

**Surviving Abuse, Exploitation and Neglect
Data & Statistics Subcommittee.
7/2/2020 11:00AM-12:45PM**

Meeting Notes

11:04 AM-11:15: Introduction, what each person is interested in, what issues they have found

- Munib Lohrasbi: Disability Rights Maryland. Signed up because prisons have not been at keeping track of statistics even before COVID. Problem is worse now. SOLitary confinement, reports, access to resources/services, clinical help and more.
 - Communication with clients has been frustrating.
- Dorinda Adams - DHS. Adult Protective Services (APS).
 - There is no web based data protection system. Currently using a lenient information system that only gives very basid client information (age, sex, etc.)
 - Want to expand to a web based case management program by the end of the year.
 - Has specific data for guardianship population
 - Trying to dig deeper with other community based programs, but harder because of a much larger population.
- Stacey Darin: AAG- Board of physicians.

11:15- 11:26 Key issues as a result of COVID19

- Focus on incarcerated population, access to resources.
- Dorinda wants to be a point of contact for the department with respect to getting data from other sources.
 - Ex: Child Protective Services:is helpful with more detailed statistics and data
- Current information on APS
 - There has been a decline in APS referrals since COVID-19 -59% decline.
 - Interaction with Project SAFE: multi-disciplinary team for combating financial fraud.
 - Proposed Bill was vetoed because it would add more employees to the Attorney General Office to help in financial recovery for victims.
 - Sandy will research more. Funding needed= \$25000
 - Lack of funding?
 - Suggestion: Instead of using OAG, look at other resources for funding so that more financial experts can be hired and more data compiling can be done.
 - Project 460 and 453: financial exploitation investigations.
 - ** USE THESE to add to data collection.
 - Next legislative session: find a way to supplement the cost to the private sector?
- SB 407- Office of Attorney General- provided to protect senior citizens
 - Audit Asset Recovery Unit.
- Disability Rights Maryland- has little funding to provide. Looking for funding to hire more data compilers.
- House Bill 745: Asset recovery.
 - One delegate shared that her aunt has been a beneficiary recipient.

- Many realize the value of financial recovery systems, need to implement them more. Many victims do not even know their bank accounts were wiped out.

11:26-11:39 Current issues concerning long term goals and suggestions for the future?

- Senate Bill 833- vulnerable adult registry
 - Wanted to create a centralized database for vulnerable adults.
 - Place individuals guilty of abuse/neglect on websites.
 - There is no unified information to identify those who have abused, neglected or exploited vulnerable adults.
- Board of Physicians
 - Run into issues where there is no requirement to report to the Board of Physicians instances of abuse. Only certain cases are reported to the board.
 - Ex: in one case a respiratory care practitioner was stealing from patients and falsifying time sheets.
 - Suggestion: Any legislation should require reporting to the Board for ALL cases. And there should be disciplinary proceedings.
 - Problem: With CPS this kind of reporting is not as easy because of confidentiality laws.
 - There is a requirement for physicians to report of child abuse, but law enforcement must claim it first
 - But for adults/elderly there are no constraints with federal funding so it is easier to pass legislation.
- MDH + APS= 2 Bills.
 - Wanted to create work groups with 2 departments to bring 2 bills together in a way that would create a comprehensive registry (one being criminal- HB 1282).
 - HB1282 available for the public while SB833 confidential for agency use only.
- There is a nurse registry for nurses who commit abuse.
 - Done though the Office of Health Care Quality (OHCQ)
- Suggestion: Create asset recovery legislation and a vulnerable group abuse registry.

11:41-12:15 Short term goals?

- Goal that can be accomplished in 10 weeks: Compiling information. Finding a way to disseminate it efficiently.
- Suggestion: make sure all vulnerable populations are included in contact tracing.
- Make sure vulnerable groups (low income, people of color, immunodeficient, undocumented etc) understand what contact tracing it. Be responsive. When new cases arise, there needs to be an effort to reach these groups.
 - Board of physicians has this somewhat, but not always completed in a timely manner.
- Provide the Board of physicians with something substantive they can use to identify and protect vulnerable populations with continuing contact tracing, but also emphasizing vulnerable populations.
 - Also look to nursing boards/CNA's

Prison System: 2 Main issues:

1. Low staffing
 2. Restrictive Housing: confined to cell
 - a. For disciplinary reasons (set period of time)
 - b. Administrative reasons (ex: being investigated for misconduct)
 - i. Sometimes worse because it can go on indefinitely.
 - ii. When in restrictive houses they lose access to necessary programs and services. They then go to the bottom of list and have to wait months to receive them again. Even if they are found innocent.
 - Rise in suicides and self harm.
 - During the pandemic, all physicalities and prisoners are stuck in restrictive housing.
 - Only 1 hour outside of the cell. Only 30 minutes recreation.
- Lack of staffing. Prisoners need 2 staff to escort them. If there is no staff, they miss out.
 - Prisoners not receiving clinical care.
 - Lack of clinical staff.
 - In Cumberland: Only one clinician for over 1000 prisoners.
 - Bare minimum amount of care is required. Prisons working with por-profit companies that are not adequately assessing and treating their needs.
 - GOAL: Need updated numbers for prison facilities
 - Data on staffing and use of restrictive housing.
 - Munib: create draft letter for what committee should do with prisons.
 - Does it need to go In-house?
 - Funding and trust issues. We want a 3rd party to oversee it.

12:15-12:22: Cathryn Paul: CASA

- Looking into h Prisons and ICE protection centers.
- Immigrants are even more exploited now. Undocumented may be abused by employers who don't pay sick leave.
- Cannot advocate for themselves.
- Illegal evictions.
- Scared to speak up because of fear of detainment and deportation. Many choosing between deportation and health care.
- County-led community clinics supporting undocumented residents and domestic violence
 - There is some support in pace for child abuse victims. But while everyone is home it is a harder track. A spouse with citizenship may abuse an undocumented spouse and use their status as a threat.
- Suggested long term goal: State funded care so that undocumented residents are not excluded.

12:23-12:32: Hot topics that need more data.

- There is an assumption that more workers who are in vulnerable populations are low income and/or people of color.
 - Find data to support this.

- Essential workers have less bargaining power to be able to work. Most susceptible to abuse/neglect/exploitation.
 - DATA research: have they been the ones to contract COVID19 the most? If so, How many fatalities.?
- (during SARS: Insurance providers said they would not cover victims of the virus. The legal nuance is that the virus could be spread through the surface. Could this be considered property damage?)
 - Can this apply to COVID?

^ Find data to determine validity of these assumptions.

12:32 -12:45 Summary

- Dorinda- focus on APS. Short term Goal: Provide Board of Physicians, Board of Nursing to put emphasis on vulnerable people in contact tracing efforts.
- Munib: Prisons are not being transparent. Draft letter with request for more information and what needs to change.
- Cathryn: Look for data to receive more information on immigration.