National Association of Area Agencies on Aging

October 26, 2015

To: n4a Members

From: Sandy Markwood, CEO

Re: **Summary and Request for Feedback on Proposed ACL
            Voluntary Consensus Guidelines for State APS Systems**

n4a is seeking feedback from our members on the Administration for Community
Living's (ACL) draft Voluntary Consensus Guidelines for State Adult Protective Services
(APS) Systems. A summary of these guidelines is included in this document. Once
finalized, the guidelines will serve as non-binding, unenforceable recommendations and
suggested best practices to State Adult Protective Services Programs. The guidelines are
not regulations and will be updated biennially as new research and fields of practice
emerge to prevent and respond to elder abuse and exploitation.

**n4a is considering submitting feedback on the draft guidelines, and we
request your input about the recommendations that ACL is proposing.** Please
review n4a's summary below and submit feedback to Autumn Campbell
(acampbell@n4a.org) by October 28.

**We also encourage your agency to submit your comments directly to ACL, as
well. Submit comments to ACL. The draft guidelines can be found here:**
http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/Guidelines/docs/aps-draft-
guidelines.pdf.

About the Proposed Guidelines

ACL is assuming a greater leadership role in the issues of APS and Elder Justice, but
there is currently no broad federal infrastructure or home for APS services. Instead,
states and local agencies have developed a wide array of APS practices.

However, ACL has taken several steps to augment the agency's involvement in this
priority including efforts to create a national Office of Elder Justice and APS at ACL;
create a national APS resource center to better support and identify effective APS
practices; implement a national data collection system to aid research efforts in learning
about the issue and identifying effective prevention and intervention strategies; and
create a set of National Voluntary Consensus Guidelines for State APS systems.

The draft consensus guidelines cover seven domains of APS practice:
1. Program administration
2. Time Frames
3. Receiving reports of maltreatment
4. Conducting the investigation
5. Service planning and intervention
6. Training
7. Evaluation/assessing program performance

They were developed through a process aimed at identifying and building upon existing work and research in the field of APS. Each area of focus included an environmental scan to identify best practices and recommendations were developed by an expert working group. ACL is currently engaged in outreach to encourage stakeholder engagement and discussion about the draft guidelines.

How to Use this Summary

n4a has developed a summary of the guidelines and requests feedback on areas of particular concern or importance to AAAs. From October to December, ACL will review the comments and feedback received about the draft guidelines. Final guidelines, released following the review and revision process, will not constitute a standard nor a regulation; they will not create any new legal obligations, nor impose any mandates or requirements. However, it's important that AAA viewpoints are considered as these guidelines are finalized, hence our request for feedback from our members.

1) Program Administration

Ethical Foundation of APS Practice: It is recommend that APS systems establish and adopt a set of ethical principles, codify and provide employee training on these principles and require employees to sign a Code of Ethics. It is recommended that a code of ethics should encompass, at a minimum, the commitment to provide services in the least restrictive alternative environment while still meeting an individual's needs, take a person-centered approach for delivery of services, assume a trauma-informed approach when intervening and providing services, and use the process of supported decision making to devising an approach for providing help.

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

Population Served: While it was determined that the vast majority of APS systems serve adults 18+ who are the subject of a report and meet eligibility requirements, systems varied on those eligibility requirements and how they identify individuals of

being at-risk or vulnerable. It is recommended that APS systems develop criteria for determining eligibility of adults 18+ and serving those individuals.

Mandatory Reporters: Currently, 49 states have mandatory reporting statutes, but APS systems vary on which professionals, by law, are required to report suspected abuse and exploitation. It is recommended that states both require mandatory reporting of suspected abuse by certain professionals and that clear guidelines and mechanisms for reporting be established. Exemptions to mandatory reporting requirements should also be consistent with professional and ethical principles.

Coordination with Other Entities: Current research supports that formal, multidisciplinary teams increase effectiveness, satisfaction and rates of prosecution in APS cases. It is recommended that APS systems create policies and protocols to promote collaboration with other entities, when applicable, during an investigation but that those protocols preserve client confidentiality and other rights.

Program Authority, Cooperation, Confidentiality and Immunity: In regularly dealing with complex legal issues such as APS program authority, confidentiality of case records and immunity of APS workers, systems often must work with either internally based or external legal counsel. It is recommended that states ensure APS systems are provided with access to legal counsel and guarantee access to victims, access to information, cross-jurisdictional and interdisciplinary cooperation, immunity and record confidentiality.

Protecting Program Integrity: It is recommended that APS systems establish and enforce policies to ensure that systems are held to high standards of integrity. Such policies should address instances of conflict of interest between APS staff and individuals involved in an active investigation, receiving and addressing complaints, screening for APS personnel and establishing consistency of practice.

Staffing Resources: There is wide variety in the number of cases that APS staff manage, with some states averaging fewer than 25 cases, and some managing 100 or more. It is recommended that APS systems conduct caseload studies to ensure that case managers are maintaining manageable ratios and that states ensure adequate resources are dedicated to APS to reach manageable ratios.

Access to Expert Resources: It is recommended that APS systems collaborate with and make available expert consultation from outside professionals in fields including, but not limited to, civil and criminal law, medical, forensic experts, mental/behavior health services, financial experts and domestic violence and sexual assault experts.

Case Review and Supervisory Process: There is wide variety in how APS systems establish supervisory roles and expectations, but nearly all systems ensure administrative oversight at some critical juncture in case evaluation and response. It is recommended that APS systems create policies and protocols for supervisory

consultation at critical junctures including, but not limited to intake and assignment, investigation execution and evaluation, service provision planning and case closure.

2) Time Frames

Responding to the Report: APS systems vary in how they triage and respond to allegations of maltreatment, but nearly 80 percent of states require an initial response within the first 24 or fewer hours. It is recommended that APS systems develop and implement consistent protocol for responding to reports of maltreatment and initiating an investigation. It is also recommended that APS systems have at least two levels of response to triage reports and adequately address imminent and severe risks and to identify a less immediate or severe risk.

Completing the Investigation: Mandated timelines for completing investigations vary widely among states from fewer than 30 days to no timeline at all. It is recommended that APS systems create policy for determining a timeframe for completion of investigations and that these policies consider factors such as worker caseload, ensuring cases continue progressing through the system and allowing for extensions for complicated cases that require additional review or supervision.

Closing the Case: Again, APS systems vary widely in the average length of time that cases remain open. It is recommended that APS systems establish case closure criteria which may include considerations such as completed service plan, stabilized situation, mitigated safety risks or refusal of services.

3) Receiving Reports of Maltreatment

Intake: While 75 percent of states reporting having intake protocols and systems that were accessible 24 hours a day—either staffed or by call or message center—those without 24-hour intake systems were diverted to law enforcement. It is recommended that all APS systems establish intake protocols that receive reports of maltreatment 24-hours a day, 7 days a week. In addition, there are several key components that intake protocols should contain including, but not limited to, a fully-accessible 24-hour hotline, capacity to ensure that APS personnel respond to all emergencies and a systematic procedure for eliciting and documenting information about the alleged victim and perpetrator.

Screening, Triaging and Assignment of Screened In Reports: It is recommended that APS systems develop standardized screening, triaging and case assignment protocols that include processes to ensure prompt screening and investigation, review of safety risk factors, adequate referral to authorities or court action when required, and a timeline of no more than 24 hours for screening.

4) Conducting the Investigation

Determining of Maltreatment Has Occurred: It is recommended that APS systems establish standardized practices to collect and analyze information when determining whether maltreatment has occurred. It is also recommended this process involve elements including, but not limited to a private, unannounced initial interview; mandatory investigation of alleged maltreatment; ensuring that all alleged reports of maltreatment are investigated; identifying the types of maltreatment reported; assessment of whether other vulnerable adults may be affected by the report; notification of law enforcement if there is cause to believe a crime has occurred; and ensuring emergency medical treatment is received if needed.

Conducting a Psycho-Social Assessment: Because APS is primarily a social services program, a psycho-social assessment is critical to collecting information about the client's overall situation. It is recommend that APS systems create and apply standardized methods (according to the National Adult Protective Services Association Minimum Standards list for inclusion in the psycho-social assessment) to complete a needs and risk assessment and to assess any alleged perpetrators to determine if there is further danger posed to the client.

Investigations in Congregate Care Settings: APS systems vary in whether they limit APS services only to individuals in a community setting or also handle cases that occur in congregate care settings such as nursing facilities. If APS staff handles cases that occur in congregate care settings, it is recommended that staff receive dedicated and specific training to handle these cases and that systems establish formal agreements to ensure collaboration with agencies such as the Long-Term Care Ombudsman and state licensing and regulatory bodies.

5) Service Planning and Intervention

Voluntary Intervention: When developing service plans after intake and assessment, it is recommended that APS systems develop the client's service plan using person-centered planning principles and monitor the plan until the case is closed. It is recommended that these plans include the principles and elements included in the NAPSA Minimum Standards Guidelines for person-centered practice.

Involuntary Intervention: It is recommended that APS systems establish clear guidelines related to APS service delivery when the client lacks capacity to voluntarily agree to services and that these guidelines incorporate strategies to ensure the client participate in the decision-making process.

Case Closure: It is recommended that APS systems create a clearly documented and standardized method to complete case closure and that this method include elements such as, but not limited to, unsubstantiated allegation, risk mitigated or reduced, client refused services or was referred to another agency, services are unavailable or client is deceased.

6) Training

Case Worker and Supervisor Minimum Educational Requirements: Research supports that higher education requirements lead to higher investigation and substantiation rates, but not all states require APS caseworkers and supervisors to have a college degree. It is recommended that states establish minimum education and training requirements for APS workers and that direct service personnel are qualified to deliver services. Supervisors should have at minimum a college degree, and preference should be given to those with an advanced degree in social work, gerontology, health or related fields.

Case Worker Initial and Ongoing Training: Nearly half or more of APS systems provide one week or less of training to new caseworkers, but research supports that overall staff effectiveness increases with additional education and training. It is recommended that APS systems implement on-the-job training with three components including initial training to build knowledge and skills before workers go into field work; supervised field work for no fewer than 12 months; and advanced training to continue skill development and increase worker satisfaction and retention with the goal of achieving APS worker certification within the first two years of employment.

Supervisor Initial and Ongoing Training: In addition to receiving training on delivering adult protective services, it is recommended that supervisors also be trained on basic supervisory skills and refresh their skills with ongoing, annual, higher-level training.

7) Evaluation and Performance

While 43 states have developed benchmarks and metrics for APS program evaluation, only 17 states reported conducting and publishing annual APS evaluation report. Details on performance data and evaluation metrics vary widely among the minority of states that do publish program performance reports. It is recommended that APS systems develop performance measures—including but not limited to APS workload, case ratios, training and participation in multidisciplinary teams—and collect and analyze data on those measures on an annual basis.