Draft Voluntary Consensus Guidelines For State Adult Protective Services Systems
July 2015

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PREFACE

The Administration for Community Living (ACL) is providing these Draft Voluntary Consensus Guidelines for State Adult Protective Services systems to promote an effective adult protective services (APS) response across the country so that all adults, regardless of the state or jurisdiction in which they live, have similar protections and service delivery from APS systems. These draft guidelines were developed by subject

matter experts in the field of APS and abuse, neglect, and exploitation of older adults and adults with disabilities. These guidelines are informational in content and are intended to assist states in developing efficient and effective APS systems.

As these are field-developed, consensus-driven, ACL seeks and encourages public input on improving and refining these draft Voluntary Guidelines for State APS Systems. If you are interested in commenting, please submit your comments using the "Voluntary Consensus Guidelines Comment Form" on ACL's website.

ACL will receive public comments via this mechanism through November 13, 2015. Once the public comment period closes, ACL will review all the submitted comments and finalize voluntary guidelines based on the consensus of comments received. ACL anticipates releasing the Final Voluntary Consensus Guidelines ("Final Guidelines"), along with a summary of the received comments, in December 2015.

The Final Guidelines will not constitute a standard nor a regulation, will not create any new legal obligations, nor impose any mandates or requirements. They will not create nor confer any rights for, or on, any person.

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EXECUTIVE SUMMARY

The Administration for Community Living (ACL) envisions a comprehensive, multidisciplinary system that effectively supports older adults and adults with disabilities so they can exercise their right to live where they choose, with the people they choose and fully participate in their communities without threat of abuse, neglect, self-neglect, or financial exploitation.[1]

Adult Protective Services (APS) agencies are a critically important component of this comprehensive system to address abuse, neglect, self-neglect or financial exploitation of older adults and adults with disabilities. APS is a social services program provided by state and local government nationwide serving older adults and adults with disabilities who are in need of assistance because of abuse, neglect, self-neglect or financial exploitation. In all states, APS is charged with receiving and responding to reports of maltreatment and working closely with clients and a wide variety of allied professionals to maximize clients' safety and independence.

Historically, there has been no federal "home" for APS nor a designated federal appropriation for this critically important service. Instead, states and local agencies have developed a wide variety of APS practices, resulting in significant variations. For example, APS systems differ in the populations served, settings in which services are available, types of services provided, relationships with other service providers and the justice system, and timeliness of responses.

Strong federal leadership in addressing adult maltreatment must include a commitment to bolstering and assisting the APS system in responding to victims in the most effective way possible.[2] ACL believes that several building blocks are needed in order to develop an effective network of APS systems across the nation, among these are:

- A national Office of Elder Justice and Adult Protective Services housed at ACL;
- Support for effective APS practice through a National Adult Protective Services Resource Center;
- A national APS data collection system which will help inform research on appropriate interventions for older adults and people with disabilities;
- National Voluntary Consensus Guidelines for State APS systems.

ACL is uniquely qualified to spearhead these efforts because of its mission to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. In addition, ACL, through its constituent entities, the Administration on Aging and the Administration on Intellectual and Developmental Disabilities has a long history of leadership in the area of adult maltreatment, and good working relationships with the national aging, disability and adult protective services networks.

Developing National Voluntary Consensus Guidelines for State Adult Protective Services Systems

ACL is facilitating the development of field-driven, consensus-informed, national guidelines in order to provide a core set of principles and common expectations to encourage consistency in the policies and practices of APS across the country. Through the guidelines, ACL seeks to help ensure that adults are afforded similar protections and service delivery, regardless of which state or jurisdiction they are in. This consistent approach will also be beneficial to supporting interdisciplinary and interagency coordination,[3] as partners from other agen cies and disciplines better understand both APS' responsibilities and its limitations. The goals of this consistent approach are for the enhancement of partnerships and effective, efficient, and culturally competent delivery both of services to victims and responses to perpetrators. Most importantly, a consistent approach for APS systems displays the value this nation places on its older adults and adults with disabilities as contributing members of society.

ACL is engaging in the development of guidelines around seven domains for the efficient and effective practice of APS systems. These draft guidelines build upon existing work and have been developed based on the best science available on what works in APS agencies and in other analogous systems throughout the United States. The process for development of voluntary consensus guidelines for APS systems is outlined below and includes an environmental scan, convening an expert working group to draft the initial set of guidelines, and a stakeholder engagement and outreach strategy to refine and build consensus around the guidelines. Seven domains of APS practice were identified for the guidelines project:

1. Program administration
2. Time frames
3. Receiving reports of maltreatment
4. Conducting the investigation
5. Service Planning and Intervention
6. Training
7. Evaluation/Program Performance

Available research on the impact of administrative practices on outcomes at the program and individual levels related to these topics was reviewed. The review identified a few relevant studies, but not for all topics. Some quasi-experimental studies were found, but most of the studies relied on surveys of staff or states. While these studies generally are not rigorous, scientific projects, their results point in several important directions.

In addition to the research review, several other sources of information were reviewed to determine current protective services practices related to the seven domains. Those sources included:

- 2012 National Association of Adult Protective Services Association (NAPSA)/National Association of States United for Aging and Disabilities (NASUAD) Survey[4]
- National Association of Adult Protective Services Association Recommended Minimum Program Standards[5]
- Federal requirements of child protective services (CPS) agencies (See p. 56, intra).

After the environmental scan was completed, ACL convened an expert working group to review the collected information and to develop the initial set of draft guidelines. These experts were selected based on their breadth and depth of knowledge, and experience with similar efforts. The experts met regularly from February to May 2015 and drafted an initial set of guidelines.

Commencing in July 2015, ACL will launch a stakeholder engagement and outreach strategy to refine and finalize this draft set of guidelines. ACL's plans for the consensus-building process consist two phases. From July 13 to November 13, 2015, ACL will convene no fewer than 12 listening sessions with general and targeted audiences (e.g., APS administrators, representatives from the disability network, representatives from the aging network). The majority of the listening sessions will be held via conference call, but at least three will be held in person at national conferences. In addition, ACL will receive public comment via an electronic form posted on its website. Information about submitting comments and the listening sessions will be disseminated via listservs, newsletters, and social media.

From October to December, 2015, ACL will review the comments received and integrate them into a final "Voluntary Consensus Guidelines" document. This document, along with a summary of the comments received and how they were incorporated, will be posted on ACL's website. The Final "Voluntary Consensus Guidelines" will not constitute a standard nor a regulation, will not create any new legal obligations, nor impose any mandates or requirements. They will not create nor confer any rights for, or on, any person.

ACL plans to perform biennial reviews of these guidelines to incorporate additional knowledge as the APS evidence base grows. ACL continually seeks to gain insights

from demonstration projects, practice evaluations, additional research findings, stakeholders, and other sources in order to build the evidence base that will inform future versions of these guidelines.

I. BACKGROUND

I.A. PROBLEM OF ADULT MALTREATMENT*

Governments have long recognized the principle of individual dignity and rights. These basic rights are found in both national and international human rights doctrines, advocating the values of self-determination in decision-making, equal access to resources, full participation in all aspects of society, and the value of a dignified quality of life[6]. Abuse, neglect, and exploitation of older adults and of adults with disabilities violate these inherent rights.

Adult maltreatment is a significant public health and human rights problem. The most recent data available on the prevalence of adult maltreatment suggests that at least 10% of older Americans – approximately 5 million persons—experienced emotional, physical, or sexual abuse and neglect each year, and many of them experience it in multiple forms.[7] Adults with disabilities are 4 to 10 times more likely to become a victim of maltreatment than persons without disabilities.[8] In 2010, the age-adjusted, serious violent crime (e.g. rape, robbery, assault) victimization rate for persons with disabilities was three times the rate of adults without disabilities.[9]

In addition, data from state Adult Protective Services (APS) agencies show an increasing trend in reports of adult maltreatment.[10] These increases are concerning as other research estimates that as few as 1 in 23 cases of elder abuse,[11] and 1 in 44 cases of financial exploitation,[12] ever come to the attention of authorities.

Legal definitions of adult maltreatment vary from state to state, and there is no consistently used definition by researchers, nor across federal agencies. Some states and federal statutes also include the concepts of abandonment of an elder or an adult with a disability by a person who has assumed a duty to care, isolation, and self-neglect.[13] The Elder Justice Act defines the following terms[14]:

- Abuse: “the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm”;

* Throughout this document, the term “adult maltreatment” will be used, and should be understood to encompass, all types of abuse, neglect, self-neglect, and financial exploitation of older adults and of adults with disabilities.

- Exploitation: “the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongings, or assets”;

- Neglect: “(A) the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an elder; or ‘‘(B) self-neglect”;

- Self-neglect: “an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including— (A) obtaining essential food, clothing, shelter, and medical care; (B) obtaining goods and services necessary to maintain physical health, mental health, or general safety; or (C) managing one’s own financial affairs.”

There are significant and serious health consequences of experiencing adult maltreatment. Older adults who experience even modest forms have dramatically higher (300%) morbidity and mortality rates than those who have not experienced maltreatment.[15] Victims of elder abuse are four times more likely to be admitted to a nursing home[16] and three times more likely to be admitted to a hospital.[17] Older adults who are victims of violence have more health care problems than other older adults, including increased bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems.[18,19,20,2122,23] Victims of maltreatment have significantly higher levels of psychological distress and lower perceived self-efficacy than older adults who have not been victimized.[24] For older victims of sexual violence the negative health impacts of abuse are even more pronounced.[25]

As with older adults, research shows that maltreatment of adults with disabilities increases the risk and rates of depression, anxiety, and other emotional and psychological problems, in addition to increased medical problems.[26] It is important to note that many of these conditions are already prevalent in adults with disabilities, thereby making it more likely that the abuse will go unnoticed, untreated, and unaddressed.[27] In fact, for those with mental illness, exposure to interpersonal violence decreases psychosocial functioning and is correlated with more frequent hospitalizations, longer hospital stays, and more emergency room visits.[28]

Adult maltreatment takes a sizeable toll on the health and well-being of our nation’s economy, as well. It is estimated that older adults throughout the U.S. lose a minimum of $2.6 billion annually due to elder financial abuse and exploitation.[29] The actual losses are likely higher, as that estimate does not account for the resources lost by adults with disabilities age 18-64. In a 2012 report, the Agency for Healthcare Research and Quality estimated from the most recent available data that $1.9 trillion, or 16 percent of the U.S. gross domestic product, was spent on health care. Of all conditions, trauma ranked as the second most expensive in terms of total health care spending.[30]

There is a personal cost, as well, that must not be forgotten. Adult maltreatment threatens a person's independence, undermines one's dignity, and imperils physical and financial safety. Considering these factors together—the threat to human dignity and safety, higher rates of chronic conditions for victims of abuse, and higher costs of trauma associated with maltreatment —we are faced with a human rights, public health, and economic imperative to prevent abuse, neglect, and exploitation of older adults and of adults with disabilities.

I.B. RESPONDING TO MALTREATMENT: STATE ADULT PROTECTIVE SERVICES SYSTEMS

States respond to the problem of adult maltreatment with a variety of systems and programs, including law enforcement, Protection and Advocacy systems, Long-term Care Ombudsman programs, and Adult Protective Services. For most older adults and adults with disabilities who live in the community, APS will be the first to respond to reports of suspected maltreatment.

APS was recognized in federal law in 1975 under Title XX of the Social Security Act via the Social Services Block Grant (SSBG). SSBG provides states with funding to support social service programs, as well as flexibility in deciding how to spend the SSBG funding.[31] Since then, all 50 states and the District of Columbia have developed APS programs in in accordance with local needs, structures, and laws. Today, SSBG remains the only federally appropriated funding available for state APS operations.

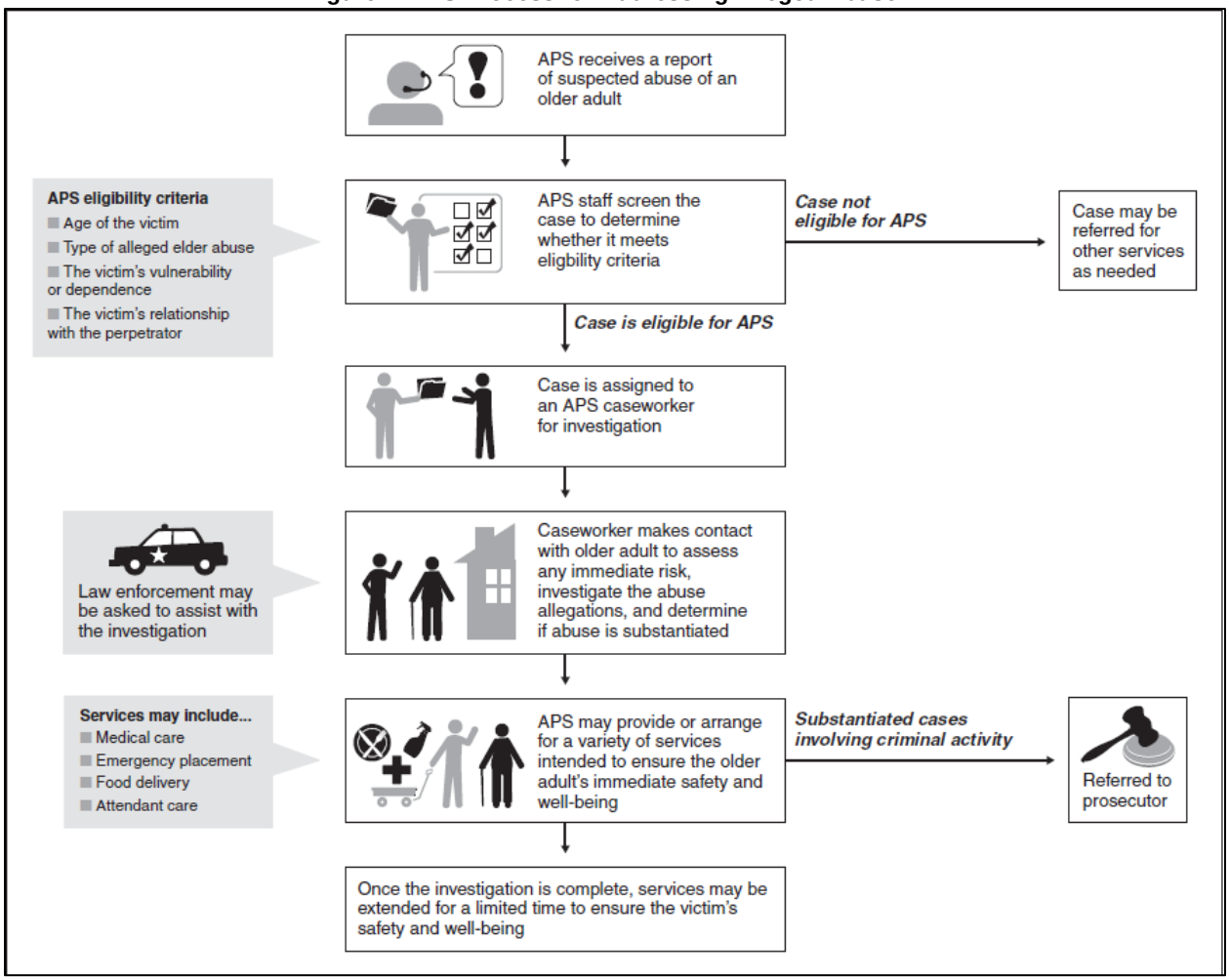
As the APS system is presently configured, APS programs are often the gateway for victims who need additional community, social, health, behavioral health, and legal services to maintain independence in the settings in which they prefer to live, as well as the avenue through which their maltreatment is reported to police or other agencies of the criminal justice system. APS receives and responds to reports of adult maltreatment, and works closely with clients and a wide variety of allied professionals to maximize safety and independence. APS programs provide a range of services to the people they serve, including:

- Receiving and investigating reports of adult maltreatment;
- Case planning, monitoring, evaluation, and other case work and services; and
- Providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.

As state-established and administered, and primarily state-funded, programs, state and local APS systems and interventions reflect the unique parameters of each state's legislation and cultural history. At the state level, APS typically resides administratively within a state's Department of Aging or Department of Human/Social Services. States and local agencies have developed a wide variety of APS practices, resulting in

significant variations. For example, state APS systems differ in the populations served, settings in which services are available, types of services provided, relationships with other service providers and the justice system, and timeliness of responses. Figure 1, below, illustrates the general process for APS in receiving and responding to reports of adult maltreatment. Each state's specific response protocol may vary from what is illustrated below. This illustration was developed by the Government Accountability Office (GAO) in 2011.[32]

Figure 1. APS Process for Addressing Alleged Abuse[33]



Because the APS system is designed and administered at the state or local level, as a national system it is fragmented and unequal, both within and across states. This uneven access especially affects services to racial and ethnic minorities, and those with limited English-speaking skills.[34] Fragmentation hinders cross-jurisdictional cooperation, information sharing, and investigation.[35] There exists a lack of standardized service provision across states and localities, contributing to the absence of critical supports for victims (e.g., reporting hotlines, shelter, and counseling) and the system at large.[36] Moreover, there are significant research and data gaps on the causes and effective, evidence-based prevention and intervention strategies for adult

maltreatment. These conditions perpetuate the absence of uniform approaches, guidance, and training across the allied industries working to prevent and address adult maltreatment, resulting in APS investigations that are difficult to conduct; complicated processes for securing needed services and supports; reduced likelihood that cases referred to the criminal justice system will be prosecuted.

I.C. FEDERAL EFFORTS TO ADDRESS ADULT MALTREATMENT

Several federal agencies have efforts to address the issue of adult maltreatment, including, various agencies/offices within the Department of Health and Human Services, Department of Justice, Consumer Financial Protection Bureau, Department of Labor, Department of the Treasury, Department of Veterans Affairs, Federal Trade Commission, Securities and Exchange Commission, Social Security Administration, and U.S. Postal Inspection Service. These activities range from prevention efforts, such as creating and distributing information alerts and bulletins and public service announcements, to training activities for various professionals, as well as research on the scope and magnitude of the phenomenon of adult maltreatment and primary, secondary, and tertiary prevention. For a summary of federal agency accomplishments in 2014 and 2015, please see the Elder Justice Coordinating Council's 2015 Report to Congress.

Although there are a number of federal efforts to understand and address adult maltreatment, no federal agency has been universally recognized as having the lead on addressing the problem of prevention, intervention, or response to adult maltreatment. Despite the lack of recognized stewardship, a number of programs within the U.S. Department of Health and Human Services' Administration for Community Living (ACL) have a long history of providing leadership in the planning and implementation of programs, activities, and research in this area. Over the years, Congress and other federal agencies have recognized the important leadership role of offices and programs within ACL in promoting comprehensive prevention, response, and advocacy systems for victims of adult maltreatment, and Congress periodically has amended legislation to reflect this role. As a result, for over 40 years the Administration on Aging and the Administration on Intellectual and Developmental Disabilities have administered a number of programs promoting, supporting, and advocating for the rights of older adults and of adults with disabilities:

- The Long-Term Care Ombudsman Program was established in 1972 to represent the rights and advocate on behalf of older residents living in nursing homes, assisted living, and other residential settings.

- The first Protection and Advocacy system was created by the Developmental Disabilities Assistance and Bill of Rights (DD) Act of 1975 to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of individuals with developmental disabilities under federal and state laws.

- In 1986, the Protection and Advocacy for Individuals with Mental Illness Program was established to protect and advocate for the rights of people with mental illness, and to investigate reports of abuse and neglect in facilities that care for individuals with mental illness.

- The National Center on Elder Abuse was created in 1988 as an information clearinghouse on abuse, neglect, and exploitation, including best practices in prevention and treatment, serving as a repository of research, and conducting demonstration projects to promote effective and coordinated responses to elder abuse, neglect, and exploitation.

- In 1992, the Title VII Elder Abuse, Neglect, and Exploitation Program was established to provide states with funding to support state and community-based elder justice networks that protect vulnerable seniors and provide them with critical information.

- The Rehabilitation Act in 1993 created the Protection and Advocacy for Individual Rights Program, essentially extending advocacy for the rights of all persons with disabilities.

- The amendments to the Developmental Disabilities Assistance and Bill of Rights Act of 2000[37] added new provisions to increase accountability, coordination, and collaboration within and across programs funded under the Act. The amendments further added new language that individuals with disabilities should be provided care that is "free of abuse, neglect, sexual and financial exploitation," free of "violations of legal and human rights", and "that subject individuals with disabilities to no greater risk of harm than others in the general population."

- The 2006 Amendments to the Older Americans Act added new responsibilities for the Assistant Secretary for Aging to serve as the effective and visible advocate throughout the federal government on all policies affecting older individuals, and to develop objectives, priorities, policies, and a long-term plan for facilitating the development, implementation, and continuous improvement of a coordinated, multidisciplinary elder justice system in the United States.

Notwithstanding the past and ongoing activities to address adult maltreatment, both within and across the federal government, historically, there has been no federal "home" for APS, nor direct, federal appropriations for this vital service. Despite the clear importance of APS operations at the state and local levels, there is no national coordination of the core services and protections that should be afforded to older adult and adults with disabilities who experience abuse, neglect, or exploitation. Presently, states and localities are responsible for setting APS program policy, with no basic guidelines that span jurisdictional boundaries.

I.D. NEW FEDERAL STEWARDSHIP FOR ADULT PROTECTIVE SERVICES: THE ADMINISTRATION FOR COMMUNITY LIVING

I.D.1. THE CALL FOR LEADERSHIP

A number of entities have highlighted the system-wide benefits of filling this leadership gap and identified that more was required. Through the enactment of the Elder Justice Act of 2009[38] Congress recognized the need for movement towards a coordinated national elder justice and APS system. The Act creates a national program of research and technical assistance to support federal, state, and local elder justice efforts, as well as a dedicated APS funding stream[39]. When fully appropriated, the Elder Justice Act will be a significant step towards greater dignity for adult victims.

From 2010-2013, the GAO conducted three studies on the topic of abuse, neglect, and exploitation. The subsequent study reports consistently recommend a coordinated, federal response to the needs of the APS system in areas such as funding, public awareness, prevention, intervention, coordination, and research.[40]

Further affirming the findings of the GAO is the Federal Elder Justice Coordinating Council (EJCC), established by the Elder Justice Act to coordinate across the federal government activities related to elder abuse, neglect, and exploitation. The EJCC marks the first time in history that all of the federal departments with a stake in elder justice have come together to identify gaps, make recommendations and coordinate activities. The EJCC met a number of times from 2012-2014 and solicited input from stakeholders ranging from individual citizens to expert practitioners and industry associations on identifying and proposing solutions to the problems surrounding elder abuse, neglect and financial exploitation.

Through this effort, the EJCC, too, concluded there is a great need for strengthening national support for APS, as well as for public awareness on adult maltreatment and greater coordination of federal elder justice efforts.[41] Consistent with the findings of the GAO referenced above, input solicited by the EJCC for increased federal involvement in addressing elder abuse, neglect, and exploitation resulted in a recommendation specific to APS:

> Recommendation 3: Develop a National Adult Protective Services System. Develop a national APS system based upon standardized data collection and a core set of service provision standards and best practices.[42]

In 2014, the Elder Justice Roadmap, a stakeholder engagement process to bring to light the most important issues for the elder justice field, identified priority action items on which the federal government- as well as others- should focus. Among the needs of highest significance was:

> Develop national APS definitions, collaborations, training requirements, data collection mechanism, training, technical assistance, and standards, including for realistic caseloads. In addition, create a national office for APS.[43]

Finally, the Adult Protective Services community itself has called for strong federal leadership in assisting the state APS systems in responding to victims in the most effective way possible. In numerous occasions testifying before Congress[44], in testimony and statements before the EJCC[45], and in peer-reviewed journals[46] the APS community has stressed the need for more federal guidance, leadership, resources, and support for state and local APS programs and for victims of adult maltreatment.

I.D.2. Setting the Vision

As previously discussed, program innovation and advancement in adult maltreatment broadly, and adult protective services specifically, often have been hindered by a lack of recognized stewardship. Coordination of APS at the national level could bolster and assist the APS system in responding to victims in the most effective way possible[47]. Implementation of national guidelines and data collection would help inform research on appropriate interventions for older adults and people with disabilities. Research into evidence-based practice would give APS administrators the tools they need to address current abuse and prevent future abuse to this specific population. Similar efforts have informed research in the child welfare arena[48]. The benefits of a national, unified approach would be demonstrated particularly in areas requiring interdisciplinary and interagency coordination[49]. National guidance would increase cooperation for better services and efficiency. Most importantly, a unified system displays the value the nation places on its elders and people with disabilities as contributing members of society.

Strong, federal stewardship that sets a clear and comprehensive vision is essential to realizing these benefits, and ACL is well-positioned and prepared to serve as the federal steward for APS. ACL envisions a multidisciplinary system that is coordinated and integrated at the federal, state, and local levels to provide support to older adults and adults with disabilities, enabling them to live with dignity in the setting of their choosing, without their quality of life being diminished by the significant, negative effects of abuse, neglect, and exploitation. Such a coordinated and integrated system will:

- *prevent* abuse, neglect, and exploitation from happening;
- provide *early identification* of those who are victimized or at risk for victimization;
- efficiently *respond* to the needs of victims; and
- hold perpetrators *accountable*.

A coordinated, systematic, and nationally guided approach to investigating and responding to adult maltreatment is a core need in a seamless response. Such an approach incorporates data collection to guide current practice and future research, evidence-based practices, and uniform system standards. ACL views a comprehensive and inclusive APS system as essential in a complete response for assuring that the rights of victims are maintained across the country.

However, a seamless system cannot be limited to one field or sector, as the response to adult maltreatment falls across multiple sectors. ACL sees a systematic response incorporating all sectors, including social services, health and behavioral services; law enforcement, legal and justice services; long term care services; and the financial and consumer industry. Responses and follow up to adult maltreatment may utilize a variety of resources from all of these areas including, social service resources and long term care planning and services to best serve victims, and the civil and criminal legal responses to hold perpetrators accountable. ACL envisions interdisciplinary cooperation and coordination across all levels to create an integrated system that incorporates trauma-informed approaches for serving older adults and adults with disabilities, that builds resiliency, and works to prevent perpetrators from abusing again.

I.D.3. Strategic Directions

ACL is engaged in a number of activities to promote and support a robust, evidence-based, and national infrastructure for adult protective services. ACL has launched a multifaceted approach to improve state APS systems and address the challenges outlined above. ACL's stewardship will provide for the development of a national APS data system and support states in improving and enhancing existing APS efforts, as demonstrated by the following:

- <u>Establish a Federal Home for Adult Protective Services</u>

In 2014, ACL created the Office of Elder Justice and Adult Protective Services (OEJAPS). This reorganization expanded upon ACL's current operations and

administration of the elder abuse prevention, legal assistance development, and pension counseling programs by officially designating this office as the home for APS in the federal government. Through this Office, ACL leads and supports the development and implementation of a comprehensive, national infrastructure for preventing, detecting, and responding to adult maltreatment. Consistent with ACL's overall mission, activities undertaken by OEJAPS will reflect a "person-centered approach;" that is, OEJAPS will promote practices and services that are based on people's strengths, assets, goals, culture, and expectations, along with their needs.

With the establishment of this Office, ACL is developing a national APS system infrastructure that will become a critical tool to improve the coordination of the prevention, intervention, and response to adult maltreatment. This national APS system is one component of ACL's vision to design a strategic framework that brings together a comprehensive and holistic system that promotes the rights of and justice for older adults and adults with disabilities.

- Implement a National Adult Protective Services Data Collection System

In September 2013, recognizing the lack of consistent national data on adult maltreatment, ACL, in partnership with the HHS Office of the Assistant Secretary for Planning and Evaluation, began a 2-year effort to design and pilot test a national reporting system based on data from APS information systems. The goal of this data collection system is to provide consistent, accurate, national data on adult maltreatment, as reported to APS in all of the U.S. jurisdictions. The future system, currently designated as the National Adult Maltreatment Reporting System (NAMRS), is designed to collect quantitative and qualitative data on the practices and policies of state adult protective services systems and the outcomes of investigations into adult maltreatment. The pilot testing and system design is targeted for completion in September 2015. ACL anticipates that the NAMRS system will be deployed by October 2016, with the first states submitting data between October – December 2016, and the first annual report on NAMRS by March 2017. Data submissions from states to NAMRS will be voluntary, but supported and encouraged by ACL. Technical assistance to states will be provided.

- Develop Guidelines for State Adult Protective Services Agencies

The heart of the mission of the adult protective services system is the protection and support of adults who are maltreated, and developing evidence-based, national guidelines for improving the adult protective services system is of paramount importance for ensuring that all adults are afforded similar protections and services, regardless of which state or jurisdiction they are in. Yet no national guidelines exist for APS, although similar efforts have informed research and practices in the child welfare arena for decades.[50] National guidelines would benefit older adults and adults with disabilities by giving APS systems the tools they need to:

- ✓ Respond consistently to victims in the most effective way possible[51]
- ✓ Foster interdisciplinary, interagency and cross-jurisdiction coordination[52]
- ✓ Address current abuse and prevent future abuse
- ✓ Afford similar protections and services to all victims and survivors of maltreatment.

II. APS VOLUNTARY CONSENSUS GUIDELINES PROJECT

To provide more uniformity to state and local systems, ACL is facilitating the development of field-generated, consensus-driven guidelines around domains for the efficient and effective practice of APS systems. National guidelines for APS should build upon work already being conducted and must be developed based on the best science available on what works in APS agencies and in other similar systems throughout the United States.

The process for supporting the development of voluntary consensus guidelines for APS systems includes an environmental scan, convening an expert working group to draft the initial set of guidelines, and a stakeholder engagement and outreach strategy to refine and build consensus around the guidelines.

II.A. ENVIRONMENTAL SCAN

II.A.1. PROJECT METHODOLOGY

ACL began by identifying an initial list of topics to explore for inclusion in a set of national APS system guidelines. These topics were drawn from analogous state programs with similar characteristics, such as child protective services and the long-term care ombudsman program, as well as those needs identified by APS systems in nationwide surveys. ACL expects that the initial set of nine topics below will grow in future versions of guidelines as more evidence becomes available.

List of topics covered in the literature and research review:

- General program administration
- Standardized, “minimum” threshold definitions of abuse, neglect, self-neglect, and financial exploitation
- Mandated reporting requirements
- Assessment and intake protocol
- Investigation and case planning response times
- Case closure protocol
- Staffing/caseload ratios
- Case worker education levels
- Case worker training

For each of the nine topics, two activities were conducted:

- The available empirical research was reviewed related to the impact of current regulations, guidelines and practices on outcomes at the program and individual levels.

- Documents that inform current practice in the field of Adult Protective Services and other analogous fields were also reviewed. These included: 1) the 2012

survey of state APS system conducted by the National Adult Protective Services Association and the National Association of States United for Aging and Disabilities survey, 2) the NAPSA Minimum Recommended Program Standards for APS systems, and 3) laws and regulations governing children's protective services practices.

The information obtained from these steps was synthesized to create an evidence base that informed the initial draft for national guidelines for state APS systems.

II.A.2. Literature Review

II.A.2.a. Review and Synthesis of Research

The literature from 2004 through March, 2014 related to the administration of APS systems and systems for all adults served in this system was reviewed. In addition, the literature in similar systems - child protective services, long-term care ombudsman programs, and supportive services for older adults - was reviewed.

ACL staff worked with staff from the Department of Justice and its librarians to identify a list of research questions related to administrative practices. The National Criminal Justice Reference Service Library Services (NCJRS) at the Department of Justice conducted a search of twelve databases for articles appearing in 2004 through March, 2014. The databases were Applied Social Sciences Index and Abstracts (ASSIA), ERIC, National Criminal Justice Reference Service (NCJRS) Abstracts Database, PILOTS: Published International Literature on Traumatic Stress, Social Services Abstracts, Sociological Abstracts, EBSCOhost Academic Search Complete, EBSCOhost MEDLINE Complete, Google Scholar, Sage Publications Database, Dissertations Abstracts, Lexis-Nexis U.S. Law Reviews and Journals. NCJRS conducted a keyword search of the databases including search terms such as abuse, fraud, exploitation, maltreatment, adult protective service, elder, disabled, and outcomes.

The search resulted in 219 abstracts: 107 in adult protective services and elder abuse, 29 from the Long-Term care ombudsman program, 20 from the literature on supportive services for older adults in the community, and 63 related to child protective services. We reviewed the abstract of each article to determine whether it contained research related to the questions. This process yielded 31 articles - 14 in adult protective services and elder abuse, six from Long-Term care ombudsman programs, two on supportive services for older adults in the community, and nine from child protective services.

The 31 articles were reviewed, and were included in the literature review only if they contained quantitative data analysis or involved a systematic literature review. Using these basic criteria, eight articles from the APS literature, two from the Long-Term Care Ombudsman program, and six from child protective services were included. The 17 articles that remained were then summarized. These summaries provide the basis for

the information in the research results. The articles' summaries are available on request from ACL. Please see Appendix 1 for the articles' citations and brief summaries of their findings.

II.A.2.b. RESEARCH RESULTS

From the available literature, the evidence base includes a few quasi-experimental studies. However, most of the studies rely on surveys of staff or states. These studies generally are not rigorous scientific projects and they shed little light on most of the research questions that were around APS administrative practice. However, the studies offer valuable insights into training, team structure, police and forensic involvement, resources and reporting requirements. The text below reports only results that are statistically significant. These results are also shown in Appendix 1.

More educational preparation and longer training could lead to more staff effectiveness. Studies measured effectiveness using several types of indicators – investigation and substantiation of allegations and staff's self-perceived effectiveness. The studies conclude that training improves staff knowledge, confidence and self-perceived skills, as well as increases their rates of investigation and substantiation of abuse reports.[53]

Results of studies of team composition were mixed. In two studies, having a social work background affected performance in different ways. One study indicates that asking one staff person to investigate both child and adult abuse cases lowers staff effectiveness.[54] Comprehensive evaluation of supervisors can improve their effectiveness with the staff who report to them.[55]

Involvement of police and forensic centers can improve investigative work and increase substantiation of abuse allegations.[56] Standardized forms and checklists can increase investigations and documentation of incidents.[57] Oddly, additional programmatic resources did not always lead to more staff effectiveness.[58] The mixed results are likely due to differences among the states' systems.

While these results indicate future directions for improving Adult Protective Services systems, many questions about how to improve administrative effectiveness remain. Future research and, perhaps, more importantly, rigorous evaluation can help drive the field forward in terms of preventing and addressing adult maltreatment.

II.A.3. COMPARATIVE PROTECTIVE SERVICES SYSTEMS

II.A.3.a. REVIEW OF CURRENT PROTECTIVE SERVICES PRACTICES

In addition to the research, ACL sought to understand current protective services practices, as well as current thinking on protective services system standards across various fields. Several sources were reviewed. Appendices 2 and 3 include charts cataloguing the information reviewed, as identified below:

- APS Survey of States 2012 (APS Survey): ACL reviewed the survey "Adult Protective Services in 2012: Increasingly Vulnerable[59]" to determine what practices states have in place regarding each of the nine research topics. A chart was developed that catalogued the data found.

- National Adult Protective Services Association (NAPSA) Recommended Minimum Program Standards (NAPSA Minimum Standards)[60]: The NAPSA Standards were reviewed to identify which of ACL's research topics were also components of the standards. This information was included in the comparison chart.

- Catalogue of Federal Involvement in Child Welfare:[61] Existing federal law, regulations, and guidelines for child welfare in the nine identified research topics was catalogued and included in the comparison chart. This information was included to demonstrate in what areas, and to what extent, the federal government has provided guidelines to states related to protective services.

II.A.3.b. CURRENT PROTECTIVE SERVICES PRACTICES RESULTS

Below appears a brief summary of the available findings from the review of current practices:

- Definitions of Maltreatment

State laws define abuse differently, including who is eligible for APS services, etc. The federal government establishes a definition of what constitutes child abuse and who is eligible for services under various child welfare provisions.

- Mandatory Reporting

Forty-nine states have mandatory reporting of suspected elder abuse for some professionals, with 37 states reporting that their APS system investigates abuse for people aged 18+ years. State laws regarding who is a mandated reporter vary widely, with 15 states indicating that all persons are required to report. Federal guidelines governing child protective services addresses mandatory reporting and the professionals that should do so.[62]

- Assessment

Thirty-one states responded that they conduct some type of risk assessment, though the tools described generally addressed the assessment of cognitive impairment, rather than risk of maltreatment. NAPSA Minimum Standards recommend that APS systems have a systematic approach to completing a needs/risk assessment. Federal requirements of CPS are that systems have a differential response to various types of allegations in their screening and assessment procedures.

- Intake

The APS Survey revealed that 26 states have a centralized intake for APS reports, 41 states have a toll free number to report maltreatment, and 38 accept reports 24 hours a day. NAPSA Minimum Standards say that systems should have a systematic means of receiving and screening abuse maltreatment reports.

- Investigation and Case Planning

The APS Survey shows that 21 states respond to cases 24 hours a day and 42 states say that they tie investigation response time frames to the type of allegation. Only eight states responded that they do not have timeframes for closure of investigations. Of those that do, the range was from 30 to 90 days. Eighteen states responded that they do not have regular contact with the client. Of those states that require regular contact, the most frequent interval reported was monthly. Services provided to the client vary greatly based on client needs and APS resources. The most commonly provided services are 1) advocacy with other systems, 2) in-home services, and 3) developing a case plan. NAPSA Minimum Standards suggest systematic examination of all aspects of reported maltreatment to determine the appropriate response. The standards list key aspects of this examination and response. Federal CPS standards address minimum frequencies for visits, and establish maximum time limits on home visit reports and identification of differential responses for screening and assessment related to the types of cases reported.

- Case Closure

Twenty states do not have time limits for case closures. The NAPSA Minimum Standards address this topic and list commonly accepted reasons for closing cases. Federal CPS requirements have minimum timeframes for case closure and guidelines for processing case closure.

- Staffing Ratios

The APS Survey indicates that APS worker caseload varied from 0-25 per worker (13 states) to 100+ per worker (4 states). In the majority of states (21) the caseload per worker was 26-50. The ratio of supervisor to investigators varied from 1:1 to 1:14. NAPSA Minimum Standards and federal CPS requirements recommend that states establish ratios, but do not say what those ratios should be.

- Caseworker Education

The literature review indicates that higher education requirements for workers lead to higher substantiation of allegations. Requiring a social work education background led to higher investigation and substantiation rates.[63] Investigation rates were significantly higher when the state required that staff have a social work degree, but substantiation ratios were significantly lower in these same states.[64] The APS Survey shows that at least 35 states report that supervisors and caseworkers must have a college degree. NAPSA Minimum Standards say only that staff should be qualified by training and experience to do their jobs. Federal CPS requirements say that states must establish minimum qualifications for staff.

- Caseworker Training

The literature indicates that training can increase a worker's knowledge, self-confidence, and lessen stress. Longer training systems led to higher substantiation rates and increased detection of child abuse. The APS Survey showed that 18 states required less than one week of training, ten states -one week or more, and four states - no training. All but nine states required training for supervisors. NAPSA Minimum Standards identify core activities critical to the mission of APS, recommend that staff training address related activities, and provide information about a curriculum that covers them. Federal CPS requirements govern types of training that CPS workers should have.

- Quality Assurance

The APS Survey shows that over 70 percent of states have case review systems and in three-quarters of those states, every case is reviewed, mostly by a supervisor or administrator. More than one-quarter of states report no quality assurance. NAPSA Minimum Standards recommend a standard case review system. Federal requirements of CPS relate to outcomes measures and the federal government provides resources on these and other topics.

As expected, a great deal of variation was found in adult protective service practices across the states. Most notably, caseload to worker ratios ranged from less than 25 per worker to over 100. There also were wide variations in required contact between workers and clients. Due to APS being a primarily state-administered program, it also was not surprising to find that the NAPSA Minimum Standards set very broad guidelines for practice, in contrast to the specific standards for CPS systems set by the federal government.

II.A.4. Environmental Scan Conclusion

Adult Protective Services practices vary a great deal across the United States and no federal guidelines for practice currently exist. Information is available for most of nine domains of practice that were reviewed, and it can inform the discussion of the content of national system guidelines. However, the evidence base is very rudimentary and limited in scope. While the evidence indicates future directions for improving adult protective services systems, many questions remain about how to improve administrative practices. Future research and, perhaps, more importantly, rigorous evaluation can help drive the field forward in terms of protecting adults against maltreatment.

II.B. Development of Draft Consensus Guidelines for State APS Systems

II.B.1. Expert Working Group

After the completion of the environmental scan, ACL convened an expert working group to review the collected information and to develop the initial set of draft guidelines. These experts were selected based on their breadth and depth of knowledge, experience in the field, and experience with similar efforts. The experts met regularly

from February to May 2015 and drafted an initial set of guidelines set forth below. With the input of the expert working group, ACL created a list of seven domains on which to provide guidance. See Table 1, below.

Table 1. Summary List of Domains and Elements

1. Program Administration
    - 1a. Ethical Foundation Of Aps Practice
    - 1b. Definitions Of Maltreatment
    - 1c. Population Served
    - 1d. Mandatory Reporters
    - 1e. Coordination With Other Entities
    - 1f. Program Authority, Cooperation, Confidentiality And Immunity
    - 1g. Protecting Program Integrity
    - 1h. Staffing Resources
    - 1i. Access To Expert Resources
    - 1j. Case Review-Supervisory Process

2. Time Frames
    - 2a. Responding To The Report
    - 2b. Completing The Investigation
    - 2c. Closing The Case

3. Receiving Reports Of Maltreatment
    - 3a. Intake
    - 3b. Screening, Triaging, And Assignment Of Screened In Reports

4. Conducting The Investigation
    - 4a. Determining If Maltreatment Has Occurred
    - 4b. Conducting A Psycho-Social Assessment
    - 4c. Investigations In Congregate Care Settings
    - 4d. Completion Of Investigation And Substantiation Decision

5. Service Planning And Intervention
    - 5a. Voluntary Intervention
    - 5b. Involuntary Intervention
    - 5c. Closing The Case

6. Training
    - 6a. Case Worker And Supervisor Minimum Educational Requirements
    - 6b. Case Worker Initial And Ongoing Training
    - 6c. Supervisor Initial And Ongoing Training

7. Evaluation/Program Performance

II.B.2. DRAFT CONSENSUS GUIDELINES FOR STATE APS SYSTEMS

Following is the full set of draft national consensus guidelines for state APS systems. For each of the seven domains, the expert working group created elements that relate to the overarching domain. A background section outlining the information which informed the development of each of the guidelines precedes each element. The domains and elements are outlined below, followed by a detailed description of each.

1. Program Administration

1a. Ethical Foundation of APS Practice

Background:
A code of ethics provides a conceptual framework and guidance that workers can use when they are challenged by conflicting ethical duties and obligations. Most professions have developed their own codes of ethics, including social work[65] and Adult Protective Services.[66] APS practice is rife with situations that require workers to navigate complicated ethical situations. Key concepts in the ethical foundation for APS practice include, but are not limited to:

- Least restrictive alternative:

Least restrictive alternative means a setting, a program, or a course of action that puts as few limits as possible on a person's rights and individual freedoms while, at the same time, meeting the person's care and support needs;

- Person-centered service:

Person-centered service refers to an orientation to the delivery of services that consider an adult's needs, goals, preferences, cultural traditions, family situation, and values. Services and supports are delivered from the perspective of the individual receiving the care, and, when appropriate, his or her family;

- Trauma-informed approach:

A trauma-informed approach 1) realizes the widespread impact of trauma and understands potential paths for recovery; 2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) seeks to actively resist re-traumatization. A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing. Trauma-specific intervention programs generally recognize the following: 1) the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery; 2) the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety; 3) the need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.[67]

- Supported decision-making:

Supported decision-making starts with the assumption that people with intellectual and developmental disabilities and older adults with cognitive impairment should retain choice and control over all the decisions in their lives. It is not a program. Rather, it is a process of working with the person to identify where help is needed and devising an approach for providing that help.

Guidelines:

It is recommended that APS systems establish and adopt a set of ethical principles and codify these in their policies and program manuals. It is recommended that APS systems require all employees to sign a Code of Ethics that includes, at a minimum, those key concepts described above. The system Code of Ethics would be signed at the time of employment with APS. In addition, it is recommended that training on ethics be covered during pre-service training and ongoing staff education.

1b. Definitions of Maltreatment

Background:

The APS Survey reveals the vast majority of APS systems respond to reports of physical, emotional, and sexual abuse; financial exploitation; neglect; and self-neglect. Although states may use other terms to define the different categories of maltreatment, these six types are reflected in the Older Americans Act.68

Guideline:

It is recommended that APS systems define and respond to, at a minimum, reports of the following categories of maltreatment: physical, emotional, and sexual abuse; financial exploitation; neglect; and self-neglect.

1c. Population Served

Background:

The APS Survey reveals the vast majority of APS systems serve adults (18+ years) who are the subject of an APS report and who also meet the state's eligibility criteria for being vulnerable or at risk (terms and definitions vary from state to state). Most elders and people with disabilities successfully manage their own lives and are capable of providing for their own care without assistance. They are not automatically defined as "vulnerable adults" simply because of age or disability. Many states also serve the older adult population (either 60 or 65 years) without requiring an additional finding of vulnerability. The population served by APS may reside in the community or in institutions depending on state statute or policy.

Guideline:

It is recommended that APS systems develop criteria for determining eligibility of adults (18+ years) who are the alleged victims of maltreatment for their services and then

serve those adults. The terms client, victim and survivor are used interchangeably within this document.

1d. Mandatory Reporters

Background:
According to the APS Survey, forty-nine states currently have mandatory reporting statutes. Some states require all citizens to report suspected vulnerable adult maltreatment, however, most identify professionals required by law to report, typically including: health and mental health, law enforcement, social service, disabilities and aging services professionals, financial institutions and those serving in a fiduciary capacity.

Guidelines:
It is recommended that states require mandatory reporting of known and suspected vulnerable adult maltreatment by certain professionals. Clear guidelines and mechanisms for making reports from both mandatory and non-mandatory reporters should be established. Exemptions to mandatory reporting requirements should be consistent with professional ethical principles.

1e. Coordination with other entities

Background:
According to the NAPSA Minimum Standards, APS systems should:

> "…work with other agencies and community partners, including but not limited to, courts and law enforcement agencies, mental and physical health providers, domestic violence and sexual assault programs, aging and disability networks, substance abuse service providers, and tribal entities, including tribal services and tribal or Bureau of Indian Affairs law enforcement.
>
> The goal of these intentional and specific collaborations is to provide comprehensive services to alleged victims by building on the strengths, and compensating for the weaknesses, of the service delivery system available in the community, and by avoiding working at cross-purposes."

Formal multidisciplinary teams have been shown to increase effectiveness, satisfaction of workers and rates of prosecution. Navarro[69] studied the involvement of an elder abuse forensic center in financial exploitation cases. The team compared cases that involved the center with those engaged in usual practice. The center's cases were more often submitted to the District Attorney, more often resulted in filing of charges, and increased the odds of establishing a perpetrator's guilt. Wiglesworth[70] studied the impact of an elder abuse forensic center on collaboration of staff from multiple agencies in Orange County, California. Using surveys of agency staff, the team found staff

believed they were more efficient and effective when they collaborated with the forensic center.

The NAPSA Survey revealed that most APS systems participate in multidisciplinary teams. About 50% of the states that do so have formal agreements to facilitate interagency cooperation.

Guidelines:
To improve communities' response to vulnerable adult maltreatment, it is recommended that APS systems create policies and protocols to promote their collaboration with other entities, as needed, during investigations and interventions to benefit clients. It is further recommended that states establish policies and protocols to facilitate APS participation in formal interdisciplinary adult maltreatment teams, while protecting client confidentiality and other rights.

1f. Program Authority, Cooperation, Confidentiality and Immunity

Background:
APS systems regularly deal with legal issues such as its authority, confidentiality of its records, and immunity of its workers. APS systems require the services of legal counsel to provide guidance on these issues. The APS Survey shows that many APS systems receive legal counsel from their county or state's attorney, though some have attorneys on staff.

Guidelines:
It is recommended that APS systems are provided with access to legal counsel with expertise in the legal issues the APS system may face. In addition, it is recommended that states provide APS systems with the following authority:

a) Access to victims: Delineate the APS system's authority to access alleged victims of maltreatment and its authority to prevent another's interference in an APS case. That access includes the authority to conduct a private face-to-face interview with the alleged victim;

b) Access to information: Delineate the APS system's authority to access certain documents from individuals or institutions for the purposes of investigating alleged maltreatment. This access includes the power of APS to subpoena records necessary to the investigation of the alleged maltreatment;

c) Cross-jurisdictional and inter-disciplinary cooperation: Delineate the APS system's authority to work with other jurisdictions (e.g., counties, states, territories) or other disciplines (e.g., law enforcement, medicine, Long-Term Care Ombudsman) to investigate alleged maltreatment or to serve victims of maltreatment;

d) Immunity: Create legal protections from prosecution for APS workers who are acting in good faith and within the scope of their employment;

e) Confidentiality: Delineate the confidentiality of APS records and exceptions to confidentiality, including what shall be the APS system's response to subpoenas seeking those records.

1g. Protecting Program Integrity

Background:
Policies related to program integrity help insure compliance with laws and regulations, increase accountability within APS systems, and foster the public's trust in the program's actions.

Guidelines:
It is recommended that APS systems create and implement policies to ensure that the program is held to high standards of integrity. Policies are needed to address:

a) Conflicts of interest: create a process for handling investigations when APS staff or contractors of the program are the alleged perpetrators;

b) Receiving and handling complaints: create a process for addressing complaints made about case findings or actions of APS employees;

c) Screening APS Personnel: create a process for screening potential APS employees;

d) Consistency of practice: establish policy and standards regarding the process of handling a case from the point of intake through case closure. This should include caseworker as well as supervisory responsibilities (for example, receiving, screening, and triaging of maltreatment reports; investigation procedures to be implemented; determining the validity of reports; definitions of findings; providing services to maltreated adults; and casework supervision provided) with the goal of consistent casework practice within the program.

1h. Staffing Resources

Background:
The APS Survey indicates that APS worker caseloads vary from 0-25 per worker (13 states) to 100+ per worker (4 states). In the majority of states (21) the caseload per worker was 26-50. The ratio of supervisor to investigators varied from 1:1 to 1:14. NAPSA Minimum Standards and federal child welfare guidelines recommend that states establish ratios, but do not specify those ratios.

Research shows that investigators who handle reports of alleged abuse of children and adults had lower investigation and substantiation rates than those who handled one or the other type of abuse report.[71]

The Child Welfare System has dealt with the issue of staffing for decades and lessons from that system may inform the creation of caseload studies for APS. For example, in a nationwide survey, state Child Welfare System administrators identified reducing caseloads, workloads, and supervisory ratios as the most important action for child welfare agencies to take to retain qualified frontline staff.[72] Research in child welfare also points to supportive supervision as a critical factor in reducing turnover.[73]

Guidelines:
It is recommended that APS systems be provided with sufficient resources to ensure that staffing is adequate to serve the target population and fulfill mandates. To reach that goal, it is recommended that APS systems conduct caseload studies to determine and implement manageable ratios. In determining ratios, APS systems are encouraged to consider the following:

a) Ratio of supervisor to direct APS service personnel.
   - Consider the important role of the supervisor in reviewing cases during critical supervisory junctures;
   - Consider the differences in the amount of time needed to supervise complex cases;
   - Consider the role of supervisor as trainer, especially for new case workers;
   - Consider the role of supervisor as mentor and advisor to case workers.

b) Ratio of APS worker to cases.
   - Consider historical trends and experience regarding the types and complexities of cases in the state;
   - Consider differences in geographical areas;
   - Consider differences in time required to manage cases at various phases in the casework process (e.g., ongoing casework versus investigation)
   - Consider differences in complexity of allegations (e.g., complicated financial transactions);
   - Consider that research shows that when caseworkers are responsible for handling both adult and child protective cases, client outcomes suffer.

1i. Access to Expert Resources

Background:
Often it is helpful or necessary to consult with content or clinical experts when handling APS cases. Nearly every state APS system reported in the APS Survey that they had some access to legal consultation. Over half of the states reported that they have access to physicians while over 60 percent indicated that they had access to mental

health professionals as well as nurses and physician assistants. While financial exploitation is one of the top areas in APS, access to forensic specialists and accountants were not available in over 60 percent of the states. Several states indicated that they also could consult with law enforcement, faith based groups, the attorney general‘s office, and domestic violence agencies.

Guideline:
It is recommended that APS systems dedicate sufficient resources and develop systems and protocols to allow for expert consultation from outside professionals in the fields identified as most needed by APS workers, including, but not limited to, civil and criminal law, medical, forensic experts, mental/behavioral health services, financial experts/CPAs, and domestic violence/sexual assault experts.

1j. Case Review-Supervisory Process

Background:
The APS Supervisor provides both clinical and administrative oversight, approves key casework decisions, and guides the caseworker in overall case planning and management.

The survey of state APS systems revealed that over 70 percent of states have case review systems and about 75 percent of those states review every case. Cases are mostly reviewed by a supervisor and/or an administrator. Five states had specialized quality control staff to review cases and over a quarter reported that their cases were not reviewed. The NAPSA Minimum Standards suggest that “A case review process is standardized and consistently applied”. A January 2015 Technical Assistance Brief from the National APS Resource Center[74] recommends that “Essential supervision throughout the investigation should be spelled out in the form of ‘required supervisory junctures’ or specific decision-making points at which investigators must receive and document the guidance and approval of their supervisors for key decisions.”

Guidelines:
It is recommended that APS systems create policies and protocols for supervisory consultation at critical case junctures (i.e., decisions which are likely to have significant impact on the welfare of the client). These include, but are not limited to:

a) Intake and case assignment
b) Investigation planning
c) Determining the investigation findings
d) Service provision planning
e) If legal action is being considered
f) At case closure

2. Time Frames

2a. Responding to the Report

Background:
According to the APS Survey, most APS systems triage reports into either emergency or non-emergency situations and have time frames for responding in either a few hours or a few days as deemed appropriate. In over 35 percent of the states, staff must initiate an investigation within the first 24 hours; but in 45 percent of the states, it must be initiated in a shorter time period than the first 24 hours.

Guidelines:
It is recommended that APS systems develop and implement a consistent protocol for responding to the report of maltreatment/initiating the APS investigation. This protocol includes the assessment of the immediacy of the danger to the client, the potential severity of the danger, and applies worker judgment and critical thinking skills. Response to the initial report of maltreatment may be in person or by telephone depending on the risk assessed.

It is recommended that APS systems have at least two levels of response: 1) an immediate response for imminent and severe risk and 2) a less immediate response for less imminent and less severe risk. An immediate response is one that occurs within the first 24 hours after receiving the report, or sooner depending on the protocol. A less immediate response may occur between 1 to 10 days after the report is received. When a less immediate response is selected, a face-to-face visit with the alleged victim is considered best practice.

2b. Completing the Investigation

Background:
The timeframe in which APS systems must complete the investigation varies greatly. The NAPSA Survey reveals that thirty-one percent of programs must complete the investigation within 30 days. Forty-two percent of states allow the investigation to be completed in more than 30 days. Eight states have no timeline for completing the investigation.

In the Child Welfare System, the Council on Accreditation and the Child Welfare League of America suggest that investigations should be completed within 30 days.[75]

Guidelines:
It is recommended that APS systems create policy for determining the timeframe for completion of investigations. It is suggested that this policy:

a) Provide structure for the worker related to caseload and time management;
b) Encourage consistent practice;
c) Keep cases progressing through the system;
d) Allow for extensions by administrative personnel in complex cases requiring them.

2c. Closing the Case

Background:
APS systems are designed to provide emergency and short-term response to urgent situations. The length of time that cases remain open varies. According to the APS Survey, as of 2012, 40% of programs reported no specific timeframe for closing cases, eight required closure within 90 days. Others allowed cases to remain open longer. In the states that had timelines, there were provisions for extensions when required.

Guidelines:
It is recommended that APS systems establish case closure criteria and the frequency with which open cases should be reviewed. A procedure for closing cases is also recommended. The criteria for case closure may include:

a) The service plan is completed;
b) The client's situation is stabilized;
c) The protective plan is working;
d) Safety risks have been reduced or removed;
e) A client having capacity to consent refuses continued services.

3. Receiving Reports of Maltreatment

3a. Intake

Background:
The intake process be must easy and fully accessible to those needing to make a report and must include collection of essential data to facilitate an appropriate, timely, and helpful response to the alleged victim. The APS Survey revealed that 75 percent of states had intake lines for reporting alleged maltreatment 24-hours a day, 68 percent of which were staffed. Other 24-hour intake lines used contracted call centers, a message service, or online services during non-business hours. In states without a 24-hour intake line, callers were urged to contact law enforcement to report abuse.

The Council on Accreditation recommends that child abuse report intake be available 24-hours a day. The majority of Child Welfare Systems addressed this recommendation in policy and met this guideline as of 2003.[76]

Guidelines:
It is recommended that APS systems have a systematic method, means, and ability to promptly receive reports of alleged maltreatment. It is recommended that APS systems establish multiple methods for receiving reports of alleged maltreatment 24 hours a day, seven days a week (e.g., toll-free telephone hotline, TTY, fax, web-based). Reporting mechanisms need to be easily accessible and free to the reporter. Best practice is to have an APS staff person on duty to receive and respond to reports.

APS systems are encouraged to have:

a) A hotline or other service that directly receives reports 24-hours a day, 7 days a week. The hotline or other service must be fully accessible for adults with disabilities (e.g., TTY) and it is recommended that programs utilize translation services for victims with limited or no English proficiency;
b) A system for APS to be notified of all reports taken;
c) The capacity to respond to emergencies with trained APS personnel;
d) Protection of the reporter's identity, unless otherwise ordered by a court;
e) An explanation to the reporter of the role of Adult Protective Services;
f) A standardized process for creating and clearly documenting the content of the call;
g) A systematic procedure for eliciting and documenting information about the alleged victim and his or her circumstance, the alleged perpetrator, and alleged type of maltreatment. Information about safety risks that may be encountered by an APS worker in responding to this report should also be obtained.

3b. Screening, Triaging, and Assignment of Screened In Reports

Background:
Screening is a process of carefully reviewing the intake information to determine if the report should be screened in for investigation, screened out, or referred to a service or program other than APS. Risk factors are identified to determine the urgency for commencing investigation of screened reports. Nearly all states reported triaging reports screened in for investigation and having required timeframes for APS response associated with identified risk levels.

The NAPSA Minimum Standards suggest that APS systems have:
a) A process to promptly screen and investigate reports;
b) A review of safety and risk factors using a consistently-applied screening tool;
c) Agency decision-making criteria to review and assign cases, report to other authorities and initiate court action when required;
d) A process by which reports are reviewed and assigned for investigation, referred to other providers, or screened out as soon as possible, but no later than 24 hours after receipt.

Guidelines:
It is recommended that APS systems develop standardized screening, triaging and case assignment protocols that include, at a minimum, those outlined in the background section, above.

4. Conducting the Investigation

4a. Determining If Maltreatment Has Occurred

Background:

APS's response to a report of maltreatment is complicated and involves numerous inter-related tasks that happen concurrently. For the purposes of providing guidance, in this document we have separated the process of gathering information relevant to determining if the abuse occurred (determining a finding) and the process of gathering information as part of a psycho-social assessment. This section focuses on the process undertaken by APS systems to determine if maltreatment has or has not occurred.

Information is gathered to determine if maltreatment has occurred through interviews with the client, alleged perpetrator, other involved parties, and review of relevant documents and records. Evidence typically gathered during investigation includes:

a) Client statements;
b) Direct observations;
c) Physical evidence, e.g., injuries, cluttered home, no utility service;
d) Corroborating evidence, e.g., witness statements, physician records, documents;
e) Circumstantial evidence;
f) Unobserved/third-party suspicions;
g) History.

Some programs use a structured decision-making tool to standardize the collection of information and guide the investigator in evaluating collected evidence. However, standardized tools should not preclude staff from approaching clients creatively and exploring ways to reduce the risk of harms the client faces and engaging clients who say they do not want services.

<u>Guidelines:</u>
It is recommended that APS systems establish standardized practices to collect and analyze information when determining whether or not maltreatment has occurred. The following elements, at a minimum, should be considered for inclusion:

a) The initial interview with the client should be unannounced and private unless the determination is made that this would increase safety risk to the APS worker or the client;

b) While acceptance of APS services is voluntary, the investigation of maltreatment is not;

c) All of the types of maltreatment alleged in the report must be investigated;

d) Indicators of any type of maltreatment, whether alleged in the report or not, should be noted;

e) Other vulnerable adults that are affected by the alleged maltreatment or appear to be victims of possible maltreatment should be identified and assisted;

f) Law enforcement should be notified if there is cause to believe that the alleged victim has been maltreated by another person in a manner that constitutes a crime;

g) If the client is in crisis, at imminent risk of harm, and/or has emergency needs, these are attended to immediately;

h) The worker is trained and competent to investigate the particular set of circumstances described in the report (e.g., has received training on working with nonverbal clients, with clients with intellectual disabilities, with clients with mental health issues, with residents of institutions, or with minority populations).

4b. Conducting a Psycho-Social Assessment

Background:
APS is primarily a social services program and the psycho-social assessment is key in collecting information about the client's overall situation. The purpose of the assessment is to determine the services or actions needed for the client to be safe and remain as independent as possible. The NAPSA Minimum Standards state that:

> "APS programs have in place a systematic screening method, means, and ability to conduct and complete a needs/risk assessment including clients' strengths and weaknesses. This assessment needs to include criticality or safety of the client in all the significant domains listed below. Please note: unless specifically qualified or authorized by state law, an APS worker does not carry out clinical health or capacity assessments, but rather screens for indications of impairment and refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer thorough evaluations."

The NAPSA Minimum Standards list the following domains for inclusion in the psycho-social assessment:

1. Health and Functional Ability
   a. Physical health - Determine emergency medical needs
   b. The client's ability to perform ADL's & IADL's (daily tasks to meet his or her own needs)

2. Mental Health Status and Capacity
   a. Mental - Determine if need for emergency mental health treatment
   b. Emotional status
   c. Decision-making capacity and ability to direct his or her own care

3. Social Interaction and Support
   a. Support system (formal and informal)
   b. Care - Determine client's need for care

   c. Behavioral issues
   d. Interpersonal dynamics

4. Environmental Conditions
   a. Health hazards
   b. Safety hazards

5. Financial Means and Capacity
   a. Capacity to manage finances
   b. Appropriate use of finances
   c. Determine immediate need to preserve assets

The Standards also indicate that assessing the alleged perpetrator and/or caregiver is critical to ascertaining the risk to the safety and independence of a vulnerable adult victim.

Guidelines:
It is recommended that APS systems create and apply systematic assessment methods to conduct and complete a needs/risk assessment including clients' strengths and weaknesses. It is further recommended that alleged perpetrators be assessed to determine if they pose danger to the victim. It is recommended that, at a minimum, assessments related to the five domains listed above be included.

4c. Investigations in Congregate Care Settings

Background:
Some APS systems handle only alleged and confirmed maltreatment cases that occur in community settings while others also handle cases that occur in congregate care settings (i.e., facilities or institutions). APS systems responsible for investigating and intervening in cases of maltreatment in congregate care settings carry the burden of insuring that their staff are trained, and receive supervision and consultation, on the specific issues that can arise in these cases. These issues include clinical, forensic, and legal considerations, such as the possibility that multiple residents have been harmed when an abusive employee, resident, or visitor has had access to vulnerable residents. Special skills and approaches are often required in congregate care cases, including exercising caution to avoid escalating danger to those involved.[77]

Whether the APS system investigates reports of maltreatment in congregate care settings, it is critically important that APS systems coordinate with agencies such as the Long-Term Care Ombudsman and state licensing and regulatory bodies that also play a role in safeguarding the health and welfare of their residents. Memoranda of Understanding and other formal documents can help to facilitate local and state-level coordination.

Guideline:

It is recommended that APS systems responsible for responding to alleged and confirmed maltreatment of vulnerable adults residing in congregate care settings provide training, supervision, and consultation to their staff on the special and complex issues that can be involved in those abuse cases.

It is also recommended that APS systems, whether or not they investigate allegations of maltreatment in congregate care settings, develop with the other entities that also play a role in safeguarding the health and welfare of these residents, formal agreements and protocols in order to facilitate local and state-level coordination.

4d. Completion of Investigation and Substantiation Decision

Background:
The NAPSA Minimum Standards state that:

> "APS programs have in place a systematic method to make a case determination and record the case findings. A determination must be made as to whether the abuse, neglect, self-neglect, and/or financial exploitation has occurred. The decision to substantiate the allegation is based on a careful evaluation of all information gathered during the Intake, Investigation, and Needs and Risk Assessment phases."

The NAPSA Minimum Standards also recommend that, in addition, protocols establish a standard of evidence to be applied when investigation conclusions are reached. Typically APS systems apply the "preponderance of evidence" standard requiring that at least slightly more than half of the evidence supports an allegation to substantiate it. This standard is very different from the "clear and convincing" and "beyond a reasonable doubt" standards typically applied in criminal situations.[78]

Guideline:
It is recommended that APS systems create and implement a systematic method to make a case determination and record case findings including protocols for the standards of evidence applied.

5. Service Planning and Intervention

5a. Voluntary Intervention

Background:
After APS has completed the investigation and the psycho-social assessment, a service plan is created with the client. The goal of the service plan is to improve client safety, prevent maltreatment from occurring, and improve the client's quality of life. Service plans are monitored and changes can be made, with the client's involvement, to facilitate services to address any identified shortfalls or newly identified needs and risks. The service plan will include the arrangement of essential services as defined in statute or policy. (Note: Programs may use various terms to refer to the plan, e.g., case plan, service plan, action plan, etc.)

The NAPSA Minimum Standards state that the Guiding Principles for APS person-centered practice be followed when developing service plans:

- "Respect the integrity and authority of victims to make their own life choices;
- Take into consideration victims' concepts of what safety and quality of life mean;
- Recognize resilience and honor the strategies that victims have used in the past to protect themselves;
- Redefine success – success is defined by the victim, not what professionals think is right or safe;
- Hold perpetrators, not victims, accountable for the maltreatment and for stopping their behavior. Avoid victim blaming questions and statements.
- APS services should be provided with respect to cultural, ethnic, religious and lifestyle choices;
- APS supervisors and direct service personnel are familiar with the APS statutes governing their program and deliver services accordingly;
- Protective services are offered to clients in a timely manner;
- Law enforcement should be notified if there is cause to believe that the alleged victim has been maltreated by another person in a manner that constitutes a crime;
- If a suspected violation of state regulatory and licensing practices is suspected, a referral is made to the appropriate agency;
- APS services are provided consistent with NAPSA's code of ethics and practice guidelines."

The NAPSA Minimum Standards for development of the voluntary service plan also include the following:

- "Identify with the victim the factors that influence intervention risk and needs;
- Engage the victim and caregiver as appropriate in an ethical manner with useful strategies to develop mutual goals to decrease risk of maltreatment;
- Determine with the victim and other reliable sources (such as family members, friends and community partners) the appropriate interventions that may decrease risk of maltreatment;
- In some cases, the use of a proper Domestic Violence Safety Planning tool is warranted."

The APS Survey reveals that once a case is initiated through APS, 63 percent of the programs report that they have a requirement to have regular communication with the victim either by phone or in person. Close to 90 percent of the states agree that once a month an in-person visit is required, although most also indicated that in on-going investigations it may have to be more frequent. Once a month phone calls are required in 64 percent of the states.

Guidelines:
It is recommended that APS systems develop the client's APS voluntary service plan using person-centered planning principles and monitor that plan until the APS case is closed. It is recommended that APS systems establish clear guidelines related to APS service delivery which incorporate the elements listed above in the background section.

5b. Involuntary Intervention

The NAPSA Minimum Standards provide guidance for APS systems in responding to cases where there has been a determination of extreme risk and the client lacks capacity or cannot consent to services. The decision to take involuntary action is not to be taken lightly.

The NAPSA Minimum Standards state that:

> "In order to provide an involuntary intervention, APS obtains legal standing, either by going to court with legal counsel or by involving another agency that has legal jurisdiction Any and all such court action(s) is well documented in the case.
>
> APS programs follow the particular laws and policies in their jurisdiction regarding involuntary services to vulnerable adults who lack the capacity to protect themselves from maltreatment. Lack of capacity may also limit the victim's ability to engage in the decisions surrounding the identification of risk and needs, as well as goals and intervention strategies to be protected from further harm.
>
> Even though involuntary service planning involves a victim of maltreatment who lacks capacity in some areas, principles of supportive-decision making are utilized.79 Working with the individual requires the recognition that the individual also has strengths and may be able contribute to the decision making process.
>
> After an assessment indicates that a client may lack capacity, a service plan is developed that addresses the risks and needs identified in the assessments and a formal process should be in place to:
>
> a. Determine when involuntary intervention may be indicated;
> b. Identify those situations where the client's immediate safety takes precedence over the client's right to self-determination;
> c. Explore the ethical issues in the decision to use involuntary intervention;
> d. Document information needed to justify the use of involuntary intervention;
> e. Identify the appropriate resources needed to be able to implement an involuntary case plan;
> f. Develop and defend an involuntary intervention plan;

g. Have in place a systematic method to continue to provide protective services to those clients who are being provided involuntary protective services."

Guidelines:
It is recommended that APS systems establish clear guidelines related to APS service delivery when the client lacks capacity and that these guidelines incorporate ways for the individual to participate in the decision-making process. It is recommended that APS systems develop the client's APS service plan and monitor that plan until the APS case is closed.

5c. Closing the Case

Background:
The NAPSA Minimum Standards state that:

> "The goal of intervention in APS is to reduce or eliminate risk of abuse, neglect, or exploitation of a vulnerable adult. Once that goal is met, the case is closed.
>
> Case Closure follows the law and policy of each jurisdiction. The case record should contain documentation of APS's interventions, their outcomes, an assessment of their efficacy, and the reason for the decision to close the case.
>
> Although programs have various standards for case termination, common reasons for case closure include:
>
> a. Allegations unsubstantiated (terms may vary depending on jurisdiction);
> b. Risk was ameliorated or reduced;
> c. Program is unable to locate client;
> d. Client (with capacity) refused services;
> e. Client was referred to another agency;
> f. Client was placed into institutional care;
> g. Services unavailable;
> h. Client is deceased.
>
> When a client requests that services be discontinued or fails to participate in the services, the APS worker evaluates the plan to assure that the goal remains consistent with the individual's wants and needs.
>
> If the resources needed to reduce the risk are not available, it should be documented in the case as well as what was done in that circumstance."

Guidelines:

It is recommended that APS systems create a systematic method to complete a Case Closure. When creating this systematic method, the elements listed above should be included and clearly documented.

6. Training

6a. Case Worker and Supervisor Minimum Educational Requirements

Background:
Research indicates that higher education requirements for workers lead to higher substantiation of allegations. In one study, requiring a social work education background led to higher investigation and substantiation rates.[80] Investigation rates were significantly higher when the state required that staff have a social work degree, however substantiation ratios were significantly lower in these same states.[81]

The Survey of APS systems shows that at least 35 states report that supervisors and caseworkers must have a college degree. NAPSA Minimum Standards say that staff should be qualified by training and experience to do their jobs.

Guidelines:
It is recommended that APS direct service personnel and supervisors are qualified by training and experience to deliver adult protective services. It is recommended that states institute minimum qualifications for APS workers and supervisors. At a minimum, APS workers should have an undergraduate college degree. Supervisors should have an undergraduate college degree and a minimum of two years of experience in APS. When possible, a preference should be given to those with a Masters degree in social work, gerontology, public health or other related fields.

6b. Case Worker Initial and Ongoing Training

Background:
It is in the best interest of clients that APS caseworkers receive initial and on-the-job training in the core competencies of their challenging job. Training curricula should address the various education levels, experience, years of service, and training needs of both new workers and more experienced workers. Research indicates that more educational preparation and longer training sessions lead to more staff effectiveness. Studies measured effectiveness of training using several types of indicators – investigation and substantiation of allegations and staff's self-perceived effectiveness. The studies indicate that training improves staff knowledge, confidence and self-perceived skills, as well as increases rates of investigation and substantiation of maltreatment reports.[82]

The APS Survey revealed that 18 APS systems provided less than one week of training, 10 one week or more, and 4 states provided no training to new case workers. The

NAPSA Minimum Standards identify core activities critical to the mission of APS and recommend that staff receive training on how to skillfully carry out these core activities.

In the Child Welfare System, research shows that well-trained staff is able to complete tasks accurately and in a timely manner. In addition, studies suggest that educational programs provide workers with both competencies and increased commitment to their jobs, which are associated with retention.[83] Child welfare agencies deliver a variety of training initiatives to build competencies and align skills with new practice models. Some states have formed university-agency partnerships that provide training and, in some cases, funding for child welfare staff to pursue graduate social work degrees.[84]

Guidelines:

It is recommended that an APS worker training regimen have three important components: 1) initial training, 2) supervised field work, and 3) advanced training. The complex roles performed by APS workers require both formal content delivery coupled with guided fieldwork to effect the transfer of learning from the classroom to practice. Subject content may be delivered in a variety of modalities, including, but not limited to classroom workshops, reading, work book exercises, case conferences, shadowing experienced workers, and on-line courses. APS systems are encouraged to be creative in content delivery.

1. Initial training:
   The purpose of the initial training is for workers to acquire knowledge and skills in key areas including when they need to seek guidance from their supervisor.

   It is recommended that APS systems develop and provide initial training for new workers. Key elements of that training need to be completed and workers need to demonstrate competence in these areas before they are assigned cases. It is recommended that, at a minimum, the following areas be addressed in the initial training:
   a. Concepts articulated in the APS System's Code of Ethics, including the principles of least restrictive alternatives, person-centered service and supported decision-making;
   b. The role of APS and how the program fits into the larger long-term services and support network;
   c. Common legal issues that APS deals with, including confidentiality, conflict of interest; guardianship/conservatorship (including alternatives to guardianship/conservatorship);
   d. The types of maltreatment covered by their state's statute, their signs and symptoms;
   e. The case documentation process;
   f. The goals and process for conducting an APS investigation, including both the determination of maltreatment and the psycho-social assessment;
   g. The process for determining whether or not maltreatment has occurred;
   h. Interacting with clients with cognitive disabilities;
   i. The importance of culturally competent service;

j. How to implement person-centered planning into service planning and interventions

2. Supervised Field Work:

   It is recommended that the initial training phase be followed by a period of close supervision of the new worker by a mentor worker or supervisor for a period of no less than 12 months. The ultimate goal of this supervised field work phase is the "transfer of learning" (i.e., the direct application of knowledge and skills to work with clients).

3. Advanced Training:

   Ongoing training plays a role in worker satisfaction and worker retention;[85] and enables staff to continue their skill development. It is recommended that APS systems provide training to workers on a regular basis. It is recommended that an APS worker certification process be established. It is recommended that workers be supported in their goal of achieving certification within the first two years of employment. In developing the APS certification requirements, it is suggested that APS systems incorporate the following Core Competencies for APS workers which are:[86]

   1. APS Overview
   2. APS Ethics, Values and Cultural Competence
   3. Agency Standards & Procedures
   4. The Aging Process
   5. Physical & Developmental Disabilities
   6. Mental Health Issues
   7. Substance Abuse
   8. Dynamics of Abusive Relationships
   9. Professional Communication Skills (Written and Verbal)
   10. Self-Neglect
   11. Caregiver Neglect
   12. Financial Exploitation
   13. Physical Abuse
   14. Sexual Abuse
   15. APS Case Documentation/Report Writing
   16. Initial Investigation and Worker Safety
   17. Assessing Decision Making Capacity
   18. Supported Decision-making models
   19. Risk Assessment
   20. Voluntary Case Planning/Intervention Process
   21. Involuntary Case Planning/Intervention Process
   22. Collaboration & Resources (including working in multi-disciplinary teams)
   23. Working with the Criminal Justice System
   24. Case Closure & Termination

6c. Supervisor Initial and Ongoing Training

Background:
The APS Supervisor provides a combination of case oversight, approval of key decisions, case direction, problem-solving, and support and encouragement to the worker. According to the APS Survey, all but nine states require training for supervisors.

Guidelines:
It is recommended that APS supervisors be qualified by training and experience to deliver adult protective services. It is recommended that all APS supervisors receive initial and ongoing training specific to their job responsibilities and the complex needs of APS clients and managing APS workers. It is recommended that new supervisors be trained on basic supervisory skills within the first year of assuming supervisory responsibilities, including, but not limited to:

a) Mentoring
b) Phases of APS Supervision
c) The Supervisor as Trainer
d) Managing the Investigative Process
e) Human Resources/Legal Issues for Supervisors

In addition, it is recommended that supervisors refresh their skills with ongoing annual training on higher level topics, for example:

a) Training Processes and Worker Development
b) Effective Adult Learning

7. Evaluation/Program Performance

Background:
The APS Survey of States reveals that 43 states have developed benchmarks and metrics for program evaluation. Generally, however, annual evaluations are not a standard tool in each state's program. Only 17 states reported publishing an annual APS report, with the details of each report varying greatly. The NAPSA Minimum Standards suggest that "APS program data is collected, analyzed, and reported" and that "Data is utilized for program improvements such as budgeting, resource management, program planning, legislative initiatives and community awareness, and to improve knowledge about clients, perpetrators and the services and interventions provided to them."

Guidelines:
It is recommended that APS systems develop performance measures and collect and analyze data related to those measures on an annual basis.[87] It is recommended that APS systems compile a written report of those performance measures and make that report available to state and federal bodies and the public. Data related to the following categories, at a minimum, are suggested for inclusion:

a) APS Workload
b) Caseload Ratios

c) Training
d) Participation in Multi-disciplinary Teams

II.B.3. NEXT STEPS: CONSENSUS-BUILDING PROCESS

II.B.3.a. STAKEHOLDER ENGAGEMENT

To refine the guidelines developed by the expert working group, ACL will launch a stakeholder engagement and outreach strategy. The goal of the outreach is to hear from all stakeholders about their experiences with APS, ensure all stakeholders understand why and how ACL is leading the development of guidelines for APS, and provide interested parties an opportunity to give input into the process and content of the guidelines.

Throughout the process, ACL's stakeholder engagement and outreach will strive to:

- Respect people's history and experience with APS, and their other life experiences;
- Empower the public and stakeholders to contribute to the development of national APS guidelines in a meaningful way;
- Understand the public's vision for APS and for ACL's role in APS;
- Build consensus on proposed guidelines by including representatives from materially affected and interested parties, to the extent possible; and
- Incorporate a civil rights/personal rights perspective in developing the system guidelines.

The Stakeholder Engagement Process will occur from July 13 through November 13, 2015. During that period, ACL will utilize several means to actively solicit, receive, and record input from stakeholders. First, ACL has created an on-line public comment form to collect written input from stakeholders and the public. The comment form will be accessible via the Elder Rights section of the ACL website.

The second method is for ACL to host a series of "virtual" listening sessions via conference calls. These conference calls will be recorded and the proceedings transcribed. ACL plans to hold both open sessions, as well as sessions targeting professional stakeholders/groups (e.g., APS, Disability Network, Aging Network). Also, during this time, ACL staff will attend at least three national conferences and host listening sessions there with conference attendees. ACL staff will take notes in order to capture comments and questions from attendees regarding the Draft Guidelines. ACL will use all available means to inform the public about the listening sessions, including, but not limited to, posting information on the web, leveraging social media, and email distribution lists.

II.B.3.b. FINALIZING THE GUIDELINES

Once the public comment period closes, ACL will review and synthesize all the comments that were received. As the guidelines are intended to be field-developed and consensus-driven, ACL will strive to incorporate all the comments and feedback received to the extent possible. If significantly divergent perspectives arise, ACL will consult the expert working group for resolution. Once the comments have been incorporated and the set of guidelines finalized, ACL will post the final voluntary consensus guidelines for APS systems on the ACL website, along with a summary of and responses to the comments received.

II.B.3.c. ONGOING REVIEW

ACL plans to perform biennial reviews of these guidelines to incorporate additional knowledge into the guidelines as the APS evidence base grows. ACL continually seeks to gain insights from demonstration projects, practice evaluations, additional research findings, stakeholders, and other sources in order to build the evidence base that will inform future versions of these guidelines.

III. APPENDICES

III.A. APPENDIX 1: RESEARCH QUESTIONS, SUMMARY OF LITERATURE REVIEW FINDINGS, AND BIBLIOGRAPHY

III.A.1. RESEARCH QUESTIONS

1. General program administration
   a. What impact does oversight have on client outcomes?
   b. What evaluation measures have been implemented to monitor the performance of programs?
   c. What impact do sanctions have on compliance with program administration and protocols?

2. Standardized, “minimum” threshold definitions of maltreatment
   a. Do definitions of abuse, neglect, and financial exploitation affect client outcomes? If so, how?

3. Mandatory Abuse Reporting Requirements
   a. Do mandatory reporting requirements influence reporting, substantiation, or closure rates?

4. Assessment and intake protocol
   a. Do standardized assessment and intake tools impact individual’s outcomes?
   b. Do standardized assessment and intake tools improve staff ability to assist clients more effectively?

5. Investigation and planning response times

a. Do contact and investigation response timeframe requirements affect client outcomes? If so, how?
b. Does the frequency of contact with a client affect outcomes? If so, how?
c. Does cross-jurisdictional coordination affect client outcomes?
d. Does the ability to disclose confidential information across providers to secure client services affect client outcomes?

6. Case closure protocol
   a. Do time limits regarding the length of time a case may remain open affect client outcomes? If so, how?

7. Staffing/caseload ratios
   a. Do caseload levels have an impact on client outcomes? If so, how?
   b. Is there evidence of ideal staff ratios? If so, what is the basis for those ratios, i.e., are they based on demographics or functional status?

8. Case worker education levels
   a. Do minimum case worker education level requirements affect client outcomes? If so, how?
   b. Do different degree/field requirements (i.e. social worker, law enforcement, none) affect client outcomes? If so, how?

9. Case worker training
   a. Does staff training influence client outcomes? If so, how?

III.A.2. Literature Review Findings

III.A.2.a. Reporting Requirements

- Jogerst (2005) studied the impact of criminal penalties for elder abuse on the number of reports of abuse, investigations, and substantiations. The team found that states with felony fines had higher rates substantiation of abuse reports. Those with misdemeanor penalties had lower substantiation rates. Those with both felony and misdemeanor penalties had less substantiation.

- Bae (2010) studied the effects of Florida CPS factors on reporting of child abuse. The team found that substantiated reports of child abuse were predominantly from non-mandatory reporters of abuse. Families where there were recurring reports of child abuse received more frequent contact from CPS staff over longer periods of time.

III.A.2.b. Team Structure and Process

- Este (2007) evaluated an overhaul of Texas' APS system in 2004. Through an employee survey the program evaluator found that involving employees in change, hiring a dedicated performance management team, leadership investment in change and additional resources led to an increase in face-to-face

meetings with clients within deadline, and no changes in quality of cases staff chose to review.

- Ernst (2012) studied the differences in outcomes between a team of a geriatric nurse and social worker, versus a social worker working alone on APS cases in Maryland. The team found, in this natural quasi-experimental study, that lone social workers were significantly more likely to "confirm" physical abuse, financial exploitation, and neglect. The nurse and social worker teams were significantly more likely to reduce risks for neglect, and risks in social and physical environments.

- Jogerst (2004) studied the impact of various APS system characteristics on reports of abuse, investigations, and substantiated elder abuse. Data came from a survey of states. Investigators who handle reports of abuse of children and adults had lower investigation and substantiation rates than those who handled one or the other type of abuse report.

- Kelly (2007) studied the impact of "360 evaluation" on clinical skill of CPS supervisors. The average scores of these "first-line supervisors" related to communication, leadership, facilitation and professionalism improved during the first year of the new evaluation process where feedback was gathered from the supervisors' colleagues at all levels.

- Hughes (2013) reviewed the literature on the impact of two levels of response to child abuse allegations, where one level is less intense than traditional responses. The team found insufficient data to confirm the safety of children experiencing less intense responses to abuse allegations. The less intense interventions vary and resources become allocated to children undergoing less intense responses.

III.A.2.c. POLICE AND FORENSIC INVOLVEMENT

- Navarro (2013) studied the involvement of an elder abuse forensic center in financial exploitation cases. The team compared cases that involved the center with those using usual practice. The center's cases were more often submitted to the District Attorney, more often resulted in filing of charges, and increased the odds of establishing a perpetrator's guilt.

- Wiglesworth (2006) studied the impact of an elder abuse forensic center on collaboration of staff from multiple agencies in Orange County, California. Using surveys of agency staff, the team found participants believed they were more efficient and effective when they collaborated with the forensic center.

- Cross (2005) studied the impact of police involvement in CPS and found that their involvement increased findings of credible abuse allegations, provision of service provision or referrals for services.

III.A.2.d. TRAINING

- Turcotte (2009) tested staff knowledge before and after a training program related to recognizing and dealing with child abuse in Quebec, Canada. The team found that immediately after the 6 day training program the participants reported increased knowledge, self-confidence, and less stress.

- Connell-Carrick (2008) studied the impact of training on APS workers' perceptions of the training and their own skills shortly after their training finished. The training lasted 3 months and involved class room and field experience. Staff reported positive experiences with training and gains in knowledge and skills. They were most confident in their ability to assess physical abuse and self-neglect, and least confident of assessing sexual abuse and financial exploitation.

- Jogerst (2004) studied the impact of various APS system characteristics on reports of abuse, investigations, and substantiated elder abuse. Data came from a survey of states. Longer training programs for workers led to higher substantiation rates. Higher education requirements for workers led to higher substantiation of allegations. Requiring a social work education background led to higher investigation and substantiation rates.

- Daly (2005) studied state regulatory requirements for elder abuse workers' education to determine the requirements' relationship with rates of reporting, investigating, and substantiating cases. Investigation rates were significantly higher when the state required that staff have a social work degree, but substantiation ratios were significantly lower in these same states.

- Baker (2013) studied the impact of training ombudsmen to use a clinical toolkit about geriatric diagnosis. Seventeen ombudsmen filled out a survey after using the toolkit for one month. The team found that the more experience an ombudsman had the more they found the toolkit to be useful.

- Carter (2006) did a systematic literature review of training and procedural interventions in CPS. The team found that structured forms and checklists are useful in investigations and improved documentation of incidents. After training, clinical staff were more vigilant about possible abuse and neglect. Training increased detection of child abuse, and improved staff rating of their own effectiveness, knowledge, and satisfaction.

III.A.2.e. RESOURCES

- Estes (2010) studied the self-reported effectiveness of ombudsmen in California and New York using ombudsman survey data and data from the National Ombudsman reporting system. The team found mixed results. In New York, an increased number of facilities and beds was associated with more community education, monitoring of laws and regulations, and policy advocacy. Increased volunteers, staff and resources were also associated with increases in these activities in New York. Quality training had beneficial impacts on these activities in both states.

- Hollister (2013) studied ombudsman program effectiveness and program resources in California, Georgia, and New York. Data came from a survey of ombudsmen in these states and data from the National Ombudsman reporting system. Ombudsmen in Georgia and New York generally rated their effectiveness in carrying out various ombudsmen duties more highly when they had more volunteers and paid staff. In California, higher staffing generally was associated with lower effectiveness ratings. Results were similar for budgetary resources. In Georgia and New York higher budgets were generally associated with higher program effectiveness. In California, the opposite was generally true.

III.A.3. Environmental Scan Bibliography

III.A.3.a. Adult Protective Services

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III.B. APPENDIX 2: APS ADMINISTRATIVE SYSTEM PRACTICES COMPARISON

The table below synthesizes information from three sources: 1) the NAPSA Survey of States 2012[88]; 2) NAPSA Recommended Minimum Practice Standards[89]; and a set of research questions about APS systems formulated by ACL staff[90]. The purpose of this table is to identify and present in an easy to read format what information about APS systems is available in the NAPSA Survey of States and the NAPSA Practice Standards.

Description of table:

- Column One identifies several global topics of interest to the Administration for Community Living regarding the organization and administration of state Adult Protective Services programs (e.g., Staff, Training Requirements).
- Column Two lists the research questions that ACL staff formulated for their environmental scan of current APS systems (e.g., Do caseload levels have an impact on client outcomes?).
- Column Three extracts text from the NAPSA Minimum Practices Standards as it relates to the topics in Columns One and Two.
- Column Four describes or includes verbatim, questions from the NAPSA Survey of States that pertain to the topics covered in Columns One and Two.
- Finally, Column Five presents selected findings from the NAPSA Survey of States which amplify the information provided in Column Four (e.g., 18 states provide less than one week of training to new workers).

1. TOPICS	2. Included in Research/Lit Review	3. NAPSA Minimum Practice Standards	4. NAPSA Survey 2012[91]	5. Data Points from NAPSA Survey
Mandatory Reporting	Do mandatory reporting requirements influence reporting, substantiation, or closure rates	Not covered	Does your state law mandate reporting of suspected adult abuse to APS? What populations is reporting mandated for (e.g., 18+, 65+, etc.) If yes, in your state, who is a mandated reporter?	Mandatory reporting of suspected elder abuse by some professionals to APS is the law in 49 states.
Assessment	Do standardized assessment tools impact individual's outcomes?	APS programs have in place a systematic screening method, means, and ability to conduct and complete a needs/risk	Please check all assessment tools used: (check all that apply). Examples include MMSE, SLUMS, GDS.	31 states responded that they conduct some type of risk assessment.[92]

1. TOPICS	2. Included in Research/Lit Review	3. NAPSA Minimum Practice Standards	4. NAPSA Survey 2012[91]	5. Data Points from NAPSA Survey
	Do standardized assessment tools improve staff ability to assist clients more effectively?	assessment including clients' strengths and weaknesses…		
Intake	Do standardized intake tools impact individual's outcomes? Do standardized intake tools improve staff ability to assist clients more effectively?	APS programs have a systematic method, means, and ability to promptly receive and screen reports of abuse, neglect, self-neglect, and/or financial exploitation…	Is your intake centralized? Is the APS intake line combined with another program's intake (such as CBS or aging services)? Do you have a toll free number? Do you accept reports 24 hours a day?	25 states have a centralized intake for APS reports. 22 states report that their intake is combined with another program's intake line. 41 states have a toll free number and 38 accept reports 24 hours a day, though only 26 of those lines are staffed by a live person 24 hours a day.
Definitions of maltreatment	Do uniform, national definitions of abuse, neglect, and exploitation affect client outcomes across states? If so, how?	Not covered	Not covered	State laws define elder abuse differently, including who is an elder, who is eligible for APS services, etc.
Education and Training	Do minimum case worker education level requirements affect client outcomes? If so, how? Do different degree/field requirements (i.e., social worker, law enforcement, none) affect client outcomes? If so, how?	Training: NAPSA has identified a number of Core activities that are critical to the mission of any and all state and local government APS programs. Description of the 23-session core curriculum developed by San Diego State University's School of Social Welfare. Under Staff: The established training curricula minimally include the APS core competencies or equivalencies as identified by NAPSA APS supervisors are qualified by	More than 30 questions related to training of staff at all levels, including questions about specific content offered (e.g., legal information, communication skills, disability information) How much pre-service (new worker) APS-specific training is provided for investigators/caseworkers? How much in-service (existing staff) training is provided for investigators/caseworkers per year?	Only one state indicated that a Master's degree is required for employment as an APS caseworker (specifically an MSW). 37 states require caseworkers to have a Bachelor's degree; 5 specify that the degree shall be in social work. The remaining states (12) require either no higher education or did not answer the question.

1. TOPICS	2. Included in Research/Lit Review	3. NAPSA Minimum Practice Standards	4. NAPSA Survey 2012[91]	5. Data Points from NAPSA Survey
		training and experience to provide supervision. The established training curricula for supervisors minimally includes APS supervisor core competencies or equivalencies as identified by NAPSA	Does your program provide training for APS supervisors? How is the majority of your APS training provided? If more than one method is used to train, please check all the methods that apply (e.g. classroom and online)	Regarding annual hours of in-service training for casework investigators, programs responded with the following information about training hours provided: • Less than one week = 18 • 1 week= 6 • More than one week = 4 • None = 4 • Several programs responded "Other." Regarding training for APS Supervisors, programs responded with the following information about training hours provided: • No training = 9 • Training, but not specific to APS = 20 • Training specific to APS = 23 Training takes place mostly on the job, but some states partner with academic institutions for in-person or on-line classes (34%).
Staffing/case load ratios	Do caseload levels have an impact on client outcomes? If so, how? Is there evidence of ideal staff ratios? If so, what is the basis for those ratios, i.e., are they based on demographics or functional	Staff: The number of staff is sufficient to serve the target population and fulfill state mandates. A recommended ratio of supervisor to direct service personal is established and regulated.	How many full-time state positions are in the APS program as Supervisors? How many full-time state positions are in the APS program as Investigators/Caseworkers?	

1. TOPICS	2. Included in Research/Lit Review	3. NAPSA Minimum Practice Standards	4. NAPSA Survey 2012[91]	5. Data Points from NAPSA Survey
	status?	• APS direct service personnel are qualified by training and experience to deliver adult protective services	How many full-time state positions are in the APS program: intake positions Additional questions about other kinds of APS staff (e.g., legal, IT) Does your APS program track annual staff turnover rates?	
Investigation	Do mandatory contact and investigation response timeframes affect client outcomes? If so, how? Does the frequency of contact with a client affect client outcomes? If so, how? Does cross-jurisdictional coordination affect client outcomes? Does the ability to disclose confidential information across providers to secure client services affect client outcomes?	Investigation is a systematic, methodical, and detailed inquiry and examination of all components, circumstances, and relationships pertaining to a reported situation. APS programs have a systematic method, means, and ability to conduct and complete an investigation in a timely and efficient manner, to determine if the reported abuse has occurred, and to determine if services are needed to reduce or eliminate the risk of abuse, neglect, self-neglect or exploitation of a vulnerable adult. The APS Investigation Protocols include: • An assessment of information received… • An assessment of danger to the worker… • Preparation for a home visit… • Interviews with the parties • Review of relevant	Do you respond (go out on) cases 24 hours a day? Are investigation time frames triaged depending on allegations? Must APS complete investigations within a certain timeframe? What about closing cases? Is there required regular contact with the victim of an open case? Developing a case plan: What services does APS provide to victims (e.g., money management, counseling)? Are cases, upon being reported to APS, cross-reported to law enforcement? Under what conditions? (e.g., if crime is suspected, all substantiated cases, etc.)	21 states indicated that they respond to cases 24 hours a day. Six states responded that they do not tie investigation time frames to allegations. Only 8 states responded that they do not have timeframes for closure of *investigations*. Of those that do, the range was from 30 to 90 days. 18 states responded that they are not required to have regular contact with the client. Of those that are required to have contact, the most frequent interval reported was monthly either in person or by telephone. Services provided to the client vary greatly based on their needs. The most commonly provided services are 1) advocacy with other

1. TOPICS	2. Included in Research/Lit Review	3. NAPSA Minimum Practice Standards	4. NAPSA Survey 2012[91]	5. Data Points from NAPSA Survey
		documents... • Coordination: APS programs work with other agencies and community partners, including, but not limited to, courts and law enforcement agencies, mental and physical health providers, domestic violence… The goal of these intentional and specific collaborations is to provide comprehensive services to vulnerable adults in need of protection…		systems,2) in-home services, and 3) developing a case plan.
Case Closure	Do time limits regarding the length of time a case may remain open affect client outcomes? If so, how?	APS programs have in place a systematic method to complete a Case Closure. The goals of intervention of APS is to reduce or eliminate risk of abuse, neglect, or exploitation of a vulnerable adult. Once that goal is met, the case is closed. Case Closure follows the law and policy of each jurisdiction. Goes on to list commonly accepted reasons for case closure (e.g., unable to locate, client refused services, risk ameliorated)	Must APS complete investigations within a certain timeframe? Must APS close cases within a specific time frame?	20 states responded that they do not have timeframes for closing *cases.*

III.C. APPENDIX 3: FEDERAL INVOLVEMENT IN CHILD WELFARE

CATEGORY	PROVISION
I. Federal Leadership	Child Abuse Protection Act of 1974 designed to provide *Federal Leadership* in child welfare services, in response to congressional hearings in 1973 highlighting following problems: • differences in the definitions of child abuse and neglect among States, which made collecting information difficult; • incomplete identification and reporting; • inadequate resources for conducting investigations and providing treatment services; • understaffed child protective services units and undertrained workers; • limited prevention efforts; and • a lack of coordination of child protective agencies.[93]
A. **Data Collection System**	*Federal Requirement:* • Requires a national data collection system on services, individuals served, and outcomes[94] • Requires State data reports to include specific data elements[95] • HHS to designate standard data elements for any category of information required to be reported[96] • States required to have a programs for technology to track CPS reports from intake through final disposition[97] • Authorized the Secretary to impose specified penalties against a State for failure to provide necessary data[98] *Federal Guidelines:* • Provides guidance on best practices for case documentation[99]
B. Public Awareness	*Federal Requirement:* • Requires national public awareness campaign[100]
II. Core Program Components	
A. Definitions	*Federal Requirement:* • Minimum Federal definition of what constitutes abuse and who is eligible for services under various child welfare provisions[101]
B. Case Worker Education Levels	*Federal Requirement:* • Requires states to establish a minimum education and qualifications of CPS workers[102] *Federal Guidelines:* • Promotes the recruitment of, including the direction of federal funds towards, individuals with higher educational attainment and backgrounds in social work education[103]

CATEGORY	PROVISION
C. Case Worker Training	*Federal Requirement:* • Requires reservation of proportion of funds to be used for improving performance and quality of services.[104] • States required to provide certain types of training for CPS workers and other service providers[105] • Requires HHS to develop regulations for the provision of training and technical assistance for carrying out CW programs[106] *Federal Guidelines:* • Promotes on-going training and certification of caseworkers to maintain competency[107]
D. Staffing/Caseload Ratios	*Federal Requirement:* • Requires states to establish caseload requirements[108] *Federal Guidelines:* • Provides guidance on developing ratios[109]
E. Investigation and Case Planning Response Times	*Federal Requirement:* • Establishes federal minimum frequencies for visits[110]; • Requires states to make a certain number of visits to children in a caseload based on a federal established formula[111]; • Establishes maximum time limits on interstate home visit reports[112] • States required to identify in a state plan laws, policies, or programs for differential response in screening and assessment procedures[113] *Federal Guidelines:* • Provides guidelines for determining the needed response time.[114]
F. Case Closure	*Federal Requirement:* • Requires a minimum timeframe for on-going case review, as well as maximum time limit for determinations of case status.[115] *Federal Guidelines:* • Provides guidelines for process of closing cases[116]
G. Mandated Reporting Requirements	*Federal Requirement:* • States required to identify in a state plan laws identifying categories of mandated reporters[117] • Requires states to create provisions for disclosing confidential information to Federal, State, or local governments with a need for such information[118] *Federal Guidelines:* • Provides guidance and examples on establishing mandated reporting, as well as the role of various professions as mandated

CATEGORY	PROVISION
	reporters[119]
H. Assessment and I. Intake	*Federal Requirement:* • States required to identify in a state plan laws, policies, or programs for differential response in screening and assessment procedures[120] *Federal Guidelines:* • Provides guidance and examples on assessment and screening tools and protocol[121]
J. Program Administration	*Federal Requirement:* • Defines services to be provided by the States, including supportive services and prevention[122] • Requires States to engage in a comprehensive planning process and collaboration across multiple agencies and sectors[123] • Graduated financial penalties for States that do not comply with the State Plan requirements[124] • Sets forth child welfare improvement policies that states must implement[125] • Requires HHS to establish outcome measures to monitor and improve State performance[126] *Federal Guidelines:* • Provides multiple user manuals and guidance for case handling, supervision of case workers, and program/system structure and development[127]
III. Criminal Justice System	*Federal Requirement:* • Establishes within the criminal justice system a court program for child welfare cases[128] *Federal Guidelines:* • Provides multiple resources and best practices on enhancing the role of the court system in child welfare cases[129]

ENDNOTES

[1] ACL brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

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