Comments Before the Elder Justice Coordinating Council
April 26th 2016

Mark Lachs MD MPH
Medical Director, New York City Elder Abuse Center
Professor of Medicine, Weill Cornell Medical College
Director of Geriatrics, New York Presbyterian Health Care System

I. Background on Elder Abuse Multidisciplinary Teams (MDTs)

- Elder Abuse Multidisciplinary Teams (MDTs) represent one of the most important developments in helping victims of elder abuse in the past two decades.

- Modeled largely after child abuse teams, the underlying premise is that elder abuse results from a myriad of medical, psychological, social, societal, and other factors, often interacting with one another to cause mistreatment. Thus, it is naïve to believe that a single health care practitioner working in isolation - or APS caseworker, or bank teller, or any other professional working in isolation - can singlehandedly identify, diagnose, and successfully intervene to stop abuse.

- Instead, elder abuse MDTs involve professionals from multiple fields – medicine, social work, law enforcement, housing, adult protective services, and others – convening on a regular basis to discuss a communities most difficult elder abuse cases and create collaborative intervention plans.

- Besides benefits to victims, there are many other positive effects. Elder abuse victims typically traverse many service systems, and often it is discovered that victims (and perpetrators) are known across systems. Team members may be aware of resources in the community that other members may be unaware of. Because elder abuse work can be professionally challenging, MDTs also create a climate of collegiality and support among team members, preventing burn out. Gaps in services for communities may be more readily identified.

- Pioneered by my colleague Dr. Laura Mosqueda in California over a decade ago, a growing body of research is beginning to demonstrate the positive effects of MDTs (see http://nyceac.com/clinical-services/mdts/mdts-faqs/). NIJ has been at the forefront of funding much of this research, demonstrating the benefits and cost effectiveness of MDTs. Certainly more research is needed.

II. What Does It Take To Build and Sustain Elder Abuse Multidisciplinary Teams?

In September 2014, The New York City Elder Abuse Center, Brookdale Center for Healthy Aging, and the Harry and Jeanette Weinberg Center for Elder Abuse Prevention at the Hebrew Home at Riverdale co-sponsored a day-long symposium in NYC, *Elder Abuse Multidisciplinary Teams: Planning for the Future*. Largely inspired by the Elder Justice Roadmap Report, Elder justice experts, funders and other stakeholders gathered in NYC to explore the value of

multidisciplinary teams (MDTs) and plan for replicating and sustaining this important model. Participants identified four recommended priorities for the field with respect to sustaining and replicating MDTs, including developing a Technical Assistance Center for MDTs. (For the monograph, see http://nyceac.com/wpcontent/uploads/2015/04/Elder_Abuse_MDTs_Planning_for_the_Future_Final.pdf)

These recommendations focus on four areas: Evidence, Messaging, Funding and Know-How.

- **Evidence:** We need to create an even greater compelling body of *evidence* demonstrating the value of MDTs. This includes *Standardized Data Collection to Enhance Service to Victims, Evaluate MDTs, and Facilitate Critically Needed Research.* Standardized data collection is critical to MDTs for a variety of reasons: assuring quality, assessing outcomes, and conducting research to assess what elements of MDTs are effective.

- **Messaging:** At the heart of this recommendation about *messaging* was the need to improve our communications regarding the urgency of elder abuse, shared values that compel Americans to do more to protect older adults, and the value of MDTs.

- **Funding:** Cultivate *funding* for MDTs to achieve sustainability. Among the key components needed for funding are the MDT Coordinators[1] and specialists like geriatricians,[2] geropsychiatrists and forensic accountants.

- ***Know-How:*** Provide resources and technical assistance to guide the start-up of MDTs nationally and refine practice. MDTs are sprouting up throughout the United States; to assure that they are optimally effective we believe technical assistance to these teams is critical. Elements of technical assistance include identifying and training MDT coordinators (we believe that certification of MDT coordinators through a standardized curriculum is on the horizon), assuring optimal engagement with team members, implementing standardized data collection procedures and maintaining a database, participating in nation wide quality and research efforts through pooling of data and other activities, and how appeal to state and local officials to provide ongoing funding for MDT teams. The New York City Elder Abuse Center has been providing technical assistance for MDTs in other localities across the country for several years. We do this through direct 1:1 consultations, and we also host a monthly peer support group teleconference for MDT Coordinators to discuss successes and challenges. Notably, The Department of Justice

[1] Critical to the success of MDTs is the MDT Coordinator, whose responsibilities include leadership of MDT meetings (determining which cases are to be presented, memorializing and assuring a follow-up plan for each victim and assigning ownership of tasks to team members), coordinating the work of the team members, maintaining the MDT database, providing clinical and moral support to team participants. The MDT coordinator is the "glue" that holds MDTs together

[2] . There is a dearth of physician manpower in aging nationwide; geriatricians and geriatric psychiatrists are critical members of MDT teams because of the many medical and psychiatric issues that arise in victims and perpetrators.

recently announced it is funding the development of the Technical Assistance Center (stating in its funding announcement the impact of the symposium's recommendations).

It is a confluence of factors that have made MDTs successful. Many people and organizations who have built them have been unusually gracious in sharing information; we in New York City are especially indebted to Laura Mosqueda and the Archstone Foundation for being so helpful to us in creating our teams). An outstanding example of federal government leadership in this regard was the grant funding provided by HHS/ACL in 2012, which was administered through state agencies. We in New York State were successful applicants for that award; our project took the form of creating new MDTs (in Rochester and New York City). These new teams were gradually viewed as indispensible by many constituencies, including state and local officials. The result: New York State has allocated $500,000 in next year's budget for sustaining these teams after the period of grant funding, and the NYC Mayor's preliminary budget for FY17 allocates $1.5 Million for the creation of MDTs in New York City. Details about the New York State Health and Human Services program can be found here:
http://www.aoa.gov/AoA_programs/Elder_Rights/EA_Prevention/Demonstration/Docs/5_Elder_Abuse_NYSOFA_RB.PDF

Researchers and the funders of MDT research (which is beginning to provide the evidence-base for MDTs) have been vital partners. The National Institute of Justice has been at the vanguard of coordinating and funding these efforts. Private philanthropies and foundations –Like the Fan Fox and Leslie R. Samuels Foundation in New York and the Archstone Foundation in California - have been magnificent supporters of this work. The leadership of Kathy Greenlee at HHS has been one of the most important factors in moving the MDT intervention and elder justice agenda forward.