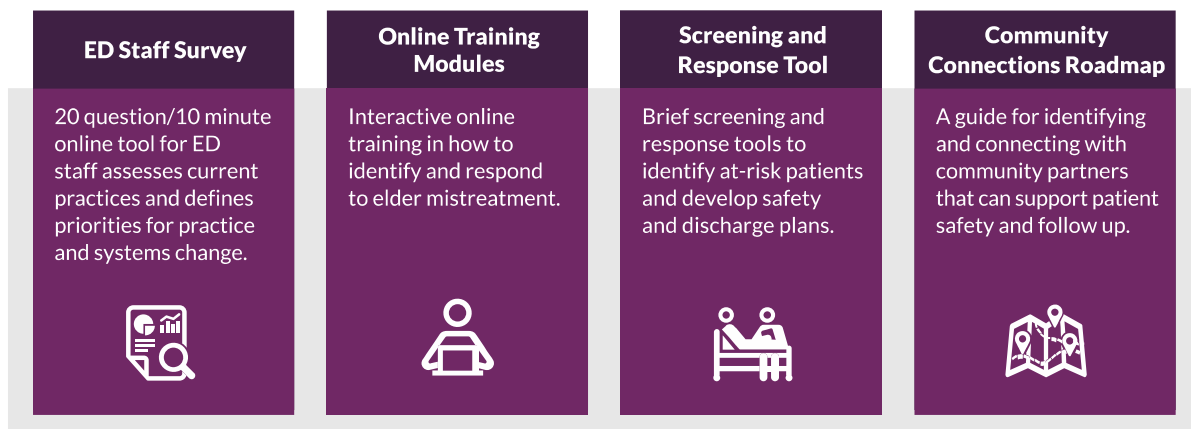


# Elder Mistreatment Community Connections Roadmap

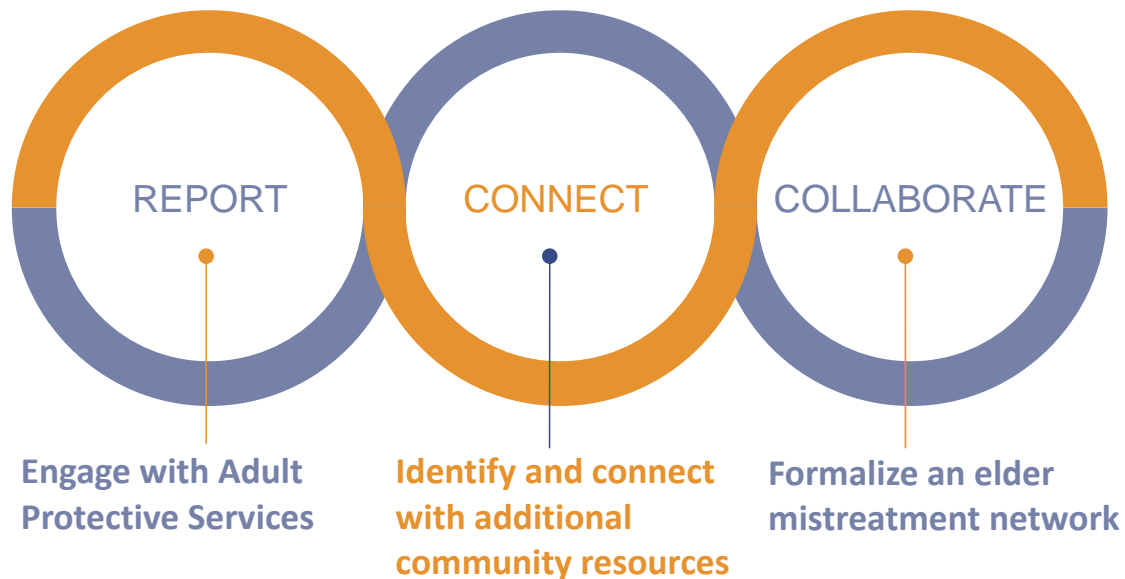
## Introduction

The Elder Mistreatment Community Connections Roadmap (the Roadmap) is one of four core components of the Elder Mistreatment Emergency Department Toolkit, a set of streamlined tools and resources designed to help emergency department (ED) care providers identify and respond to potential cases of elder mistreatment.



Implementation of the Elder Mistreatment Emergency Department Toolkit includes screening all older adult emergency department patients for potential elder mistreatment, as well as reporting suspected cases and referring to appropriate internal and external services. To implement the Elder Mistreatment Emergency Department Toolkit effectively, ED staff must be aware of the community resources they can refer to in response to concerns about elder mistreatment. The Roadmap is a step-by-step guide to help hospitals connect with relevant community organizations in their area to help mitigate risk for and improve responses to elder mistreatment.

The Roadmap guides users on how to assess their needs and existing resources in order to identify the appropriate starting point in a three-stage continuum that begins with developing a relationship with Adult Protective Services (APS) and ends with engaging a multidisciplinary collaborative team. More specifically, **Stage 1: Report** guides users in developing working relationships with local APS agencies, **Stage 2: Connect** helps users build additional connections with community organizations that serve the older adult population in the hospital service area, and **Stage 3: Collaborate** provides guidance on how to develop or participate in a more formal collaborative team focusing on preventing and addressing elder mistreatment.



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## I. Assess Opportunities and Needs

This section includes a tool designed to help you assess available resources. You will be mapping the hospital service area and reviewing existing data collected from community needs assessments and through the Elder Mistreatment Emergency Department (EMED) Toolkit staff survey and resulting EMED Assessment Profile, which summarizes the survey results.

To get started, fill in the worksheet below. Note that some of the questions in the worksheet reference responses to the staff survey. The relevant survey responses are indicated in brackets following the question.

Assessing Opportunities and Needs Worksheet		
<b>1. Map your hospital service area</b>		
a) In what communities do your older adult patients live?		
b) In which states do your older adult patients live?		
c) Does your county have an existing multidisciplinary team (MDT) focused on elder mistreatment? (For a partial list of Elder Mistreatment MDTs by state, go here: <a href="https://eldermistreatment.usc.edu/elder-abuse-mdt-project/mdt_list/">https://eldermistreatment.usc.edu/elder-abuse-mdt-project/mdt_list/</a> )		
<b>2. Assess your relationship with Adult Protective Services</b>		
a) Does your organization have an existing relationship with local Adult Protective Services (APS)? [ <b>Refer to responses to EMED staff survey questions 6(d); 15(f); and 17(a), (b), &amp; (c)</b> ]	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
i. Appropriate staff routinely report suspected cases of elder mistreatment to appropriate authorities.	<input type="checkbox"/>	<input type="checkbox"/>
ii. APS is receptive and helpful when ED staff report elder mistreatment to them.	<input type="checkbox"/>	<input type="checkbox"/>
iii. You, your social worker, case management department, etc. have a named contact at each of the local APS agencies.	<input type="checkbox"/>	<input type="checkbox"/>

iv. When your staff reports suspected elder mistreatment to APS, they feel their reports are taken seriously.	<input type="checkbox"/>	<input type="checkbox"/>
v. You and your staff are aware of the laws surrounding confidentiality, anonymity, and personal liability for reporting cases of suspected elder mistreatment.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Review hospital and community needs assessment data</b>		
a) Are you connected with organizations in your community that address the following needs?	<b>Yes</b>	<b>No</b>
i. Primary care, mental health, substance use, and other health services	<input type="checkbox"/>	<input type="checkbox"/>
ii. Memory evaluation and capacity assessment	<input type="checkbox"/>	<input type="checkbox"/>
iii. Legal services	<input type="checkbox"/>	<input type="checkbox"/>
iv. Transportation	<input type="checkbox"/>	<input type="checkbox"/>
v. Emergency housing	<input type="checkbox"/>	<input type="checkbox"/>
vi. Access to food and clothing	<input type="checkbox"/>	<input type="checkbox"/>
b) Are staff aware of community-based resources to support older adults? [Refer to responses to EMED staff survey question 15(a), (b), & (d)]	<b>Yes</b>	<b>No</b>
i. Does your staff agree that there are adequate community resources available to <i>respond</i> to older adults at risk of or experiencing mistreatment?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Does your staff agree that there are ample community resources available to <i>prevent</i> elder mistreatment?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Does your staff agree that there are programs in the community to support overburdened caregivers who may mistreat older adults?	<input type="checkbox"/>	<input type="checkbox"/>
c) Did staff indicate a <u>moderate</u> or <u>high</u> level of concern about the following: [Refer to responses EMED staff survey question 16(h) & (i)]	<b>Moderate</b>	<b>High</b>
i. Lack of specialized community services for older adults vulnerable to mistreatment	<input type="checkbox"/>	<input type="checkbox"/>
ii. Limited follow-up by protective services when cases are reported	<input type="checkbox"/>	<input type="checkbox"/>



**4. Assess availability of internal resources to manage community connections**

a) Is there someone at your organization (e.g., ED staff person, social work, case management, volunteer) who can be assigned to be responsible for connecting with community resources?

**Yes**

**No**

b) Is there another organization that can manage an elder mistreatment collaborative team over time (e.g., local APS, legal services organization)?

## II. Identify a Starting Point




Once you have reviewed existing data and collected relevant information from staff, it is time to identify an appropriate starting point on the community connections continuum.

If you identify connecting with APS as a key barrier to addressing elder mistreatment (see questions 2 and 3C in the Assessing Needs and Opportunities worksheet above) and/or your organization does not have an existing relationship with local APS agencies, begin at **Stage 1: Report**.

If your organization already has a positive working relationship with APS but does not have relationships with each of the types of community organizations listed in question 3a of the worksheet, you should begin at **Stage 2: Connect** to identify relevant community partners.

If your organization is already well connected with the relevant community partners and you have a team member who can devote a substantial amount of time to this work, you may be ready to consider formalizing or joining an elder mistreatment collaborative team. We estimate that a minimum commitment of 4 hours per month will be required if there is an existing team in the community, and more if you will be developing a new team.

The table below lists each stage, their respective goals, and the staff roles required to achieve each goal.

	Engage with Adult Protective Services	Engage additional community resources	Formalize an elder mistreatment team
			
<b>Goals</b>	Improve communication between hospital and Adult Protective Services (APS)	Engage additional community resources to support follow-up referrals and avoid repeat ED visits or readmits	Develop or join an elder mistreatment community network/team for: <ul style="list-style-type: none"> <li>• case review/consultation</li> <li>• systems change</li> <li>• education</li> </ul>
<b>Hospital Staff Roles:</b>	<ul style="list-style-type: none"> <li>✓ Assess opportunities and needs</li> <li>✓ Identify APS agencies in area</li> <li>✓ Connect with APS agencies</li> </ul>	<p>→ AND:</p> <ul style="list-style-type: none"> <li>✓ Strategically identify community-based resources</li> <li>✓ Maintain multiple relationships</li> </ul>	<p>→ AND:</p> <ul style="list-style-type: none"> <li>✓ Participate regularly</li> <li>✓ Provide meeting space</li> <li>✓ Host meetings</li> <li>✓ Provide leadership</li> </ul>

### III. Build Connections: Report, Connect, Collaborate

#### Stage 1: Report

Welcome to the first stage in the community connections continuum. In this stage of the continuum, you will identify and engage with local Adult Protective Services (APS). As you learned in the EMED Toolkit Training modules, APS agencies are essential partners in addressing elder mistreatment. Having personal connections with local APS agencies can help hospitals better understand and improve their reporting process. In this section you will find a to-do list that walks you through the process of connecting with the APS agencies in your hospital service area, a set of strategies for connecting with APS, and a worksheet to help you record progress and evaluate next steps.

*“APS agencies welcome opportunities to work with hospitals because it enhances the reporting process. Hospitals can learn more about how APS agencies work and vice versa.*

*For example, attending hospital grand rounds or working with hospitals to create cross-training of protective services staff and hospital staff. This approach fosters a collaborative, elder-centered approach to tackling complex elder abuse issues. The best way to initiate contact is to reach out to your area protective service agency.”*

- Director of Adult Protective Services, MA





## TO DO

- Identify the local APS agencies for each community that your hospital serves
- Review your responses to in section 2 of the **Assessing Opportunities and Needs Worksheet** (p.4)
- Meet with a local contact at each APS agency to introduce your hospital and strategize ways to communicate moving forward
- Share strategies and contacts with emergency department staff
- Record progress and evaluate next steps

## TIPS AND STRATEGIES FOR IMPROVING COMMUNICATION WITH APS

- Call the APS agency using their local number, not a centralized intake line.
- Many APS agencies will have a staff person whose role includes community engagement, training, and outreach. This may be the best person to start with.
- Let the APS representatives know that you are calling from a local hospital because you are preparing to implement/are implementing an elder mistreatment screening and response tool for use with all older adult patients and would like to connect with them to prepare for increased elder mistreatment reports.
- Ask to meet with a representative from APS to brainstorm ways to best work together moving forward. Just like it is useful for the hospital to have a specific contact with someone at APS, APS will likely appreciate having a specific individual they can contact at the hospital.
- Invite APS to participate in grand rounds, deliver trainings, and visit the emergency department.

**RECORD PROGRESS AND EVALUATE NEXT STEPS**

Have you or has someone at your organization:	Yes	No	In progress
1. Identified the hospital service area (HSA), particularly for older adults?			
2. Identified Adult Protective Services agencies (APS) within the HSA?			
3. Identified the point of contact at each APS agency?			
4. Communicated with the APS contact person about elder mistreatment screening and options for follow-up on patients reported for elder mistreatment or for being at risk of elder mistreatment?			
5. What challenges did you experience engaging with APS?			
6. How did you/do you plan to overcome those challenges?			
7. How has engaging with APS helped or hindered your ability to respond to elder mistreatment?			
8. What are your goals moving forward?			
9. Are you ready to make connections with other community-based resources?			

## Stage 2: Connect

Welcome to the second stage of the elder mistreatment community connections continuum. In this stage, you will build on your relationship with Adult Protective Services (APS) and prioritize other types of community-based organizations to connect with. This section includes a series of lists and tools to help you identify, prioritize, and connect with organizations in your community that can follow up with patients after they leave the emergency department.

### TO DO

- Review and update your responses to section 3 of the **Assessing Opportunities and Needs Worksheet**.
- Using the information in the **Assessing Opportunities and Needs Worksheet** and the **Types of Community Resources** table (p.23), prioritize the types of community resources that are most needed to help your organization respond to elder mistreatment.
- Contact community-based organizations to establish procedures for referral and follow-up for patients identified in the ED as being at risk for elder mistreatment and track progress in the **Community Connections Tracker**.
- Communicate contacts and agreed upon referral processes to ED staff for application during the response portion of the Elder Mistreatment Screening and Response Tool.

## TIPS AND STRATEGIES FOR CONNECTING WITH COMMUNITY ORGANIZATIONS

- Prioritize connections with organizations that address the most urgent needs for your community (see **Types of Community Resources** table below and the **Appendix on p. 23** for descriptions of each type of community resource).
- Leverage your existing relationship with APS to identify and connect with organizations in your community. It is likely that APS has relationships with these organizations and can make an introduction.
- Meet with representatives from each organization to let them know that you are implementing the Elder Mistreatment Emergency Department Toolkit and would like to partner with organizations in the community that can help to follow up with patients after they leave the ED.
- Strategize with each organization about how the ED can make warm handoffs between the hospital and community-based organization.
- Determine how to stay in regular contact with each other. The cadence and ways in which you communicate with organizations in the community will vary but it is important to establish a shared understanding of the goals and expectations of the relationship.

*Example: One strategy for automating communication between organizations*

*PatientPing is a software program that provides real-time hospital admission and discharge notifications. For example, in central Massachusetts, PatientPing is used by a local hospital to contact case management and APS staff at an Aging Services Access Point when a client is admitted. This tool not only flags high ED utilizers, but also helps strengthen transition of care and post-discharge follow-up to reduce hospital readmissions.*

The table below categorizes the services that are useful for responding to elder mistreatment. The **Appendix on pg. 23** includes a more comprehensive list by category and describes their relevance to addressing elder mistreatment.

<b>TYPES OF COMMUNITY RESOURCES</b>	
Indicate which of the resources listed below are needed to address the needs of your patient population by checking the boxes in the column on the left.	
<b>1. Aging Networks</b>	
<input type="checkbox"/>	Elder Mistreatment Multidisciplinary Teams
<input type="checkbox"/>	Financial Abuse Specialist Teams
<input type="checkbox"/>	Forensic Centers
<input type="checkbox"/>	Aging Service Access Points (ASAP) / Area Agencies on Aging (AAA)
<input type="checkbox"/>	American Association of Retired People (AARP)
<b>2. Health Services</b>	
<input type="checkbox"/>	Primary care providers, geriatricians, physicians, nurses, nurse practitioners, physicians' assistants
<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental health
<input type="checkbox"/>	Substance use
<input type="checkbox"/>	Pain clinics
<b>3. Public Safety and Legal Services</b>	
<input type="checkbox"/>	Police, fire, emergency medical services
<input type="checkbox"/>	Victim witness advocates
<input type="checkbox"/>	Elder law groups
<input type="checkbox"/>	Guardianship services

<input type="checkbox"/>	Prosecutors, district attorneys
<b>4. Other</b>	
<input type="checkbox"/>	Housing services
<input type="checkbox"/>	Municipal leaders
<input type="checkbox"/>	Faith-based representatives
<input type="checkbox"/>	Local community organizations and business leaders
<input type="checkbox"/>	Financial institutions
<input type="checkbox"/>	[Add others here as relevant]
<input type="checkbox"/>	[Add others here as relevant]
<input type="checkbox"/>	[Add others here as relevant]

Use the table below to track the contacts you make with community partners. The professions and organizations you list here may be found within your hospital system (e.g., social work department) or in the community, and can be a source for referrals and services for your patients.

Community Connections Tracker						
Type of Partner	Organization(s)	Contact Person(s)	Contact Info	Date of Contact	Strength of relationship	Notes/Follow-up
Adult Protective Services (APS)					[0-5 with 0=none, 5=strong working relationship]	
Existing Multidisciplinary Teams					[0-5 with 0=none, 5=strong working relationship]	
[Insert partners, add rows as needed]					[0-5 with 0=none, 5=strong working relationship]	
[Insert partners, add rows as needed]					[0-5 with 0=none, 5=strong working relationship]	
[Insert partners, add rows as needed]					[0-5 with 0=none, 5=strong working relationship]	

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Once you have established strong relationships with several organizations and identified someone who is willing to lead the effort, you may be ready to move on to **Stage 3: Collaborate**. Consider the following questions to help you determine whether a formal collaboration is right for you at this time.

RECORD PROGRESS AND EVALUATE NEXT STEPS			
Have you or has someone at your organization:	Yes	No	In progress
1. Identified community-based organizations (CBOs)?			
2. Identified the point of contact at each CBO?			
3. Communicated with the CBO contact person about implementation of the Elder Mistreatment Emergency Department Toolkit and discussed options for follow-up on patients reported for, or at risk of, elder mistreatment?			
4. Shared information with ED staff about the internal and community-based resources and how to refer patients to them?			
5. What challenges did you experience engaging with CBOs? How did you overcome those challenges?			
6. How has engaging with CBOs helped or hindered your ability to respond to elder mistreatment?			
7. What are your goals moving forward?			
8. Are you ready to formalize or join an elder mistreatment collaborative team? If not, what would you need to be able to do so?			

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## Stage 3: Collaborate

Welcome to the third and final stage in the continuum. By the time you begin this stage, you will have already established relationships with Adult Protective Services (APS) and other relevant community-based resources. Now you may be ready to bring these connections together to formalize a collaborative team.

Typically known as Elder Mistreatment Multidisciplinary Teams (MDTs), these teams bring together people from different disciplines to collaboratively address elder mistreatment through shared goals and exchange of information. MDTs can help to coordinate services for victims, develop creative solutions to complex problems, monitor and follow up with patients, and help to break down silos between agencies. There are many different types of teams (e.g., fatality review teams, financial abuse specialist teams, guardianship teams, etc.).

In this section, we point to the Department of Justice’s MDT Guide and Toolkit. This guide includes descriptions, tools, examples, and webinars as well as access to an MDT Technical Advisor. The MDT Guide and Toolkit is designed to help communities establish and grow MDTs.

### *Example: A Multidisciplinary Team in Action*



<https://www.youtube.com/watch?v=zLrBqJVqu-A>

## TO DO

- Review and update your responses to section 3 of the **Assessing Opportunities and Needs Worksheet**.
- Visit the Department of Justice's [MDT Guide and Toolkit website](#) to learn more and determine if have the resources to implement an MDT.
- Track progress and evaluate next steps.

## TIPS AND STRATEGIES FOR ESTABLISHING AN MDT

- **Tailor the team to the community's needs:** MDTs can take many different forms; develop a team that best addresses the needs and goals for your specific community. You can draw on what you learned from working with APS and other community-based organizations thus far to help determine what your team will look like.
- **Don't bite off more than you can chew:** The hospital may or may not be the right organization to lead a collaborative effort in the long term. Other organizations (like APS or a legal services organization) may be best suited to lead the team, with the hospital as an active participant and advocate.
- **Don't recreate the wheel:** Many hospitals are engaged with MDTs that address related issues but are not specific to elder mistreatment (e.g., aging in general, falls, memory). It may be more efficient and feasible to add the topic of elder mistreatment to the scope of one of these teams than to try to develop a whole new team.

RECORD PROGRESS AND EVALUATE NEXT STEPS			
Have you or has someone at your organization:	Yes	No	In progress
1. Identified existing local Elder Mistreatment Multidisciplinary Teams (MDTs)?			
2. Participated in local Elder Mistreatment MDTs, coalitions, or taskforces?			
3. <b>If none exist</b> , invited Adult Protective Services (APS) and/or community-based organizations (CBOs) to create a local Elder Mistreatment MDT, coalition, or taskforce?			
→ Identified members?			
→ Held meeting(s)?			
→ Identified group goals?			
→ Identified leadership?			
4. What challenges did you experience developing or joining an MDT? How did you overcome those challenges?			
5. What worked well?			
6. How has the MDT helped or hindered your ability to respond to elder mistreatment?			

7. Is there a need to revisit your relationships with APS (Stage 1. Report) or other CBOs (Stage 2. Connect)? Remember, organizations can move back and forth throughout the community connections continuum and it may be a good idea to revisit the previous sections of the Roadmap.

### **ACKNOWLEDGMENTS**

The Elder Mistreatment Community Connections Roadmap was developed by the National Collaboratory to Address Elder Mistreatment with support from The John A. Hartford Foundation, the Gordon and Betty Moore Foundation, and the Health Foundation for Western and Central New York.

For more information about the Roadmap, the Elder Mistreatment Emergency Department Toolkit, or the National Collaboratory to Address Elder Mistreatment, please contact:

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## Appendix: Types of Community Resources

AGING NETWORKS		
Partner	Definition	Contribution to Elder Mistreatment Network
Adult Protective Services (APS)	APS agencies collect elder abuse reports, investigate, and make referrals in most communities. In most states, health care professionals are mandated to report suspected mistreatment to APS.	APS can provide information on statutory requirements for reporting and responding to elder abuse and neglect, community resources, and risk factors for mistreatment and profiles of victims and abusers.
Existing multidisciplinary teams (MDTs)	An MDT comprises representatives from three or more disciplines who are bound by a common purpose. They work collaboratively towards a shared goal, using a shared definition of the problem. MDTs are characterized by five elements: Shared Decision-Making, Partnership, Interdependency, Balanced Power, and Process.	If an MDT already exists in your area, you may not want to create redundancy; instead, your focus should be on how your emergency department can become an active member of the team.
Aging service network personnel (AAA, AARP, home care agencies, Councils on Aging, senior centers)	Aging services organizations may be public, private, non-profit, or for-profit. They typically provide information and services to older adults in the community, such as referrals for day programs, meals, and case management.	Aging services representatives can provide information on various methods for accessing services as well as actually delivering services that can reduce dependency, isolation, and vulnerability (e.g., Meals on Wheels).



HEALTH SERVICES		
Partner	Definition	Contribution to Elder Mistreatment Networks
Medical practitioners (geriatricians, physicians, physician assistants, nurses, nurse practitioners medical social workers)	Practitioners provide case management, house calls, screening for elder maltreatment, prescriptions, mental capacity assessments, and assistive devices, and can evaluate the victim-offender dynamics.	Practitioners can provide information regarding available medical resources; home health services and their limitations; Medicare and Medicaid; the effects of medications; identification and interpretation of fractures, bruises, wounds, and medical conditions; health risk factors associated with abuse; and instruction on how to conduct investigations in medical facilities, including what to look for on medical charts, chains of command, and staffing patterns.
Neuropsychologists/clinical psychologists/geriatric psychiatrists/outpatient pain clinics	The neuropsychologist/clinical psychologist/geriatric psychiatrist conducts cognitive status evaluations of victims and assesses clients' service needs.	These professionals can provide information to a criminal investigator looking to establish the vulnerability of an alleged victim, or a prosecutor assessing the ability of an alleged victim to serve as a witness to their own mistreatment.
Mental health professionals	Mental health professionals (e.g., psychologists, psychiatrists, therapists, counselors, psychiatric social workers) provide case management, mental health diagnoses, and therapy.	Mental health professionals can provide information on the conditions or illnesses associated with abuse, available mental health interventions, insight into family dynamics, and how best to respond to the victim's particular goals and values.
Substance abuse specialists	Generally speaking, substance abuse specialists help people who have problems with drugs and alcohol by identifying issues and behavior which could be linked to their addiction.	Substance abuse or addiction specialists can contribute valuable insight into the behaviors and dynamics of individuals with substance use disorders (either victims or perpetrators). They often have vast knowledge of treatment options and services available in their area.



## PUBLIC SAFETY AND LEGAL SERVICES

Partner	Definition	Contribution to Elder Mistreatment Networks
Public safety (police, fire, emergency medical services)	Under certain circumstances, law enforcement receives and responds to reports of elder abuse. Law enforcement officials are able to make arrests, conduct “well-being checks,” initiate or enforce orders of protection, provide standby assistance to other professionals, legally gain entrance into an alleged victim’s home, and remove the abuser from the home. Importantly, some older adults will not want law enforcement involved in the case. Other first responders, like fire and emergency medical services providers are trusted members of the community who can observe signs of elder mistreatment in homes, relay information to other providers, and may have ongoing relationships with high-risk patients for whom they are called to help more frequently.	<p>Law enforcement officials can provide expertise and information regarding federal and state laws pertaining to abuse, identify criminal conduct, and identify actions law enforcement officials can take. Law enforcement professionals can include representatives from the Medicaid Fraud Control.</p> <p>Fire and emergency medical services providers can provide unique insights into older adults’ home situations and can help teams better understand the case and potential solutions.</p>
Victim Advocates (Victim witness advocates/Victim services providers, elder law groups, guardianship teams [e.g., local YWCA])	These advocates have expertise in victim issues, needs, and services. For example, victim advocates can inform victims about how the criminal justice system works, what they can expect when they come to court, what to do if they are threatened by perpetrators, eligibility for victims’	These individuals know the communities in which they work and can provide the same valuable information to the team that they provide to victims.

	<p>compensation and how to apply for it, and victims' rights and how to exercise them through impact statements or by enforcing restitution orders. Victim advocates provide services such as court accompaniment and transportation, and notification of hearings, trial dates, and other important events.</p>	
<p>Prosecutors/District attorneys</p>	<p>State and local prosecutors decide whether to bring criminal charges against perpetrators, and represent the state during a prosecution.</p>	<p>The prosecutor can provide information on judges, how the criminal justice system functions, the benefits and risks of prosecution, theories used to prove elder abuse crimes, what evidence is needed, penalties, and how service providers can help build cases. They can also provide guidance on criminal justice remedies such as restitution or diversion programs, and advice on how to provide evidence and testimony in criminal proceedings.</p>

OTHER RESOURCES		
Partner	Definition	Contribution to Elder Mistreatment Networks
Housing	Communities may have community- or government-based housing services for low-income individuals and families where advocates assist individuals in locating affordable housing.	Housing services can provide housing information and options for older adults who may need relocation assistance as a result of elder abuse.
Clergy, interfaith efforts, Emergency Medical Service chaplains	Faith-based representatives may provide solace and spiritual guidance to victims of elder abuse.	Faith-based representatives can provide information from a spiritual perspective and may seek services or support from the victim's church.
Financial institution representatives	Financial institution representatives can range from bank tellers to bank presidents, or retired financial institution employees.	Financial institution representatives can describe procedures such as direct deposit of income checks, prevention of fraud through preauthorized charges to bank accounts, verification of transactions through microfilm, trust services, referral to consumer protection agencies, and the risks and benefits of each intervention.
Policymakers, regulators	State securities regulators investigate potentially fraudulent activity and alert the public to the latest scams. The state's housing authority agencies issue a multitude of rules and regulations associated with housing.	These representatives can provide information on relevant regulations and help determine strategies for change.
Municipal leaders (e.g., mayors, aids, chiefs of staff, boards of health)	Local government and public officials are responsible for administering local laws, rules, and regulations. They are generally elected officials who represent the residents of the community and their needs.	It is important to engage local government to keep them abreast of the issue of elder mistreatment in the community. They can be champions and/or gatekeepers to those who will take an active role in addressing elder mistreatment in the community.
Local business leaders and organizations (e.g., chambers of commerce)	These organizations bring the business community together to	These organizations and leaders have a stake in a safe and vibrant community and may



	create networks and lobby for issues related to business.	provide avenues for prevention and intervention efforts.
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Additional members and roles can be found in the Department of Justice's [MDT Guide and Toolkit](#)