UNC SCHOOL OF GOVERNMENT

Virtual Connections for Public Officials Charged with Protecting Older Adults

Final Report to the NC Policy Collaboratory

UNC School of Government
Margaret Henderson, Meredith Smith, and Aimee Wall

Older adults are particularly vulnerable during the current public health emergency. Physical health risks are compounded by the mental health challenges associated with isolation and anxiety as well and the vulnerability to scams and other types of financial exploitation. Many local actors, in both the public and private sectors, are doing their best to protect and help older adults during this time. But the elder protection system in North Carolina is fragmented; communication and coordination are especially challenging for those involved, including social services agencies, law enforcement officials, financial institutions, the judicial system, health care providers, and private non-profits.

For the last two years, SOG faculty members have been working on a project to help increase connectivity among the local actors involved in elder protection. The project includes a manual, other written resources and tools, a website, and training. A key focus of this project is helping communities build multidisciplinary teams (MDTs) for elder protection. Two of the greatest challenges facing these teams are coordination and resources. SOG's project includes an online shared space for each county's MDT, a forum for statewide information sharing, a manual, and various other resources and tools. These virtual resources, which became available in May 2020, should improve coordination among those involved. When we launched this project, we did not expect the need for virtual connections to increase exponentially, as it has in the midst of the pandemic.

For this collaboratory-funded project, our goal was to provide multi-faceted support to new county MDTs to enhance connectivity and increase capacity to protect older adults.

Project Components

- **Introductory webinar:** On September 9, we hosted a two-hour webinar to introduce the concept of MDTs, share some information about the legal framework, and explain the process for applying to join the 2020 MDT Training Cohort. Speakers included School of Government Faculty and a representative from the U.S. Department of Justice's Elder Justice Initiative.
- **Applications and invitations:** We invited applications from counties interested in joining the 2020 MDT Training Cohort. To apply, teams were required to include representatives of several different functions in the county, including law enforcement, county social services, and judicial officials.
- **Teams**: We invited teams to join the 2020 MDT Training Cohort from the following nine counties: Alamance, Brunswick, Cabarrus, Mecklenburg, Pitt, Onslow, Robeson, Rockingham, and Rowan. Approximately 60 individuals were involved throughout the training period.
- **Cohort Training**: We hosted three webinars as part of the cohort's workshop series (10/14, 11/5, 12/18). The first program focused on team formation and goals, the second on overcoming challenges, and the third on defining the team's mission, vision, and goals. Program agendas are included as an attachment to this final report. A key component of the training sessions was the use of breakout sessions. These teams have had a difficult time finding the time and space to come together, and this dedicated time was essential for their group formation.
- **Facilitation of Team Meetings:** Throughout the fall and winter, Margaret Henderson offered to facilitate or help plan team meetings for counties in the cohort.
- **MDT Team Onboarding:** One of the features of the SOG's Elder Protection Network website is a private administrative space for each county's MDT. Every team in the cohort was onboarded to the site as part of the project and were oriented to its features. Quite a few counties across the state who were not in the cohort expressed interest in adding a team to the site but they had not made any progress in doing so. As part of this project, we were able to reach out to them and provide direct support for onboarding.
- **Interviews:** One of the specific issues we wanted to explore with the members of the cohort was the impact of the pandemic on their ability to help older adults. Margaret Henderson interviewed team members in a total of six counties to gather feedback about their challenges related to operating during the pandemic and identify the creative approaches they have employed. Henderson compiled the feedback and shared it with the cohort during one of the training sessions.
- **Forum Posts:** Henderson, in collaboration with graduate assistant Rebekah Appleton, produced 12 forum posts focused on establishing MDTs. Topics included: focus, shared values, vision and mission statements, communication, managing conflict, and accountability. Posts are accessible to any person registered as a member of the SOG's Elder Protection Network. A compilation of the posts that was disseminated to the cohort also accompanies this final report.

Summary of Support and Technical Assistance

As mentioned above, our primary goal was to provide multi-faceted support to new county MDTs to enhance connectivity and increase capacity to protect older adults. At this stage, it is difficult to measure whether we achieved the outcomes of (1) enhanced connectivity and (2) increased capacity. We plan to survey participating counties later in 2021 to gather information related to these two outcomes.

We can, however, share specific information related to several outputs that demonstrate the level of support we provided to counties through this project.

Metric	Support/Technical Assistance Provided
Course registration	66 individuals participated in the first introductory webinar. After that program, 10 teams applied to join the cohort and all were accepted. Two teams from one jurisdiction were combined. From these 9 teams, a total of 63 individuals registered to participate in the workshop series.
Course evaluation	Participants completed course evaluations for all four webinars. Among many other questions, all were asked whether the “session was important for my professional development.” On a scale of 1 to 5, with 5 being the highest, the average score for each of the four programs ranged from 4.25 to 4.6. Many of the qualitative responses were positive, emphasizing how helpful it was to have dedicated time to focus on this work and connect with their teams. *“The team is awesome and resources fantastic. Taking time to slow down and focus on these seems to be a barrier for all the groups. Not having to reinvent the wheel and having the SOG and others as resources gives teams a great sense of support especially knowing there is a common passion for the work.”* Some commenters were frustrated because the program was targeted to MDTs that were in the early stages of development. If a county was further along in its development, the team was ready for more advanced training. *“While there is always something to be learned it, this content session was best suited for new members of an MDT. Maybe offering more seasoned group members a 2.0 breakout room to review the challenges as it relates to the specific topic of member engagement, or group dynamics would help.”*

Metric	Support/Technical Assistance Provided
County onboarding	In addition to those counties who participated in the workshop, we reached out directly to 24 counties that expressed interest in onboarding an MDT. A graduate student assistant (Rebekah Appleton) contacted the counties and offered to help them with onboarding. She also offered the teams individual assistance with navigating the resources and tools available on the site. Five new teams joined the site as a result of these efforts (Catawba, Montgomery, Onslow, Sampson, and Wake). While we no longer have funding to support the student assistant, we will do our best to continue providing individualized support to teams interested in onboarding. A total of 35 counties have now registered their MDTs on the "Find your peers" map of the Elder Protection Network website and have access to the county-specific MDT administrative space. https://protectadults.sog.unc.edu/find-your-peers
Facilitation and interviews	Margaret Henderson offered to facilitate or help plan MDT meetings in all counties that participated in the cohort. Since the beginning of the grant to today, she has worked with two of the counties in the cohort and one outside of it. While the grant period has concluded, Henderson will remain available to help the teams from the cohort plan meetings as a continued service to this group. Henderson also interviewed team members in 6 counties to gather feedback about their challenges related to operating during the pandemic and identify the creative approaches they have employed. Their experiences varied according to traditional socio-economic characteristics, but also due to the rate of infection there, the history of the MDT, and the number and type of institutions (hospitals, nursing homes, etc.) present in their communities. Henderson compiled the feedback and shared it with the cohort during one of the training sessions.

Conclusion and Next Steps

During one of our training sessions, Henderson referred to the participants in the program as "everyday heroes." That recognition is appropriate. They are working their regular, everyday jobs that involve providing services to or protection for older adults. In addition, they applied to join this cohort, thus volunteering to spend additional time creating new connections in their communities so they could do an even *better job* serving and protecting. They know that building these relationships, creating teams, and collaborating with other organizations takes time and energy. It also takes remarkable commitment.

During the course of this project, some of these teams in the cohort were able to take advantage of this protected time and space to start building these relationships. They dedicated energy to figuring out new ways to connect online with others in their community and maximize resources available to them. Some of the teams were overwhelmed and had to step back, take a deep breath, and identify some smaller steps they could take to increase local connectivity and support for older adults. Wherever the team members ended up along the spectrum, we saluted their willingness to take on extra work and think extra hard about their roles, relationships, and authority relative to one another.

Going forward, members of the cohort identified several policy issues that they would like to see addressed at the state level, with the goal of empowering their MDTs to be more effective. The School of Government does not advocate for legislative or policy change but we will provide technical assistance to cohort members and others as they incubate ideas and develop proposals.

The School will continue to support those teams who joined the cohort and we will try to innovate new ways to expand connectivity among those involved in elder protection. Because the demand for assistance continues to grow and the available resources generally have not, collaboration is going to be essential to protecting older and vulnerable adults going forward. We are grateful to the Collaboratory for this opportunity to increase the number of county-based teams involved with this important work.

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2020 Elder Abuse Multidisciplinary Team Cohort Workshop #1: Creating Your Team

Wednesday, October 14, 2020
Online

2:00pm **Welcome and Introductions**
Meredith Smith, *UNC School of Government*

2:40pm **Initial Planning – Instructions**
Margaret Henderson, *UNC School of Government*

- **Initial Planning Worksheet**
- ***Report back when you return to full group:*** Given the history or current condition of your MDT, what is the support you most need to be successful?

2:50pm **Break**

3:00pm **Team Breakouts**

3:45pm **Full Group Discussion**

4:15pm **Looking Ahead**
Margaret Henderson, *UNC School of Government*

- **Feedback regarding workshop format (e.g., pre-work, modules, breakouts)**
- **Describe facilitation option**
- **Describe MDT space onboarding**

4:30pm **Adjourn**

WORKSHOP GROUND RULES

- **Participate fully.** It is alright to disagree. Everyone should have the opportunity to state his or her own views, regardless of rank or other differences.
- **Work on the problem.** Put other issues aside, including personalities, offices, or other differences. Show respect for each other.
- **Focus on interests, not positions.** Explain why you favor a particular course of action. Invite questions so you can explain your reasons fully. Balance advocacy and inquiry.
- **Share all relevant information.** Be specific. Agree on what important words mean. Discuss "undiscussable" issues.
- **Stay focused.** Discuss a topic long enough for everybody to be clear about it. Avoid online multi-tasking.
- **Decide how the group will make decisions.** Strive for consensus.
- **Mute your connection,** except when speaking, to minimize background noise.
- **Seeing faces helps us connect.** Please keep your camera on.
- **Be patient.** Glitches in technology or connectivity can happen to any of us.

2020 Elder Abuse Multidisciplinary Team Cohort Workshop #2: Identifying and Overcoming Challenges

Thursday, November 5, 2020
Online

Agenda

2:00pm	**Welcome** Meredith Smith
2:10pm	**Overcoming Challenges** Talitha Guinn-Shaver, *U.S. Department of Justice*
2:40pm	**Q&A** Margaret Henderson, moderator
3:00	**Break**
3:10	**Breakouts (see instructions)**
3:30	**Confidentiality and Information-sharing** Aimee Wall
3:50	**Breakouts (see instructions)**
4:10	**Debrief** Margaret Henderson, moderator
4:25	**Looking Ahead** Meredith Smith
4:30	**Adjourn**

WORKSHOP GROUND RULES

Participate fully. It is alright to disagree. Everyone should have the opportunity to state his or her own views, regardless of rank or other differences.
Work on the problem. Put other issues aside, including personalities, offices, or other differences. Show respect for each other.
Focus on interests, not positions. Explain why you favor a particular course of action. Invite questions so you can explain your reasons fully. Balance advocacy and inquiry.
Share all relevant information.
Be specific. Agree on what important words mean. Discuss "undiscussable" issues.
Stay focused. Discuss a topic long enough for everybody to be clear about it. Avoid online multi-tasking.
Decide how the group will make decisions. Strive for consensus.
Mute your connection, except when speaking, to minimize background noise.
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2020 Elder Abuse Multidisciplinary Team Cohort Workshop #3: Preparing Your MDT for 2021

Friday, December 18, 2020
Online

Agenda

2:00 **Welcome**
Meredith Smith and Margaret Henderson

2:10 **Reflections from Mecklenburg**

2:20 **Team Breakouts #1**

- The worksheet for this breakout is designed to be progressive – you start at the beginning and work your way through to the end over time. Your team may need to start at the beginning today by developing your mission and possibly also your vision. Your team may be more established and therefore may have a different starting point today. You may be ready to define your goals or outline your objectives.
- Identify a scribe for today's breakout.
- Start in the place that makes sense for your team and make progress. If you complete your mission or vision statement, add it to your county's MDT space on the Elder Protection Network website (http://protectadults.sog.unc.edu/).

3:00 **Report out**

3:20 **Break**

3:30 **COVID-19 Breakout**

- You will be assigned to a breakout based on profession or area of expertise.
- This session is an opportunity to exchange perspectives about how the pandemic is potentially affecting vulnerable adults or the system of response in your community.
- Share reflections, stories, or strategies from your community. What are you seeing? How are you coping?

3:50 **Report out**

4:05 **Graduation**

4:15 **Team Breakout #2: Planning for your team's next steps**

- ***Share:*** Did you learn anything in the last breakout that could benefit our team?
- ***Plan:*** When is your next meeting (add it to your calendar on your county's MDT page on the EPN website)? What are your team's next steps (add a task to your task list on your county's MDT page)? How will you communicate with one another going forward?

WORKSHOP GROUND RULES

Participate fully. It is alright to disagree. Everyone should have the opportunity to state his or her own views, regardless of rank or other differences.

Work on the problem. Put other issues aside, including personalities, offices, or other differences. Show respect for each other.

Focus on interests, not positions. Explain why you favor a particular course of action. Invite questions so you can explain your reasons fully. Balance advocacy and inquiry.

Share all relevant information.

Be specific. Agree on what important words mean. Discuss "undiscussable" issues.

Stay focused. Discuss a topic long enough for everybody to be clear about it. Avoid online multi-tasking.

Decide how the group will make decisions. Strive for consensus.

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Collected EPN Forum Posts:
Guidance for Establishing a Strong Foundation for Your Elder Abuse Multidisciplinary Team

Background

In connection with the 2020 Elder Abuse Multidisciplinary Team Workshop, UNC School of Government faculty member Margaret Henderson and graduate student Rebekah Appleton drafted a series of posts for the Elder Protection Network's (EPN) discussion forum. The forum posts are collected here for reference. Topics addressed in the post are:

- Deciding on our focus
- Deciding on the "right" people to have on the team
- How do we get organized?
- How to identify the MDT's shared values
- Vision and mission statements
- Onboarding new MDT members
- How many people to have on an MDT
- How do we communicate
- Using the crisis to strengthen our systems
- Managing conflict
- Maximizing resources
- Accountability
- Draft agendas for initial MDT meetings

This work was supported by the North Carolina Policy Collaboratory at the University of North Carolina at Chapel Hill with funding from the North Carolina Coronavirus Relief Fund established and appropriated by the North Carolina General Assembly.

Deciding on our focus (10/21/20)

How does a multi-disciplinary team decide whether to focus on the whole system or on individual case reviews? And what difference does that make for the MDT?

Here is a link to [Legal Framework for North Carolina's Elder Protection System]() manual. The discussion on MDT options for focus starts on page 22.

SYSTEM FOCUS = GENERAL DISCUSSION = OPEN PARTICIPATION

If your MDT focuses on the 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 elders, or some other concern that is present in your community.

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.

CASE REVIEW FOCUS = DISCUSSION OF INDIVIDUAL CASES = LIMITED PARTICIPATION

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 enable improvements in 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 in their documentation and processes.

Chapter 8 of "Developing an Elder Abuse Case Review MDT in Your Community," published by the Elder Justice Initiative of the Department of Justice provides extensive guidance for MDT's that want to focus on case reviews. https://www.justice.gov/elderjustice/mdt-toolkit

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.

Deciding on the "right" people to have on the team (10/28/20)

How does an MDT decide on who to invite to their team? How does the focus of the MDT affect the invitation list?

THE FOCUS DRIVES TEAM COMPOSITION

By establishing your focus on systemic or case review, you make the first big decision that drives the desired composition of your team.

A MDT focused on systemic improvements will address a variety of topics over time that would benefit from the involvement of different people across 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 candidates' potential contributions to the MDT, 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.

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

Finally, make the new member feel comfortable with 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.

Here is a list of possible MDT members and their contributions: https://www.justice.gov/elderjustice/file/938801/download

Here is a sample recruitment letter worksheet:

https://www.justice.gov/file/1009066/download#EA%20MDT%20Recruitment%20L...

LEADERSHIP

No matter which focus is chosen, your MDT will need a core leadership group that provides logistical and organizational support for the 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 our next post.[1]

How do we get organized? (11/4/20)

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, roles and responsibilities you will want to define and delegate right away are these:

- 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 them to the MDT for approval, and provides orientation to enable their successful involvement?

[1] Resources:

- U.S. Dept. of Justice MDT Toolkit, "Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community," drawing from primarily from Chapter 3, Selecting Team Members.
- UNC School of Government, Legal Framework for North Carolina's Elder Protection System, drawing primarily from page 24.

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 in on targeted change efforts within the system.[2]

Examples of recruitment invitations and an exploration of roles can be found here under Chapter 3 of the Department of Justice MDT Guide and Toolkit: https://www.justice.gov/elderjustice/mdt-toolkit

How to identify the MDTs shared values? (11/11/20)

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, the motivations and expectations that you all hold.

ONE WAY TO IDENTIFY THE MDT'S VALUES

1. At an initial meeting, ask everyone to fill in the blank: 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. Make the running list of those statements and edit them into value statements. Examples might be 'to treat everyone with respect' or 'to provide explanations of the actions taken.'

3. Then, take time to 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 in this step.

[2] Resources:

- U.S. Dept. of Justice MDT Toolkit, "Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community," drawing from primarily from chapter 3.
- UNC School of Government, Legal Framework for North Carolina's Elder Protection System, drawing primarily from page 24.

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 a 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.

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 them.

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.[3]

To further explore how your MDT might develop and reinforce shared values, reach out to Margaret Henderson at margaret@sog.unc.edu

Vision and mission statements (11/17/20)

Once the team has decided on their 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 towards the community they serve. They serve to both communicate your purpose to outsiders and to provide a guide that keeps the MDT on track in its work.

HOW DO WE DEVELOP VISION AND MISSION STATEMENTS?

The vision statement explains what kind of community you hope to create or the change you hope to generate. A mission statement specifies how this MDT will contribute to this vision. One strategy is to use fill-in-the-blank sentences to provide an opportunity for individual team

[3] Resources:

- U.S. Dept. of Justice MDT Toolkit, "Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community," drawing from primarily from chapter 4.

members to contribute their ideas, highlight the words or key phrases that are motivational and accurate, 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 vulnerable adults or to the whole population of the community. It can speak to the desired outcome as a whole, rather than focusing on a single aspect of service.

Suggested Prompts:

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

Example:

> We envision a caring community in which all older adults live with dignity and well-being, free from abuse, neglect, and financial exploitation. (NYC Elder Abuse Center, nycea.org)

Mission Statement

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

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 target population or issue, as well as the area it serves. One option is to state what your MDT does for either individuals within your target population or for your community at large.

Prompt:
The X County MDT exists to __________ the lives of vulnerable adults by __________.
The X County MDT convenes allied professionals to __________.
Our MDT serves the vulnerable adults of X County by __________.

The Vision and Mission Statements can be linked in one paragraph: Our vision is a community where __________. To bring that vision into reality, we __________ for __________ in the __________ (geographic service area).

Example:

> The NYC Elder Abuse Center aims to prevent abuse and assist people 60 and over who are abused or at risk of abuse—as well as their family members, friends, and neighbors. We do this by helping to improve how professionals, organizations, and systems respond to their needs—and by developing services to meet unmet needs. (NYC Elder Abuse Center, nycea.org)

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 evolved.

Examples of mission statements can be found here: https://www.justice.gov/elderjustice/4-building-strong-foundation

A worksheet for developing vision and mission statements can be found here: http://protectadults.sog.unc.edu/elder-protection-resources#mdt-tools-ca...[4]

Onboarding new MDT members (12/1/20)

In the spirit of onboarding…

The NC Elder Protection Network team would like to start this week's forum with a friendly welcome to our members, new and old. Faculty and staff from the UNC School of Government created this space as part of the Elder Protection Project to connect diverse people who are committed to protecting our elder population. Our mission is to "provide information about the various components of the elder protection system and facilitate connections across the system."

On this website you will find

- Resources to help respond to elder abuse and form multidisciplinary teams (MDT).
- A NC map of MDTs and professionals working in aging adult services
- Discussion forums from people in the community
- A space to communicate and plan with your MDT

[4] Resources:
- U.S. Department of Justice MDT Toolkit, chapter 4.
- UNC School of Government, Elder Protection Network website, https://protectadults.sog.unc.edu.

WHY SHOULD WE ONBOARD?

The onboarding process makes the transition from independent community member to 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.

HOW TO ONBOARD NEW MEMBERS

The following checklist can help smooth out the onboarding process:

- **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 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 a new member orientation event annually or during times of large 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 MDTs operations
- How cases are considered for review and investigated
- How systemic issues are raised for focused attention
- 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.[5]

How many people to have on the MDT? (12/8/20)

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

Deciding group size requires the evaluation of competing tensions within MDTs. Some challenges are more logistical than substantive. Here are some points to consider, bearing in mind there is not "one right way" to set up a multi-disciplinary team.

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 related to 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 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 on-line platform, will better enable transfer of responsibilities and enable a shared understanding of the MDT's history.

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

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[5] Resources:

- U.S. Dept. of Justice MDT Toolkit, "Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community," drawing from primarily from chapter 3.

SUSTAINED ENGAGEMENT

As groups 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. Do not allow those who are introverted, less interested, or distracted to passively opt out of participation. Similarly, facilitate discussions so that no one person or group dominates.

SO…HOW MANY PEOPLE SHOULD WE INCLUDE ON THE 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 4 to 6 members so that you can focus on building your working relationships, 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:

- Adult Protective Services
- Aging services network personnel
- Geriatricians/physicians
- Law enforcement
- Prosecutors
- Victim-witness advocates/victim service providers
- Clerks of Court

HOW DOES HAVING A HYBRID MDT AFFECT THESE 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 reviews and general educational sessions with guest speakers. Those larger, open sessions can 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. (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 to build trust in the MDT.

CONCLUSION

Regardless of team size, it is important to set up consistent rules of engagement to ensure meetings are efficient and members are productive together, satisfied with the investment of their time in the MDT. Once facilitative leaders and the core group are established, the meetings should be held consistently. Establishing clear roles and expectations for all members of the team might take some time, but that is critical to establish a work culture that will generate mutual respect for the roles that the members play in the community.[6]

How do we communicate? (12/15/20)

The greatest strength of any multi-disciplinary team is also its greatest challenge – managing its diversity.

In MDTs, each person holds a unique perspective which 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 losing useful complementary perspectives.

STRATEGIES TO PREVENT MISCOMMUNICATION AND CONFUSION

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

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[6] Resources:

- U.S. Dept. of Justice MDT Toolkit, "Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community," drawing from primarily from chapter 3.
- "A Practitioner's Perspective of Multidisciplinary Teams: Analysis of Potential Barriers and Key Factors for Success," Psychological Thought, 2016, Vol. 9(1), 15–23. Retrieved from https://psyct.psychopen.eu/article/view/145/html#d2e259

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, and why.
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.[7]

Using this crisis to strengthen our systems (1/4/21)

The COVID pandemic created new challenges, most of which apply to almost all of us; 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." 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 this urgency 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 whistle blowing to call facilities out for misconduct or to advocate for better services.

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[7] Resources:

- U.S. Dept. of Justice MDT Toolkit, "Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community," drawing from primarily from chapter 3.
- "A Practitioner's Perspective of Multidisciplinary Teams: Analysis of Potential Barriers and Key Factors for Success," Psychological Thought, 2016, Vol. 9(1), 15–23. Retrieved from https://psyct.psychopen.eu/article/view/145/html#d2e259

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 (toys left scattered to trip over) to the legal (violation of public housing contracts.) They might 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 vaccine. A recent mailing from the Social Security Administration warned retirees against phone scams that offered faster access to the vaccine, for example. Repeatedly sharing accurate information about processes related to the vaccine will be critical in 2021.

Community gathering spots are closed during the pandemic, which also closes a venue 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 the 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 healthcare 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 on-line 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 by their connectivity, both in terms of their client services and in terms of working from home.

SO WHAT DO WE DO WITH THIS?

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 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 their challenges than anyone else does. Periodically take time to update the community about what you are seeing and how others might help.

Managing conflict (1/12/21)

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 is necessary for the success of your MDT.

We will refer to this facilitative skill set as "conflict resolution" in the acknowledgement that unresolved differences of opinion can escalate and hamper the team's effectiveness. Unresolved conflict can hinder cooperation and team effectiveness. What this skill set is, really, is a superpower for managing group dynamics.

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 (We have to implement Plan X for this case.) from the underlying interests (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 those reasons apply to the whole system and whether they track 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 a multi-disciplinary team. Take a moment to consider what tools or practices helped your team work through the challenge.
   - 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.[8]

Maximizing resources (1/19/21)

Members of multi-disciplinary teams are familiar with the type of 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 they do 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?

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[8] Resource:
U.S. Dept. of Justice, Forming a Multidisciplinary Team To Investigate Child Abuse. https://www.ncjrs.gov/pdffiles1/ojjdp/170020.pdf

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.

North Carolina is fortunate enough to have regional and state networks that specialize in aging and protection of vulnerable adults. The following are a list of collaborative networks that contain resources your team might tap.

1. NCDHHS has a Division of Aging and Adult Services that provides multiple tools and resources including grant sources, advocacy assistance, and training. They also provide information on other regional services that might aid in elder protection. Go to www.ncdhhs.gov/ and search for "adult protection" to find their resources.

2. Councils of Government (COG) 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. www.nc4a.org/ is the website for the state association for Area Agencies on Aging.

3. 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. Go to www.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 1 is to pause long enough to remember someone else probably has a resource that can help you out.

Accountability (1/26/21)

Some of the best work of a multi-disciplinary team can be accomplished informally – just by meeting together – by building relationships, creating lines of communication, and sharing basic information about each other's work.

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 MDT 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 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.

- **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 the 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 back up 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 placing that responsibility on one person. Make sure your team is aware how accountability is necessary for a successful team. Everyone benefits by understanding each other's roles, as well as the accountability expectations placed on them.[9]

[9] Resources:

- A Practitioner's Perspective of Multidisciplinary Teams: Analysis of Potential Barriers and Key Factors for Success https://psyct.psychopen.eu/index.php/psyct/article/view/145/html?acceptC...
- 5 Simple Ways to Improve Accountability in Your Team https://www.thoughtfulleader.com/improve-accountability-in-your-team/
- Multidisciplinary Team Working: From Theory to Practice https://www.mhcirl.ie/file/discusspapmultiteam.pdf

Draft agendas for initial MDT meeting (2/11/21)

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 together or conduct systemic reviews.

Proposed timing/format assumes up to 20 participants in an online meeting.

Draft #1: 75-minute Planning Discussion

1. (30 minutes) Introductions & Identifying Our Best Work Together
   - 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, <u>name one condition or practice that enabled your success as a team.</u>** (Examples might relate to how you communicated with each other, how well you understood or knew each other, how you acted with each other, etc. 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 padlet.com.

2. (15 minutes) Group Discussion: **As you look over this list of conditions and actions that enabled our best work together, <u>what are your ideas about ways to continue or strengthen our success on behalf of vulnerable adults</u>? Frame your ideas in terms of how this team works together.**
   - Option: List these ideas so all can see them.

3. (15 minutes) Group Discussion: MDTs work differently in different places. Many hold meetings at regular intervals, such as bi-monthly 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. **What you think about the potential benefits or challenges of having regular meetings of our MDT?**
   - Option: List these ideas so all can see them.

4. (15 minutes) Next Steps: Based on all the ideas discussed, what is next?
   - To 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?
- Any other detail to work out?

5. Sum up the expected next steps and adjourn.

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

1. (30 minutes) Introductions & Identifying Benefits
   - 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 ______________________.
     - This list provides a description of how the meetings should be organized.

2. (15 minutes) Next Steps: Based on all the ideas discussed, what is next?
   - To 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?
   - Any other detail to work out?

3. (15 minutes) Agency Spotlight: Adult Protective Services
   - 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.