

**2013 SENATE HUMAN SERVICES**

**SB 2195**

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Human Services Committee Red River Room, State Capitol

SB 2195  
1/28/13  
Job Number 17799

☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for adult protection services.

### Minutes:

Attachment Testimony

**Chairman J. Lee** opened the hearing on SB 2195.

**Senator Larry Luick**, district 25, introduced SB 2195 to the committee.  
See attached testimony #1.

**Representative Kathy Hogan**, district 21, testified in support of SB 2195.  
See attached testimony #2.

**Kristen Hasbargen**, Director of Richland County Social Services and chair of the Region Five Adult Protection Funding Committee, testified in favor of SB 2195.  
See attached testimony #3.

**Chairman J. Lee** asked Ms. Hasbargen if they are looking at financial abuse as well.

**Ms. Hasbargen** explained that they are and it is on the rise in the western part of the state.

Discussion continued concerning financial abuse.

**Jan Engan**, Director for the Aging Services Division of the Department of Human Services, presented information about Vulnerable Adult Protection Services (VAPS), service trends, and the current VAPS system in North Dakota. See attached testimony #4.

**Chairman J. Lee** asked for clarification on dates on the first page and second pages of her testimony since it looked like a 9 year lag. Ms. Engan thought the dates were correct.

**Senator Dever** wanted to know what role the FTE's would play.

**Ms. Engan** replied that the staff would receive calls from the community with a report. Based on the data that they collect (intake stage) the screening process would determine what the next stage would be.

Meter 18:45 - There was then discussion on the stats from Oct. 1, 2012 to Jan. 25, 2013 and the breakdown in regions. Ms. Engan offered to get specific numbers to provide for the committee.

**Kim Jacobson**, Director of the Traill County Social Services and member of the Region V Adult Protection Funding Committee, provided testimony in support of the bill. See attached testimony #5.

Meter 27:02

**Senator Anderson** asked why they should spend additional money on problems that are already being taking care of.

**Ms. Jacobson** explained the reasons based on the regions her examples took place.

**Senator Dever** asked what the purpose of the bill was.

**Ms. Jacobson** answered that the purpose was to provide uniformity across the state.

Meter 30:00

Discussion followed on the distribution formula and equity and guardianship services. House Bills 1040 and 1041 address guardianship. Jan Engan provided background information on these bills.

Chairman J. Lee felt that these bills would eventually need to be melded together.

**Josh Askvig**, Associate State Director for Advocacy with AARP of North Dakota, testified in support of SB 2195. See attached testimony #6.

He also pointed out that there is a difference between adult protective services and guardianship.

Meter 38:02

**Senator Anderson** was concerned about complaints and too many people becoming involved.

**Senator Larsen** asked if there is a way to supply factual numbers.

**Mr. Askvig** replied that the numbers represent the abused vs. reported. Not all cases are reported.

He stated that one of his volunteers could not make the hearing and he would provide her testimony via e-mail.

**Gretchen Dobervich**, The Alzheimer's Association MN ND, submitted a letter of support for expansion of vulnerable adult services in ND. See attached testimony #7.

There was no opposition to SB 2195.

The hearing on SB 2195 was closed.

Additional testimony provided in support of SB 2195. (Attachment #8)

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Human Services Committee Red River Room, State Capitol


SB 2195

1/28/13

Job Number 17861

☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for adult protection services.

### Minutes:

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**Chairman J. Lee** opened committee discussion on SB 2195.

The committee reviewed the two house bills (HB 1040 and HB 1041) that were referenced during the hearing. HB 1040 is just language on the requirement for guardianships. There is no money.

SB 2195 doesn't provide guardianship services. It talks about alternatives to guardianship resources, assessments, etc. There was confusion about what the funds in 2195 were for.

The impression of this bill is to make it consistent from county to county.

**Chairman J. Lee** felt it would be helpful to have Jan Engen from Department of Human Services come back to committee to clarify such things as differences in services and costs, and how the eight FTE's would be distributed, etc. She instructed the intern to put in a request to Ms. Engen.

Committee work on SB 2195 was put on hold.

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Human Services Committee Red River Room, State Capitol

SB 2195

2/4/13

Job Number 18253

☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for adult protection services.

### Minutes:

See Attachments

**Chairman J. Lee** brought the committee back to order for more discussion on SB 2195.

**Jan Engen** from the Department of Human Services provided a breakdown of the 316 referrals that the Vulnerable Adult Protective Services system had taken since October 1 through Jan. 25. See attachment #9 "Vulnerable Adult Protective Services Intake Reports". She pointed out that due to the way they were collecting their data the report for Region VI was not correct. It was more like 43 instead of 3.

The summary by region on page 3 indicates the number of intakes only. The assessments had not been done.

**Chairman J. Lee** also asked her to provide what is currently in the budget and if there were other bills that might be addressing this issue.

**Ms. Engen** provided specific numbers to the committee about the budget.

She provided two diagrams with information about other bills currently out there (attachment #10) and she proceeded to explain these in detail.

**Chairman J. Lee** closed discussion on SB 2195 until a later time.

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Human Services Committee Red River Room, State Capitol

SB 2195  
2/5/13  
Job Number 18316

☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for adult protection services.

### Minutes:

See attachments

**Chairman J. Lee** opened SB 2195 to continue discussion.

She referred to the charts they received about other budget bills (attachment #10) and asked for discussion. They looked at the differences between HB 1041 and SB 2195 and discussed the intentions of each.

Adult protective services and guardianship are two very separate things.

**Chairman J. Lee** stated that HB 1012 seemed more relevant than HB 1041. The committee looked closer at the provisions in HB 1012.

**Sen. Larsen** felt that HB 1012 had a better chance of survival than SB 2195.

**Sen. Larsen** moved a **Do Not Pass** on SB 2195.

Second by **Sen. Dever**.

**Roll call vote 4-1-0. Motion carried. Carrier is Sen. Anderson.**

Date: 2/5/13  
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2195

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken: ☐ Do Pass ☒ Do Not Pass ☐ Amended ☐ Adopt Amendment  
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Larsen Seconded By Sen. Dever

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness		✓
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 4 No 1

Absent 0

Floor Assignment Sen. Anderson

If the vote is on an amendment, briefly indicate intent:



**REPORT OF STANDING COMMITTEE**

**SB 2195: Human Services Committee (Sen. J. Lee, Chairman)** recommends **DO NOT PASS** (4 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2195 was placed on the Eleventh order on the calendar.

**2013 TESTIMONY**

**SB 2195**

Madam Chairman, and committee,

For the record, I am Senator Larry Luick from District 25. Senate bill 2195 comes to you as an effort to increase the number of personnel needed to reduce and assist with the problem of adult abuse cases in North Dakota. This problem is nation-wide and we have an increase here in North Dakota as well. Following me are individuals that can more clearly define the needs for this bill. The need to protect our elders that are being taken advantage of is very serious and important. Please consider Senate bill 2195 as a do pass.

Questions?

Red River Room @ 9:00

(Human Services Committee)

Senate Human Service Committee  
January 28, 2013  
**Supporting SB 2195- Adult Protective Services**  
By Kathy Hogan, Representative District 21

Chairman Lee, members of the committee, for the record my name is Kathy Hogan, I represent District 21, downtown Fargo.

The protection of frail and elderly individuals through an Adult Protection is an idea that has been discussed in many ways for many years. In the 1980's when the first adult protection laws were established in ND a comprehensive system similar to one suggested in SB 2195 was funded. As a result of the 1989 tax referrals, all state funding of this service was ended. Since that time, there has been some local funding for the service, primarily in the SE region of ND and starting in the mid 2000's, a small amount (approximately \$360,000) of federal funds were allocated to adult projection. At this point in time, those funds with the local funds provide a minimal program that varies significantly from region to region. Attached is a summary information sheet from the ND Department of Human Services that describes the current structure and provides data on the current system.

The challenge today is that there is a significant increase in the number of elderly in ND and with the major demographic changes in the west, the numbers of vulnerable adults being subjected to abuse/neglect and exploitation is increasing. But the need for Adult protective services is an invisible problem. Several of the individuals who are testifying this morning will provide specific examples of the problems.

Let me tell you briefly what this bill would do.

1. The budget was built to allow for 2 FTE's for each of the 8 regions. It is intended that this program would be contracted through the ND Department of Human Services to a private or local organization rather than authorizing state FTE's.

#2

2. This bill would maintain the current voluntary assessment of Adult Protective Services. Winsor Schmitt, author of the 2012 Guardianship study recommended that the state consider moving to a mandatory reporting structure. That structure would require almost double the staff of this proposal and may want to be considered at a later time.

Thank you for your consideration. I am more than willing to answer any questions.

# Vulnerable Adult Protective Services

## Fact Sheet January 2011

#2

### Background:

In 1989, the North Dakota Legislature passed the law authorizing the Department of Human Services to develop, administer, and implement a protective services program for vulnerable adults. The program works to prevent further abuse, neglect, or exploitation and promotes self-care and independence. Each regional human service center has an Elder Services Unit that provides vulnerable adult protective services and other services.

ND Century Code 50-25.2-03 says that any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect or observes conditions or circumstances that reasonably would result in abuse or neglect, may report the information to the N.D. Department of Human Services or to an appropriate law enforcement agency.

The law gives the Department the right to assess and provide or arrange for adult protective services if the vulnerable adult consents to and accepts services. The Department may pursue administrative, legal, or other remedies authorized by law, which are necessary and appropriate under the circumstances to protect a vulnerable adult who cannot give consent, and to prevent further abuse or neglect.

***The legal definition of a vulnerable adult is "any person older than age 18 or emancipated by marriage who has a substantial mental or functional impairment."***

Federal Fiscal Year Data:	FFY 10	FFY 09	FFY 08
New Cases*	509	530	486
Info & Referral Calls	577	395	360
Brief Services (Two hours or less to resolve)	253	231	257
Cases Closed	505	456	468
Hours spent on services	5,223	5,689	6,839
Referral Reasons			
Self-Neglect	66%	64%	66%
Neglect	15%	15%	17%
Financial Exploitation	12%	14%	9%
Abuse	7%	7%	8%
Nature of Request			
Non-Emergency	89%	87%	80%
Imminent Danger	3%	5%	10%
Emergency	8%	8%	10%

\* Note: A new case does not mean a person has not been served before. Recidivism is common. Abilities change over time, and neglect or abuse concerns may resurface. Data should not be compared to data from before 2003-2004 due to a clarification in data.



## Vulnerable Adult Protective Services Demographic Data

Oct. 2009 – Sept. 2010

### General

68%	Age 60 and older
60%	Female
93%	Non-minority
4%	American Indian
3%	Other Ethnicity

### Marital Status

52%	Single/Widow/Widower
22%	Married
18%	Divorced/Separated
8%	Unknown

### Alzheimer's and Other Dementia

68%	Did not have dementia
32%	Do have some sort of dementia

### Reasons for Case Closure

30%	Referred to another agency, or person moved
14%	Received protective arrangements, or died
17%	Client refused services
12%	Placed in long-term care facility
27%	Other

## Adult Protection in Practice:

- A **vulnerable adult has the right** to make decisions on his or her own behalf until he or she delegates responsibility voluntarily to another or the court grants responsibility to another.
- **When interests compete**, a competent individual's decision supersedes community concerns about safety, landlord concerns about property, or family concerns about health or finances.
- **A person can choose** to live "in harm" or even self-destructively, if she or he is competent to choose, does not harm others, and commits no crimes.

## How Are Calls Handled?

When a Regional Human Service Center receives a call about suspected abuse or neglect of a vulnerable adult, staff members:

- **Assess the situation** via phone to determine if an emergency exists.
- **Work with law enforcement, if appropriate.**
- If it is not an emergency, but requires more than providing information and referral, **staff may conduct a site visit** to assess the situation and assure appropriate services are offered.
- **May offer services** to the vulnerable person such as home-delivered meals, personal care assistance, respite care, or other services, if appropriate.

## Human Service Center Contact Information:

Bismarck	701-328-8888	888-328-2662
Devils Lake	701-665-2200	888-607-8610
Dickinson	701-227-7500	888-227-7525
Fargo	701-298-4500	888-342-4900
Grand Forks	701-795-3000	888-256-6742
Jamestown	701-253-6300	800-260-1310
Minot	701-857-8500	888-470-6968
Williston	701-774-4600	800-231-7724

**Another Resource:**  
**ND Aging and Disability Resource Link**  
**1-800-451-8693**  
**[www.carechoice.nd.gov](http://www.carechoice.nd.gov)**

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Produced January 2011  
**N.D. Department of Human Services**  
**Aging Services Division**  
 1237 W Divide Ave, Suite 6  
 Bismarck ND 58501  
 Phone: 701-328-4601  
 E-mail: [dhsaging@nd.gov](mailto:dhsaging@nd.gov)  
[www.nd.gov/dhs](http://www.nd.gov/dhs)

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Senate Human Services Committee  
January 28, 2013  
Testimony regarding Adult Protective Services  
By Kristen Hasbargen, Director – Richland County Social Services

Chairman Lee, members of the committee, my name is Kristen Hasbargen, Director of Richland County Social Services and chair of the Region Five Adult Protection Funding Committee. This is a group of local service providers who serve the aging and those with disabilities. Our group's mission is to secure sufficient funding for long-term adult protective services; this includes adequate, knowledgeable staff in each region of North Dakota.

Per N.D.C.C., the state is mandated to provide adult protective services to vulnerable adults. The eight Human Service Centers across the state handle this differently. In the Southeast Region, Adult Protective Services are contracted through Cass County Social Services. Historically, Cass County has financed the majority of these services. The ND Department of Human Services funds approximately 60% of one FTE and the region is currently being served by 3.25 FTEs. Regions I and II share a portion of one FTE who also has other responsibilities for the two regions. The remaining regions provide adult protective services coverage with a portion of only one FTE in each of the regions and those positions are generally combined with other responsibilities.

The need for adult protective services was also recently identified in the Guardianship Study completed by Winsor Schmitt, per the request of the Human Services Committee. According to his testimony to that committee on April 17, 2012...."The following concerns are expressed in North Dakota about adult protective services and guardianship: (a) there is no mandatory reporting of vulnerable adult abuse and neglect, (b) there is perception of less follow through or investigation of vulnerable adult abuse and neglect in some cases (that is, disagreement about the timing and urgency for intervention), and (c) inconsistent adult protection services statewide and lack of state funding to provide them."

Coverage for APS services state-wide is inadequate to meet the demand and assess these referrals in a timely manner. These concerns have also been voiced by other providers including long-term care



# 3

professionals, law enforcement, emergency personnel, housing authority and healthcare.

Our committee would urge you to give this bill a Do PASS recommendation. Thank you for time and I would be happy to answer any questions you may have.

**Testimony  
Senate Bill 2195  
Senate Human Services Committee  
Senator Judy Lee, Chairman  
January 28, 2013**

Chairman Lee, members of the Human Services Committee, I am Jan Engan, Director for the Aging Services Division of the Department of Human Services. I am here today to provide information about Vulnerable Adult Protective Services (VAPS), service trends, and the current VAPS system in North Dakota.

With the projected increase in the state's aging population, the ability to access services to support a safe and healthy environment has the potential to increase demands in the area of Elder Rights. A 2010 study published in the American Journal of Public Health reports approximately 11 percent of elders experience some type of abuse. This study did not include elders with dementia; however, it reported this population to be at an even greater risk of mistreatment. Nationally, research estimates indicate 1 in 14 cases of elder abuse is reported, and that elder abuse is under-identified and under-reported (1998 National Elder Abuse Incidence Study). Attached to my testimony you will find additional information in a question and answer format that addresses the various elements surrounding elder abuse.

In 1989, the Legislative Assembly enacted legislation to provide protective services to vulnerable adults, which is codified as North Dakota Century Code Chapter 50-25.2. Section 50-25.2.02 requires the Department of Human Services (DHS), with the advice and cooperation of county social services boards, to develop, administer, and implement a program of protective services for vulnerable adults; and further provides

these entities are not required to implement or enforce a VAPS program if the Legislative Assembly did not provide an appropriation to support the implementation and enforcement of the program. In 1998, all eight regional Human Service Centers (HSC) began the provision of VAPS. From 1998 to 2013, VAPS was provided either directly by the Division at the HSC or through a contract with a County Social Services entity. At this time, the Division provides Older Americans Act federal funds in the amount of \$50,000 from Title VII, Chapter C (Programs for Prevention of Elder Abuse, Neglect, and Exploitation) and \$210,000 from Title IIIB (Supportive Services). Additionally, VAPS staff facilitates community coalitions in Regions IV, V, and VII. The coalitions have board membership that represents other human service organizations, county staff, law enforcement, and attorneys. They meet to discuss the status of elder abuse and to provide education to the membership and the community.

This past October, the Division implemented a new data collection system that is designed specifically to track the reports of suspected abuse, neglect, self-neglect, or exploitation. From October 1, 2012, through January 25, 2013, there have been 316 intakes from all regions of the state. An intake begins the screening stage for an assessment (investigation) or for providing information and education. Intake calls moved to the assessment stage are then determined to be substantiated or unsubstantiated for abuse, neglect, self-neglect, and exploitation. Calls considered to be substantiated are prioritized based on severity and include a face-to-face visit for further assessment and action.

From October 1, 2012, through January 25, 2013, there were 72 reports with allegations where a home visit was conducted. Forty-four were

#4

substantiated reports and these included 30 cases determined as self-neglect, nine cases determined to be neglect, four cases determined to be exploitation, and one case determined to be abuse.

I would be happy to address any questions that you may have.

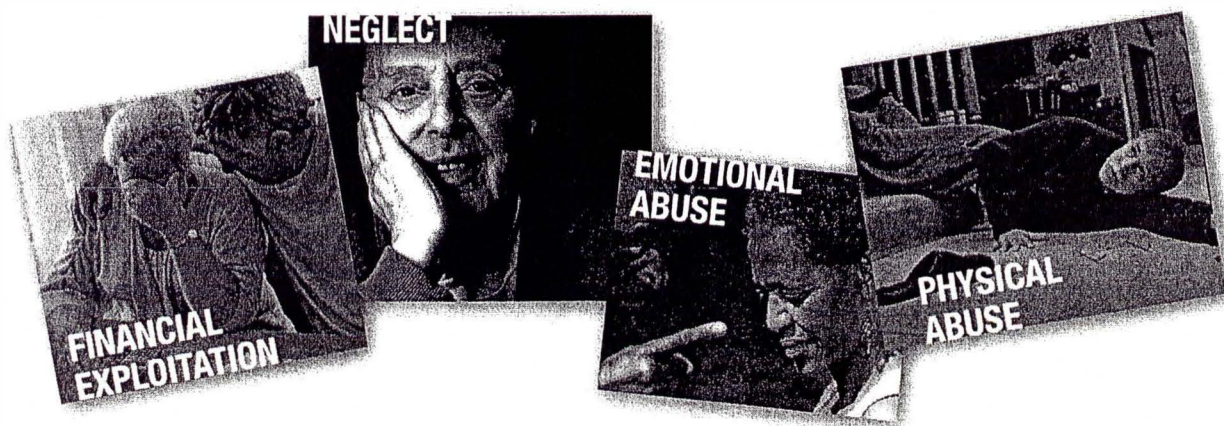


# **PROTECT SENIORS**

Take a stand against **ELDER ABUSE**.

YEAR OF ELDER ABUSE PREVENTION

## **HOW TO ANSWER THOSE TOUGH QUESTIONS ABOUT ELDER ABUSE**





# HOW TO ANSWER THOSE TOUGH QUESTIONS ABOUT ELDER ABUSE <sup>#4</sup>

This booklet is designed as a reference for your organization when responding to inquiries about elder abuse, neglect, and exploitation. Many times, the inquiries pose some hard-to-answer questions, and this booklet pulls together what is known about elder abuse to provide suggestions on how you could respond. Remember that in addition to questions about the topic in general, you should be able to answer this question: "What is your organization doing about the problem?" Taking a quick inventory of your organization's efforts as well as those at the state and local levels will help you to be prepared for such a question.

## What Is Elder Abuse?

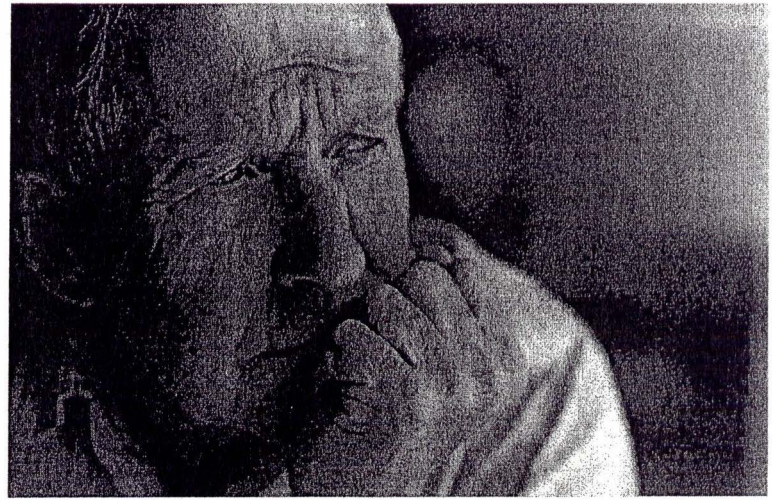
Elder abuse refers to intentional or negligent acts by a caregiver or trusted individual that causes harm to a vulnerable elder. Elder abuse takes many forms, including:

- Neglect
- Physical abuse
- Sexual abuse
- Financial abuse and exploitation
- Emotional or psychological abuse and neglect (including verbal abuse and threats)
- Abandonment
- Self-neglect

Each state defines elder abuse differently. (You may wish to look up your state's statutes to see how elder abuse is defined. For assistance, contact the NCEA.)

According to available data, financial exploitation is the most common type of elder abuse.

There is some debate over whether mistreatment by strangers, rather than by a person in a trust relationship to the victim such as spouse, child, or friend, also constitutes elder abuse, neglect, or exploitation.



## Who Is at Risk for Abuse, Neglect, and Exploitation?

Elder abuse can happen to anyone—a loved one, a neighbor, and when we are old enough, it can even happen to us.

Elder abuse affects seniors across all socio-economic groups, cultures, and races.

Elder abuse can occur anywhere:

- In a person's own home
- In nursing homes, assisted living facilities, and other institutional settings
- In hospitals

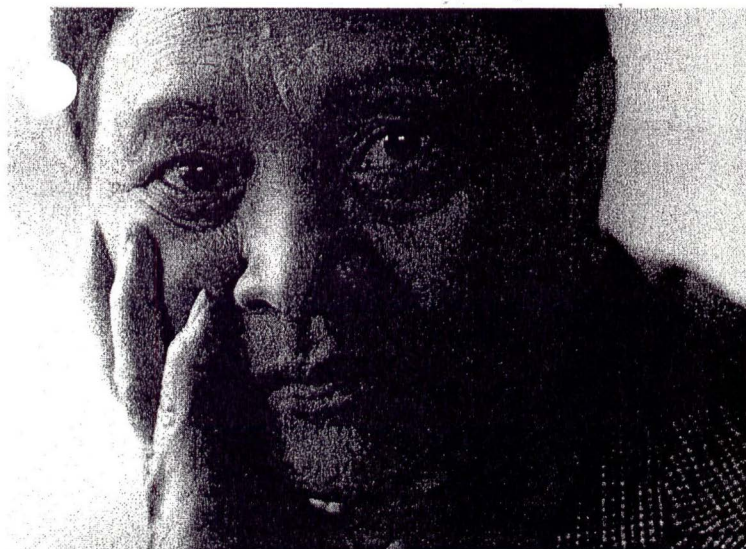
Based on available information, women and "older" elders (80 and older) are more likely to be victimized, and mistreatment is most often perpetrated by the victim's own family members.

Some common risk factors:

- Dementia
- Mental health or substance abuse issues (victim, perpetrator, or both)
- Social isolation
- Poor physical health, which increases vulnerability and therefore may increase risk







## Why Does Elder Abuse Remain Such an “Invisible” Problem?

Like other forms of interpersonal violence, elder abuse usually occurs behind closed doors.

Many victims are *reluctant to report* abuse because they may:

- Feel ashamed and embarrassed, particularly if a family member is the abuser
- Be afraid that the abuser will get in trouble
- Worry that they will be forced to live in a nursing home—and this sometimes happens
- Feel guilty or somehow to blame
- Be in denial that the abuse is occurring, or unaware that what they are experiencing is abuse or neglect
- Be afraid that if they report, the abuse will get worse

Some victims are *unable to speak* out due to dementia or other impairments, or may not be believed when they do.

Although this theory hasn't been fully researched, there are indications that a culture of *ageism and a fear of growing old* may keep older people marginalized and undervalued in our society, hence their problems remain invisible or are viewed as unimportant.

## Just How Big Is the Problem?

Unfortunately, we simply do not know for certain. Although there has been relatively little research on incidence and prevalence of elder abuse, a recent study indicated that approximately 11 percent of U.S. elders surveyed had experienced some type of abuse or potential neglect during the previous year. It is important to note that this survey did not include elders with dementia, a segment of the population believed to be at even greater risk for mistreatment, or elders living in long-term care facilities.<sup>1</sup>

Research suggests that elder abuse is significantly underidentified and under-reported, and that as few as 1 in 14 cases of elder abuse come to the attention of authorities.<sup>2</sup>

The most recent national statistics for Adult Protective Services (APS) programs indicate that, in 2003, there were approximately 381,430 reports of elder abuse, neglect, or exploitation made to APS across the country.<sup>3</sup>

Even when suspicions are reported, the outcomes of the cases are difficult to track.

## Aren't Some People Required by Law to Report?

Each state has its own reporting requirements, and many professionals who work closely with elders are “mandatory reporters” by state statute. You may wish to look up who in your state is designated by state statute as a mandated reporter. For assistance, contact the NCEA.

Unfortunately, many mandated reporters may not make reports, as they:

- May not receive regular training and education to accurately distinguish the signs of “normal” aging from elder abuse or neglect
- May be in denial about the prevalence of elder abuse, and therefore not look for or identify suspicious activities or symptoms

<sup>1</sup>Acierno, R. et al., 2010. “Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study.” *American Journal of Public Health*, Vol. 100, 292-297.

<sup>2</sup>*National Elder Abuse Incidence Study*. (1998.) Washington, D.C.: National Center on Elder Abuse at American Public Human Services Association.

<sup>3</sup>*The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older*. (2006.) National Center on Elder Abuse.





## What Is Needed to Address the Problem?

*Public awareness and grass-roots involvement to create change that:*

- Increases the identification and reporting of abuse by the public, professionals, and victims themselves
- Provides older victims with a safe environment to speak out and tell their stories
- Begins long-term prevention by raising awareness among students and young people

*Enhanced services for victims:*

- To help prevent abuse, more services to reduce isolation should be available to those at risk for abuse.
- To intervene more effectively, elder shelters and other support services, such as in-home help and in-home medical attention, should be established and targeted to at-risk seniors to mitigate the risk of abuse or to remove them from dangerous situations.
- To protect their well-being and assets and to prevent further harm, adequate services should be targeted to victims.

*Enhanced system responses:*

- To improve the training of state adult protective services workers so they are prepared to respond to increasing numbers of elder abuse reports
- To improve continuing education for mandated reporters on: risk factors and red flags of elder abuse, what to do when they suspect elder abuse, where to report suspicions, and how to respond most effectively

*Research on:*

- The scope of the problem (i.e., incidence and prevalence)
- The causes of the problem
- The effectiveness of interventions and prevention strategies
- The impact and monetary costs of elder abuse on the lives of seniors, families, communities, and society in general



## Why Should I Care About Elder Abuse?

The older population in America is continuing to grow and will burgeon between the years 2010 and 2030, when the baby boomer generation reaches age 65:

- By 2030, there will be about 72.1 million older people, comprising almost 20 percent of the total population—nearly twice as many as in 2007.
- The 85-plus population is projected to increase to 6.6 million in 2020, a 15 percent increase from 2010.<sup>4</sup>

Seniors are living longer, but not necessarily better. Potential declines in cognitive and physical functions could make them more vulnerable to victimization. Elders who experience abuse, neglect, or self-neglect face a considerably higher risk of premature death than elders who have not been mistreated.<sup>5</sup>

It is estimated that elders throughout the United States lose a minimum of \$2.9 billion annually due to elder financial abuse and exploitation.<sup>6</sup> Elder abuse can happen to anyone—a loved one, a neighbor, and when we are old enough, it can even happen to us.

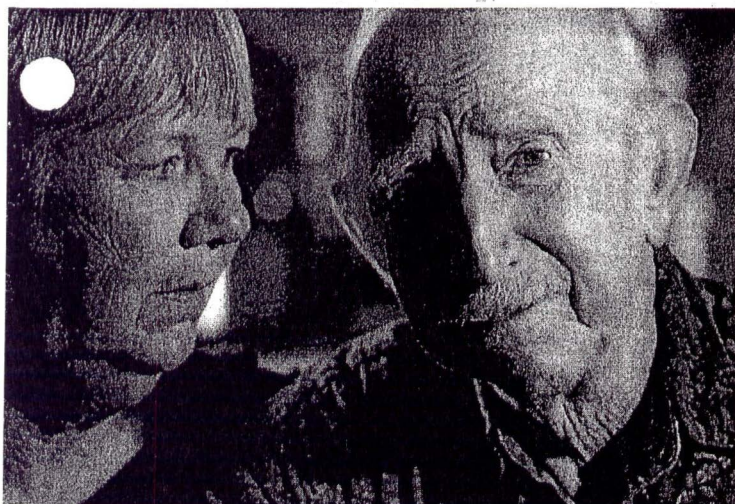
<sup>4</sup>A Profile of Older Americans: 2009. U.S. Administration on Aging. Department of Health and Human Services. Washington, D.C.

<sup>5</sup>Dong, X. et al., 2009. "Elder self-neglect and abuse and mortality risk in a community-dwelling population," *JAMA*, Vol. 302, 517-526; Lachs, M.S. et al., 1998. "The mortality of elder mistreatment," *JAMA*, Vol. 280, 428-432.

<sup>6</sup>Elder Financial Abuse: Crimes of Occasion, Desperation and Predation against America's Elders. 2011. MetLife Mature Market Institute.







## Where Can I Find More Information?

Visit the website of the National Center on Elder Abuse (NCEA): [www.ncea.aoa.gov](http://www.ncea.aoa.gov), or contact us by email: [ncea-info@aoa.hhs.gov](mailto:ncea-info@aoa.hhs.gov), by phone: 1-855-500-3537.

### Disclaimer:

This document was produced for the National Center on Elder Abuse (NCEA) by the University of Delaware and was supported in part by a grant from the Administration on Aging, U.S. Department of Health and Human Services (DHHS) (90-AM-3146-03). Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.

## What Can People Do to Prevent Elder Abuse?

Report suspected mistreatment to your local adult protective services agency or law enforcement. Although a situation may have already been investigated, if you believe circumstances are getting worse, continue to speak out.

***If you believe that an elder is in a life-threatening situation, contact 911 or the local police or sheriff's department.***

Learn more about the issue. Visit the National Center on Elder Abuse website at [www.ncea.aoa.gov](http://www.ncea.aoa.gov).

*Help raise awareness by:*

- Talking about the issue.
- Challenging injustice and ageist stereotypes.
- Writing letters to the editor.

*Be a "sentinel":*

- Keep in contact and talk with your older friends, neighbors, and relatives frequently.
- Be aware and alert for the possibility of abuse.
- Look around and take note of what may be happening with your older neighbors and acquaintances.
- Ask questions and listen.

The baby boomers have been a generation of activists, with a demonstrated ability to create social change. The time is right to get involved by promoting community involvement and social engagement.



Senate Human Services Committee  
January 28, 2013  
Testimony regarding Adult Protective Services  
Senate Bill 2195  
By Kim Jacobson, Director – Traill County Social Services

Chairman Lee, members of the Senate Human Service Committee, my name is Kim Jacobson, Director of Traill County Social Services and member of the Region V Adult Protection Funding Committee. I speak in support of Senate Bill 2195.

The North Dakota Legislature took an important step during the last biennium by appropriating a study to further understand the needs of vulnerable adults. In result, a Guardianship Study was completed by Winsor Schmitt. The study revealed many areas in which North Dakota could improve in protecting and serving vulnerable populations. Senate Bill 2195 is a building block for better North Dakota for our vulnerable adults.

Due to the vulnerability and frailty of our clients, many cannot join us today for this hearing. However, we feel it is important to tell their story to assist your Committee in understanding the importance of Senate Bill 2195 and need for change. The following statements include real life examples of North Dakotans, the struggles they face, and how vulnerable adult protective services or the lack of vulnerable adult services affected them.

- A Ward County elderly woman lived alone. She had been arrested for shoplifting at Wal-Mart and did not appear to be taking care of herself. The county social worker was called to assess her. The woman was extremely thin and malnourished. It was learned that she would go to Wal-Mart, often times in her nightgown, by bus. She would use her cad walker with a basket while shopping. The bus would come and she would go outside to return home and she would forget to pay and in result would get arrested. During a visit to her apartment, it was learned that it was horribly dirty. She was only eating items she could eat from the package such as cookies and chips. The worker attempted to contact a physician to learn more about her care and it was learned that she had not been to a doctor in over six years. She was estranged from her family and had not communicated with them in over 25 years. The woman was going to be evicted from her apartment due to the condition of the unit. The Regional Vulnerable Adult Protection Services were contacted and looked into the case. Due to the lack of person willing to serve as guardian and lack of funds to pursue a guardianship, this woman remains vulnerable and at risk from herself.

- A 90-year-old woman was receiving care from a younger man. The man also managed her money and paid himself. The caregiver did not provide adequate care and was taking advantage of the elderly woman financially. Initially, she refused to do anything about it. Through the help of a Vulnerable Adult Protective Services worker, the woman's son, who lived in another state, was empowered to fire the caregiver. Vulnerable Adult Protective Services assisted her in finding a reliable provider and her son set up an appropriate fiduciary.
- An 82-year-old widowed female lived alone and was estranged from local family. She called the Sheriff's department multiple times to report invisible adolescents in her home and that she thought her granddaughter was stealing from her. The Sheriff's department received reports that this same elderly woman was entering bars with strangers and walking long distances in cold weather. Law enforcement approached Vulnerable Adult Protective Services with concerns regarding her safety. The Adult Protective Services worker able to work with local physician and law enforcement to assist the woman in receiving care at a local hospital. Through proper testing, it was learned that the woman suffered from advanced dementia. In result, the woman was relocated to nursing home. The Adult Protective Services worker was able to coordinate with a local attorney petition for a guardianship with an appropriate family member.
- A 79-year-old widowed, retired schoolteacher lived alone in Fargo Condominium. Fargo Cass Public Health referred the woman with concerns about confusion and condition of home. The Adult Protective Services worker found both client and her home unkempt. Many hazards were in place including stacks of papers by heaters and rotted food. The woman was determined unable to handle her funds. The Adult Protective Services worker was able to coordinate with physician, public health nursing and a son living in Milwaukee. The worker was able to assist the son in understanding mother's current condition. Through this process, the son decided to have his mother come and live with him so that he could provide care to her in his home.
- 65-year-old African refugee lost her SSI due to not being a citizen. She spoke little English, had mild dementia and no family to assist her. By working with the agencies that provide emergency assistance, the Adult Protective Services worker was able to get her lot rent paid for several months and assist her with the process of selling her trailer. She was finally able to get into public housing, where she is at zero rent. The client and Adult Protective Services worker have been working together towards her obtaining her citizenship and the hopefully restoration of SSI.
- 67-year-old woman with Alzheimer's disease lived with her 77-year-old spouse who was an alcoholic. Her husband verbally abused and neglected her. When he was too drunk, he would require her to drive the car putting of both them and others at risk. The Adult Protective Services worker was able to get family involved and informed. Through the combined effort of the family and worker, the couple were able to get both enter an Assisted Living Facility where they would both be safe.

- 70-year-old single male with dementia, lived alone at home and observed outside in underwear, peeping through windows and lying on the ground blowing leaves. The man would still drive himself to his former employer and would helping around yard. The past employer had noted decline in the man's health and functioning. The Adult Protective Services worker worked with physician to obtain a neuropsychiatric report. In result, the worker was able to advocate for a guardian for this client. The guardian now watches over the client both at home and at work and assists with transportation.
- 86-year-old male with dementia was being slowly depleted of his funds by two women who called themselves his "nieces." The adult protective services worker was ultimately able to coordinate information and resources resulting in a petition for state funded emergency guardianship. The Final hearing will take place today (Monday, January 28, 2013).

I hope that these examples of the needs of North Dakota citizens and the services which can be provided to vulnerable individuals has been helpful to the Committee. I urge you to give Senate Bill 2195 a "Do PASS" recommendation. Thank you for time. I would be happy to answer any questions.





SB2195- Adult Protective Services Funding  
Monday, January 28, 2013  
Senate Human Services Committee  
Josh Askvig- AARP-ND  
[jaskvig@aarp.org](mailto:jaskvig@aarp.org) or 701-989-0129

Chairman Lee, Members of the Senate Human Services Committee, I am Josh Askvig, Associate State Director for Advocacy with AARP of North Dakota. We stand in support of SB2195.

In North Dakota today, the need for Adult Protective Services is largely unknown to the general public. Unlike many other social conditions such as addiction, pervasive mental illness and delinquency that can cause significant distress to the general public, the abused are often hidden behind closed doors and concealed from public view. North Dakota has a burgeoning aging population, as well as escalating concerns in western North Dakota regarding financial exploitation. In a recent state-wide survey, 65% of counties reported an increase in adult protective referrals. The National Center on Elder Abuse estimates the frequency of elder abuse ranges from 2 -10%, for the state of North Dakota that is potentially 11,734 to 58,672 people.

As you know, this bill will provide \$1.65 million for adult protective services in North Dakota. Elder abuse, like many other forms of domestic abuse, is an often hidden phenomenon that affects hundreds of thousands of older Americans. State adult protective services (APS) laws generally provide safeguards for adults who cannot protect themselves from physical and emotional abuse, neglect, intimidation, or financial exploitation. Key to making these laws effective is ensuring that there is prompt and adequate investigation of suspected abuse.

SB2195 would provide each Human Service Center with funding to contract for two full time individuals to investigate and follow up with vulnerable adults, including the elderly. These individuals could also provide training and education on how to identify and prevent elder abuse.

We encourage you to give this bill a Do PASS Recommendation.

**Minnesota-North Dakota**  
[www.alz.org/mnnd](http://www.alz.org/mnnd)  
 24/7 Information Helpline  
 800.272.3900



January 28, 2013

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Dear Chairwoman Lee and Members of the Senate Human Services Committee,

The Alzheimer's Association MN ND wishes to express our support of the expansion of vulnerable adult services in North Dakota. Staff and volunteers of the Alzheimer's Association have provided services in North Dakota for over twenty years, and currently serve families struggling with a dementia diagnosis in all Department of Human Services regions and legislative districts in North Dakota.

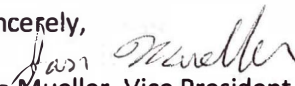
Nationally, one of every seven individuals with dementia currently lives alone. In ND, it appears to be larger, resulting in one in four persons with dementia living alone, often in isolated rural areas.

Of additional concern to us is the fact that 70% of persons with dementia will at some time wander during the course of the disease. This brings the additional concern of weather concerns possibly resulting in death by exposure. National statistics report a growing number of examples of financial exploitation of the elderly population as well.


The population served by the Alzheimer's Association MN ND is indeed a vulnerable population and is at increased risk for exploitation, abuse and self neglect through out the disease process.

We appreciate the bipartisan collaboration as policy makers address the need for expansion and increased resources to meet the need of North Dakotans. Again, the Alzheimer's Association MN ND wishes to express our support of the efforts to grow and strengthen services for vulnerable adults in North Dakota.

Sincerely,

  
 Jan Mueller, Vice President of Governmental Affairs

  
 Gretchen Dobervich, ND Field Director

  
 Stephanie Isaak, Western North Dakota Regional Center

Human Service Committee

Senate Bill 2195

Testimony of Mike Reitan, Assistant Chief, West Fargo Police Department

Chairman Lee and members of the Human Services Committee I would respectfully ask for your 'Do Pass' recommendation on SB2195 relating to Adult Protective Services.

On a routine basis the West Fargo Police Department responds to calls for assistance involving an adult member of the community. Too often the officers find the person to be lacking in the physical or mental capacity to assist themselves to a level that would allow them to be able to remain living independently without a program of support.

The department's options are limited. An officer may try to contact a family member if one lives nearby to make them aware of the situation. If no family member is available the officer may talk with a neighbor or the building management to arrange for someone to watch over the person. In all cases the officers are required to complete a report and forward it to Social Services Adult Protection for a follow-up evaluation.

I have been made aware through speaking with Cass County Social Services that the number of case workers to provide evaluations and follow on care is severely limited across all of North Dakota. It is my understanding there are only three staff members to cover the south east region of North Dakota. This is far too few.

The aging population of North Dakota and the number of elderly people displaced through the development in the western areas of the state make it necessary to ensure adequate programs are available to provide essential care. I ask for your support of SB2195.

Respectfully submitted.

Assistant Chief Mike Reitan

West Fargo Police Department

800 4th Ave E

West Fargo, 58078

701-433-5500

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## SB 2195 – Elder Abuse

Recently my husband's mother died penniless in a Medical Assistance funded nursing home. Her daughter appears to have siphoned off most of the half million dollar estate my father-in-law left his wife, leaving Medical Assistance to pick up the tab. She was probably a victim of elder abuse. The word is "probably" because no investigation much less prosecution & recovery has ever been done.

Every year over 3000 cases of abuse with who knows how many more like that of my mother-in-law go untouched. When a case of abuse is investigated it involves something like a nursing home aide sexually assaulting old ladies. Yet as Mickey Rooney's dramatic Congressional testimony showed elder abuse involves much more – stealing the elder's possessions, physical violence, neglect of basic needs, emotional abuse such as belittling & verbal attacks on the elder. As in my mother-in-law's case someone may suspect abuse, but what they can do is limited.

Dealing with abuse North Dakota is particularly difficult because up until now there has been no money to investigate or prosecute *any* kind of abuse of vulnerable adults. In fact last year only one abuser was prosecuted. Health professionals & others are mandated reporters of abuse, but investigation much less prosecution is impossible because it cannot be paid for.

Senate Bill 2195 is one answer to the problem of abuse!

It appropriates \$1,650,000 to the department of human services to provide protective services for adults. Surely with a 1.6 billion dollar surplus this legislature can authorize the funds in this bill.

My mother-in-law is past caring about how she was abused but how about the elderly North Dakotans still being abused?

**I urge passage of Senate Bill 2195!**

Rev. Merne Manor

AARP Volunteer

#B302, 725 72<sup>nd</sup> St S

Fargo, ND



### Vulnerable Adult Protective Services Intake Reports

Breakout of intakes for alleged vulnerable adult protective services reports from October 1, 2012 to January 25, 2013. The intake begins the screening process for an assessment or providing information or education. Intakes are moved to the assessment (investigation) stage and are determined to be substantiated or unsubstantiated. Substantiated reports are prioritized based on severity with a face-to-face visit of the alleged victim for further assessment and action.

#### Region I (Divide, Williams, and McKenzie)

County	Number of Intakes
Burleigh <sup>1</sup>	1
Divide	2
McKenzie	1
Williams	10
<b>TOTAL</b>	<b>14</b>

<sup>1</sup> Report taken in Burleigh County on a resident from Region I

#### Region II (Burke, Renville, Bottineau, Mountrail, Ward, McHenry, and Pierce)

County	Number of Intakes
Burke	1
McHenry	8
Mountrail	2
Pierce	1
Renville	3
Ward	27
<b>TOTAL</b>	<b>42</b>

#### Region III (Rolette, Towner, Cavalier, Ramsey, Benson, and Eddy)

County	Number of Intakes
Benson	6
Cavalier	3
Eddy	3
Ramsey	11
Rolette	13
Towner	1
<b>TOTAL</b>	<b>37</b>

**Region IV (Pembina, Walsh, Nelson, and Grand Forks)**

<b>County</b>	<b>Number of Intakes</b>
Traill <sup>2</sup>	1
Grand Forks	70
Nelson	2
Pembina	7
Walsh	4
<b>TOTAL</b>	<b>84</b>

<sup>2</sup>Report taken in Grand Forks County on a resident from Region V (Traill)

**Region V (Steele, Traill, Cass, Ransom, Sargent, and Richland)**

<b>County</b>	<b>Number of Intakes</b>
Cass	66
Richland	2
Steele	1
Traill	2
<b>TOTAL</b>	<b>71</b>

**Region VI (Wells, Foster, Griggs, Stutsman, Barnes, Logan, LaMoure, McIntosh, and Dickey)**

<b>County</b>	<b>Number of Intakes</b>
Griggs	1
Stutsman	2
<b>TOTAL</b>	<b>3</b>

**Region VII (McLean, Sheridan, Mercer, Oliver, Burleigh, Kidder, Morton, Grand, Sioux, Emmons)**

<b>County</b>	<b>Number of Intakes</b>
Burleigh	14
Emmons	2
Grant	1
Kidder	1
McLean	2
Morton	7
<b>TOTAL</b>	<b>27</b>

**Region VIII (Dunn, Billings, Golden Valley, Stark, Slope, Hettinger, Bowman, and Adams)**

<b>County</b>	<b>Number of Intakes</b>
Unknown	1
Adams	1
Dunn	4
Stark	13
<b>TOTAL</b>	<b>19</b>

**No identified county at the time of intake will be determined upon further assessment.**

<b>County</b>	<b>Number of Intakes</b>
County Unknown	<b>19</b>

**SUMMARY BY REGION**

<b>REGION</b>	<b>NUMBER OF INTAKES</b>
Region I	14
Region II	42
Region III	37
Region IV	84
Region V	71
Regions VI	3
Region VII	27
Region V III	19
Unknown	19
<b>Total Intake 10/1/12 – 1/25/13</b>	<b>316</b>



Bill	HB 1040	HB 1041	DHS Appropriation- HB 1012	SB 2195
APPROPRIATIONS	\$0	Section 1: \$1,657,100 Section 2: \$70,000	\$1,000,000	\$1,650,000
RESPONSIBLE DEPARTMENT	Court System	OMB	DHS	DHS
SCOPE	Increases and strengthens processes tied to the rights of potential wards.	State funds grants to counties for guardianship and public administrator services.	This funding would be added to the historical \$40,000 for guardianship.	Provides funding for contracted Adult Protective Services - APS. APS is the gatekeeper and entry point for many guardianship requests.
WHO IS ELIGIBLE	All proposed wards	SMI, TBI, Person 60+, but not DD eligible.	All incapacitated, but not DD eligible. (NDCC 30.1-26-01)	All adults, includes a minor emancipated by marriage. (NDCC: 50-25.2)
WHAT IT PURCHASES/BUYS		Pays guardianship and public administrators \$11.00 per day for existing 164 guardianship cases and 25 new cases in Year 1 of biennium COST = <b>\$758,835</b>	Expands eligibility to match the incapacitated adult definition in NDCC 30.1-26-01.	Estimated cost per contract is \$51,562.5/annually. 8 contracts, for 16 positions (2/region) X \$51,562.5 for each year of the biennium = <b>\$1,650,000</b>
		Pays \$11.50 per day for the 189 cases paid in year 1 and adds 25 new cases in year 2. Total Cost in 2nd year for 214 cases. COST = <b>\$898,265</b>	Establishes income criteria at 100% FPL.	
		Funding to Court to develop and deliver tutorial for new guardians. COST = <b>\$70,000</b>	Requires ward to receive case management.	
DIFFERENCES/ISSUES		Does not contain funding for petitioning costs.	Funding to establish petitioning costs for 86 wards. COST = <b>\$215,000</b> (no more than \$2,500 each)	Focuses on the front end APS system
			Funds both public or private guardianship services for new wards. The 1st year of the biennium would fund 43 new wards at \$225/month = \$116,100. The rate would increase to \$250/month in year 2 of biennium, funding 43 existing wards at \$250/month = \$129,000, and adding 43 additional wards at \$225/month = \$116,100. Total Cost = <b>\$361,200</b> . (Monthly rate is based on 2080 hours/annually)	
			Contract with Court system to develop training and tutorial for new guardians. COST = <b>\$75,000</b>	
			Monitor newly established guardians of existing DHS staff. These operating costs include travel, per diem, etc. COST = <b>\$5,800</b>	
			Contract for three Vulnerable Adult Protective Services in 3 geographic areas @ \$88,000/annually. The \$383,000 general fund would be added to existing federal funds of \$145,000 for a total of \$528,000. COST in Bill= <b>\$383,000</b>	

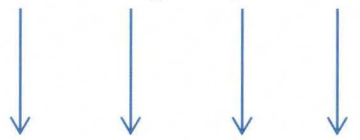
Tam. Engen

Attachment #10

SB 2323   SB 2345   SB 2195   SB 2323   HB 1040   HB 1041   HB 1012



Public – Agency - Family



Suspicion or evidence of abuse, neglect, self-neglect, or exploitation



Vulnerable Adult Protective Services



Assess & Evaluate Reported Concerns



yes

No

Guardianship Decision-Making Authority

Other Service Referral

#10