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

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).

**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.
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).

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

<table>
<thead>
<tr>
<th>DECISION</th>
<th>FFY 13</th>
<th>FFY 14</th>
<th>FFY 15</th>
<th>FFY 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Risk</td>
<td>363</td>
<td>458</td>
<td>580</td>
<td>168</td>
</tr>
<tr>
<td>No Risk</td>
<td>171</td>
<td>244</td>
<td>256</td>
<td>71</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>80</td>
<td>106</td>
<td>137</td>
<td>53</td>
</tr>
<tr>
<td>Grand Total</td>
<td>614</td>
<td>810</td>
<td>973</td>
<td>292</td>
</tr>
</tbody>
</table>

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.
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).

**Funding**
Graph 6 details the 2015-2017 funding for the VAPS Program.
This concludes my testimony on the Department’s Vulnerable Adult Protective Services program. I would be happy to answer any questions you may have.