

Adult Protective Services Draft Voluntary Consensus Guidelines Project

Interim Report on Stakeholder Engagement Process and Public Comments Received

PREFACE

The Administration for Community Living (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 Adult Protective Services programs 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. The 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 sought and encouraged public input on improving and refining the draft Voluntary Guidelines for State APS Systems. ACL is currently reviewing all the submitted comments. ACL anticipates releasing the Final Voluntary Consensus Guidelines (“Final Guidelines”), along with a summary of the received comments, in October 2016. 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.

The purpose of this Interim Report is to describe the Stakeholder Engagement process, to provide a preliminary look at the public comments received during this process, and to outline the process for integrating these comments into the final Guidelines document. This report is organized into four parts, with two appendices:

I. Project Background.....	1
II. Stakeholder Engagement Process.....	3
III. Public Comments: Preliminary Discussion.....	6
IV. Data Analysis Plan and Integration of Comments.....	17
Appendix A –On-line Public Comment Form.....	19
Appendix B – Compilation of Public Comments Received by ACL	21

Project Background

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 adult protective services (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, as partners from other agencies and disciplines will better understand both APS' responsibilities and its limitations. The goals of this consistent approach are to enhance partnerships and to promote effective, efficient, and culturally competent delivery of services to victims and responses to perpetrators. Most importantly, enhancing and improving the nation's 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 are developed based on the current research available on what works in APS agencies and in other analogous systems throughout the United States. The initial set of guidelines was developed through an environmental scan of current practices and literature. Seven domains of APS practice were identified for the guidelines project:

1. Program administration
2. Time frames for stages of APS response
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.

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
- National Association of Adult Protective Services Association Recommended Minimum Program Standards
- Federal requirements of child protective services (CPS) agencies

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 of APS, and experience with similar guideline development efforts. The experts met regularly from February to May 2015 and drafted the initial set of guidelines.

For the full description of the activities undertaken to develop the initial set of guidelines, please see the document [“Draft Voluntary Consensus Guidelines For State Adult Protective Services Systems July 2015.”](#)

Stakeholder Engagement Process

To refine the guidelines developed by the expert working group, ACL launched a stakeholder engagement and outreach strategy. The goal of the outreach was 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 endeavored 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.

ACL conducted the stakeholder engagement and outreach strategy from July 2015 – February 2016. During this period, ACL utilized several means to actively solicit, receive, and record input from stakeholders. This section of the report describes the three phases of the engagement and outreach strategy and the methods ACL employed for public comments.

Phase I – Formulation Phase (February-July, 2015)

The Formulation Phase began in February 2015 when ACL engaged the input of a small group of experts representing adult protective services, Long-Term Care Ombudsman, and Disability Rights communities. The engagement of this group of experts was critical in defining the scope, the structure, and the breadth of the Guidelines document. The expert group received the full results from the environmental scan, as outlined above, and used these materials to inform the discussions held weekly via conference calls. From February through March 2015, the expert working group discussed and refined each of the guidelines’ domains and elements. From April 2015 – June 2015, ACL finalized the complete [“Draft Voluntary Consensus Guidelines for State Adult Protective Services Systems,”](#) available on the ACL website.

Phase II – Presentation Phase (August, 2015)

The Presentation Phase occurred during August 2015. During that period, ACL Administrator and Assistant Secretary for Aging, Kathy Greenlee, held six meetings with small groups of stakeholders. The goal of these meetings was to present information about ACL's current and proposed work related to strengthening the APS system and to solicit feedback on that work, including the creation of the Guidelines. The small groups included representatives from disability rights advocates, mental health advocates, long-term care advocates, aging advocates, adult protective services, and representatives of other federal offices that conduct elder justice work. Additionally, these meetings provided an opportunity for ACL and the various stakeholder groups to discuss ways to encourage and increase involvement of their members in the APS Guidelines Project public comment period.

Phase III – Feedback Phase (August-November, 2015; January-February, 2016)

The Feedback Phase took place between August and November 13, 2015, and again from January 25, 2016 to February 8, 2016. During that period, ACL utilized five (5) strategies to actively solicit, receive, and record input from stakeholders, as described below: "virtual" listening sessions, teleconference calls through each of ACL's Regional Offices, listening sessions organized by stakeholder groups, participation in professional conferences, and the collection of written comments. Through these mechanisms, ACL received over 700 pages of narrative comments in response to the draft guidelines comprised of:

- 500 pages of transcripts and notes generated by the listening sessions, and
- Over 200 pages of written comments submitted to ACL by the public comment form and/or email.

A. Scheduled Listening Sessions

From August to November, 2015, ACL hosted 15 one-hour listening sessions via conference calls with stakeholders from both targeted professional groups and the general public. Though some listening sessions targeted certain professional groups, ACL advertised that every call was open to anyone who wanted to participate. Listening sessions were publicized via several means, including emails from ACL to its listserv, postings to the National Center on Elder Abuse listserv, and postings to ACL's Twitter and Facebook accounts. In addition, ACL added several pages on the Guidelines project to its website, including a page showing the calendar of all of the public listening sessions. In some instances, ACL staff reached out to colleagues in other agencies or operating divisions within the Department of Health and Human Services (HHS) (e.g., Minority Health), and to other federal government Departments (e.g., Department of Justice), to assist with outreach to their constituencies and encourage attendance. Registration was handled via the [EventBrite platform](#) (maximum of 150 participants per call).

ACL received a total of 1,201 registrations to participate in one of the public listening sessions. Due to technology limitations, ACL was not able to determine if people

participated in multiple listening sessions, nor whether the final count of participants for each listening session. Below is the schedule of public listening sessions:

Table 1. Schedule of Public Comment Listening Sessions

Target Audience	Date	Number Registered
1. General Public	Aug 26, 2015	75
2. Aging Network	September 9, 2015	74
3. APS Network	September 14, 2015	79
4. APS Network	September 16, 2015	120
5. Tribal	September 17, 2015	83
6. Disability Rights Network	September 29, 2015	115
7. Long-term Care Network	October 7, 2015	150
8. General Public	October 13, 2015	85
9. General Public	October 21, 2015	115
10. Minority Aging Network	October 22, 2015	54
11. Disability Rights Network	October 26, 2015	85
12. Law Enforcement	November 2, 2015	19
13. Legal Services Network	November 10, 2015	34
14. Domestic Violence, Sexual Assault, and Victim Services Network	November 12, 2015	70
15. APS Network	November 13, 2015	43

B. ACL Region Calls

In addition to the public listening sessions, ACL convened listening sessions with its Regional Administrators and the State Unit on Aging Directors in ACL’s Regional Support Centers. Regional Support Centers serve as the focal point for the development, coordination, and administration of ACL’s programs and activities within designated HHS regions. To see a complete list of the states within each region, please visit the [Regional Support Center page](#) on the ACL website.

- HHS Regions I and II, September 15, 2015
- HHS Regions VI and VIII, September 19, 2015
- HHS Regions IX and X, September 24, 2015
- HHS Regions V and VII, October 20, 2015

C. Additional Listening Sessions

ACL facilitated two additional listening sessions. First, ACL facilitated a listening session and discussion with APS State Administrators via teleconference, convened by the National Adult Protective Services Association (August 27, 2015). On September 17, 2015, project staff facilitated a listening session with representatives of Native American Tribes who were attending an annual meeting at ACL headquarters in Washington, D.C.

D. Presentations at Professional Conferences

Between July 1, 2015 and September 30, 2015, ACL staff made presentations at three (3) national conferences on the APS Guidelines project. ACL staff took notes during these sessions in order to capture comments and questions from attendees:

- National Area Agency on Aging conference in July in Philadelphia
- Home and Community-based Services conference (hosted by the National Association of States United for Aging and Disability) in August in Washington, DC;
- National Adult Protective Services Association conference in September in Orlando, FL.

E. Collection of Written Comments

Starting in July through November 13, 2015, and again from January 25, 2016 to February 8, 2016, ACL provided a mechanism for the public to submit written comments to ACL about the draft guidelines. In July 2015, ACL added to its website an [on-line comment form](#) to collect written input from stakeholders and the public (See Also Appendix A). Comments that exceeded the web platform's 5,000 character limit could also be submitted via email to ACL staff.

Public Comments: Preliminary Discussion

ACL received over 700 pages of narrative content in the form of transcripts from the listening sessions and written public comments via email or the comment form. ACL conducted a preliminary review of the comments and identified over 550 comments submitted by 113 discrete commenters. When a comment was identified, it was inserted into a table and tagged by:

- date received
- stakeholder group represented
- section of the Guidelines being addressed by the comment (e.g., 1a, 4b), and
- state of commenter's residence

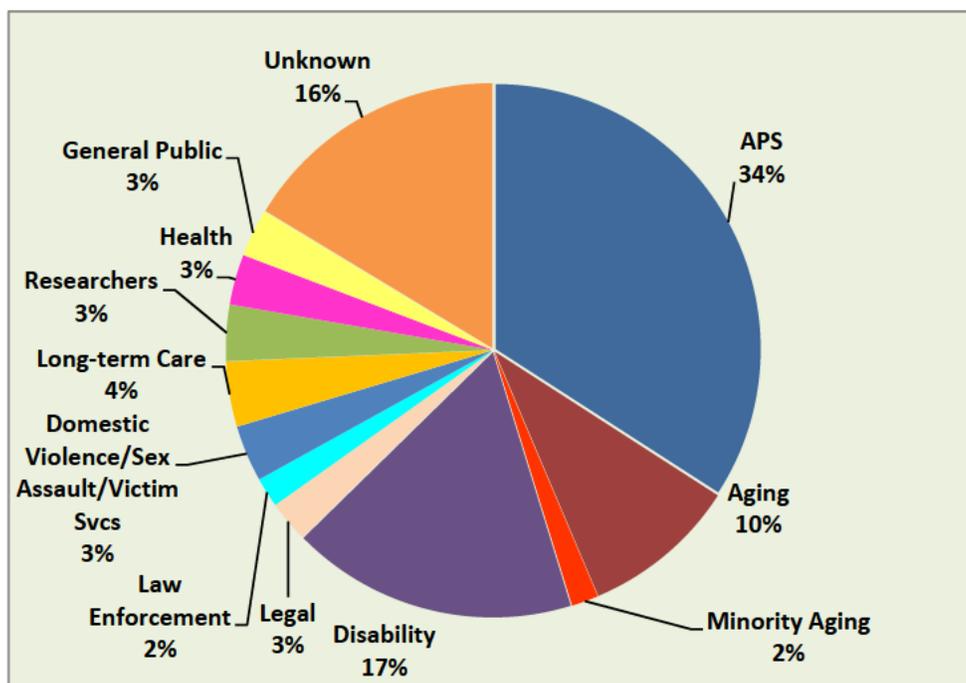
Commenters were asked, but not required, to select from a range of options the group or sector with which they most affiliated related to the comments they were providing. Comments could be provided anonymously. ACL was able to identify that comments came from individuals or organizations within at least 36 states and two U.S. territories. In addition, at least 15 national groups provided comment, including the Alzheimer's Association, AARP, the Consumer Voice for Quality Long-term Care, the National Council on Independent Living, the National Disability Rights Network, and the Geriatric Society of America. The largest number of comments came from national groups, followed by commenters from the states of California and New York.

The professional categories of the commenters include those shown in Figure One, below. APS professionals submitted the largest number of comments, followed by

Disability Advocates, and then persons who did not identify from which sector they were commenting. Commenters on both the web-based platform and on the listening session conference calls were encouraged to identify themselves, but were permitted to provide comments anonymously.

Appendix B lists the 550 discrete comments that ACL identified in the preliminary review, as well as the relevant domain for the comment, which stakeholder group the commenter selected as belonging to, and the commenter's state of residence, if identified.

Figure 1. Percentages of Stakeholder Groups Providing Comments



Commenters were generally appreciative that ACL was providing guidance to state APS programs. For example:

“Thank you for taking a vital step towards providing national standards and best practices for APS. While many of these guidelines are not feasible without increased funding and resources, it is a step in the right direction and may provide a platform to advocate for increased funding.”

“We express our appreciation to the Administration on Aging and the state and local contributors that worked to develop the draft guidelines. We believe the draft guidelines represent an important step in developing standards for state APS systems around the country. Nationally, state APS systems face increased challenges as elder abuse caseloads are on the rise.”

“I believe having APS offices set up using the same model would be extremely helpful. Differences in management from state to state or even county to county within a state can at times be drastic. Getting someone assistance can be subjective as well depending on the caseworker assigned. Standardized rules, training, and goals could help everyone be on a more even playing field. I think it's a wonderful idea.”

However, one person expressed skepticism of the project:

“I got about 15 pages into this document then just quickly scanned through the rest. I found it to be large and overly complex. I believe it would place an unreasonable burden upon local senior protective services organizations.”

Almost half of all comments collected related to the Guidelines' first domain, Administration of APS Programs, which, with 10 sub-sections, covers the largest number of topics. Issues related to Domain Four, Conducting the Investigation, and Domain Six, Training, also garnered a high number of comments. In addition, dozens of comments were received that suggested amendments to the Background section of the document. Finally, many additional comments offered new items for integration into the Guidelines.

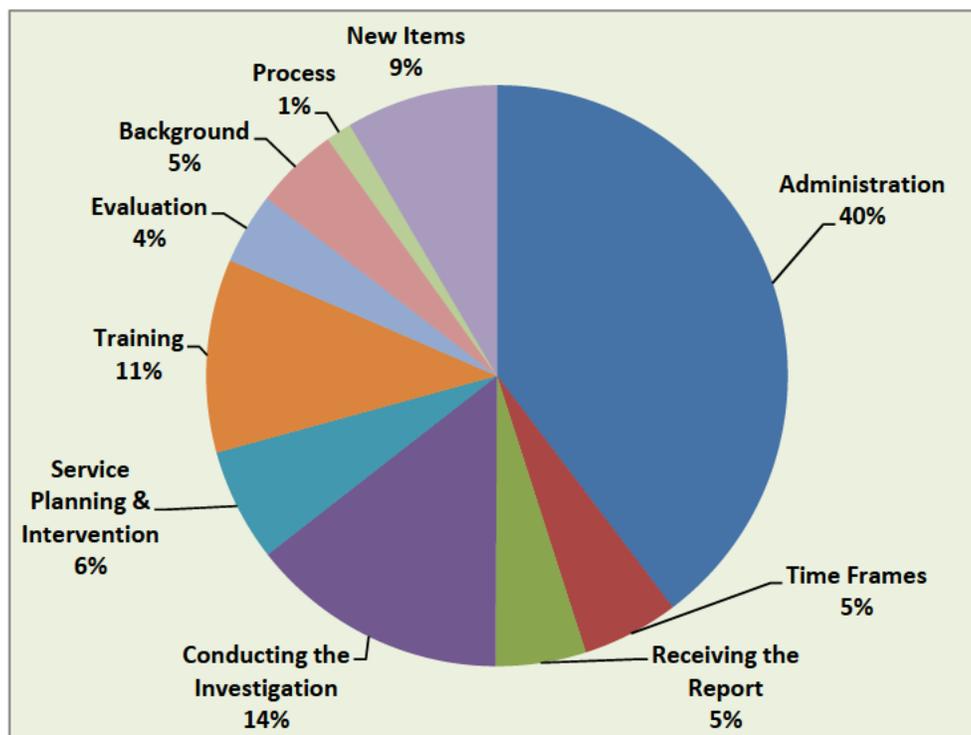


Figure 2. Percentages of Domains Receiving Comments

The discussion focuses on three categories of comments:

- A. Sections that generated the greatest number of comments
- B. Sections that generated the greatest number of opposing comments
- C. Comments that introduced new content not included in the draft Guidelines.

A. Sections with Greatest Number of Comments

This part of the report will examine the four (4) sections of the Draft Guidelines that received the greatest number of public comments:

- 1) Section 1e: Coordination with Other Entities
- 2) Section 6b: Case Worker Initial and Ongoing Training
- 3) Section 4a: Determining If Maltreatment Has Occurred
- 4) Section 1c: Population Served

Table 1 below displays the number of comments received for all sections of the Draft Guidelines, sorted by those receiving the greatest number of comments first.

Table 2. Number of Comments Received by Sub-section of Guidelines

Sub-section	Number of Comments Received
1e. Coordination with other entities	47
6b. Caseworker initial and ongoing training	41
4a. Determining if maltreatment has occurred	39
1c. Population served	28
1f. Program authority, cooperation, confidentiality and immunity	25
1h. Staffing resources	25
4b. Conducting a psycho-social assessment	23
1b. Definitions of maltreatment	22
7. Evaluation/program performance	22
1a. Ethical Foundation of APS Practice	21
3a. Intake	19
1d. Mandatory reporters	18
1g. Protecting program integrity	15
6a. Caseworker and supervisor minimum educational requirements	15
5a. Voluntary interventions	14
1i. Access to expert resources	12
2c. Closing the case	12
4c. Investigations in congregate care settings	12
5b. Involuntary interventions	11
2a. Responding to the report	10
3b. Screening, triaging, and assignment of screened in reports	9

Sub-section	Number of Comments Received
5c. Closing the case	9
1j. Case review-supervisory process	8
2b. Completing the investigation	8
Comments related to the process ACL used or should use to create the Guidelines	8
4d. Completion of investigation and substantiation decision	6
6c. Supervisor initial and ongoing training	4
5. Service planning and intervention	1

1) Sub-section 1e: Coordination with Other Entities

There were two prominent issues revealed by the comments in Section 1e:

Issue One: Coordination with Entities Inside of the State or Local Area

Most of the comments suggested entities with whom APS should coordinate. Below are some illustrative comments:

“We urge that the guidelines require coordination between the APS program and the state P&A and DD council.”

“Coordination with Native American tribes in a government-to-government relationship shall ensue in respect of sovereignty of the respective tribe.”

“Under cross-jurisdiction and inter-disciplinary cooperation specifically call out being able to discuss case investigation FBI, IRS, Social Security, Homeland Security as well as local law enforcement.”

“Would urge the inclusion of an explicit recommendation regarding the inclusion of agencies that have an ongoing relationship with individuals in any investigations.”

“Interagency coordination between APS and animal services currently exists in several areas but has not been codified into national guidelines.”

“I would hope that APS programs have a close relationship with their Centers for Independent Living.”

“It would be very nice to see a mention of legal services programs in there. And by that I mean Title III programs of course, legal services....”

“MDTs [multi-disciplinary teams] should bring together both state and private service providing agencies, law enforcement, district attorneys, the State Auditor,

trauma response teams such as Sexual Assault Intervention Network (“SAIN”) Interviewers, Sexual Assault Nurse Examiner (“SANE”) Nurses, advocacy groups, and individuals with disabilities to address both specific allegations and systemic issues.”

Issue Two: Coordination with Entities Outside of the State

Several commenters suggested that guidance in this section should clearly state that APS programs have the authority to coordinate other entities outside of the state, including out-of-state APS entities. The Guidelines are currently silent on the issue of out-of-state jurisdiction.

“Policies and protocols should accommodate coordination with out-of-state entities, as many means of exploitation occur across state lines.”

“I would like to see a Guideline set for accepting a referral based on either location of alleged victim or location of alleged abuse. When state procedures vary on this procedure the alleged victims do not get served. As an example - recently while assisting our Intake team with processing referrals I came across a similar situation twice during a one week time span where the alleged victim was abused in our state but was currently residing in a neighboring state. Our policy for accepting a referral is that the alleged victim resides in the state. Consequently, the referrals were not accepted and when referrals were made to the neighbor states both were not opened due to the abuse happening in another state.”

“Strategic Directions - Establish interstate protocols to remove barriers to sharing information between states.”

2) Sub-section 6b: Case Worker Initial and Ongoing Training

Commenters were very supportive of the Guidelines’ focus on training for workers, though costs and access to trainers were concerns for some:

“We need training, training, training, training.”

“We’re just really working on revamping our program here so getting training - that’s going to be a huge cost for us. We don’t have a formalized training program for our APS workers.”

“Suggest that ACL provide trainers to address specific topics free of charge to states.”

Issue One: Suggested Topics for APS Worker Training

Many commenters provided suggestions of training topics that APS case workers should have:

“Training should include signs of cognitive impairment, referral options for clinical assessment, dementia-related behaviors, and the degenerative nature of dementia. “

“APS workers should receive continued training on disability rights and the Americans with Disabilities Act, including attendance at disability rights related conferences and use of consultants who have a background in disability from a rights-based perspective.”

“There are a lot of other legal issues that caseworkers need training on, not just guardianship and confidentiality. They need to learn about housing options. They need to learn about civil protection orders. “

“We need to make sure that APS workers are familiar with deaf culture and that there’s some people who are trained in sign so they can communicate with those who use sign language.”

“Training for APS Workers that serve Native American Populations on cultural awareness & cultural sensitivity -APS Training for staff at Tribal Aging Unit’s on the APS Process, procedures, policies, and local laws”

“If the APS agency serves Native American, Hispanic, or other ethnicities, the training they receive for culturally competent services should include training specific to those populations.”

“We urge APS to ensure that staff members are trained in health care decisions laws and issues so that they are able to protect elders and adults with disabilities from having their lives ended by others in violation of their rights.”

“Staff training on person-centered planning should include information on how to assess an alleged victim’s capacity, taking into account things such as alternative and augmentative communication and how trauma can affect a person’s ability to function.”

Issue Two: Recommendations about Trainers

Several commenters provided recommendations about who should train APS case workers:

“I would like to stress the importance of APS workers receiving training on domestic and sexual violence FROM A DOMESTIC VIOLENCE PROFESSIONAL, not from someone in their own or another field.”

“I have a suggestion that training be provided by competent people in the field if it’s a mental health training it needs to be provided by a mental health

professional not just someone within their own staff that's going to download something and this is your training for the day."

"Advanced training: This information should include cultural competency on serving people with disabilities and this training should be provided by professionals with expertise in the disability field outside the APS system."

Issue Three: Worker Certification Process

The Guidelines recommend that APS case workers be certified. Several commenters supported this recommendation as long as the process was not unduly burdensome:

"6b recommends establishment of an APS worker certification process and that workers be supported in achieving certification within 2 years of employment. It is important to ensure that achieving certification is not a cumbersome process. As written, certification appears to be State APS regulated. Federal funding to establish this process would be very helpful as well enabling."

"States to provide some monetary incentive to workers to achieve certification."

"States should require a certain number of annual training hours for those APS Workers that have already received certification to maintain certification."

"We support the call for an APS worker certification process."

3) Sub-section 4a: Determining If Maltreatment Has Occurred

Two issues generated diverging opinions in Section 4a.

Issue One: Should the Investigation Continue against the Client's Wishes?

"Strongly agree that the investigation should be mandatory"

"Need recognition that our investigation may end in cases involving competent adult who refuses to cooperate with investigation (need to consider factors of victim's capacity, undue influence, a/n/e severity and safety/risk of further harm)."

"There is a strong argument to be made that if an APS client retains cognitive capacity, they should have the right to deny consent to an investigation, as well as interventions."

Issue Two: Unannounced versus Announced Visits?

"Include the word "unannounced" before face to face interview."

"An initial unannounced visit requirement is not conducive to the social service, person centered approach of the program for assessments of self-denial of critical care."

“We believe that each situation should be carefully considered and unannounced visits should only be done under certain circumstances.”

4) Sub-section 1c: Population Served

There were two issues that were revealed by the public comment on the subject of who is eligible to receive APS services.

Issue One: Is Eligibility for APS Services Determined by Age or Vulnerability or Both?

“I strongly support the recommendation to have APS serve clients age 18+ and determine vulnerability/risk criteria that would make someone eligible for APS services. I also think that a vulnerability/risk based eligibility criteria rather than an age criteria takes away some of the ethical quandary for healthcare providers in having to be mandated reporters.”

“We recommend that the Guidelines specify age alone (not subject to age + vulnerability) for mandated reporters that are reporting about allegations among elders. Mandated reporters should not have the burden of determining vulnerability among elderly populations. That could unintentionally discourage reporting.”

“There are people that may be outside of the age group in which my brother was 59. He would have been 60 on Halloween. Two years ago he would have been 60 but he was a liver transplant patient and I tell you everything imaginable happened to him while he was in the care of his caretaker.”

Issue Two: Physical Location of Client

A second concern in this section involved the location where the client resides and how that might impact eligibility for APS services:

“I would like to see a Guideline set for accepting a referral based on either location of alleged victim or location of alleged abuse.”

“Recommend that the Guidelines clarify that all vulnerable adults be eligible recipients of services from APS, regardless of whether they live in an institutional setting or in a community based setting. There currently is lack of clarity, as well as wide inconsistency, within and among states, as to the population to be served by APS.”

B. Diverging Opinions

Though the following Sections received fewer comments than the sections shown above, the comments that were received revealed widely divergent opinions on the

specific topics and issues. The table below illustrates a few of these contrasting stances.

Table 3. Diverging Opinions on Select Sections of the Guidelines

Section	In support	Not in support
1d. Mandatory Reporting	<p>“Provide a specific list of professionals who, at a minimum, should be mandatory reporters. Provide guidelines to recommend mandatory reporting of all APS populations served and that reporting be made to either APS or law enforcement.”</p> <p>“Mandated reporting for specific instances of elder abuse for all those in human services”</p>	<p>“Our team felt that the document requires greater research and clarification regarding the success, or lack of success, in mandated reporting states.”</p> <p>“Despite the proliferation of state reporting laws, we haven’t the slightest clue whether they redound to the benefit of the people they’re intended to help.”</p> <p>“One of the things that I hear is that a lot of people don’t want to tell anybody because they’re worried about the mandated report and they’re worried about losing their independence if the caregiver is the person who is assaulting them.”</p>
1b. Definitions of Maltreatment	<p>“Do not define self-neglect as abuse.”</p> <p>“Self-neglect is not “maltreatment” or “abuse.” Rather it’s a critical related and contributing factor.”</p>	<p>“We commend ACL for including self-neglect as a type of adult maltreatment, especially since self-neglect comprises much of APS workers’ caseloads.”</p>
5b. Involuntary Intervention	<p>“Recognize the need in some cases for involuntary intervention where the person is threatened or at risk of harm and cannot take action to stop, prevent, or ameliorate the threat or harm, but that great care needs to be taken when APS employs involuntary intervention to</p>	<p>“In particular, we believe that the inclusion of an involuntary intervention option in Section 5b is highly problematic. We would go further...and urge that this section cannot be remedied solely by “clear standards” but should be eliminated altogether and that intervention should remain</p>

Section	In support	Not in support
	avoid unnecessary intrusion on the individuals independence.”	exclusively voluntary as set forth in Section 5a. We support the concept of “dignity of risk,” which requires respect for every person’s autonomy and right to make choices, even if those choices may appear to APS workers to place health or longevity at risk.”

C. Proposed New Items

Finally, reviewers in the field recommended the addition of several new topics for the Guidelines, including:

- 1) Worker Safety
- 2) Engagement and Outreach
- 3) APS Operations
- 4) Congruence with the NAMRS Data Collection Project

1) Worker Safety:

“Develop a section on Worker Safety.”

“I didn’t see anything that would maybe specifically address policies and recommendations around worker safety and worker safety issues.”

2) Engagement and Outreach:

“APS should provide ongoing public awareness & community engagement piece.”

“I think it’s critical to be out in the community explaining and giving examples and trying to engage people and understanding what APS does.”

3) APS Operations:

“Add something on operational decision making”

“Add an element related to business operations, budget, marketing.”

4) Congruence with the NAMRS [National Adult Maltreatment Reporting System] Data Collection Project:

“Incorporate the NAMRS project so that the guidelines are fully comprehensive.”

“Recommend that APS agencies fully participate in federal efforts to collect, understand, and utilize APS data for statistical reporting purposes.”

Data Analysis Plan and Integration of Comments

Upon the completion of the stakeholder engagement process, ACL engaged a team of Health and Aging Policy Fellows to perform a qualitative data analysis of all of the public comments received by ACL. The Health and Aging Policy Fellows program selects participants each year through a national competition. The program has a broad interdisciplinary focus, and fellows come from both academic and practice settings with a wide-range of career experiences. The Health and Aging Policy Fellows Program began in 2008, and is supported by The Atlantic Philanthropies and the John A. Hartford Foundation. For more information about the Health and Aging Policy Fellows, please visit the [website of the Health and Aging Policy Fellows Program](#).

ACL’s Health and Aging Fellows team will utilize a thematic analysis approach to look for themes and trends in the public comments ACL has received using “Atlas.ti” qualitative data analysis software. For inter-rater reliability, the first step will be for the entire four-person coding team to code the same 20% of the comments, and then to review the coding as a group. Codes will only be considered if agreement is reached among the research team. A code book will then be established from this process which will be used to code all the remaining comments in Atlas.ti. Once all the comments have been coded, the team will then analyze the codes, examining themes and patterns. The themes that emerge from this analysis will be the subject of a data analysis report prepared by the team for ACL. The team began working in February 2016, and the data analysis report is expected in the summer of 2016.

Upon receipt of the report, ACL plans to convene a second expert working group. The experts will be selected based on their breadth and depth of knowledge regarding APS and system responses to identify, investigate, and respond to abuse, neglect, and exploitation of older adults and adults with disabilities, experience in the field, and experience with similar efforts. The goal of the second expert working group will be to review the qualitative data analysis report and make suggestions on the changes that should be made to the draft Guidelines. As the guidelines are intended to be field-developed and consensus-driven, ACL will instruct the expert working group to strive to incorporate all the comments, feedback, and information from the data analysis to the extent possible.

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. The Final APS Voluntary Consensus Guidelines are anticipated for release by October 15, 2016. 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. Therefore, ACL plans to perform, at a minimum, biennial reviews of these guidelines to incorporate additional knowledge into the guidelines as the APS evidence-base grows.

Appendix A

On-line Public Comment Form: ACL Draft Voluntary Consensus Guidelines for State Adult Protective Services Systems

Comment Submission

You are commenting on the **Administration for Community Living Draft Voluntary Consensus Guidelines for State Adult Protective Services Systems.**

Comment: *

[5,000 character limit]

Display Name:

Please do not show my name:

Email Address

Please provide your email address if you would like to give ACL the ability to follow up with you on questions and/or clarifications to your comments. *(optional)*

Email address:

Group/Sector

Please select the group or sector with which you most affiliate as related to the comments provided above. Please select only one (1) option from each category. *(optional)*

General (select one):

- General Public
- Seniors
- Adults with disabilities
- Family member/caregiver of older adult
- Family member/caregiver of adult with disabilities

Professional Groups (select one):

- Aging Services Provider/Advocate
- Disability Services Provider/Advocate
- Mental Health Service Provider/Advocate
- Medical/Health Professional
- Other Community Social Services Provider (Non-aging and non-disability)
- Adult Protective Services
- Protection and Advocacy Network
- Domestic Violence Service Provider/Advocate
- Faith Community
- Law Enforcement
- Community Legal Services Provider/Advocate
- Other Criminal Justice Professional
- Other Civil Legal Professional
- Banking/Financial Service
- Local/County Government
- State Government
- Other Professional Group:

Human Verification

To verify that you are a human, please solve the following equation:

8 + 5 *

Please read the [Privacy Notice](#) regarding comment submission. By submitting this form, you acknowledge that the comments you provided may be posted on this website.

Appendix B

Document: [Adult Protective Services Draft Voluntary Consensus Guidelines Project: Compilation of Public Comments Received by ACL](#)