Chapter 2: Meeting the Needs of your Community

Needs Assessment, Organizational Structure, Affiliation, and Purpose

In laying the foundation for developing an MDT, many communities initially undertake a needs assessment. In addition, your community will want to consider the organizational structure of the MDT, the MDTs affiliation, and the purpose of the MDT. Many other decisions will flow from these three initial decisions.

Visit Existing MDT Models

Throughout this process, take field trips to visit other communities that utilize MDTs. It may be easier to find a nearby Child Advocacy Center that can model the MDT approach, as they are far more prevalent than elder abuse MDTs. Most Directors are willing to share their knowledge and experience with others. An added benefit is that Child Advocacy Centers vary in size and scope and you may find one that has comparable demographics to your own community. If you are unable to physically visit an MDT, most Directors would be willing to talk with you on the phone.

Needs Assessment

Your community likely will be required to provide evidence to community stakeholders that there exists a need for forming an MDT. A needs assessment can provide that evidence.

A needs assessment is the systematic effort to gather information from various sources that will identify the needs of victims in your community and the resources that are available to them. It will help your community pinpoint reasons for gaps in your community's ability to respond to elder abuse victims and identify new and future performance needs.[i]

It may be desirable to illustrate the current response to elder abuse in comparison with how you envision the MDT responding to these cases. An agency self-assessment may facilitate these exercises as well.[ii] Other foundational activities can be found in the Toolkit item: Other Activities to Build the Foundation for an MDT.

You may want to assess:

- Resources available in your community to support the MDT
- Barriers that will need to be addressed[iii]
- Existing MDTs (and coordinate with existing MDTs to eliminate redundancy; one community found a "…confusing array of elder abuse teams…")[iv]
- Special populations that are in need of services

Organizational Structure

The organizational structure may depend on which agency initiated the idea of forming an MDT. There are many ways in which MDTs have been started:[v]

- Mandated by statute

- Initiated by local or state policymakers

- Organized by individuals or groups that have recognized a need for an MDT

This guide tends to focus on community-level case review MDTs. However, there are many ways in which MDTs may be structured. Discuss the strengths and weaknesses of these various options for your community:

- State level (e.g., task force, coalition[vi])

- Local level (e.g., case review, systems change[vii])
  - Organization-specific
    - Different disciplines within an institution such as a hospital
  - Community/consortium
    - Different agencies and service systems that work collaboratively
      - Agency–based joint investigations
      - Cadre of members that coordinate investigation and services
      - Elder Justice Forensic Centers

MDT Affiliation

MDTs may be affiliated in a variety of ways.[viii] Your community can discuss the ways in which MDTs are typically affiliated with a:

- Medical facility[ix] (teams exist in Minnesota, New York, California, and Texas[x])

- Governmental agency (e.g., adult protective services)

- Non-profit, such as Area Agencies on Aging[xi]

- Federally Qualified Healthcare Center[xii]

The Purpose of the MDT

MDTs form for a variety of purposes. The purposes listed below are not necessarily mutually exclusive. After reading the various descriptions, your community can discuss ways in which these purposes best meet the needs of your community.

- **Case Review** (service delivery and investigation/prosecution enhancement)
  Some MDTs are developed to enhance both the investigation and prosecution of open elder abuse cases while responding to victim needs. Many of these MDTs focus on:

o   Ensuring the safety of the victim and his/her property.

o   Supporting the victim by creating an individualized care plan in a timely manner from a variety of disciplines for each victim.[xiii]

o   Collecting comprehensive and accurate information from various team members, for example, by evaluating the victim,[xiv] collecting the evidence required for a case,[xv] and accessing the varied expertise needed to prosecute elder abuse.[xvi]

- **Systems Change** (or Community Action Teams)
  Some MDTs are developed to review closed cases in an effort to improve system responses[xvii] (e.g., investigation, prosecution, service provision) and make recommendations for system improvements.[xviii] There are also coordinated community response teams as described by the National Clearinghouse on Abuse in Later Life (NCALL).[xix]

- **Case Consultation Teams**
  Some MDTs are developed to provide expert consultation to service providers and thereby focus on resolving complex open cases and enhance victim safety[xx] (e.g., medical case management teams[xxi]). The investigation of these cases is de-emphasized given that most cases will not be prosecuted. Nonetheless, these complex cases can benefit from the varied perspectives and expertise of MDT members. The MDT acts as resource for the MDT members rather than provide direct services or investigation (although some MDTs also provide direct services).[xxii] Service referrals might include physical and social assessments, psychiatric screening, and mental health referrals.[xxiii] In some cases, the team can write a letter with recommendations, identifying the pros and cons of each recommendation.[xxiv]

- **Community and Professional Education/Training**
  Some MDTs have as their goal community awareness and/or professional education/training,[xxv] for example, medical students, and involve no case review.[xxvi]

Summary

Conducting a needs assessment will provide your community with the evidence it needs to demonstrate to stakeholders that a need exists for an MDT. Other important decisions your community will need to make concern the organizational structure of the MDT, the organization with which the MDT is affiliated, and the primary purpose of the MDT. There are no right or wrong decisions but rather will depend on the needs of and resources within your community. They are important decisions, however, as all other decisions will flow from these three initial decisions. For more about foundational activities, see our Toolkit item: Other Activities to Build the Foundation for an MDT.

Endnotes

[i] See Office for Victims of Crimes. (2010). *Guide to Conducting a Needs Assessment*. Available at https://www.ovcttac.gov/docs/resources/OVCTAGuides/ConductingNeedsAssessment/welcome.html.; see also County of Sonoma Human Services Department Adult and Aging Services Department. (2012). *A collaborative approach to multidisciplinary teams in Sonoma County*. Santa Rosa, CA: Author. Retrieved February 23, 2017, at http://www.centeronelderabuse.org/docs/A-Collaborative-Approach-to-Multidisciplinary-Teams-in-Sonoma-County.092812.pdf and 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* (pp. 33-34).

[ii] See the National Clearinghouse on Abuse in Later Life, containing self-assessment workbooks for six different professional groups, available at http://www.ncall.us/content/self-assessment-workbooks

[iii] 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. 95).

[iv] 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

[v] Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention Teams: A New Generation*. Washington, DC: National Center on Elder Abuse. http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf Retrieved February 22, 2017, at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.

[vi] National Committee for the Prevention of Elder Abuse (NCPEA) *Coalitions*. Retrieved from http://www.preventelderabuse.org/coalitions/; see also National Committee for the Prevention of Elder Abuse (NCPEA). (2011). *Developing Effective Elder Justice Community Collaborations: Strategic Planning Workbook*. Washington, DC: Author. Retrieved from http://www.preventelderabuse.org/library/documents/NCPEATRAININGWORKBOOK-ForWebsite1-7-14.pdf

[vii] Keilitz, S., Uekert, B. K., & Jones, T. (2012). *Prosecution guide to effective collaboration on elder abuse*. Williamsburg, VA: National Center for State Courts. Retrieved from http://www.eldersandcourts.org/Elder-Abuse/~/media/Microsites/Files/cec/Prosecution%20Collaboration.ashx

[viii] 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.*Spring.* 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; Heisler, C. J., & Stiegel, L. A. (2002). Enhancing the justice system's response to elder abuse: Discussions and recommendations of the "Improving Prosecution" working group of The National Policy Summit on Elder Abuse. *Journal of Elder Abuse & Neglect, 14*(4), 31-54. doi:10.1300/J084v14n04_05; Heisler, C. J. (2007). Elder Abuse. In R. C. Davis, A. J., R. C., Lurigio, A. J., & S. Herman, S. (Eeds.), *Victims of Crime*, (3rd ed., Chapter 10). Los Angeles: Sage Publishing.; 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

[ix] Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations, 36*(3), 83-88.

[x] 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*.

[xi] Board of Directors. Although uncommon, if the MDT is forming as a non-profit, your team will need to create a Board of Directors (or Advisory Board for those that function under the sponsorship of a participating agency such as law enforcement, prosecution, child protection, or hospital). A Board of Directors sets policy and provides governance to the agency. For example, the Board determines fiscal and programmatic policies and public relations. MDT members, in contrast, carry out Board policy and provide agency administration and services.

Boards are typically comprised of the three Ws: Wisdom, wealth, and work. Carefully select your Board to have a balance of content experts, hard workers, and individuals with access to wealth. Another strategy that has worked for some Boards is to "borrow" experienced Board members for six months or a year while the board is developing. Many community members serving on other Boards are willing to share their wisdom and experience.

The relationship between the Board and the MDT can be challenging, but it is important to differentiate the two and let each group function as intended. It is also important for Boards to rotate membership (e.g., a maximum of two three-year rotations) to avoid dependency on those key individuals who initiated the MDT, to continue to revitalize the Board, and to ensure fresh perspectives are heard and considered.

[xii] Anderson, S. E. (2014). *Program plan for the development and implementation of an elder abuse multidisciplinary 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 .

[xiii] 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

[xiv] Imbody, B., & Vandsburger, E. (2011). Elder abuse and neglect: Assessment tools, interventions, and recommendations for effective service provision. *Educational Gerontology, 37*, 634–650.; (7), 634–650. doi:10.1080/15363759.2011.577721; In January 2013, the US Preventive Services Task Force concluded that "the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect." Available atUS Preventive Services Task Force. (2013). *Intimate partner violence and abuse of elderly and vulnerable adults: Screening*. Retrieved from http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinalrs.htm

[xv] Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations*, 36(3), 83-88.

For example, 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, wrote, "We wouldn't have been able to prove the elements required for a felony charge without the expert witness.'' (p. 281).

[xvi] Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations*, 36(3), 83-88.

[xvii] See e.g., Nack, J. R., Dessin, C. L., & Swift, T. (2012). Creating and sustaining interdisciplinary guardianship committees. *Utah Law Review, 2012*(3), 1667-1690 (p. 1671).

xviii Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention Teams: A New Generation.* Washington, DC: National Center on Elder Abuse. http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf; Teaster, PRetrieved February 22, 2017, at http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.; 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; see also Anetzberger, G. J., Dayton, C., Miller, C. A., McGreevey, J. F., & Schimer, M. (2005). Multidisciplinary teams in the clinical management of elder abuse. *Clinical Gerontologist, 28*(1-2), 157-171. doi:10.1300/J018v28n01_08 (p. 159).

xix NCALL provides a list of Coordinated Community Response (CCR) teams and resources they may find useful http://www.ncall.us/resources-and-publications/

xx For example, teams tend to focus on the most complex and difficult cases with a constellation of social and medical problems (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.*)

xxi Dyer, C. B., Heisler, C. J., Hill, C. A., & Kim, L. C. (2005). Community approaches to elder abuse. *Clinics in Geriatric Medicine, 21*(2), 429-447. doi:10.1016/j.cger.2004.10.007

xxii Vulnerable Adult Specialist Team (VAST) started out as a consultation team. 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

xxiii 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.*

xxiv Gums, J. G., Yancey, R. W., Hamilton, C. A., & Kubilis, P. S. (1999). A randomized, prospective study measuring outcomes after antibiotic therapy intervention by a multidisciplinary consult team. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy, 19*(12), 1369–1377. doi:10.1592/phco.19.18.1369.30898 Denver, CO, is developing an e-consultation service to staff cases in between monthly MDT meetings.

xxv Kistin, C., Tien, I., Bauchner, H., Parker, V., & Leventhal, J. M. (2010). Factors that influence the effectiveness of child protection teams. *Pediatrics, 126*(1), 94-100. doi:10.1542/peds.2009-3446; Heath, J. M., Dyer, C. B., Kerzner, L. J., Mosqueda, L., & Murphy, C. (2002). Four models of medical education about elder mistreatment. *Academic Medicine, 77*(11), 1101-1106. doi:10.1097/00001888-200211000-00007

xxvi Reilley. B., Dyer, C., Murphy, K. P., & Pickens, S. (2013). Elder Abuse and Mistreatment: A Two-Part Training Program. POGOe - Portal of Geriatrics Online Education; 2013. Retrieved from: https://www.pogoe.org/productid/21177 http://www.pogoe.org/productid/21177