

**VAAN (Vulnerable Adults Assistance Network):
An interagency response to vulnerable situations**

TABLE OF CONTENTS

98-07

Abstract

PERF Award Application

List of Attachments

VAAN	Appendix A
What is VAAN?	Appendix B
Referral Forms	Appendix C
Letters of Endorsements	Appendix D
Elderlink Form (Pamphlet)	Appendix E

Abstract

For approximately twelve years, there was an ongoing problem in Baltimore County, Maryland. The problem stemmed from a mother and daughter living in a home that was a health and fire hazard. It had no electricity, running water, or heat and was filled six feet high with trash. The mother was extremely protective of her mentally ill, treatment resistant daughter and refused to cooperate with remedying the situation. Several emergency petitions were filed, but to no avail. The situation escalated to the point that a committee was formed to problem solve and implement a plan. An effective plan was developed and as an outcome, the Vulnerable Adults Assistance Network (VAAN) was formed.

The purpose of the VAAN committee is to identify and remedy gaps in service delivery and enhance quality of life to at risk vulnerable adult county residents through the facilitation of interagency education, consultation, and cooperation among appropriate local government agencies. VAAN is a group comprised of representatives from the various county agencies that most commonly encounter vulnerable adult residents. In the past, each agency has attempted to resolve the plight of the vulnerable adult through the accepted means and methods of each individual agency. This approach frequently proved to be inadequate and did not allow for effective interagency coordination.

Some of the positive outcomes that have come from this interagency collaboration have been through the case presentation model. Cases are presented to the committee, recommendations are made to problem solve at-risk situations, and then the group looks at the system in place and evaluates it for any necessary changes. Jointly, the group developed a referral process with a focus on accessibility. Since the development of VAAN, agency relationships have improved. Each agency has had the opportunity to define their role and what are realistic expectations that other agencies can expect from them.

The Police Department has greatly contributed to the VAAN committee meetings. Their legal expertise has facilitated problem solving approaches that have been very effective. A resource guide is being developed to educate officers about what resources are available so that the at-risk individual's needs are identified quickly and appropriate resources can be accessed.

It should be noted that VAAN has been very effective without necessitating any additional funding.

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A. Scanning

[1] What was the nature of the problem?

The main issues were the well being (health and safety) of Ms. C. B. and her daughter, A.B. who collected trash and other small items from neighbor's yards and placed them on their property as well as inside their home. The B.'s did not maintain the care of their house and allowed their landscape to grow out of control with lots of trash bags just lying around. Trash had been collected throughout the inside of the house to a height of about 6 feet. This created an environmental health hazard as well as a fire hazard.

[2] How was the problem identified?

Much of the trash and other debris collected by A. B. became an eyesore. A.B. had collected so much trash that some was hanging out of the windows and doors of the house. Weeds and grass had grown to be over 12 inches. Due to the height of the grass and the collection of trash bags in the yard, the county had to obtain the services of a landscaper to cut the grass and remove the trash. I might add that the clean up efforts also involved the presence of the police for security.

[3] Who identified the problem?

This was a growing concern for many of the area residents. Several of them had reported to the police that various articles were being taken from their own yards by A.B. They were hesitant to confront her due to her volatile mannerisms. In addition to patrolling observations of the area, there have been numerous occasions that police were called to the scene to deal with A.B. Many neighbors were disturbed by the lack of progress and response to the situation and contacted the press, which alerted officials and politicians.

[4] How and Why was this problem selected from among problems?

This problem escalated as a result of repeated calls to police for service. There was little assistance from A.B.'s mother, C.B. to be more pro-active and work on these issues with her daughter. There were also concerns about the mother for her safety and her general health and well being.

[5] What was the initial level of diagnosis / unit of analysis?

Our initial response was to have A.B. psychiatrically evaluated and, if necessary, committed to an institution that would help her with her issues of collecting trash. This included addressing concerns about Ms. C.B., her overall health, fears, and mental stability. We were also concerned about the house they were living in (fire hazards, environmental hazards, etc.)

B. Analysis

[1] What methods, data, and information sources were used to analyze the problem?

Several meetings were held with concerned citizens who were residing near the B.s' home. Many of the citizens were upset over the deplorable conditions existing at the B.s' residence. Several officers had contact with A.B. as a result of being dispatched to her residence. A.B. was observed as being squalid by everyone who had made contact with her. A.B. was considered very combative and intimidating to others.

[2] How often and for how long was it a problem?

The problem at the home of Ms. C. B. and her daughter, A.B. has been a slowly degenerating occurrence for approximately 12 years. As each year passed, A.B. became more compulsive to collect trash and store it in her mother's home and on the outside property. She claimed to be a collector and was very hostile when it came to protecting her "collectibles".

The number of police calls from the community increased as the nature of the problem grew more

intense. At times there were as many as three to four calls in one day.

[3] Who was involved in the problem and what were their respective motivations, gains and losses?

Everyone living in the immediate area of the B.s' was affected. Many of the residents were concerned about Ms. C.B.'s well being. Some residents never saw her, while a few said they saw her leave for work. Besides the issue of A.B. needing special attention (medical and mental), many residents were concerned about the B.s' residence. The house was an accident waiting to happen due to the fire and health hazards. The appearance of the house affected many neighbors' ability to sell their homes and move. Many were concerned about A.B. roaming through the neighborhood while collecting trash, especially after midnight. They were intimidated by her and weren't sure how she would react if approached. Many neighbors also wanted to restore the natural beauty of this quiet neighborhood.

[4] What harms resulted from the problem?

There was a loss of aesthetic value in the community and ability to attract new neighbors. The residence was in such a deplorable and possibly unsafe condition that it took about four trips by a local trash truck to remove the trash from inside the home. The real harm has been to the overall health of Ms. C.B. and her daughter, A.B. Ms. C.B. passed away shortly after being removed from the residence to a nursing home.

[5] How was the problem being addressed before the problem solving project?

What were the results of these responses?

The problem was being dealt with more on an individual agency response. That is, if someone received a call or complaint, he/she would do what could be done within his or her particular scope of authority and expertise. Several efforts were made by officers to have A.B. committed

to an institution by way of an emergency evaluation. However, the institutions were unable to detain A.B. for any long period of time. Ms. C.B. refused to cooperate with the police. She would be willing to pay to have the yard trimmed and the garbage picked up, but she would not do anything that would have any effect or bearing on A.B.'s behavior. It was believed that she was extremely intimidated by A.B.

[7] What did the analysis reveal about the nature and extent of the problem?

A. B. and her mother lived together at the above stated address for a long time. A.B. is an only child. One example of an emotional outbreak that was observed was when the landscaping crew was at their property to clean up the trash. A.B. would grab a stick or another weapon and chase them off the property. This is why it became necessary for police to be present whenever clean-up was necessary. Again, when we asked for assistance from the mother she refused.

[9] Was there an open discussion with the community about the problem?

Every individual that was affected by A.B. was contacted. Most of the people in the neighborhood who knew A.B. were afraid to approach her or say anything to her in fear that she might become angry and violent. There were numerous meetings with the community to assist them in reducing their fears. We kept each other abreast about what was occurring in the neighborhood that involved A.B. Constant brainstorming and networking to find different solutions to this ongoing problem was necessary, since A.B. was being protected by her mother and on private property. Also, most of the items taken by A.B. were of little or no value.

C. Response

[1] What range of possible response alternatives were considered to deal with the problem?

Responses to this particular problem included staff from Department of Social Services, Fire Department, Police Department, States Attorney General, Baltimore County States Attorney,

Adult Protective Services, Baltimore Co. Bureau of Mental Health, Spring Grove Hospital Staff, McDonogh School, Health Department, Zoning, GBMC - ER, Northwest Hospital Staff, Glass Mental Health, Executive Offices, and neighbors in the community.

[2] What responses did you use to address the problem?

All the above agencies were involved at various stages of this investigation. It soon became obvious that A.B. and her mother C.B. were in need of various government and private institutional intervention.

After several meetings with A.B. it was decided to do an involuntary emergency petition in an effort to not only get help for her, but also her mother. Ms. C.B. was afraid of A.B. and refused to help in our investigation. Ms. C.B. reported on several occasions that she had been beaten by her daughter and refused meals after A.B.'s first committal. Ms.C.B. retired and her health quickly deteriorated. Ms. C.B. was found by Police Officers huddled in a fetal position. An ambulance was called and Ms.C.B. was transported to the hospital and then to a nursing home, where she passed away several weeks later. The response, or next step, was to criminally charge A.B. with Vulnerable Adult Abuse and Neglect. A.B. was in a State Mental Hospital at the time of her mother's death and remains there at this writing. A detainer has been placed on A.B. to keep her institutionalized for her own well being.

[3] How did you develop a response as a result of your analysis?

The response of placing criminal charges against A.B. came after collaborative agency efforts to help her. It was felt by all concerned that having criminal charges against her would be more binding and have a greater impact for A.B. As a result of this response and other efforts from the agencies listed above, a committee was formed to better communicate among agencies and to help those who are unfortunate enough to fall through the cracks.

Based on the history of this project and nothing permanent taking place, it was decided to charge A.B., after conferring with the newly formed Vulnerable Adult Assistance Network (VAAN) Committee. Also, the community was kept informed and advised at each turning point. Because of the many intricacies and problem solving measures involved in bringing this case to a closure, much was learned from this process. As a result, the VAAN committee and future cases will be more helpful to victims and investigated more efficiently and timely.

[4] What evaluation criteria were most important to the department before implementation of the alternative?

Actually, prior to VAAN, there was no identified interagency forum to respond to a problem. This is especially of concerns for at-home care givers. Because people have the undisputed right to live as they will, there is no particular set of responses. Every case is different. In nursing homes and mental institutions, there are more rules and guidelines to follow. At home care is, at best, very difficult to investigate, but with all agencies working together, the task becomes much easier.

[5] What did you intend to accomplish with your response plan?

Our short-term goal was to help A.B. With that accomplished, our long-term goal is to continue with VAAN and provide help to those in need.

[6] What sources were available to help solve the problem?

(SeeC-[1])

[7] What was done before you implemented your response plan?

Prior to our response plan, our officers would do an emergency evaluation of A.B. However, within days she was back home again and refused treatment. There never seemed to be a permanent fix. Also, while A.B. was hospitalized, the county would clean up the property, but

within weeks it would be back to its undesirable condition.

[8] Who was involved in the response to your problem?

Doctors, social workers, mental health workers, nurses, police, fire, neighbors. (All those associated with C-[1])

D. Assessment

[1] What were the results? What degree of impact did the response plan have on this problem?

The response plan as described worked extremely well. Not only has the problem been solved, but we now have a committee in place to discuss Vulnerable Adult issues and a better understanding of what other agencies both in and out of county government operate.

The result is full participation in an interagency collaborative effort to look at vulnerable adults who are involved with more than one agency. Through case consultation and working to identify gaps in service, there has been a model developed for interagency consultation and education among Baltimore County agencies. This is done through agency cooperation and collaboration. There is representation among the following Baltimore County agencies: Department of Aging, Executive Office, Fire Department, Geriatric Evaluation Services, Mental Health, Nursing Services, Police Department, Social Services, and Substance Abuse.

When appropriate, case consultations are presented at the VAAN committee meeting. After recommendations are given and presenters leave, the committee looks at the system in place and identifies gaps in services. Discussion to improve the system takes place and steps to change the system are identified and members take responsibility for tasks to begin implementation..

To encourage case presentations, Department Heads were sent a handout about the mission of VAAN and asked to identify with their staff those clients that are vulnerable, using more than one

agency's services and have not responded to previous attempts to improve their situation. In addition, the committee wanted to ensure easy access for staff. Therefore, all referral forms are sent to a "Clearinghouse". The Clearinghouse distributes the referral form which describes the situation to all VAAN committee members. If a VAAN member knows of a resource and can make a recommendation, the Clearinghouse forwards that suggestion to the referring person. If there are no easily identified recommendation suggested by the committee member after reading the referral form, the Clearinghouse sends the referring agency a date to present the case to the VAAN committee. The referring agency is encouraged to invite other agencies who are involved with this case.

The role of VAAN is to make recommendations. The committee does not take the place of supervision. The presenter is not obligated to follow the recommendations. Presenters are encouraged to provide the committee with follow up information about the outcome. (See attached handouts and referral forms)

In addition to case presentation, this interagency forum promotes interagency system problem identification. For example, Department of Social Services and Department of Aging have had difficulty with Police Department referrals for elderly citizens with varying degrees of need. It could take up to ten days for Adult Protective Services to receive a referral if it went to Department of Aging first. To ensure that Adult Protective Service gets referrals quickly, the entire process of making and sending Police Department referrals has changed. This has been made possible through interagency collaboration. By focusing on the client and the need for quick response time, Department of Aging is no longer accepting referrals directly. APS will triage referrals according to the need.

To educate Police Officers to identify a vulnerable adult, APS and Department of Aging are

attending the Police Department AM roll call. In addition, the VAAN committee is developing a one page Resource Directory that will contain a brief description of Baltimore County Agencies and the name and number of a person to contact. This will enhance problem solving efforts of Police officers to assist clients to access the help needed by the appropriate agency.

Other outcomes through interagency collaboration at VAAN's monthly meetings have been to avoid duplication of services and reduce cost to the tax payer for the increased number of services provided previously by each agency. In addition, VAAN has given each agency the opportunity to define to other members what that agency is designated to provide. This knowledge has helped decrease tension between agencies through understanding, role clarification and helping each other to have more realistic expectations. This collaborative process of meeting to discuss the client's situation with the involved agencies has led to more commitment of agencies working together collaboratively and more effectively responding to a vulnerable situation.

[2] What were your methods of evaluation and for how long was the effectiveness of the problem-solving effort evaluated?

Problem solving evaluation is ongoing with each new case. We sincerely believe the VAAN Committee will stay in place and be an extremely valuable tool for the agency.

[3] Who was involved in the evaluation?

SameasC-[1]

[4] Were there problems in implementing response plan?

No. All were very cooperative and wanted to solve the problem.

[5] If there was no improvement in the problem, were other systemic efforts considered to handle the problem?

Initial responses did not have a long lasting effect until problem solving methods were utilized and other agencies brought in.

[6] What response goals were accomplished?

VAAN was formed.

[7] How did you measure results?

By the positive outcomes from recommendations to case presenters and the knowledge we have all gained about each other. Also, changes in the system among agencies to provide services and the education and support given to Police officers, such as the Resource Directory which is being developed are strong measures of accomplishment.

[8] What data supported your conclusions?

(See Attachment)

[9] How could you have made response more effective?

One response that still needs to be addressed is identifying Vulnerable Adult situations and training our officers where to go for help. Also, the laws need to be changed to deal more specifically with Vulnerable Adults in private homes. We also as a committee, discussed our current Elderlink form which is distributed throughout the county. We were concerned about the ineffective and the untimely manner in which the information is properly distributed.

We felt it was better to disband the Elderlink Program and have all the information go directly to Protective Services who will then triage referrals to the appropriate agency to address the need. This would eliminate any wasted time and focus the correct agency to the source.

[10] Was there a concern about displacement (pushing problem somewhere else)?

No. However, in the initial stages there was a lot of frustration and misunderstanding.

[11] Will your response require continued monitoring or a continuing effort to maintain

results?

Meetings of VAAN are once a month and training of our officers will continue.

£. Agency and Officer Information

[1] At what level of the police organization was this problem-solving initiative adopted?

A few select officers were involved.

[2] Did officers or management receive any training in problem-oriented policing and/or problem solving before this project began or during its execution?

Yes, in several problem solving schools - 15 years in C.O.P.E. and Community Outreach for each officer involved (one sergeant and one officer).

[3] Were additional incentives given to police officers who engaged in problem solving?

Yes, a flexible schedule and ownership in managing the problem.

[4] What resources and guidelines were used, if any, by officers to help them manage this problem-solving initiative?

The problem solving format was used.

[5] What issues / problems were identified with the problem-oriented policing model or the problem-solving model?

The laws need to be revised concerning vulnerable adults living in private homes. Also, there was a lack of coordination among all agencies involved.

[6] What general resources (financial and/or personnel) were committed to this project, and of those resources, what went beyond the existing department budget?

N/A

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