California Elder Abuse Statewide Summit
Safeguarding the Long Term Care Safety Net
Minutes from April 29-30, 2010 Meeting

Delegates:
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Presentations:

Presentation 1: Keeping Dangerous People Out of the Long-Term Care Workforce
Presenter: John Hill, Investigator, California Senate Office of Oversight and Outcomes

The Senate Office of Oversight and Outcomes was created by Senate President pro Tem Darrell Steinberg with colleagues from the *Sacramento Bee* and the *LA Times*. At the Senate's request, the Office investigated situations in which individuals who had lost their Certified Nurse Assistant (CNA) certification because of misconduct in nursing homes were cleared to work in other licensed facilities. The report drew from a Department of Public Health (DPH) database.
Key points:

- In 2006, the California State Assembly passed a law that required the Department of Social Services (DSS) to maintain a centralized database of workers sanctioned by administrative actions. The law, which was not implemented for lack of resources, permits the six state departments involved in worker regulation to share information.
- Under the current system, it is hard for consumers to find out about disciplinary actions against workers. For example, because the DPH database of CNAs is intended for employers, it requires nurse assistant's certification number for access and cannot be searched with names alone.
- Recommendations contained in the Office of Oversight and Outcomes report include legislation requiring DSS and DPH to identify individuals working in licensed facilities who have been subject to administrative actions and review their cases; clarifying procedures for barring individuals convicted of crimes to work in licensed facilities; and providing more information to the public.
- Earlier this year, DSS and DPH signed an agreement to start sharing monthly lists of caregivers and CNAs who have been disciplined.

Presentation 2: The Mental Health services Act (MHSA): An Opportunity to Develop Older Adult Mental Health Services and Promote Cross-System Collaboration
Presenter: Lin Benjamin, Geriatric Mental Health Specialist, California Department of Aging (CDA)

The mental health needs of the elderly are acknowledged in the Older Americans Act and CDA's State plan on Aging for 2009-2013. Lin Benjamin was hired by CDA with funding from the California Department of Mental Health (DMH) to promote older adult mental health service development. This includes:

- Participating in state-level activities to impact mental health policy development
- Engaging aging service providers to participate in MHSA programs

Key points:

- The MHSA provides opportunities for developing mental health services for vulnerable elders, caregivers, and abusers. It also provides opportunities for training and workforce development. These opportunities were described in depth in a packet Lin Benjamin prepared for the group.
- CEJW worked with Lin Benjamin to develop **Mental Health Service Needs of Vulnerable Elders: A Fact Sheet,** which is available on CEJW's wiki at http://cejw.pbworks.com. The fact sheet will be updated to add observations about the mental health needs of financial abuse victims.

Discussion of Issues/Problems

The Group's discussions focused on the following areas:

1. Long Term Care Workforce Issues
2. Education/Training
3. Integration of Services and Systems
4. Infrastructure Advocacy Group
5. Budget/Resources
6. Research Ideas
7. Enhance the Abilities of Older Adults

1. Long Term Care Workforce Issues

The long-term care workforce is composed of both informal caregivers (including families) and formal caregivers (both employees of agencies and those who work directly for elders). Both groups were discussed:

Informal Caregiver Issues

- The Centers for Medicare and Medicaid Services (CMS) view family and other caregivers as part of the long-term care workforce, leading to expectations that families will provide care regardless of their ability or willingness to do so.
- Family caregivers need support to prevent premature placement and elder abuse and neglect.

- Services for informal caregivers have been severely cut – Caregiver Resource Centers were cut by 83%. A key component that has been eliminated is the assessment of caregivers' needs.

Formal Caregiver Issues

- Workers with similar job responsibilities (CNAs, IHSS workers, etc.) who are employed in different settings (nursing homes, residential care facilities, federally funded, non-federally funded facilities) are licensed and overseen by different entities that are not able to share information. As a result, workers who are decertified by one licensing entity may be hired in other settings. Better coordination among these entities is needed to ensure that decertified workers do not continue to work in other venues.
- The implementation of laws related to IHSS worker background checks is on hold because of court action. This hold needs to be resolved and policy put in place.
- There is a need for comprehensive policy for screening and monitoring long-term care workers. Policies regarding exclusion and disqualification should be evidence-based. Just because someone has a criminal background may not mean they should not work for the elderly. Administrative background checks that reveal egregious behavior may be a better indicator or red flag than criminal histories. Other relevant information includes driving violations, sex-offender and child abuse registries, etc. Although some crimes cannot be overlooked, exemptions for others may be warranted.
- There is a need to "professionalize" the field of caregiving in the same way that the field of childcare has been professionalized.
- It is a "seller's market." The shortage of long term care workers is a barrier to quality control. Carrots, as well as sticks, are needed; we need to create incentives for workers to build the workforce in addition to regulation.

2. Education/Training

Those who work with the elderly, regardless of the setting, should receive training that promotes an integrated/coordinated response. Quality training should:

- Focus on recognizing elders who are vulnerable or at high risk for health and mental health problems, losing their independence, elder abuse and neglect, and self-neglect;
- Focus on recognizing caregivers in need of education, training, and support;
- Be cross-disciplinary with respect to gerontology, mental health, substance abuse, etc.;
- Be provided to gatekeepers, including providers of medical, dental, and mental health care;
- Address cultural issues;
- Include groups such as physicians and ombudsmen;
- Be targeted toward isolated elders;
- Include promising approaches such as intergenerational projects with students, infusing aging and elder abuse information into existing gerontology and related programs; and train-the-trainer programs

3. Integration of Long-Term Care and Protective Services and Systems
The multiple services needed by vulnerable adults and their caregivers (including support services, adult protective services, forensics centers, health and mental health services, legal assistance, victim assistance programs, caregiver support service, courts, etc.) are poorly coordinated. As a result, consumers' needs and vulnerabilities are likely to go undetected until they become acute or victims fall between the cracks. At the state and national levels, systems are not well coordinated, leading to gaps in services and missed opportunities for accessing federal funds, responding to legislation, etc.

At the consumer level:

- A "no wrong door," seamless approach is needed so that wherever seniors present for help, they will get what they need. Promising approaches include a "universal intake/assessment tool" that can be used in multiple settings to identify elders and families experiencing, or at risk for, mental health problems (including substance abuse), elder abuse and neglect, self-neglect, caregiver problems, etc.
- Primary care needs to be integrated into mental health clinics and vice versa. Both should be available to elders in their homes.
- Part of the problem is gaps in criteria for public assistance and services.
- Partnering between mental health and APS programs is needed at the local level though multidisciplinary teams or "embedded" workers (e.g. a mental health worker placed within an APS program).
- Case management model (Healthy Ideas)

At the systems level:

- Please refer to 4. Infrastructure Advocacy Group, below.

4. Infrastructure Advocacy Group
Multidisciplinary planning, coordination, and policy development is needed to achieve integrated systems of care, education, etc. Approaches include:

- A "nexus" for elder abuse prevention (e.g. Center of Excellence)
- "Elder Justice Specialist" (housed within CDA, DSS, or DMH) to spearhead and coordinate:
  - Advocacy;
  - Education/training;
  - Technical assistance;
  - Program/service planning development; and
  - Planning and advocacy on an ongoing basis so that the elder abuse network is prepared to take advantage of funding opportunities when they arise (the aging network was not prepared for MHSA, while other populations' advocacy groups were ready to go).

5. Budget Resources Issues

- MHSA funds provide opportunities for:
  - Prevention and early intervention;
  - Education and training; and

    - "Innovation" funds for data collection and research.
- The Health Reform Act provides opportunities for workforce augmentation and demonstration projects.
- New Older Americans Act funds are available for caregiver services and education.
- The Elder Justice Act may create opportunities for local and state-level coordination, including task forces, forensics centers, etc.
- John Hill, through the California Senate Office of Oversight and Outcomes, may be able to assist in exploring needs.
- MediCal waiver program changes may offer opportunities, including the 1115 waiver re-negotiation process.

6. Research Needs

- Information is needed regarding the mental health service needs of elders, their caregivers, and abusers. Suggestions included:
    - A "postmortem" (retrospective) review of APS cases to identify service needs.
    - Adding a question about service needs to the SOC 242 form, which integrates information collected by APS workers.
- The development of a screening tool for caregivers to assess their needs and risk factors. MHSA innovation funds may be a potential source of funds.
- Information is needed to provide guidance to those making long-term-care employee hiring, licensure, and monitoring decisions.
- The relationships among isolation, social support, and health outcomes.

7. Enhancing the Abilities of Older Adults

Efforts are needed to enhance older adults' abilities to provide self-care and maintain independence. Specific areas of need include:

- Enhancing health literacy;
- Detecting early problems with capacity, including deficits in financial capacity
- Promoting the development of living environments (physical infrastructures and technology) that can enhance independence and reduce reliance on caregivers including Naturally Occurring Retirement Communities (NORCs), "villages," and electronic technology;
- Empower elders with information and resources; and
- Provide education in how to be effective long-term care consumers.

Recommendations

1. Work with the State Assembly around policy related to the decertification of workers who have had administration actions against them. Assembly Member Yamada has expressed interest in this area.
2. Convene a study group to explore ways to screen long term care workers. To include:
    - How do departments currently decide whom to disqualify?
    - Benefits and limitations of criminal background checks.
    - Benefits and limitations of administrative checks.
    - Is there a need for developing worker categories for better monitoring?

3. Work with CDA to develop screening instruments for family caregivers. The assessment tools can be piloted in clinics and CGRCs. Tools should assess:
    - Families' willingness and ability to provide care;
    - Their need for support and education; and
    - Risk factors for abuse and neglect.
4. Work with CDA or others to develop a universal screening/intake instrument that incorporates risk factors for elder abuse, neglect, self-neglect, mental health problems, etc.
5. Explore the development of an Elder Justice Advocate at the state level to:
    - Spearhead advocacy and planning across systems;
    - Ensure that vulnerable older adults' interests are considered at the state level; and
    - Convene a state level MDT for policy development to take advantage of funding and other opportunities.

Follow-up since Summit

- Elaine Chen discussed the recommendation about using the SOC 242 to collect information on the mental health needs of victims of abusers, abusers' relationships to victims, etc. with Eileen Carroll and Aileen Wiglesworth, who agreed that the form may not be the best vehicle for capturing this information. Other avenues that may be explored include finding out what kind of data counties are currently keeping and if they could/would share it; a survey of multidisciplinary teams that Terri Restelli-Deits adapted, and forensics centers and death review teams.
- Lisa Nerenberg will invite a representative from Metropolitan Life Insurance to participate on the technical Advisory Group of CEJW as Met Life is involved in a variety of activities related to 7. Enhancing the Abilities of Older Adults.
- Lin Benjamin met with members of CEJW's Steering Committee to explore options for improving coordination and collaboration among the elder abuse, long-term-care, and mental health networks.
- CEJW has been invited to be a co-sponsor of the upcoming C4A (California Association of Area Agencies on Aging) conference in November.