Local Advisory Council (LAC) North

St. Louis County

Januray 19, 2023 4:30 – 6:00 Teams

Present: Todd Swenson, Jennifer Rich, Brenda Shafer-Pellinen, Heather Kainz, Linda O’Neil Deremee, Macy Viita, Lacy Podlogar, Sandy Tuin

Absent: Michelle Long, Ann Marie Lubovich, Katy Lofquist

● Meeting started at 4:30 pm

● We started with our 2 speakers since they were logged in at 4:30

● Dave Vukelich Supervisor of the Adult Protection Unit with St. Louis County PHHS was our first speaker talking about his unit.

Dave has two social workers North SLC that do APS and 2 Duluth workers that do the APS for South SLC County. He has 2 workers that do part time APS and part time guardianship, guardianship workers and a rep payee worker for a total of 11 workers in his unit.

When a person does a vulnerable adult report through the MAARC Line - Minnesota Adult Abuse Reporting Center (844)880-1574, that line will decide where the report goes. If working with a client in the community, those reports go to the County Adult Protection Unit. If the person is in a licensed facility or receiving services through a waiver, those reports will go to the licensor.

Functional – if the person can meet their own needs. Person with dementia could be screened into the County to have an investigation opened. Not always clear if this person is vulnerable. County would go out and check to check to see what the situation would be and see if they can remedy the situation.

APS can now do assessments instead of a vulnerable report to see if they can intervene with the situation and make referral to other services if possible.

Roughly 1600-1700 APS referral were done last year. Not all are investigated. Don’t always have the resources to do what is needed to get the client where they should go. Client doesn’t always want to do what is needed to get out of the situation they are in if they are not willing to go to the doctor of move to a different living situation. Try to get the client into the doctor or hospital to have the doctor do a screening and try to help them get more help.

Restrictive settings depending on where clients live. Sometime people don’t want the help. Person would have to be voluntary no matter what, even if client has a guardian. Frustrating at times as there is nothing the APS unit can do based on the rules.

Dave would like to have an APS hold (72 hours) to have the client assessed to make sure the person is being treated and is able to take care of themselves, but that is a wish of his.

Geographical disparities and providers pulling out due to the condition of the homes or a safety issue of their employees.

Dave recommends reporting even if the case gets screened out. There are things that happen even if the file gets screened out. There are reports that generate information to see where there should be more services. Always report to the MAARC line.

Each County is responsible on how they respond to the reports.

If SLC got more funding, then maybe APS could respond to some more of the reports. Not enough funding to hire more workers in the APS unit.

Follow up would be key but not enough resources to follow up on the client that is in need of help.

Keep reporting to MAARC line as it may just be the time where the person gets investigated.

APS tries to focus on harm reduction on some of the things to get the person ok to stay on their own. Need to build rapport with the person so they will trust you and break down barriers to try and help them obtain the services they may need.

Recent legislation to provide ability to call other folks in the screening process to allow the agency to talk to others to be able to give them other resources. Give info on a MNChoice Assessment but the client has to be willing to call the MNChoice Line maybe with someone else as the intake person is needing to speak directly to them as there are rules in place to be able to speak to client.

Not intended to make things harder for the client to get services, but rules are in place for a reason.

Embedded paramedic to help out with those folks that are not that bad enough for a VA report.

Dave will consult with the County Attorney’s Office if there is a case that is a gray area.

Any questions, you can contact Dave Vukelich at (218) 726-2144

Email address: vukelichd@stlouiscountymn.gov

● Commander Jeff Ronchetti Hibbing Police Department

Law Enforcement has lots of rule and restrictions that they have to follow too. They must follow the rules through statute. The following are the areas they see when the get called out on a call for an elderly person:

-Lack of services

-Mental health

-Lack of mental health services in the area

-Lack of med taking

-Transportation

-Dementia or Alzheimer’s

Each officers uses their own experiences or training to deal with the person. This depends on the person and the situation. Some of the younger officers don’t always have the experience and knowledge of working with elderly like some of the older officers.

When the police arrive at a person’s house they check to see if the persons house is warm, do they have food to eat, are they taking meds – probably not. They cannot make the person take their meds. Is the person a danger to themselves or others. Police can call the crisis line or can call family members if the person has family. If the person is not willing to let the police call someone for them, then their hands are tied. The officer cannot come over to Social Services and tell Social Services what is going on at the persons house without a release. Social Services cannot tell the police if there is a social worker involved either without these releases.

Police never get feedback from when they make a report to the MAARC line. They get frustrated when calling and reporting and there is never any feedback on if the situation was remedied.

Police can bring a person to the ER for an evaluation but sometimes the person is back home and then the police are already getting another call to go check on them again.

Magic wand:

Training law enforcement on how to approach older adults and the issues they may be facing. Maybe an onset of dementia or mental health issues. Provide guidelines on how to approach older adults (response guide). Someone to come in and give training from the elderly perspective.

Funding and services are dwindling due to aging populations. Sometimes PCA’s are the ones defrauding the clients. Skewed views. More information and education for police officers on the referral process.

What other things officers can offer to folks when they go out to visit and see what is going on.

Follow up with the older folks to check on them. No follow through – no one to follow up.

Extra step to get someone in the house to do the things that are needed.

Community partners to establish someone to go out like meals on wheels or a postal employee that see if mail is stacking up and that they could report that something might be going on.

Educating the policy makers or tweaking the language for a vulnerable adult as it doesn’t include someone that is in an institutionalized care.

How does law enforcement channel these people to the right services. Not everyone trusts law enforcement.

We need some kind of services like Yellow Ribbon where they help vets and active-duty members with services. Need a similar type of group that could also offer services to the elderly folks they are working with.

Transportation is another big issue for older folks. Access to buses or taxi’s not always appropriate with the schedules and or have limited money to use taxis.

Place to have clients go to a mental health evaluation if there is not enough information to keep them on a mental health hold for 72 hours.

Any questions, please contact Commander Ronchetti at (218) 262-0292

Email: jronchetti@ci.hibbing.mn.us

Recommendations:

-Creation of an Aging Service Community Navigator position(s). Hire a person to work with the police and/or APS to go out and meet with an elderly person to provide them with the information of the services that could be available to them. That person(s) could help them navigate the different systems and help point them in the right direction to get some services to keep them in their home and to keep them safe.

-Training and funding for EMS and LE to work with older adults to make it more effective when they go out on a call. Have Senior Linkage do trainings where they could be recorded so EMS and LE can watch the recordings when it is appropriate for them to do it.

-Increase funding for APS services – Budget surplus right now.

-Increasing communication between LE and APS and Social Services (inability to communicate because there is no release on file). Trying to reduce barriers to get people the help they need.

-Transportation for Elderly persons

Other items:

Minutes for November 2022 were approved by members in attendance.

February Meeting - we will be ready to write up recommendations.

March Meeting – Sandy will check with Gena Bossert and Commissioner MacDonald to see if they will attend our March Meeting.

Reminder that May and August Meetings will be in person at the Virginia GSC for those that want to attend in person.

Next meeting will be on Teams on Thursday, February 16, 2023.