

**Department of Human Services
Human Services Committee
Representative Kathy Hogan, Chair
March 9, 2016**

Chairman Hogan, and members of the Human Services Committee, I am Michelle Gayette, Elder Rights Program Administrator of the Aging Services Division, for the Department of Human Services (Department). I am here today to provide information on the Vulnerable Adult Protective Services (VAPS) Program including the effectiveness of the program, information on services and outcomes, and funding by human service region and in total.

Background

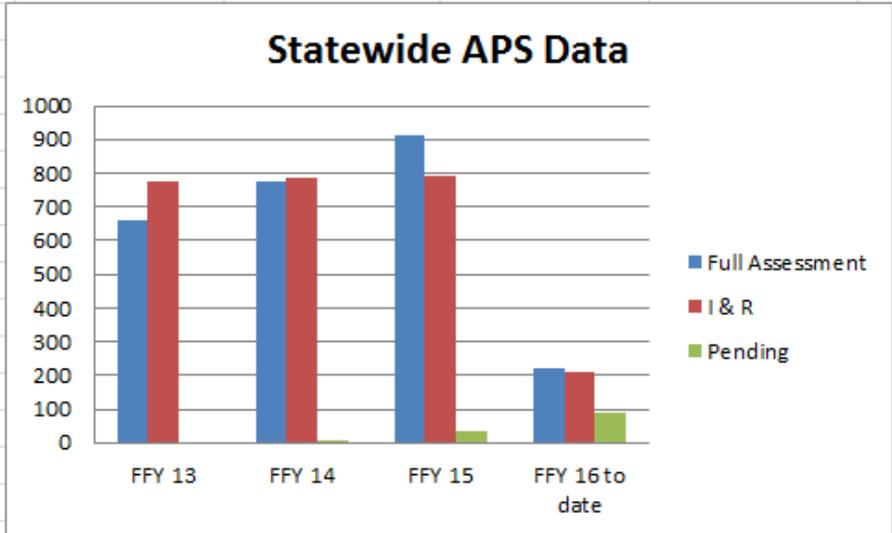
The VAPS Program addresses the safety of vulnerable adults at risk of harm due to the presence or threat of abuse, neglect, or exploitation. Adults are considered vulnerable, or at risk, if a mental or physical impairment affects their ability to take care of themselves or to make good decisions. The VAPS Program is offered statewide through staff at regional human service centers or through contracts with local partner agencies. There are currently 14 staff statewide including the central intake staff.

Reporting

Following the 2013 legislative session (2013 SB2323), mandatory reporting for certain professionals was implemented. Mandatory reporting has increased the statewide reports regarding vulnerable adults (Graph 1 – data pulled January 27, 2016). The graph shows the number of reports received for the past three Federal Fiscal Years.

Graph 1

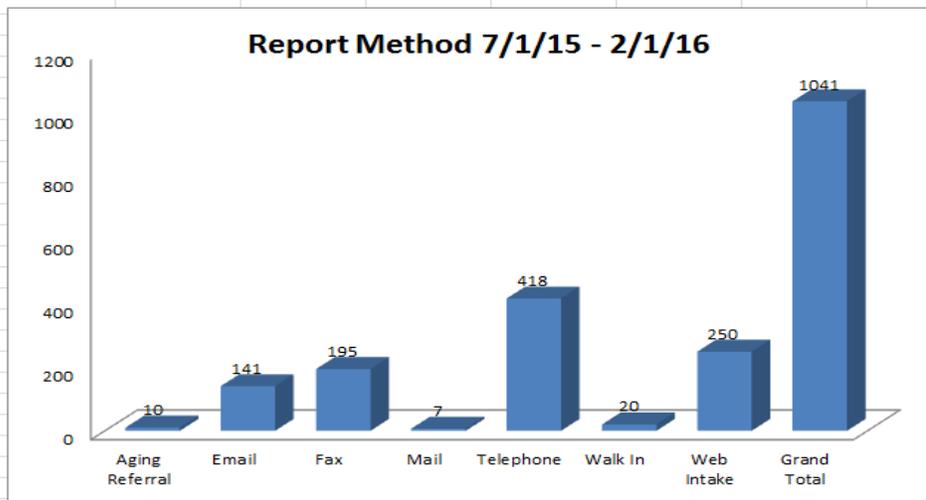
STATEWIDE DATA				
DECISION	FFY 13	FFY 14	FFY 15	FFY 16 to date
Full Assessment	658	778	911	222
I & R	778	786	792	211
Pending	0	2	32	89
Grand Total	1,436	1,566	1,735	522



To meet the increased call demand, and to make the intake process more efficient, centralized intake was implemented statewide in July 2015. Centralized intake also frees up time to allow for more home or in-person visits. The Department’s Aging Services Division administers a statewide toll-free number that accepts VAPS reports Monday through Friday, from 8:00 a.m. to 5:00 p.m. A voice messaging system is available for callers accessing the intake line afterhours, on weekends and holidays, or if staff are on another call. Calls are returned as soon as possible, or on the next working day. If an emergency exists, callers are encouraged to hang up and dial 9-1-1. Online web intake is available 24/7.

The toll-free number is staffed by one, full-time staff person with back-up provided by the Elder Rights Program Administrator and the Aging Disability Resource Link Line staff. Since July 2015, VAPS central intake staff has received 1,041 reports; the majority of which come in via telephone. (Graph 2).

Graph 2



Intake Process

Central intake accepts reports from professionals, family, or any concerned community members via telephone, fax, online web intake, in person, and email. The online web intake (Picture 1) can be completed 24 hours per day 7 days per week and is submitted directly into the electronic record system, Harmony for Adult Protective Services (HAPS). At the time of the initial report of concern, further information is gathered from the reporter via screening questions. Once all information is received, the report is sent to the local VAPS workers for further assessment, which includes at least one home or in-person visit.

Picture 1

State of North Dakota - Vulnerable Adult Protective Services Report - Use this web site only to make a non-urgent report for an adult. If a vulnerable adult is in immediate danger, call local law enforcement.

Copy Address From Spell Check Submit Cancel

Reporter Information
In this section, you will fill out your contact information so that we can contact you if we need additional information. We must have at least your name and a phone number to ensure that we can properly address your concerns in case additional information is needed.

Mandated Reporter [dropdown]
Agency/Facility Name [text] Your Title [text]
Your First Name **required** [text] Last Name **required** [text] Middle Initial [text]
Address Type [dropdown]
Address of your Agency/Facility [text]
City [text] [Clear] State [dropdown] [Clear] Zip Code [text] [Clear]
County [dropdown] [Clear]
Contact Phone Number **required** [text] Ext. [text] Phone Type [dropdown]
Email Address [text]
Gender [dropdown]
Relationship to Vulnerable Adult [dropdown] Relationship to Incident [dropdown]
Best time to contact you or an alternative contact name and phone number [text] 1000 characters remaining

Incident Information
In this section, you will describe what caused you to fill out a report on the Vulnerable Adult. Please be as detailed as possible. Reporter may be called by Vulnerable Adult Protective Services Worker to gather any further details.

What date did the incident occur? [text] What Time? [time]
Where did the incident occur? **required** [dropdown]
Did the incident occur at an Agency or Facility [dropdown]
Agency/Facility Name [text]
Agency/Facility Phone Number [text]
Incident Address [text]
City [text] [Clear] State [dropdown] [Clear] Zip Code [text] [Clear]
Incident County [dropdown] [Clear]

Central intake has greatly reduced the amount of time VAPS workers spend receiving reports of concerns. Prior to implementation, these reports would have gone directly to the regional VAPS workers for entry and follow-up.

Staff is working to standardize the screening process and seeking to ensure worker safety on home or in-person visits as much as possible by asking appropriate screening questions. This has increased the time spent on each initial report as staff work to obtain detailed information before sending the case to the regional VAPS workers.

Assessment

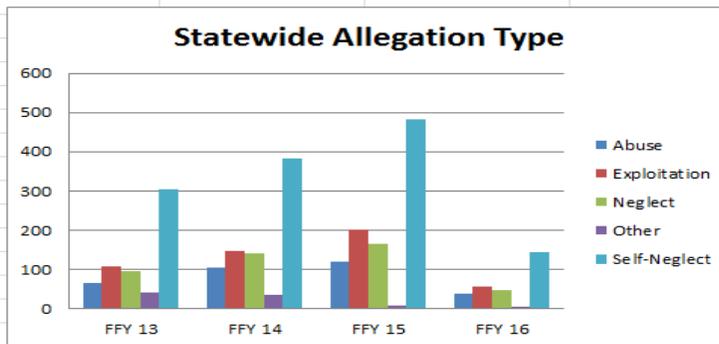
Once a report is received by the local VAPS worker, the assessment process begins. Home or in-person visits are conducted, further

collateral information is obtained, and services are offered as appropriate. As always, a vulnerable adult has the right to live how he or she wants, as long as it does not harm others or involve a crime. The adult also has the right to make his or her own decisions unless that right is given up or the court gives that responsibility to someone else.

Oftentimes an initial report comes in with an allegation and when a home or in-person visit is completed, other issues of abuse, neglect, exploitation or self-neglect are found. Self-neglect is the highest category of the allegations reported to the VAPS Program (Graph 3).

Graph 3

STATEWIDE DATA					
ALLEGATION TYPE	FFY 13	FFY 14	FFY 15	FFY 16	
Abuse	66	104	120	39	
Exploitation	107	146	200	56	
Neglect	96	141	164	47	
Other	42	35	8	6	
Self-Neglect	303	384	481	144	
Grand Total	614	810	973	292	



When completing a full assessment, VAPS workers may encounter adults who have little to no family involvement or support systems in place. In those situations, if appropriate, the worker will partner with the vulnerable adult to obtain necessary community services to allow the adult to remain in their home as long as safely possible. In reaching this goal, VAPS workers may serve as a case manager of

sorts by assisting the vulnerable adult with tasks such as getting to appointments, making legal arrangements as needed, and assisting with paperwork. As always, if the vulnerable adult is able to make his or her own decisions, the adult has the right to refuse services offered. If community options are no longer appropriate or the vulnerable adult is no longer able to make their own decisions, the VAPS workers may need to offer assistance with placement or seek legal remedies such as a guardianship.

Due to the increased number of reports, the time needed to complete a proper assessment, the time needed to get services in place and if necessary, the time needed to seek legal remedies, VAPS workers are busy responding to the statewide reports and needs. While there are expected timelines for each case, these may not be met due to workers prioritizing need and taking the necessary time for each victim. Some cases are less time consuming than others; however, other cases necessitate VAPS workers to spend a great deal of time ensuring safety.

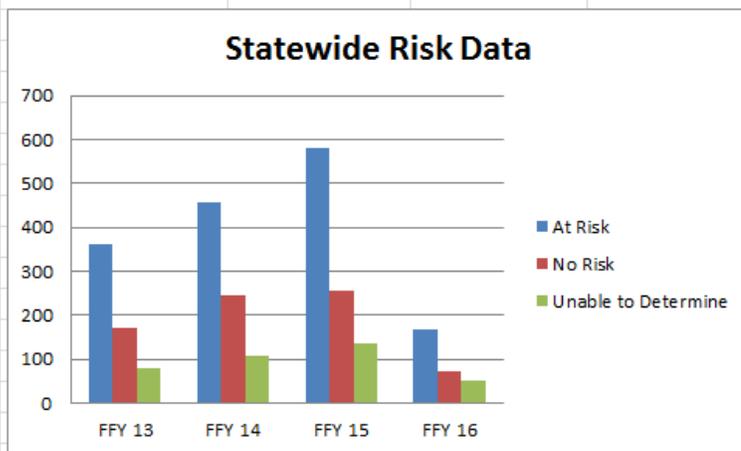
Outcomes

At the time of case closure, the VAPS worker is asked to make a determination in the case. Were the reports of abuse, neglect exploitation or self-neglect found to be true? Because workers are in the homes assessing need and risk, the VAPS Program is better able to make these determinations and appropriate referrals for the victims. Those cases where a report was substantiated are called "at risk." Those where no substantiation could be made are "no risk." At times, a worker is unable to determine if a report is true, whether it is due to

the inability to find the vulnerable adult or their refusal to allow the VAPS Program to offer help and services (Graph 4).

Graph 4

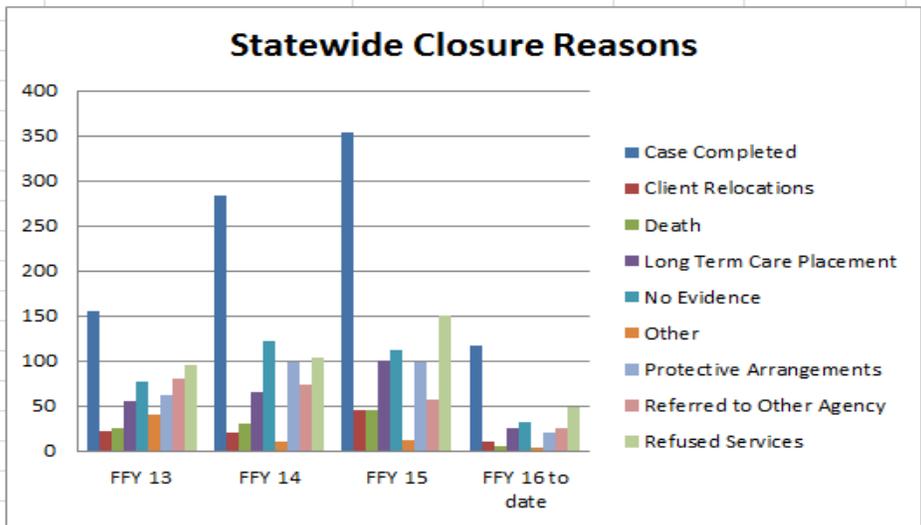
STATEWIDE DATA				
DECISION	FFY 13	FFY 14	FFY 15	FFY 16
At Risk	363	458	580	168
No Risk	171	244	256	71
Unable to Determine	80	108	137	53
Grand Total	614	810	973	292



Graph 5 further illustrates the outcomes of a case. “Case completed” means successful interventions have been put into place and the case could be closed. Each case is unique in that the services required to ensure safety vary from victim to victim. Many cases require VAPS workers to seek legal remedies such as asking law enforcement to file charges or seeking appropriate Power of Attorney documents or guardianship proceedings. The majority of cases entail getting appropriate services in the home to ensure safety and quality of life while remaining in the community.

Graph 5

CLOSURE REASONS	FFY 13	FFY 14	FFY 15	FFY 16 to date
Case Completed	155	284	353	117
Client Relocations	23	21	45	11
Death	25	30	45	6
Long Term Care Placement	56	66	100	26
No Evidence	77	122	112	32
Other	40	11	13	4
Protective Arrangements	62	99	98	21
Referred to Other Agency	81	73	57	26
Refused Services	95	104	150	49
Grand Total	614	810	973	292



Partnerships

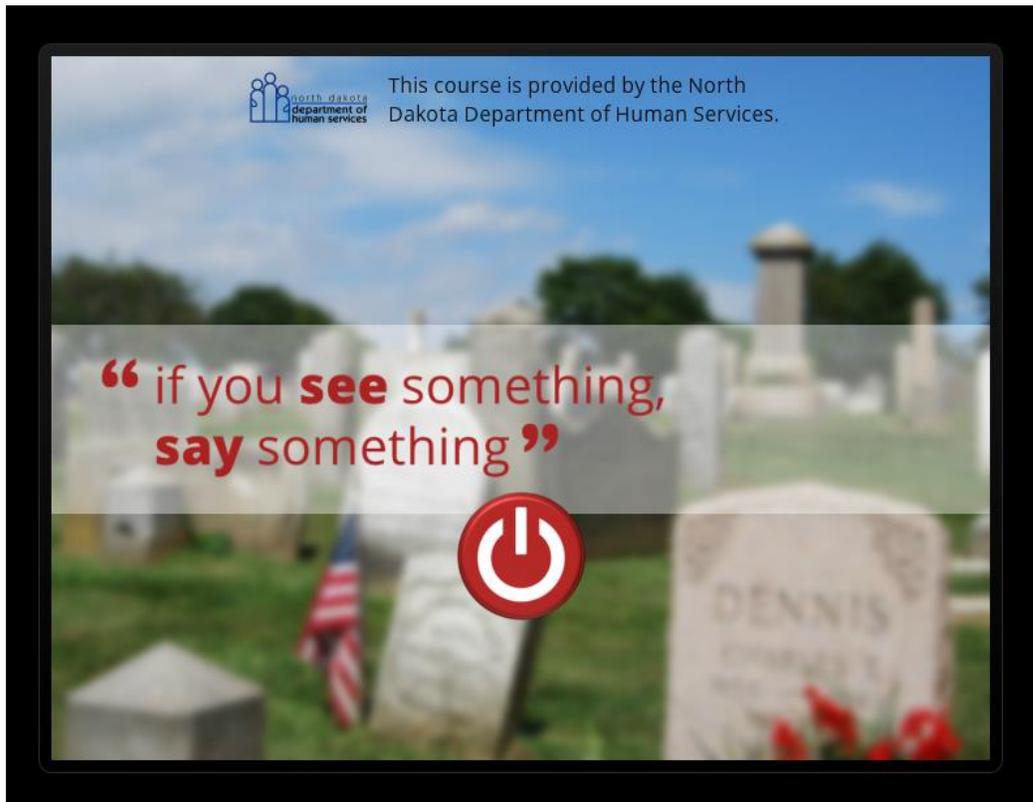
To increase awareness and community collaboration and to enhance services available in the community, the Department’s Aging Services Division partnered with Bismarck’s Abused Adult Resource Center and other agencies to obtain an Office of Violence Against Women Enhanced Training And Services To End Abuse In Later Life Program grant. This grant focuses on addressing the issue of abuse in later life by providing training and education statewide to law enforcement and victim service workers. This grant also focuses on development of a coordinated community response team and implementation of a response plan within Burleigh County, promotion of available services,

project outreach efforts to communities, and direct services for identified victims. The overall goal of the grant is continued community coordination on training and response to abuse issues in later life with continued education long after the grant has expired.

Training

Along with home or in-person visits and ensuring safety of vulnerable adults, VAPS workers are responsible to provide community training and education. To assist with this responsibility, an online training program was created (Picture 2).

Picture 2



Funding

Graph 6 details the 2015-2017 funding for the VAPS Program.

Graph 6

2015-2017 VULNERABLE ADULT PROTECTIVE SERVICES PROGRAM FUNDING			
REGION	PROVIDER	TOTAL	TOTAL AFTER ALLOTMENT
Statewide	Aging Services-State Office	\$ 325,007	\$ 323,658
Northwest & North Central	Contract with Mountrail County	\$ 352,000	\$ 303,261
Lake Region	Aging Services-Human Service Center	\$ 192,608	\$ 190,282
Northeast	Aging Services-Human Service Center	\$ 325,451	\$ 324,936
Southeast	Contract with Cass County	\$ 663,087	\$ 425,550
South Central	Contract with Hart Counseling	\$ 234,000	\$ 200,984
West Central	Aging Services-Human Service Center	\$ 327,094	\$ 324,899
Badlands	Aging Services-Human Service Center	\$ 179,683	\$ 178,350
		\$ 2,598,930	\$ 2,271,920

This concludes my testimony on the Department's Vulnerable Adult Protective Services program. I would be happy to answer any questions you may have.