

Ep Mike (Yellowstone) Transcript

Zach: Welcome to the podcast Pathways to Safety, bridges from adult protective services to community based services for adults experiencing abuse, neglect, and exploitation. We come to you with the goal of introducing community partners in Montana who work together to assist victims and survivors of adults experiencing abuse, neglect, and exploitation. My name is Zachary Hass. And I'm your host today to meeting one of these community partners in Montana. Before we start this episode a quick disclaimer. This podcast is supported by the administration for community living, the United States department of health and human services through 2021 elder justice innovations grant with Montana Adult Protective Services being our primary community partner. Grantees, carrying out projects under government sponsorship are encouraged to express freely their findings need some conclusions. Nonetheless, our findings, conclusions, points of view, or opinions do not necessarily represent the official policy of the federal government. Now let's join our guest in conversation.

Zach: Today I'm speaking with Mike Larson, the Executive Director of the Adult Resource Alliance of Yellowstone County in Montana. Thank you Mike, so much for taking the time to speak with me today and share a little bit about what your organization does. First, could you please tell us a little bit about yourself, including your professional position and your role with your agency?

Mike: Well, as you mentioned, I'm the Executive director of the Adult Resource Alliance of Yellowstone County, which is a mouthful. Some people may recognize it more, we are actually officially and legally the Yellowstone Council on Aging is our legal name, doing business as the Adult Resource Alliance. And part of the concept of that is, we're charged by the county from our creation, back in the 1970s, to not just be a direct service provider, but to actually coordinate service for, the aging population here in Yellowstone County. So it's not just a matter of those services we offer ourselves, but bringing other people in and really working in a collaborative manner. And, from my own background, I've been in this position three years, and prior to that I worked for Adult Protective Services as regional supervisor for what geographically was about half the state of Montana. Now that's impressive when we talk about the land mass, but there's not a lot of people in some of that area. So it encompass both the largest community in the state of Montana, which is Billings and some, counties that have right around a thousand people for the entire county. So very much, some of an urban aspect is defined in Montana, but also that very rural frontier type situation that you see in states like Montana, Alaska, and some of those.

Zach: You mentioned the kind of the broad goals of the agency. Could you go a little bit deeper into what specifically you guys do and who you serve? And maybe also give a little context to how your region compares to Montana generally, for any listeners that might be out of state.

Mike: Well, we'll start with that Yellowstone County is the largest population center in the state of Montana. We're also sort of an industrial hub and a hub for a very broad region into

Wyoming, North Dakota, and almost all of Eastern Montana in terms of legal, medical and those type of services. So, that's where our basic footprint is. The services we offer, one of our largest is within the nutrition program. We do the Meals on Wheels. We do congregate meal sites where seniors can come in and eat. We have a resource center. Which helps people sign up for both Medicare and Medicaid. They also deal with a lot of other issues and we get called about, just a tremendous amount of things. People that are having issues with social security, issues with landlords, issues with contractors, just any number of different things along that line. We run a pretty aggressive transportation program, getting the senior population who aren't driving to medical appointments, and we do have a very, very large volunteer program that one provides a service, but also gives seniors the opportunity to give back to the community. So those are some of our direct services that we offer in collaboration with other people, though we also reach out to home health, payee services where we're helping people handle their money. So pretty comprehensive programming here in Yellowstone County. And then through a few other associations, we actually are involved in, most of the rest of Eastern Montana on elder justice issues.

Zach: Yeah, you've used the word hub. It definitely sounds like you guys serve as a hub. I understand one of the exciting things going on is that you've created some new positions, for community health workers, and we're hoping to have one or both on today, but they were out busy doing their jobs. Could you tell us a bit more about how and why those positions were created?

Mike: Well, one of the things we started to see through our resource center is that people's issues were getting more and more complex and required more time and in many cases required that we not only meet with them here in an office, but we'd be willing to go into their home. And so just the issue of someone signing up, say, to get Medicaid or to get onto a Medicare plan they need help sometimes just organizing the paperwork for that. And we did not have, that was not our structure. We were a place where you came to us and had that appointment. Now we're going into people's homes. The other thing that we saw is the need to approach the aging population in a more, you know, universal type where we were more transactional. We'll get you a meal. We'll deal with this. We'll do this service. But what we've charged these two folks to do is really look at a more comprehensive view. What's going on in this person's life? What else do they need either from us or from someone else in the community that will help them stay independent and in their homes as long as that is feasible? Which is really our mission is to help people stay independent.

Zach: Yeah. That's a really exciting program. So the, main focus of our research and one of the reasons we're really excited to be able to talk to you, given your background with APS is understanding how Adult Protective services collaborates with other organizations. And so under what circumstances does your agency serve older independent adults who experience abuse, neglect, and exploitation, and what services do you provide them?

Mike: Well, we are one of the primary places that APS is referring here locally for the programs that we operate. And so that's very transactional. If they come across someone who's home bound and they know that they could benefit from Meals on Wheels or something along that line, that's been a long standing relationship in terms of that type of referral. So, that's been going on,

that was going on when I was with APS. It's going on now. What we're really trying to do now though is look at another approach to that where we're actually trying to partner with APS in terms of working with an adult who's either been a victim of abuse, neglect or exploitation or in some cases they're self neglecting. And so that's an ongoing process and we're spending a fair amount of time with APS staff and my staff. The two positions you mentioned are key in that to really streamline that process so that we understand them, they understand us. And people are moving, you know, through that spectrum of services in a much more effective way. And so there's a lot more, that's a relatively short statement for what I think is gonna be an ongoing process. There's a lot of learning that has to happen within that.

Zach: So you mentioned that you have for a long time gotten referrals from APS do you also end up referring clients back to APS?

Mike: I just gave them two yesterday, actually. and yes, we do. We are considered a mandatory reporter. So if we come across something of concern, we, are required to make that report to APS. You know, one of the part that I talk about streamlining is I would really like to see a better process where if they've given us a referral and we need to give them back that there's more, conversation around that. That there's more of a partnership than that. The way it occurs now, they give 'em to us. They close that person in terms of their case. Their ours, if we give 'em back, it's like we're starting over again. You know, to me there needs to be a way where we say, well, we're working with this person, but you can't go away yet. You need to still be engaged. Because they, APS, they have some authority to, and some ability to do some things that, you know, we in the Social Service network don't have. and some of the more serious intervention, if somebody really needs that, APS has the legal right to step into people's lives, certainly more than we do.

Zach: That's very important. That's exactly the sort of thing our project is trying to explore. So we've talked a little bit about how your organization is, a hub. And about how you collaborate with APS. Thinking about serving those older independent adults who experience abuse, neglect, exploitation. Are there other organizations that you collaborate specifically with those cases?

Mike: Yeah, one of our, main partners and, through our process we actually get to distribute, funds through the county to other agencies. So, Big Sky Senior Services that we work with quite a bit is a direct in-home care provider. The two services that they do that we don't do that are critical in that APS world is the in-home care. So someone to go in and help with the activities of daily living, but also the payee service, which is where they're stepping in and they're actually handling someone's money for them. That's generally social security dollars. It's very tight. And they're coming in and making sure the bills are paid and working with those people also to maximize what other benefits may be available to them and make sure they're getting them. So, they are a key part of this from the social service. And right now, by the way, both Big Sky Senior Services and APS rent office space from us. So we've got everybody in the same building. All we have to do is get 'em all talking on a regular basis. So that was part of the strategy behind that. Let's get everybody located here and if nothing else, we can catch each other in the hallway. The other one that's really critical is an organization called Family Service Inc. And they operate as our food bank or in the food bank network here. And the, the thing about them that's very unique is they have the ability to step into some of the emergency situations a little easier. They have short term, dollars to help, someone for short term housing. You can walk in today as a new

client and walk out with a box of food. Clothing, other things along that line that's more difficult than you think. To get people... that's one of the biggest challenges is someone needs something today, but the waiting time to get onto this program is a month. And so they fill that void where they can get someone a motel room. And one of the things when you're hearing about this nationally is we're seeing people being evicted. Now that's starting up again and unfortunately there's been some backlog in that. So this is an opportunity, or that's an agency that can help get that person a roof over their head for the time it takes for us to help them find other housing. There's a couple out there and that's the beauty of the, network is we have our niches. And figuring out where we actually, intersect and work well together. And again, both of the community health workers, that's part of their role is to identify those partners and create those partnerships.

Zach: It sounds like really good synergy. One of the themes around collaboration generally is communication, as you've talked about, and oftentimes how to do so effectively when information sharing between organizations is potentially restricted by privacy law. Montana, as I understand it, permits the formation of adult protective teams. Who forms these teams? How do they operate and what makes them useful?

Mike: So the adult protective team, as you say in the state of Montana, it allows under certain circumstances with the right people in the room to actually share specific information about a case. So we're talking in many cases what could be considered private health information may be shared. It's not just a whoever in the community. You have to have certain representatives. You have to have someone from your local county attorney's office. Some of that. But what it does is it brings agencies together who all provide services to the population we're talking about, and they get to go through a comprehensive review of a particular case. And what the hope coming out of that is that you start to build a plan for this person across that whole service network. The other thing it does, by the way, it is not surprising that if one agency is struggling and working with someone, that other agencies are also not also engaged with that same person. So, just that, common understanding and sharing of information. But it is difficult, as you mentioned, and there are concerns about who gets what information and how. There's been some gain in the state of Montana. At one point when I was with the state, state agencies couldn't talk to each other. Even within the same department, and they couldn't share information. But you know, I think it's critical, you know, that we can, you know, still maintain people's privacy, but at the same time, make sure that the people that need information are getting relevant information. I don't need to know everything about you, but if it's relevant to the service I'm providing, I should know.

Zach: Yep.

Mike: And I think we can figure that out. I think that's something that can be defined. Here's what I need to know and here's what needs to be shared.

Zach: Yeah. Finding that right balance is definitely important. Shifting gears a little bit, so one of the things we like to hear, if we're able are success stories, things that kind of narrate, good things that have happened and, illustrate the way in which you serve your clients. Are there any success stories that you'd be willing to share?

Mike: Well, there's one, of course, I can't name any names, but there is one, just very recently, it's one of those that when you're there, it brings tears to your eyes when you see this. But it was an older woman, and unfortunately, one of the realities of abuse in the senior population is quite often it's family that is involved as the perpetrator. So in this particular case, that was the case. This was an older woman in a paid for home. She has her son move in. He takes over. He takes over all her money. He starts borrowing money against her home. He puts her into a horrible financial situation, to the point where she had to leave. And so one of the things we were able to do that our two community health workers were able to do was one, put a stop to some of the exploitation, help her deal with that, but also get her move to her own place. And she is absolutely delighted, and, I don't think that situation. You know, it's so hard in this case when it is family, cuz there's so much, you know, there's so much in that relationship that for her to be able to, get out of that and get that, you know, headed in the right direction, she could not be in that environment and it was difficult to get him out. And unfortunately when it comes to the legal side of this through APS, through law enforcement, that doesn't happen quickly. He, you know, in this case where someone has established the right to be in that home, it's quite a process to get them kicked out. Or if you're bringing criminal charges, it could be a year or two before that goes to court. So, this was truly a success story because she can go on with her life, put her life back together. While all of this is playing out over here and she doesn't have to live through that. So that one was really exciting to see and came together very nicely. And you really like to see those and she was so happy. And she's probably about four foot 10 and. as Darlene as could be and just so grateful. And that's also fun. I think it was really uplifting, for the APS staff involved and for our staff to see how much of a success that was.

Zach: Yeah. Thank you for sharing. So having done some nursing home research. one of the things around the pandemic that became apparent very quickly is kind of that tension between infection control and keeping people separated and, the potential dangers of social isolation, as the agency that provides many different programs to older adults and adults with disabilities, would you tell us a little bit about how the pandemic increased the risk of abuse, neglect, and exploitation?

Mike: If you look at the risk factors behind, abuse, exploitation, et cetera, social isolation is near the top of the list. One of the things that, a perpetrator or what's happened in these cases, is I isolate you so that you have no contact and then you become reliant. It's called undo influence that fits under that category where now you are totally dependent upon me because I've isolated you from the rest of the world. And if you want outside contact, if you want anything from the outside, you have to go through me to get it. So, you know, we know that is a risk factor, but we also know that one of the things that seniors struggle with is isolation. Even if it's not under abuse, neglect, or exploitation, it's one of the quality of life issues that is a significant struggle for our senior population. And we are pretty sure that the majority of the people that come for our congregate meal program, it's not just to get the meal, it's to see the people. And so to have that experience. So we provided food for people through the pandemic, but that social aspect was gone. We closed down all of those sites. Even our Meals on Wheels deliveries, where we would normally go to the door spend a moment or two talking. We started putting it in a container by the door knocked and left. So it was zero contact. That's what was, recommended. In that case, we're one of the checks. We're one of the few people that might see these people on a daily basis and be able to recognize maybe that something is going on. So the social isolation was brutal.

We did some stuff here. We actually did, reassurance calls where our staff got on the phone with everybody at least once a month. And those, in some cases would be 45 minutes to an hour. Just talking. So it's just been delightful. We're back open again and Meals on Wheels is starting to make contact again. and we're allowing those people to, determine how much contact. I saw both sides. I understand why we were doing it with a very vulnerable population. On the other hand, we were causing additional issues at the same time. It was not the most, enjoyable time of my career.

Zach: Yeah. Tough balance to walk for sure.

Mike: Yeah.

Zach: Glad it's starting to get better. That's all the questions I have for you today. Thanks Mike for taking the time to share with us. I really appreciate the opportunity to speak with you.

Zach: Thank you very much for listening to this podcast. We hope you found it useful. This podcast was produced by Studio K Productions. Our podcast logo was designed by Meng-Yu Wun. We welcome your feedback. Please visit elderjustice.acl.gov to leave a comment at the bottom of the webpages contact us section.