

Meeting Minutes
Isolated Seniors Subcommittee for
The Rhode Island Governor's Commission on Aging

Date: April 19, 2016

Time :9-10 AM

Attendants: Charles Fogarty, Mary Ann Ciano, Dr. Brian Ott, Meghan Connelly, Erin Casey, Bill Flynn, Barry Zeltzer, and Carmen Roy.

The minutes were reviewed from the last meeting with Barry continuing to get information from case managers in and outside the hospital setting.

Today, as we had in attendance Mary Ann Ciano, the director of Adult Protective Services (APS), we discussed at length their role and what they will be trying to do.

According to Mary Ann, there is a misperception by the community and providers that APS is a first responder to reports of neglect, abuse, etc. Mary Ann discussed that they are not like child protective services, as elders are adults and have rights. If they are competent, they are entitled to make their own decisions—good or bad. The courts determine whether an individual is incompetent.

The DEA and APS acknowledge that there is a need to set up training at the hospitals regarding what they do and not do. Charles Fogarty discussed that they will be working on a concise booklet to give to all providers further describing their role.

A goal of APS and DEA is to look at the statutes from other states and see if the RI statutes need to be updated, as this has not been looked at since the 1990's. In the past, when attempts have been made to expand the APS scope, groups such as the Gray Panthers, ACLU, Disability groups, have come out in force to protest.

Bill Flynn then asked the question re: "how deep do we go as an advisory committee and what is our role re: DEA structural issues?"

Charles Fogarty confirmed that we as a group do have important information to bring back to the governor re: additional resources that may be needed for this department.

Charles Fogarty discussed plans in the future:

1. Trainings of staff and the community.
2. Easy to use and understand brochure.
3. Revisit the relevant statutes in 2017.
4. Further work on how best to have a feedback loop to providers who have made a referral. The challenge is how to abide by the law and not to go beyond it.

A major challenge at this time is that the APS does not have enough staff to follow up with all referral sources. Dr. Ott then asked whether the committee could advocate that the Governor look at increasing funding to add staff to get back to the referral sources so that the loop is completed.

Mary Ann Ciano discussed that there are many issues they face due to the lack of public guardianship, particularly with elders who are self-neglecting.

Dr. Ott discussed the possibility of working with the Alzheimer's Association on some of these issues. It was then brought up that the Alzheimer's Association works with caregivers, and the challenge to them is how to help when there is no caregiver or family and the older adult is incompetent. For these cases, the APS needs to become involved.

Again, the question was raised re: what we can do as providers, elder community workers etc. to help those individuals harming themselves who are incompetent.

Erin Connelly discussed that in RI, we have limited legal capabilities, and she will be looking at other states, such as CT and MA. There is a need for more guardians in the community and not just for those in facilities.

The next question posed by Dr. Ott is what can we do when a family member is preying upon the older adult? According to Mary Ann, these cases are referred to the Attorney General's office, but that the challenge is that with many of these cases, the older adult refuses to press charges. Unless there is frank physical assault, they are limited as to what they are able to do.

APS does report to the Elder Abuse Unit at the Attorney General's office and they do have a relationship with the state police. Mary Ann meets quarterly with the AG to review all cases. At that time, she becomes aware that many seniors end up withdrawing their complaints. If they are incompetent, there is still nothing that can be done, at least until their case is brought before the probate court.

The question then arose re: "How can we improve on this?" Discussion ensued re: whether we can get someone from the AG office to come in and give a talk to the advisory group re: this difficult situation.

According to Mary Ann, the APS is now down 2 caseworkers. The staff left and they are no longer in the budget to be replaced. In DEA's heyday, their staff was 110. Now it is at 28.

According to Mary Ann, due to the budget and staff constraints, they need to prioritize the cases. This is done as follows:

The first priority cases are those that involve physical and sexual abuse, as well as severe self-neglect.

The other issues of psychological, financial exploitation and the like are then addressed and all of these cases take a lot of time.

There are only 2 intake workers, but there is a dedicated fax line for all professional providers to fax directly their referral. The APS receives a lot of calls from the general public.

The DEA and APS work on training with all city and town law enforcement and their senior advocates. Last year, they did training on Hoarding in Older Adults. This year they are looking at Substance Abuse.

It then was brought up that the Miriam Hospital is seeing a lot of older adults admitted under observation status who are at risk. The DEA does cover only 3 days, but the hospitals end up eating the costs. When the APS has gone to talk to hospital administrators, they were told that HIPPA rules cover APS follow-up, thus limiting hospital to DEA communications.

Submitted by: Carmen Roy and Brian Ott
4/27/16