MAINE COUNCIL FOR ELDER ABUSE PREVENTION

November 7, 2014
9:00-11:00 A.M.

Attendees:
Judy Shaw, Arian Giandris, Pat Hood, Kathleen Willette, Jill Randall, Kiera Finucane, Brianne McNally, Elizabeth Ward-Saxl, Betty Balderston, John Cronin, Elise Baldacci, Kelly Glidden, Molly Baldwin, Marisol Tanguay, Don Harden, Trish Thorsen, Lynne Caswell, Joel Merry, David Bernier

9:00-9:15
Introductions, welcome new members, approve minutes

- Kiera Finucane, Office of the Public Advocate- this is Kiera's first month on the job and she has just started taking calls from consumers- especially elderly clientele. Strike with Fairpoint is starting to impact the elderly people in Maine, especially by increasing isolation. Please encourage people to reach out to the public advocate or the public utilities commission for assistance.
- Elise Baldacci, Maine Credit Union League
- John Cronin, LPL Financial
- Minutes approved

9:15-10:00
Discussion with Direct Care Workers

- Don Harden, Catholic Charities of Maine and Mollie Baldwin, Homecare for Maine

  Statewide Homemaker Program: regulated to 8 hrs a month. Dealing with the instrumental ADLs (light housekeeping, grocery shopping, meal prep, errand related activities)- not related to personal care. Sometimes this homemaker is the only person who comes into the home to visit the older person.

  Workers only get 2 hours a week with the client, it can be difficult to observe elder abuse. They go in with an agenda to help the person, so often they get so involved in making sure the tasks get done that some homemakers are not aware of signs of elder abuse and otherwise don't know what to look for. If they come across instances of suspected abuse they are told to report to area supervisors, who meet with quality and compliance and they choose how to handle the report.

  No training related to elder abuse. This amounts to much of the work force not knowing to be alert to elder abuse/exploitation. This is unless the care provider has been in healthcare for a long time, or has other related experience- then they might pick up on it. If someone is new to the program then they might not be tuned in with what to look for.

  Training: Home Care for Maine (personal care assistance in all 16 counties, 550 workers, 900 clients). Required to give 8 hr orientation- abuse and neglect is included. This includes mandated reporters- the worker reports to supervisors, and supervisors then tell them to go to APS. Workers have difficulty because it seems like APS doesn't do anything, no loop back after APS report is

made. They make repeated referrals. Also required to have a 50 hour certification course, the curriculum is developed and mandated by the state. Also covers abuse and neglect.

Division of Licensing is looking into complaints against workers. A big challenge in this profession is the disappearance of medications. If this happens, the process is for the company to call law enforcement, no way for HCM to do an investigation. This can be a challenge for the consumers to feel comfortable reporting to police because the care provider is charged with keeping this person safe and home.

Workers might suspect the family member, but that family member is often part of the supervision of the worker in the home - this is an incredibly hard circumstance. Need more training, but resources are limited.

Homemaker Program: no defined training requirements. Not a licensed service so they develop their own training. Currently this entails general agency orientation and specific program training. People understand abuse and neglect as it relates to mandated reporting, but recognizing the signs is something that is learned over time. How do you train on this?

Reporting process: Incident is reported to the supervisor, and often is reported to APS, and workers are encouraged to contact the police. More often than not, you're left with a situation where something of concern is noted, and you want to follow-up on it, but there's no one to follow-up with. Police can be hard to work with if they have their own biases about the elderly. Generally unclear about what you do if the person is isolated and it seems like APS isn't getting involved. Depending on where someone lives, if you pull the caregiver out of the home than that person won't get services because there's no one else to provide the care. Without services the elder may need to be institutionalized,

Sometimes the exploiter/abuser is the only person in the elderly person's life. Who would be the "middle layer" of interveners- what do you do with a person when APS won't get involved yet because the circumstances don't warrant it? If the action isn't criminal and it's lower level neglect, there's nothing established in the state to provide supports to the homemaker/caregiver.

Care providers sometimes see that an elderly person is afraid. Afraid of retaliation from the person who is abusing them, or they don't want to lose them because they don't want to be alone. If the agency reports something, then the caregiver/homemaker is dismissed from the home because they have overstepped the bounds of trust- and that leaves the elderly person in a much more vulnerable place. Especially if the person is homebound. Need to get someone else in the home as a confident.

- **MCEAP:** Education and Awareness committee might be able to help craft some materials that wouldn't focus on APS reporting, but rather, red flags that you might observe when you go into the home. If they want a training we might be able to help. One of the policy issues that the Council might look at is how do we fill the gap between when suspicions arise but APS isn't involved yet (similar to Senior$afe and RADAR).

  HCM: they experience challenges in the realm of maintaining boundaries because the caregiver can have a very strong relationship with the consumer. Intimate care for a person makes it difficult

to hold up boundaries. Even when things start out well intentioned it can "go south" very fast. Emotional sharing of information between consumer and caregiver- thinking that the caregiver is like a daughter. Some consumers don't understand that the caregiver is a worker, they think they are doing this out of the goodness of their heart. Consumers then give up the ATM card with PIN.

Catholic Charities: Two trends that are significant: 1) making sure they are policing our own workforce as far as exploitation, etc. and 2) the complexity of the people that they are working with (mental health, substance abuse, etc.) has changed, they would like to be able to have people specialized to deal with each sub-population. Need to take a look at the level of reimbursement for these services so they can have a better shot at hiring a higher quality workforce. When you are having a hard time filling the open positions, you can't be as choosy. This is especially important in an aging demographic. $9.25/hr, mileage reimbursement (not reimbursed by the state), many things are not reimbursed by the state.

It is becoming increasingly challenging to hire people without a criminal background. Need to address the criminal background check. There's also an issue with a person who might not have a criminal background, but is a "bad apple"- there are confidentiality issues that can't be shared between the agencies and because there's no licensing requirements this gets lost.

Unmet needs: not enough eyes, especially newer workers- they don't see the things that are going on, not apt to pick up on an abuse situations. Not apt to see the signs of fear (if the worker moves fast and the elderly person jumps back). No food in the home even though it's pay day and they have food stamps…. what's going on? Learning how to establish the trust that is required to ask the questions and get the honest answers takes time and experience. Clients report that caregivers are "best friends"- this presents issues of confidentiality if something needs to be reported. NEED more training even though there's no money to do this.

Supervisory level: people who have oversight over the workers span over a large geographic region and many workers/consumers, required to have contact two times a year. Would be better if these people were on the ground more frequently.

Direct care worker should be the one to make the report to APS- sometimes this is not the case, depends on the agency. Sometimes the supervisors are the ones to do it.

Self-pay? Out of 900 clients there are maybe 15 private pay (LTC insurance), very few homemaker clients are private pay.

- Maine Office of Securities and UNE Geriatric Program utilize a pocket guide for recognizing instances of financial exploitation and abuse in an educational program they have provided medical providers - this will be extended to direct care workers. Also, the program has been modified to be provided to lawyers and judges and Maine will be a pilot. The program was created by the Investor Protection Trust and Baylor College of Medicine.

- **MCEAP:** Quick reference cards for providers would be fantastic. EMS work group will be doing a red flag portion of the training, these would be similar red flags- potential overlap. A professional tool could elevate the way the direct care workers feel about themselves, make them feel more professional.
    Across the board, the red flag quick reference card- it's great the MCEAP can help fill the relatively easy gap to fill. Would want to be clear on the reference card who is appropriate for

APS referral and who isn't (and where they should go to make the referral). Also need to make clear that when they ID a red flag what to do. Need to find a way to reinforce that making a report is a positive thing. Hearing back from APS, could there be a standard form letter that can be sent to the referent?

- **MCEAP:** Create a direct care worker working group to create this red flag card with resources (APS, LEO, Community Resources, EATF?), create a scripted letter for APS. Wait till EMS is wrapped up so this tool could be created and then adapted for the direct-care worker. Could merge the two groups when the card work gets started in the EMS working group.

10:00-10:15 Update from the Education and Awareness Committee

- **Roundtable:** Great success
- **Website Policy:** Please review and send comments to Jaye
- **Membership recruitment ideas:** Email Jaye if you have additions, or concerns, or could assist with identifying people to contact.
    - Judy could contact the Bureau of Insurance
    - Logisticare - agencies who have contracts with the state to provide transportation to MaineCare individuals - Lynne will follow-up.

10:15-10:30 Update from the Law Enforcement Officer working group

- RADAR card- request to print submitted. Once we have them in hand, we will circulate through the field. Waiting for final approval from DHHS to get this printing process going. Will be subcontracted to MECASA.
- Powerpoint- ended up being very similar to this year's required training program. This will take a back burner for the time being.

10:30-10:45 Update from EMS Working Group

- Kathleen WIllette, Cara Couchesne, Don Sheets, Samantha Massey, Lynne Caswell, Doreen McDaniel, Deb Halm, John Bonner
- Mandated reporting component with APS will begin with John Bonner reviewing the materials currently available. Once updated will be turned over to ~~DPS~~ APS to put ~~into put~~ on their website. Will have a component for EMS people. Before April 1st.
- Core mandated reporting training will be turned back to APS and MCEAP so it can be used.
- Also looking for a quick reference card, this will be phase 2.
- Open call for membership to MCEAP.

New business

- Coats for Seniors: great project through AAA- members are encouraged to check this out and support this effort.

- Multijurisdictional Scam Working group: has not yet convened, but invitations have been sent to Mark Waltz (Captain of Brunswick PD) to co-chair. John Barr, Kathleen Willette, Betty Balderston, Pat Hood, Lindsay Laxon, Christopher Tucker, John Bonner, and John Cronin have agreed to join. Judy has also sent letters of invitation to Janet Mills, US AG Delahanty, William King, Michael Field, Will Lund, Anne Head, Maine Prosecutors association. Open invitation to MCEAP. Mission: figure out ways to disrupt the business model of the scam artist. Goal to identify barriers and challenges to doing this, then figure

out creative ways to accomplish the goal. Plan to convene this group by early December.

- MCOA invitation: Because MCEAP is not an advocacy organization and MCOA is, several members of the group expressed concern that MCEAP becoming a member could cause problems for individual/organizational members of MCEAP. Don't want to lose the very narrow focus of MCEAP. Organizational structure of MCEAP as it relates to decision making could be very complicated if MCEAP became a member. Also because MCEAP doesn't have funds, no membership dues could roll from MCEAP.
    - Respectfully decline the invitation to join. Could extend to MCOA the individual member list and encourage all those who are interested to join, to do so.

- Organizational meeting in January. 2015 schedule hasn't been set yet, generally it's the first Friday of every other month. Complications in January, proposed to meet January 16th at 9-11: approved.
    - Executive Committee will pull together recommended schedule, calendar for 2015, basic information about the Council and standing committees, the roles of each and what those roles mean. Want to take a close look at who we are, how we are structured, review the mission to make sure it's effective and that we are focusing our work. Consider our use of the word "prevention"- MCEAP focuses on raising awareness and recognition, worth thinking about and making sure that we either consider our wording or consider our work.
    - Jaye Martin has indicated that she is willing to continue to chair Education & Awareness Committee.
    - Judy Shaw is willing to continue on as co-chair for 1 more year. Lynne Caswell has pointed out that both co-chairs are gov't employees and there might be benefit to have a private sector representative.
    - Elizabeth Ward-Saxl is Secretary, willing to continue.