more than that, but we don't always capture it." (Respondent 26)

"Support with data collection and evaluation would help us show what MDTs are actually accomplishing for victims and systems." (Respondent 54)

"MDTs need tools to track case progress and outcomes so we can demonstrate impact and improve how we work together." (Respondent 90)

Question 14

What are some innovative practices or strategies that are working well in your MDT?

Key Practices Identified

1. Develop Trust among MDT Members

By far the most frequently cited strengths included practices that develop trust among MDT members:

- Regular meetings and consistent participation
- Trust developed over time
- Informal communication between meetings
- Knowing "who to call" across agencies

"Regular meetings and strong relationships between agencies have built trust over time, which makes our work effective." (Respondent 27)

"Knowing who to call and having open communication between meetings has been one of our biggest strengths." (Respondent 16)

2. Expand MDT Membership

Respondents highlighted:

- Inclusion of law enforcement, APS, prosecutors, medical providers, and victim advocates
- Value of forensic accountants and financial institutions
- Benefit of having nontraditional partners

"Including law enforcement, APS, prosecutors, healthcare providers, and advocates allows us to address cases more comprehensively." (Respondent 64)

"Having access to forensic accounting and financial expertise has greatly improved how we handle complex financial exploitation cases." (Respondent 91)

"Our MDT benefits from having nontraditional partners who bring different perspectives and resources to the table." (Respondent 18)

3. Consistent Case Review Meetings

Effective strategies included:

- Structured case review meetings
- Collaborative brainstorming
- Learning from each other's perspectives
- Joint decision-making

"Regular MDT meetings where cases are reviewed collaboratively have made a significant difference." (Respondent 56)

"Collaborative decision-making, while at times difficult, is integral to our MDT's success." (Respondent 27)

"Case reviews allow us to brainstorm together and learn from each other's perspectives." (Respondent 82)

---

4. Inclusion of Person-Centered Practices

Some MDTs reported:

- Including the older adult and/or trusted supports in [what?]
- Respecting victim autonomy and preferences
- Trauma-informed approaches in case planning

"We strive to respect client autonomy and preferences when planning case responses." (Respondent 69)

"Using trauma-informed approaches has helped us avoid re-traumatizing clients during MDT processes." (Respondent 48)

"Including the client's wishes in case planning has improved trust and outcomes, even though it takes more time." (Respondent 15)

---

5. Build a Strong Infrastructure

Examples included:

- Adoption of Coordinated Community Response (CCR) models
- Confidentiality agreements and Memorandum of Understanding (MOUs)
- Defined roles and procedures
- Use of specialized assessments or expertise

"Having confidentiality agreements in place has encouraged participation and trust among team members." (Respondent 10)

"Defined roles and clear procedures help our MDT function more efficiently." (Respondent 34)

Question 15

Do you have any additional thoughts about the future needs of MDTs?

Overarching Messages

1. Resources

Many respondents expressed:

- Strong belief in the importance of MDTs
- Concern that demand is increasing faster than capacity
- Fear that MDTs will stagnate or dissolve without support

"MDTs play a crucial role in addressing the needs of victims, but we do not have the resources to keep up with demand." (Respondent 83)

"The work MDTs do is invaluable, but without sustained funding and staffing, teams risk burning out or dissolving." (Respondent 71)

"As elder abuse cases increase, MDTs need more support or they will not be able to meet the growing need." (Respondent 12)

2. Technology

Emerging needs included:

- Shared databases or case tracking tools
- Virtual participation options
- Tools to address technology-facilitated abuse

"Funding, improved collaboration, and use of technology such as AI and remote evaluations will be critical moving forward." (Respondent 20)

"We need secure ways to share information and track cases across agencies." (Respondent 54)

"Virtual participation options would help more team members engage, especially when travel is a barrier." (Respondent 15)

3. Rural and Underserved Communities

Respondents noted:

- Resource scarcity in rural and underserved areas
- Need for culturally and linguistically appropriate services
- Gaps in access to specialized professionals

"Resource scarcity and staff funding are ever-increasing challenges facing small, rural MDTs." (Respondent 80)

"Rural communities lack access to specialized professionals needed to effectively respond to elder abuse." (Respondent 13)

"Ensuring services are accessible and culturally appropriate across communities remains a significant challenge." (Respondent 67)

---

4. National Standards and Leadership

Some respondents explicitly asked for:

- Clearer best practice guidance
- Examples of successful practices used by MDTs
- National leadership and coordination
- Practical tools rather than abstract models

"We appreciate the increase in resources at the state and national levels, but clearer guidance on best practices would help MDTs be more effective." (Respondent 71)

"MDTs would benefit from national standards and examples of what successful teams are doing." (Respondent 12)

"Practical tools and coordinated leadership at the national level would help the field mature." (Respondent 83)

Among responses, seven key themes emerged.

1. MDTs Are Essential but Insufficiently Resourced

Across roles and regions, respondents expressed strong confidence in the value and effectiveness of MDTs. However, many warned that MDT capacity has not kept pace with rising demand, increasingly complex cases, and expanding expectations. Teams described being "built on goodwill," with coordination, participation, and leadership often uncompensated or unsupported. Without sustained investment, respondents fear MDTs may stagnate or dissolve despite their demonstrated importance.

2. Strong Alignment with Best Practices, but Uneven Implementation

Most MDTs reported integrating person-centered, trauma-informed, and ageism-awareness practices, reflecting strong conceptual alignment with modern elder justice principles. However, implementation remains inconsistent. The most frequently cited barriers across all three practice areas were:

- Need for additional training
- Lack of financial resources
- Uncertainty about how to integrate practices into day-to-day operations

Very few respondents viewed these approaches as irrelevant or conflicting with their mission, indicating that gaps are structural rather than philosophical.

3. Relationship-Driven Success Outpaces System-Level Infrastructure

MDT effectiveness is most often attributed to relationship-building, trust, and informal communication, including regular meetings, consistent participation, and knowing "who to call" across agencies. While these strengths are powerful, respondents repeatedly noted that they are person-dependent rather than system-embedded, making MDTs vulnerable to staff turnover and resource loss. Formal structures — such as MOUs, defined roles, and coordinated response models — were identified as stabilizing but unevenly adopted.

4. Workforce Capacity and Specialized Expertise Remain Critical Gaps

Respondents consistently identified shortages of trained professionals with protected time to participate in MDTs. Access to forensic accountants, prosecutors trained in elder abuse, and geriatric medical and mental health providers were described as increasingly essential, particularly as financial exploitation and cases involving cognitive impairment grow in complexity. Burnout and turnover were cited as growing risks in the absence of institutional support.

5. MDTs Lack the Tools to Measure What Matters Most

Nearly half of respondents reported that their MDT does not engage in formal program evaluation. Among teams that do, evaluation efforts are most often limited to case outcomes or internal process improvement, with minimal focus on victim-centered outcomes or system-level change. Respondents expressed a strong desire for:

- Guidance on what to measure beyond prosecution
- Standardized tools to track case progress, victim outcomes, and system improvements
- Training and support for evaluation design, data collection, analysis, and reporting

This gap limits MDTs' ability to demonstrate impact, secure funding, and continuously improve practice.

6. Geography and Access Shape MDT Capacity

MDTs serving rural, Tribal, and underserved communities reported compounded challenges, including limited access to specialized professionals, fewer community resources, and barriers to participation on MDTs. Respondents emphasized the need for technology-enabled collaboration and virtual participation options for MDT members. MDTs in rural areas also need culturally and linguistically responsive services to ensure equitable access and effectiveness across regions.

7. The Field Is Calling for National Guidance and Leadership

Respondents repeatedly requested clearer national guidance, shared tools, and examples of effective MDT practice. Rather than abstract models, MDTs are seeking practical, plug-and-play resources, coordinated leadership, and opportunities to learn from peers. These requests reflect a field that is ready to mature, standardize core functions, and align around shared outcomes while retaining flexibility for local context.

Summary

The National Elder Abuse MDT Needs Assessment confirms that MDTs are a cornerstone of effective elder abuse response in the United States. They are trusted, relied upon, and increasingly necessary as elder abuse cases grow in number and complexity. At the same time, the survey findings make clear that MDTs cannot continue to expand their role without corresponding engagement to facilitate funding, workforce capacity, infrastructure, evaluation, and national coordination.

The field stands at a critical juncture. MDTs have demonstrated what is possible through collaboration and commitment; the next phase requires systems that protect and scale what works. By engaging in sustainable coordination, shared tools, evaluation capacity, and practical technical assistance, national partners can help move MDTs from relationship-driven collaboration to a place where they are sustainable, measurable, and person-centered. The voices captured in this survey provide a roadmap to ensure that MDTs are equipped to meet the needs of older adults now and in the years ahead.