



**NATIONAL ADULT PROTECTIVE
SERVICES ASSOCIATION**

THE NATIONAL APS RESOURCE CENTER



**Lessons Learned from Research and
Practice: An APS Technical Assistance
Report**

Part II – Innovative Practices from the Field

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I. INTRODUCTION

As the Administration for Community Living (ACL) noted in its *Draft Voluntary Consensus Guidelines for State Adult Protective Services Systems* (July 2015), “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.”

Justice Louis D. Brandeis once described states as the “laboratories of democracy” where innovative policies can be developed and then replicated by other states or translated into national programs. Given the historic lack of any federal involvement in APS, APS programs have evolved with more differing practices than generally found in other fields.

This report describes various innovative practices implemented by APS programs throughout the country and submitted to the Center in 2014 and 2015. The practices are categorized as follows:

1. Increasing Efficiency and Worker Effectiveness
2. Improving Reporting Capacity
3. Strengthening Client Services
4. Addressing Financial Exploitation
5. Working with Other Systems

Wherever possible, links to more information about a practice are included. For additional information about a particular practice, email info@napsa-now.org and contact information for the involved state program will be provided.

For additional information on innovative practices in APS, please refer to these earlier National APS Resource Center reports:

- [*Doing More with Less: Replicable, Innovative and Cost-Saving Measures in Adult Protective Services*](#)
- [*Integrating Information, Training & Access to Services at an ADRC: New Mexico’s Experience*](#)
- [*The Philadelphia APS Bank Reporting and Loss Prevention Program*](#)
- [*The APS/AAA Service Coordination Program, Maricopa County, Arizona*](#)

- [The Texas APS Statewide Community Engagement Program](#)

II. INNOVATIVE PRACTICES

1. Increasing Efficiency and Worker Effectiveness

a. [Videoconferencing and Telecommuting](#)

- In Alaska, a huge geographic area with only 13 investigators, it is not uncommon for APS workers to be unable to access clients in remote areas because of insufficient staff, cost, weather and/or the lack of transportation options. APS staff there now conduct some interviews with clients at local clinics via **videoconferencing**. This enables workers to speak with clients as well as to see visible signs of abuse or neglect. Alaska also designates community representatives from the fields of nursing and law enforcement to make in-person visits to clients in crises when an APS worker is unable to travel to the site. The designees then immediately report their findings to APS.
- In Mississippi, the program uses **videoconferencing** to enable supervisors to consult with staff in the field. This provides real-time assistance to workers and reduces the need for some repeat visits. Minnesota has implemented a similar system.
- Arizona allows some staff to **work remotely** and provides them with mobile office equipment rather than an actual office. Other APS staff are permitted to telecommute on occasion. Florida has also implemented this system.

b. [Making Training More Accessible](#)

- The Louisiana APS program holds **“30 by 30” staff trainings**. These are monthly, 30-minute webinars on various topics, such as time management, undue influence, interviewing skills, making substantiation decisions, financial exploitation, and emotional abuse. The short trainings facilitate maximum staff participation in that busy front-line personnel have opportunity to learn with minimal interruption to their day.
- The Massachusetts Elder Protective Services Program created a **three part training video “Responding to Late Life Domestic Violence”** with funding from the Office of Violence Against Women. The grant project was designed to provide training between Elder Protective Services Agencies, Domestic Violence Agencies and Rape Crisis agencies to improve responses to cases of domestic violence and sexual assault involving older women and to foster cross agency collaboration. The curriculum includes : [Introduction; Part One: Interviewing Alleged](#)

[Victims](#), which addresses and demonstrates clinical principles of alleged victim interviewing; [Part Two: Interviewing Alleged Perpetrators](#), which presents and depicts alleged perpetrator interviewing; and [Part Three: A Panel Discussion of Intervention Strategies](#), which describes possible interventions for older victims as well as the challenges they often face; it also includes an older victim describing her experiences. *Note:* this may be the only free training video available to APS on interviewing techniques, which are needed for APS cases in general.

c. Protecting Worker Safety

- Oregon has hired a **Worker Safety Coordinator** to respond to the worker safety needs encountered in the field. That state has experienced a tragic fatality, multiple near misses, and reports of increased safety concerns. As a result, one of the top challenges noted in their Workforce Strategy Plan was "keeping our entire protective services and investigations staff safe."
- Some of the many issues that investigators run into include: drug operations (such as meth labs), guns or other weapons, domestic violence and vicious animals. There is a need for systematic debriefing of critical incidents to learn from past experiences and provide a way to support worker safety as they are asked to do incredibly challenging work. The Worker Safety Coordinator addresses these issues.
- APS staff reports feeling valued and cared for as a result of this innovation. The Coordinator is piloting training programs. Topics include safety culture, prevention rather than reaction, safety planning, risk assessments, management and practical tools. Other trainings planned will include de-escalation techniques, mental health crises, secondary trauma, policy transmittals, implementing policies, drug identification, weapons training and self-protection vs. self-defense. Oregon has also implemented a pilot project to track worker safety incidents.

d. Improving Worker Thoroughness and Efficiency

- Three states, Minnesota, Mississippi and Oregon, have created **checklists** to guide workers through investigations, helping to insure that no critical steps are missed.
- Utah uses a **dictation service** so that field workers and supervisors can use a telephone service to transcribe their case notes.
- Mississippi has developed a **questionnaire to standardize workers' interviews** with clients' physicians.

- Minnesota has developed “**resource specialists**” to provide technical assistance to staff on specific issues.
- Illinois and Wisconsin have institutionalized regular communications with their field staff to provide policy updates and other needed information. Wisconsin calls their updates “**Safety Networks**” and Illinois named theirs “**Monday Memos.**”

2. Improving Reporting Capacity

a. Online Reporting

Four states recently created online **abuse reporting** systems: Minnesota, Missouri, North Dakota, and Utah. (NOTE: In the 2012 survey of APS programs¹, five states reported having online intake capacity)

- Minnesota has seen a 40% increase in reports since implementing a centralized reporting system, and the change has impacted the entire APS program and partner agencies. For example, centralization has identified the need for IT improvements and has opened opportunities for improved prevention data collection and other system and service improvements to benefit vulnerable adults.
 - Centralization has also resulted in process changes within the agencies responding to reports including law enforcement, county social services and state agencies.
 - Centralization has highlighted areas within the adult protection system that need additional system supports. It has brought new energy and focus to the need for increased collaboration for responding to reports and providing adult protective services for the reported victims.
- In 2013 a mandatory adult abuse reporting law passed in North Dakota. At that time, the ND APS program had only 12 line staff functioning simultaneously as intake workers, screeners, and investigators. In an effort to reduce worker overload, the program created an [online reporting system](#) and an [online training](#) describing those required and eligible to report abuse and when and how to file reports. This interactive training includes an overview of the law and case scenarios. A state map depicts APS programs regions. Clicking on a region reveals contact information for reaching assigned workers directly. The site guides reporters through the online reporting process. The goal is to make abuse

¹National Adult Protective Services Association and the National Association of State Units on Aging. (2012). *Adult Protective Services in 2012: Increasingly Vulnerable*. Available at: <http://www.napsa-now.org/resource-center/research/promising-practices/>

reporting simple and interactive. The online course is completed in approximately thirty minutes and carries one education credit. The program has also created a dedicated intake worker position to receive and process reports.

b. Improved Intake Processes

- The District of Columbia trained staff to use the [Review, Evaluate and Decide \(RED\) team model](#) when screening intake reports. The RED model standardizes the process for handling reports and the team approach removes the decision-making responsibility from a single person.

c. Innovative Use of Technology

- Georgia APS has created a mobile phone/tablet app called [Georgia Abuse, Neglect and Exploitation \(GANE\)](#) to help law enforcement and the public report abuse, neglect and exploitation AND to help locate lost and wandering vulnerable adults. The app is available on multiple mobile operating systems and includes:
 - Three basic cognitive capacity questions
 - Information regarding helping agencies located throughout the state and details regarding when to call each of them
 - Relevant civil and criminal laws and regulations
 - Information and questions about abuse, neglect and exploitation
 - Updates on the latest financial exploitation scams
 - Amber alert information

3. **Strengthening Client Services**

a. Two Research-based Casework Models Developed Specifically for APS

- A number of states, including Minnesota, New Hampshire and Texas, as well as several county-based programs, have implemented the [APS Structured Decision Making® \(SDM\) decision support model](#). The SDM® system for adult protective services (APS) is a set of assessments, including those for intake, safety, risk and the client's strengths and needs, which help workers make appropriate decisions at critical decision points in an APS case. The tool, a product of the National Council on Crime and Delinquency (NCCD), helps standardize APS casework and improve services.
- [Tool for Risk, Interventions, and Outcomes \(TRIO\)](#) was developed in Ventura County, CA by APS social workers for use in APS. The TRIO was designed to facilitate consistent APS practice and collect data related to primary dimensions of typical APS-client interactions from investigation to interventions to, finally, relevant outcomes. The tool promotes an empirically-based understanding of

each of these dimensions and the relationships between them. Important findings from the TRIO include the diversity of client risk profiles, how these risk profiles and the APS interventions provided were associated with the achievement of health and safety related outcomes, the factors that predict APS recurrence, and APS social worker capacity to correctly identify clients at high risk for APS recurrence.

b. Improved Capacity Assessments

- Florida APS had a program-wide gap analysis conducted by a contracted APS expert. An outcome was the recommendation to revise the program's methods for and training regarding assessing clients' capacity to consent to services or CTC. The state piloted a new system for CTC assessments in one region involving use of on four tools [Memory Impairment Screening \(MIS\)](#), [CLOX-Clock drawing executive test](#), [Short Portable Mental Status Questionnaire](#) for use by frontline staff, and the [EXIT-25](#), to be administered by Registered Nurse Specialists.

The pilot “demonstrated significant improvement in the assessment and documentation of clients' capacity to consent” including a 30% increase in protective supervision cases; a 70% improvement in documentation of CTC; and staff reports of less stress and more clarity when using the tools. Nurses preferred the Exit 25 test to the St. Louis University Mental Status ([SLUMS](#)) Exam, finding that it provided more insight into client's cognitive ability, executive functioning, and short term memory. Almost three out of five people who passed the SLUMS failed the Exit 25.

Because of the successful results of the pilot test, the new CTC tools are being implemented statewide. According to the state, “These tools are invaluable to frontline staff in helping determine capacity and ensuring we protect the client's rights, along with protecting them from further abuse, neglect, exploitation and self-neglect.”

c. Improving Service to Self-Neglecting Clients

The primary statutory charge of Florida's Adult Protective Services (APS) Program is to investigate allegations of abuse, neglect, exploitation or self-neglect of vulnerable or disabled adults. The Program Office in the Northwest Region analyzed investigations conducted December 2012 – November 2014. Self-neglect was the most prevalent allegation investigated. The high percentage of repeat investigations, as well as a significant high number of cases closed as “Not Substantiated,” caused the Region to take a closer look and identify ways to address and prevent repeat self-neglect cases.

Circumstances that contributed to a high percentage of self-neglect cases included:

- Lack of community resources to provide services.
- Victims being unaware of community resources.
- Victims with capacity to consent refusing all assistance.
- Investigators' inaccurate assessment that clients who actually lacked capacity could knowingly refuse services.
- Investigators lacking sensitive to victims' reluctance to accept services.

The Northwest FL APS Region has implemented a "Ride-Along Program" to provide a more focused and holistic approach to self-neglecting adults. It is anticipated that isolated clients and those lacking awareness of available community supports may benefit.

When self-neglect reports are received, the assigned investigator makes a face-to-face visit to the vulnerable adult. The program requires that a Human Services Counselor accompany the investigator to encourage prompt involvement and to establish communication between the investigator, the counselor, the vulnerable adult, and ultimately potential community provider(s). This ride-along program provides the referred adult opportunity to get to know the counselor, build rapport and trust, and consider agreeing to needed services. The counselors are knowledgeable regarding community resources and make return visits if necessary to adequately assess capacity to consent.

The ultimate goal of the ride-along program is to provide vulnerable adults information needed to maintain independence within the community without compromising safety and well-being. It allows FL APS to address the needs of vulnerable adults in a more expeditious manner and reduce repeat self-neglect reports. The partnership between the Adult Protective Investigator and the Human Services Counselor, and the sharing of expertise, is improving the overall quality of investigations.

d. Emergency Funds and Services

- Although some state APS programs have had emergency funding to meet clients' for many years; additional programs have added them recently.
- Colorado APS recently added **funding for emergency and one-time services** to its budget.
- Georgia APS created ["TERF" – Temporary Emergency Respite Funds](#) – for vulnerable adults who need emergency placement. The app described above in

2(c) includes information on beds available in licensed facilities for up to two days.

- The District of Columbia has **licensed social workers available 24/7 to respond to emergency situations as well as 24-hour in-home assistance available**. The program also provides **fleet services to transport clients to medical appointments**.
- Much like Georgia, Nevada has provider **agreements with group homes to accommodate temporarily displaced older person in emergency situations**. Emergency funds are also available to help alleviate the abusive situation, covering such things as past-due bills, biohazard cleanup, homemaker services, etc.

e. Expert Consultants

- Nevada has contracts with **three geriatric psychiatrists available to go to older people's homes to conduct capacity evaluations when needed**. The program also has two forensic medical specialists and one forensic accountant to assist on cases.
- Virginia:
 - Mathews County APS had a small grant to provide **in-home mental health counseling** to their older and homebound clients. The counselor was Medicaid approved and the co-payment was billed to the grant. Unfortunately the services were not well received.
 - Fairfax County APS contracts with **a neuropsychologist and a nurse practitioner to consult** on cases.²

f. Coordinating Response to Children "Aging Out" of the Child Welfare System

Georgia is **proactively working with the child welfare system to address the transition of children out of the child welfare system**. Children with oppositional defiant behavior who reached the age of majority previously were automatically made wards of the state. The number of wards doubled in Georgia between 2004 and 2014, creating a burden for APS. APS has informed CPS that the child's case must meet the criteria for an APS investigation before APS will take the lead on it. APS requires that it assess the child and relevant records and contact key individuals involved before accepting the case.

² Capehart, A. (2013) Doing More with Less: Replicable, Innovative and Cost-Saving Measures in Adult Protective Services. National Adult Protective Services Resource Center. Available at: <http://www.napsa-now.org/promisingpractices>

4. Preventing Elder Abuse

New York City APS operates two elder abuse prevention programs:

a. Prevention Services Program (PSP)

This program was designed to provide an appropriate level of service (mainly financial management and homecare) to stabilize APS clients who do not require intensive case management. Clients of the program live in the community (not in a licensed facility) and receive minimal intervention and services. These are less intensive than traditional APS cases and the interventions are designed to prevent future abuse. In some situations, carefully vetted volunteers visit the clients in months when APS staff does not.

b. Financial Management Services (FMS)

The FMS program is a Social Security representative payee program for clients that receive services through the NYC Human Resources Administration (not just APS). Through a staff of 20, the program accepts Social Security income and expends those funds for the client's utilities, rent, etc. A budget is jointly developed by a client and their designated HRA employee.

The FMS and PSP programs share many clients. At any given time, approximately 2,300 clients receive services.

Recidivism is an issue with which all APS programs struggle, as clients are repeatedly referred and cases re-investigated, often multiple times yearly. Having regular and direct client observation, even if infrequent, compared to traditional APS case management, helps to stabilize clients to prevent re-referrals to APS.

5. Addressing Financial Exploitation

a. Oregon Elder Financial Exploitation Prevention Project,

This project has been in existence for 20 years, is a successful public/private partnership that strives to prevent, detect and report suspected financial abuse of seniors in Oregon. Partners include the Oregon Department of Justice, the Oregon Office of Adult Abuse Prevention and Investigations and the Oregon Bankers' Association (OBA).

In recent years the Project updated and redistributed its major product, a finely crafted, comprehensive toolkit for bankers. The kit includes a training manual and a

DVD with information for bank personnel on recognizing and reporting possible elder financial exploitation. The DVD contains banking scenarios based on actual events experienced by OBA members.

b. [Philadelphia Financial Exploitation Prevention Taskforce](#)

This taskforce was initiated by the Philadelphia Corporation for Aging (PCA) with the support of the Mayor, District Attorney and Police Commissioner. The Taskforce aims to strengthen collaboration to prevent, detect, investigate, recover assets and prosecute financial elder abuse. It also trains law enforcement, social workers, banks and community agencies about elder financial abuse. It also works to raise awareness among seniors and the general community about elder financial abuse and prevention strategies.

This task force has improved communications with banks and criminal justice agencies; improved investigation and resolution of cases, and resulted in increased prosecutions of financial exploitation.

c. [Statewide Annual Financial Exploitation Summits](#)

A number of states, including Illinois, Missouri, New York and Texas, now hold annual financial exploitation summits.

d. [Specialized Teams](#)

- Arizona has a **Financial Exploitation Unit** consisting of a supervisor and four special investigators with financial exploitation expertise. This team carries complex exploitation cases and also consults with other workers on their cases.
- Missouri has **dedicated staff trained regarding financial exploitation investigations**. This unit investigates cases of elder abuse/neglect and financial exploitation that may result in referrals to local prosecutors. The SUI (Special Investigations Unit) is able to put holds on accounts in which questionable financial transactions have occurred. APS is also provided with a hotline number to obtain verification that this has happened.

The SIU also assists APS staff by providing investigation techniques training and consultation regarding ongoing investigations. The SIU provides educational outreach programs, informational training, seminars and other related program activities to senior citizen groups, law enforcement agencies, prosecuting attorney office personnel, other governmental agencies and community groups. In cooperation with the Missouri Secretary of State's Office, the Missouri Department of Insurance and Professional Registration, and the Missouri

Attorney General's Office, the SIU is conducting trainings for major investment corporations and banks.

These efforts build on Missouri's long-standing comprehensive [MOSAFE Program- Missourians Stopping Adult Financial Exploitation](#), which educates financial institutions and consumers on stopping financial exploitation before a senior or disabled adult's funds are depleted. It features Emmy Award-winning actress Doris Roberts narrating a video about this fast-growing crime. Information for consumers and financial institutions is available free of charge.

6. Working with Other Systems

a. [Geriatric Psychologists](#)

The Rhode Island APS Program is collaborating with a local geriatric psychologist on a **Hoarding Task Force**. The goal of the Task Force is to develop resources to assist older adult hoarders.

b. [Law Enforcement](#)

Also, Rhode Island APS is collaborating with local law enforcement and victim advocates on a statewide **Adult Sexual Assault Task Force**. The purpose of this Task Force is to develop a statewide guide for adult victims of sexual assault.

c. [Multidisciplinary Teams](#)

- Professionals on Utah's **Elder and Vulnerable Adult Abuse (EVAA) Multi-disciplinary Screening Team are co-located**, working together under one roof to provide coordinated services to vulnerable and elder adult victims. The EVAA team supports the Family Justice Center by providing a place where victims can plan for their safety, receive medical assistance, talk to an advocate, meet with a prosecutor, interview with police officers, receive information on shelter, and access transportation. As part of the program, law enforcement agencies in Salt Lake County are encouraged to screen cases involving vulnerable and elder adult victims with APS staff to review case circumstances and determine if and what charges to file.
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- More and more, APS programs initiate and/or participate in **multi-disciplinary teams (MDTs)** with other professionals. At least two states, Illinois and Wisconsin, require all local agencies to have MDTs; both states have developed guidelines on creating and maintaining MDTs.
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- Some counties in California, including Santa Clara County, have evolved their long-standing Financial Abuse Specialist Teams (FASTs) into [Rapid Response FASTs](#). A

referral to the RR FAST triggers a prompt visit to the elder or dependent adult by at least two members of the team. The rapid response enables the team to more quickly freeze assets and prevent the loss of more of the senior's funds.

d. [Wisconsin Dementia Redesign Project](#)

The Wisconsin Department of Health Services developed the Wisconsin Dementia Care System Redesign Plan to address gaps in the current care delivery infrastructure and expand community and crisis services for people with dementia.

In almost all Wisconsin cases involving an individual with dementia in crisis who can no longer remain in his or her current residence, APS is responsible for finding a facility willing to accept the individual for stabilization and, if the individual cannot return to his or her original residence, facility placement for long-term care.

Challenging behaviors are often a way for persons with dementia to communicate when they are unable to verbalize or find the words to express their needs. A caregiver's response can either ameliorate or exacerbate the challenging behavior of the person with dementia, and transfer trauma, that is, changing the person's place of residence, is common in individuals with dementia. The goal is always to respond to the behavior in a manner that causes the least disruption to the individual.

To help respond to crisis situations involving persons with dementia, Wisconsin created the "Crisis Systems Team" and charged it with recommending strategies to improve the capability of Wisconsin's dementia care system to respond to people with dementia in crisis. The Team is not only reactive but also proactive, and is developing recommendations based on the following framework:

- Identify individuals with dementia at risk for crisis monitor them to prevent crises, and prepare and update, as needed, crisis plans for them.
- Locate family and friends, obtain information about and evaluate the individual's needs, link the individual with community resources, and provide ongoing case management.
- Make referrals for supports and services available through the Aging and Disability Resource Centers (ADRCs).
- Notify APS as soon as problems begin to emerge so APS can help provide consultation and planning expertise.
- Develop an appropriate organizational culture and sufficient staff who are educated and trained about dementia, challenging behaviors, and other aspects of dementia care.

As a result, a few counties are currently providing emergency mental health services to individuals with dementia in crisis, and one county in particular, has a well-established

process to coordinate crisis intervention services among different systems and providers. Another five-county consortium is trying to develop a small facility for short-term stabilization for people in crisis, including individuals with dementia. One county has developed agreements with hospitals willing to provide medical clearance for individuals with dementia needing emergency protective placement in exchange for access to aftercare placement in participating facilities.

III. SUMMARY

APS Programs face rapidly increasing numbers of increasingly complex cases and, all too often, extremely limited resources. They, however, continue to innovate in an effort to provide the most effective protective services possible in the most efficient manner. Most of the practices described in this report can be replicated by other programs and thereby improve APS practices in many locations. APS administrators, almost without exception, willingly share with their APS colleagues what they have learned and the resources they have created.

For further information about any practice described in this report, please contact info@napsa-now.org.