

# MAINE STATE LEGISLATURE

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BUREAU of SOCIAL SERVICES  
Adult Protective  
Services Plan

1988  
|  
1990



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
STATE HOUSE, STATION 11  
AUGUSTA, MAINE 04333

JOHN R. McKERNAN, Governor  
ROLLIN IVES, Commissioner

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## INTRODUCTION

This plan was prepared by the Adult Services Planning Committee, comprised of Departmental Professionals who are charged with the responsibility of comprehensive planning for the Adult Services programs.

This State Plan reviews areas that have been addressed, and identifies not only new initiatives, but also improvements that are now required to ensure provision of appropriate services. It outlines current efforts and plans for program (or fiscal) years 1988 through 1990. With no Federal initiatives, each state is responsible individually for developing services for the protection of adults, and the Maine Department of Human Services continues to develop its Adult Services on behalf of incapacitated and dependent adults who are unable to protect themselves.

It is the intent of the Committee to use this Plan as a base from which improvements in the programs can be developed. It also intends to distribute the Plan widely, thereby inviting comments and suggestions from other departments, agencies and providers in anticipation of further refinements.

### ADULT SERVICES PLANNING COMMITTEE MEMBERS:

Joyce A. Saldivar, Director, Division of Adult Services

Tom Bancroft, Program Manager, Guardianship/Conservatorship Program

Cherie Ames Wenzel, Program Manager, Adult Protective Services

Nadine Marchand, Program Specialist, Facility Services

Charles O'Neill, Financial Specialist

Mark Brown, Program Specialist, Guardianship Program and Projects

Hank Cleaveland, Substance Abuse Program Specialist

A. Ricker Hamilton, Adult Services Regional Manager, Region I

George Odenrantz, Adult Services Regional Manager, Region II

Edna Rose, Caseworker, Region II

Virgil Norton, Adult Services Regional Manager, Region III

Marie Dow, Adult Services Regional Manager, Region IV

Martha Higgins, Casework Supervisor, Region IV

Norma Folsom, Adult Services Regional Manager, Region V

Theodore R. Beck, Program Consultant, Division of Purchase and Support Services



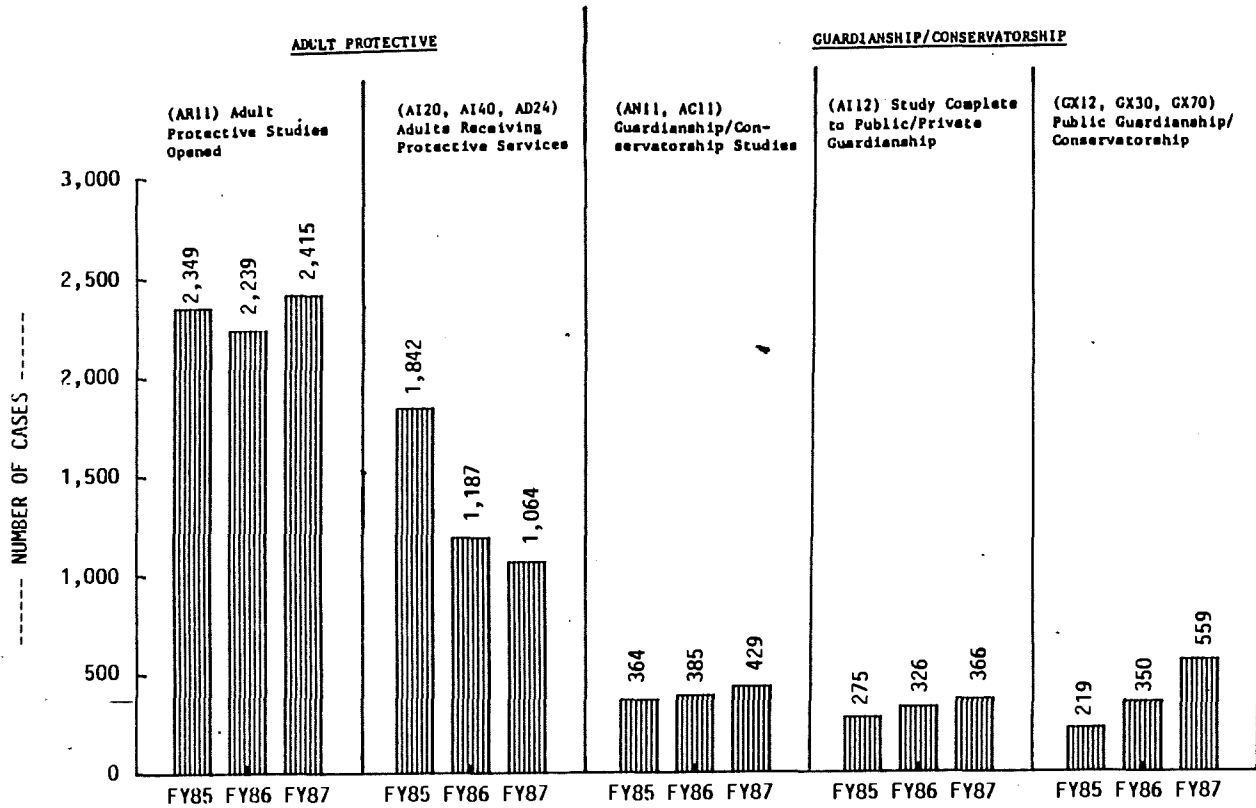
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**ADULT SERVICES COMPARISON - NEW CASES**  
**JULY 1986 - JUNE 1987**



There is a growing number of cases reported to the Division of Adult Services.

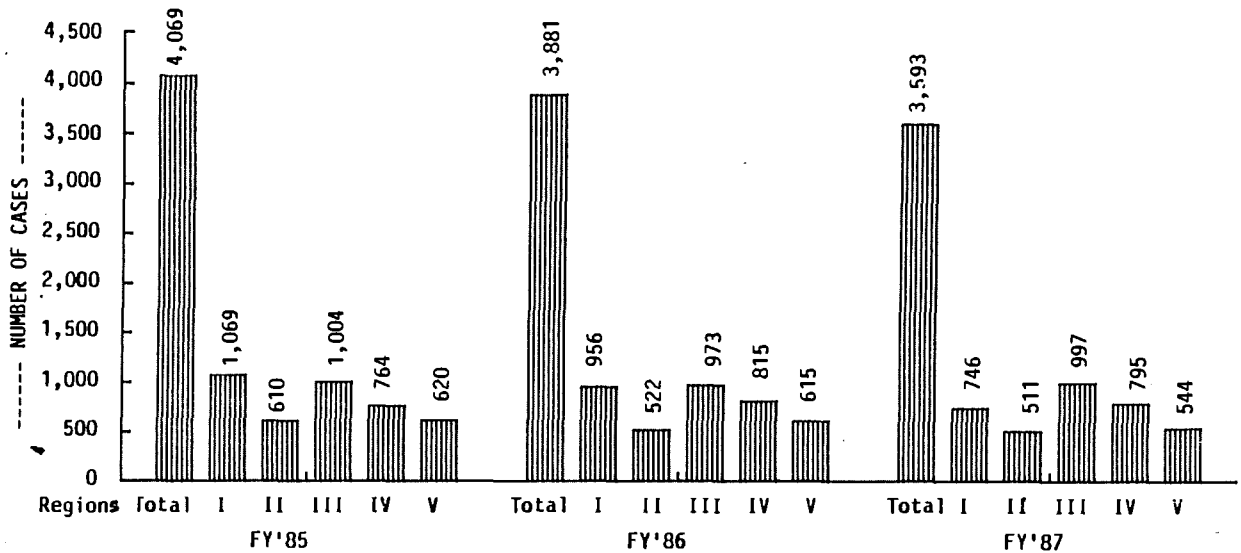
During fiscal year 1987 (7/1/86-6/30/87), 2,415 new cases were opened for investigation of abuse, neglect or exploitation of incapacitated or dependent adults.

In the same year, 43 adults services caseworkers handled a total of 3,593 cases. Of those, 559 were served under the public guardianship/conservator program.





**ADULT SERVICES COMPARISON - CASES SERVED**  
**JULY 1986 - JUNE 1987**



The decrease in the number of Adult Services clients served during FY'86 and FY'87 (see chart) is primarily attributable to staff specialization. Adult Services caseworkers have improved in assessing client needs resulting in more immediate and intense service during the protective study phase, appropriate case closure and referral to other service providers. The expertise gained through Staff Specialization has also resulted in a greater number of clients moving directly from the protective studies phase (AR11) to the court studies phase (AN11).

Although the number of clients receiving protective service (AI20, AI40, AD24) have decreased, staff report that clients now served under case management are more impaired and require more casework time.

The number of cases with planned court action has increased steadily each year. In FY'84 only 4.1% of the Adult Services cases had planned court action, in FY'85 there was 6.7% and in FY'86, 8.6%.

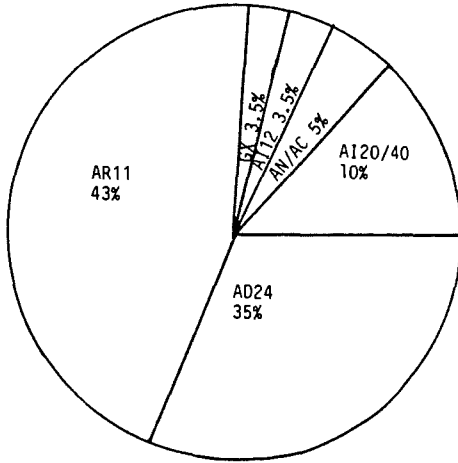
The number of public guardianship clients has steadily increased. Many of the clients in the public guardianship program are in need of specialized services and facilities and the lack of therapeutic facilities and services means that staff must allocate more time to guardianship clients.



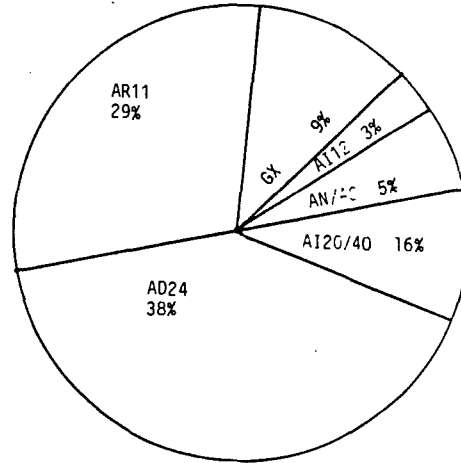
Comparative distribution by program objective for program year 1984 and 1986 reveals:

PROGRAM YEAR 1984

CASELOAD DISTRIBUTION  
BY PROGRAM OBJECTIVE 1984

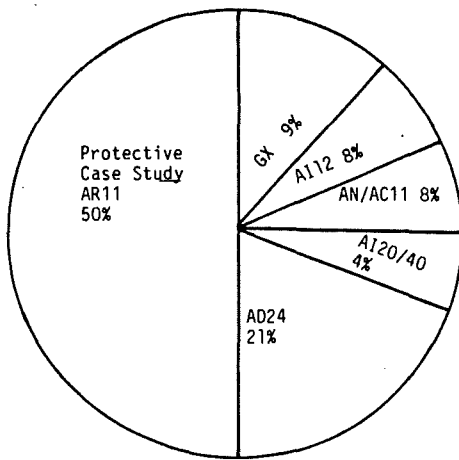


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BY PROGRAM OBJECTIVE 1984

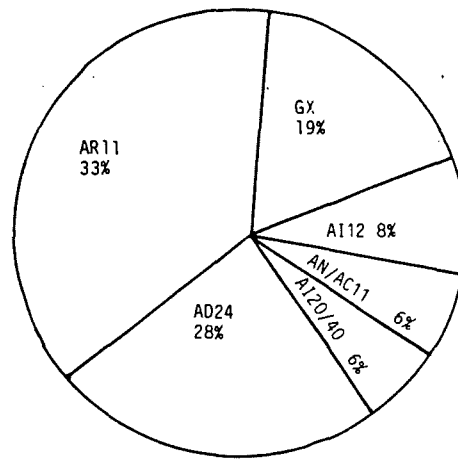


PROGRAM YEAR 1986

CASELOAD DISTRIBUTION  
BY PROGRAM OBJECTIVE 1986



DIRECT SERVICE HOURS  
BY PROGRAM OBJECTIVE 1986



PROGRAM OBJECTIVE

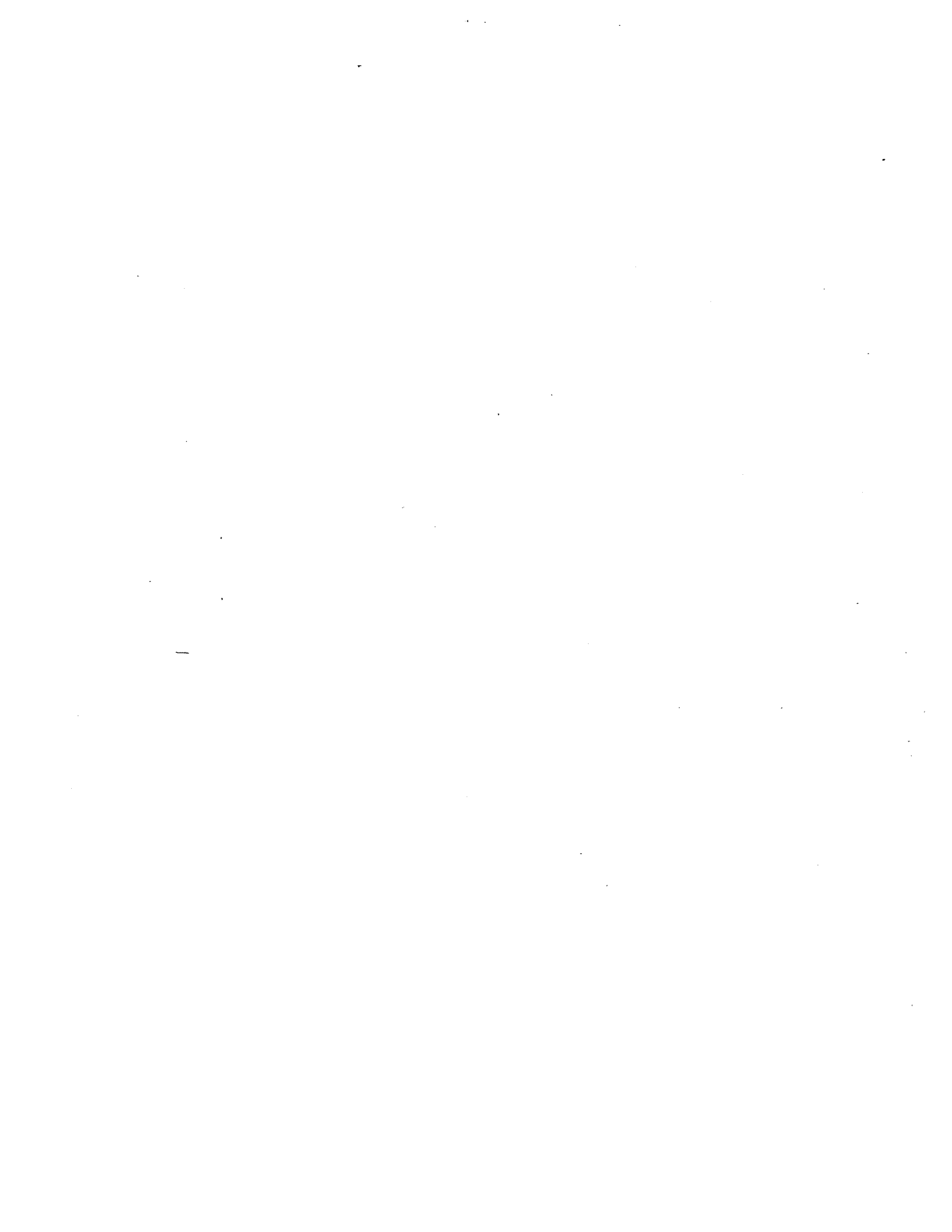
- AR11 To determine incapacitation, dependency and danger.
- AI20 Incapacitated; to reduce/eliminate danger.
- AI40 Incapacitated; to remove from danger.
- AD24 Dependent; to make client safe.
- AN11 Public Guardianship/Conservatorship study.
- AC11 Court requested study.
- AI12 Report/study recommends legal relationship; to secure court resolution.
- GX In Public Guardianship/Conservatorship; to effect transfer to private legal relationship, to rehabilitate, or to maintain.



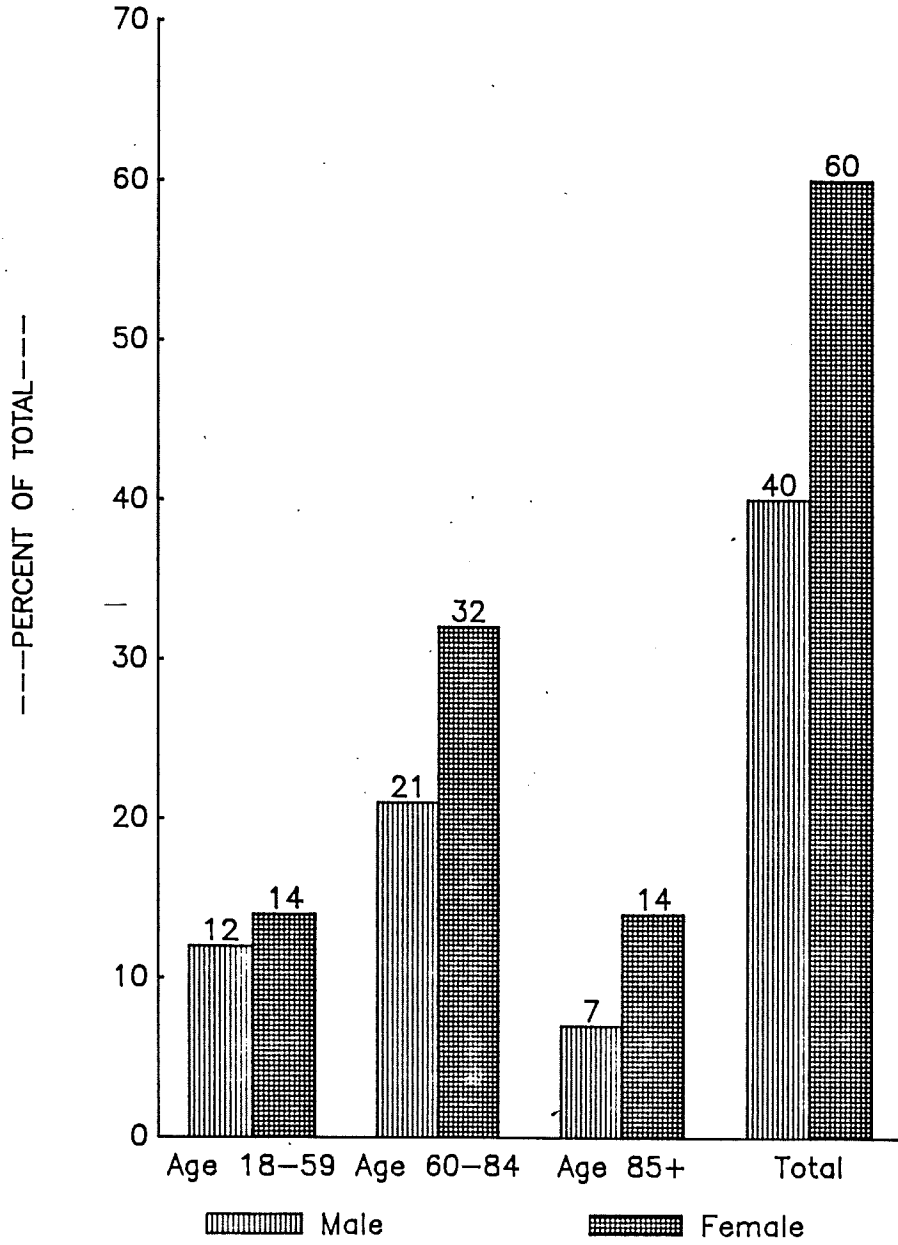
- . The typical victim of adult abuse, neglect and exploitation in Maine is female, over 60 years of age, widowed, living alone, and dependent on some other person for part of daily living activities.
- . There were 1,119 substantiated cases of abuse, neglect and exploitation by others reported during fiscal year 1986. Of the 1,119 cases, there were: 199 abuse cases, 39 exploitation cases, and 881 neglect cases.

A comparison of data between FY'85 and FY'86 shows that abuse, neglect and exploitation of the elderly by others is increasing and the danger to these clients is being reduced through relatively short term but intense, services from the Department in the protective study phase.

- . Abuse and neglect of the elderly by themselves is decreasing and the danger to these clients is being reduced through relatively short term services from the Department.



PERCENT OF CLIENTS BY AGE AND SEX  
 Statewide — June 1987

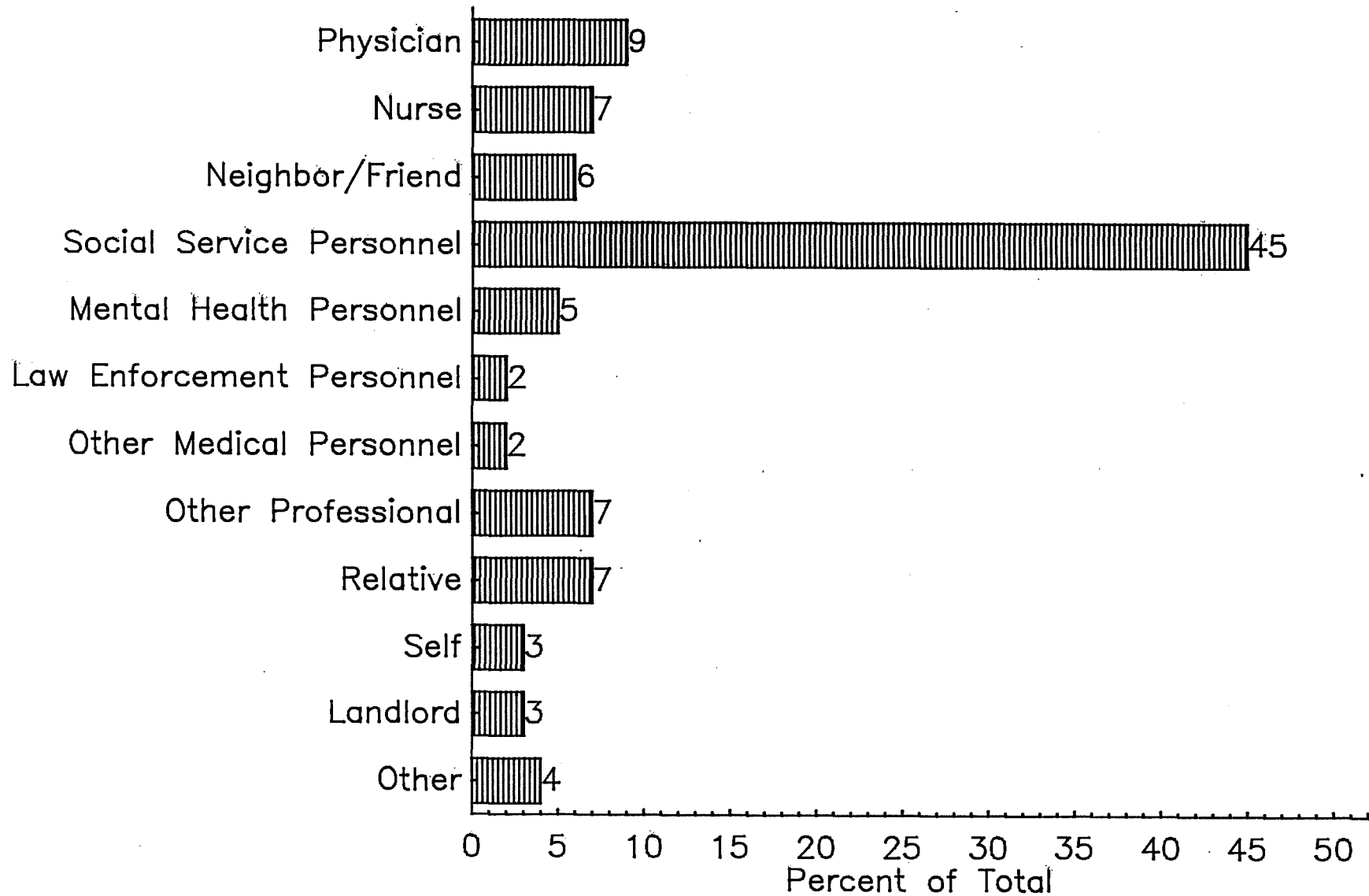






# SOURCE OF ADULT REFERRALS

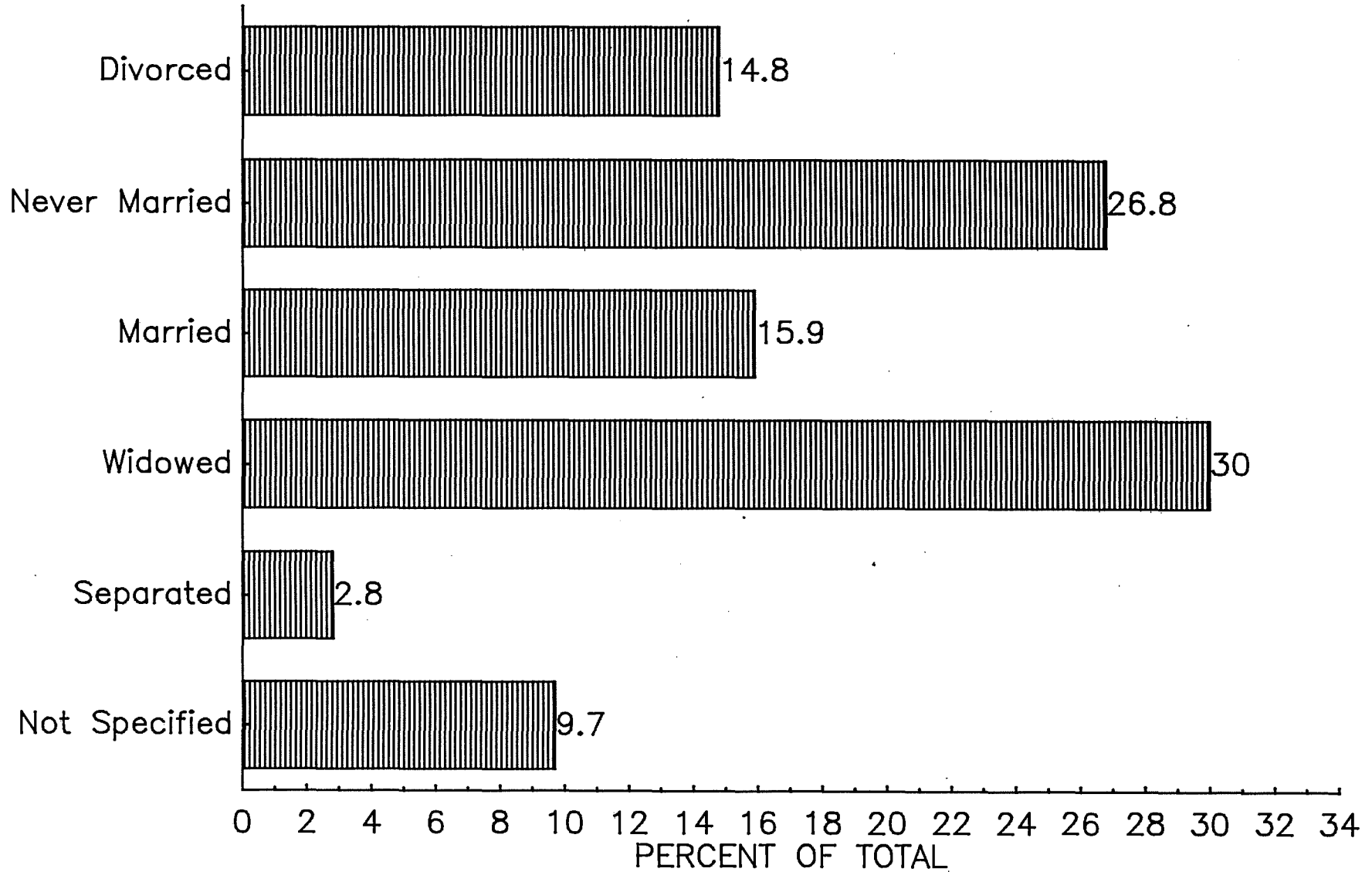
Statewide — June, 1987



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# ADULT SERVICE CLIENTS MARITAL STATUS June, 1987





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During the period 1986-1987, the Division of Adult Services identified a number of issues that required attention. The following projects/issues were addressed:

#### STAFF SPECIALIZATION



The increased growth rate of the Adult Services program required a re-evaluation of how staff deliver services to an expanding number of clients.

As a result of increased growth rate and the need to develop a "Hub Concept" of service delivery, Adult Services in Maine began a redistribution of staff. Beginning in January 1985, Adult Services implemented the "Primary Protective Project" in two regional offices. This one-year project was designed to address the growing caseload sizes by allowing for specialization. Staff reassignments were made to provide the following service components:

1. Case Study/Investigation
2. Case Management
3. Court Social Services/Court Work
4. Remedial Services Unit (for those cases in Public Guardianship/ Conservatorship)

Initial reassignments for the Project were made on a voluntary basis, allowing for staff specialization and selection based on skills, abilities and interest. The four components, structured as a service delivery system, appeared to encourage an effective approach for new referrals and allow for appropriate and timely assignment of ongoing cases.

One of the major findings, during the two month pre-test, was a 30% decrease in the number of cases which went beyond the Investigative component. An analysis of this finding showed that clients in need of support services, but not protective services, were referred within the Investigative component to outside agencies. In the past, the demands of an ongoing caseload delayed timely referrals to appropriate providers which could have resulted in some earlier case closings.



A second major finding indicated that incapacitated adults in Public Guardianship and residing in nursing homes have special needs which are more administrative than service related. Also identified was the fact that in this target group there were few emergencies. Thus caseworker time could be planned or scheduled, allowing the caseworker to be responsible for a larger caseload.

Following a year of project status, the specialization of Adult Services staff was implemented statewide.

### NEEDS ASSESSMENT PROJECT

The Division of Adult Services has long been concerned about the lack of developmental programming for low functioning guardianship clients residing in boarding homes. Many of these individuals have functional and learning dysfunctions with mental illness overlays. They generally receive no service other than residential. The continued lack of service decreases the chances of optimal independence for clients.

A contract has been awarded to Mid-Coast Mental Health Center in Rockland to purchase the services of a psychiatric occupational therapist to perform an in-depth evaluation of 6 to 7 adult guardianship clients residing at a boarding home in Washington, Maine. These guardianship clients are all low functioning with IQ ranges between 75-80. This, along with mental health problems, means a very intense, but tightly structured program is necessary in order to change behavioral problems attributable to the lack of appropriate program during long term institutionalization.

The contract has 3 phases: the needs assessment phase; program plan phase (for each individual); and the treatment phase.

The needs assessment phase and program plan phase is expected to take about 6 months. These phases include development of assessment tools, evaluation instruments and performing the assessments. During this phases Adult Services will attempt to identify and develop some long range treatment funds, e.g., mental health, Medicaid, etc.

Mid-Coast Mental Health currently provides treatment, independent and adult living skills programming directed towards the functioning mental health population. The proposed program would extend treatment to the individuals living environment. This would minimize the loss of treatment gains realized in the mental health setting.

We believe that the developed assessment instruments and program plan outline can be replicated in other areas of the State for Adult Service clients residing in various types of facilities.

## COMPUTERIZATION OF CLIENT FINANCIAL RECORDS

During the past 2 years the drastic increase in the number of guardianship/ conservatorship cases has necessitated the conversion of the client financial records from a manual system to a computerized system.

Currently, client accounts are maintained manually. Caseworkers must call Financial Services and request client account status. Caseworkers and the Division's Financial Specialist must request photocopies of individual client ledgers when needed for probate court, etc. This can often delay actions on behalf of clients, by a week or more. The system design phase is almost completed and the programming is expected to be completed by January 1988. The computerization will allow:

1. Caseworkers immediate access to financial record via computer terminal;
2. Client account balances to be automatically adjusted with each activity;
3. A printout of each client account showing monthly activities; and
4. Allow the Department to efficiently manage individual client accounts.

## CODE OF ETHICS

The Adult Services Caseworker is obligated to protect incapacitated and dependent adults who are unable to protect themselves.

The Adult Services Caseworker is committed to work to preserve the client's civil rights, safety, the least disruptive life style and the least restrictive care alternative in this order of priority.

The Adult Services Caseworker is committed to the adult client as the only person he is charged to serve when interests of family, friends and the community compete.

The Adult Services Caseworker is obligated to protect the client's right to freedom of choice. The client is in charge of his own decision making until he delegates that right to another person or a court grants that right to another person or agency.

The Adult Services Caseworker will respect the privacy of the client and hold in confidence all information obtained in the course of providing services, following law and Department policy.

The Adult Services Caseworker is committed to seek and insist on the assistance of other professionals, agencies and institutions for information and services that benefit the client and will do so in such a manner that mutual respect, courtesy, fairness and cooperation in good faith are fostered.

The implementation of a Case Plan for a client is a multi-disciplinary effort. The Adult Services Caseworker will utilize interdisciplinary relationships to facilitate the contribution of all specialists involved for the maximum benefit of the client.

The Adult Services Caseworker shall treat with respect the views and actions of colleagues and supervisory and administrative directives and use appropriate channels to express judgement on these matters.

The Adult Services Caseworker will use a specialized knowledge and leadership position to promote understanding, acceptance and the enhancement of the general welfare of clients in the community.

The Adult Services Caseworker will strive to become and remain proficient in the practice of the profession.

The Adult Services Caseworker will work to assist in efforts of research and study that expand knowledge needed to increase the effectiveness of the profession and services.

#### **THERAPEUTIC ADULT SERVICES**

In October 1983, Placement and Therapeutic Services was created by the State Legislature as an amendment to the Adult Protective Services Act. The program serves Adult Services clients with special needs who are placed in adult foster homes and small boarding homes. Funds are available to allow an additional financial reimbursement above the regular board rate for therapeutic beds statewide. The additional financial reimbursement is based on the level of care as established by law.

Providers are required to participate in ongoing training provided by a multi-disciplinary team. Support systems and a teamwork concept are developed in each home to assist providers in caring for these difficult clients.

Currently, nine homes are providing long-term placements under Therapeutic Adult Services (T.A.S.). In these long-term placements, clients are provided a group of alternative services designed to maximize their self-care and independent living skills. The following is a profile of some of the T.A.S. clients served to date under the long-term placement arrangement:

- . 33 year old female mental health client, incest victim, obese, poor hygiene skills, poor self-esteem, borderline intelligence.
- . elderly male, alcoholic, uses a walker, behavior problems, needs assistance with bathing.
- . 18 year old male, epileptic, socially retarded, defiant, runs away frequently.

- . middle aged female, mentally incapacitated, chronic mental health patient, under Public Guardianship.
- . young female M.S. victim, suicidal tendencies.

Additional homes have been approved under T.A.S. to provide short-term emergency/respite care for clients. Prior to development of these emergency beds, caseworkers were often forced to utilize hotels and motels or make other unsupervised arrangements for clients in immediate danger.

As of June 1987, T.A.S. homes had served over seventy-seven clients. These clients ranged in ages from 18 to 80 and included victims of abuse and neglect, alcoholics, the chronically mentally ill, clients with behavior problems, the homeless, and clients with medical complications.

The goal is to develop long-term T.A.S. homes statewide and to make available an emergency T.A.S. bed in each Region.

#### **INVOLUNTARY COMMITMENT OF INCAPACITATED ALCOHOLICS**

22 MRSAs §7118, 7119 and 7120 covers the judicial commitment of alcoholics who are incapacitated by alcohol. Under §7120, an alcoholic may be ordered by a court, under specific circumstances, to undergo treatment for alcoholism. 22 MRSAs §7118 and 7119 are designed for emergency situations when certain conditions prevail. However, they are inoperable at this time due to the restrictions in these sections.

The Division of Adult Services staff have developed a functional policy to assist efforts in using §7120, but realize the law must be changed if it is to be effective.

A Legislative Study Commission is currently reviewing involuntary services to substance abusers, and their recommendations will be reported early in 1988.

#### **REGIONAL PLANNING**

In 1985, Adult Services personnel in each of the five Department of Human Services regions completed Regional plans. The Regional plans addressed cooperative agreements, planning for service, staffing patterns, training, public relations, staff input to legislation, policies and procedures as well as identifying current regional problems. The plans are reviewed annually for continued appropriateness.

Although there is a similarity in the basic needs of Adult Protective and Guardianship/Conservatorship clients statewide, regional demographics, location and availability of appropriate and needed resources requires different approaches by each Region when planning for meeting client needs.

Regional Plans have contributed to the overall State Plan for the next three years.



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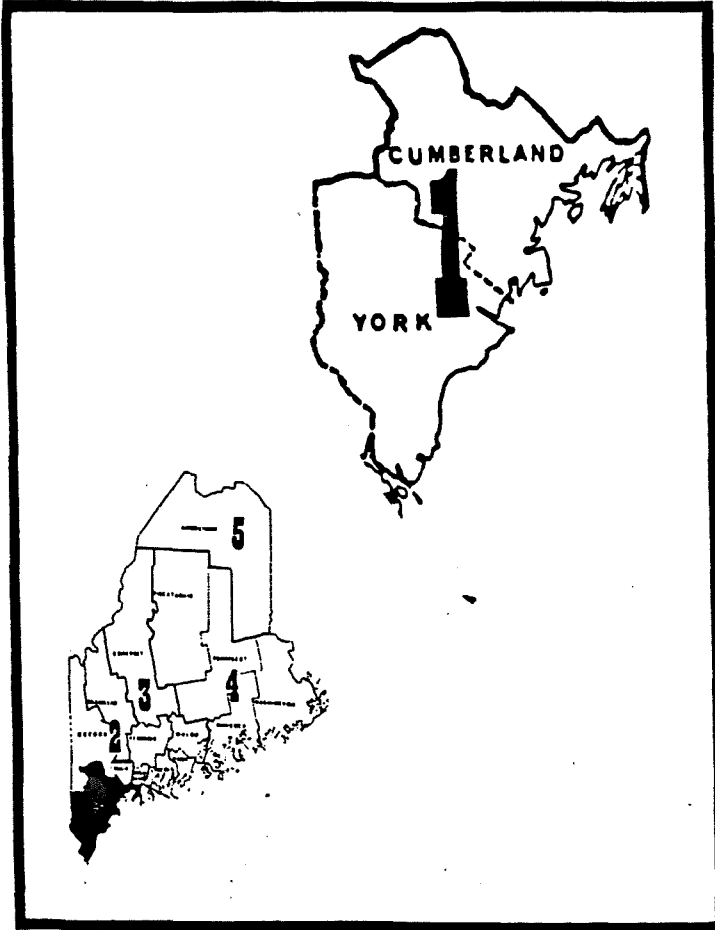
# REGION I

A. Ricker Hamilton  
Regional Program Manager

Region I encompasses all of Cumberland and York Counties. This region covers just over 1,894 square miles, consists of 54 municipalities and includes both highly urban and very rural areas. There are 264 urban road miles, (36 in the Kittery-Portsmouth area and 228 in the greater Portland area) and 3,814 rural road miles.

During the period 7/1/86 - 6/30/87 there were 464 new adult protective cases opened for investigation. Projections for FY'88 shows that this number can be expected to stabilize at about the same.

The 1988 projections for the Regions population shows the following makeup:



Population by County and Age

| County     | Male    |          |           | Female  |          |           | TOTAL   |
|------------|---------|----------|-----------|---------|----------|-----------|---------|
|            | 0 to 17 | 18 to 59 | 60 & Over | 0 to 17 | 18 to 59 | 60 & Over |         |
| Cumberland | 30,550  | 63,819   | 16,881    | 28,500  | 67,857   | 25,593    | 233,200 |
| York       | 21,900  | 44,318   | 11,682    | 20,900  | 44,522   | 16,728    | 160,050 |
| Total      | 52,450  | 108,137  | 28,563    | 49,400  | 112,379  | 42,321    | 393,250 |

Source: DHS Office of Data, Research & Vital Statistics. There is projected to be a 9.7% increase in 1988 for Region I population as compared with 1980 census figures.

In addition to the Regional Manager there is currently 2 casework supervisors, 4 investigators, 3 case managers and 1 courts worker assigned to Region I. There are plans to house 2 investigators in the Biddeford office when building renovations have been completed. The projected date of the move is November, 1987.



Region I ongoing caseload size has increased dramatically since 1980. The following table shows caseload trends since 1982.

ADULT SERVICES CASELOAD  
Comparison for Region I

|  | <u>FY82</u> | <u>FY83</u> | <u>FY84</u> | <u>FY85</u> | <u>FY86</u> | <u>FY87</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Adult Service Protective Studies<br>Opened (AR11)  | 398         | 399         | 446         | 565         | 626         | 464         |
| Adults Receiving Protective Services<br>(AI20, AI40, AD24)*  | 255         | 367         | 478         | 562         | 203         | 203         |
| Guardianship/Conservatorship Studies<br>(AN11, AC11)*  | 26          | 38          | 45          | 72          | 60          | 73          |
| Guardianship/Conservatorship, Studies<br>Completed and Case Assigned Private/<br>Public or dismissed (AI12)* | 24          | 23          | 16          | 22          | 64          | 46          |
| Adults Receiving Guardianship/<br>Conservatorship (GX12, GX30, GX70)*  | 13          | 20          | 28          | 67          | 73          | 61          |

Source: Geographic Distribution Report

\*Some duplication in numbers exists because of client movement within the system.

REGION PROGRESS NOTES

□ In 1985, a Multidisciplinary Council was developed in Region I. The Council membership included local medical personnel, social workers and mental health professionals. The Council's overall purpose was to assist the Division of Adult Services in coordinating effective service provision to incapacitated or dependent adults who are in danger. Its specific objectives were to provide consultation and support to Region I Adult Services staff on a case by case basis and to identify service gaps that exists in the Community.

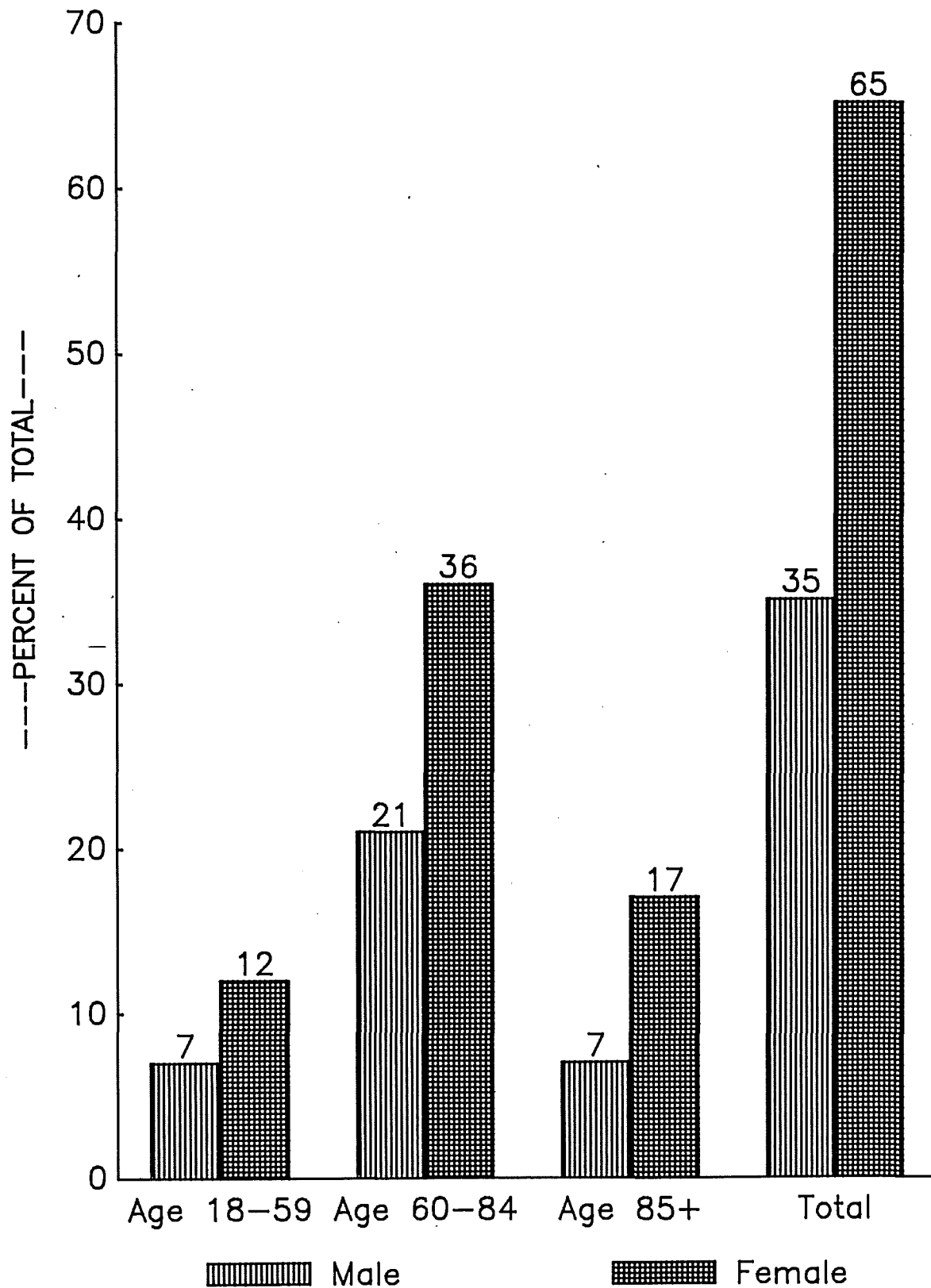
The Region I Adult Services Multi-disciplinary Council has not met since 1986. Since several of the Council members are also serving on the Statewide Incapacitated and Dependent Adult (IDEA) Task Force, Region I chose to suspend Council Activities.

□ Region I now has an emergency apartment which is utilized to temporarily shelter our clients in emergency situation. The apartment has been available since April 1987 and Adult Services has had 9 clients stay in the apartment for a total of 103 days. Arrangements have been made with Holy Innocent's Home Care Services to provide 24 hour supervision when necessary.

- Region I Adult Services staff continues to be active in Community programs. For the fourth straight year the Region will be a field site for BSW students from the University of Southern Maine, providing field work experience and supervision. Staff remain quite active with area hospitals, nursing homes and agencies in the area of continuing program education. Region I also represents the Department on the York County 2000 Task Force and the Edlerly Needs Task Force for Cumberland County.
- Elderly Needs Task Force. The purpose of the E.N.T.F. is to conduct a study of present and emerging needs of older people in Cumberland County, and produce a report to be made available as a 1987-1997 planning tool for local business, government and service organizations. The project will focus on critical needs in four board categories: quality of life, housing, access to services and income, and health.
- York County 2000 is an organized response to concern about rapid economic growth and its input on the quality of life. Following a county-wide forum, seven task groups were created to study transportation, life structure, housing, economic development, education, tourism, government and human services. I serve as a member of the Human Services Task Force representing the Department of Human Services. As a needs assessment team the task force is compiling existing social and economic data and conducting random house, key information and provider surveys. The results will be synthesized for presentation at the next Y.C. 2000 forum.
- Region I continues to have as a goal the establishment of an emergency nursing home bed. The need for this resource continues to be great.



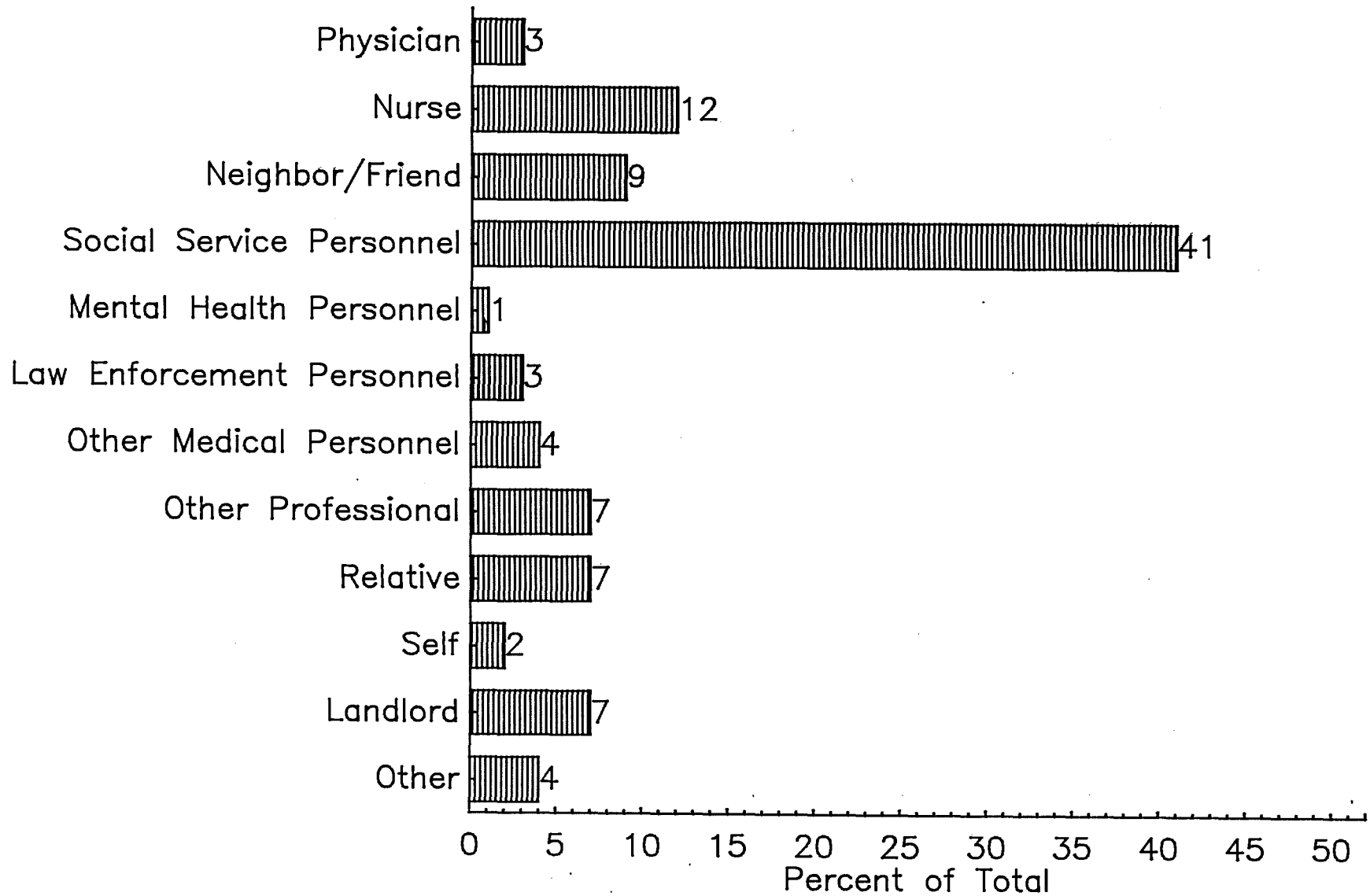
# PERCENT OF CLIENTS BY AGE AND SEX Region I - June 1987





# SOURCE OF ADULT REFERRALS

## Region I, - June, 1987

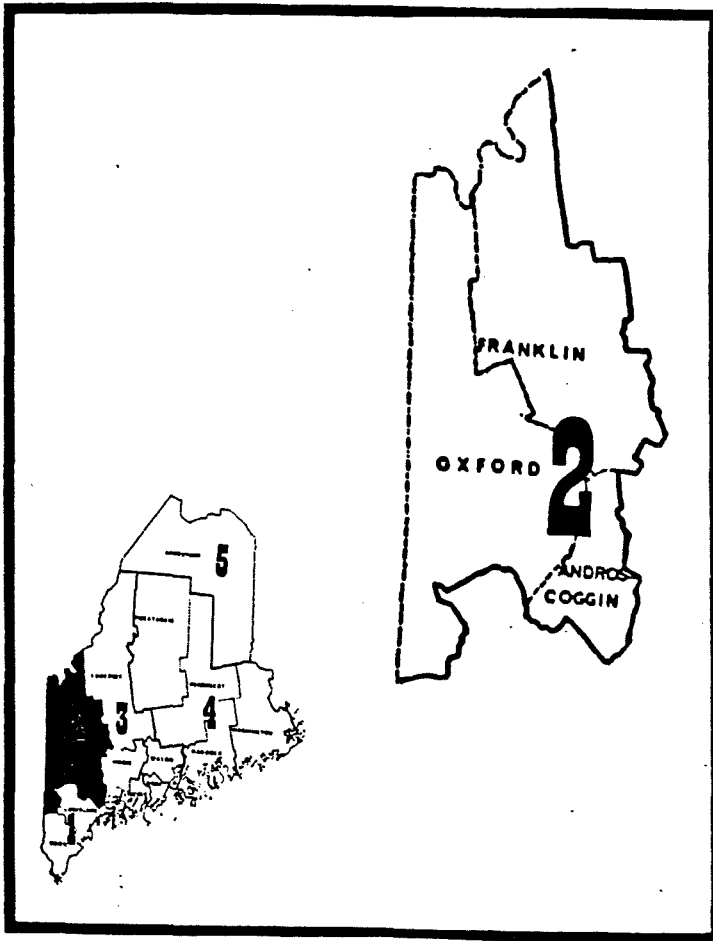




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## REGION II

George Odenrantz,  
Regional Program Manager

Region II encompasses all of Androscoggin, Franklin and Oxford Counties. This region covers just under 4,345 square miles (2,942 square miles or 67.6% in organized towns/cities and 1,403 square miles or 32.3% unorganized territories), consists of 117 towns/cities (72 are organized towns and cities), and includes highly urban and very rural areas. There are 149 urban road miles (Lewiston and Auburn) and 3,561 rural road miles.

During the period there were 343 new adult protective cases opened for investigation. Projections for FY'88 shows that this number is expected to stabilize in the protective program but increase in the number of guardianship/conservatorship cases opened.

The 1988 projections for the Regions population shows the following makeup:

### Population by County and Age

| <u>County</u> | <u>Male</u>    |                 |                      | <u>Female</u>  |                 |                      | <u>TOTAL</u> |
|---------------|----------------|-----------------|----------------------|----------------|-----------------|----------------------|--------------|
|               | <u>0 to 18</u> | <u>18 to 60</u> | <u>60 &amp; Over</u> | <u>0 to 18</u> | <u>18 to 60</u> | <u>60 &amp; Over</u> |              |
| Androscoggin  | 13,450         | 27,025          | 7,675                | 12,900         | 28,560          | 11,840               | 101,450      |
| Franklin      | 3,900          | 7,975           | 2,245                | 3,680          | 8,692           | 3,088                | 29,580       |
| Oxford        | 6,650          | 13,741          | 4,519                | 6,100          | 13,849          | 6,051                | 50,910       |
| Total         | 24,000         | 48,741          | 14,439               | 22,680         | 51,101          | 20,979               | 181,940      |

Source: DHS, Office of Data, Research & Vital Statistics. There is projected to be a 3.5% increase in 1988 for Region II population as compared with 1980 census.

In addition to the Regional Manager, there are currently 2 Casework Supervisors, 2 Investigators, 1 Intake worker, 2 case managers, 1 courts worker and 1 R.S.U. caseworker assigned to Region II. One of the casework supervisors assigned to Region II supervises the 3 Remedial Services Unit (R.S.U.) caseworkers statewide. The R.S.U. caseworker assigned to Region II serves guardianship clients in Regions I and II.

The following table shows caseload trends since 1982:

ADULT SERVICES CASE  
Comparison for Region II

|  | <u>FY82</u> | <u>FY83</u> | <u>FY84</u> | <u>FY85</u> | <u>FY86</u> | <u>FY87</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Adult Service Protective Studies<br>Opened (AR11)  | 160         | 210         | 189         | 293         | 361         | 343         |
| Adults Receiving Protective Services<br>(AI20, AI40, AD24)*  | 142         | 195         | 251         | 208         | 79          | 128         |
| Guardianship/Conservatorship Studies<br>(AN11, AC11)*  | 36          | 49          | 39          | 53          | 55          | 45          |
| Guardianship/Conservatorship, Studies<br>Completed and Case Assigned Private/<br>Public or dismissed (AI12)* | 16          | 32          | 48          | 61          | 27          | 27          |
| Adults Receiving Guardianship/<br>Conservatorship (GX12, GX30, GX70)*  | 10          | 22          | 36          | 55          | 52          | 65          |

Source: Geographic Distribution Report

\*Some duplication in numbers exists because of client movement within the system.

REGION PROGRESS NOTES

Region II will be involved in the following projects:

- ☐ Region II will continue to define the activities and procedures within the four functional areas of specialization and over the next twelve months, will be experimenting with a full time caseworker doing the intake function. It is expected that from the results of this process, intake may become the fifth area of specialization.

□ The State Task Force on Incapacitated and Dependent Adults (IDEA) has recommended that Region II be the location for a project to offer Information and Referral services, the design of which has not been developed nor has the start-up date been identified. It is expected that the project will be developed to include the following three concepts:

- a. Reception - The process of greeting individuals as they enter the agency, whether it be in person, through a representative, by telephone or by mail. The greeting includes asking the person's name, if they wish to see a particular person, what type of presenting problem there appears to be. This information makes it possible for the receptionist to make the decision on where to route the person on a more knowledgeable basis.
- b. Information and Referral - The process of providing information to individuals upon request about available services and the linking or connecting of individuals with appropriate resources by contacting service providers on behalf of individuals and follow up to determine if the service was provided.
- c. Intake - The process of establishing of a person for an agency's service and to then route the person for assessment and service.

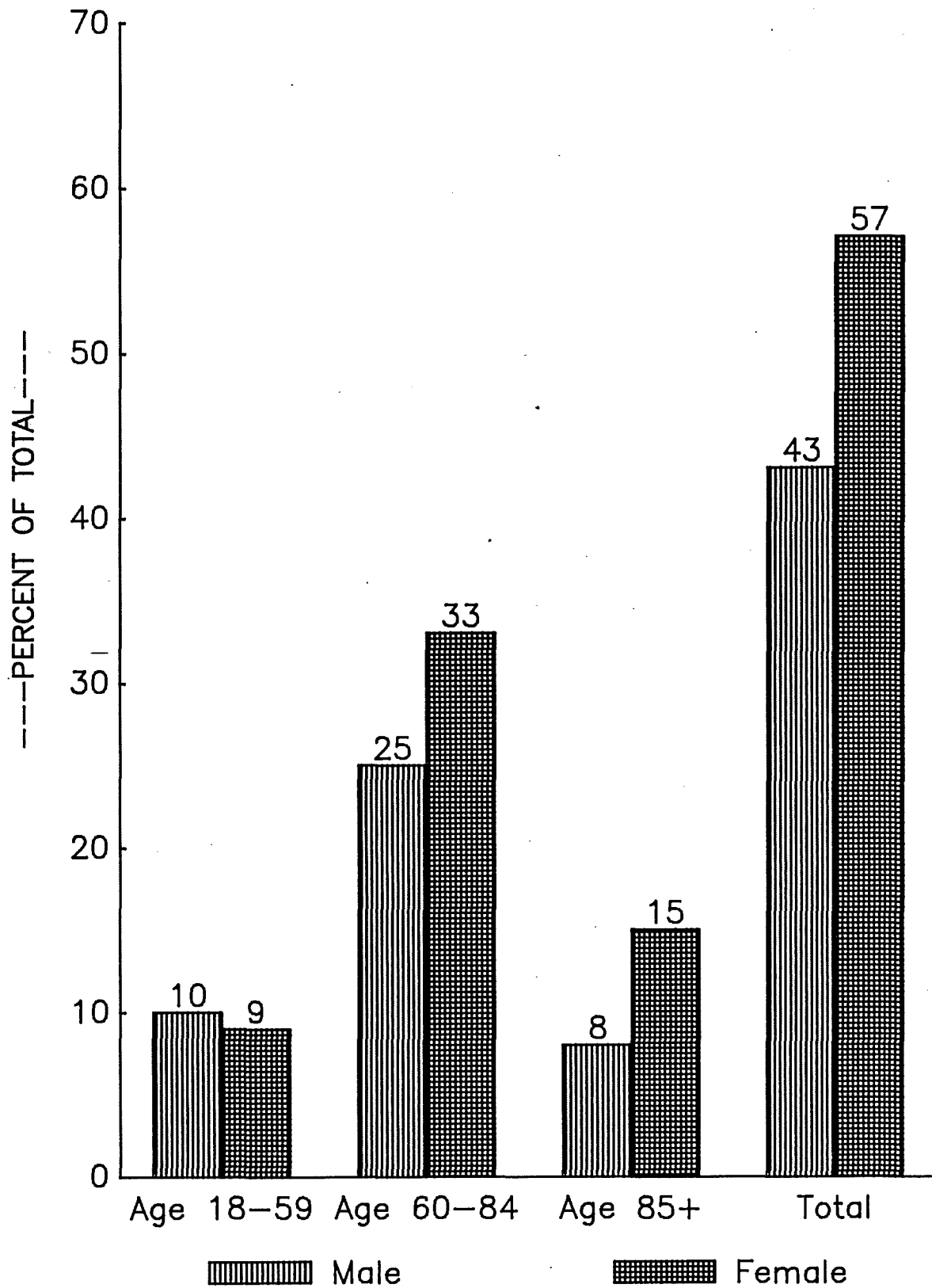
□ In addition to the above two projects, Region II will focus on obtaining an emergency nursing home bed.

During the past twelve months, fifty-three adults in need of immediate nursing home placement were referred to Adult Services. Clearly, all fifty-three adults would have appropriately by-passed the Adult Protective function if nursing home beds were available. Without available nursing home beds, all of the fifty-three adults would require twenty four hour in-home supervision, at an average rate of seven dollars per hour for a Certified Nurse, plus the cost of Adult Services staff time.

The cost of maintaining an appropriately classified nursing home adult in his/her own home far exceeds the cost of maintaining an available nursing home bed for emergency placement.

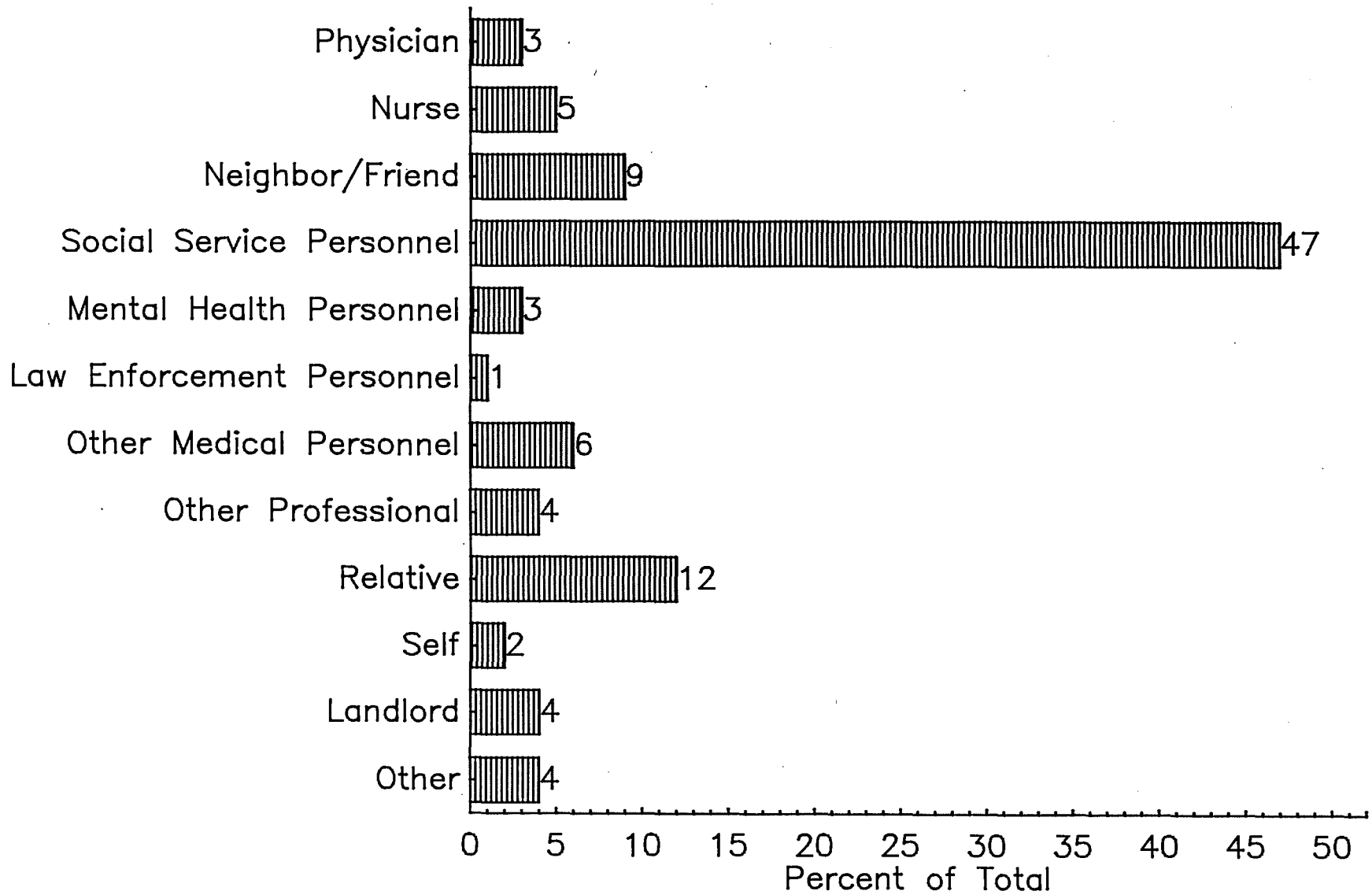


PERCENT OF CLIENTS BY AGE AND SEX  
Region II - June 1987





SOURCE OF ADULT REFERRALS  
Region II, - June, 1987



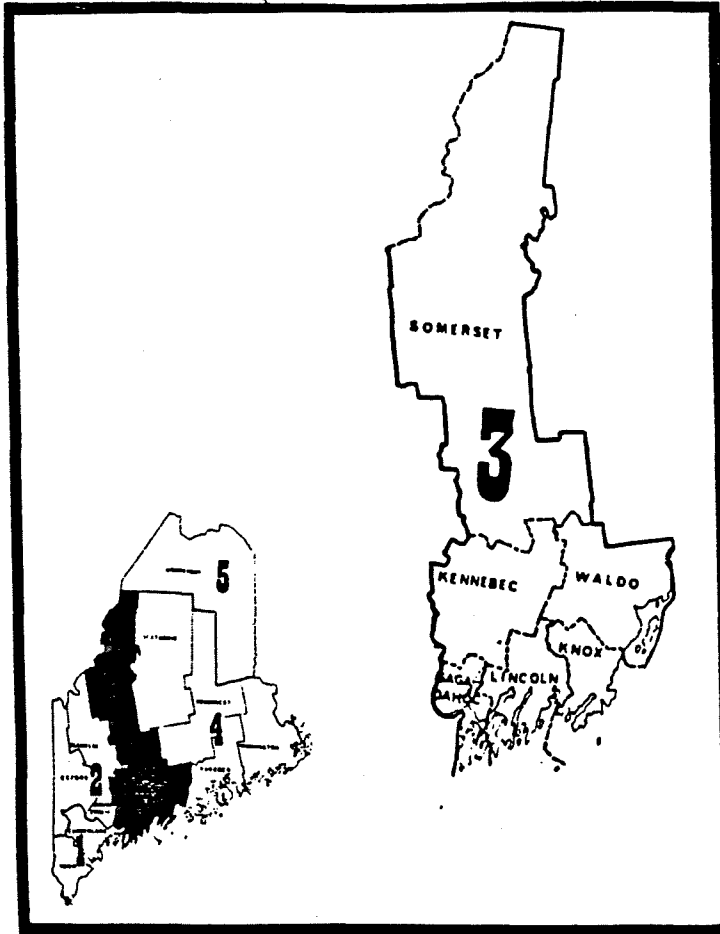




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# REGION III

Virgil Norton,  
Regional Program Manager

Region III encompasses Kennebec, Knox, Lincoln, Sagadahoc, Somerset and Waldo counties. This Region covers just over 6,815 square miles (4,159 square miles or 61% are in organized towns/cities and 2,656 square miles or 39% in unorganized territories), consists of 222 towns/cities (136 are organized) and includes highly urbanized and very rural areas. There are 6,038 rural road miles. The Augusta Mental Health Institute and the Togus VA Hospital are located in Region III.

During the period 7/1/86 - 6/30/87 there were 532 new adult protective cases opened for investigation. Projections for FY'88 shows that this number is expected to increase by 15% to 612 new cases opened.

The 1988 projections for the Regions population shows the following makeup.

Population by County and Age

| County    | Male    |          |           | Female  |          |           | TOTAL   |
|-----------|---------|----------|-----------|---------|----------|-----------|---------|
|           | 0 to 18 | 18 to 60 | 60 & Over | 0 to 18 | 18 to 60 | 60 & Over |         |
| Kennebec  | 14,700  | 30,982   | 8,808     | 14,250  | 32,647   | 12,603    | 113,900 |
| Knox      | 4,670   | 9,527    | 3,263     | 4,410   | 9,594    | 4,626     | 36,090  |
| Lincoln   | 4,020   | 7,731    | 2,669     | 3,720   | 7,967    | 3,613     | 29,720  |
| Sagadahoc | 4,630   | 8,334    | 1,986     | 4,660   | 8,234    | 2,876     | 30,720  |
| Somerset  | 6,850   | 12,869   | 3,861     | 6,250   | 13,061   | 5,239     | 48,130  |
| Waldo     | 4,220   | 8,351    | 2,369     | 4,040   | 8,322    | 2,938     | 30,240  |
| Total     | 39,090  | 77,704   | 22,956    | 37,330  | 79,825   | 31,895    | 288,800 |

Source: DHS, Office of Data, Research & Vital Statistics. There is projected to be 6.3% increase in 1988 for Region III population as compared with the 1980 census.

In addition to the Regional Manager, there are 2 Casework Supervisors, and 12 Adult Services caseworkers and 1 R.S.U. caseworker assigned to Region III. Adult Service clients are served through the Regional Office in Augusta and branch offices in Rockland and Skowhegan.

The following table shows caseload growth since 1982:

ADULT SERVICES CASELOAD  
Comparison for Region III

|  | <u>FY82</u> | <u>FY83</u> | <u>FY84</u> | <u>FY85</u> | <u>FY86</u> | <u>FY87</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Adult Service Protective Studies<br>Opened (AR11)  | 371         | 421         | 517         | 438         | 477         | 532         |
| Adults Receiving Protective Services<br>(AI20, AI40, AD24)*  | 480         | 435         | 488         | 478         | 230         | 181         |
| Guardianship/Conservatorship Studies<br>(AN11, AC11)*  | 35          | 43          | 66          | 135         | 170         | 156         |
| Guardianship/Conservatorship, Studies<br>Completed and Case Assigned Private/<br>Public or dismissed (AI12)* | 30          | 63          | 47          | 95          | 171         | 169         |
| Adults Receiving Guardianship/<br>Conservatorship (GX12, GX30, GX70)*  | 13          | 33          | 48          | 86          | 196         | 199         |

Source: Geographic Distribution Report

\*Some duplication in numbers exists because of client movement within the system.

REGION PROGRESS NOTES

□ During the past fiscal year Region III has experienced a significant increase in its workload. The number of Adult Protective studies opened for assessments increased 119% from the previous fiscal year; the number of cases with planned Court Action to seek Guardianship and/or Conservatorship increased 104%; the number of cases in Public Guardianship and/or Conservatorship increased 107%; and the total number of clients served increased 106%. Region III's client population has shifted increasingly from younger emotionally dependent adults to older physically and mentally incapacitated adults who are the most at risk of abuse, neglect, and exploitation. Region III has fully implemented the concept of staff

specialization in each of its three Regional offices which has helped, to some extent, in providing services more efficiently. Nevertheless this new client population, especially those in Public Guardianship and/or Conservatorship, are presenting more service needs than can be met with current staff and supportive services. The Bureau of Social Services recently transferred a case aide position from Child and Family Services to Region III Adult Services to be assigned to assist the Remedial Services Caseworker in managing that caseload. Region III continues to maintain a contract with the Diocesan Human Relations Services for a part-time case aide who is also assigned to assist the Remedial Services Caseworker. Region III is also developing a contract with Mid Maine Retired Senior Volunteer Program to recruit and train retired or semi-retired professionals and para-professionals to assist the Remedial Services Caseworker in maintaining contact with clients in designated nursing home facilities and documenting their ongoing needs for services.

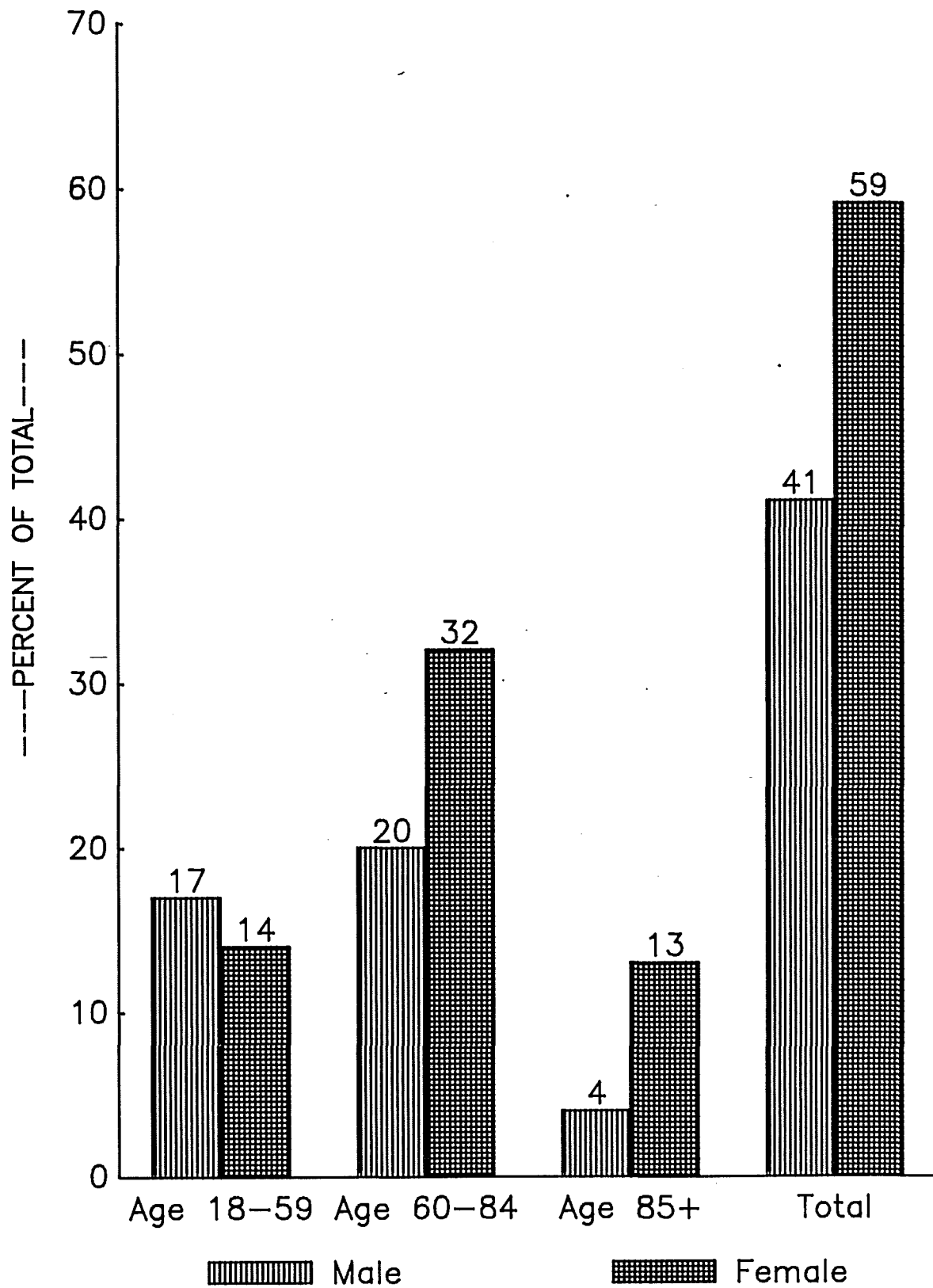
□ Region III's most difficult problem currently is providing quality case management to non-remedial services clients and timely completion of case studies referred for Public Guardianship and/or Conservatorship. Each Case Management Caseworker has a combination of dependent and incapacitated clients with varying levels of service needs. Forty percent of the Case Management caseload are clients under Public Guardianship and/or Conservatorship. Some Case Management Caseworkers have caseloads consisting of over 60% Public Wards who are chronically mentally ill fairly young, non-compliant with treatment, and living in inadequate environments by choice or due to lack of more appropriate alternatives. These clients require much more Case Management time than is now available in monitoring, identifying needs for service and advocating for resources. Likewise, Region III Court Social Services Caseworkers are presently unable to complete their court studies in a timely manner. Their caseload size is double the recommended number of studies per worker at any given time. This problem is more unique to Region III due to the location of the Mental Health Institute and more nursing and boarding homes within the region from which most of our referrals for court studies are received. The Court Social services caseworkers are also having to do much para-legal work, in addition to their studies, to have a petition filed with the court for a hearing, service of notice made to all interested parties, and preparation of witnesses for the hearing.

□ Region III Investigation Caseworkers experienced a steady increase in the number of cases assigned to them each month during the past fiscal year. Casework Supervisors have had to review each referral more thoroughly and have screened out approximately 60% of all initial referrals made to our Regional Offices for services during the past year. There has been a significant increase in referrals from nursing homes, reporting incidences of abuse of residents by staff and between residents. Our office has worked jointly with the Division of Licensing and Certification, the Medicaid Fraud Unit of the Attorney Generals' Office and the Ombudsman Program when investigating incidences of abuse by others in licensed facilities.

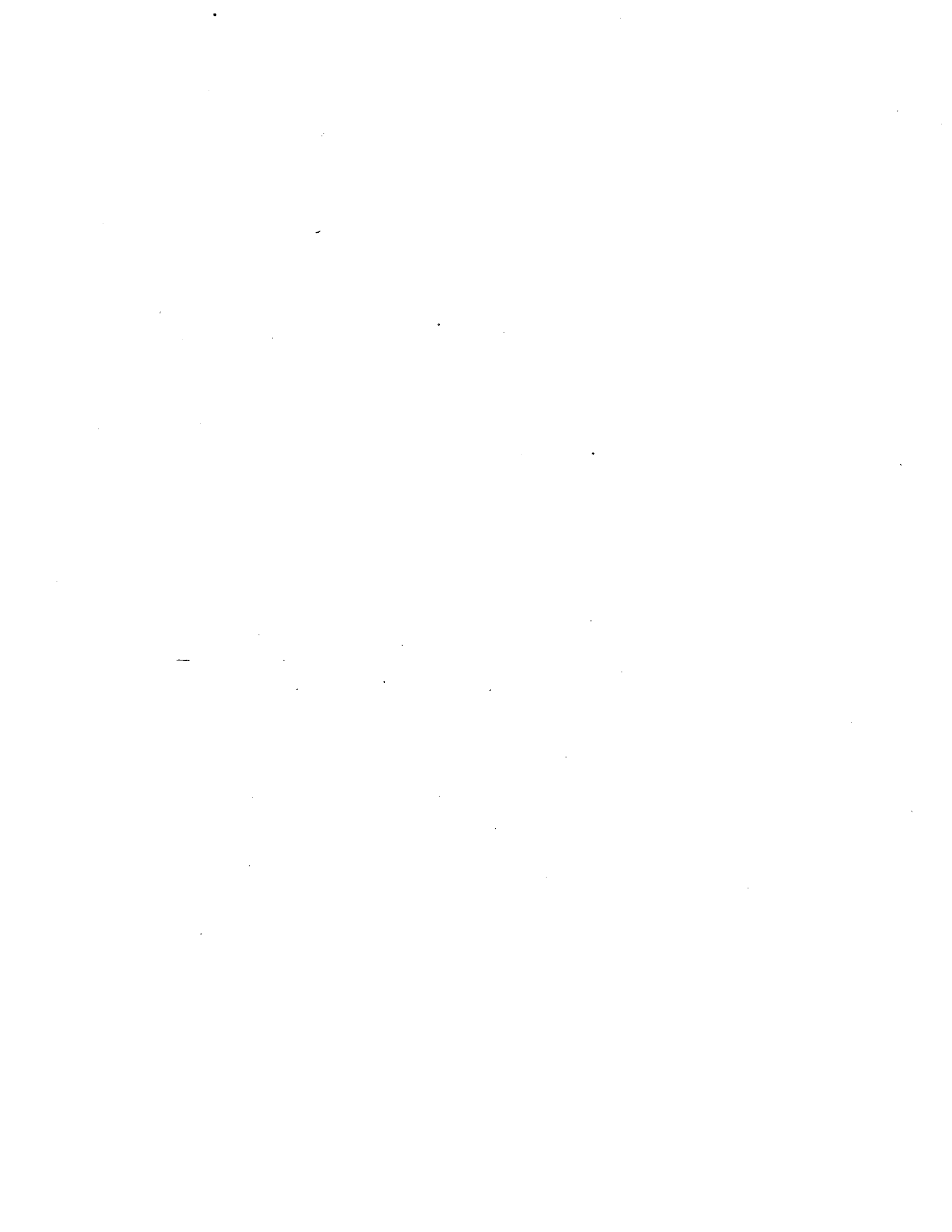
□ In consideration of the workload problems described in the Regional Progress Notes the following objectives will be addressed during the next three years:

1. Further refinement of staff specialization to include dual case assignments in some cases; to have court study caseworkers do only those activities necessary to complete study and case management caseworkers to coordinate activities in preparation for hearing.
2. Improve case management efficiency through contracting with Community Service agencies to provide monitoring case management, psychological and medical, nursing assessments and services; home care services; transportation; and advocacy for those Public Wards living in the community and not appropriate for Remedial Services case management.
3. Develop new resources for paralegal and routine legal services currently being done by casework staff or the Divisions' one assistant Attorney General. Explore the possibility of expanding existing contracts with private attorneys to perform more court related activities.
4. Improve working relationships with District Attorneys and local law enforcement agents to ensure that appropriate referrals made to them for action are responded to in a timely manner.
5. Improve working relationships with community services agencies. Review and revise existing cooperative working agreements with the Central Maine Area Agency on Aging and the Diocesan Human Relations Services. Develop cooperative working agreements with other agencies.
6. Advocate for new resources to include more nursing home beds; specialized residential programs for non-mentally retarded adults with chronic mental health, substance abuse or behavior problems; and emergency home care services and psychological services in the mid coast area.

# PERCENT OF CLIENTS BY AGE AND SEX Region III - June 1987

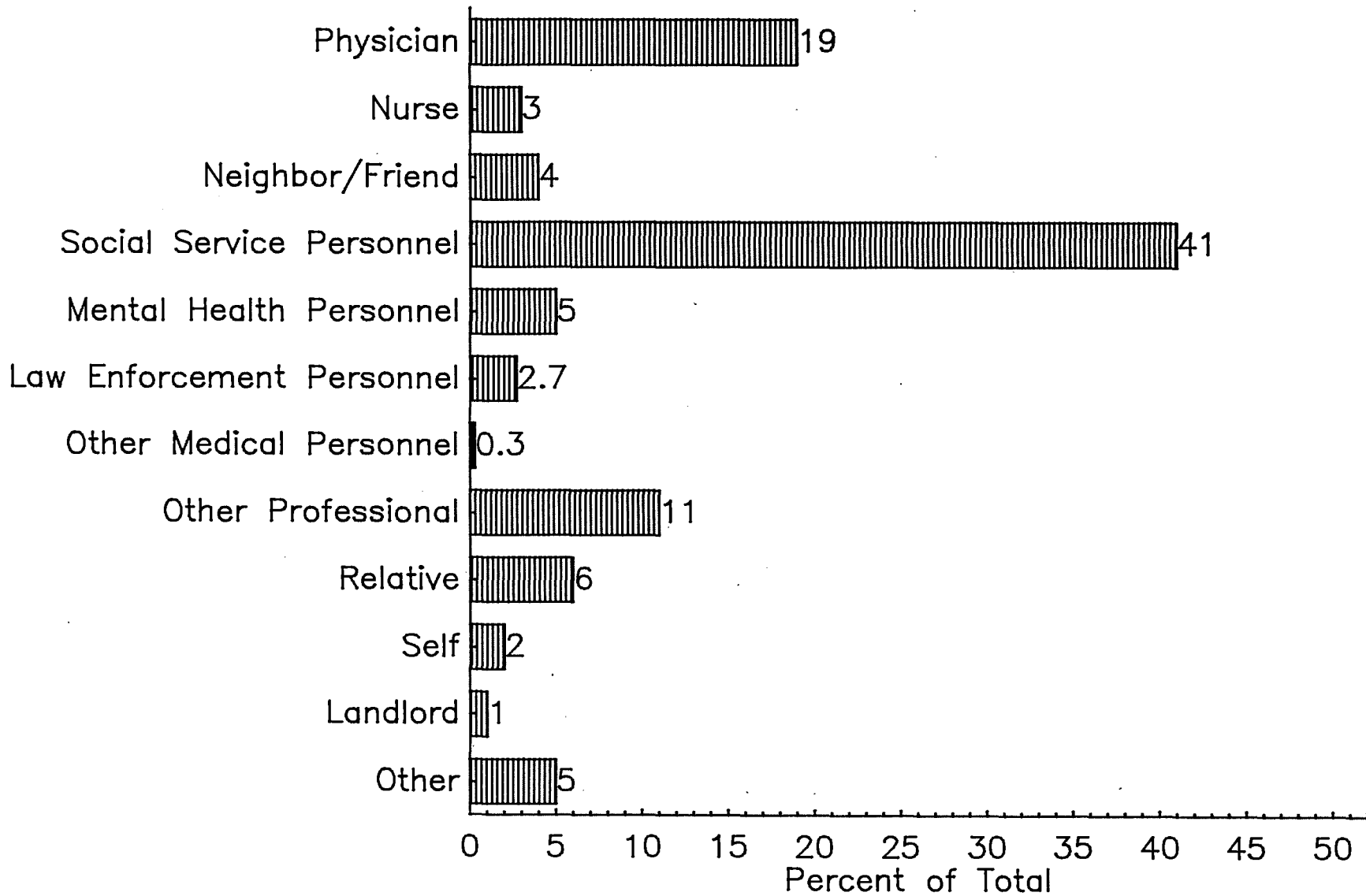






# SOURCE OF ADULT REFERRALS

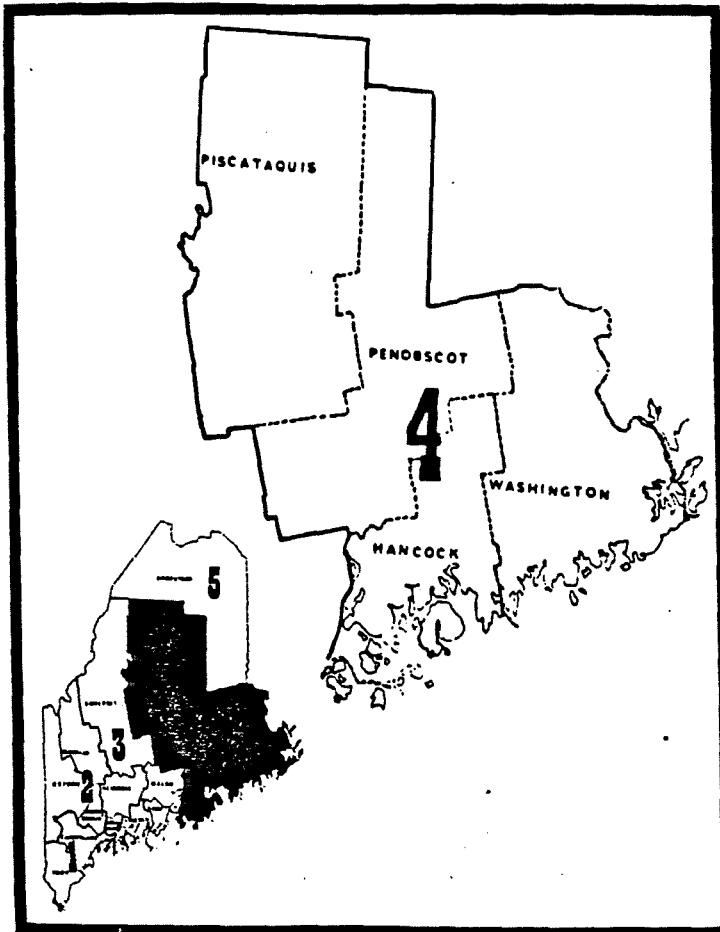
## Region III, - June, 1987





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## REGION IV

Marie Dow  
Regional Program Manager

Region IV is the largest Region in size and encompasses Hancock, Penobscot, Piscataquis and Washington counties. This Region covers just over 12,115 square miles (5,927 square miles or 48.9% in organized towns/cities and 6,188 square miles or 51.1% in unorganized territories), consists of 343 towns/cities (170 are organized) and includes highly urbanized and extremely rural areas. There are 137 urban road miles (Greater Bangor area) and 4,909 rural road miles. The Bangor Mental Health Institute is located in Region IV.

There are two Indian tribes located in Region IV. The Penobscot tribe located at Indian Island and the Passamaquoddy tribe located in Northern Washington County.

Both tribes have their own social service system, but coordinate with Region IV adult services in areas where guardianship of tribal members may be indicated. Indians residing in the region from other tribes are represented by Central Maine Indian Association located in Bangor.

During the period 7/1/86 - 6/30/87 there were 425 new adult protective cases opened for investigation. Projections for FY'88 shows that this number is expected to increase to approximately 450 new cases opened.

The 1988 projections for the Regions population shows the following makeup:

### Population by County and Age

| County      | Male    |          |           | Female  |          |           | TOTAL   |
|-------------|---------|----------|-----------|---------|----------|-----------|---------|
|             | 0 to 18 | 18 to 60 | 60 & Over | 0 to 18 | 18 to 60 | 60 & Over |         |
| Hancock     | 6,050   | 12,364   | 3,966     | 5,540   | 12,109   | 5,701     | 45,730  |
| Penobscot   | 17,800  | 40,688   | 9,512     | 16,850  | 40,747   | 13,303    | 138,900 |
| Piscataquis | 2,510   | 4,860    | 1,580     | 2,370   | 4,877    | 2,113     | 18,310  |
| Washington  | 4,450   | 9,081    | 3,239     | 4,230   | 9,172    | 4,138     | 34,310  |
| Total       | 30,810  | 66,993   | 18,297    | 28,990  | 66,905   | 25,255    | 237,250 |

Source: DHS, Office of Data, Research & Vital Statistics. There is projected to be a 2.5% increase in 1988 for Region IV population as compared with 1980 census.

In addition to the Regional Manager, there are 2 casework supervisors, 2 investigators, 2 case managers, 1 court worker, 1 R.S.U. caseworker and 4 caseworkers assigned to Region IV. Adult Service clients are served through the Regional Office in Bangor and branch offices in Ellsworth and Machias. Of the 4 caseworkers, 2 are assigned to Ellsworth and 2 are assigned to Machias. The caseworkers assigned to Ellsworth and Machias perform all case services for Adult Service clients.

The following table shows caseload growth since 1982:

| <u>ADULT SERVICES CASELOAD</u><br><u>Comparison for Region IV</u>  |             |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
|  | <u>FY82</u> | <u>FY83</u> | <u>FY84</u> | <u>FY85</u> | <u>FY86</u> | <u>FY87</u> |
| Adult Service Protective Studies<br>Opened (AR11)  | 469         | 360         | 424         | 375         | 437         | 425         |
| Adults Receiving Protective Services<br>(AI20, AI40, AD24)*  | 589         | 460         | 480         | 480         | 387         | 256         |
| Guardianship/Conservatorship Studies<br>(AN11, AC11)*  | 38          | 22          | 20          | 42          | 64          | 101         |
| Guardianship/Conservatorship, Studies<br>Completed and Case Assigned Private/<br>Public or dismissed (AI12)* | 21          | 17          | 21          | 71          | 53          | 64          |
| Adults Receiving Guardianship/<br>Conservatorship (GX12, GX30, GX70)*  | 25          | 22          | 33          | 60          | 94          | 124         |

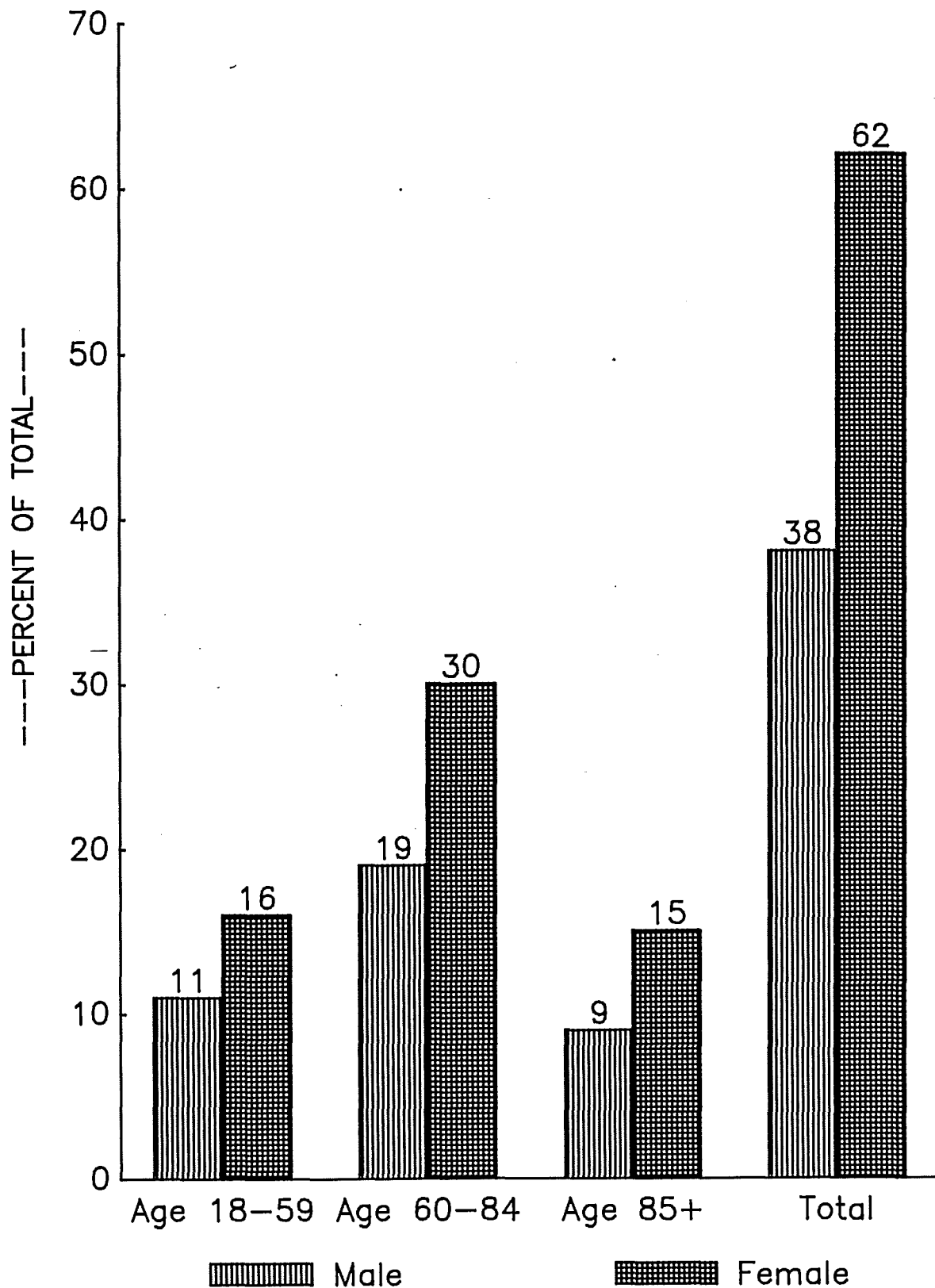
Source: Geographic Distribution Report

\*Some duplication in numbers exists because of client movement within the system.

REGION PROGRESS NOTES

- To assist central office in the identification and development of an emergency shelter for adult service clients.
- To continue to develop psychiatric/psychological services for evaluation, treatment and counseling adult service clients.
- To improve provider agencies understanding of the needs of adult services clients in a rural area on an ongoing and emergency basis.

# PERCENT OF CLIENTS BY AGE AND SEX Region IV - June 1987

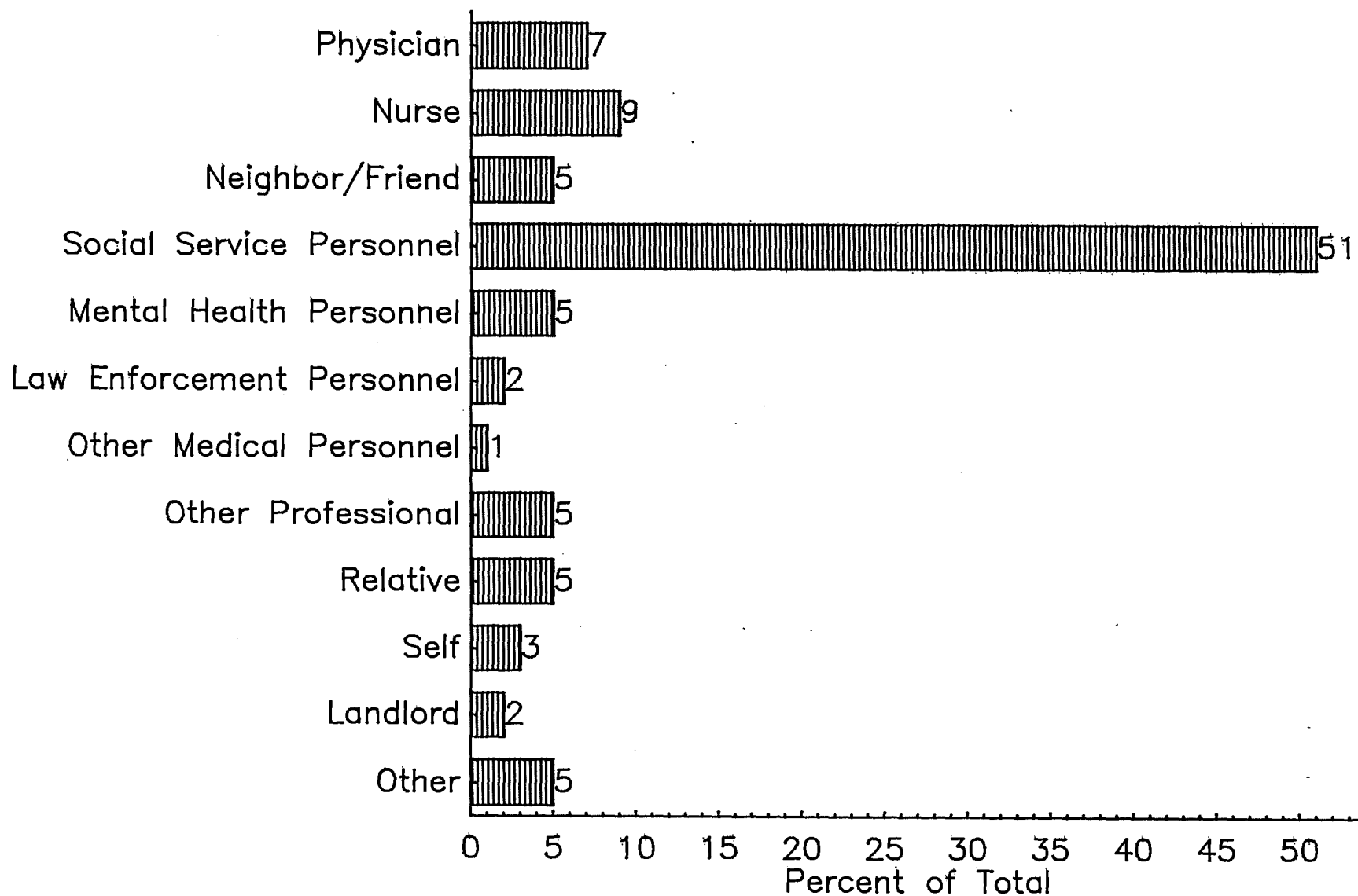






# SOURCE OF ADULT REFERRALS

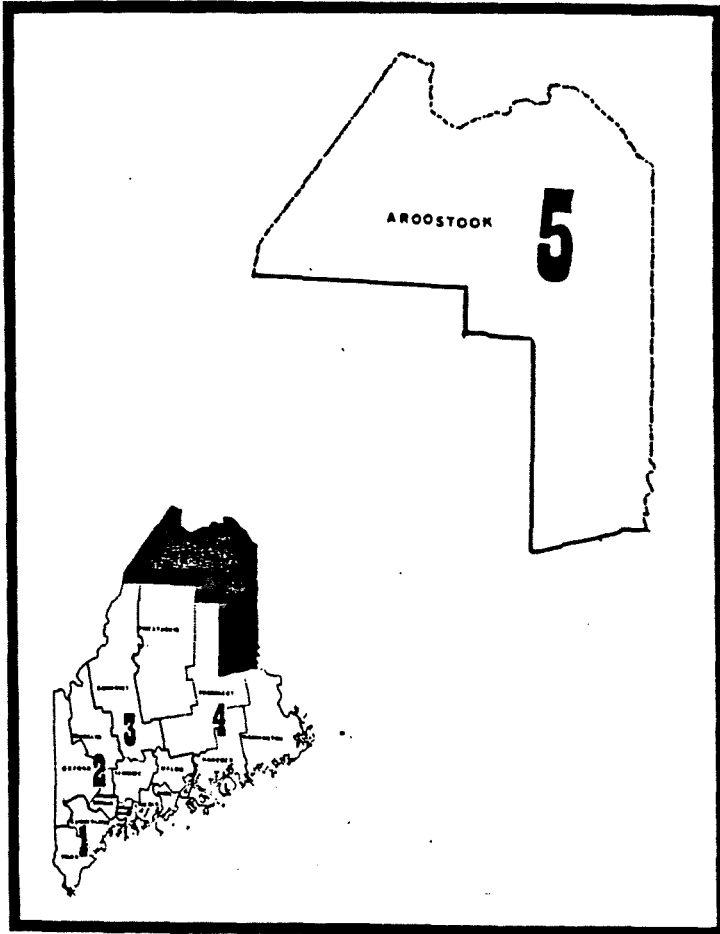
Region IV<sub>1</sub> - June, 1987





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## REGION V

Norma Folsom  
Regional Program Manager

Region V encompasses Aroostook County, the towns of Patten, Stacyville and Mt. Chase in Penobscot County and Danforth in Washington County. Aroostook County is just under 6,736 square miles (2,764 square miles or 41% in organized towns/cities and 3,972 square miles or 59% in unorganized territories), consists of 177 towns/cities (69 are organized). Aroostook County is considered primarily rural. There are 2,405 rural road miles.

During the period 7/1/86 - 6/30/87 there were 386 new adult protective cases opened for investigation. Projections for FY'88 shows that this number has declined by 9.2% since FY'85.

The 1988 projections for the Regions population shows the following makeup:

### Population by County and Age

| <u>County</u> | <u>Male</u>    |                 |                      | <u>Female</u>  |                 |                      | <u>TOTAL</u> |
|---------------|----------------|-----------------|----------------------|----------------|-----------------|----------------------|--------------|
|               | <u>0 to 18</u> | <u>18 to 60</u> | <u>60 &amp; Over</u> | <u>0 to 18</u> | <u>18 to 60</u> | <u>60 &amp; Over</u> |              |
| Aroostook     | 11,850         | 24,816          | 6,564                | 11,050         | 23,956          | 8,564                | 86,800       |

Source: DHS Office of Data, Research & Vital Statistics. The 1988 population projections shows a 15% increase in the 60 and over population, but an overall 5% decrease in general population as compared with the 1980 census.

In addition to the Regional Manager for Adult Services, there is 1 Adult Services Casework Supervisor, and 5 Adult Services Caseworkers assigned to Region V. Adult Services caseworkers serve clients are through the Regional office in Houlton with branch offices in Caribou and Fort Kent, 67 miles and 107 miles away respectively. Because of geographic size and lack of sufficient caseworkers, each Adult Services staff member must perform all areas of specialization.

The following table shows caseload growth since 1982:

ADULT SERVICES CASELOAD  
Comparison for Region V

|  | <u>FY82</u> | <u>FY83</u> | <u>FY84</u> | <u>FY85</u> | <u>FY86</u> | <u>FY87</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Adult Service Protective Studies<br>Opened (AR11)  | 84          | 228         | 345         | 425         | 403         | 386         |
| Adults Receiving Protective Services<br>(AI20, AI40, AD24)*  | 107         | 176         | 252         | 291         | 327         | 215         |
| Guardianship/Conservatorship Studies<br>(AN11, AC11)*  | 11          | 16          | 10          | 41          | 32          | 34          |
| Guardianship/Conservatorship, Studies<br>Completed and Case Assigned Private/<br>Public or dismissed (AI12)* | 17          | 5           | 4           | 13          | 16          | 25          |
| Adults Receiving Guardianship/<br>Conservatorship (GX12, GX30, GX70)*  | 7           | 9           | 11          | 21          | 44          | 57          |

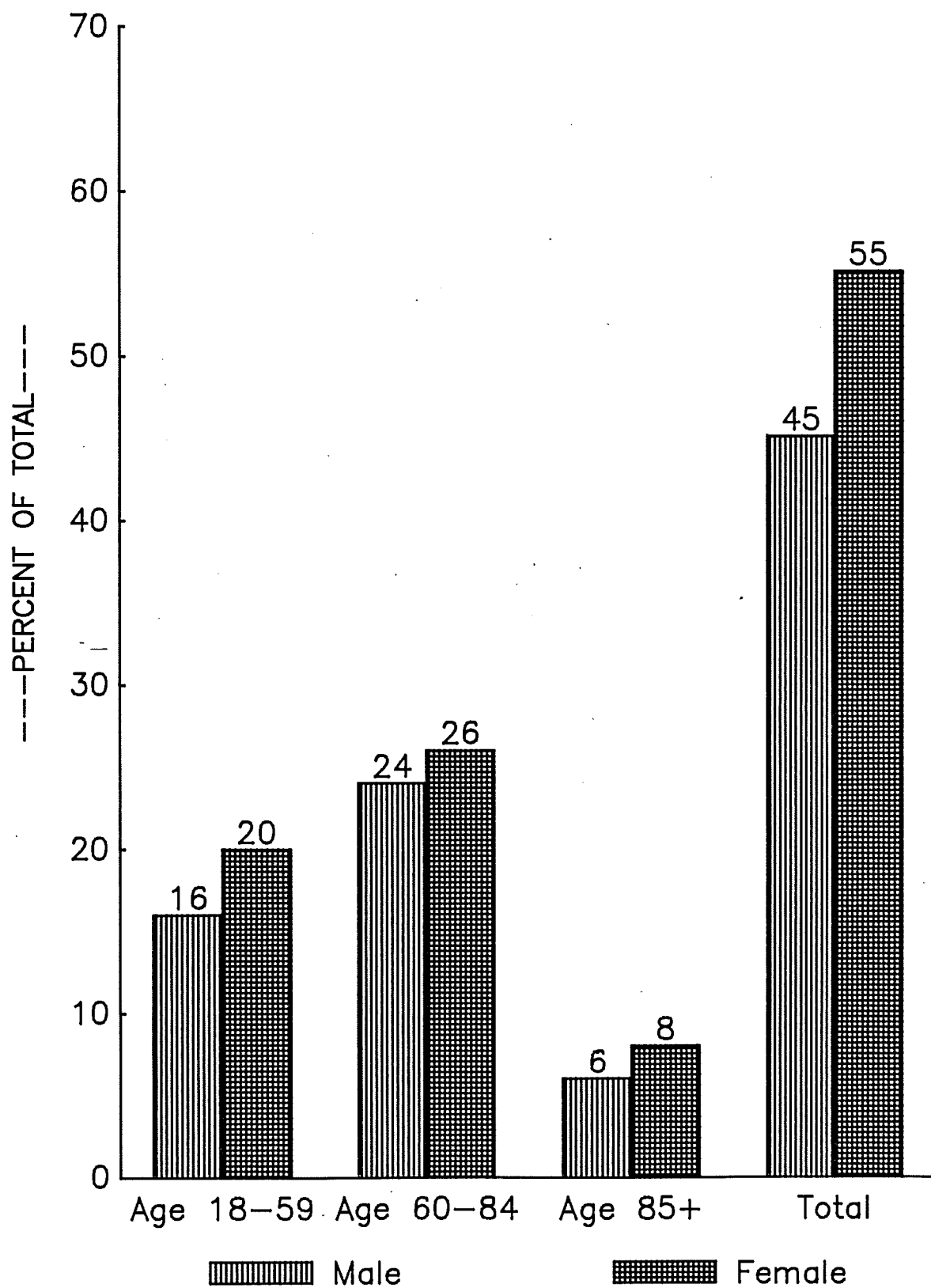
Source: Geographic Distribution Report

\*Some duplication in numbers exists because of client movement within the system.

REGIONAL OBJECTIVES:

1. To develop an available bed in a nursing facility to be used for emergency placements.
2. To develop psychiatric/psychological services for evaluation, treatment, documentation and counseling of Adult Services clients.
3. To develop working agreements with local mental health agencies that work with clients common to both Adult Services and those service providers.
4. To develop transportation resources for use in emergency and unscheduled situations the example: the sheriff's department, individual contacts, ambulance services, etc.
5. To improve community education with Support Service Providers.

# PERCENT OF CLIENTS BY AGE AND SEX Region V – June 1987

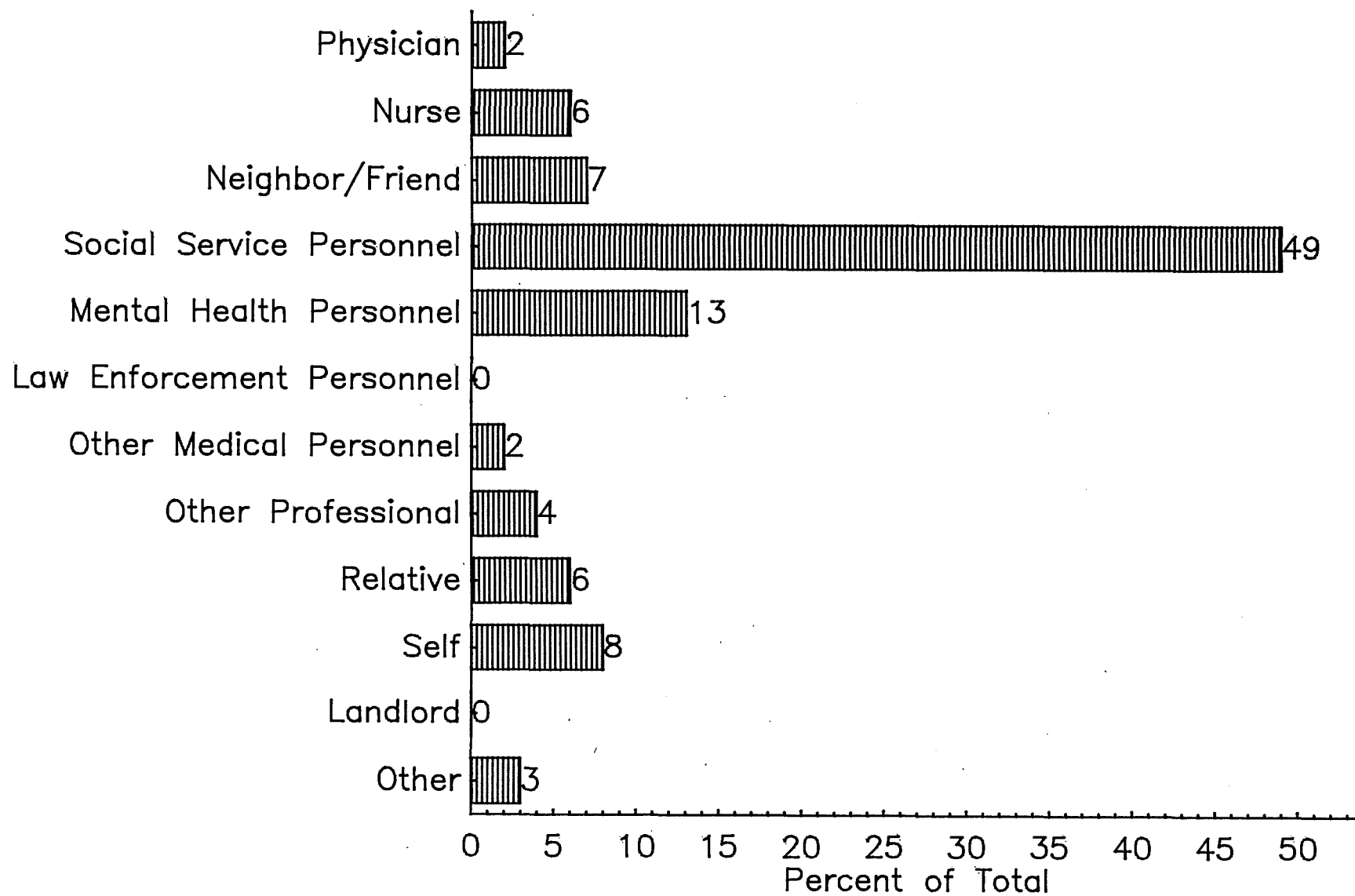






# SOURCE OF ADULT REFERRALS

Region V<sub>1</sub> - June, 1987





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**PROGRAM GOAL I: Improvement of the Adult Services Guardianship Program.**

Problem: There is a continuing need for improvement of the departments delivery of guardianship services.

Objective: To insure appropriate service provision for Adult Services guardianship clients.

Steps Taken:

1. Completion of policy and procedures for court study.
2. Development of policy and procedures to effect a private legal appointment.
3. Establishment of case consultation model. See Admin. Goal #5.
4. Developed easy access index for guardianship/conservatorship cases.
5. Developed a facility referral package for clients in state institutions and nursing homes.
6. Developed protocol to include a departmental Ethics Committee regarding controversial treatment decisions for public wards.

Next Steps:

1. Develop "Quality Control" procedures to enhance policy and law compliance prior to, during, and after public legal appointment.
2. Develop and deliver public relations efforts for the general public to include:
  - a. procedures that may be utilized before incapacitation (power of attorney, living wills, etc.)
  - b. training for private guardians regarding duties and responsibilities.

Completion Date: 1. July 1988  
2. Ongoing

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**PROGRAM GOAL II: Improvement of the Department's Adult Services  
Conservatorship Program.**

**Problem:** There is a continuing need for improvement of the Department's delivery of conservatorship services.

**Objective:** Insure provision of appropriate services to Adult Services Conservatorship clients.

**Steps Taken:**

1. Developed a fee policy for department reimbursement from a protected persons estate.
2. Developing a computerized accounting system for conservatorship accounts. (See Admin. Goal I).
3. Have developed budget plans for all clients in public guardianship.

**Next Steps:**

1. Testing and implementation of on-line computerization system for conservatorship accounts.
2. Seek training regarding money management for both public and private conservators.

**Completion Date: June 1988**

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**PROGRAM GOAL III: Improvement of the Department's Delivery of Services to incapacitated and dependent adults.**

Problem: Staff specialization, as a Service Delivery System requires clear policy, identification of problem areas and plans to make corrections, and adequate staff to provide services in each of the components of Intake, Investigation, Court Social Services, Case Management, and Remedial Services.

Objective #1: To review current Intake policy and procedures, and make revisions to ensure uniform standards for both during and after-hours Intake.

Steps Taken:

1. Statewide Intake Committee established.
2. After-hours resource directory completed.
3. Survey of Intake procedures in each Region completed.

Next Steps:

1. Intake Committee will:
  - a. Coordinate activities with other appropriate committees, i.e., Staff Specialization Committee and Training Committee.
  - b. Complete revisions of the new Intake Form and field test the — instrument.
  - c. Identify training needs of Intake staff.
  - d. Review Intake Survey information and make recommendations to the Division's Managers Group for consideration.
2. Develop a Regional office method to keep the after-hours resource directory current.
3. Continue Intake Specialization in Region II to:
  - a. determine parameters of Intake as a component;
  - b. develop relevant reports from Intakes and screenouts;
  - c. complete time and activity studies to support a Legislative request for Intake staff.

Completion Date: 1. ongoing  
2. Jan. 1988  
3. ongoing



Objective 2: To continue to develop and refine the Investigation Component of Staff Specialization.

Steps Taken:

1. Investigation Committee established.
2. Specialized training provided by out of state experts on Elder Abuse and Neglect.
3. In-house training for Investigation staff scheduled.
4. Adult Protective presentation made at the Prosecutor's Conference 9/87.

Next Steps:

1. Investigation Committee continue to identify gaps in policy and resources, and make recommendations to the Managers Group.
2. Complete scheduled training and coordinate with training committee to develop needed workshops.
3. Improve working relationships with law enforcement by:
  - a. Follow-up on Prosecutor's Conference regionally.
  - b. Develop Regional agreements with D.A.'s.
  - c. Develop conjoint training with police and the Criminal Justice Academy.
  - d. Ensure Regional plans include steps to improve relationships with local law enforcement personnel.
4. Develop procedures, tools, and training for staff investigating exploitation.
5. Complete standards for investigation staff in areas of caretaker assessment and working with perpetrators.

Completion Date: 1. & 2. November 1988  
3. a. & b. July 1988; c. & d. June 1988  
4. ongoing  
5. ongoing

Objective 3: To clarify Case management as a component of staff specialization.

Steps Taken:

1. Case management committee established.
2. Training for case management staff scheduled 11/87.
3. Definitions of case management reviewed.

Next Steps:

1. Case management committee will continue to identify issues and gaps in policy and make recommendations to the Managers group.
2. Complete November 87 training and provide information to the Training Committee for revision of the workshop, and recommend new training that is needed.
3. Complete procedures to clarify parameters of case management, including case termination based on client refusal.

Completion Date: 1. ongoing  
2. December 1987  
3. Jan 1988

Objective 4: Expand the Remedial Services component to include all public guardianship and conservatorship cases.

Steps Taken:

1. Remedial Services Committee is ongoing.
2. Policy for Remedial Services has been completed.

Next Steps:

1. Remedial Services Committee continue planning for expansion.
2. Identify what supports are needed for staff providing Remedial Services and make recommendations to the Managers group.
3. Prepare statistics on staff to client ratios and staff direct service to support a legislative request for new staff.

Completion Date: 1. & 2. ongoing  
3. Dec. 1987. Statistic ongoing

Objective 5: To review Staff Specialization as a Service Delivery System and complete the development of court work as a component.

Steps Taken:

1. Staff Specialization Committee established.
2. Specific court workers have been identified.
3. "Beginning Determination of Incapacitation" training is offered annually.
4. Policy and procedures for "Attorney Summaries" is in place.

Next Steps:

1. Staff Specialization Committee will:
  - a. continue to meet with all staff to assess how each component is working.
  - b. address specific concerns of Court workers and clarify responsibilities of court work vs investigations.
  - c. develop training outlines for each component and coordinate with the training committee for additions to the curriculum.
  - d. provide oversight and coordination with committees established to address each component.
2. Complete case study procedures for court work activities.

Completion Date: 1. ongoing  
2. Jan 1988

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**PROGRAM GOAL IV: To Develop Resources for Adult Protective Clients.**

Problem: There are no long term specialized housing resources available in Maine for mentally ill Adult Services clients who are difficult to place.

Objective 1: To develop long term highly supervised housing for mentally ill Adult Services clients for whom there are no existing facilities.

Next Steps:

1. Define the "Difficult to Place" population of guardianship clients.
2. Identify the number of mentally ill Adult Services clients with a history of multiple placements.
3. Identify the needs of prospective residents.
4. Design residential facility (housing, location, staffing, etc.).
5. Identify start-up costs, operational costs and potential income sources.
6. Develop proposal and present for review, comment (Department, Adult Services Management, etc.) and legislation.

Completion Date: October 1989

Problem: There continues to be a lack of sufficient licensed facilities with staff adequately trained in meeting the specialized needs of Adult Services clients.

Objective 2: To review, update and further expand Therapeutic Adult Services (T.A.S.).

Steps Taken:

1. Developed and distributed policy on therapeutic adult services.
2. Training curriculum to T.A.S. completed and distributed to existing homes. Providers are attending workshops sponsored through Office of Alcohol and Drug Abuse Program and Staff Education and Training Unit on an ongoing basis.
3. Respite care program for T.A.S. providers developed, and in place for all existing homes.

Next Steps:

1. Review current and future T.A.S. client needs.
2. Review provider training and support system for possible changes.
3. Develop strategies for recruitment of additional T.A.S. homes statewide.
4. Identify costs for T.A.S. and develop legislation for increased funding.

Problem: Many Adult Services clients residing in boarding homes are not currently receiving services, other than residential. The continued lack of developmental services to these clients could result in clients not functioning optimally.

Objective 3: To identify/develop a mechanism for use in evaluating the needs of low functioning Adult Service clients.

Steps Taken:

1. Identify individual/agency to develop methodology and instrument.
2. Contract written and initiated a project at 7 Elms Boarding Home.

Next Steps:

1. Monitor project through each phase.
2. Monitor testing of the instrument on selected clients and boarding home staff.
3. Recommend revisions to the instrument, develop policy and procedure for its use and present to Adult Service Management Group for approval and implementation.

Objective 4: To continue development of emergency beds in each region.

Next Steps:

1. Continue efforts to establish emergency beds in Regions II, III, and V.
2. Continue efforts to identify nursing home beds in each region for use on an emergency basis.

Problem: There continues to be a scarcity of available information on Community Service utilization by Adult Service clients. Information that is available is often not timely or usable.

Objective 5: To review and analyze the use of currently available purchased and community services.

Steps Taken:

1. Annualized identification of Adult Service needs from purchase service and community agencies through regional Client Oriented System planning process.

Next Steps:

1. Schedule periodic meetings between regional staff and community agencies.
2. Determine what information is available regarding the services being purchased with Special Needs and Home Based Care funds on a regional basis.

3. Design and implement an annual comparison of Client Oriented System regional requests and amount contracted for Adult Service clients.
4. Perform comparative analysis of services by type and amount, provided by community agencies under purchase of service contracts, special needs account and home based care account.
5. Perform training to caseworkers on the need and use of the referral form BSSSS-029.

Completion Date: ongoing

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**PROGRAM GOAL V: The Development of plans and methods for the provision of Protective Services with a beginning effort toward prevention.**

Problem: Currently there are fragmented mechanisms for identifying and ensuring supportive and preventive services to adults who may become at risk of abuse, neglect or exploitation.

Objective: To work cooperatively with other agencies and providers to develop plans that will address service needs of adults at risk.

Steps Taken:

1. Department Task Force on Incapacitated and Dependent Adults (IDEA) convened 9/86.
2. Division Planning Committee is ongoing.
3. Division staff participate on committees developed by other agencies and programs.

Next Steps:

1. Participate on the IDEA Task Force and plan follow-up activities based on the Task Force recommendations.
2. Review the structure and effectiveness of the Division Planning Committee and make revisions, as needed.
3. Identify Committees in which Division staff participate, and committees that may need representation from the Division.
4. Identify with other groups, areas where mutual efforts can begin to address prevention.

Completion Date:

1. December 1987, and follow-up tasks during 1988
2. July 1988
3. June 1988
4. September 1988

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**ADMINISTRATIVE GOAL I: Refinement of Adult Services Program Administration**

Problem: Staff Specialization requires adequate numbers of staff in each component (investigation, court work, case management and remedial services), as well as support staff (clerical, paralegal case aides). The Division currently lacks adequate numbers of caseworkers in each component, and is in crisis regarding the lack of support staff.

Objective #1: To adequately staff the Adult Services programs.

Steps Taken:

1. Staffing needs continues to be monitored and changes in caseload patterns require ongoing review of regional assignments.
2. Continue to monitor guardianship/conservator caseloads statewide.
3. New staff requests prepared for '89 budget.

Next Steps:

1. Continue ongoing evaluation of specialization to improve specialization as a service delivery system.
2. Meet with Regional staff in all Regional offices to discuss the strengths and weaknesses of Specialization and plan needed improvements based on Regional input.
3. Document cases, workload issues, to support legislative request.
4. Submit legislative request for caseworkers, supervisors, clerical and paralegal staff.

Problem: Regional Adult Service staff have reported increasing difficulty in obtaining adequate clerical support.

Objective #2: To improve the clerical support available to Regional Adult Service programs.

Steps Taken:

1. Identified gaps in clerical support in each Region and in Central Office.

Next Steps:

1. A request for new clerical staff will be included in '89 budget.

Completion Date: April 1988

Problem: No formal mechanism exists to identify program issues for subsequent legislative sessions.



Objective #3: To develop a method for timely input on legislative initiatives.

Steps Taken:

1. Responsibilities, guidelines, and participants in the annual review of legislation is being developed.

Next Steps:

1. Continue to identify needs and draft legislation.
2. Ensure Assistant Attorney General time for legislative initiatives.

Completion Date: ongoing through 1990

Problem: There are insufficient interactions between the Bureau of Social Services Divisions, Regional Program Managers and Regional Administrative Managers.

Objective #4: To develop relationships and lines of communication.

Steps Taken:

1. Regional Program Managers will continue to address lines of communication.

Next Steps:

1. Continue to request quarterly regional meetings with Division of Child and Family Services, Adult Services and Regional Administration Managers.
2. To invite a representative from the Division of Purchased and Support Services to Adult Services Managers meeting semi-annually.

Completion Date: Ongoing through 1990

Problem: The Department of Human Services is required to handle the financial affairs of clients who are in Guardianship/Conservatorship status. How long should the Department maintain financial records of clients who are no longer being served in the program?

Objective 5: To develop a permanent Financial Record Retention policy, that meets the needs of the client and the external environment in which the program operates.

Steps Taken:

1. Justification and need for computerization of Guardianship/Conservatorship clients personal financial records has been completed.
2. The following have been reviewed to insure there is no conflict between policy and:

- a. Internal Revenue Service publications;
  - b. Probate Court requirements;
  - c. Department of Human Services Accounting Services policies;
  - d. Records kept at Accounting Services, Central Office;
  - e. Social Security requirements; and
  - f. Income Maintenance requirements.
- g. Developed policy and procedure for microfilming and permanent retention of all records after 1 year of client termination from program.
- h. Developed policy and procedure for microfilming and permanent retention of active clients records.

Next Steps:

1. Distribute policies and provide training to staff.
2. Develop policy and procedure to be used when destroying confidential client financial records and the documentation required.

Completion Date: April 1988

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**ADMINISTRATION GOAL II: Improve Public Relations/Education.**

Problem: Although much has been done in educating other programs and agencies, there still exist gaps in necessary interagency coordination.

Objective 1 To develop and implement ongoing public training and education programs. To identify appropriate professional and public groups to be included in these programs.

Steps Taken:

1. Statewide presentations are delivered annually at Maine Health Care Association meetings as part of their continuing education program.
2. Regional staff meet regularly with area service providers and professionals.
3. The Division of Adult Services serves as a field placement site for college and graduate students.
4. A presentation was made to the 1987 Prosecutor's Conference.
5. The Division purchased several video tapes to be utilized at public and professional presentations.
6. The Division has been represented at several national conferences. This enables the Division to update its public relations efforts with current professional expertise.
7. Coordination and consultation with other sub-committees identifying public relations and educational needs.

Next Steps:

1. To become part of the training component at the Maine Criminal Justice Academy.
2. Identify public and professional groups being addressed at each regional level.
3. To provide needed support (resources) for regional presentation.
4. To respond to identified public relations and education needs.

Completion Date: Ongoing

Problem: There is no plan for regularly scheduled contacts with mandated reporters of adult abuse, neglect and exploitation.

Objective 2: To ensure liaisons/working relationships with all mandated reporters.

Steps Taken:

1. Pamphlet and booklets developed and widely distributed.
2. Regional plans have been developed.
3. Presentations have been delivered to health professionals.
4. Letters and pamphlets sent to "Boards."

Next Steps:

1. Review regional plans and identify changes/improvements needed.
2. Identify specific groups to be addressed, i.e., law enforcement.
3. Identify other Departments and programs who will participate in this effort.
4. Develop a comprehensive plan for reaching all mandated reporters and schedule ongoing presentations and meetings.

Completion Date: ongoing

Objective 3: To develop and implement a comprehensive approach to service provision for those who are identified as substance abusers or those affected by the substance abuse of another.

Steps Taken:

1. Casework manual prepared and staff training complete (12/84) dealing with Judicial Commitment of Intoxicated, Incapacitated and Alcoholic Persons in Maine.
2. A policy has been developed to assist caseworkers to pursue a step-by-step procedure to achieve involuntary commitment under the current mandate.
3. Start of effort to expand concept of services to alcoholics to include services to abusers of other substances under the inclusive term "substance abuse".
4. Resource manual of Substance Abuse Service Providers completed (11/87) to enable more appropriate referrals by caseworkers.

Next Steps:

1. Continue efforts to address the generic problem of "substance abuse" rather than the specific area of "alcoholism" and "drug abuse".
2. Develop a process to determine the number of cases referred to the Division of Adult Services that involve substance abuse as a factor, either effectively or affectively, to determine how many of the above were referred for substance abuse services and to determine the types of agencies to which referrals were made.

3. Update resource manual.
4. Prepare information regarding involuntary committal process and present to legislative commission studying involuntary services for substance abusers.

Completion Date: 1. ongoing  
2. June 1989  
3. ongoing  
4. January 1988

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**ADMINISTRATIVE GOAL III: Development of a Casework policy manual for Adult Services.**

Problem: The Division has been using an interim casework manual since 1985, and it is in need of revision to be current.

Objective 1: To complete a permanent casework manual.

Steps Taken:

1. Policy manual formatted to accomodate future policy changes, and the addition of new sections.

Next Steps:

1. Comply with APA requirements to complete the process of hearings and comments.
2. Address comments and complete the policy manual for distribution.
3. Complete an internal review of procedures by December 1987.

Completion Date: 1. & 3. December 1987  
2. January 1988

Objective 2: Ensure timely revisions of current policies and development of new policy to keep the casework manual current.

Steps Taken:

1. Developed a process for input on policy from all levels of staff.
2. Responsibility for updates and new policy development is assigned to Central Office Program Managers (6/85).

Next Steps:

1. Ensure training of all staff on law and policy.
2. C.O. Program Managers coordinate with the Training Committee to ensure training on all policy sections.
3. Consider the Supervisor's Group for review of revised and new policy sections, before Department and APA review and approval.

Completion Date: June 1988

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**ADMINISTRATIVE GOAL IV: Resolution of Personnel Issues.**

Problem: Management staff lacks adequate performance standards.

Objective 1: To develop performance standards for Adult Services Regional and Central Office Program Managers.

Steps Taken:

1. Draft standards developed for Regional Program Managers.
2. Central Office positions standards are being developed.

Next Steps:

1. Complete Standards for positions.
2. Implement standards.

Completion Date: May 1988

Problem: As the Adult Service program has developed and become more specialized, there has been a concurrent need for specific training accessible to Adult Service staff.

Objective 2: To determine the training needs of Adult Services supervisors and caseworkers.

Steps Taken:

1. Training Committee established.
2. Curriculum completed and disseminated.
3. Specific trainers have been selected to meet curriculum requirements.
4. Development of outline of Adult Services training curriculum.

Next Steps:

1. Develop training survey instrument.
2. Administer training needs assessment.
3. Analyze and determine special training needs.
4. Develop/identify training activities (list courses, etc.).
5. Schedule statewide training activities (list training schedule-catalog).
6. Develop approach and instrument for evaluating usefulness of training (2-3 months later).
7. Identify unmet training needs.

8. Identify possible approaches toward developing training resources to meet unmet needs - interaction with SETU and OADAP to be on-going.
9. Obtain funding from state training monies.

Completion Date: July 1988

Objective 3: To identify and implement training for the R.S.U. case aide and volunteer.

Steps Taken:

1. Responsibility for this objective assigned to Adult Services management group (central office and RPM's).

Next Steps:

1. Coordinate with volunteer program director as to the appropriateness of the proposed volunteer.
2. Collect training material for volunteer and case-aid.
3. Coordinate with other Adult Services staff regarding orientation and training for the case-aide.

Completion Date: March 1988

Objective 4: To address management of workloads.

Next Steps:

1. Participation in workload analysis.
2. Continue management group activities to address workload and stress.

Completion Date: 1. March 1988  
2. Ongoing

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**ADMINISTRATIVE GOAL V: Evaluation and Improvement of Adult Services Programs.**

Problem: There is no statewide system for case consultation.

Objective 1: To develop and implement a statewide case consultation system for Guardianship/Conservatorship and for Adult Protective Services cases.

Steps Taken:

1. Contract developed with a psychologist to provide consulting services on remedial services program cases.
2. A psychiatric nurse and occupational therapist through cooperation with the Department of Mental Health, have volunteered their time to participate on the central office case consultation team.
3. A case consultation format has been developed.
4. Case consultation implemented for guardianship cases.

Next Steps:

1. Revise the case consultation format so that all Adult Services cases can be reviewed.
2. Coordinate efforts with appropriate Department of Mental Health staff to insure case consultation is available to meet on an as needed basis.
3. Develop a system to enable case consultation anywhere in the state.

Completion Date: June 1988

Problem: The present information system generates many reports that are not useful, or are confusing and difficult to understand.

Objective 2: To improve information system supports for Adult Services Programs.

Steps Taken:

1. Assigned Committee to continue work on improvement of the Social Services Information System (SSIS).

Next Steps:

1. Review output reports through a survey of all management staff to determine usefulness.
2. List problems with information system that need to be addressed and prioritize needs.
3. Discontinue all reports not being utilized.
4. Redesign input and output reports as needed to improve the quality of the information system.

5. Assigned committee to make annual reports to Director, Division of Adult Services outlining changes that need to be made in SSIS.

Completion Date: 1. April 1988  
2. October 1988  
3. March 1989  
4. Ongoing through 1989  
5. Ongoing through 1990

Problem: Program changes and growth require a departmental approach to plan for and resolve areas of concern.

Objective 3: To develop new administrative supports for the Adult Services programs.

Steps Taken:

1. Increased awareness by Bureau and top level administrators of Adult Services programs.
2. Program Specialist hired full-time to provide support in Guardianship/RSU programs.
3. Medical consultant is available through BMS to address the needs of the program for medical consultations.

Next Steps:

1. Increase involvement of Bureau and other top level administrators in awareness of Adult Services programs.
2. Develop statewide system for medical consultation availability.

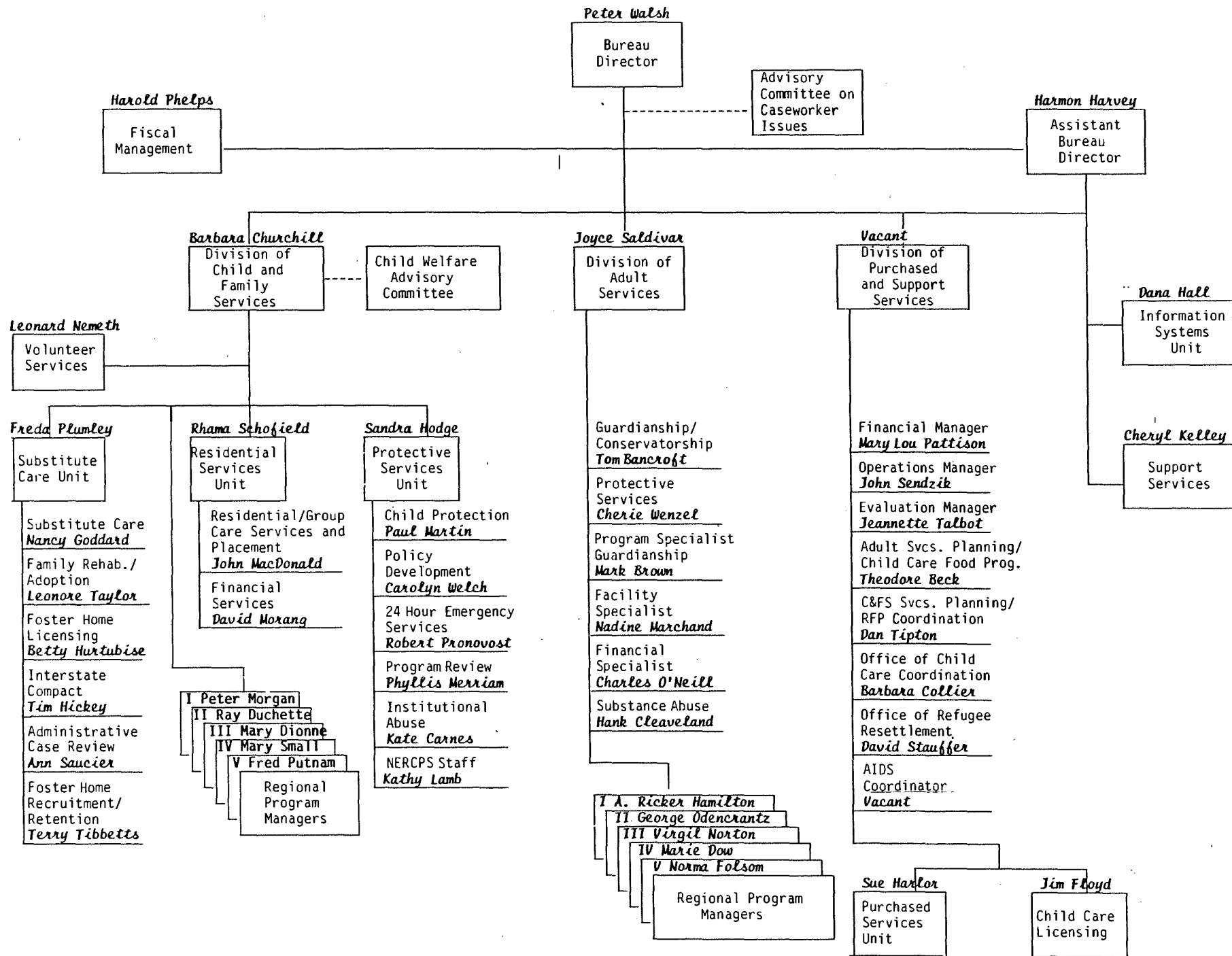
Completion Date: 1. Ongoing  
2. June 1988

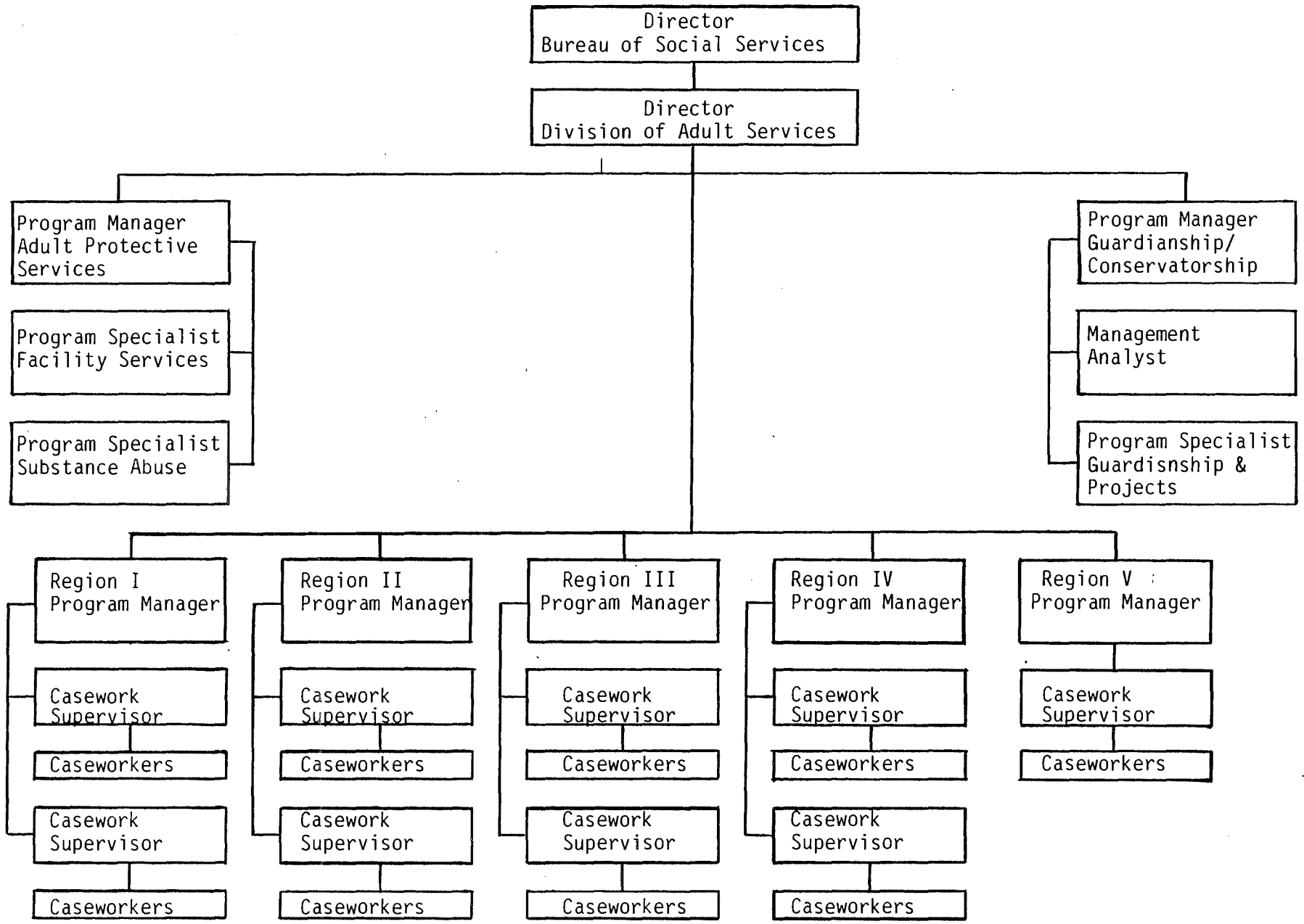
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Division of Adult Services  
 Functional Organizational Chart  
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CENTRAL OFFICE AND REGIONAL OFFICES  
MAINE DEPARTMENT OF HUMAN SERVICES  
DIVISION OF ADULT SERVICES

CENTRAL OFFICE: 221 State Street  
State House Station 11  
Augusta, Maine 04333  
Telephone: 289-5060

REGIONAL OFFICES

REGION I: Cumberland and York Counties  
509 Forest Avenue  
Portland, Maine 04101  
Telephone: 774-4581  
1-800-482-7520

REGION II: Androscoggin, Franklin &  
Oxford Counties  
200 Main Street  
Lewiston, Maine 04240  
Telephone: 795-4300  
1-800-482-7517

REGION III: Kennebec, Somerset, Waldo,  
Knox, Lincoln & Sadadahoc  
Counties  
Capitol Shopping Center  
Augusta, Maine 04333  
Telephone: 289-2972  
1-800-452-4640

REGION IV: Penobscot, Piscataquis,  
Hancock & Washington  
Counties  
396 Griffin Street  
Bangor, Maine 04401  
Telephone: 947-0511  
1-800-432-7825

BRANCH OFFICES

360 Old County Road  
Rockland, Maine 04841  
Telephone: 594-2521  
1-800-432-7802

140 North Avenue  
Skowhegan, Maine 04976  
Telephone: 474-5551  
1-800-452-4602

P.O. Box 787  
Plaka Shopping Mall  
Ellsworth, Maine 04605  
Telephone: 667-5361  
1-800-432-7823

P.O. Box 277  
100 Court Street  
Machias, Maine 04654  
Telephone: 255-8641  
1-800-432-7846

REGIONAL OFFICES

REGION V: Aroostook County  
5 Mechanic Street  
Houlton, Maine 04730  
Telephone: 532-9531  
1-800-432-7338

BRANCH OFFICES

41 Washburn Street  
Caribou, Maine 04736  
Telephone: 498-8151  
1-800-432-7366

38 Pleasant Street  
Fort Kent, Maine 04743  
Telephone: 834-3934  
1-800-432-7340

ADULT AND CHILDREN'S EMERGENCY SERVICES 1-800-452-1999