The Care and Feeding of Community-Based Multidisciplinary Teams

Margaret F. Henderson and Rebekah Appleton

CONTENTS

Margaret F. Henderson directs the UNC School of Government Public Intersection Project, facilitates public meetings, assists cross-organizational problem-solving and planning efforts, and provides training about human trafficking for local government audiences.

   Rebekah Appleton is a recent graduate of the UNC School of Government Master of Public Administration program. She currently works as a project specialist for the UNC Gillings School of Public Health, where she manages administrative projects to facilitate growth and productivity within the university.

Introduction

Many local actors, in both the public and private sectors, are continuously doing their best to protect and help older adults, while working within a fragmented elder protection system in North Carolina. Sustaining ongoing communication and coordination among themselves and with the relevant population is challenging for these local actors, including social services agencies, law enforcement officials, financial institutions, the judicial system, health-care providers, and private nonprofits.

Since 2018, faculty members at the University of North Carolina at Chapel Hill School of Government (hereinafter the UNC School of Government) have been working to help increase connectivity among the local actors involved in elder protection. The project, called the North Carolina Elder Protection Network (EPN), has produced a manual,[1] other written resources and tools, a website,[2] and multiple trainings.[3] A key focus of this project is helping communities/counties in North Carolina form and sustain multidisciplinary teams (MDTs) for elder protection. Two of the greatest challenges facing these teams are coordinating effectively to conduct their work and securing enough resources to do their work. The North Carolina EPN includes an online shared space for each county's MDT, a discussion forum for statewide information sharing, and various other resources and tools.

In 2020, the North Carolina Policy Collaboratory, with funding from the North Carolina Coronavirus Relief Fund, established and appropriated by the North Carolina General Assembly, supported a School of Government project intended to develop virtual connections among public officials charged with protecting older adults. School of Government faculty members Meredith Smith, Aimee Wall, and Margaret Henderson staffed this effort, which built on the earlier work of the North Carolina EPN to strengthen multidisciplinary teams organized to prevent, identify, and respond to elder abuse.[4] Workshops (which were officially called the 2020 Elder Abuse Multidisciplinary Team Workshops) and support services were then adapted to address the unique vulnerabilities of older adults during the COVID-19 pandemic, as well as to accommodate the necessity of online communication and training.

In connection with the 2020 Elder Abuse Multidisciplinary Team Workshops, UNC School of Government faculty member Margaret Henderson and graduate student Rebekah Appleton wrote a series of posts for the North Carolina EPN's discussion forum. These forum posts are the foundation for this bulletin.[5]

While the work described above focused on elder abuse, the guidance offered in this bulletin that relates to creating and sustaining MDTs applies to any cross-organizational effort to address other issues. The challenges of managing an MDT are universal and independent of the change

---

1. The manual is *Legal Framework for North Carolina's Elder Protection System* (2020), by Meredith Smith and Aimee Wall, and can be found here: https://protectadults.sog.unc.edu/legal-framework -north-carolina%E2%80%99s-elder-protection-system.

2. The website is https://protectadults.sog.unc.edu.

3. Some online training is available here: https://protectadults.sog.unc.edu/legal-framework-north -carolina%E2%80%99s-elder-protection-system.

4. For foundational information about the laws related to protecting older adults in North Carolina, refer to *Legal Framework for North Carolina's Elder Protection System* (2020), by Meredith Smith and Aimee Wall: https://protectadults.sog.unc.edu.legal-framework-north-carolina%E2%80%99s-elder -protection-system.

5. To explore the resources and join the community of the North Carolina EPN, see https://protectadults.sog.unc.edu.

content or issues addressed. In any context, many elements of managing cross-organizational problem-solving efforts are "simple, but not easy," especially if no staff are dedicated to managing the logistical support required for the MDT. Thus, although it provides guidance for MDTs in the context of elder protection, this bulletin emphasizes the process of working together rather than the content of the change effort.

Deciding on Your Focus

How does a multidisciplinary team (MDT) decide whether to focus on the whole system or on individual case reviews? And what difference does that focus make for the participants in the MDT in terms of communication and participation?[6]

Communication among an MDT with a System Focus

If your MDT focuses on the whole system, you speak in general terms about your expectations of each other, as well as the processes or protocols that guide your interactions. You can create opportunities to acquire education about specific concerns. You can improve system response by sharing information about professional or legal guidelines and perspectives. You might also choose to engage in community education efforts in your community or to share information within your team about a specific professional role, a particular type of vulnerability, an emerging threat to the target population, or some other concern that is present in your community.

> **System Focus ➔ General Discussion ➔ Open Participation**

Community members can drop in or out of these conversations as needed. For example, your MDT might invite someone from Animal Control to have an in-depth conversation about options for action in cases where the number or treatment of animals indicates a risk for the vulnerable adult in the home.

Communication among an MDT with a Case-Review Focus

If your MDT wants to discuss specific local cases for the end goal of better understanding each other's perspectives in past situations in order to improve future response or intervention, you will first need to establish information-sharing agreements to protect the confidentiality of the people you serve. Because of the background work necessary for enabling full communication across professional roles on the MDT, case-review teams do tend to be more formal than system-focus teams in their documentation and processes.[7]

---

6. See the discussion on multidisciplinary team (MDT) options (page 22) in *Legal Framework for North Carolina's Elder Protection System.*

7. Chapter 8, "Case Review," of *Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community* (December 2015; revised September 2016), published by the Elder Justice Initiative of the United States Department of Justice, provides extensive guidance for MDTs that want to focus on case reviews: https://www.justice.gov/elderjustice/file/938921/download.

> **Case-Review Focus ➔ Discussion of Individual Cases ➔ Limited Participation**

Hybrid MDT

Your MDT might opt to have a core team that operates with information-sharing agreements in order to conduct case reviews, then periodically hold broader, informal meetings to discuss generic issues of concern across the system.

The Focus Drives Team Composition

How do MDT members decide whom to invite to their team? How does the focus of the MDT affect the invitation list? By establishing your MDT's focus on systemic or case review, you make the first big decision that drives the desired composition of your team.

An MDT focused on systemic improvements will address a variety of topics over time that would benefit from the involvement of people across different fields. Participation will vary as the work continues, according to the issues being discussed. In contrast, a case-review MDT would be smaller and include those who are most likely to be consistently involved with any case. Participation will likely involve a smaller number of professionals but include them in every meeting.

Either way, your MDT will likely be small in the beginning, then evolve and grow over time. Just by discussing situations that emerge in your community, your initial team will identify gaps in services or education. As the needs of the MDT and the county become more apparent, a recruitment plan will emerge.

Recruitment should be a team decision, which means that procedures for inviting new participants into the group should be created ahead of time. The protocol might include identifying the gap in the MDT, then discussing who might fill this gap. Depending on the size of your county and how well you know area professionals, you might want to share a brief biographical sketch of a potential member, discuss the candidate's potential contributions to the MDT, and then formally decide whether to extend an invitation. The MDT can then reach out to the candidate through informal personal contact, a recruitment letter, or some combination of both. Having a joint conversation to explore mutual interests and to explain expectations is beneficial for both the MDT and the potential new members.[8]

Finally, make the new member feel comfortable by providing a new-member orientation that addresses expectations, history, and any other important bits of information for joining the team. Sharing documentation of past meetings is a useful way to convey how the MDT has been functioning.[9]

---

8. If the MDT conducts case reviews, then the new members have to be included in the information-sharing agreements that protect legal expectations of confidentiality.

9. For a list of possible MDT members and their contributions, see https://www.justice.gov/elderjustice/file/938801/download.

Leadership

No matter which focus is chosen (systemic or case-review), your MDT will need a core leadership group that provides logistical and organizational support for meetings. These leaders should include those community members who are most enthusiastic about starting the MDT and ensuring its success. Forming that leadership team will be the focus of the next North Carolina Elder Protection Network (EPN) forum post.[10]

How Do You Get Organized?

The first step of organizing would be to invite community professionals who might interact with vulnerable adults to a meeting to discuss what they want to accomplish together. The following sections describe some of the logistical decisions to work out so that the group can get started. Adjustments in focus, membership, or responsibilities can happen over time, as needs emerge.

Developing Roles and Responsibilities

Once a core team is established, identify the diverse talents and interests of the members. This inventory is fundamental in determining who is assigned to what task in the development of the MDT. Each member of the core team comes from a unique position and background, with access to unique resources, all of which drives which tasks they will be most interested in and effective performing.

We suggest you have a conversation to discuss these talents, resources, and interests in order to help make assignments to each role in forming the MDT. To begin, ask the following questions in order to immediately define and delegate essential roles and responsibilities on your MDT:

- Who provides logistical coordination of the meetings: scheduling, sending notices, arranging the meeting site or platform, etc.?
- Who plans the agenda and facilitates meetings?
- Who develops procedures to identify gaps in membership, reaches out to potential new MDT members, presents those members to the MDT for approval, and provides those members orientation to enable their successful involvement?

Once the MDT is launched, the work assignments might then involve efforts such as proposing protocols for the MDT's operation, engaging in local or state leadership efforts, or focusing on targeted change efforts within the system.[11]

---

10. Elder Justice Initiative, The United States Department of Justice, *Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community* (December 2015; revised September 2016), 13–17, https://www.justice.gov/elderjustice/file/938921/download (Chapter 3, "Selecting Team Members"); Meredith Smith and Aimee N. Wall, *Legal Framework for North Carolina's Elder Protection System* (UNC School of Government, 2020), 24.

11. Elder Justice Initiative, United States Department of Justice, *Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community*, 13–17 (Chapter 3, "Selecting Team Members"; this chapter provides examples of recruitment invitations and explores the different roles members can have on an MDT); Smith and Wall, *Legal Framework*, 24.

How Do You Identify Your MDT's Shared Values?

All members of the MDT will bring values to the work that arise from their individual characteristics and professional perspectives. An initial challenge is to identify the values they share that might serve to guide and focus their work as a team.

Why Do Shared Values Matter?

Given the diversity of professional perspectives on your MDT, differences of opinion will inevitably emerge about your priorities or strategies for action. That is both normal and valuable. By defining the values that you all share—no matter your profession or perspective—you identify the glue that will keep you together.

One Way to Identify Your MDT's Values

Here is one possible format for your MDT to use in identifying the values that all of the members of the MDT share:

1. At an initial meeting, ask everyone to fill in the blank of the following sentence: At the end of the day, no matter what our MDT was doing in our group or out in the community, we want to be able to honestly say that we _____.
2. Collect everyone's responses to item 1, make a running list of those statements, and convert them into value statements. Examples might be "to treat everyone with respect" or "to provide explanations of the actions taken."
3. Discuss which of these statements represent ideas that everyone can agree to uphold. If there is lack of agreement about any statement, then that is not a shared value. Encourage open discussion of differences of opinion during this step.
4. Finalize the list. At the early stages of group formation, having a short list of key values that everyone supports is more important than having a long list of all values that might possibly apply to the work of an MDT.
5. As your MDT gains more experience, periodically revisit the topic to see if your values should be restated, expanded, or reaffirmed. As you discuss potential systemic or procedural improvements, be sure to assess whether or how any proposed changes affirm or contradict your shared values. If you conduct case reviews, assess how well you demonstrated those values while doing those reviews.

The members of your MDT act as representatives of their profession, as individuals, and as members of your team. Learning how to speak openly about the differing preferences of those roles is useful. By clarifying group values, you identify the expected behaviors that provide unity and build mutual trust. The clearer you are about the proposed values of your MDT, the easier it is for members to honestly assess whether they can commit to those values.

Any misalignment of values across team members, or between espoused values and actions taken, can work against your collective achievement on behalf of vulnerable adults in your community.[12]

---

12. Elder Justice Initiative, United States Department of Justice, *Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community*, 18–20 (Chapter 4, "Building a Strong Foundation").

What Are Your Vision and Mission Statements?

Once it has decided on its shared values, a developing MDT might formalize its purpose by creating vision and mission statements. These statements are short explanations of the MDT's intent for and specific contribution toward the community it serves. These statements have two functions: (1) they communicate the MDT's purpose to people outside of the MDT, and (2) they provide a guide to keep the MDT on track in its work.

How Vision and Mission Statements Can Be Developed

The vision statement explains what kind of community you hope to create or the change you hope to generate. A mission statement specifies how your MDT will contribute to this vision. One strategy for developing a vision statement and a mission statement is to use fill-in-the-blank sentences to provide an opportunity for individual team members to contribute their ideas, highlight the words or key phrases that are motivational and accurate, and then allow the wordsmiths in your group to edit the final statements.

Vision Statement

An effective vision statement concisely describes the change you wish to create for your community. It can speak specifically to the vulnerable adults within your community or the entire community. It can speak to the desired outcome as a whole, rather than focus on a single aspect of service.

How to Develop a Vision Statement

The following are some suggestions of prompts you can use to create your MDT's vision statement:

- Assume that in ten years, your MDT is highly successful. What is the "big picture" change that has happened?
- Complete the sentence: Our vision is a community where . . .
- Complete the sentence: We envision a community in which . . .

An example of an answer to the third prompt is the following: We envision a caring community in which all older adults live with dignity and well-being, free from abuse, neglect, and financial exploitation.[a]

_____

a. This example vision statement is drawn from the vision statement of the NYC Elder Abuse Center (see https://nyceac.org/about/).

Mission Statement

A mission statement defines the specific contribution your MDT makes to achieving its vision and reflects the overall purpose of the relationships among the allied professionals in your MDT.

The mission statement provides guidance for the MDT in organizing its work and defines its function in terms that others can understand. It should include the MDT's target population or issue, as well as the area the MDT serves. One option is to state what your MDT does either for individuals within your target population or for your community at large.

How to Develop a Mission Statement

The following are some suggestions of prompts you can use to create your MDT's mission statement:

- Fill in the blank: The X County MDT exists to _____ the lives of vulnerable adults by _____ .
- Fill in the blank: The X County MDT convenes allied professionals to _____ .
- Fill in the blank: Our MDT serves the vulnerable adults of X County by _____ .

   In creating a mission statement, connections to the vision statement can be made. Specifically, the vision and mission statements can be linked in one paragraph, as in the following fill-in-the-blank prompt:
Our vision is a community where _____ . To bring that vision into reality, we _____ (verb) for _____ (target population) in the _____ (geographic service area).

   An example of a vision and mission statement linked in one paragraph is the following: "[The] NYC Elder Abuse Center aims to prevent abuse, assist people 60 and over who are abused or at risk of abuse, as well as their family members, friends and neighbors, and improve how professionals, organizations and systems respond to their needs. We achieve this through our core services."[a]

_____

   a. "Mission/Vision," NYC Elder Abuse Center, https://nyceac.org/about/mission/.

Finally, remember that it is a good idea to periodically revisit the mission statement to assess how well it is working for your MDT and to address any mission drift that might have occurred.[13]

How Should New MDT Members Be Onboarded?

Any one of us would be challenged to become a productive member of a group if we were unclear about the history or purpose of the group, unsure about why we were invited to join, or skeptical about the value that meeting together might generate. The following sections present some ideas about how and why to orient new members of your MDT to enable successful participation.

Why Should You Onboard New Members?

The onboarding process makes the transition from independent community member to MDT team member easier by helping new recruits understand their roles on the team. This investment in effort helps new members understand their potential contributions, which is critical to retention. The process may take several months but will lead to increased productivity and an overall better team.

---

13. Ibid; examples of mission statements can be found here: https://www.justice.gov/elderjustice/4-building-strong-foundation; see the website of the UNC School of Government's Elder Protection Network at https://protectadults.sog.unc.edu; and a worksheet for developing vision and mission statements can be found here: https://protectadults.sog.unc.edu/sites/default/files/MDT-MissionWorksheet.pdf.

How to Onboard New Members

The following checklist can help smooth out the process of onboarding new MDT members:

- ☑ **Welcome your member:** Introduce the new member and create opportunities for the member to meet the team and share stories or information.
- ☑ **Provide an overview of the MDT:** Remind the new member of the mission, policies, and culture of the MDT. Include any important history and procedures. Additionally, try developing a team factbook or FAQ with detailed answers to questions new members might have.
- ☑ **Discuss roles:** Be sure to not only orient new members of their roles, but also orient those new members of the roles of others on the team.
- ☑ **Assign a mentor:** Assign someone who can show the new member the ropes of the organization and serve as a reference.
- ☑ **Offer recurring meetings:** Regular meetings open the floor to feedback from both the supervisor and the new member. New members can offer an outsider's perspective on the team and offer improvements. Ask the new members to speak up about what they need to be successful on the team.

MDTs might also consider holding a new-member orientation annually or during times of high turnover. This orientation should cover the following:

- the history, values, and mission of the MDT;
- the structure, roles, and contributions of the current team members;
- commonly used terms and acronyms;
- policies and procedures of operation;
- channels of communication to use for cases, as well as the MDT's operations;
- how cases are considered for review and investigated;
- how systemic issues are raised for attention; and
- any other relevant information about the MDT.

Finally, as a reminder, be sure to create a written record of team progress. The benefit of documenting your MDT's work is that new members have a record to refer to when educating themselves about the history, products, and process of the MDT.[14]

How Many People Should Be on Your MDT?

How does the size of the MDT affect the group dynamic? The logistical support required to sustain the effort? The potential for collective success?

Deciding group size requires the evaluation of competing tensions within the MDT. Some challenges are more logistical than substantive. The following sections discuss some points to consider, bearing in mind there is not one right way to set up an MDT.

---

14. Elder Justice Initiative, United States Department of Justice, *Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community*, 13–17.

Opt for Broader Expertise

Adding more people in varying roles contributes to the collective knowledge of the MDT. Having those different perspectives ready to tap can be a strong asset when problem-solving, especially in emergencies. However, as the group size increases, so might the challenges in managing the MDT.

> *Consideration:* Take care to clarify any overlap in professional disciplines so that members can contribute without treading on others' territory or authority.

Group Management

Managing a large group necessitates institutionalized logistical support that is set up to be transferred as the team leaders transition over time. Organizing the work of a twenty-member MDT simply requires more focused effort than that of a five-person MDT. The leadership roles in the larger MDT will likely also require more definition and structure. No matter the size of the MDT, storing its work history in a place accessible to all members, such as an online platform, will better enable the transfer of responsibilities and establish a shared understanding of the MDT's history.

> *Consideration:* Larger MDTs require more formalized expectations of leadership and management than smaller MDTs. Clarify roles and responsibilities regularly. Ensure broad access to the institutional memory of the MDT.

Sustained Engagement

As MDTs get larger, some members may feel less valuable or interested and choose to disengage, whether by not contributing to group discussions or otherwise not participating to their full capacity. MDT leaders will need to be intentional in reminding their diverse members why each person's perspective matters.

> *Consideration:* Design meeting agendas to include small group discussions or exercises that seek the input of everyone present. Encourage those who are introverted, less interested, or distracted to participate in group discussions. Similarly, facilitate discussions so that no one person or group dominates.

So . . . How Many People Should Be on Your MDT?

There is no right answer for how many people you should have on your MDT. In the beginning, it can be advantageous to have a smaller MDT of four to six members so that you can focus on building your working relationships and then expand later as needed. A smaller dedicated team can help build the necessary foundation for the collaborative work and grow the effort over the long haul.

The following are some suggested core team members to include on an MDT that focuses on protecting vulnerable adults:

- Adult Protective Services personnel,
- aging services network personnel,
- geriatricians/physicians,
- law enforcement,
- prosecutors,
- victim-witness advocates/victim service providers, and
- clerks of court.

How Does Having a Hybrid MDT Affect Competing Interests in Group Development?

A hybrid MDT would involve a small subset of professionals who use confidentiality agreements or client releases to enable case reviews. In addition, larger groups of community members would be invited to systemic review and general educational sessions with guest speakers. Those larger, open sessions could involve more diverse professional perspectives (such as bankers or animal control professionals) who might not be needed in all case reviews. These broader sessions can serve to educate more community professionals and key volunteers about critical local issues affecting the community's vulnerable adults. Some attendees of the systemic review sessions might become useful recruits for the case-review group.

To operate this hybrid structure, an MDT might consider one of two options: (1) Schedule separate meeting times for systematic reviews and case reviews, perhaps alternating forms from month to month, or (2) schedule a large group discussion about the system at the beginning of a meeting, take a break, and then have the smaller group reconvene with a case review. Being transparent about the different functions and limitations of the two groups will be important for building trust in the MDT.

Conclusion

Regardless of team size, it is important to establish consistent rules of engagement to ensure meetings are efficient, members are productive together, and members are satisfied with the investment of their time in the MDT. Once facilitative leaders and the core group are established, meetings should be held consistently. Establishing clear roles and expectations for all members of the team might take some time, but it is critical to create a work culture that will generate mutual respect for the roles that the members play in the community.[15]

---

15. Ibid; Irina Roncaglia, "A Practitioner's Perspective of Multidisciplinary Teams: Analysis of Potential Barriers and Key Factors for Success," *Psychological Thought* 9, no. 1, (2016): 15–23, https://psyct.psychopen.eu/article/view/145/html#d2e259.

How Should Your MDT Communicate?

The greatest strength of any MDT is also its greatest challenge—managing its diversity. In MDTs, each person holds a unique perspective that contributes to the collective benefit of variations in values, expertise, cultures, and jargon. In difficult cases, members can become so focused on particular professional goals that they forget to seek or acknowledge the perspectives of others on the team. For this reason, miscommunication and misunderstandings can easily happen. Negotiating differences in preferred approaches, resources, or priorities are business-as-usual within MDTs.

Communication barriers can also create new conflict as well as exacerbate existing friction within teams. Informal communication practices—when, how, with whom, and in what volume people share information—can make some members feel uninformed, unheard, or unvalued, making them unlikely to fully participate. These communication challenges can generate higher turnover and low morale, in addition to the loss of useful complementary perspectives.

Strategies to Prevent Miscommunication and Confusion

Miscommunication can hamper the success of any team, anywhere. Using the following tips can help prevent communication errors and confusion:

1. Agree on what important words and terms mean.
2. Clarify how communication will occur and how information will be shared.
3. Distinguish the expectations that apply to confidential information.
4. Be clear about who will receive certain information, when they will receive it, and why they will receive it.
5. Make sure all team members understand each other's distinct roles.
6. Have important documents, protocols, and events stored in a place that allows easy access for reference and self-education.

Experts in any field can speak in such a way that seems foreign to outsiders. Each discipline has its own jargon and definitions. Some words may hold different meanings to those in different professions, leading to confusion among team members. It is important to acknowledge differences in communication styles and terms while also remaining open, transparent, and respectful of each profession.[16]

How Should Your MDT Manage Conflict?

Inviting complementary perspectives into your MDT is a necessary practice. No one (or two) of you can strengthen your systems of identification, intervention, and response by yourselves.

A natural by-product of involving these varied perspectives is that different ideas will emerge about the best way forward. Try to resist labeling this dynamic as a problem, and reframe it as a gift, even if a potentially challenging one. Surfacing these different ideas and mining them for the informed advice contained within are necessary for the success of your MDT.

---

16. Elder Justice Initiative, United States Department of Justice, *Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community*, 13–17; Roncaglia, "A Practitioner's Perspective," 15–23.

This facilitative skill set can be referred to as "conflict resolution" in the acknowledgement that unresolved differences of opinion and conflict can escalate and hamper the team's cooperation and effectiveness. What this skill set is, really, is a superpower for managing group dynamics. Here are some practices that enable respectful discussions about the different perspectives that MDT members hold:

1. **Inquire.** When approaching conflict, it is important to find the sources of the different perspectives. Ask "why?"—perhaps more than once—to identify the underlying reasons for the opinion any MDT member holds. Separate the positions (e.g., "We have to implement Plan X for this case.") from the underlying interests (e.g., "My office doesn't have the resources to implement Plan Y well, even if that is a preferable strategy.")

2. **Assess systemic impact.** Consider how the reasons for MDT members' opinions apply to the whole system and whether they can be traced back to an optional personal preference, rather than to policy, resources, or external influences. Employ your inner detective and your best active listening skills to fully open the dialogue and explore the ripple effects of any limitations, options, or decisions.

3. **Refer to your mission statement.** A complex situation can tempt a group to take off on compelling tangents. Reference your mission statement to refocus your team perspective and reset your objectivity.

4. **Negotiate.** Invite team members to identify the elements of solutions that would provide the most benefit for everyone. It is possible to design solutions that support and maintain the team's purpose and result in a "win-win." Solutions should be a team effort and not based on one viewpoint.

5. **Reframe.** Working through conflict is an opportunity for growth as you deepen your operation as an MDT. Take a moment to consider what tools or practices helped your team work through the challenge. Ask yourself the following questions:
   - Did you systematically ask for each person's perspective?
   - Did you employ some kind of posting or mapping exercise?
   - Did you share critical information ahead of time to give the team time to prepare?
   - Did someone take on the role of facilitator?

Whatever you did well this time, remember to do it again next time.[17]

How Can Your MDT Maximize Its Resources?

Members of MDTs are familiar with the frustration that occurs when they do not have the resources they need. That frustration can generate conflict within the group, particularly when setting priorities for the resources the group does have.

All MDT members likely have more "job" than "time." What should they do when they need a new tool, skill set, sample document, or body of expertise?

Your primary challenge might be to pause long enough to remember that someone else probably faced the same challenge and came up with something you can use.

---

17. See *Forming a Multidisciplinary Team to Investigate Child Abuse* (1998) for more information: https://www.ncjrs.gov/pdffiles1/ojjdp/170020.pdf.

For MDTs focusing on elder protection, North Carolina is fortunate enough to have regional and state networks that specialize in aging and protection of vulnerable adults. The following is a list of collaborative networks that contain resources your team might tap:

1. The North Carolina Department of Health and Human Services (NCDHHS) has a Division of Aging and Adult Services that provides multiple tools and resources, including grant sources, advocacy assistance, and training. The NCDHHS also provides information on other regional services that might aid in elder protection. To access these resources, visit https://www.ncdhhs.gov/ and search for "adult protection."

2. Councils of governments divide the state into sixteen regions, each of which contains an Area Agency on Aging (AAA). These agencies contract with local organizations to provide regional support for the counties in their region. AAAs can also help secure funding, aid with management or planning, and provide legislative assistance on a county-by-county basis.[18]

3. As described in the introduction of this bulletin, the UNC School of Government hosts the Elder Protection Network, which provides reference materials, a networking tool, and a forum for communication across counties. We offer limited technical support and provide research to answer legal questions that MDTs have. Your team might consider looking at our regional peer map to see if there are people in your or nearby counties that can provide needed resources. Visit https://protectadults .sog.unc.edu to explore these options.

Finally, remember that shared service agreements are a useful means of gaining access to resources that are used infrequently and that can be shared easily across county lines. These agreements split costs and help to reduce duplication of services in nearby communities. Tap your networks to find examples of these contracts. But remember, step one is to pause long enough to remember that someone else probably has a resource that can help you out.

How Can Your MDT Hold Itself Accountable?

Some of the best work of an MDT can be accomplished informally—just by meeting together, building relationships, creating lines of communication, and sharing basic information about each other's work.

However, one function that warrants a more formalized or systematic approach relates to accountability: who is going to do what, when, how, and under what circumstances.

The nature of an MDT's work can lead to role ambiguity in two ways: First, lack of specificity about the expectations members have of each other can lead to misunderstandings about those responsibilities. This confusion might be more likely to happen if several members play parallel professional roles, share the same interest, or hold similar leadership skills. Ambiguity can also lead to MDT members making inaccurate assumptions that can complicate plan implementation or prevent tasks from being accomplished.

Holding specific people accountable might initially feel uncomfortable, but it allows the team to follow up on their actions. Without being explicit in stating and revisiting expectations, there

---

18. For more information about North Carolina's AAAs, visit https://www.nc4a.org/.

is no way to ensure that each task is being handled appropriately. In order to best help your community, your team has to be open and consistent about your mutual accountability. Three steps can be followed to ensure accountability on your MDT.

Step 1: Remove any role ambiguity. Before assigning a role or task, be sure you know why that function is important and needs to be assigned. Talk with your team about the expected outcomes of the role and strive for agreement about why and how a task needs to be carried out. Make sure that all members understand the role that is assigned to each person, whether that relates to the work of the MDT or interactions with clients. Summarize why the expectations placed on any individual will be important to the success of the team.

Step 2: Be specific about the expectations for the work. Clear explanations of the tasks are less likely to be misinterpreted. Documenting the expectations in minutes of MDT meetings provides the team a useful reference for the future.

Step 3: Say the words. One strategy is to wrap up every meeting by summarizing the next steps people are expected to take. That also provides an opportunity to design backup plans of support or designate points of expected collaboration. Similarly, begin the next meeting by asking for updates on progress.

If the MDT creates permanent roles, formalize the expectations in writing. Clarifying the expectations of the position creates ownership and can be referenced in times of confusion. It also helps prevent the duplication of responsibilities, thereby increasing productivity.

Finally, provide follow-up on tasks and roles. Consistent, constructive feedback and recognition for tasks can help motivate team members. Everyone needs to hold each other accountable rather than place that responsibility on one person. Make sure your team is aware of how accountability is necessary for a successful team. Everyone benefits by understanding each other's roles, as well as the expectations for accountability placed on them.[19]

Draft Agendas for Initial MDT Meeting

Below are draft agendas developed for a county MDT that has a strong history of working together on individual cases but does not meet as a group to acquire new knowledge or conduct systemic reviews together. The proposed timing/format of these drafts assumes up to twenty participants in an online meeting.

---

19. Roncaglia, "A Practitioner's Perspective," 15–23; Ben Brearley, "5 Simple Ways to Improve Accountability in Your Team," *Thoughtful Leader* (blog), March 2017, https://www.thoughtfulleader.com /improve-accountability-in-your-team/; Mental Health Commission, *Multidisciplinary Team Working: From Theory to Practice* (2006), https://www.lenus.ie/handle/10147/43830.

Draft #1: 75-Minute Planning Discussion

The following is a draft outline of a 75-minute planning discussion you can use for your MDT.

1. Introductions and identifying your best work together (30 minutes):
    *   Share your name and organization.
    *   Think of a particular time you were interacting with other members of this MDT, and your work together went well. You were proud of what you did together. Focusing on HOW you worked together rather than WHAT you were trying to accomplish, name one condition or practice that enabled your success as a team. (Examples might relate to how you communicated with each other, how well you understood or knew each other, and/or how you acted with each other. You can contribute new ideas or emphasize the importance of an idea shared by someone else.)
    *   Option: Ask someone to take notes on a shared document visible to all or to use an online whiteboard, such as https://padlet.com.

2. Group discussion (15 minutes):
    As you look over this list of conditions and actions that enabled your best work together, what are your ideas about ways to continue or strengthen your success on behalf of vulnerable adults? Frame your ideas in terms of how your team works together. It is helpful to list these ideas so everyone can see them.

3. Group Discussion (15 minutes):
    MDTs work differently in different places. Many hold meetings at regular intervals, such as bimonthly or quarterly. Some hold large, open meetings to learn about topics of shared interest. Some hold smaller meetings to conduct case reviews. Both use those meetings to consider ways to improve how the parts of the system work together. They might ask members, "What you think about the potential benefits or challenges of having regular meetings of our MDT?" Record the responses to this question so all can see them.

4. Next Steps (15 minutes):
    Based on all the ideas discussed, what is next?
    *   Should we meet or not? How frequently?
    *   What will be the purpose or format of the meetings?
    *   Who will make logistical arrangements for the meetings?
    *   Who will host or facilitate the meetings?
    *   How will we plan the content of the meetings?
    *   Are there any other details to work out?

5.   Sum up the expected next steps and adjourn.

Draft #2: 60-Minute Planning Discussion with Agency Spotlight

The following is a draft outline of a 60-minute planning discussion with agency spotlight you can use for your MDT.

1. Introductions and identifying benefits (30 minutes):
    - Share your name and organization.
    - Fill in the blank: If we met together periodically to focus on our shared interest in protecting vulnerable adults, to make this meeting worth my participation we would have to
    _____.
        ○ The responses to the fill-in-the-blank sentence will generate a list of ideas for how the meetings should be organized.

2. Next steps: Based on all the ideas discussed, what is next? (15 minutes):
    - Should we meet or not? How frequently?
    - What will be the purpose or format of the meetings?
    - Who will make logistical arrangements for the meetings?
    - Who will host or facilitate the meetings?
    - How will we plan the content of the meetings?
    - Are there any other details to work out?

3. Agency spotlight: Using Adult Protective Services (APS) as the example (15 minutes):
    - Call APS when _____ .
    - The key people from APS for you to contact are _____ .
    - To enable our best success, what APS needs from you is _____ .
    - A resource, asset, or service APS can provide but you might not know about is _____ .
    - What can APS clarify for you about our agency?

4. Sum up the expected next steps and adjourn.

Using the COVID-19 Crisis to Strengthen Community Systems

The COVID-19 pandemic created new challenges, most of which apply to almost all of us and some only to those working with vulnerable adults. As the ripple effects of the pandemic continue to emerge (not unlike the mutations of the virus itself), let's remember the words economist Paul Romer spoke in 2004: "A crisis is a terrible thing to waste."[20] A crisis challenges the status quo and forces people out of their comfort zones, creating an urgency for change and forcing innovative problem-solving. The pandemic is an opportunity for us to analyze the strengths and vulnerabilities of local systems and use the urgency for change to explore options or build relationships that were previously viewed as too difficult to achieve.

Ripple Effects: Physical Isolation

The pandemic greatly reduced the amount of in-person visitation in the homes and facilities where vulnerable adults live. Families are less able to visit their loved ones, and social workers or advocates are limited in their ability to monitor physical conditions. Without these extra eyes on site, it is harder to know when neglect or abuse occurs, and there is less opportunity for whistleblowing to call facilities out for misconduct or to advocate for better services.

---

20. Romer made this comment in a meeting, and it is now widely cited.

Strategies emerging to fill this new void in direct contact include visiting through the window/ on the porch/in the yard, setting up regular phone/video visits, virtual monitoring by walking the camera around on site, and employing technological tools for remote monitoring. All of these strategies are the successful products of creative problem-solving that respect the limitations of the current situation.

Ripple Effects: Financial Stress

Another concern is abuse by family and friends who have lost income due to the pandemic and turn to vulnerable adults for help. They might move into the homes of their elder relatives, generating a variety of challenges, from the simple (scattered toys that elders might trip over) to the legal (violation of public housing contracts.) They might even get access to the financial resources of elders.

One strategy might be for your MDT to host a discussion about a particular concern and broaden the list of typical invitees. Representatives of local banks and credit unions should be included to discuss strategies for preventing, identifying, and intervening in situations of financial abuse, for example. Even if the financial institutions cite legal limitations on their involvement with Adult Protection Services, for example, their participation in the discussion will inform their awareness, potentially generate their own internal strategizing, and build the local relationships.

Ripple Effects: Access to the Vaccine

Vulnerable adults might hold misinformation about the safety or availability of the COVID-19 vaccine. The Social Security Administration warned retirees against phone scams that offered faster access to the vaccine, for example.[21] Repeatedly sharing accurate information about processes related to the vaccine will be critical in 2021.

Community gathering spots have been closed during the pandemic, which has eliminated venues for sharing information. This leaves many elders less aware of the programs available to them and limits educational outlets. New forms of outreach will need to be developed. One such strategy is to place flyers in pharmacy bags because people are still picking up their prescriptions even though they cannot go to their local senior center.

Ripple Effects: The Rural/Urban Divide

Two foundational inequities between rural and urban communities are not news to anyone and intensify some COVID-related challenges. Access to health care by rural residents has always been a challenge due to geographical distance and options for transportation. The resources of community-based hospitals and mental health services have long been limited and are now approaching or exceeding maximum capacity. The lack of options for hospitalizations complicates strategies for any kind of medical interventions in crisis situations, with any population—not just our elders.

While some brilliant strategies for online health care and monitoring have emerged from the pandemic, lack of broadband coverage limits the application of those practices across the state. The capacity of workers who serve elders is also limited because they cannot directly provide client services while working from home.

---

21. "Medicare & Coronavirus," Medicare.gov, https://www.medicare.gov/medicare-coronavirus.

Lessons for MDTs from the COVID-19 Crisis

We are all learning and problem-solving as we navigate our way through the pandemic. Both the factual information and public health resources related to the pandemic have changed significantly since March 2020, as have the risks that apply to vulnerable adults. The challenge for MDTs is to capture their lessons learned and to consider how the next generation of concerns might arise as a result of the medical, social, or economic conditions of the pandemic. Here are some points to discuss together as a team:

1. Assume that ripple effects exist and will continue to emerge. That's natural.
2. Try to anticipate the next generation of ripple effects by making time to discuss that in your MDT meetings.
3. Consider having focused discussions about a particular threat. Broaden the meeting invitation list to include allied professionals who might be useful in informing, planning, implementing, or promoting your strategies.
4. Remember that the members of your MDT know more about this vulnerable population and its challenges than anyone else does. Periodically take time to update the community about what you are seeing and how others might help.

Additional Resources

The following sections describe additional resources for your MDT: a self-assessment tool and comprehensive guides to MDTs.

How's It Working? Self-Assessment on MDTs

Creating and sustaining successful interventions and services over the long term requires more than money. The following assessment tool (see the textbox below) can be used to inform the planning of community-based anti-elder-abuse efforts. The questions focus on *how* your team members work together.

We suggest that you copy these questions into an online survey platform to gain the perspectives of your team members. The results should reveal any differences or alignment in perspectives. Consider having a facilitated meeting to assess how the feedback provided from this self-assessment should inform future actions.

Self-Assessment Tool for MDTs

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. When I joined this multidisciplinary team, I received the orientation and support I needed so that I could effectively participate. *Comments:*	◯	◯	◯	◯	◯
2. I fully understand what this team is trying to accomplish together and how I can support that work. *Comments:*	◯	◯	◯	◯	◯
3. As a team, in our actions and discussions, we respect our different opinions and use our diverse perspectives as an asset in making thoughtful and fair decisions. *Comments:*	◯	◯	◯	◯	◯
4. As a team, we contribute our skills and perspectives in positive and appropriate ways for the benefit of the whole team, as well as the vulnerable older adults we serve. *Comments:*	◯	◯	◯	◯	◯
5. I am satisfied with the way we choose topics for discussion at the team meetings. *Comments:*	◯	◯	◯	◯	◯
6. I am satisfied with how we spend the time allocated for our meetings. *Comments:*	◯	◯	◯	◯	◯
7. I leave meetings with a clear sense of what was decided and confident that, as a team, we will uphold and support those decisions through to completion. *Comments:*	◯	◯	◯	◯	◯
8. I believe the values and interests among our MDT members are appropriately aligned with each other and our shared mission. *Comments:*	◯	◯	◯	◯	◯
9. Share three practical improvements the members of this MDT could make to strengthen our work together: *Comments:*					
10. Please provide an example of a resource, relationship, or opportunity that this MDT should explore. *Comments:*					

Comprehensive Guides to MDTs

There are many useful resources available online that relate to MDTs' addressing various forms of violence. The vocabularies might vary according to the issue, but the basic challenges related to starting and maintaining MDTs are consistent across fields.

Elder abuse:

- United States Department of Justice, Elder Justice Initiative, *Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community* (2016), https://www.justice.gov /elderjustice/mdt-toolkit.

Sexual assault/domestic violence:

- A webpage providing links to protocols and guidelines for sexual assault response teams from various states: https://www.nsvrc.org/sarts/protocols-and-guidelines.
- National Sexual Violence Resource Center, *Sexual Assault Response Team Development: A Guide for Victim Service Providers* (2011), https://www.nsvrc.org/sites/default/files /Publications_NSVRC_Guide_SART-Development.pdf.
- Minnesota Coalition Against Sexual Assault, *Sexual Assault Response Team Starter Kit: A Guide for New SART Teams* (2016), https://www.mncasa.org/wp-content/uploads/2019/11 /Sexual-Assault-Response-Team-Starter-Kit.pdf.
- North Carolina Coalition Against Sexual Assault and North Carolina Coalition Against Domestic Violence, *Enhancing Local Collaboration in the Criminal Justice Response to Domestic Violence and Sexual Assault: A CCR/SART Development Toolkit* (2011), https://nccasa.org/wp-content/uploads/2020/01/ERS-CCR-SART-Toolkit.pdf.

Child abuse:

- United States Department of Justice, *Forming a Multidisciplinary Team to Investigate Child Abuse* (2018), https://www.ojp.gov/pdffiles1/ojjdp/170020.pdf.

Human trafficking:

- International Association of Chiefs of Police and the Office for Victims of Crime, *Multidisciplinary Collaborative Model for Anti-Human Trafficking Task Forces: Development and Operations Roadmap* (2016), https://www.theiacp.org/sites/default/files /HumanTrafficking/Roadmap%20for%20Multidisciplinary%20Collaborative%20Model%20 Anti-Human%20Trafficking%20Task%20Forces.pdf.