



ADULT PROTECTIVE SERVICES

RECOMMENDED MINIMUM PROGRAM STANDARDS

Developed by the NAPSA Education Committee
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NAPSA is pleased to present the NAPSA Adult Protective Services (APS) Program Standards Document, outlining the minimum program standards for APS programs.

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NAPSA STRATEGIC GOALS

MISSION STATEMENT

The National Adult Protective Services Association’s mission is to strengthen Adult Protective Services programs in order to improve the safety and independence of older persons and adults with disabilities who are victims of abuse, neglect, self-neglect, or financial exploitation.

STRATEGIC GOAL 1 – OPERATIONS

Improve and expand NAPSA’s infrastructure in order to operate an effective, efficient, and inclusive membership organization.

STRATEGIC GOAL 2 – PUBLIC POLICY

Strengthen Adult Protective Services programs through leadership, advocacy, and support for national legislation and policies to eliminate adult abuse and improve the safety and independence of older persons and adults with disabilities who are abused, neglected, self-neglected, or financially exploited.

STRATEGIC GOAL 3 – PUBLIC EDUCATION

Increase the public’s knowledge and awareness of the role of Adult Protective Services programs; issues related to the abuse, neglect, self-neglect, and financial exploitation of older persons and adults with disabilities; and the importance of reporting suspected abuse.

STRATEGIC GOAL 4 – RESEARCH

Strengthen the partnership between researchers and practitioners in order to develop a body of evidenced-based best practices and outcome measures for Adult Protective Services.

STRATEGIC GOAL 5 – TRAINING

Support the development of increased skills, knowledge, and abilities of APS professionals throughout the country by developing and providing high quality training materials and training opportunities.

STRATEGIC GOAL 6 – APS RESOURCE CENTER

Operate and strengthen the National APS Resource Center to provide state and local APS programs with current, accurate research-based information and assistance to improve their capacity to provide effective protective services to older persons and adults with disabilities who are victims of adult abuse.

NAPSA MINIMUM PROGRAM STANDARDS

In order to support the mission and strategic goals of NAPSA and thereby strengthen and support Adult Protective Services (APS) programs across the country, NAPSA recommends the following Program Standards.

These Program Standards constitute best practice in APS and are written so that the principles may be applied to any APS agency or program, regardless of size or structure, to meet the minimum standards. Though the document avoids the direct use of prescriptive language such as “should” and “must,” it is implied.

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

ADULT PROTECTIVE SERVICES DEFINITION

Adult Protective Services is a social services program provided by state and local government nationwide serving older persons and adults with disabilities who are in need of assistance due to abuse, neglect, self-neglect and/or exploitation, hereafter referred to as “abuse.”

SERVICE PHILOSOPHY

State and local government Adult Protective Services programs take an active role in educating and advocating to the state and local communities for the need of protection from and prevention of abuse, neglect, self-neglect and/or exploitation, of vulnerable adults. That education includes the following principles.

PRINCIPLES

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

COORDINATION

Adult Protective Services 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 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 (BIA) law enforcement.

The goal of these intentional and specific collaborations is to provide comprehensive services to vulnerable adults in need of protection 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. One method to enhance community collaboration is to develop Multidisciplinary Teams as needed or required.

ETHICAL GUIDELINES

APS programs and staff are guided by a Code of Ethics and Practice guidelines as purposed by the *NAPSA (or APS) Code of Ethics*.

NAPSA APS CODE OF ETHICS

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

GUIDING VALUES

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

- Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

NAPSA APS PRACTICE GUIDELINES

The APS program is guided by practice guidelines that emphasize the APS Worker's need to:

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.

- Respect the adult’s right to keep personal information confidential.
- Recognize client differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of the worker’s ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult’s independence and choice to the extent possible based on the adult’s capacity.
- Use the least restrictive services first and community-based services rather than institutionally-based services whenever possible.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult’s expressed wishes, support casework actions that are in the adult’s best interest.
- Use substituted judgment in case planning when historical knowledge of the adult’s values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

EVIDENCE-BASED RESEARCH

APS programs are based on the most current and credible evidence-based research available. The NAPSA-NCPEA Research Committee has developed three documents that can assist in linking research and practice: Guiding Principles for Research in APS, Guidelines for Evaluating and Applying Research in Adult Protective Services, and Stages of Research Collaboration with Adult Protective Services (APS) Organizations. These documents can be accessed at <http://www.napsa-now.org/resource-center/research/>.

PROGRAM ADMINISTRATION

Administration of the APS program is guided by the agency mission and is consistent with the APS laws & regulations of its state or local government.

STAFF

- The number of staff is sufficient to serve the target population and fulfill state mandates.

- A recommended ratio of supervisor to direct service personnel is established and regulated.
- APS direct service personnel are qualified by training and experience to deliver adult protective services.
- The established training curricula minimally include the APS core competencies or equivalencies as identified by NAPSA.
- APS supervisors are qualified by training and experience to provide supervision.
- The established training curricula for supervisors minimally include APS supervisor core competencies or equivalencies as identified by NAPSA.

QUALITY ASSURANCE

- APS direct service personnel have access to knowledgeable case supervision.
- Provisions are made for access to subject matter experts, current research and best practice standards.
- Recommended or required direct service personnel to case ratios are established.
- Case assignments are made with consideration to complexity of the report and the education and training of direct service personnel.
- APS program data is collected, analyzed, and reported.
- 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.
- A case review process is standardized and consistently applied.

SERVICE PROVISION

- APS is 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.
- APS is provided consistent with NAPSA's code of ethics and practice guidelines.

TRAINING

NAPSA has identified a number of Core activities that are critical to the mission of any and all state and local government Adult Protective Services programs.

NAPSA and Project MASTER a program of the Academy for Professional Excellence, San Diego State University School of Social Work have developed a 23-session core curriculum around practice issues in Adult Protective Services. These training modules are available nationally for all APS organizations to use to advance workforce skills and knowledge. Comprehensive training packets are accessible at no cost for states and municipalities to utilize in their training efforts. Training modules include scripted

trainer and trainee materials, with skill-based learning activities, handouts, evaluation materials and PowerPoint Presentations. Each module includes an executive summary to support supervisors in assisting staff with transfer of learning skills into the work environment. Core modules can be accessed from http://theacademy.sdsu.edu/programs/Project_Master/core.html.

CORE ACTIVITIES

The core activities include: Intake, Investigation, Needs/Risk Assessment, Findings, Service Planning and Monitoring, Case Closure, and Documentation.

INTAKE

APS programs have a systematic method, means, and ability to promptly receive and screen reports of abuse, neglect, self-neglect, and/or financial exploitation.

During the receipt and screening of APS reports, the APS program's responsibilities include having:

- A hotline or other service that directly receives reports 24-hours a day, 7 days a week.
- A system for APS to be notified of all reports taken.
- The capacity to respond 24-hours a day to emergencies with trained APS personnel.
- Partnerships with other agencies and community organizations potentially available to assist in the response.

Other intake and APS program responsibilities include:

- Protection of the reporter's identity, unless otherwise ordered by a court.
- A prompt process used to screen and investigate reports.
- An explanation to the reporter of the role of the reporter in this process and types of services or interventions that Adult Protective Services can provide.
- A review of safety and risk factors.
- Agency decision-making criteria to review and assign cases, report to other authorities and initiate court action when required.
- A determination as to whether a case will be screened out, referred for an alternative response, or investigated.
- 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.

INVESTIGATION

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 to determine potential danger to the client and how quickly the investigation is to be initiated.
- An assessment of potential danger to the APS worker.
- Preparation for a home visit - the APS worker makes an unannounced initial visit to the home of the client at least once during the investigation process, and upon entering the premises and during the interview process responds to emergencies that may arise that relate to the safety or health of the client, or the safety of the APS worker.
- Interviews with the reporter, client, collateral contacts, members of the family, alleged perpetrator and others with knowledge of the situation, to complete an assessment based on the initial report.
- Review of relevant documents; e.g. financial and medical records.

NEEDS AND RISK ASSESSMENT

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.*

Personal Health and Functional Ability

- Physical health - Determine emergency medical needs
- The client's ability to perform ADL's & IADL's (daily tasks to meet his/her own needs)

Personal Mental Health Status and Capacity

- Mental - Determine if need for emergency mental health treatment
- Emotional
- Decision-making capacity and ability to direct his/her own care

Social

- Support system (formal and informal)
- Caregiver - Determine need for immediate care
- Behaviors

- Interpersonal dynamics

Environmental

- Health hazards
- Safety hazards

Financial

- Capacity to manage finances
- Appropriate use of finances
- Determine immediate need to preserve assets

In addition to these five critical domains, in the cases of abuse, neglect, or financial exploitation, an assessment of the perpetrator is an additional critical task for the APS worker to complete, in order to ascertain the risk to the safety and independence of the vulnerable adult victim.

When conducting assessments and investigations, the APS worker keeps the NAPSA Practice Guidelines in mind (See page 6).

CASE FINDINGS

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.

SERVICE PLANNING AND MONITORING

APS programs adhere to the following Guiding Principles below and the NAPSA Practice Guidelines on page 6 when developing a plan of action to address the identified needs and risks of the adult.

Protective services are offered to clients in a timely manner.

The goal of the service plan is to make the client safer, prevent continued abuse, and improve his/her quality of life. Regular monitoring of the service plan through face-to-face contact occurs as needed to pursue the continued reduction or elimination of risk of abuse, neglect, self-neglect or exploitation of a vulnerable adult.

If criminal activity is suspected, a referral is made to local law enforcement.

If a suspected violation of state regulatory and licensing practices is suspected, a referral is made to the appropriate agency.

Guiding Principles

- Respect the integrity and authority of victims to make their own life choices.

- Hold perpetrators, not victims, accountable for the abuse and for stopping their behavior. Avoid victim blaming questions and statements.
- 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.

Note: Different agencies may use different terms when referring to the plan, e.g., case plan, service plan, action plan, etc.

Voluntary Service Planning

Once the assessments are made, the APS worker develops a case plan with the client. In emergencies where the client lacks capacity or cannot consent to services, involuntary action may be necessary. In other situations, when the client can consent to services, a voluntary case plan is developed with the client, keeping in mind the Guiding Principles and Practice Guidelines.

Voluntary Service Plan development includes:

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

Although the individual may be a victim of abuse, working with the individual requires the recognition that the individual has many positive qualities that workers have the opportunity to examine and strengthen. It is important to see the victim of maltreatment as a viable, strong person with much to offer.

Involuntary Service Planning

In emergencies where there has been a determination of extreme risk and the client lacks capacity or cannot consent to services, involuntary action may be necessary. The decision to take involuntary action is not to be taken lightly.

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 abuse who lacks capacity, working with the individual requires the recognition that the individual also has many positive qualities and when possible may be able contribute to the decision making process.

Once the screening assessment indicates that a client may lack capacity a case plan is developed that addresses the risks and needs identified in the assessments and a formal process should be in place to:

- Determine when involuntary intervention may be indicated.
- Identify those situations where the client's immediate safety takes precedence over the client's right to self-determination.
- Explore the ethical issues in the worker's decision to use involuntary intervention.
- Document information needed to justify the use of involuntary intervention.
- Identify the appropriate resources needed to be able to implement an involuntary case plan.
- Develop and defend an involuntary intervention plan.
- Have in place a systematic method to continue to provide protective services to those clients who are being provided involuntary protective services.

Voluntary or Involuntary 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 case plan will include the arrangement of essential services as defined in statute or policy.

CASE CLOSURE

APS programs have in place a systematic method to complete a Case Closure.

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 may have different standards for case termination, these conditions are fairly common for most programs, and should be detailed as to the exact circumstances for each in order to meet program standards. Some reasons include:

- Allegations substantiated or unsubstantiated (terms may vary depending on jurisdiction)
- Risk ameliorated or reduced
- Unable to locate
- Client (with capacity) refused services
- Client referred to another agency

- Client placed
- Client 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.

DOCUMENTATION

APS programs have a systematic method of documenting the entire case process.

When completing case documentation, the APS worker¹:

- Values the importance of clear, concise, accurate and fact-based case documentation and reporting, and its long-term impact on the client and other involved parties.
- Values accuracy, objectivity, and unbiased documentation of diverse cultures, lifestyles, and needs in case recording and preparation of reports.
- Respects and acknowledges the time frames necessary for the preparation and submission of case documentation and reports to the Supervisor, to allow sufficient time for review and in conformance with mandated timelines for completion of required tasks.
- Clearly supports the case finding.
- Includes a confidentiality statement per the programs rules and regulations.

¹ Hwalek, M. "Proper Documentation: A Key Topic in Training Programs For Elder Abuse Workers" Journal of Elder Abuse & Neglect, Vol 1(3) 1989.