

Webinar Transcript - Roadmap and Toolkit to a Successful Multi-Disciplinary Team

Welcome, everyone, to our webinar Roadmap and Toolkit to a Successful Multidisciplinary Team, presented by the National Alliance for Drug Endangered Children. My name is Kevin Brennenstuhl, and I'm a coordinator with the National Criminal Justice Training Center. And I'm going to be moderating today's webinar for you.

Before we begin the presentation, there's a few items that I'd like to go over. This project was supported by a grant awarded by the Office for Victims of Crime, Office of Justice Programs with the US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program are those of the authors and do not necessarily reflect the views of the US department of Justice.

We are going to ask poll questions during the webinar. So with that, we're going to try our first poll question, actually. The question is, which of the following best describes your role? Victim service or victim advocate, probation or community corrections, law enforcement, CAC, social worker, mental health worker or professional, or other?

So we have a pretty decent split today. It's good to see so many victim advocates, 23% of you in our audience, and we also have a lot of social workers, mental health professionals, or CAC staff. Welcome. It's also good to see probation and community corrections workers and law enforcement here as well.

So thank you again for joining us. With that, I'm actually going to turn over the rest of our time to the presenters, two of my good friends from the National DEC, Eric Nation and Stacey Read. I'm going to turn it over to you and look forward to what you have to say to us today. Thanks.

Perfect. Thank you so much, Kevin, and thank you again to the National Criminal Justice Training Center for your great partnership with the National Alliance for Drug Endangered Children. We want to give brief introductions of ourself. My name is Eric Nation. I'm the Director of Training and Development with the National Alliance for Drug Endangered Children, and I'm also their Law Enforcement Expert.

Prior to joining National DEC, I was in law enforcement for 20 plus years in mostly a narcotics type field, also served on a local DEC alliance and started a local DEC alliance. And at the end of my career, I commanded a multi-jurisdictional drug task force as a lieutenant and came to National DEC because this mission actually changed my perspective from a professional standpoint and how we dealt with our cases moving forward. And I am honored to be here with my coworker and friend Stacey Read, who I will let to introduce herself now.

Good afternoon, everybody. My name is Stacey Read. I'm the Director of Network Development for National DEC. My background is very different from Eric's. I spent 20 plus years in the child welfare field in various states at various levels, so half boots on the ground doing investigations working directly with children and families and then the last half of my career was reviewing cases, investigations, and programs of child welfare at a state level.

And I got into DEC efforts at the state level, which is also very different than Eric who got in at the local level. And the reason for me getting into it was I was really seeing a lack of collaboration across multiple states, especially the one that I was working in at the state level and really a lack of education around substance use and other issues from our child welfare professionals and myself, but also it was across the board with other disciplines as well. So I love the DEC efforts because it brings people together, but also educates people on the topics that they need to be educated on. Thank you so much for joining us today. We are very excited.

Excellent. Thank you, Stacey. So some of our objectives for today are on the screen. We want to identify the stages of developing an effective and a sustainable multidisciplinary team. So when we talk about MDT, we're talking about a multidisciplinary team. We want to explain how the multidisciplinary team provides a sustainable framework, and we also want to discuss what it takes to just sustain those MDTs and some key points.

A little bit about National DEC because that is who we are with, about what we do and kind of how we got involved with a multidisciplinary team training. We're a national non-profit organization. We function as a training and technical assistance and resource center around substance misuse issues. We work with federal, state, local, and tribal partners across the United States, and we work to institutionalize drug endangered children efforts from identification to the response to the services and support.

And we assist with the development and the sharing of promising practices that we have across the United States with our DEC alliances. We partner on grants and funding with local, tribal, and state organizations, and a big part of our job is we develop multidisciplinary alliances to institutionalize the efforts. And that development enhancing multidisciplinary teams that we actually call alliances-- so instead of MDTs, we call them alliances-- that are set up to address the needs around substance abuse or whatever the community needs are. Even if it's not around the substance misuse or substance use issue, we work with a lot of communities on developing these multidisciplinary teams.

So we are just going to give you a little bit of our background so when we're talking, we'll be on the same page. So this is our drug endangered children mission, and missions are really important to these multidisciplinary teams. The National Alliance for Drug Endangered Children teaches early identification, response, and appropriate intervention services for children and families affected by parental or caregiver substance misuse. We equip comprehensive multidisciplinary alliances, communities, organizations, and individuals with access to our national resource center trainings and technical assistance.

So this is the definition of a drug endangered child. We define them as children who are at risk of suffering physical or emotional harm as a result of legal and illegal drug use, possession, manufacturing, cultivation, or distribution. But they may also be children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment. And this is National DEC's vision, 100% healthy, safe children, families, and communities free from the negative impact of substance misuse and drug activity.

We're going to launch our next poll question, being, do you currently belong to an MDT? So about 2/3 of the respondents mentioned that they do belong to a current MDT, so 66%.

So what is a multidisciplinary team? And when we put MDT up there, we try to speak it out as well because I have to tell you, coming from a law enforcement background, one of the first times I heard MDT, I thought people were talking about a mobile data terminal, which is a computer that's inside a car. That goes to show you where my knowledge was around MDTs early in my career.

But what is an MDT? And I think it's important that we get an understanding of what we're looking for and how our MDTs or multidisciplinary teams are functioning and if they're functioning proficiently or if they're just kind of existing. So when we go into that, I think every one of us is going to have kind of our own definition kind of how a multidisciplinary team operates and how that and what that multidisciplinary team means to you might look different than other participants.

So we want to start off with kind of a definition of a multidisciplinary team. It's normally a group of professionals that are working together in a coordinated and collaborative manner, focusing on a mission and a vision of the group. And we're going to get into that, that mission, that vision and things like that, because we have to have a reason that we're at the table. It involves a range of professionals from different backgrounds, but it also includes community members. It's not just around the professionals.

It can include community members as well. And it provides a foundation and a framework for solving issues within the community. So whether it be a substance misuse or substance abuse issue or whether it be domestic violence or whether it be, child abuse and neglect, whatever it might be. It's a group of professionals and community coming together to come and kind of combat that issue.

So we're going to give you an example of a DEC MDT, and remember, DEC is drug endangered children. And this is just an example of some of the things that we set up across the country. So it is a group of professionals who work together in a coordinated and collaborative manner, just like Eric had mentioned, as a regular MDT to ensure effective identification and response to children and families impacted by substance misuse.

When we set up these multidisciplinary teams that focus on drug endangered children efforts, they really focus on early recognition or early identification, that intervention and response, and then the services and support to children and families. What it also entails, too, is that when we bring people together, we're talking about bringing people together who have never sat at a table together, who've never sat down to talk about, what do you do? Here's what I do.

What do you need? Here's what I need. And people that have never sat at the table to find solutions together, so we're really talking about getting out of our silos and finding the issues, the strengths, the gaps, and then the solutions together as a team.

So what are some of the pieces of MDTs? I think one of the big things that we want you to start thinking about is who to bring to the table. When I said that we are bringing people to the table that have never sat at the table together, who are those people? And just thinking outside the box because they may not be the people just that you think should be there because often times when we think about who's in the community and has pieces to the puzzle that we need for our own involvement and our own job, oftentimes, if we think outside the box, we can think of a lot more people.

So we're talking about oftentimes with the social issues, like Eric had mentioned, substance use, domestic violence, crimes against children, child abuse and neglect, those kinds of things, we're really bringing together a wide variety of disciplines. So law enforcement, child welfare, victim services, victim advocates. We're talking about service providers.

We're talking about early intervention folks that are going to be the 0 to 3 or 0 to 5-year-old service providers. We're talking about prevention folks. We're talking about treatment folks, shelters. Eric, I know I'm missing a lot of people, but do you have other examples as well?

So some of them that come to my mind are like teachers, educators, people within the education field. First responders, meaning like fire and EMS, probation parole, the judicial systems, family courts, drug courts. But even thinking outside of the box, when you talk about depending on what issues you're dealing with-- and I'll use the drug endangered children one-- people that are maybe are inside homes from the community that could see signs of substance abuse or neglect.

What about the cable guy, the service providers, the cable service people that come in and out of your house, the internet providers, HVAC? We've had some community-- Stacey, and you can expand on this a little bit more-- but the coroner's office or the funeral homes. Really kind of grasping who all has the opportunity to identify the victims and survivors or the issues that you are looking into.

And I think it will, depending on who you want to hold it and where you want to house it, meaning which discipline. I know we had a question in the question answers around, is it the responsibility of the attorney's office to ensure the MDT meetings are consistent and regular? And that's really something that your community has to identify.

We see a lot of attorney offices that actually house these, depending on what the focus of your MDT is. And oftentimes, they're legislatively mandated, and oftentimes, if they are, they're mandated through the attorney's office. Our DEC alliances, we see them through the attorney's offices.

We see them through the child welfare, child protection teams, which is also a mandate. It could be tagged onto another formalized meeting as well. It's going to really depend on what your need is and what your laws are and then who and why you're bringing people to the table.

We see a lot of them, Stacey, attached to coalitions, too, at times throughout the United States.

Our model is going to be the DEC approach. And so we've made this a generalized model that can be utilized not just obviously for drug endangered children efforts. But that approach is a multidisciplinary strategy to change through a common vision, ongoing collaboration, and ongoing change, which increases the likelihood of better outcomes for whatever you are focusing on.

So these are the three components, and we're going to go through some of these and start kind of giving you some examples as well.

Before we even dive into that, we're going to do another poll question. Question is, do you think having a common vision is important when working in an MDT? Very important, somewhat important, or not important? So yes, overwhelmingly 91% believe that common vision is important or very important when working in an MDT. Did they get that right, Eric and Stacey?

They did.

They did, absolutely. But you'd be shocked, Kevin, the number of communities that we are in that they still haven't come up with that common vision. They know there's an issue, but they don't know what they want to focus on. It's good to see that 91% agree. It's not always the case in communities that we are in.

So let's talk about why the common vision is important. So obviously, it's to provide guidance to the group or the MDT. It's to help people stay committed, provides orientation and meaning, and also helps focus the energies. But I have to tell you, it can be even bigger than that.

Eric and I have both served on and ran numerous MDTs, and it's obviously what we do across the country and our local communities. And we really see the vision as being something that is super important and hence why it's one of the three components of the things that we teach when we build these MDTs. And part of the reason is that, oftentimes, the vision is the one thing people can agree on.

If you think about all the people in your MDT that come to the table, you all have different goals. You all have different objectives. You all get there in a different manner. You're actually coming to the group maybe even for something different than the person sitting next to you.

What that vision does is it gets you to stay focused. It's like your cohesiveness. When you guys can't come together on other things, that's the one thing you can come together with. So for like drug endangered children efforts, it's that 100% of the children. And you can't come to the table and think you're going to get provide stuff to 75 or 85.

We agree on 100%, and when things get tough, we're like, OK. Let's go back to that vision, that 100%. How can we get there? I know we're frustrated.

But how can we get there because that's the thing that brings us together? That's like the one thing that really molds the group and will keep people focused and moving forward. Eric, what did it do for you in your local alliance?

Having that common vision really kept us engaged. We knew what we wanted. We knew what that end goal was or that vision was, and it kept everybody engaged, that at the end of the day, if there was any conflict between disciplines or even individuals, that really at the end of the day, it wasn't about us. It wasn't about our conflict. We had to work through those because we were out to serve the children and the families and our community ultimately.

And we have found out as we talk about a common vision, you have to keep it simple. So many times people come to the table in the communities that we're working with, and they're frustrated with these other multidisciplinary team groups that are going on within the community. They became stagnant. They're kind of that status quo, and they're trying to bring the vision of that multidisciplinary team and five others into a new one, or they really make it comprehensive.

And what we have really found out of our work in communities is keep the mission or keep the vision simple. Keep it directed. And also keep in mind we see a lot of turnover in agencies and personnel that when somebody new comes on, you can't just assume they know that mission or that vision that you have. Bring them up to speed. Take the time up front to bring the newcomers up to speed on where you're at and why that vision is so important.

So I think that starts part of the question that we received in the question and answer box. And it was, how do we incorporate the vision in our MDT to keep it at the forefront? And I think any time you have new members, it should obviously be discussed.

But what we recommend for the folks that we help set up is do the vision together. It should not be a one person job when you're coming up with it. Get buy in. Get people to come to the table to help develop that vision and so the group does have that buy in and they get excited about it.

But also we recommend talking about it on a regular basis, and remind people every time you guys get together what the vision is, whether you're verbally doing that or you have it on the agenda or the email that you send out. Sometimes for people it's in their tagline of their email. Just keeping it in the forefront, I think, is going to be huge with just a reminder of that every time you're coming into contact people.

And then another person just commented that they read it at the opening of every meeting, and I love that because it just is a reminder. And if you've got new people, they just got it. They got it at the beginning of the meeting. So I think you take the opportunities to be able to keep that in the forefront, so I love that question. That was really good.

And be willing to readdress it. Be willing to come back to it and make sure that our common vision is where we want to be because we're going to talk about change as one of our components as well. And knowing that a year from now things might change, and we might have to revisit our common vision and make sure that we're on the right track. We've been in communities where they focused on, let's say, opioids.

Their vision is around opioids. And through the scope of the work, they've recognized that it's not just the opioids, it's opioids and other drugs. So be willing to readdress that common vision. And also please, please, make everybody feel inclusive. Let them ask the question of the importance of that common vision, and don't be scared to tell them how you came up with it.

And I think another thing about the common vision is really make sure that it encompasses all of the work that you're doing and all of the people involved. It should be all inclusive, and really focusing that group on the work that you're doing. I know that some of the things that we've seen in the past is-- we evaluate some of the MDTs that we work with as well before we start working with them if we're going to help them enhance.

And one of the things that we've seen is sometimes the vision is too focused and it's from like 10 years ago. And they've not re-looked at it, but they've brought on five new disciplines. And those five new disciplines, it really doesn't apply to. So make your vision a little bit broad, but all encompassing in regards to A, the work you're doing, and B, the people that you're bringing to the table.

So we're going to go back to the three components. We've talked briefly about the common vision and the importance of having that common vision. Now, we're going to move on to the collaboration. And please realize that it says ongoing collaboration, and we want to define what collaboration is.

Collaboration is the exchange of information, altering of activities, sharing of resources, the enhancement of the capacity for another for the mutual benefit of all to achieve a common purpose. I have to tell you, that's a lot. And I have to also tell you it's a lot because collaboration is actually a lot itself. Collaboration is one of the tougher things that you will ever do if you are truly going to collaborate, and you're truly going to work together in the best interest of whatever your vision is.

But the one thing that is oftentimes missed is the one that's highlighted on this slide, and that's the mutual benefit. What is the benefit to all parties that are involved? We all have to have a give and take, and we also all have to have a benefit that comes from this collaboration of this multidisciplinary team because if we don't, then why are we here? So looking at it from that broad perspective.

So we know that collaboration is oftentimes interchangeable with the following terms, like networking, cooperation, and coordination. Stacey, do you want to give an example of kind of networking and how it conflicted it or sometimes misused when we're talking about collaboration?

Yeah, so networking, I think the best example I can give is the exchange of a business card. Oftentimes, we hear like, well, oh, I left him my business card. They didn't get back to me, so that's on them. The problem with that portion of it is that there's no mutual benefit. You're not really exchanging anything other than a piece of paper that is not beneficial unless you're stranded, cold, and need to set it on fire.

I mean, if you don't do something with it, that's all it really is, is a really good piece of kindling. So you actually, in order to get to that collaboration piece, have to go one step further. You have to actually look at it and utilize the number, the email that's on it, and then engage that person. Now networking can be an extremely important part of collaboration because you have to start somewhere. You can't start at the end of collaboration.

You have to start with that networking piece. But you'll notice that networking is a small circle on the screen because it's a small part of that collaboration. But oftentimes, it's the start. We just hope that for folks it's not the end of what they call that collaboration, that you keep going, that you contact that other person and offer your portion of it and ask questions so you can get as much information as possible.

The other one is cooperation that we brought up, and I felt like I fit into that category when we first got involved in multidisciplinary teams. I was asked quite often, especially as a lieutenant, to be a part of multidisciplinary teams. And I got to tell you, I showed up and I didn't know what I was there for. I felt like I was just a placeholder, like they were just trying to fill the spot with somebody from the sheriff's office and law enforcement.

And when we got involved in the multidisciplinary team perspective and we got active in it, I really thought that just kind of exchanging information and providing them with the information that I knew that I could provide them with was enough. The problem was is merely what I was doing at that point as I come to find out was I was merely cooperating. I provided other agencies with information and evidence and stuff like that that I thought they needed. And really, I never got to know the professionals, let alone what the ultimate goals of the other disciplines that were there were trying to do and how they serve the same victims and survivors that we were dealing with.

So stuck in that cooperation thing was providing people with what I thought they needed, and I would say the collaboration piece would have been more around asking the other disciplines, asking the other professionals what they needed. What do you need to help with your case, to help with your investigation, to help with the services you are providing? And once we did that, there was that back to that mutual benefit. I was getting the benefit from working with them and understanding where they were, and they were providing me with information, but in return, I was finally providing them with valuable information that was useful to them, not what I assumed was useful.

And then we talk about coordination. I love this one because this is exactly what I showed up on every time. There was always a multidisciplinary team meeting or a coalition meeting being held at this time, this location. I would show up, and I was never prepared for it. I would show up at it, and basically-- and we see this in communities across the United States.

They show up, and they don't know what they have to offer. They don't know what is expected out of them. So basically you're showing up to a coordinated event. My challenge to you would be if you're doing that, you're not quite to the collaboration standpoint.

Good for you for showing up, but what are you bringing to the table? What data are you bringing to the table? Is there data that you can bring? What is other disciplines bringing for data around that vision that you guys have agreed upon?

So not just letting it be that coordinated time and place, literally making it something that is mutual benefit. What are people going to benefit from you coming to the table? And what are you going to bring that benefit others? And what are others going to bring that are beneficial to you?

So really getting outside of your box, getting outside of the silos. Just because we all show up in one spot from all these different disciplines does not mean we're breaking down the silos, does not mean that we're breaking down the barriers, does not mean we are collaborating. So please don't get collaboration confused with networking, cooperation, and coordination, which is so, so easy to do.

Eric, we had a question in the Q&A around the culture of siloing, and you and I have both been there. And that question was, how do you get out of the culture of people siloing? And I think I answered it via typing, but I also thought it would be important for us to answer because we probably have different perspectives.

We are in a culture of siloing, and we've been there for years. I can't tell you how difficult it is to do your job when it's just you and trying to gather in information and make decisions around children and families or whatever the decisions are that you're making. And we do silo, and I think we silo a lot because A, it's what we've always done. B, it's what we're taught. It's easy.

But I have to tell you, once you build those collaborative efforts, you'll never go back to siloing because there's so many different benefits that we're going to talk about coming up. But I think one of the reasons that I saw the siloing in child welfare was that we were so busy. We were so busy trying to get enough information, trying to engage the families, trying to do the right thing, that I didn't have time to collaborate time to reach out and build those relationships because, really, it's about building relationships and letting go of some of that control.

And I have to tell you, once we started building those collaborations, it took one police officer and I to realize that, oh my gosh, thank you so much for that information. You just totally made my case and my investigation just with something he had given me. And then in turn, he was like, hey, do you think you can help me on this? And I was like, oh my gosh, of course. At that moment, he was always the person that I contacted within that agency, and that was the start of that collaboration.

But it made my efforts and child welfare as an investigator 100 times more easy once I started doing that collaboration piece. But I think we have to start somewhere and have to show people that it actually is more beneficial when we are doing the collaboration piece. Eric, what's your experience because I know you're law enforcement and are different?

Yeah, so I would say mine when we was dealing with it and what we've seen in other communities is a comfort. We work in our silos because it's comfortable. We're dealing with the people that we know. They have the same mentality. They have the same thoughts.

They don't challenge us, right. They don't make us think outside the box normally. It's that whole comfort level. It's easy. You're not challenged.

And we have created this environment. We've created the environment for siloing because of a couple of reasons in my mind. Do you even know what the other disciplines do that are around you, that are a part of this case? If you think you're the only discipline, the only professional involved in a case, you're sadly mistaken. And I confidently say that because I have to tell you, I thought I was the only individual involved in every case that I worked pre DEC.

But once you start getting outside, and you start learning and being challenged by other disciplines-- so my challenge as law enforcement and an Narc officer was they came from child welfare, victim service, and mental and behavioral health. And they challenged me to the point that I knew I could do, better if that makes sense. So child welfare was like, was there a child there during your investigation?

Never even thought about that. I mean, never thought about documenting that, never thought about reporting that. So I started looking for kids. And then you had victim service like, hey, do you know what services are available for those that maybe you just come in contact with? To be honest with you, I had no idea.

So I started working with them and going, what services are in our community? And how can you help me find those services? And can I just refer people to you to help them get the right services? And they were like, absolutely. So it became comfortable the other direction, if that makes sense.

And mental and behavioral health really helped me as far as understanding the trauma from a law enforcement perspective that we were unintentionally causing. So really starting to understand the value of all the other disciplines. And part of understanding that was understanding what they brought to the table, understanding that every case, every investigation, every interaction was not just an interaction I was having. Multiple disciplines, multiple professionals were having the same interactions, and if I had a better understanding of what they did, it would make it easier.

But getting out of that comfort level was rough because the little world that I lived in pre multidisciplinary team and the DEC alliance for myself was really a great world because nobody ever challenged me, and I didn't have to think beyond my own face, if that makes sense. So I think I would challenge people by, do you think you're the only discipline that is interacting with this family, interacting with this situation, interacting with this issue? The answer is universally no, and then finding what value the other disciplines bring.

I think another way to combat some of the siloing and to increase some of the collaboration is when you're doing strategic planning, which we highly recommend for MDTs both short and long term goals and objectives and activities, writing in collaboration in your strategic planning. And what does that look like? And what are the steps you're going to take? So the more you are working on the collaboration piece, the less you are going to be working on siloing, so you will stamp it out eventually if you continue with the ongoing efforts of collaboration.

I also want to point out the obvious, and many of you probably have seen this. I mean, National DEC is very strategic on how we do our presentations and how we do our work. There's a reason that I am law enforcement and Stacey is from child welfare. Other parts of our staff are from the victim service world, and other parts of our staff and contractors are from probation parole. It is just showing that collaboration up front because it leads us into the next slide.

I make you stronger, you make me stronger. I have to tell you, every discipline made me a stronger individual, but also a stronger professional. And I feel very honored to be able to present with somebody from another discipline as I present with Stacey all the time because still to this day, she challenges me.

We might not agree on some topics or the solution to some topics, but I'll tell you, it's a whole lot better getting two perspectives to work through it and find out maybe what's not in the best interest for me as a professional or Stacey as a professional, but what's in the best interest for the community and the family of the children that we're serving. So I'm going to go back to its each other making everybody stronger. And when we do these multidisciplinary teams in person and work with these groups, I leave there is a stronger individual and a stronger professional every time because I learned from them as well.

When we talk about collaboration, when we don't collaborate-- and I love this picture. This is our information and our work, what it looks like when you're not collaborating and how true it is. There's all these pieces of the puzzle laying around, and really, you've got one piece of it. And if you don't start grabbing these other pieces or these other disciplines or these other professionals, how are you ever going to build the picture of the life of the child or the family or the vision that you're working on for your community?

So I love this picture. I love this display because this is truly what it looks like without working together. It's a piece of the puzzle laid all together. Hopefully, we get enough to paint a picture somewhat of the issue.

So I feel like that looks like chaos to me. It looks like chaos, and if you think about working in your silo all alone, just and your discipline, sometimes this is what our work looks like. It's chaos, and it only works when we start to put those pieces of the puzzle together. So moving forward in your work, I just really encourage you to think about the different puzzle pieces to your efforts.

Who else can give you another puzzle piece? Who else can help you put the puzzle together? Who else has connections that you need and how to make it less chaotic and more conformed? And I think that's part of the reason why I love this picture because the next couple of pictures, it changes to excitement. Like, oh, we're moving forward, putting the pieces together.

So keep in mind, if there's a puzzle piece that you know is involved in the situation or the vision or the children and family's life from our perspective and you don't seek it out or you don't try to gather that, you might be missing that piece that brings a whole new perspective to the table. And I do like your thought of the chaos. It does look like chaos. It kind of reminds me of your life, Stacey, just kind of--

A little bit, sometimes. I live in a little bit of chaos, sometimes. I could use some conformity. I could use a little bit of this, OK.

So collaboration is when we all have a piece in the puzzle, but we must put them all together to truly collaborate. So I think it goes back to less chaos and putting those pieces together. But I want you to keep in mind, too-- and we're going to go back to the puzzle piece analogy-- when you open up that box of puzzle that the puzzle is in and there's 1,000 pieces and you dump them out, it'll look just like that other slide, right, just chaos.

But as you start to build the corners, and then you add the outside. And then you start to add the middle, the picture becomes more clear, and that's kind of how MDTs work. You start with a couple of people, a couple of disciplines, and then you add a couple more. And then you add a vision and goals and objectives and all of that, and it starts to build a way a puzzle builds.

So when you're building your efforts, keep continuing to go back to the puzzle piece to think about, we're putting it together. Are we truly collaborating right now? Because oftentimes we're not, and it is chaos.

So also keep in mind-- because Stacey brought up a thought-- using the law enforcement world for myself, even within the law enforcement world, we were not collaborating across different ranks or different divisions. So remember like each discipline might have three, four, five different pieces of the puzzle coming in from different divisions because we weren't even collaborating as we got involved with this from a narcotic standpoint with our patrol division, with our civil service division, with our jail, with our detectives that were working criminal investigative division crimes. So we talk about the silos outside of our discipline. Even that collaboration within our own discipline can be broken down at times. So we all might come together with different pieces of that puzzle.

So this is what collaboration looks like when we're successful, right. We have a lot of people coming to the table. You'll notice all the puzzle pieces have different people in them. There are different colors. They're bringing things to the table, and the puzzle is done, or so it looks like it's done.

So just keep in mind that collaboratively, we look very different than the pile of chaos of the puzzles when they're not brought together. But keep in mind that our collaboration isn't ever fully completed. You're not going to ever end a meeting or a case or whatever and be like, that collaboration is done. That piece of it is done, but what's the next piece?

And is there anything else that you can do? So we always say the puzzles often are unfinished, and that there's always work that we can do. But we just want to make sure that we're evaluating where we're at and if there's other things that we could be doing for whoever you're working with.

So actually, I like this picture. And you might say, of course he does because it's their presentation. But I want you to look at it. And on bottom left, there's a little bit of yellow on a puzzle piece. I want to know what discipline that is that brought that to the table because it hasn't been labeled, but they've got it.

So part of being that multidisciplinary team is, who is that? What professional, what discipline is bringing that little piece into the picture here? And how do I get them to the table? That desire to continue to grow that multidisciplinary team because at the end of the day, we want to paint this picture.

We want to paint the picture for us around the child, what this child's life looked like. And you know what? They're not all going to be smiling, and we get that. It might be turmoil, might be chaos. It might be disruption.

It might be sad, but it's still OK to paint that picture. And this multidisciplinary team approach is going to help paint that picture, but it has to be the good things. It has to be the bad things. It has to be those things in between. It is our job to bring all the pieces of that puzzle together.

So what if you have an already happening active MDT, and you guys are working on whatever you're working on, and you feel like you have it all figured out? But if you look at that middle piece where the child's face is-- and the focus doesn't have to be children in your MDT. I'm just making an analogy here. What if your MDT is missing that discipline that would provide you with that piece of the puzzle?

You're still going to make decisions around all of the information that you have and work towards the goals that you've set, but what if there's another discipline out there or another professional that could actually enhance your efforts, maybe even provide you with information that would provide that middle puzzle piece? And look at the difference between the middle puzzle piece being there and the middle of a puzzle piece not being there. And so I'd really encourage you to look at, who do you have at the table? How long have they been at the table? How long have all of you been meeting?

What are the benefits of what you're doing in your meetings and outside of your meetings? And then what would happen if you looked at who else you could bring to the table? I know we've all been there, but sometimes it's really hard to be like, oh, man, we should bring so-and-so in. But I think it's really important to continue to look at who else you can bring because if we miss that middle puzzle piece, man, could look really different for the folks that are going to benefit or not benefit from our MDT.

Don't let your teams have become stagnant. Don't let it be the same people, the same song and dance. Continue to challenge yourself. So we've talked about all this great stuff and how collaboration works, and it does work.

I am a believer because I've seen it work. I was a part of helping get a multidisciplinary team together, but there's challenges. So we're going to send it to a poll to Kevin real quick.

Our poll question. What are the biggest challenges of collaboration in your community? Egos, communication, history, or understanding of each other's role, each discipline's role? OK, so it's kind of split across the board. Communication leads the way as the biggest challenge with 37%, and understanding each discipline's role at 31%, and then egos and history are in the teens.

Thanks, Kevin. So I think it's really interesting. So I'm going to use the communication one that you guys brought up right away. Look at the example that I gave you right off the bat when we were talking about an MDT and how we do communicate. We all use acronyms like it is the first language.

But when the first person came to me and was like, hey, do you want to be a part of this MDT? Honestly, in my mind, I was like, how am I going to be a part of a mobile data terminal? I'm already a part of it. It sits in my car on a daily basis.

But I think there's other challenges as well, that communication. How to communicate? Why to communicate? We teach our kids early on in life, if you have an issue with somebody else, talk to them about it. Work it out. Have a discussion.

But for some reason when we become adults and in our professional way, we seem to lose that concept it seems like. And I am easily bring that up because I was one of the first ones. Man, I would get mad, and I would just ignore people and cut them out of my life and not want to work with them. So how do we communicate effectively, productively, to come up with that solution? But there are also some other stuff as well, Stacey.

So I would say that one of the biggest challenges obviously that goes along with the communication and it's building relationships. And you don't have to like people, but we have to learn how to work with people. We all bring so much to the table just as individuals and then as disciplines that when we come together, even as a small MDT, we have got a lot of history, a lot of garbage, but also a lot of positives that we all bring to the table.

And I think that we also bring a lot of judgment. So I think it's about being real with ourselves and then also real with other people and true to other people. Let's stop judging people. If Mary Jo comes to the table to our MDT and she's in a crappy mood one day, maybe it's just because she just came from a fatality at the hospital. I don't know that, but I'm judging her on her behavior at the MDT because she's quiet and not really talking a lot and kind of doesn't really look very happy.

So I make a lot of judgments in my own mind. And I think that if we were to take a step back, and be like, OK, so what can I help Mary with? And if I can communicate with her and if I can build a relationship with her and understand some of that, some of that goes away. But oftentimes, we'll leave the meeting and be like, oh my gosh, Eric, did you see Mary Jo? Like, man, she's just rude.

We engage in that relationship tearing down than relationship building up on a personal level. But also I think as a discipline level, we can do the same thing. Instead of me as child welfare coming to the table and being positive about my law enforcement partners, I could destroy them in what they didn't do and talk about those kinds of things.

Instead, let's start building people up and stop with the judgments and stop judging people on stuff we're assuming. And I think as humans, we tend to go for the negative because it's-- I don't know, way more fun? I'm not sure, but maybe if we can be more positive. Go ahead, Eric.

So one thing that we always encourage when we're in person or even virtually when we're working with multidisciplinary teams and trying to get them up and going or trying to rejuvenate or revitalize them is take the first little bit of every meeting and have a discipline explain what they do, back to understanding that discipline's role. So I'm going to give you a true example about that disconnect. But once I understood it, it made a whole lot more sense.

So as you probably know coming from law enforcement and the work that we were doing, we had really strained relationships with kind of child welfare and victim service and stuff like that because what I had seen from my perspective is we're going into these houses. We're seeing these horrible circumstances. Let's say we decide to remove a child, and within 12 or 24 to 48 hours, this child's back in the house. That was so frustrating to me.

But once we started working in our multidisciplinary team, we started educating each other on what each discipline's role was and what they did, that understanding of each discipline. And it became known to me that part of child welfare's job was to try to reunify children with their families, which makes complete sense. But prior to that, I was like, why are we working against each other here? I remove them. You're trying to put them back.

And once I understood that that was part of their role in their job duties, it was easier to understand and that frustration kind of left. So we really encourage at the beginning of all of our multidisciplinary team meetings, take 10 minutes and have a new discipline explain what they do. What's your role? What's your responsibility?

What are your laws? What are your policies? What are you trying to get out of this? Because that understanding of what each discipline's role is in a case or an investigation or in a vision and community is going to be really important, and it's going to help eliminate the frustrations that have been there for years.

The other one, history. There's a lot of history. I got to tell you when I first got into law enforcement, I was told right away that working with child welfare is rough. I come to find out they were the best partners I ever had. But that history of the two organizations was really, really rough.

And like with victim services, I had other deputies and other officers come up and say, I don't really know what victim services is really doing. Well, take the time to understand what they do. Understand their role. Understand that importance, and vice versa, understand our role. But that's with every discipline within your community.

So we've kind of talked about a little bit of the challenges. What are the benefits? And I think I'm going to lead into the next poll question for Kevin. There's got to be benefits that come with this, or why would we be doing this? So what are the benefits of collaborating together? So Kevin, I'll turn it over to you for the next poll, buddy.

Yeah. Thanks, Eric. And like Eric said, on the flip side of that coin, what do we see as the biggest benefits of collaboration in your community? Better use of resources, that are outcomes for victims and survivors, and better communication between disciplines. So overwhelmingly, 75% or so mentioned that better outcomes for victims and survivors is the biggest benefit of collaboration, so very victim, survivor focused, followed by resources and communication between disciplines is in the teens.

Kevin, I love that. And we want to follow up. Stacey, what's your thoughts? That's amazing.

That's what we want to benefit in the end. Obviously, we want to reduce those frustrations around resources available and that communication between one another, but that ultimate goal is what? It's the better outcomes, right?

I honestly think that's super cool that the majority of folks picked that one. There's not a wrong answer because they're all huge benefits, but I think if we're seeing better outcomes for victims and survivors, then you're already doing the resources in the communication as well. So I love that.

I think that's going to be-- obviously we want better outcomes, and we want your efforts and your MDT to be focused on how to get to those better outcomes and to be able to try different things. Sometimes we get stuck in, oh, we've done it forever this way. Let's continue it.

The benefits of the collaboration is that you guys will have more opportunity to have different ideas. If Eric and I are the only ones coming to the table, we have two people coming to the table with ideas. If you've got four, then you've got four times as many ideas. If you've got 10 people, then you've got 10 times as many people or as many ideas because each person will bring in different ideas.

And I think that's how we get to that better outcomes is that we bring different stuff to the table, and we try different things. And I love that part of it. I think the MDTs can be so instrumental in moving things forward to address solutions in the communities around any issue.

So I love that. It's changing trajectories. It's changing trajectories of children, of families, of communities, changing the way we're making better outcomes. But also don't ever forget to share those wonderful stories. Don't forget to share the stories of better outcomes in your multidisciplinary team meetings. Highlight them.

Celebrate them. Rejoice them because that is going to be your fuel to continue as well. Don't let it be a tragic accident or a tragic incident that occurs. Let it be the better outcomes that fuel you.

So I think some other benefits that we've seen across the country and that I really do think that MDTs have an opportunity to do is to provide each other with more information. You saw that heart, right? What if the heart was this big or this big with that many different puzzle pieces all coming together? Remembering the more information that we have makes a difference for whatever your efforts are focusing in on, whether it's domestic violence or victim services or whatever. The more information we have, the only way to get that is through that true collaboration piece.

And then I think the other big thing is it allows for people to understand what other people are doing because that collaboration piece is going to be part of the communication piece, right. So if Eric and I are working together as law enforcement and child welfare, he knows what I need from him and he knows when I need it. I don't need it when you do your report 30 days from now. I need it within the next 72 hours so I can go to court. Oh, you're going to go to court with me?

Perfect, that's even better. But building those relationships is going to be huge because Eric will know what I need from him, and I will also need to know what he needs for me. Oh, you needed the pictures that I had from the scene? Oh, let me send those over to you. I think that's a huge opportunity too, is that when Eric needs something, I will be there because we built that relationship.

I don't have to like him outside of our work setting. I don't need to know anything about him. All I need to know is he's reliable. He's trustworthy, and he's going to get me what I need when I need it. And that's that true collaboration piece, and that's a huge benefit.

If you think about how that would impact you and your job now, man, it would have totally impacted my investigative skills back in the day if I would have just done more collaboration. And it doesn't take a lot of time. The relationship building is what takes the time. But once you have that, man, it's really beneficial.

So I also think that one of the benefits is less frustration. You have less frustration amongst disciplines. It shows that you're all on the same page. I really love it because it offers direct services to the victims and the survivors, not just trying to fill in holes.

Through that collaboration and stuff, you really know what services that the victims or the survivors need because it gives you better knowledge of the entire picture of the life of that family, the community, and the child. All right, Stacey. I think we're moving on to the next section here.

Perfect. Ongoing change. And just like with ongoing collaboration, it is not going to stop. It is going to be ongoing. So that change is to make or become different at the individual level, the discipline level, and the community level because you can't expect the discipline to change or the community change if you're not making those changes as well.

And that goes for all of us, Eric and I included. If we want to see change happen, we have to start right here with ourselves every single time. So what if we do not change, right?

Because oftentimes, people don't want to change. So if you decide after today that you don't want to change or your community decides that you don't want to change, here's the picture. Everything will be the same. You will feel the exact same way, and you will have the exact same outcomes you do today.

So I'm guessing all almost 400 people on the line today came because they wanted change. They want to see something different. You're setting up an MDT, or you're enhancing it, or you're building it, or you're just trying to make it focused on something different.

Whatever it is, you're going to need to make those changes because you want to see something different. You want to feel something different, and you want different or better outcomes. That's why we have to have that ongoing change. And I have to tell you, you know it, I know it. It's worth it. It is worth it in the end.

So how can we change? We know, like we said before, that you have to start with yourself in order to expect that community or social change will happen down the road. And it's not going to be instant, but some things are simple. How about just the way you do mandatory reporting? Do you understand that?

Maybe you can do it different next time, or maybe I can gather different information and take an evidence collection class to gather different evidence for children and families or for whatever it is that you're utilizing information for. Or what if I changed the way I provided information to people? Or what if I changed my education level, and I got more educated on domestic violence or on another topic? Those are all things that I can do right after we hang up today, right.

So there are changes that you can make that are super simple, and then there are changes that you need to make as an MDT. And that's part of the strategic planning process. And obviously, if you needed help with that, we could definitely help with some of that.

We do a lot of strategic planning with our alliances, our MDTs across the nation and in Indian country. But the important thing is talking about what that change looks like, what we're going to do short term and what we're going to do long term. And then the long term ones, how are we going to get there? What steps are we going to take? Because we have to figure some of those things out.

So I think that leads us right to this, Stacey. The more information we have around how we can change and how we can do things different and the more information that we can bring to the table, the more informed decisions that can be made, which is going to increase what they agreed on, that increased likelihood of better outcomes for the victims and the survivors in our communities. So one of the ways that we set up and start establishing MDTs, multidisciplinary teams, DEC alliances, however you want to call them, is we use what we call at National DEC our roadmap and toolkit.

This can be found on our website at www.nationaldec.org. And we're going to go through some of the components of that. And some of those components are, we're going to talk about that awareness, that awareness piece to make people understand what you're there for? What's that vision? Why are you together?

Implementing some strategies, and then institutionalizing. If we can't institutionalize it, why are we even starting it? We have to go into it wanting to sustain this or institutionalize it.

So these are also the three phases that we recommend your MDT going through and keeping in mind that it doesn't have to be drug endangered children focused. It can be whatever focus you have. So Eric, do you want to talk about the awareness or start with it?

Absolutely. So that awareness piece is something that you're always going to come back to. When we talk about these stages, it's not going to be like you do awareness then you go to implementation then you go to institutionalization. You might actually bounce back and forth between the two, always revisiting that awareness and every stage. So we want to create awareness of the problem.

You guys have come together. The multidisciplinary team is there. What is the issue? What are we focused on? What's our vision? Go ahead.

Make sure that the awareness piece is broad. Like Eric and I are different people. I don't do videos. If you send me a video, I'm not watching it because I hate them. Now, if you send me a one pager, I'm going to open that puppy up right away and read the whole thing.

So keep in mind that people learn differently, and people accept information differently. So do social media. Do one pagers. Do brochures. Do them digitally.

Do them online. Do Live Facebook. Do Twitter. Do Instagram. Obviously, in-person stuff is great as well.

Any way that you can create awareness of the problem, you should be. And it should be from now to forever, whether that's with professionals or your community. That's something that your MDT has to decide as to who is going to get that awareness piece.

Perfect. Make sure you're identifying that leadership. Who's going to lead this mission? Where is it going to land? Stacey talked about it a little bit.

We've seen our multidisciplinary teams and our alliances end up in many spots, whether it be district or county attorney's offices, whether it be in coalitions, whether it be in child welfare, whether it be in law enforcement offices. It doesn't matter. Who's the leadership? It can't just be one organization. If you're going to have a multidisciplinary team, it has to be a representative of multidisciplinary disciplines as well.

Identify the stakeholders, the interested stakeholders. Who is seeing the problem that your vision is focused around? For us when we talk about drug endangered children, who sees these children? Who is in these children's lives? So identifying the teachers, the probation parole, the drug courts, law enforcement, fire, EMS, prevention.

We talked about the cable companies, the HVAC companies that might have the opportunity to see kids in their homes. Be broad. Continue to add disciplines and community members to your group.

And then providing awareness training just another way to create awareness of the problem. Obviously, we focus on a lot of awareness training. We have a curriculum developed. Yours doesn't have to be formal, but it should be something.

If you're going to law enforcement, maybe it's a 15 minute briefing training. Maybe if you're going to a meeting, it's a 15 minute meeting training. What does that look like? What are you bringing with?

And then initiating a community assessment. I don't really care what efforts you have. If you don't know the data in your community, you are missing a part of it. We're not talking about redoing research and all of that in the community, we're merely talking about gathering the data that's already out there from all of the different stakeholders, from all the people that sit on your MDT, but then all the other places as well.

Are there nonprofits? Are there hospitals? Are there government agencies? Who can you bring to the table with data that can show what impact you are wanting to look for? And some of that data will guide where your efforts go as well and what your MDT will focus on.

So for example, if your MDT comes together on teen pregnancies, and in the north area of your county, you have very little prevention efforts and you have high teen pregnancies, well, maybe we need to do something different up there, right. So that data would guide some of your efforts, and I think it's really important that you have some of that data pulled. And it's easy to pull. It just takes a little bit of time.

So the last one is one that if you're established in a DEC alliance or drug endangered children alliance, we always want you to reconnect back with us because of our resources that we offer and stuff like that. But if that is not your focus, obviously, you want to reconnect back to if you have a state organization that is involved or even a national with them. Then we move to that implementation. We have to continue that awareness training.

You have to continue that awareness of the issue. You always have to continue to put that narrative out there. Why are we here? What are we working for? Continue to engage.

You've identified the leadership, now engage them. Engage the stakeholders. We want you to be a part of because we see that you are a part of the issue that we're combatting, and we want you to be a part. And then when we talk about DEC issues, we want people to participate in the DEC approach training, which is that next level of moving from awareness to action.

And then we talk about the community assessment again because you have to complete it. Part of that completion is the dissemination piece. Find ways to disseminate the data that you've gathered. Write it in a short report. Have it in a pamphlet.

Show what the impact is so your efforts are guided and justified at times. And you're providing people with different kinds of information. That data that you pull and that report that you write and disseminate will also be great for grant funding, for private funding, for foundation funding. So that funding can be an important piece as well because you can try different things.

And then obviously, identifying the disciplines involved, the people involved. We have to go beyond identifying as well. You can identify them all day long, but you have to engage them in some way. So figuring out different ways to engage them and truly bringing them on board. And in what capacity are they going to sit on your MDT?

Or are they just going to provide expert testimony or expert information or a pamphlet or whatever? Just thinking outside the box, and then obviously the connecting with National DEC. Obviously, Eric explained why that's there. And I think that's important to continue to think about who that you can connect with as well.

And then the institutionalization phase. You have to institutionalize your efforts. Your MDT cannot just be an informal get together between seven disciplines that bring coffee and talk about stuff. We have to start moving past that, and hopefully, everybody on the call is past that. But we definitely see that a need to institutionalize those so in five years, in 10 years, it's still happening.

Perfect and then we want to talk about that consistency. So how to continue the training? How to continue the meetings? If you have a multidisciplinary team, you want to continue to do that training around that local development, what we talked about at the first stage. Have each discipline talk about what they do, what they need, how the team can benefit them because in the end, it will benefit the vision that you have focused on.

We talk about train the trainers in the communities when we talk about DEC efforts because that's part of that sustainability. We want people to be able to train that awareness piece and that action piece. And then start developing protocols. What's the protocols? What's everybody doing?

Be specific with it. What do you want each discipline, each professional, to do? Map it out. Make sure everybody understands what their role is and what is expected out of them because if they don't, then we're going to miss those areas.

Just establishing the MOUs, again like the protocols, it makes it more formalized. With MOUs, you're also going to want to develop confidentiality rules and regulations around your group and have people sign confidentiality agreements in your MDT. I know that there's been a couple of questions that we'll get to either in writing or verbally if we have time around confidentiality, and that's going to be a huge factor in how your MDT functions. So a lot of times, the confidentiality is part of that institutionalization piece.

And then we always recommend regular meetings. Some of you will be mandated to do monthly. Some will be every other week. Some will be quarterly. Do what works best for you.

If you are mandated to meet quarterly and you want to meet monthly, go for it. Meet monthly. And if some of you need to subsect off into like a work group, we've seen that be really functional as well.

And then continue to reassess. We can all be really great and think we're in a really great spot, and then we do an assessment of how we're doing, and not everybody thinks that. So it's really good to be honest and open about what can we change? What can we do different?

That didn't really work. Let's not try that again. And we have some of these things on our website in regards to identifying different disciplines and leadership, about the community assessment, about reassessing everything that you're doing, protocols, MOUs.

If you want to take a look at our website at nationaldec.org, you can take those off of there and make them yours. It's free. You just download it. If you need them in a different format, you can get in contact with Eric or myself, and we can change the format.

But we developed a lot of this stuff so that MDTs are successful, so you don't have to develop them. We even have a protocol form for addressing substance use that you could probably adapt to addressing other things. So just trying to make it easy so you can move your efforts forward in your MDT.

With the regular meetings, be consistent. Keep them consistent. Make sure people know when they're going to be. Don't let it be kind of sporadic here and there. Set the criteria up front.

If you tell them it's going to be an hour long, let it be an hour long. Don't make it an hour and 15 or you will lose people. Keep to your timelines. Set your expectations. I expect you to be at the meetings or a representative.

And if that person or somebody is consistently not showing up, it's time to reassess. And maybe there's somebody else from that discipline that needs to be invited. And that's OK. You can do so professionally without being unprofessional, and it's not about making everybody happy. If somebody can't make that time commitment and they don't know how to tell you they can't, maybe you address it and go to them and say, hey, listen.

You missed four out of the five meetings. I need somebody more consistent. Can you find somebody else to either replace you or to fill in when you can't be here? Set your criterias. Let people know up front what it is, that way there's no question as you move forward.

And with the reassessing, man, always reassess yourself. Things change so much. Reassess what you're looking at and the importance of what you're doing.

So we want to talk a little bit about some of the benefits because there are lots of benefits once you establish a multidisciplinary team. And I would tell you for me pre DEC, I didn't see the benefits of them because I didn't even know what they really were. And a lot of ours were stagnant. They weren't moving. They were the same people, same topics, we really weren't making any progress.

Some of the benefits that we have seen across the United States and personally is assist in establishing and maintaining sustainable efforts within the community. We want that sustainability. Why are we here?

Provides a common vision. Obviously, we talked a lot about that because we think it's really important that it brings people together and keeps them focused.

Brings leadership in the development of programs and policies and service. So we highly suggest with multidisciplinary teams that you bring two levels of representation to the table. You have to have an administrative level, but you also have to have a field worker. So many of the multidisciplinary teams are administrative heavy, and if you don't bring those front line workers or those field workers to the meetings as well, you're going to miss the connection. There's going to be a gap there, so we really recommend that you bring an administrator and a field worker and both have the same voice.

And then enhances partnerships. Man, I have to tell you, this is one that we have seen across the nation. It's huge. You have an opportunity to enhance and build partnerships through the MDT that maybe you wouldn't have outside of that.

And then overarching benefits of the multidisciplinary team obviously develops the collaboration between the disciplines and agencies. And I have to tell you, it develops it on a level that is unprecedented, but it depends on your team and how you guys define your collaboration and how much you get into it. So you have an opportunity to make it huge and impactful.

It's going to assist in the coordinating of resources and services and practices that maybe we won't be replicating things and we won't be sending people to services that they don't really need, or we miss it, that if we got a domestic violence and we know substance abuse is involved in it, they're getting both domestic violence services and substance abuse services. So it's assisting and coordinating all those things, so victim service providers are going to be huge in these efforts.

And then improves interventions, advocacy, and services. And I think all of those are going to be huge. Not one is more important than the other, so keep in mind the importance along the way to have those folks in your efforts.

And the ultimate goal for us is increasing the likelihood of better outcomes for your community on whatever your vision might be.

And then changing attitudes, I feel like the MDT is like your boat, and we all make the boat float or we all sink. So we're all in it together. We're all stronger together, and the more good we're doing in our communities, the better attitudes we have for not only each other, but the work that we're doing as well.

So with it also comes some individual benefits that you will see. It increases information being shared between the disciplines. You have that connection, like Stacey talked about that, that person or the persons that you can go to that will give you the information that you need to make your cases easier.

More efficient use of limited professional resources. These all seem like things that we've all talked about, which is awesome. But I think we're just trying to reiterate some of these.

Well, we skipped over one. It's more informed decisions and more appropriate intervention strategies. We want to intervene as soon as possible. The earlier the intervention, the better we are, and it's going to allow for better trained more capable professionals. If you understand what everybody on that multidisciplinary team's goals and their jobs and their perspective are, it's going to allow you to be more capable of providing that information.

And then we see more respect in the community and less burnout among professionals. Especially with a lot of the awareness stuff they know why they're doing it. They know that there are other people that are helping, and people will see what you all are doing it through your MDT.

And it also increases the trust amongst the professionals. Trust is a huge issue. Let's be honest. And we have to be willing to talk about that. There's been a lot of stuff in a lot of areas that have broken that trust amongst disciplines.

Whether it be factual or not factual, we have to be willing to discuss those. It will build trust at the end of the day, and it will change that culture. And we will now have new professionals coming into our community looking at collaboration and multidisciplinary teams as a given, not a goal.

So the key to success, and when we look at this, we talk about this quite often. You have to have healthy, open communication. It is mandatory. It has to happen. Each member of the multidisciplinary team must be willing to commit to healthy, open communication.

What this looks like is, like I said, if somebody isn't coming to the table like they're supposed to be, you have to be willing to communicate. If you have a difference on how somebody looks at something, it doesn't have to be an argument. It can be a conversation. And try to explain and work through it, whether it be through just a conversation or an activity, a tabletop activity.

Work yourself through it as a multidisciplinary team. Communicate when things are not working. Man, I can tell you, I know the number of times when we started in our DEC alliance that I went to either a discipline or the multidisciplinary team as a whole and said, this isn't working. What you're asking out of us or what we're seeing isn't working. The communication back isn't working for us.

It wasn't rude. It was never directed towards an individual. It was just an overarching comment, but it was addressed.

Commit to finding resolution and solutions when they arise. Don't ignore them. Deal with them, and that is one of the toughest things to do at times if you're not of that personality is deal with the situations. Deal with the issues.

Refrain from being controlling or egocentric. This mission isn't about you. Any multidisciplinary team that you're involved in, if you think it's to put a pin in your shirt or to advance you in your job, you're in for the wrong reason. This mission, any multidisciplinary team isn't about you. It's about the community and the individuals that you serve.

Share openly when possible, but do so professionally. Agree upon doable common goals, and plan to get there together. What are the goals? What's that vision? How do we get there?

Are they doable? If they're not doable, be willing to say that is something we cannot obtain. That is something I cannot do because of policy or confidentiality, whatever. Open communication amongst members is a must. We're going to talk about and we're going to hammer the communication.

It is in keeping the MDTs running smoothly. When conflicts arise, resolution needs to be sought out immediately, quickly. You can't wait until the next meeting.

Call people together. Deal with the conflict. Deal with it quickly. Deal with it professionally.

So confidentiality policies accord with legislative mandates, agency policies, professional practice, and the goals and interests of the group. I know that there's been several questions in regards to confidentiality and that kind of thing. Please iron that out early on. Get confidentiality agreements signed quickly.

And if attorneys need to get involved, that's OK as well, but also provide that confidentiality training as to what you can provide, how you can provide it, and when you can provide it. And if somebody can't provide something, that's OK. Sometimes that's going to happen, but sometimes in the group, there are ways to work around some of that. So make sure that everything you do is legal and up to par and really focusing on the confidentiality.

And then the conflict resolution practices that ensure core issues are aired and resolved-- Eric talked about this-- satisfactorily based on mutual respect and recognition. I'm going to go back to that respect piece. We have to start respecting other people and their opinions. Doesn't have to be your opinion, that's OK. Everybody's coming to the table with different ideas and opinions, and we have to be very respectful of that.

I want to hit on the confidentiality piece, too, Stacey. I don't monitor the question and answers, but a lot of the stuff comes up around HIPAA and stuff for us. If you're running a multidisciplinary team or you're a part of it, there is no reason that we are not getting educated from an expert on confidentiality stuff.

There are experts within every community that can speak around the confidentiality and the true HIPAA standards. We have to quit assuming we know what it is if we're not the experts. We need to make sure we get trained on what the answers are to those and quit assuming because with a lot of assuming, you're going to cause dysfunction within the multidisciplinary teams.

And I think if the confidentiality pieces are not addressed upfront and very quickly, they will continue to be an issue throughout your entire MDT.

So make sure you're periodically self analyzing and outside evaluations on how the team is working. We do this on a regular basis. We actually just did one in the state of Wyoming where we analyzed a team from an outside perspective on how they were working, and we're getting ready to go next week to Montana to do the same with a multidisciplinary team. So make sure you're analyzing within, but also externally to get a perspective.

And then at the end of the day, support the members in the agencies of the multidisciplinary team. There's a lot of trauma out there in what we do and what we see, that vicarious trauma. Make sure we're supporting our members and our agencies. Stand beside each other. Make sure we're taking care of one another at the end of the day so we're healthy enough to help our victims and survivors.

So it brings us to the question and answers, and so we have a couple of minutes. There were a couple of questions in regards to virtual MDTs. I think that's one that we probably should address since we're not seeing the virtual world stop.

But I do want to say that if we do run out of time and cannot get to your question or you didn't get an answer in writing as well, please email us at info@nationaldec.org, and we would be happy to answer those questions. That email comes to Eric and myself, so we can answer those questions. We just want to make sure that you're getting your needs met for this particular conversation.

In regards to the Zoom for the virtual world, yes, we are still in it, obviously. Welcome to the Zoom, right? You guys are obviously experiencing it.

I know that we're seeing a lot of Zoom fatigue across the nation as well of people just not wanting to do anymore, which I totally understand. But Eric, do you want to start the conversation on your expertise and advice as to how to keep people engaged or get people engaged in your experience on some of the Zooms? And I can do the same.

So actually, the virtual world is really kind of, in many ways, I know it's been a pain, but it's really assisted in the gathering of multidisciplinary teams. It's allowing us to do many meetings where at one point we couldn't drive from one to another. I do believe that the Zoom and virtual component will continue to be a part of every multidisciplinary team or DEC alliance moving forward because some of our teams, our members have to drive a long ways. or double booked.

So I would suggest that we stay away from the phone call call-ins, and we use like the Zoom platforms, the Teams platforms, the webinar platforms-- I'm not selling one product or another-- whatever that we can see people. Try to require people to be on camera. It allows them better engagement, and also be willing to share screens.

And if somebody has something there to present, get it ahead of time and make sure we're sharing so our virtual community can be seeing it just like it was in real time. For all that I've been frustrated with the virtual world, I have to tell you I think it's allowed a lot of multidisciplinary teams to expand, but it's also held some of them back. So you can go either way with it, but I definitely think that having the video portion of the virtual meetings is essential.

I also think that there has to be incentive for people to come to your MDT, whether that is going to be a learning objective at the beginning, like a different discipline talking about something, or a new piece of data that you found. Get them there, and give them something. Obviously, you can't bring coffee anymore because in the virtual world-- unless you want to mail it to me, you can't bring coffee. And people often gathered around food and beverages.

So we have to think of other ways to incentivize those people that need it. But also, it enhances the work that you're doing as well. And then also maybe it's having an agenda every time. We know that when you send out an agenda, people can start to think about it and start to have buy-in around the topics that you're going to have. And also reaching out to folks to see what topics they would be interested in having or interested in talking about, to maybe get folks to have buy-in to be there.

And then always sending notes after to say, hey, this is what we talked about. Just wanted everybody to be on the same page. And then those that don't make it can also be up to date on what you're doing. And then the other thing that we recommend is any time you can do polls, breakouts, something visual. We have one meeting that we have every Friday, and it's anywhere between one and two hours.

It can get monotonous, right. So our manager of that brings a joke to the table a visual joke every day. And I honestly, I get on early just so I can see the joke. And it's like a cartoon character, whatever, making fun of the job or the work we're doing, or something that bring people to light. But I love it so much that that makes me get to the meeting early.

So I think thinking outside the box, but utilize the Zoom or the virtual world to enhance your efforts, not impede it. We've heard so many people be like, oh, when COVID's over, the virtual world's over, we're going to get back to meeting every month. And we're like, yeah, it's not going away, and it'll just be another excuse.

So start your efforts up and keep them going and don't use things as excuses because we can all do that. And we all do it at times, but we have to stop doing that. Use the virtual world to springboard you into the next phase of your MDT.

You got another question, Stacey?

[INTERPOSING VOICES]

So I did want to share with folks just a couple of comments. And this is not me, this is an attendee. I can speak from experience that starting each meeting with a group member sharing who they are, what they do, and how this relates to the group vision and mission, so helpful, highly suggest implementing.

And then there were a couple other ones. We're not going to get to all of the questions, so I highly recommend you email them to us. Zoom has been great, opened up opportunities. Virtual meetings have helped us coordinate, not necessarily collaborate.

So I would just I recommend doing some of the things that we talked about, getting out of that coordination piece of it because I do think that that collaboration piece could move you forward. One more, and then we'll turn it back over to Fox Valley for a couple of minutes I believe. Another person said we offer door prizes, icebreakers.

We give opportunities for members to give praises on what went well for the week, and very creative. I think that's awesome. So lots of people doing a lot of great work. I think this will hopefully help enhance some of the things that you are doing.

So I love that they're sharing that stuff because-- you know what? Those are actually the promising practices that make stuff successful, and let's share them. And I love that concept. Thank you for sharing all that kind of stuff.

So Stacey, I'm going to have to cut you off. I do want to promote our new app. We got a new app coming out in the next few weeks. It is called Check DEC. It will be available on Apple and Google Play store, and it is going to be an app that is around victims, but also professionals in the community, around children being affected by substance misuse.

So please be looking forward to that. And again, we want to thank you so much for your time. And with that being said, Kevin, we're going to turn it back over to you, sir.

Thank you so much, Eric and Stacey. I love your presentations and your delivery and that's been echoed by a lot of people in the Q&A. So thank you for joining us and presenting all these different techniques for MDTs.

Again, thank you, Eric and Stacey. This concludes our webinar today. Thanks for sharing your time, your knowledge with us.

It's always a pleasure to see you. I want to thank, again, all of our attendees who are joining us today on this webinar. So we hope that you can join us again for future webinars, and we hope that everyone has a great day.