
Adult Protection Multidisciplinary Team Toolkit

Released September 2024



ADULT PROTECTION NETWORK



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Introduction to the Toolkit

We are excited to provide you with access to the Adult Protection Multidisciplinary Team Toolkit. The primary purpose of the Toolkit is to provide accessible and practical tools that support the formation and operation of adult protection multidisciplinary teams (MDTs) in North Carolina.

The Toolkit is a collection of sample documents that can be downloaded and adapted for local use. It includes planning worksheets, sample protocols, and templates that cover various aspects of an MDT's creation, growth, and rejuvenation.

The Toolkit is divided into six sections:

Part 1: The Basics - The documents in this section may be used to introduce the concept of an MDT to professionals interested in joining an MDT and to help plan the initial formation of a new MDT.

Part 2: Getting Started - These documents include tools that may be used by a group of professionals starting the process of forming an MDT.

Part 3: Hosting a Meeting - These documents are aimed primarily at MDT coordinators and meeting facilitators. They provide tips and best practices for organizing and conducting effective MDT meetings.

Part 4: Sample Policies and Procedures - The documents include templates and examples of policies and procedures that can be considered for adoption by an MDT and customized for local use.

Part 5: Maintaining a Team - These documents include tools that may be employed to sustain and strengthen an MDT over time.

Appendix - The Appendix features documents from counties in North Carolina operating adult protection MDTs. These resources can be downloaded and adapted to fit your local needs, providing inspiration and guidance for your own MDT.

The development of this Toolkit was funded by the NC Department of Health and Human Services. The Toolkit is housed on the UNC School of Government's Adult Protection Network website.

We hope you find this Toolkit valuable in your efforts to protect vulnerable adults. Your feedback is important to us. Please feel free to send any suggestions or comments to protectadults@sog.unc.edu. Thank you for your commitment to protecting vulnerable adults in North Carolina.

Meredith Smith, Kristi Nickodem, and Kristy Preston
September 2024

Multidisciplinary Team Fact Sheet

What is an Adult Protection Multidisciplinary Team (MDT)?

An Adult Protection MDT is a group of professionals from various disciplines who work together to safeguard and protect adults at risk of abuse, neglect, or exploitation. Adult Protection MDTs commit to working together toward a common goal with a shared definition of the problem they are attempting to solve. The primary purpose of an Adult Protection MDT is to collaborate in assessing, planning, coordinating, and monitoring services and interventions for adults at risk.

Benefits of Adult Protection MDTs¹

Benefits to the MDT Members	Benefits to the Victim	Benefits to the Community
<ul style="list-style-type: none">• Increased understanding of the adult protection system in North Carolina• Reduced duplication in the investigation of and response to adult abuse, neglect, and exploitation• Strengthened community networks• Better access to information; improved communication among disciplines	<ul style="list-style-type: none">• Improved access to services and supports• Enhanced coordination and efficiency of services• Creation of a “no-wrong-door” system• More complete information about the victim is gathered• Greater expertise is applied to respond to the victim• Increased array of resolutions that are acceptable to the victim	<ul style="list-style-type: none">• Increased awareness of the signs of adult abuse, neglect, and exploitation• Increased participation in adult abuse, neglect, and exploitation prevention• Broadening of the public and private networks that support vulnerable adults• Extended reach of limited resources

“An MDT gives everyone involved the opportunity to know the team players in the other fields that protect adults, which in turn gives you contacts to reach out to for advice or assistance when encountering an adult in need of services for protection.”

- Marjorie J. Brown, JD, Elder Law & Estate Planning Solutions of the Piedmont, Cabarrus County Member

Adult Protection MDT Participants

The question of who should participate in an MDT depends on the needs and resources of the particular community, as well as on the purpose of the MDT. Some MDTs meet to conduct case reviews, and others meet to discuss systemic issues. The composition of an MDT may grow and change over time. When starting an MDT, it may be preferable to build a strong foundation with a small group prior to expanding.



MDT members frequently include:

Adult Protective Services staff	Financial institution representatives	Law enforcement	Public Guardians
Area Agency on Aging staff	Guardian ad litem attorneys	Medical professionals	Long-term Care Ombudsmen
Clerks of Court	Judges	Mental health professionals	Prosecutors
		Legal Aid attorneys	Victim advocates

Types of MDTs

Case Review	Systemic Review
Case review MDTs meet to discuss complex adult abuse, neglect, and exploitation cases. Team membership generally includes professionals who can legally share confidential information regarding the alleged victim. Cases may be anonymized for discussion when team members cannot legally share confidential information.	Systemic review MDTs meet to discuss systemic problems in their community and attempt to address service gaps and barriers to service delivery to victims of abuse, neglect, and exploitation.

“MDTs represent the best of community collaboration. As Helen Keller said, ‘Alone we can do little; together we can do so much!’”

-Joyce Massey-Smith, Director, North Carolina Division of Aging and Adult Services

MORE INFORMATION

For additional information regarding Adult Protection Multidisciplinary Teams, contact the UNC School of Government Adult Protection Network Help Desk at protectadults.sog.unc.edu/help-desk.

¹MDT Elder Justice Toolkit: U.S. Dep’t of Just., Elder Justice Initiative, Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community (revised Sept. 2016), pg. 7-8, <https://www.justice.gov/elderjustice/file/938921/download>.

Adult Protection Multidisciplinary Teams – Initial Planning Worksheet

Newly formed adult protection multidisciplinary teams (MDTs) can use this worksheet as a structured approach to plan and enhance the effectiveness of their MDTs. In Step One, the team identifies potential challenges stemming from conflicting professional responsibilities and outlines current levels of organizational support. By recognizing existing strengths and desired changes, teams lay the groundwork for strategic improvement.

Step Two guides teams in assessing their current expertise and determining necessary professions for both full-time representation and as-needed participation. Through this process, teams identify gaps in expertise and develop a plan for recruiting new members to fill them. Using this worksheet empowers teams to proactively address challenges, leverage strengths, and optimize their MDT's functionality to better serve their community.

Step One: Initial Planning

Answer the four questions below to assist with initial planning for your MDT.

1. Members of MDTs hold various professional responsibilities. Below are examples of potentially competing interests among members that might impede success of an MDT. Identify others that exist or may emerge in your MDT.

<hr/> Upholding confidentiality <hr/>		<hr/> Ensuring complete communication <hr/>
<hr/> Flexible client service <hr/>		<hr/> One-size fits-all responses <hr/>
<hr/>		<hr/>
<hr/>	versus	<hr/>
<hr/>		<hr/>
<hr/>		<hr/>

2. How do the organizations represented on your MDT currently provide staff to support its work?

- Our MDT has just begun so it is unclear.
- There is opposition to assigning staff to the MDT because it is not viewed as a priority.
- The MDT work "flies under the radar" and is informally supported.
- The MDT is formally added into job descriptions or expectations.
- The MDT is a formal, full-time focus of one or a few people.
- Other: _____



Step Two: Assessing Team Needs

Use this tool to assess whether you need to recruit others to your team, bearing in mind that the people you need for discussions related to *how your system works* might differ somewhat from those you need for *case reviews*. There might also be expertise that is critical to relatively few cases.

When considering the current members of your MDT, what kinds of expertise, access, procedural knowledge, or logistical support need to be strengthened?

Which professions or life experiences should be represented **full-time** on the MDT? **FT**
Which professions or life experiences should be represented **as needed**? **AN**

- | | |
|--|--|
| <input type="checkbox"/> Clerks of court | <input type="checkbox"/> Faith community representatives |
| <input type="checkbox"/> Adult Protective Services professionals | <input type="checkbox"/> Local Alzheimer's Association representatives |
| <input type="checkbox"/> Adult Protective Services attorneys | <input type="checkbox"/> Financial institution representatives |
| <input type="checkbox"/> Law enforcement professionals | <input type="checkbox"/> Home health or companion services industry representatives |
| <input type="checkbox"/> Prosecutors/district attorneys | <input type="checkbox"/> Fire department and emergency medical technicians |
| <input type="checkbox"/> Geriatricians | <input type="checkbox"/> Animal advocates |
| <input type="checkbox"/> Neuropsychologists, clinical psychologists, geriatric psychiatrists | <input type="checkbox"/> Child Protective Services representatives |
| <input type="checkbox"/> Forensic nurses | <input type="checkbox"/> Hospital discharge planners or health care social workers |
| <input type="checkbox"/> Sexual assault nurse examiners | <input type="checkbox"/> Probation and parole officers |
| <input type="checkbox"/> Representatives from aging services organizations | <input type="checkbox"/> Coroners |
| <input type="checkbox"/> Mental health professionals | <input type="checkbox"/> Forensic interviewers |
| <input type="checkbox"/> Substance abuse professionals | <input type="checkbox"/> Forensic accountants |
| <input type="checkbox"/> Intellectual and developmental disability professionals | <input type="checkbox"/> Rehabilitation services providers |
| <input type="checkbox"/> Civil attorneys (e.g., probate, family, or elder law) | <input type="checkbox"/> Housing advocates |
| <input type="checkbox"/> Legal aid attorneys | <input type="checkbox"/> Disability advocates |
| <input type="checkbox"/> Long-term care ombudsman | <input type="checkbox"/> Sexual assault advocates |
| <input type="checkbox"/> Area Agency on Aging representative | <input type="checkbox"/> Consumer protection representatives and other state regulatory agencies (Attorney General, Department of Insurance, Secretary of State) |
| <input type="checkbox"/> Occupational therapists | <input type="checkbox"/> Realtors/real estate attorneys |
| <input type="checkbox"/> Victim advocates | <input type="checkbox"/> Environmental health inspectors |
| <input type="checkbox"/> Community-based service providers (Meals on Wheels, transportation providers, etc.) | <input type="checkbox"/> Victim representatives |
| <input type="checkbox"/> Domestic violence advocates | <input type="checkbox"/> Clients/older adults/adults with disabilities |
| <input type="checkbox"/> Public guardians | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Private guardians | |
| <input type="checkbox"/> Guardian ad litem attorneys and other court-appointed attorneys | |

Of the professions or life experiences that need to be represented *full-time*, who is missing from your MDT?

Profession or Perspective	Specific names of people who might fill that role in your community
<hr/>	<hr/>

Of the *as-needed* professions or life experiences, who is missing from your MDT?

Profession or Perspective	Specific names of people who might fill that role in your community
<hr/>	<hr/>

What process will we apply as a group to fill gaps on your MDT and recruit new members?

Reference Materials Available in the North Carolina Adult Protection Network MDT Toolkit

- **Sample Member Roles and Responsibilities.** A sample description of the roles and responsibilities of the MDT coordinator and team members.
- **Form Recruitment Letters.** Sample recruitment letters inviting new members to join the MDT.

Reference Materials Available in the US Department of Justice Elder Justice Initiative MDT Guide and Toolkit

- **Member Roles and Contributions.** A description of possible professions and related contributions of those professions on an MDT available at:

<https://www.justice.gov/elderjustice/file/938801/dl>

Invitation Letter – New Team

[LEAD AGENCY LETTERHEAD]

[DATE]

Ethan Bennett, Detective
Smart County Sheriff's Office
[ADDRESS]

Re: Invitation to Join the New Smart County Adult Protection Multidisciplinary Team

Dear Detective Bennett:

I am excited to invite you to participate in the Smart County Adult Protection Multidisciplinary Team (MDT). As someone committed to the safety and well-being of vulnerable adults in our community, we need your expertise and perspective as we seek to address adult protection issues.

In Smart County, approximately 240 cases of adult abuse, neglect, and exploitation were evaluated by the county department of social services last year. This represents a 25% increase over the prior year. This increase underscores the critical importance of collaborative efforts to address abuse, neglect, and exploitation in our community.

Our MDT will bring together professionals from various disciplines, including social work, law enforcement, healthcare, legal services, and other relevant fields to comprehensively address abuse, neglect, and exploitation of vulnerable adults. By pooling our knowledge and resources, we hope to ensure a more coordinated and effective response to the needs of vulnerable adults in our community.

Please join us for our initial meeting at 2:00 p.m. on Wednesday, January 3, 20XX at the Smart County Department of Social Services located at 328 Martin Avenue, Crestview, N.C. The purpose of this meeting is to establish a collaborative framework for how we can all work together to address adult abuse, neglect, and exploitation in our community. If the date and time of this meeting do not work for your schedule, I would be happy to set up a different time to talk with you about involvement in the MDT.

Please reach out with any questions you may have. We look forward to hearing from you.

Sincerely,

Isabella Rodriguez
Adult Protective Services Supervisor
Smart County Department of Social Services
[PHONE NUMBER]
[EMAIL ADDRESS]



Invitation Letter – Existing Team

[LEAD AGENCY LETTERHEAD]

[DATE]

Ethan Bennett, Detective
Smart County Sheriff's Office
[RECIPIENT'S ADDRESS]

Re: Invitation to Join the Smart County Adult Protection Multidisciplinary Team

Dear Detective Bennett:

I am excited to extend an invitation for you to join the Smart County Adult Protection Multidisciplinary Team (MDT). As someone committed to serving the citizens of our community, we need your expertise as we seek to address the safety and well-being of vulnerable adults.

In Smart County, approximately 240 cases of adult abuse, neglect, and exploitation were evaluated by the county department of social services last year. Approximately 25% of these evaluations involved allegations of abuse or financial exploitation. As a law enforcement professional in our community, we welcome your participation on our team. We are particularly interested in identifying ways our community can hold perpetrators accountable.

Our MDT was formed in 20XX and includes members from various disciplines, including social work, healthcare, mental health, and legal services. Our vision is a community in which vulnerable adults receive the support and services they need to live free from abuse, neglect, and exploitation. Our mission is to provide comprehensive support to vulnerable adults by collaborating across disciplines to implement effective interventions.

Over the past few years as a team, we've been able to [INSERT DESCRIPTION OF MDT'S ACCOMPLISHMENTS.]

We meet on the third Tuesday of each month at the Smart County Department of Social Services located at 328 Martin Avenue, Crestview, N.C. Our next meeting is scheduled for Tuesday, February 20, 20XX at 2:00 p.m. We invite you to attend our meetings and learn more about the MDT's work. Your experience and perspective would be a valuable asset to the MDT.

Please reach out with any questions you may have. We sincerely hope you will join our efforts.

Sincerely,

Isabella Rodriguez
Adult Protective Services Supervisor
Smart County Department of Social Services
[PHONE NUMBER]
[EMAIL]



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Invitation Letter – Reorganizing Team

[LEAD AGENCY LETTERHEAD]

[DATE]

Ethan Bennett, Detective
Smart County Sheriff's Office
[ADDRESS]

Re: Invitation to Join the Smart County Adult Protection Multidisciplinary Team

Dear Detective Bennett:

I am pleased to extend an invitation for you to join our efforts to revitalize the Smart County Adult Protection Multidisciplinary Team (MDT). As someone committed to serving the citizens of our community, we need your expertise as we seek to address the safety and well-being of vulnerable adults.

In Smart County, approximately 240 cases of adult abuse, neglect, and exploitation were evaluated by the county department of social services last year. Approximately 25% of these evaluations involved allegations of abuse or financial exploitation. As a law enforcement professional in our community, we welcome your participation on our team as we seek opportunities to increase perpetrator accountability.

Our MDT was originally formed in 20XX and included members from various disciplines, including social work, law enforcement, healthcare, mental health, and legal services. The team has been inactive for about two years and we recognize the need to reassemble and reinvigorate our efforts. Representatives of other local agencies and organizations, including [LIST NAMES OF LOCAL AGENCIES] have already expressed interest in being involved in the MDT moving forward.

We have scheduled a meeting to kick off our renewed efforts. We invite you to join us at 2:00 p.m. on Tuesday, February 20, 20XX, at the Smart County Department of Social Services located at 328 Martin Avenue, Crestview, N.C. The purpose of this meeting will be to establish a collaborative framework for how we can all work together to address adult abuse, neglect, and exploitation in our community.

Please reach out with any questions you may have. We look forward to hearing from you.

Sincerely,

Isabella Rodriguez
Adult Protective Services Supervisor
Smart County Department of Social Services
[PHONE NUMBER]
[EMAIL ADDRESS]



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Adult Protection Multidisciplinary Team Initial Meeting

In-Person Meeting Suggestions

This document provides MDT facilitators with suggestions to prepare for and facilitate the first meeting of the MDT.

Pre-Meeting Checklist

- Select date and time for first meeting
- Confirm meeting location
- Location should have proper audio/visual hookup for displaying PowerPoint presentation
- Identify team members and collect email addresses
- Send calendar invitations to invitees including date, time, and meeting location
- Review the sample meeting PowerPoint located near the end of Module 1 and use it as a template to create your own PowerPoint to use during the initial meeting

Materials Needed for Initial Meeting

- Meeting one PowerPoint presentation
- Name tags for participants
- Pens, pencils, and three inch by three inch or other large sticky notes (one pack per participant)
- Three whiteboards and/or poster boards/chart paper
- If whiteboards: Dry erase markers (preferably different colors) and dry eraser
- If posterboards/chart paper: Different colored markers

Day of Meeting Checklist

- Arrive early to set up meeting space and ensure technology is working
- Situate seats so that participants can easily see each other and the presentation and collaborate comfortably
- Set up a table near the entrance for name tags, pens, and sticky notes
- In an area near the participant seats, easily accessible by all, set up the whiteboards/poster boards/chart paper to be used later in the session

Suggested Agenda (all times are approximate)

Topic	Time
Welcome and Introductions	10 minutes
Multidisciplinary Teams Overview	10 minutes
Identifying the Group's Purpose	30 minutes
Future Considerations and Conclusion	10 minutes



Facilitator Ideas

As the facilitator of the meeting, you may find these activities useful as you host your first meeting. The general process is to seek input from everyone present at the meeting. Two possible options for collecting responses to key questions are to:

1. have the facilitator record each person's ideas on a white board or flip chart,
or
2. have each person record their ideas on sticky note, then have the facilitator group the notes on the board.

Participant Introductions (10 minutes)

The purpose of this exercise is to welcome participants and begin building relationships as a potential multidisciplinary team.

1. Share your name, profession or role in the community, and why you came to this meeting.
2. Record these professions/roles on the display boards.

Multidisciplinary Teams Overview (10 minutes)

In this segment, participants receive a brief overview of Multidisciplinary Teams. The team considers who else should be included in the MDT.

1. Share general information about MDTs and their benefits.
2. Ask participants to take a moment to reflect on the professions/roles present in the room and listed during the introductory activity.
3. Ask participants which professions in the community are potentially necessary and currently not represented on the MDT?
 - Of those missing professions, which ones should be invited to participate now? Which ones might be better to add later?
 - Identify which current MDT participants are best situated to identify and recruit those new members.
 - Identify who will be contacted to be added to the MDT, if anyone, and who of the existing participants will contact them, by what date, and how they will reach out to invite the new participants to join the MDT. Remember, it may be better to start small and build participants slowly over time.
4. Record possible additional members in an alternate color on the same board where participants' roles were originally recorded.

Identifying the Group's Purpose (30 minutes)

During this section of the agenda, participants discuss what motivates them to form and support an MDT. Following the discussion, participants will learn more about specific purposes for forming MDTs.

1. What are we trying to accomplish by having an MDT? The facilitator directs participants to respond to one of these questions:
 - a. Purpose of the MDT: *"The primary change I would like to see this MDT generate is..."*
 - b. Expectations of participation: *"I would participate in this MDT if we..."*
2. All participants are asked to share their responses. Ask participants to consider both similarities and contradictions in the responses.



3. Engage participants in a general discussion of whether their MDT should initially be oriented around systems-level change and coordination or around exchanging confidential information about specific cases. Remember, the purpose of MDTs can change over time but focus on the immediate future now.
4. Seek input from each participant about what the group's initial focus should be:
 - a. Case Review,
 - b. System Review, or
 - c. Hybrid.
5. Ask participants how the confidentiality limitations that apply to the case-specific information they hold might create challenges to using a Case Review model. The facilitator records the input on the board.
 - a. If everyone agrees about the initial focus on the MDT, a decision can be finalized quickly.
 - b. If there are differences in opinion or confidentiality limitations to discuss, use this time for discussing underlying concerns and motivations.

Your group may not settle on a purpose during this meeting. If the group is interested in Case Review or Hybrid, you may need to do more research on the confidentiality laws that apply to various members of the group to determine what information sharing would be allowed within the MDT. It is okay to revisit this section at the next meeting. The notes of the meeting should reflect the group's final choice, whenever the agreement is made.

Future Considerations and Conclusion (10 minutes)

The purpose of this time is to receive quick feedback about the meeting. Use this feedback to guide your design of future meetings.

To practice transparency, open communication, and self-assessment, ask each person to respond to the following questions:

- a. What went well in this meeting?
- b. What do we need to strengthen or change for next time?

Smart County Adult Protection Multidisciplinary Team

January 12, 20XX | 9:30 a.m. to 11:30 a.m.

Smart County Courthouse, 123 Protect Adults Way

Mission Statement

Our team is dedicated to safeguarding vulnerable adults by providing compassionate, comprehensive, individualized support and collaborating across disciplines to implement effective interventions to ensure the safety and dignity of the adults we serve.

Meeting Focus

1. Provide a forum for participants to build relationships with one another and enhance our collaborative response.
2. Highlight the work of team member organizations to respond to financial exploitation cases.
3. Identify service gaps and plan for the next steps.

Meeting Agenda

9:30 a.m. Introductions

MDT Coordinator

Each team member should introduce themselves, including their name, agency, and role, and be prepared to answer the following question:

To enable our best work, one thing our organization needs from the team is the following: _____

9:45 a.m. Financial Exploitation by Caregivers

Sally Social Worker

Sally Social Worker will present a brief case scenario on a topic she frequently encounters in her role at the Department of Social Services: financial exploitation by caregivers.

10:00 a.m. Response to Financial Exploitation

Small Group Discussion

The team will break into small groups to discuss the resources and authority each member organization has available to respond to the case presented. Each team member should be prepared to answer these questions:

- When does my organization encounter this issue?
- What resources and authority does my organization have to respond?
- When does my organization work with other organizations to respond to such cases?

10:30a.m. Mapping the Flow of the Work

Group Discussion

The team will return to the large group and map a collaborative response to the case scenario. Identify gaps in the response and strategies for eliminating those gaps.

11:20 a.m. Wrap-Up and Next Steps

Group discussion

- Identify action items for each team member.
- Exit Ticket: How was the meeting? In one word or phrase, describe your experience.

11:30 a.m. Adjourn

Next Meeting

February 9, 20XX

[County] Adult Protection Multidisciplinary Team: Initial Meeting

[Date]
[Host]

text



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1



2

<p>[INSERT YOUR NAME]</p> <p>[Insert a brief biography here: your role/profession and your interest in forming an MDT]</p> <p>[Insert your photo to the right]</p>	<p>Insert photo</p>
---	---------------------

3

What is a multidisciplinary team?

- 1**
A group of individuals from a variety of professional disciplines...
- 2**
who work together collaboratively, bound by a common purpose...
- 3**
with a shared definition of the problem they are addressing.

4

Benefits for victims...

01 | Improve access to services and supports

02 | Enhance coordination of services, creating a “no-wrong-door” system

03 | Gather more complete information about victim

04 | Apply greater expertise on behalf of victim, increasing array of resolutions

5

Benefits for MDT members...

01 | Reduce duplication in investigation and response to APS issues

02 | Increase understanding of the adult protection system

03 | Strengthen community networks

04 | Provide better communication across disciplines

6

Benefits for the community...

- 01 | Increase awareness of the signs of adult abuse, neglect, and exploitation
- 02 | Increase participation in adult abuse prevention
- 03 | Broaden networks that support disabled and older adults
- 04 | Extend reach of limited resources

7

Who is missing from the table?

Who can use existing networks to expand the MDT?

8

The primary change I would like to see this MDT generate is _____.

I would participate in this MDT if we _____.

9

MDT Focus



→ Case Review

Case Review MDTs discuss cases involving adults involved with the professionals at the table.



→ System Review

System Review MDTs discuss systems issues within the community to try to identify gaps and barriers to services for vulnerable adults.



→ Hybrid

Hybrid Review MDTs sometimes discuss cases and other times discuss systems issues.

10

Future Considerations

How will we
communicate?
What protocols will
we use?

COMMUNICATION

TERMINOLOGY

Establish vision,
mission, and value
statements

VISION

TEAMWORK

Define the key
terms the team will
use in our work

Learn what enables
our best work
together

11

How was the
meeting?

In one word or phrase,
describe your
experience.

EXIT TICKET

12

Questions?

[Insert contact information]



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What Do We Want Our MDT to Be?

Each member of the MDT has a unique role to play. What, exactly, are you trying to accomplish together? What do you want to be different by working together? How will you be interacting with each other? How will others experience the network of services, processes, or functions?

In this exercise, each MDT can decide for itself where to focus its attention, as well as how or whether to formally state its intentions with each other or on behalf of the people it serves.

You also choose the language that defines your target group:

- Older adults
- Vulnerable adults
- Disabled adults
- Something else

1. **A Vision Statement** is the MDT's view of the future. 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 speaks to the desired outcome as a whole, rather than focusing on a single aspect of service.

Prompt: 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)

2. **A Mission Statement** defines the MDT's contribution 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 the MDT serves.



- 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 _____.
- 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)
- Example: *To work as a team to acknowledge, respond, and stop elder abuse; to improve respect for elders through education, prevention, advocacy, and case review; and to hold tribal members responsible for their actions.* (The Confederated Tribes of Warm Springs, Oregon)

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).

(Source: “Developing an Elder Abuse Case Review Multidisciplinary Team in Your Community,” Department of Justice, Elder Justice Initiative, December 2015.)

3. A Value Statement describes how the MDT will do its work. It guides the individual and collective behaviors of the MDT. While it need not be an exhaustive list of all desirable values, it is an opportunity to prioritize the ways in which MDT members will treat each other, as well as members of the community.

One strategy for eliciting these values is to fill in the blank on sentences such as these:

- After every MDT meeting, no matter what the purpose of the meeting might have been, we want to say that we _____.
- When MDT members interact with each other on behalf of a client, we want to ensure that we _____.

Use the collected phrases (for example, managed our time well, learned something new, treated each other with respect, considered the impact of our decisions on our clients, etc.) to identify the specific values desired.

Goal 2:

Goal 3:

Goal 4:

Goal 5:

Identify resources you need to make these goals happen, whether they come from your community, your professional groups, the state, the School of Government, the U.S. Department of Justice, etc.

Multidisciplinary Teams: Moving from Goals to Objectives

After it establishes its desired goals, an MDT’s next tasks are as follows.

1. **Brainstorm. Clarify what progress toward a given goal would look like.**
 - a. What new results or conditions would you like to begin to see (fewer of these bad results or more of these good ones)?
 - b. What would be happening if those new results or conditions were occurring?
 - c. How would things be different if those new conditions were in place or those new results were happening?

2. **Of all the possible new conditions or results, identify a few that seem the most compelling—how ever that might be defined—and draft objective statements for them. Focus on a few strategic objectives rather than many comprehensive objectives.**

One possible sentence structure to use for developing objectives:

To [Change]	[What]	By [Amount]	By [When]
<ul style="list-style-type: none"> ▪ Increase ▪ Decrease ▪ Find a solution 	<ul style="list-style-type: none"> ▪ The desired result or condition ▪ Might have to add “where” or “who” to be specific 	<ul style="list-style-type: none"> ▪ Percent change ▪ Number count ▪ Might have to use best available proxy indicator 	<ul style="list-style-type: none"> ▪ Some future date

How to draft the sentence:

- Identify the “what” you want to change, the desired condition you want to achieve.
- Specify how you want to change it:
 - Increase the “good” things that happen OR
 - Decrease the “bad” things that happen.
 - Try to express the change positively, if that is possible.
- Define a desired numeric change.
- Set a date.

Example:

Goal	To provide seamless services in support of vulnerable adults.
Strategy	To improve our collective effectiveness by discussing and learning from recent challenges or client situations.
Objective	At every meeting we will assess a specific case, identifying both our successes and the areas for future improvement.

Logistical Next Steps

The following questions are intended to help the members of a newly formed group clarify its expectations of each other. Depending on the community, some questions might not be relevant, and other questions might need to be raised for clarification. You might want to discuss some of these issues during today's workshop or at future MDT meetings.

Primary Concerns

1. What are our expectations and requirements for being a regular (as opposed to as needed) MDT member?
 - What will be the length of commitment for a member on the MDT?
 - What is the expected time commitment (frequency, length, and location of meetings)?
 - Are there any mandatory meeting requirements?
 - What outside-of-meeting-time commitments may exist?
 - What professional expertise, if any, must members have?
 - Do members have to undergo specific training?
 - Do members have an obligation to make case referrals to the MDT?
 - Do members have an obligation to participate in training and community awareness events?
 - Do members have an obligation to respond with case interventions?
 - Other:_____.
2. Who will coordinate and lead the MDT?
 - Who will be the MDT coordinator?
 - Will the coordinator or someone else lead the meetings?
 - What are the MDT coordinator's responsibilities?
 - What other leadership responsibilities need to be assigned?
 - Are there funding sources for this position? What sources might we identify?

Other Details to Consider

- What other responsibilities need to be considered or assigned? For example:
 - Communicating with group members or external stakeholders
 - Implementing new or revised services or supports
 - Drafting and adopting a budget; financial management
 - Seeking external funding
 - Training, community awareness planning
 - Drafting and adopting policies and procedures
 - Drafting and adopting case referral forms
 - Drafting confidentiality agreements or memoranda of understanding

- Following up with members; ensuring accountability
- How will we conduct case reviews?
 - Referral process
 - Review process
 - Presentation of cases
 - Confidentiality
 - Follow-up
- Will the MDT conduct other activities besides case review? If so, what other types of activities? For example:
 - Education and training
 - Community awareness
 - Lobbying
 - Media outreach
 - Development of new interventions
- How will decisions be made within the group about its work?
- How will resources be shared or allocated?
- What data do you want to collect and what do you want to do with it?
- How will the group evaluate its success?

Roles and Responsibilities of Team Members

There are generally four necessary support functions for the multidisciplinary team (MDT): Coordinator, Chair, Facilitator, and Secretary. In some MDTs, these functions might all be carried out by one or two people. For example, in some counties, a single individual on an MDT might carry out the functions of a Coordinator, Chair, and Secretary. In other, larger MDTs, separate individuals may be able to serve in each of these roles.

Coordinator

The Coordinator manages logistical support for the MDT, including sending invitations for meetings and securing meeting space. The Coordinator may be a paid position – part of someone’s job description – but in many places volunteers will make the work happen.

Chair

The Chair serves as the public face of the MDT, provides leadership to the MDT, and presides over MDT meetings.

Facilitator

The Facilitator pays attention to the process of the MDT’s meetings, rather than the content, and helps the meetings flow in accordance with the agenda.

Secretary

The Secretary takes attendance at meetings, records the minutes of the meeting, and distributes minutes to members (if agreed upon by the group).

Roles and Responsibilities

Coordinator	Chair	Facilitator	Secretary
Secures meeting space	Presides over MDT meetings	Helps MDT meetings flow	Takes attendance
Sends meeting invitations	Provides leadership to the MDT		Records meeting minutes
	Acts as public face of the MDT		Distributes meeting minutes

Duties Before, During, and After Meetings

Each of these roles generally has different tasks assigned to each role before, during, and after each meeting.

Before the Meeting

The **Coordinator** takes the lead in keeping the member list, sending out meeting notices, arranging the meeting space, and having any information or resources ready for the discussion.

The **Chair** and the **Coordinator** collaborate to set and share the meeting agenda with MDT members.

If the MDT is engaging in case review, the **Coordinator** identifies cases and prepares them for review by the team. The **Coordinator** should only distribute confidential information about specific cases to MDT members who are legally permitted to receive that information.

During the Meeting

The **Chair** calls the meeting to order, presides over the meeting, and enforces any agreed upon rules of engagement during the meeting discussions.

The **Secretary** takes attendance and notes during the meeting. The notes may be shared with the MDT members and serve as a record of the actions the MDT takes on behalf of the people it serves. If the records are kept on a digital platform, ensure it is readily accessible to the MDT members. These notes document the history of the MDT and are useful in orienting new members over time. Remember, confidential information about specific cases should not be distributed in meeting notes unless all MDT members who have access to the notes are legally permitted to receive that information.

In a case review MDT, the **Coordinator** might also be responsible for presenting case information for discussion.

The **Facilitator** helps the meeting flow in accordance with the agenda and facilitates discussion. While the **Coordinator** or the MDT member who called the meeting could act as **Facilitator**, there are advantages to having someone else fulfill the **Facilitator** role. It is hard for anyone to both facilitate AND participate in the content of discussions, so using an external facilitator (or at least someone who is not a service provider) might be advisable at times.

The **Chair** might end the meeting by leading the members in an information self-evaluation of whether members' expectations for the meeting were met, the extent to which the team's values were upheld during the meeting, and how the MDT wants to improve its work in the next meeting.

After the Meeting

The **Coordinator** shares the minutes, saves the agenda and minutes to the MDT archives, and engages members to take any actions specified by case discussions.

Individual MDT members follow up on any action items discussed during the MDT meeting.

The **Coordinator** should maintain a roster of the members of the MDT and use that to help identify gaps in professional representation.

If new recruits join the MDT, the **Coordinator** orients them to the team before the next meeting.

Exercise: Define Your MDT Member Roles and Responsibilities

Consider these questions as you think about your own MDT. Planning for roles and responsibilities among team members will be critical to the success of your team. If possible, consider completing this activity at an actual MDT meeting.

1. Who will provide logistical coordination of the meetings: scheduling, sending notices, arranging the meeting site, etc.?
2. Who will plan the agenda?
3. Who will facilitate the meeting?
4. Who will take notes during the meeting and distribute them afterwards?
5. Who will develop procedures to identify gaps in membership, reach out to potential new MDT members, present those members to the MDT for approval, and provide those new members orientation to set them up for successful participation?
6. How long will members serve in these roles?
7. What is the process we will use to fill these roles? Volunteers? Vote? Some other method?

Information-Sharing on Elder Abuse Multidisciplinary Teams

Aimee Wall, UNC School of Government, September 2019

Ten Things to Remember

- 1. There are different types of MDTs, including systemic and case review MDTs.**
These two types are not mutually exclusive. One MDT, for example, may have a larger group that functions as a systemic MDT and a smaller subcommittee that functions as a case review MDT.
- 2. MDTs may include a variety of individuals and organizations.** They are often governed by different confidentiality laws. North Carolina does not have a state law that authorizes MDTs to share identifiable, case-specific information. The confidentiality laws governing each MDT member must be considered and applied.
- 3. Systemic MDTs do not discuss identifiable, case-specific information.** Therefore, broad membership and communication is encouraged. Systemic MDTs may discuss hypothetical cases for training purposes.
- 4. Case review MDTs do discuss identifiable, case-specific information.** Therefore, only those individuals or organizations allowed by law to share information may participate in case review MDTs.
- 5. An adult with decisional capacity or the adult's personal representative may consent to information-sharing among the members of a case review MDT.**
- 6. DSS will typically always be a member of a case review MDT.** DSS may share identifiable information with law enforcement officials, health care providers, and service providers in certain situations.
- 7. Law enforcement officials may be members of a case review MDT.** Law enforcement officials may share identifiable information with DSS, health care providers, and service providers who are involved with a particular case.
- 8. Health care providers, such as primary care physicians or hospital social workers, may be involved with a case review MDT.** They may share identifiable information with DSS and law enforcement officials in certain situations. They may share information with other service providers who are involved with the individual's care. Note that different rules apply to providers subject to the federal substance abuse confidentiality regulation.



9. **An information-sharing agreement can be useful for clarifying expectations among the members of a case review MDT.** An agreement cannot, however, expand the scope of authorized information-sharing beyond that allowed by law.

10. **Information disclosed in a case review MDT may need to be used and disclosed by MDT members outside of the MDT in order to carry out their official duties.** For example, if a law enforcement officer learns information in the course of a case review that relates to a pending criminal investigation, the officer will need to follow up on the information.

Instructions: Using the Memorandum of Understanding

Purpose of the Tool

The Memorandum of Understanding (MOU) is designed to help adult protection multidisciplinary teams (MDTs) mutually agree on shared expectations, protocols, and procedures with respect to the operation of the MDT and the responsibilities of its members.

Instructions for Use

This MOU is an example of one format that MDT members might use to agree on their shared norms and expectations for the operation of their MDT. Members of an adult protection MDT (or individuals interested in forming an adult protection MDT) should modify the terms of this form to meet the specific needs of their MDT and their community. At a minimum, an MDT using this form should replace “Smart County MDT” with the name of their own MDT and revise the opening paragraph to reflect the mission and nature of their own MDT.

An MDT may want to consider additional modifications to this sample MOU, including but not limited to the following examples.

- Modifying the signature page to allow individuals to sign on their own behalf, instead of on behalf of their agencies or organizations.
- Including an expiration date (such as a one-year term) for the MOU, so that members will have to revisit and recommit to the MOU on a regular basis.
- Changing the exceptions to the confidentiality terms to account for instances when members are legally allowed to disclose or use information shared in MDT meetings.
- Adding terms regarding whether guests (non-members) may attend or participate in MDT meetings, and if so, whether those guests must be asked to agree in writing to the same confidentiality terms as members.
- Removing the section about conflicts of interest, if the MDT does not intend to engage in case review, or redefining what constitutes a conflict of interest for the MDT.
- Specifying consequences for improper disclosures of information and/or failure to disclose a conflict of interest (such as potential expulsion of a member from the MDT).
- Adding terms regarding specific protocols and procedures, such as meeting frequency, attendance expectations, and/or referrals for case review. Keep in mind, however, that these types of protocols and procedures may change over time. Memorializing these types of details in an MOU may make it more challenging to modify those protocols and procedures when needed, since doing so may require all members to sign an amended MOU.



Memorandum of Understanding (MOU) [Smart County] Adult Protection Multidisciplinary Team

The Smart County Adult Protection Multidisciplinary Team (“Smart County MDT”) is made up of independent agencies, organizations, and individuals working together to protect vulnerable adults in [Name of County or State]. The mission of Smart County MDT is to coordinate an effective community response to cases of suspected abuse, neglect, and exploitation of vulnerable adults. The professionals and community members who serve on Smart County MDT help vulnerable adults through addressing systemic adult protection issues, conducting collaborative case reviews, and coordinating the provision of services.

1. Purpose of the Memorandum of Understanding

All agencies, organizations, and individuals participating in Smart County MDT meetings must agree to and sign this Memorandum of Understanding (“MOU”). The MOU is an agreement between each of the agencies, organizations, and individuals listed on the Signature Page (hereinafter referred to collectively as the “Members,” or individually, as a “Member”). The purpose of this MOU is for all Members to mutually agree on shared expectations, protocols, and procedures with respect to the operation of the Smart County MDT and the responsibilities of its members.

The MOU is effective beginning on [DATE]. The MOU is intended for the sole benefit of the Members. Nothing in this MOU creates or is intended to create any legal rights or benefits for any third party.

2. Confidentiality

Each Member agrees to comply with all state and federal laws that govern the confidentiality and disclosure of the information and records held by the Member. Members shall not disclose information or records to other Members in Smart County MDT meetings if they are prohibited from doing so by any applicable federal or state law.

Each Member agrees that information and records disclosed, discussed, or exchanged in Smart County MDT meetings shall remain confidential and not be redisclosed to any agency, organization, or individual who is not a Member, except:

- (i) as necessary to provide services to a vulnerable adult being served by the MDT;
- (ii) as necessary to investigate or prosecute a case of abuse, neglect, or exploitation of a vulnerable adult being served by the MDT;
- (iii) as permitted by the written consent of the individual who is the subject of the information or records (or their authorized personal representative, to the extent permitted by law), or
- (iv) as required by federal or state law.

No Member may redisclose information or records acquired in an MDT meeting if that redisclosure is prohibited under federal or state law.



Remember, an MOU does not override or change an MDT member's obligations under existing federal or state laws that apply to the member or the member's agency or organization. For example, if a state or federal confidentiality law prohibits a particular MDT member from disclosing certain protected information about a vulnerable adult, signing the MOU does not allow the member to disclose that protected information. This MOU allows members to agree on how they will treat information after it has already been disclosed in an MDT meeting, but it does not alter what they are allowed by law to disclose (or prohibited by law from disclosing) during the meeting.

3. Mandatory Reporting

Each Member recognizes and agrees that:

- they are required by state law (G.S. 7B-301) to report any instance in which the Member has cause to suspect that a juvenile is abused, neglected, or dependent (as defined by G.S. 7B-101), or has died as the result of maltreatment, to the director of the department of social services in the county where the juvenile resides or is found; and
- they are required by state law (G.S. 108A-102) to report any instance in which the Member has reasonable cause to believe that a disabled adult (as defined by G.S. 108A-101(d)) is in need of protective services to the director of the department of social services in the county where the disabled adult resides or is present.

Members must comply with mandatory reporting requirements established by North Carolina law. The confidentiality terms of this MOU do not prohibit any Member from complying with these requirements.

4. Conflicts of Interest

Each Member must inform the Smart County MDT coordinator (or in the absence of a coordinator, all other Members at the meeting) of any actual or potential conflict of interest that may affect their participation in discussions about a case, including any case in which the vulnerable adult or suspected perpetrator of abuse, neglect, or exploitation is a family member, colleague, romantic partner, or friend of Member. Each Member acknowledges and agrees that after disclosing an actual or potential conflict of interest, they will recuse themselves from the discussion of that case if a majority of other Members determine that recusal is appropriate.

5. Other Terms

The Members agree to review the terms of this MOU periodically and update it as needed to reflect changes in the law, changes in Smart County MDT's protocols or procedures, or changes in Smart County MDT's membership.

SIGNATURES ON FOLLOWING PAGE(S)

Memorandum of Understanding (MOU)
Smart County Adult Protection Multidisciplinary Team
SIGNATURE PAGE

Agency or Organization: _____

By [Print Name]: _____

Title: _____

Signature: _____

Date: _____

Agency or Organization: _____

By [Print Name]: _____

Title: _____

Signature: _____

Date: _____

Agency or Organization: _____

By [Print Name]: _____

Title: _____

Signature: _____

Date: _____

Memorandum of Understanding (MOU)
Smart County Adult Protection Multidisciplinary Team
SIGNATURE PAGE

Agency or Organization: _____

By [Print Name]: _____

Title: _____

Signature: _____

Date: _____

Agency or Organization: _____

By [Print Name]: _____

Title: _____

Signature: _____

Date: _____

Agency or Organization: _____

By [Print Name]: _____

Title: _____

Signature: _____

Date: _____

Instructions: Using the Sample Client Authorization to Disclose Confidential Information

Purpose of the Sample Authorization

The Sample Client Authorization to Disclose Confidential Information (the “Sample Authorization”) provides guidance to adult protection multidisciplinary teams (“MDTs”) who seek to create a form (sometimes called a “release of information” or “consent form”) that will enable a vulnerable adult who is being served by the MDT to authorize MDT members to share confidential information about the adult’s case with each other.

Instructions for Use

Members of an adult protection MDT (or individuals interested in forming an adult protection MDT) should modify the terms of the Sample Authorization to meet the specific needs of their MDT and their community. For purposes of the Sample Authorization and these instructions for its use, a vulnerable adult who is served by the MDT is referred to as the “client” of the MDT.

1. Consult with Legal Counsel and Understand Legal Requirements

MDT members should consult with legal counsel prior to using this Sample Authorization or a modified version of it. Many confidentiality laws—including federal and state laws governing the confidentiality of health information, mental health information, substance use disorder treatment information, and social services information—have specific requirements for a client to authorize the disclosure of their confidential information. For example, these laws specify particular elements that such an authorization form should contain. Some of these laws also have requirements about specific notices that must be provided when information is released pursuant to client consent, requirements to document disclosures made with client consent, and requirements regarding retaining a copy of the signed consent form. These laws also have provisions regarding which other individuals may be able to sign an authorization on behalf of a client (e.g., the client’s guardian). ***An MDT seeking to use or modify the Sample Authorization needs to understand which confidentiality laws (if any) apply to its members, and confirm that the form meets the requirements of each of those laws.***

As modified, an MDT’s authorization form should:

- describe, in a specific and meaningful fashion, what types of information about the vulnerable adult may be disclosed;
- list, in a specific and meaningful fashion, the purposes for which the client’s information may be disclosed;
- list all parties to whom the client’s information may be disclosed (i.e., all MDT members);

- list all parties that are being given permission to disclose the client’s confidential information to each other (i.e., all MDT members);
- include a statement about the ability or inability of MDT members to condition treatment, payment, enrollment, or benefits eligibility based on whether the individual signs the authorization form (conditioning treatment, payment, enrollment, or benefits eligibility on execution of an authorization is generally prohibited by HIPAA);
- include any notices to the client that are required to be included on such a form by any confidentiality laws that apply to any MDT member;
- include a specific date or event upon which the authorization will expire, which can be an actual date (e.g., “January 1, 2026”) or an event that triggers the expiration of the authorization form (e.g., “when Client is no longer receiving services from any member of the Smart County Multidisciplinary Team”); and
- include a section that explains the process for revoking the authorization and describes any exceptions to the client’s right to revoke the authorization.

2. Ensure Form is Only Signed by Individuals with Decision-making Capacity

MDTs should only use a form like the Sample Authorization with a client who has mental capacity to make the decision to sign the form, unless all of the confidentiality laws applicable to individual MDT members allow a guardian or other personal representative to sign on the client’s behalf. There are several foundational requirements that must be met to obtain valid consent from a client to disclose their confidential information.

- The client must have the capacity to consent to the disclosure. There is very little guidance in federal and state confidentiality laws on how to determine whether an individual has mental capacity to sign a release of confidential information. Generally speaking, an individual should have the appropriate capacity to 1) understand the nature and extent of the confidential information at issue, 2) realize the effects of signing the form (including potential risks and benefits), and 3) communicate their choice to sign (or not sign) the form. In some cases, mental or physical illness, intellectual or developmental disability, dementia, or active substance use may cause an individual to lack cognitive capacity to consent to the release of confidential information. If a client lacks cognitive capacity to consent to the disclosure, the client should not be presented with, or asked to sign, an authorization form that impacts their legal rights.
- The client’s decision to consent must be informed by accurate information that allows the client to weigh the risks and benefits of the decision. The client must be informed of the nature of the document they are signing, including the type of information that may be disclosed, the parties to whom it may be disclosed, the purposes for which it may be disclosed, and the extent of any limits on redisclosure. These terms should be reflected in the text of the authorization form itself. As a best practice, this information should also be described verbally to the client before they sign the form, to ensure that the client understands their decision to sign the form and answer any questions the client may have.

- The client’s decision to give consent must be voluntary. A client should never be pressured, coerced, or forced into signing a document to release their confidential information. Unlawful coercion and undue influence over a client’s decision may take many forms, including someone exerting physical, emotional, social, or financial pressure on the client to sign. Additionally, some confidentiality laws prohibit agencies and organizations from conditioning a client’s receipt of services or benefits on signing a release of their confidential information. MDT members must be careful to ensure that a client is making the decision that she thinks is right for herself—not the decision that the agency or organization thinks is best for her, or that her family or friends think is best for her. Even if they are well-intentioned, agencies, organizations, family members, and caregivers must avoid using subtle forms of manipulation, encouragement, and pressure that would push a client towards signing an authorization to disclose their confidential information. After the client is presented with the information needed to make a decision about signing the authorization form, the client must make the decision to sign it willingly and independently.

3. Understand Who Can Sign the Form

As described above, a client with cognitive capacity to make decisions about their own confidential information can sign a form like the Sample Authorization on their own behalf. Some confidentiality laws also allow a “personal representative” to sign an authorization on behalf of a client who lacks cognitive capacity. For example, if another person has legal authority under applicable state or federal law to make health care related decisions for an adult client, then HIPAA allows that person to sign an authorization for the disclosure of the client’s protected health information, so long as the personal representative’s authority to act on behalf of the client is documented on the authorization form. Likewise, state social services rules allow an individual “acting on behalf of the client in accordance with their right to act on the client’s behalf under a legal order, federal or State law” to sign an authorization to release the client’s confidential information.

When modifying the Sample Authorization or creating a form like it, MDTs should consult with legal counsel about the confidentiality laws that apply to their members and whether those laws allow a guardian of the person, general guardian, health care agent named in a health care power of attorney, or other individual to sign on behalf of a client who lacks cognitive capacity to sign the form. The signature page of the form should be modified accordingly to reflect the requirements of those laws. If a personal representative wishes to sign on behalf of a client, an MDT should also consider asking for some type of documentation of the individual’s legal authority to act on behalf of the client (i.e. proof that the individual has the legal authority they claim to have).

4. Carefully Implement and Use the Form

Any agency or organization relying upon a written authorization to disclose an individual’s confidential information should retain and store a copy of the signed authorization. A copy of the signed authorization should also be given to the client.

When an agency or organization obtains or receives a written authorization for the disclosure of confidential information, it must make sure that any disclosures of information it makes are consistent with the authorization. Unless otherwise permitted or required by law, an MDT member cannot go beyond the scope of the authorization with respect to how much information they disclose to other MDT members, what type of information they disclose, the purposes for which the information may be disclosed, or the parties to whom information may be disclosed. The terms of the authorization control how much information an agency or organization participating in the MDT can release, for what purposes, and to whom.

Note that as drafted, the Sample Authorization only authorizes disclosures of information to or from the MDT members who are listed on the form at the time when the client signs it. If a new organization or agency begins participating in the MDT after the client has already signed the form, the Sample Authorization would not allow the disclosure of the client's confidential information to that new member agency or organization. In such a case, the form would have to be revised to include the new agency or organization and the client would need to sign the revised form.

[MDT NAME]

CLIENT AUTHORIZATION TO USE AND DISCLOSE CONFIDENTIAL INFORMATION

By signing this document, I hereby authorize the agencies, organizations, and individuals designated in this form to share the information identified below for the purposes described in this form. I authorize this information sharing so that these agencies, organizations, and individuals may work together to plan, coordinate, and provide services for me as part of the [Smart County Adult Protection Multidisciplinary Team (“Smart County MDT”)].

A. WHO MAY SHARE INFORMATION.

I authorize the following agencies, organizations, and individuals to use, communicate, and disclose to one another the information identified in Section C of this form, for the purposes identified in Section B of this form:

- [AGENCY/ORGANIZATION NAME, a [DESCRIBE TYPE OF AGENCY/ ORGANIZATION], which [DESCRIBE CATEGORY OF SERVICES PROVIDED BY AGENCY/ORGANIZATION].
 - [Example: Smart County Department of Social Services, a provider of adult protective services and other services for vulnerable adults.]
 - [Example: Smart County Health Department, a provider of public health services.]
- [FOR INDIVIDUALS IN MDT WHO ARE NOT REPRESENTING AN AGENCY OR ORGANIZATION IN THE MEETING: INDIVIDUAL NAME, a [DESCRIBE PROFESSION OR ROLE] serving on the Smart County MDT]
 - [Example: Jane Smith, a victim advocate serving on the Smart County MDT]

Collectively, the agencies, organizations, and individuals named in this Section A are referred to in this form as the “MDT Members.” I understand that by authorizing information sharing between and among the MDT Members designated above, I am also authorizing information sharing between and among the personnel within each agency or organization who have a need for the information in connection with their duties that arise out of the provision and coordination of services on my behalf.

B. PURPOSE OF INFORMATION SHARING.

This authorization permits the MDT Members to take a coordinated, multidisciplinary approach to helping me, by sharing and using information for case management, care coordination, and for the following purposes:

[LIST PURPOSES FOR WHICH MDT MEMBERS ARE AUTHORIZED TO DISCLOSE THE CLIENT’S INFORMATION TO EACH OTHER. SOME EXAMPLES, WHICH CAN BE MODIFIED OR DELETED, ARE PROVIDED BELOW.]



1. To assess my need for appropriate social services, healthcare services, mental health treatment services, legal services, housing services, and other community support services.
2. To ensure that I am provided with appropriate social services, healthcare services, mental health treatment services, legal services, housing services, and other community support services, and to coordinate the provision of such services for me.
3. To assist in the investigation of a potential crime of abuse, neglect, or exploitation against me.
4. To assist in the evaluation of a report of abuse, neglect, or exploitation by a local department of social services.
5. To protect my health, safety, and welfare.

C. INFORMATION TO BE SHARED.

I authorize the MDT Members designated above to use, communicate with, and disclose to one another the following information relating to me for the purposes described in Section B of this form.

- Name, address, date of birth, phone number, and other personal identifying information.
- Healthcare information, including medical history and the identity of any past and present providers of healthcare, mental health, and substance use disorder treatment.
- Information relating to my medical care and treatment.
- Psycho-social history, including family and social history, relationship status, social supports, work and living environment, and history of psychiatric, medical, and substance use conditions.
- History of involvement, if any, with county departments of social services, including the findings of any adult protective services evaluations.
- Housing information, including the stability, affordability, safety conditions, and adequacy of my housing.
- Alcohol and/or drug use treatment information, including but not limited to assessments, diagnosis, history, attendance, progress, medications, counseling, behavioral therapies, medication assisted treatment, treatment plans, and discharge summaries.
- Mental health treatment information, including but not limited to assessments, diagnoses, history, attendance, progress, medications, counseling, behavioral therapies, treatment plans, and discharge summaries.
- Intellectual and developmental disabilities assessments and service information, including service plans and discharge summaries.
- Reportable communicable disease information, including any information about HIV, sexually transmitted infections, hepatitis, tuberculosis, and any other reportable communicable disease listed in 10A NCAC 41A.0101.
- Other (specify): _____.

D. NOTICE OF VOLUNTARINESS.

I understand that I have the legal right to refuse to sign this authorization form. If I choose not to sign this form, I understand that healthcare providers and health plans cannot deny or refuse to provide treatment, payment for treatment, enrollment in a health plan, or eligibility for health plan benefits because of my refusal to sign.

I understand that signing this form is not a condition of eligibility for any treatment, services, programs, or benefits offered by any MDT Members, and refusing to sign this form will not affect my application or participation in any treatment, services, or programs offered by any MDT Members.

I understand that if I do not sign this form permitting the MDT Members listed in Section A to share information, then in some instances, these MDT Members may not be able to share certain information with each other to coordinate services for me.

E. CONFIDENTIALITY.

My healthcare information is protected by a federal law, the Health Insurance Portability and Accountability Act of 1996, otherwise known as "HIPAA" (45 C.F.R. Parts 160 & 164). I understand that once my health care information is disclosed pursuant to this signed authorization, the HIPAA privacy law may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing the information to others.

However, some of my mental health and substance use treatment information has greater protection. I understand that my alcohol and/or drug treatment records and information are protected by federal law (42 C.F.R. Part 2). I also understand that my mental health, developmental disabilities, and substance use disorder treatment records and information are protected by state law (G.S. 122C). I understand that if I authorize the disclosure of information protected by these two laws to the MDT Members that these two laws still protect my information, and the MDT Members who receive this information may not redisclose it to anyone else except as permitted or required by these laws or this authorization.

F. REVOCATION AND EXPIRATION.

I have the right to revoke this authorization at any time except to the extent that an MDT Member, authorized by this form to disclose information, has already taken action in reliance on it. I may revoke this authorization by signing the ACTION TO REVOKE section of this form and submitting it to one of the MDT Members named above in Section A. In addition, I may revoke this authorization with respect to a provider of healthcare, mental healthcare, or substance use disorder treatment services by following the procedures described in that provider's "Notice of Privacy Practices."

If I do not revoke this authorization sooner, this authorization expires upon the following date or event:

_____ (client must identify a date or event).

SIGNATURES ON FOLLOWING PAGE



SIGNATURE PAGE FOR AUTHORIZATION FORM

I have read and understand the contents of this authorization form.

Name of Client (Please Print)

Signature of Client

Date

If the client is an adult who has been adjudicated incompetent by a court, authorization to disclose must be given by the client's guardian of the person, general guardian, or other person with authority under applicable law to act on behalf of the client in making decisions related to health care.

Name of Guardian or other Legally Responsible Person for the Client (Please Print)

Signature of Guardian or other Legally Responsible Person for the Client

Date

Describe authority to act on behalf of the client (check one):

- I am the client's guardian of the person or general guardian with the authority to make health care decisions for the client.
- I am the client's health care agent named in a health care power of attorney with the authority to make health care decisions for the client.

WITNESS

Name and title of MDT Member or staff of MDT Member witnessing the signature above.

Signature of MDT Member or staff of MDT Member witnessing the signature above.

Date

The individual(s) signing this authorization must be given a copy of the signed authorization.

ACTION TO REVOKE

Use either A or B below.

A. WRITTEN REVOCATION

The authorization to disclose information relating to _____
Name of MDT client

signed by _____ on _____ is revoked, effective _____.
Name of person who signed authorization Date of authorization Date of revocation

Signature of person who is revoking authorization Date

B. VERBAL REVOCATION

I, _____, attest that a verbal declaration
Print name of MDT Member or staff of MDT Member receiving revocation

was made on _____ by _____ to
Date of verbal revocation Print name of client or legally responsible person

revoke this authorization to disclose information relating to _____.
Print name of client

Signature of MDT Member or staff of MDT Member receiving revocation Date



Smart County Adult Protection Multidisciplinary Team

Case Review Intake Form

Instructions

Who Should Complete the Form

The form should be completed by the agency or professional who is bringing the case for discussion to the MDT. This ensures that the information provided is both detailed and relevant to the case being reviewed.

Confidentiality

The referring agency or professional completing this form should ensure that all disclosures of client information on the form are allowed by the confidentiality laws (if any) that apply to the referring agency or professional.

Form Submission

MDT members may refer a case to the team for discussion by completing this form and returning it to the MDT Coordinator prior to the scheduled case review meeting.

Section 1: Referring Individual

Name	<i>Det. Paul Bond</i>
Relationship to Client	<i>Investigating Officer</i>
Contact Information	<i>(919) 777-8888</i>
Referral Date	<i>February 22, 20XX</i>

Section 2: Client Information

Client Initials	<i>D.R.</i>
Client Gender	<i>F</i>
Client Age	<i>78</i>
Client Living Arrangement (alone, with spouse, with family, with friends, nursing home, assisted living facility, with alleged perpetrator, other)	<i>Living with family</i>
Special Circumstances (e.g., veteran, disabled, homeless, deaf, blind, hard of hearing, diminished cognition, homebound, substance abuse, language barrier, blind, legally blind, other)	<i>Client is physically disabled, uses a walker.</i>
Client's Relationship to Alleged Perpetrator (if known)	<i>Grandparent</i>



Section 3: Allegations

Type (Check all that apply)		Brief Description
<input checked="" type="checkbox"/>	Abuse	<i>Ex: Client is being physically abused by her adult grandson.</i>
<input type="checkbox"/>	Caretaker Neglect	
<input type="checkbox"/>	Self-Neglect	
<input type="checkbox"/>	Exploitation	

Section 4: Case Information

<p>Case Overview</p> <p><i>Ex: Client is living with her adult grandson who abuses drugs. When the client refuses to give him money the grandson physically assaults client. Client's lease is up in two months and landlord has stated the lease is not eligible for renewal. Client is dependent on grandson for transportation to medical and other appointments.</i></p>
<p>Services Referring Agency Has Provided to Client</p> <ol style="list-style-type: none"> 1. Investigating physical abuse. 2. Made APS report to DSS. 3. Referred client to DSS to apply for services. 4. Referred client to domestic violence office.
<p>Other Services Client Receives</p> <ol style="list-style-type: none"> 1. Food and Nutrition Services benefits 2. Medicare



Section 5: Remaining Needs/Reason for Referral

<p>What is the reason for your referral?</p> <p>Ex: (1) Client will need a new living arrangement within the next two months. (2) Client needs transportation to DSS and to medical appointments.</p>
--

Section 6: Recommendations

Recommendation	Outcome (review at next meeting)
<p>Ex: DSS will share Medicaid Transportation application with referring agency to pass along to client.</p>	
<p>Ex: Housing Authority staff will investigate possible housing options for the client and bring back to next meeting.</p>	



Instructions: Using the Data Collection Tool

Purpose of the Tool

The Multidisciplinary Team (MDT) Data Collection Tool is designed to help adult protection MDTs systematically track and document details about cases discussed during MDT meetings. This tool collects data to help identify patterns, service gaps, and outcomes for clients, which may be used to improve coordinated efforts in protecting vulnerable adults. Data collected may also be used to provide data-driven justifications for funding and resources.

Instructions for Use

The Data Collection Tool should be filled out at each MDT meeting where cases are discussed. Coordinators should ensure that:

- all relevant fields are filled out during the MDT meeting;
- team members provide accurate and detailed information to facilitate better case management and follow-up; and
- collected data is reviewed regularly to identify trends, service gaps, and areas for improvement in client services.

The categories provided in this tool are examples of data that may be relevant. Your MDT can customize these categories to better suit your needs and the specific context of your cases.

Smart County Adult Protection Multidisciplinary Team

Data Collection Tool

Fiscal Year: 2024/2025

	Client's Initials	Meeting Date	Referring Agency	Client Age	Client Gender	Client Race	Allegations	Agencies Involved	Barriers Identified
1	C.J.	10/30/2024	DSS	78	M	W	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:
2	R.M.	10/30/2024	Smart County Sheriff's Department	62	F	B	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:
3	L.T.	10/30/2024	Smart County Sheriff's Department	85	F	W	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:
4							<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:

5							<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:
6							<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:
7							<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:
8							<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:
9							<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Caretaker Neglect <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Other:	<input type="checkbox"/> DSS <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health <input type="checkbox"/> Law enforcement <input type="checkbox"/> District Attorney <input type="checkbox"/> Other:	<input type="checkbox"/> Lack of medical resources <input type="checkbox"/> Lack of mental health resources <input type="checkbox"/> No/limited transportation <input type="checkbox"/> No/inadequate housing <input type="checkbox"/> Client refused services <input type="checkbox"/> Other:

Facilitator's Guide:

Discussion Prompts for Assessing Adult Protection MDT Functionality

Introduction

The Facilitator's Guide offers discussion prompts for MDT facilitators to use in guiding group discussions about team dynamics. These prompts help assess team composition, meeting practices, member engagement, and overall team functionality, with the goal of increasing the value and impact of meetings.

Team Membership

- Is the current team composition diverse, representing a variety of disciplines and perspectives in the community?
- How are the organizations represented on the MDT limited in responding to the needs of adults in the community?
- Are there any membership gaps in expertise, representation, or authority that need to be addressed?

Meeting Ground Rules

- Are there established ground rules for meetings?
- If there are established ground rules, are they being followed consistently?
- Are there any adjustments or additions needed to ensure productive and respectful discussions?

Satisfaction with Focus

- Are team members satisfied with the current focus and objectives of the team's work?
- Are there any suggestions for refining or expanding our scope of work to better address the needs of vulnerable adults in our community?

Meeting Productivity

- Are meetings productive in terms of accomplishing set objectives for each meeting?
- Are there any recurring inefficiencies or barriers hindering productivity?

Member Engagement

- Are all team members actively engaged and contributing to discussions and decision-making?
- Are there any strategies to enhance member engagement and participation?

Confidentiality

- Are there confidentiality and information sharing protocols in place that are understood by the team?
- Are team members adhering to confidentiality and information sharing protocols?
- Is there any feedback or concerns regarding the handling of sensitive information?



Division of Labor

- Is there clarity regarding roles and responsibilities within the team?
- Are tasks being distributed fairly and effectively among team members?

Vision, Mission, and Value Statements

- What are the unmet needs of adults in the community that our MDT could address?
- Do we have effective and appropriate vision, mission, and value statements for our MDT?
- Is the work of our team aligned with our vision, mission, and value statements?
- Are we effectively communicating and reinforcing these statements within the team?

Inclusivity and Additional Participants

- Who else needs to be invited to participate in our team meetings to ensure a comprehensive approach to adult protection in our community?
- Are there any community partners, stakeholders, or experts whose involvement would enrich our discussions and outcomes?

Value of Meetings

- What would make the meetings more valuable and beneficial to team members?
- Do team members have suggestions for incorporating guest speakers or presentations to enhance learning and knowledge sharing?

Instructions: Using the Community Needs Assessment

Purpose of the Assessment

The Community Needs Assessment is a tool designed to gather information about the needs and resources available for vulnerable adults in your community. This assessment helps identify gaps in services and informs the development of effective adult protection multidisciplinary teams (MDTs) to better support these individuals.

When to Use the Assessment

Professionals in the adult protection field may want to use the Community Needs Assessment:

- when beginning the process of forming an MDT;
- to assess community needs and service effectiveness;
- to periodically update and refine support strategies; or
- to provide data-driven justifications for funding and resource support for the identified needs of your community.

Audience for the Assessment

The Community Needs Assessment may be distributed among key stakeholders, including community members and professionals who work in the field of aging and adult services. This may include but is not limited to:

- social workers,
- health care providers,
- mental health and substance use providers,
- law enforcement officers and prosecutors,
- legal professionals,
- judges, clerks of court, and other court officials,
- public guardians,
- long-term care ombudsmen and area authority on aging representatives,
- victim advocates,
- faith community representatives,
- financial institution representatives,
- fire department and emergency medical technicians, and
- community organizers and housing, disability, sexual assault, and other advocates.

Instructions for MDT Coordinators

- Share the assessment with key stakeholders. To ensure a diverse range of responses, reach out to a wide variety of stakeholders within the community.
- Compile and analyze the responses to identify common themes, pressing needs, existing resources, and service gaps in the community.



- Summarize the findings and share them with relevant stakeholders, including MDT members (if the MDT is already formed).
- Use the insights gained to inform the development and operation of your MDT, ensuring it is responsive to needs and gaps identified through the assessment.
- Periodically revisit the assessment process to update findings and adjust strategies as necessary.

By using the Community Needs Assessment to collect information, MDTs (and those who are interested in forming MDTs) can ensure that their efforts are responsive to the feedback of key stakeholders in the community.

Community Needs Assessment: Services and Resources for Vulnerable Adults

Introduction

Thank you for participating in this community needs assessment. The purpose of this assessment is to identify the needs of vulnerable adults in our community, assess the existing resources available to them, identify any gaps in services, and explore the formation of an adult protection multidisciplinary team in our community. Your input is vital in understanding the challenges faced by vulnerable adults and improving the support system available to them.

Part 1: Needs of Vulnerable Adults

What do you perceive as the most pressing needs of vulnerable adults in our community?

Are there specific populations of vulnerable adults (e.g., elderly, disabled, or homeless adults) that require specialized support?

Have you or someone you know experienced challenges accessing necessary services for vulnerable adults in our community?

Based on your experience, what factors contribute to the vulnerability of adults in our community?



Part 2: Existing Resources

Are you aware of any existing resources or services available to support vulnerable adults in our community? Please specify.

How would you describe the effectiveness of these existing resources in meeting the needs of vulnerable adults?

Are there any gaps in the services currently available to vulnerable adults in our community? If so, please describe.

Part 3: Formation of a Multidisciplinary Team

Do you believe there is a need for an adult protection multidisciplinary team to address the needs of vulnerable adults in our community? Why or why not?

Would you be willing to serve on an adult protection multidisciplinary team in our community?

If yes, please indicate your identified role (e.g., social worker, health care provider, law enforcement officer, legal professional, victim advocate, community organizer, etc.).

What potential barriers do you foresee in establishing and maintaining an adult protection multidisciplinary team in our community?

Conclusion

Thank you for taking the time to participate in this community needs assessment. Your input will help guide efforts to improve support services for vulnerable adults in our community. Your responses will be used solely for the purpose of this assessment.

If you are willing to share additional insights or are interested in serving on an adult protection multidisciplinary team, please provide your name and contact information below. We appreciate your contribution.

Name _____

Email Address _____

Phone Number _____

Mailing Address (Optional) _____

Why is it important to address elder abuse?

1 in 10

older adults have experienced elder abuse



It is prevalent and underreported.

It is estimated that only 1 in 24 cases of elder abuse are reported to authorities.²

20% of NC is aged 65 and older



North Carolina's older adult population is growing.

This percentage is expected to continue increasing. By 2037, 1 in 4 people in North Carolina will be 65 or older. The fastest-growing age group will be those 85 and older.³

Victims of elder abuse have a

300% higher risk of death

compared to adults who have not been mistreated

There are significant health and economic implications.

Financial losses due to elder abuse are estimated to be over \$28 billion annually.²

What is elder abuse?

Elder abuse is not defined in North Carolina law. It generally includes an intentional act, or a failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.¹

Who is an older adult?

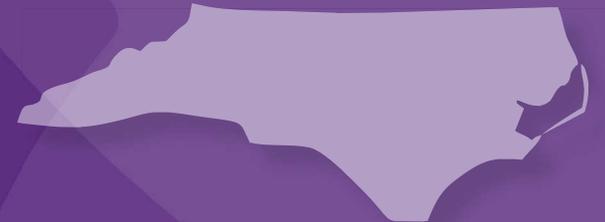
In North Carolina, some statutes recognize 60 as "older," while others focus on adults over 65. Some laws, such as those covering adult protective services (APS) and guardianship, apply more generally to all adults but are triggered only if the adult is disabled (APS) or incompetent (guardianship).

Notes

1. Definition from the U.S. Centers for Disease Control and Prevention (CDC).
2. Nat'l Council on Aging (NCOA), Elder Abuse Facts, "What Is Elder Abuse?," NCOA.org, <https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/> (last visited September 5, 2024).
3. N.C. Dep't of Health & Human Servs., Div. of Aging & Adult Servs., North Carolina Is Aging!, https://files.nc.gov/ncdhhs/documents/files/NC%20State%20Aging%20Profile%202017_0.pdf (last visited September 5, 2024).
4. Examples adapted from Lori A. Stiegel, Legal Issues Related to Elder Abuse: A Desk Guide for Law Enforcement 9–15 (A.B.A. Comm'n on Law & Aging, 2015).

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Identifying and Responding to Elder Abuse in North Carolina



Name

Title

County

Phone Number

Types and Signs of Abuse⁴

Financial exploitation	<ul style="list-style-type: none"> • Changes in banking practices, including unexplained withdrawals of large sums of money • Abrupt changes in a will or in other financial documents • Unexplained disappearances of funds or property • Bills unpaid despite the availability of adequate financial resources • Extraordinary interest by family member or "new friend" in older adult's assets
Caregiver neglect	<ul style="list-style-type: none"> • Dehydration • Hyperthermia or hypothermia • Hazardous or unsafe living conditions/arrangements • Inadequate or inappropriate clothing • Absence of eyeglasses, hearing aids, dentures, or prostheses • Unexpected or unexplained deterioration of health • Untreated bed sores • Lack of routine medical care and/or medications
Emotional abuse	<ul style="list-style-type: none"> • Being emotionally agitated • Being extremely withdrawn • Depression or suicidal ideation • Hypervigilance when in the presence of the abuser
Physical abuse	<ul style="list-style-type: none"> • Bruises, welts, burns • Broken bones • Open wounds • Broken eyeglasses • Overdose or under-use of prescribed drugs • Sudden changes in behavior • A caregiver's refusal to allow visitors to see an older adult alone
Sexual abuse	<ul style="list-style-type: none"> • Difficulty walking or sitting • Pain or itching in genital area • Unexplained venereal disease or genital infections • Bruises around the breasts, inner thighs, or genital areas

I suspect elder abuse, what do I do? In an emergency, call 911.

Is the older adult a disabled adult?

Call the county department of social services (DSS) to make a report.

The primary goal of DSS is to mobilize protective services to protect disabled adults from abuse, neglect, and exploitation. This report may be made anonymously. A "disabled adult" is a person who is (1) 18 years of age or older or a lawfully emancipated minor, (2) present in the state of North Carolina, and (3) physically or mentally incapacitated. G.S. 108A-101(d).

[County]
Department of Social Services
[DSS Phone Number]

Is the older adult the victim of a crime?

Contact law enforcement.

In response to a report, law enforcement personnel are able to conduct an investigation and make referrals to the district attorney for criminal prosecution. Although North Carolina has not established a specific crime called "elder abuse," several crimes may be implicated if an older adult is abused or exploited.

[Name of Law Enforcement Agency]
[Law Enforcement Agency Phone #]

Is the older adult under guardianship?

File a motion.

Any interested person may file a motion with the court overseeing the guardianship to request that the court consider any matter related to the guardianship. The court has the authority to remove a guardian, including in an emergency, or to enter other orders in the best interest of the older adult under guardianship.

Use Form AOC-E-415,
available at nccourts.gov

Is the older adult a resident of a long-term care facility?

Contact the Long-Term Care Ombudsman Program.

The ombudsman advocates on behalf of residents of long-term care facilities, including both nursing homes and adult care homes. The ombudsman will attempt to resolve the problem between the facility and the resident. If the ombudsman is unable to resolve it, the ombudsman may refer the complaint to an appropriate agency for investigation.

[Regional Ombudsman Agency]
[Area Agency on Aging Phone #]

Appendix. Sample Documents

This Appendix contains a collection of sample documents contributed by various county adult protection multidisciplinary teams (MDTs) across the state. The documents include a sample invitation letter, sample mission, vision, and value statements, sample case review criteria, and a template for problem-solving on an MDT.

The documents are intended to offer MDT coordinators and members real-world examples as they consider and develop similar documents for their own teams.

The documents in this Appendix are shared for informational purposes only. The UNC School of Government does not endorse or recommend any document by including it in this Appendix.



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Document 1

Multidisciplinary Team Invitation Letter – New Hanover County

Description:

This document is the invitation letter used by New Hanover County's Multidisciplinary Team (MDT), which is focused on combatting adult abuse. The letter outlines the benefits, expectations, and structure of MDT participation and emphasizes the importance of collaborative efforts to enhance services for older adults.



ADULT PROTECTION NETWORK



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October 11, 2023

Dear Good Shepherd,

Background

Elder abuse is gaining recognition. National prevalence studies indicate that over 10% of Americans aged 60 and older experience some form of elder abuse in a given year. Elder abuse typically is a term used to refer to five types of elder abuse: financial exploitation, caregiver neglect, physical abuse, psychological abuse, and sexual abuse. The consequences for those who experience elder abuse include diminished health, finances, social connections, independence, and even hastened death.

With this increased recognition and understanding comes even more sophisticated responses. One best practice being promoted is the use of multidisciplinary teams (MDTs) so prolific in the field of child abuse. In our community, the New Hanover County MDT is being developed. As an important member of our community, we are inviting someone from your organization to represent your organization on the MDT.

Join Us!

Our objective is to set up our new MDT venture for success. Your organization has been identified as a potential strong partner and crucial MDT member. We cordially request your participation as we move forward with MDT planning and development. Your input into our team is highly valuable, and we believe that together, we can have a positive impact in the lives of our mutual client, our community, and in our respective organizations/agencies. Below, you can learn more about what MDTs are, why they are considered a best practice, and what expectations can be anticipated if you choose to participate in our MDT.

Every county in North Carolina is being asked by the State to have a MDT to address elder abuse. In New Hanover County, we do not currently have an MDT, but we are creating one and want your participation. This is an opportunity to become a part of this important resource in our community from the beginning.

Those who are being invited to join this MDT include but are not limited to:

New Hanover County Sheriff's Office
Wilmington Police Department
New Hanover County District Attorney's Office
New Hanover County Department of Social Services
Legal Aid of North Carolina
Berth Behavior Consultation
Novant/New Hanover Hospital
Carolina Beach Police Department
Wrightsville Beach Police Department
Kure Beach Police Department
U.S. Secret Service
New Hanover County Senior Resource Center

Community Care of the Lower Cape Fear
New Hanover County Health Department
UNCW Department of Gerontology

MANAGING EXPECTATIONS

Expectations for your organization's representative on the MDT include:

- A memorandum of understanding that outlines procedures and legal and ethical issues will be signed by your organization's authorized representative.
- Your organization's representative on the MDT will:
 - Attend and actively participate in case review meetings;

Be available to consult with other team members (by phone or email) outside of case review meetings;

Make regular case referrals to the MDT.

What you can expect from us:

A recurring and predictable meeting schedule in which the team meets monthly at the New Hanover County Department of Social Services for approximately 1-2 hours; [The first meeting will be on June 29, 2023, and the meetings will be held on the fourth Thursday of each month thereafter]

The case review meeting agenda will be faxed or emailed to members in advance of the scheduled meeting to ensure members come prepared to discuss the cases on the agenda;

A semi-formal case review meeting led by [name].

In closing, we would like to thank you for taking the time to learn about our elder abuse case review MDT. We hope we have provided you with adequate background material to evaluate the pros and cons of becoming a member of our team. Please feel free to reach out with additional thoughts or questions, as we intend for this process to be as collaborative as possible.

Sincerely,

[Name Redacted]

Program Manager

New Hanover County Department of Health and Human Services

CHARACTERISTICS OF AN ELDER ABUSE CASE REVIEW MDT

An elder abuse case review MDT is a group composed of members who know each other, each with varied but complementary experience, qualifications, and skills, bound by a common purpose, working collaboratively to achieve a shared goal. Case review MDTs are characterized by five elements:

1. **Shared Decision Making.**

The entire team participates in the decision making process, sharing information, and sharing successes through case review.

2. **Partnership.**

A formal Memorandum of Understanding (MOU) or an Interagency Agreement (IAA) is signed by all participating organizations/agencies.

3. **Interdependency.**

Group and individual outcomes are influenced by the group, that is, the actions of one member impact important outcomes of other members and the team.

4. **Balanced Power.**

All members of the MDT have equal input and discourage a single member from dominating the group.

5. **Process.**

The development and use of protocols to introduce predictability and accountability into the case review process.

BENEFITS OF ELDER ABUSE CASE REVIEW MDTs

Reasons why Elder Abuse Case Review MDTs are considered “best practice” when responding to elder abuse cases:

Successful partnerships can benefit *professionals/organizations in the following ways:*

- MDTs result in a greater number of cases being referred for prosecution.
- MDTs can increase confidence and enhance job satisfaction by promoting collegiality.
- MDTs extend and leverage interagency resources in part by reducing the financial and staff burden on individual agencies.
- MDTs can instill confidence that the case is being handled the best way possible by obtaining validation from other team members.

Successful partnerships can benefit vulnerable adults in the following ways:

- Coordination of multiple services may reduce the number of systems with which vulnerable adults have to navigate.
- Coordination creates an integrated array of services tailored to the vulnerable adult’s multifaceted needs that can build upon the adult and family’s strengths.
- Collaboration produces creative solutions that no one agency could produce on its own.
- Collaboration results in more desirable case outcomes for vulnerable adults by enhancing the probability that no matter where a vulnerable adult enters the system, they have access to coordinated services.

Successful partnerships can benefit communities in the following ways:

- By creating community responsibility for the safety of vulnerable adults.

- By enhancing relationships among public and private service providers.
- By strengthening families, which strengthens communities.
- By extending the reach of limited resources within a community.

As more communities recognize the relevance and value of case review MDTs, the number of elder abuse victims benefiting from services will increase, and communities will become safer for older Americans. To learn more, visit <https://www.justice.gov/elderjustice/mdt-toolkit>.

Document 2

Vision, Mission, and Value Statements – Currituck County

Description:

This document provides an overview of the Currituck County Multidisciplinary Team (MDT) and identifies the MDT's vision, mission, and value statements.



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Currituck County MDT: Vision, Mission, and Value Statements

MDTs are comprised of professionals from different disciplines who are committed to working together for the protection of vulnerable adults. The MDT is tasked with reviewing specific, complex cases involving abuse, neglect, and exploitation of elderly and disabled adults with a focus on team collaboration to seek resolution.

The team will also work together to address systemic problems, service gaps and develop an internal education network for participating professionals. It will meet on a quarterly basis at the Department of Social Services in Currituck County and on an intermediate basis for emergent situations.

The mission, vision and values of the Currituck County MDT team are:

- **Vision:** A collaborative community determined to prevent and respond to abuse, neglect, and exploitation of vulnerable and disabled adults.
- **Mission:** Currituck County MDT exists to enhance the lives of vulnerable adults through services and education. We aim to stop abuse, neglect, and exploitation through proactive public action.
- **Values:** Currituck County MDT comes together to enhance the quality of life for vulnerable and disabled adults. When MDT members interact, everyone's voice is heard respectfully.

Document 3

Vision, Mission, and Value Statements and Goals– New Hanover County

Description:

This document outlines the vision, mission, and values statements and goals established by the New Hanover County Adult Protection Multidisciplinary Team.



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**New Hanover County Multi-Disciplinary Team
Vision, Mission, and Value Statements and Goals**

Vision:

“We envision a protective community, aware of and educated regarding dangers of abuse, neglect and exploitation of vulnerable adults, where resources are coordinated and utilized effectively to the fullest extent.”

Mission:

“The New Hanover County Multi-Disciplinary Team exists to raise awareness of and protect vulnerable adults from abuse, neglect and exploitation and to link those in need to available resources.”

Values:

“MDT members will commit to meet and communicate effectively and respectfully in a solution focused manner. We will protect dignity and the privacy of individuals in need of support. We will record progress, barriers and outcome measures to make better evidence-based decisions and recommendations while seeking to improve systems.”

Goals:

1. Help improve resources in the community.
2. Help Advocate for more supports in places of need.
3. Help the DA become more knowledgeable and trained to prosecute these crimes.
4. Collect Data to really pinpoint larger scale changes- such as where funds need to go to really have the highest level of impact.

Document 4

Elder Justice Case Review Referral Considerations – Guilford County

Description:

This document outlines the criteria that must be met for a case to be eligible for review by the Guilford County Elder Justice Committee. It also describes the case review process used by their team.



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1. Recent assault (typically within 72 hours)
2. Physical injury
3. Strangulation
4. Victim involved in dual cases (ex. Physical and financial)
5. Perpetrator is a caretaker, living in the home with the victim, or preventing the victim from leaving
6. Victim shows signs or reports neglect (malnourishment, weigh loss, lack of access to healthcare/medical TX, etc)
7. Victim sought medical TX for abuse sustained
8. Financial exploitation causing an immediate threat to victims safety/financial wellbeing
9. Victim has barriers to access services due to physical limitations and/or defendant
10. Allegations of sexual abuse/unexplainable STD's
11. Abuse allegations take place in a nursing home setting
12. Defendant has pending charges
13. Warrants involved
14. Weapon involved
15. Defendant violates a court order (no contact order, 50B, etc)
16. History of violence
17. Severity of the defendant's threat
18. Defendant has threatened to kill self/victim, or has significant mental health issues

Case Review Process:

A multi-disciplinary team will convene and will include all partners directly involved with the case. (Ex. DA, law enforcement, probation and parole, advocacy, legal, etc.)

Case presentations will include a timeline/history of major events with the parties involved. The MDT will review the history of victimization and the offender's criminal history to aid in determining next steps for offender accountability and victim safety.

Elder Justice Coordinator will maintain notes from High Risk Team meetings and support partner follow-up as needed. The Elder Justice Coordinator will also follow-up for a status update on High Risk Team cases within 60 days.

Depending on the facts of the case and the plan devised by the MDT, additional case consultation and discussion with the full Elder Justice Committee may be warranted.

Referrals for High Risk Team:

Any FJC/EJC partner can request a High Risk Team meeting. The request should be sent to the Elder Justice Coordinator via email or in person. FJC staff will help determine which partners need to be present for the staffing and will schedule the team meeting. Partners are requested to gather as much historical information on the case being referred as a timeline/violence history will be created as part of the process. Due to the nature of these meetings they are typically scheduled within 72 hours of the request from a partner.

Document 5

Multidisciplinary Team Systematic Problem Correction Plan – New Hanover County

Description:

This New Hanover County Multidisciplinary Team (MDT) Systematic Problem Correction Plan is a tool designed to help the MDT's members identify and address systemic issues affecting vulnerable adults in their community. The tool provides a structured approach to track identified needs, assign responsibilities, set target dates, and monitor progress towards achieving specific goals.



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New Hanover County MDT Systematic Problem Correction Plan

Date of referral:

Primary Issue:

Date of Initiation of Service Plan:

What is the Problem/Need?

What is the Goal?

Activities (by MDT member)	Who is Responsible	Target Date	Activity Progress Notes

Progress Towards Achieving the Goal:

1 st Review Status: Date	Comments:
<input type="checkbox"/> Goal Achieved in Full	
<input type="checkbox"/> Goal No Longer Appropriate/Needed	
<input type="checkbox"/> Goal Partially Achieved	

<input type="checkbox"/> Goal Not Completed	
2nd Review Status: Date	
<input type="checkbox"/> Goal Achieved in Full	Comments:
<input type="checkbox"/> Goal No Longer Appropriate/Needed	
<input type="checkbox"/> Goal Partially Achieved	
<input type="checkbox"/> Goal Not Completed	
3rd Review Status: Date	
<input type="checkbox"/> Goal Achieved in Full	Comments:
<input type="checkbox"/> Goal No Longer Appropriate/Needed	
<input type="checkbox"/> Goal Partially Achieved	
<input type="checkbox"/> Goal Not Completed	