Evaluation of the Vermont Adult Protective Services Program

National Association of States United for Aging and Disabilities

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Contents

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Vermont seeks to improve the state's adult protective services (APS) program and strives to learn from other states the best administrative practices for managing the adult protective services program. Vermont Department of Aging and Independent Living (DAIL) contracted with the National Association of States United for Aging and Disabilities (NASUAD) to research the practices of VT and other states in the administration of adult protective services and to recommend changes that would improve VT's systems, processes, and outcome in dealing with vulnerable adult abuse, neglect, and exploitation.

NASUAD, founded in 1964, represents the nation's 56 officially designated state and territorial agencies on aging. The Association's principal mission is to support visionary state leadership, advance state systems innovation, and articulate a national policy on vulnerable adults' rights and home and community based services for older adults and individuals with disabilities and their families. NASUAD has more than forty years of experience in consultation, training, and technical assistance. NASUAD supports professional development on the full range of policy, program, and management issues of concern to states. Its staff and consultants collectively have years of direct experience in administering state programs for adults including protection systems, aging, and disability resource centers, supportive services, and public benefit programs such as those supported with State and Medicaid funds.

Our research involved Delaware, Maine, and New Hampshire, selected on the basis of their similarity with Vermont in population, geography, and government structure for the APS program. Each state participated in interviews lasting one hour or more and generously provided numerous documents and data that were beneficial in understanding their APS programs. Additionally information obtained from other states' APS programs during 2010 and 2011 for a NASAUD research project for the state of Washington is referenced.

Additional research included sending an electronic survey regarding the VT APS program to more than two hundred organizations and individuals. The survey analysis and discussions with VT administrators led us to center the eleven focus group meetings on three specific topics and one open-ended discussion. The topics were (1) protocol for investigative actions beyond the mandated 48 hours commencement timeframe, (2) after-hours response for reports of adult abuse, neglect, and exploitation, (3) improvements and suggestions for the APS program, and (4) time to discuss whatever the participants choose to discuss relevant to APS.

Recommendations, with several options and strategies for improvement of the APS program are provided for Vermont's administrators, policy makers, and advocates for review and final determinations. There are no federal rules, regulations, guidelines, or appropriations for states' Adult Protective Services Program. The Elder Justice Act was signed into law by President Obama in 2010; however, no money has been appropriated to implement the Act. The laws, program administration, and budgets for APS programs are solely the discretion of states. There are no national standards for staffing, workloads, investigative practices, training, etc.

This document is intended to provide guidance and recommended suggestions to VT DAIL. It is important for readers of this report to know that state statutes' language of intent and definitions may differ upon interpretation. A state's practices in the administration of an APS program may vary over the years from the original state law creating the program and the appropriations for the program.

Conversations with state leaders and professional associations, including research from those organizations, are referenced and provided as presented to NASUAD.

We recommend that Vermont:

- Recruit and staff for APS chief, two field supervisors, program (data) administrator, and an additional intake staff person. When permanent positions are vacant recruit for specialized staff such as a forensic nurse and forensic accountant. Options are provided for some shared staffing of responsibilities between APS and Licensing and Certification staff.
- Adopt and implement the NAPSA approved training curriculum or adopt another state's training program for APS staff.
- Furnish APS staff with client assessment tools. Recommendations include examples from at least three states that use a matrix or structured decision making process for assessments reliant upon supervisory guidance and case closures.
- Replace the outdated and unreliable APS data systems. Vermont DAIL has contracted with Harmony and has begun the process of implementing Harmony's APS software.
- Many factors brought about the decision not to recommend a worker to caseload ratio. A few of those factors include: unreliable data systems currently in use; inconsistency in reports of data; new and inexperienced workforce; and old cases awaiting supervisory guidance and further actions or closure. There is not enough reliable information at this time to give recommendations about an appropriate worker to caseload ratio. However information is provided about the worker to caseload ratios for other states as a guide.
- Adopt a Continuous Quality Improvement (CQI) process that helps the department, division, program, and individual staff learn to manage using data and to measure program effectiveness using outcomes measures.
- Several recommendations are provided for intake and referral operations. These include additional staffing, replacement of antiquated phone equipment, and a new model for integrated staffing.
- Several options are provided for after-hours response for taking reports of allegations of abuse against a vulnerable adult and response to those reports within the forty-eight hours mandated time period.
- Examples of community partnerships and ideas from other states are provided as ways to address prevention, intervention, and prosecution of crimes involving vulnerable adults.
- Implementation steps are provided as guidance.

Throughout the document major findings and recommendations are highlighted in green for the readers' ease.

Evaluation and Stakeholder Input

We decided that a three prong approach to evaluating Vermont's APS program was useful and appropriate. These three aspects are:

- comparisons with other states;
- conducting an electronic survey with as many stakeholders as possible; and
- conducting focus groups on-site in VT.

The following sections contain information gleaned from the state comparisons, e-survey, and focus groups.

Comparison States

The states of Delaware (DE), Maine (ME), and New Hampshire (NH) were chosen for comparison to Vermont's APS program because of these states' demographics, population size, geography, and APS program innovations. In addition, DE, ME, and VT's APS are similar in that their programs do not investigate reports of self neglect. According to the U.S. Census Bureau[1] 2010 Quick Facts, the overall population, 65+ population and persons per square mile for DE, ME, NH, and VT are as follows:

State	Population	65+ Population	Persons per square miles
DE	897,934	14%	460
ME	1,328,361	15.9%	43
NH	1,316,470	13.5%	147
VT	625,741	14.6%	67.9

All four states' APS programs are administratively placed within the designated State Unit on Aging (SUA). According to the National Association of States United for Aging and Disabilities (NASUAD) 2009 report[2], twenty-nine (29) state APS programs are placed organizationally within the SUA.

Interviews with APS managers and state leaders in DE, ME, and NH were conducted during November and December, 2011.[3] Information regarding these states and other recent information from NASUAD 2010-2011 data regarding selected states APS programs are detailed throughout this report.

Electronic Survey of Vermont Stakeholders

[1] U.S. Census Bureau, 2010 Quick Facts, http://quickfacts.census.gov/qfd/index.html
[2] NASUAD, State of Aging: 2009 State Perspectives on State Units on Aging Policies and Practices, October 2009.
[3] Maria Greene, Senior Consultant, NASAUD, summaries of interviews and research with DE, ME, and NH are in Appendix A.

The Department of Aging and Independent Living (DAIL) has both a departmental advisory committee and an APS advisory committee. Both committees have been helpful in providing input and suggestions for DAIL and in particular the APS program. In the effort to seek broader input from advocacy groups, government agencies, service providers, designated agencies, et al, it was determined that an electronic survey regarding APS would be sent to stakeholders during the Fall of 2011.[4]

Survey questions were developed by the NASUAD consultant with assistance from NASUAD staff. DAIL provided email address for recipients who would receive the e-survey. In addition, these recipients were encouraged to share the survey with others who may have an interest. The request was made that one person from each entity complete the survey rather than having multiple submissions from the same entity. Approximately two hundred (200) individuals/organizations received the e-survey; eighty-six (86) people (43%) completed the survey.

Highlights of the e-survey responses include:

- Public awareness of APS is through posters within licensed facilities 65.4%; community education 51.3%; Website 39.7%; toll free reporting number 62.8% and media 14.1%.
- 81.9% of the responders had made a report of abuse, neglect, &/or exploitation to APS
- The most common method for reporting is orally.
- 92% of responders felt as if the intake staff captured all of the necessary information related to the alleged abuse.
- Reporters of abuse are not consistently getting notification of the decision about whether the report will be investigated – 52.3% received notification and 47.7% did not.
- 60.3% of the respondents reported not being kept informed of the progress of the investigation or the final outcome.
- Respondents indicated that 80.6% of the time APS is not consistently meeting the criteria to commence investigations in 48 hours.
- Respondents' ideas about what it means to "commence an investigation" varied significantly.
- Services referrals for citizens were most often to Area Agencies on Aging (AAA), licensing and certification, long term care Ombudsman, and mental health services.
- Top challenge for the APS program was staffing.
- A few of the top suggestions for improvement of processes for the APS program concerned "intake", on-line reporting, and collaborations.
- Recommendations for improvement include a 24/7 intake and response system for APS; and additional staffing including training, supervision, and specialized staffing.
- Community partners expressed a willingness to collaborate on prevention, intervention services, and education.

Stakeholder Focus Groups

[4] NASUAD, VT APS E-survey, November – December, 2011, results are in Appendix B

Vermont Focus Groups

During the week of January 9-12, 2012, Maria Greene, Senior Consultant with NASUAD conducted focus group meetings in Vermont. VT DAIL staff coordinated these meetings and invited approximately two hundred associations/groups/government agencies/ providers/community partners inviting them to send representatives to the APS focus groups. These invitations were sent to the same entities and people that were invited to participate in the APS e-survey circulated during November and December 2011.

Eleven focus groups were scheduled.[5] Seven meetings were held at the DAIL DLP offices in Williston and four in Berlin. Groups included APS staff, state government partners, VT Legal Aid and VT Disability Rights, APS advisory committee (two groups), DAIL advisory committee (two groups), Area Agencies on Aging (AAAs)/Adult Day (AD)/Designated Agencies (DAs) (two groups), licensed health care providers, Green Mountain Self advocates, and law enforcement. Forty-two (42) people attended the focus group meetings.

Attendees at the meetings were asked to discuss three specific topics and one open-ended discussion. The three specific topics were (1) protocol for investigative actions beyond the mandated 48 hours commencement timeframe, (2) after-hours response for reports of adult abuse, neglect, and exploitation, and (3) improvements and suggestions for the APS program.[6]

Topic One: Protocol for investigative actions beyond the mandated 48 hours commencement timeframe

Vermont's current protocol says that investigations of vulnerable adult reports of allegations of abuse, neglect, and exploitation will commence within forty-eight hours. The protocol for investigative actions during or after the 48 hrs commencement timeframe includes three priority levels. Priority level one - response within 24 hours. Priority level two – response and visit with alleged victim within 48 hours. Priority level three – response within ten business days. The intake and screening form[7] includes the types of abuse, neglect, and exploitation associated with P1, P2, and P3.

General statements and concerns expressed by focus group participants:

- Lack of trust that APS staff is doing investigations timely and thoroughly.
- APS staff does not commence investigation of vulnerable adult reports of allegations of abuse, neglect, and exploitation within forty-eight hours.
- APS staff is not following the priority levels protocol.
- Participants are satisfied with VT's current priority levels protocol and expect that it be followed. There were no recommendations for changes to the protocol.
- There is duplication of investigative work and lack of communication between APS and Survey and Certification staff regarding identical reports of vulnerable adult abuse, neglect, and exploitation occurring within licensed health care facilities.

[5] Focus group meetings agenda may be found in Appendix C.
[6] The handout provided to participants on the specific topics may be found in Appendix C.
[7] The VT intake and screening form includes the types of abuse, neglect, and exploitation associated with P1, P2, and P3.

- APS does not look into reports of self neglect. Referrals for self neglect are being made to other agencies. The statute's definition of vulnerable adult describes someone who might be self neglecting. APS staff should be investigating self neglect reports and then referring to community agencies for specific needs of the client.

Suggestions:

- Assign reports of abuse, neglect, and exploitation to APS staff within 48 hours
- Call back the reporter within 48 hours to gather additional information and to confirm that the report was received by APS
- In particular, mandated reporters of suspected vulnerable adult abuse want to be assured that their report was received so no one will find fault with them for not reporting the alleged incident and to know that the alleged victim is being protected.
- Mandated reporters request educational sessions to inform them of reporting responsibilities.
- When more than one professional is reporting an allegation of abuse, neglect, and/or exploitation to APS for the same event, APS should coordinate the reporters and designate one reporter as the one APS will communicate with regarding the investigation. This would reduce the number of reporters that APS would have to communicate with about the report. Or, if acceptable to APS, reporters will designate one community reporter for the same incident with notations made on the intake form of all the various mandated reporters who have coordinated the collective report to APS.
- Hire more intake staff so that reporters will more often be able to talk to a person instead of a voice messaging system.
- Improve the internet APS reporting system. Reporters do not trust that the internet report is "working" and are also reporting the same incident via phone message and facsimile.
- APS needs a good data system.
- APS and Survey and Certification staff should communicate about reports of abuse, neglect, and/or exploitation in licensed facilities. One program should take the lead and call in other program staff, if warranted, instead of both programs sending in staff to investigate.
- Create a mandatory form for use by licensed health care providers in reporting allegations of abuse, neglect, and exploitation.

Topic Two: After-Hours Response for reports of adult abuse, neglect, and exploitation

Vermont has had an agreement since 2001 with the Department for Children and Families (DCF) child protective services hotline that after-hours (nights, weekends, and holidays) DCF staff receive reports of vulnerable adult abuse, neglect, and exploitation. Reports received after-hours are given to APS staff the next business day.

General statements and concerns expressed by focus group participants:

- The e-survey indicated responders' top choice for after-hours reporting is that DAIL has an intake center for APS operating 24/7. Second preference was for a shared intake center between DAIL DLP and DCF and on-call APS staff to respond to reports of high priority allegations during after-hours.

- The majority of focus group participants concurred with a shared intake center between APS and CPS if APS staff was on call for an after-hours investigation for high priority reports of vulnerable adult abuse.
- Participants stated that the CPS intake center had received only one hour of training about how to accept reports of adult abuse, neglect, and exploitation.

Suggestions:

- Create on-call APS staffing for after-hours response.
- Provide more training of the CPS intake center staff about APS. Train anyone who answers the phone on behalf of APS about APS and how to properly take reports.
- Hire additional APS intake staff

Look into the possibility of 211 handling after-hours reporting for APS

Topic Three: Improvements and Suggestions for the APS program

The discussion of improvements and suggestions for the APS programs led into the open-ended discussion by focus groups participants. Statements, concerns, and suggestions from both segments are combined into this category.

General statements, concerns, and suggestions expressed by focus group participants:

- There is a need for an adequate number of people to respond and investigate reports.
- There is a need to clear the backlog of cases that have not been substantiated or are deemed unsubstantiated.
- Good supervision and leadership is needed within APS.
- More prevention efforts are needed.
- Letters to reporters need to be clear and detailed about the investigations and outcomes for the alleged victim.
- Self neglect among elders is high and APS does not deal with that. All reports of older adult self neglect go to the Area Agencies on Aging (AAA) and the AAAs needs extra money for staff to do this work.
- Substantiation rates should be higher. APS uses “preponderance of the evidence” for substantiation, although this is not in the statute.
- There should be more collaborative work between APS and advocates and providers of services for people with development disabilities.
- APS staff should be known in the communities they cover; they should be partnering with the “community”.
- The way that APS is organized may not be the best way. A better model is to have APS staff located in other agency offices instead of working from their homes.

- Over the past couple of months, response from Intake has improved and reporters are getting call backs rather quickly.
- Improve victim advocacy and community based services for victims.
- Create a Fatality Review team.
- Hire specialty staff such as a forensics nurse and accountant.
- Create a special investigations unit (law enforcement) within APS.
- Deputy Chief from the Medical Examiner's (ME) office would like to establish a way for the ME and APS to share information about persons known to APS who have died from unnatural causes.
- Establish quality assurance processes for APS
- Establish ways to obtain consumer feedback regarding APS program's work
- Blueprint (health outcomes) groups are established in communities for networking. Establish similar interdisciplinary teams for vulnerable adults or include adult abuse in the established working groups.
- Mandated reporters suggested that letters sent to reporters should be assigned case numbers instead of using initials. Reporters felt that they could keep up with referrals, reporting, and report-backs better by using a numbering system.

Offers of Assistance

- Armistead (licensed provider) staffer offered the possibility that they could provide training to APS staff about cognitive impairments and dementia.
- The Medical Examiner's office employs and/or contracts with forensics nurse specialists. This office representative offered that they could provide basic medical forensics training to APS staff.
- Law enforcement (LE) officers offered to train APS staff regarding investigations and how APS and LE can work together. Similar to training is done between LE and the Secretary of States' investigators.
- LE would like to talk further with APS about LE establishing a code for the abuse, neglect, and exploitation of a vulnerable adult. Currently LE does not have such a code and charges are recorded as something else, e.g., forgery. In this example, there would be no data for knowing that this forgery case was linked to a vulnerable adult.

Requests

- Community education regarding the priorities protocol for abuse, neglect, exploitation investigation practices.
- Armistead requested APS training twice per year through their company sponsored Caregiver University Training Program.

- Community education regarding mandated reporter responsibilities was mentioned in almost all focus group.
- Suggestion that APS work with LE and their training academy to have continuing education with LE about APS.
- Develop an e-learning curriculum about APS and mandated reporting for LE and others.

Staffing

The Government Accountability Office (GAO), by direction of the U.S. Senate Special Committee on Aging, surveyed all states' APS programs and released the data in the Fall of 2010.[8] According to GAO's data, thirty-nine (39) states reported that having enough APS caseworkers to handle elder abuse cases was a great or very great challenge. Respondents to the GAO survey indicated that twenty-nine (29) states have a great or very great challenge with the elder abuse caseloads assigned to APS staff. While these data apply only to states' APS systems for older adults, there would probably be similar results for states' APS systems that handle reports of abuse, neglect, and exploitation for older adults and vulnerable adults eighteen (18) years old and older.

APS staffing data obtained from DE, ME, NH, and VT as of January, 2012 are as follows:

State	Intake Staff	Investigators	Supv	State Office	Support	Staff/Caseload Ratio*
DE	ADRC model*	8	2	1	1	1 to 40
ME	3 + 1 supv	53 incl supv		5	6.5	1 to 24/25*
NH	2 + 1 supv	40	9	2	10	1 to 29 on-going* 1 to 65 new invest.
VT	1	17 FTEs*	1	1	1	1 to 35

Notes: The staff/caseload ratios are yearly averages. Delaware has a shared staffing model for APS intake which is within the Aging Disability Resource Center (ADRC). Maine APS staff has responsibilities for investigations, court studies, and court appointed guardianship/conservatorship case management and court ordered worker to client ratios for public wards residing in state owned mental health facilities. NH has APS case management for at-risk vulnerable adults therefore staff has both an on-going caseload and new investigations caseload. Vermont has ten (10) permanent full-time investigator positions and seven temporary full-time investigator positions.

[8] Elder Justice: Survey of Adult Protective Services Program Administrators (GAO-11-129SP, March 2011), an E-supplement to GAO-11-208

Caseloads

No recent research is available regarding an acceptable worker to caseload ratio. The National Adult Protective Services Association (NAPSA) report (1996-1997) of eleven states, two counties, and the District of Columbia APS programs which completed studies of caseloads concluded that an acceptable worker to caseload ratio is 1 to 25.[9] Many variables may influence field staffs' workloads such as prevention activities; investigations; protective services for victims; time limited case management; on-going case management for adults found to be at continued risk; court petitions; court appointed responsibilities for public wards; conservatorships; representative payee responsibilities; and community education. When states provide average caseload to worker ratio information it is typically an average of all cases and all workers within a defined period of time. An APS staff's caseload varies day to day based on the number of new investigations, on-going investigations, and the level of difficulty of any particular investigations.

State APS programs have attempted to triage and prioritize initial investigations. Vermont APS program's prioritization of priority levels 1, 2, and 3 do not vary significantly from other states' practices of having a three tiered triage process. Determining acuity levels and assigning workloads based on acuity levels (person hours required to complete the investigation and provide intervention services) has not been researched or studied for APS programs. Of the states (DE, ME, NH) studied for comparison purposes for this evaluation, DE is most similar to VT in the APS responsibilities of investigations, protective services for victims, and community education. Delaware's average worker to caseload ratio is one to forty (1:40). The state's APS director indicated that this ratio is not ideal.

Currently, VT's APS program has an antiquated database system that holds limited data; new investigators and supervisors who on average have worked in APS for less than one year; and a mix of new and on-going case investigations beyond thirty (30) days. Therefore, it is not possible at this time to make a recommendation regarding an adequate number of investigators or an appropriate worker to caseload ratio.

In the future, when VT APS has a

- reliable data system;
- robust intake and referral operations;
- mature experienced workforce; and
- low percentage of cases not investigated/resolved within justifiable time periods

the Department will be able to manage using data specific to VT. Such management may entail

[9] National Adult Protective Services Association (NAPSA) 1996-1997 Compilation of Workload Studies and Caseload Data report.

- assignment of investigations based upon the history of average number of person-hours to complete a similar investigation (acuity levels);
- an accurate reflection of an average worker to caseload ratio;
- awareness of the types of vulnerable abuse/neglect/exploitation more common in VT regions;
- targeted approaches and use of resources to address most common types of abuse; and
- data needed to justify additional budgetary resources for operations, personnel, and services to victims.

Additional Case Information

NAPSA's response to a survey of APS programs (competed in 2000) noted that of the forty-two (42) state respondents, the overall substantiation rate for investigations was 48.5%. [10] In the same survey, state respondents (22) indicated that, on average, cases were kept open for 80.5 days.

December 2011 case information from DE, ME, NH, and VT is shown below. Delaware, Maine, and Vermont do not investigate self neglect reports.

State	Subs Rate*	Length of Inv**	Reports not Investigated
DE	not known	90 days	not known
ME	49%	60 days	43%
NH	46%	60 days	not provided
VT	11%*	30 days	45% yr 2010

*For the majority of states, substantiation rates are the percentage of cases that an APS staffer has confirmed as having the preponderance of evidence that the abuse/neglect/exploitation of a vulnerable adult occurred.
**The length of time for investigations is each state's policy.

Data from APS programs in a NASUAD comparison study conducted for Washington State is shown below.[11] These states do investigate self neglect reports.

State	Subs Rate	Avg length of Inv	Reports not Inv	Self Neglect reports
GA	46%	30 days w/ext	not provided	47%
MA	48%	30 days w/ext	25%	51%
MO	57%	60-90 days	31-40%	not provided
NC	not provided	25 days	58%	42%

From the information obtained in the NAPSA 2000 survey and a more recent survey sampling of states' APS programs, a range of 45 – 49% substantiation rate is the norm. In comparison to other states' substantiation rates, Vermont's rate is low.

A review of APS case records was not done as a part of this evaluation. Consequently, the evaluator's conclusions reflect only policies and practices. VT APS program uses the standard of "preponderance of evidence" to make determinations on investigations. Evidence based fact finding is used by an

[10] NAPSA, A Response to the Abuse of Vulnerable Adults: The 2000 Survey of State APS Programs.
[11] Maria Greene, Senior Consultant, NASUAD, Washington APS Program, March,2010

investigator to decide if there is a preponderance of evidence to substantiate the findings. Training is crucial for APS investigators to feel confident in evidence based fact finding and substantiations. With investigative training, an experienced APS workforce, and supervisory review for consistency, the substantiation rates may increase over time.

There also appears to be strong correlations between the substantiation findings of an APS investigator, the appeals process involving the Commissioner of DAIL and the Human Services Board (3 V.S.A. § 3090) and the Adult Abuse Registry (13 V.S.A. § 1383). DAIL staff has told us after investigating an alleged abuse, neglect, and/or exploitation report against a vulnerable elder:

- APS staff's recommended substantiations are sent to the DAIL Commissioner to review;
- Alleged perpetrators may request as many as three appeal processes, including a review by the Human Services Board;
- Human Services Board makes the final decision regarding substantiation findings; and
- After the Human Services Board decision for substantiation, the perpetrator's name is placed on the state's Adult Abuse Registry.

The VT statute Title 13: Crimes and Criminal Procedure, Chapter 28: Abuse, Neglect, and Exploitation of Vulnerable Adults, 13 V.S.A. § 1383 Adult Abuse Registry reads, "A person who is convicted of a crime under this chapter shall be placed on the adult abuse registry". The VT statute Title 33, § 69.06 subsection F, allows for administrative penalty. Our understanding is that an alleged perpetrator can be placed on the Adult Abuse Registry without being convicted of a crime.

General information about Abuse Registries and common practices in APS programs:

- The federal Omnibus Reconciliation Act of 1987 (OBRA '87) provides requirements that must be met by states and state agencies related to nurse aide training, competency evaluation, and nurse aide registry. In addition many states, like VT, expand Adult Abuse Registries to include any person convicted of a crime.
- The Department's appeal process through the Human Services Board is for individuals who request an appeal.
- Common practices in other states' APS programs include: (1) preponderance of evidence leads to a substantiation of the report of a/n/e against a vulnerable adult, (2) during the investigative process, referrals are made to law enforcement when it is believed that a crime(s) has been committed, and (3) referrals to the district attorney and/or attorney general's office. APS staff responsibilities end after the investigation and referrals to appropriate authorities, except for arrangement for safety and services for the victim.

One hypothesis for VT's APS program's low substantiation rates compared to an average of 45-50% for other states' programs relates to the appeals process afforded perpetrators and APS staff time involved in the appeals process. It may be that staff is not substantiating cases unless they are 100% positive that their investigative work will be valid under the scrutiny of several reviews and appeals. Another hypotheses is that staff are very cautious of the fact that the ramifications of a "recommended

substantiation" is that if upheld this person may be placed on the Registry forever. As stated these are only hypothesis because to our knowledge there are no other states' APS programs with a similar APS practice as VT's regarding the Adult Abuse Registry for comparison purposes.

It is recommended that VT review the current statutes, and department and human service board practices regarding appeals and the level of involvement of APS. Vermont may want to consider adding options to the Registry that would allow the DAIL Commissioner and/or Human Services Board to consider various lengths of time based on the allegations or crime that a person will be listed on the Registry.

Vermont's percentage of reports not investigated by APS does not appear to be out of line with other states' data listed above. NAPSA's survey of APS programs completed in 2000 indicated that, on average, cases were kept open for 80.5 days. Twenty-two (22) states responded to this particular question. The states cited above have policies that allow for investigations to be open from thirty (30) to ninety (90) days. Vermont may consider creating policies that extend the period of investigation for a case beyond thirty (30) days for justifiable reasons and with supervisory approval.

Self neglect of vulnerable adults is a complex societal issue. We recognize that most states' laws reflect that an adult is considered competent unless deemed incompetent by a court of law. Also, many times adults choose to make decisions that others would consider to reflect poor or bad judgment. These often are not incidents that need to be investigated to see if a perpetrator was involved. There is frequently the need for social services or behavioral health interventions, however, the person who is self neglecting may or may not be willing to accept the offer of assistance. Most states' response is to appropriate funds for social services and behavioral health interventions for these individuals, along with case management. For some states, case management is provided through the APS program. Others contract with or refer to provider agencies for case management services.

According to the American Bar Association (ABA) Commission on Law and Aging 2006 research of states' APS statutes, the following states' APS programs do not investigate reports of self neglect – Delaware, Missouri, Rhode Island, and Vermont. Illinois amended its law to include self neglect in 2007. States' practices about self neglect investigations differ in how they report the information. For example, a safety check may be done by APS with referrals to social services without completing an APS investigation. In VT well safety checks are done by law enforcement.

There are no federal laws, rules, or regulations regarding how a state should manage and/or investigate reports of self neglect; states determine their laws, rules, and regulations for the APS program and protection of vulnerable adults.

Investigators

Professionals such as former law enforcement officers, former child protective services staff, and attorneys work with VT APS. In addition to these professionals, it is recommended that, when APS has vacancies, DLP recruit nurses and accountants, preferably with forensics knowledge and experience.

The states of DE, ME, and NH APS staff are unionized. Delaware's average salary for a field investigator is $33,000. Maine's range of salaries for a field investigator is $34,000 - $46,000. New Hampshire's range of salaries for a field investigator is $39,000 - $55,000. Each of the comparison states hire professionals with at least a bachelor's degree in a relevant field.

Intake and Referral Operations

Vermont has one intake staffer for APS and Licensing and Certification (LC) within the Division of Licensing and Protection (DLP). Focus group participants repeatedly discussed their wish to speak with a person while reporting an alleged abuse, neglect, and/or exploitation (a/n/e) instead of leaving voice messages. Mandated reporters are quite skeptical of reporting a/n/e via voice mail, the internet, and facsimile because they are not confident that the reports are being screened and assigned for investigation and/or referred for services.

Maine and New Hampshire have intake workers within the APS program. Delaware and New Mexico have created new models of APS reporting of a/n/e and referrals occurring through the Aging and Disability Resource Centers (ADRC).

Recommendations for consideration for intake and referral operations:

- Have at least two intake staff for DLP. The number of intake calls during calendar year 2011 was 5100. Based on a work year of 250 days, this staffing model would entail each worker processing approximately ten (10) calls per day. Processing a call includes taking the report of a/n/e, providing referral services if needed, and completing the associated documentation. The GA APS program intake and referral operations staff report that the average processing time per call is forty-five (45) minutes to one hour.
- Evaluate call volume and assign additional DAIL staff to be trained and assist DLP on days that typically have a higher volume of calls.
- Invest in a new phone system for intake and referral operations. New phone systems features should include:
  - time tracking for worker productivity;
  - roll-over features when one line is busy;
  - reports; and teleworking and emergency preparedness options for access away from the central office.
- Improve the APS website and on-line reporting form for a/n/e. Create a mandatory reporting form for a/n/e as requested by licensed health care providers in the focus groups.
- Consider moving DLP intake and referral operations into the state's ADRC. Combine resources of the ADRC, DLP, and possibly other DAIL information and referral services to citizens, caregiver, older adults, and adult with disabilities.

After-Hours Response

The NAPSA 2010 report on APS After-Hours Response[12] provides guidance on after-hours response. Of the 42 states, districts, and territories who respond to the survey, 20 provide APS after-hours on-call staff response to high priority abuse reports; 18 do not provide after-hours on-call staff and inform

[12] NAPSA, APS After-Hours Response Survey, February, 2010

reporters to call local law enforcement. In four (4) states, after-hours on-call staff response varies by county and is not statewide. Many states' APS statutes and appropriations reflect the state's response to after-hours reporting and after-hours on-call staff response to high priority adult abuse reports.

Recommendations for consideration for after-hours for intake and referral operations:

- Continue the agreement with Department of Children and Families (DCF) child protective services for the intake reporting center to accept referrals of a/n/e for vulnerable adults and to send those reports to DLP on the next business day. For optimal coordination, it is recommended that there should be brief quarterly meetings between DCF and DLP.
- Consider using 211 for after-hours for intake and referral operations for reports of a/n/e/ for vulnerable adults, with reports sent to DPL on the next business day.
- The current VT APS statute does not mandate 24/7 coverage for APS investigations however the statute does require that an investigation commence within 48 hours. For time periods after-hours (longer than 48 hours), DAIL may consider establishing an alternative staffing schedule. Alternative staffing schedules (something other than the traditional Monday through Friday 8:00 am. – 5:00 p.m.) allows for flexibility in responding within 48 hours to high priority abuse cases. For other alternatives DAIL would need to consider budget implications and Human Resources policies regarding staffing of after-hours on-call response for high priority adult abuse reports.

Supervision

At the writing of this report, VT is without an APS director and field supervisors. It is recommended that DAIL continue to contract with experienced (retired) APS professionals as a temporary measure to provide technical assistance to intake staff and field investigators and to review cases prior to closure. In addition, a national search for experienced APS professionals through the National Adult Protective Services Association (NAPSA) is encouraged.

Additional recommendations regarding supervision include:

- A staffing model of one APS chief and two field supervisors.
- APS chief and field supervisor responsibilities should include:
  - new worker and on-going training;
  - technical assistance;
  - intake review, including determination of priority response;
  - case review;
  - substantiation determinations;
  - case closure; and
  - community education.

The preferred model is not to assign supervisors a caseload. NH does have the model of some APS supervisors in remote areas of the state with a small caseload. In addition, NH supervisors may temporarily carry a caseload when there is a worker vacancy or extended medical leave. If VT chooses to have field supervisors carry a caseload, it is recommended that the caseload be capped to a number determined to be reasonable in light of supervisory responsibilities.

APS needs one program administrator to coordinate with information technology staff and Harmony regarding the new data system. On-going technical assistance, report writing, report queries, and data management will necessitate the need for a program administrator.

APS and Licensing and Certification Staffing

APS and Licensing and Certification (LC) staff comprise the Division of Licensing Protection (DLP). It is recommended that VT consider a model of shared staffing for certain activities. Presently, APS and LC have a shared model for intake and screening and handling the state's Abuse Registry responsibilities.

E-survey responses and Focus Group meeting participants consistently noted that DLP duplicates some aspects of a/n/e investigations by having both LC and APS investigate alleged reports of abuse connected with licensed health care providers/facilities. While there are legitimate reasons for having separate investigations, some states (GA, NJ, and NM) use models wherein the a/n/e investigations in licensed facilities are done by the licensing and certification staff. There may be agreements worked out between the two programs regarding specific types of cases. In GA, for example, if the alleged perpetrator of a/n/e against a long term care resident is not employed by the facility, APS staff assists the licensing and certification staff in completing the investigation.

It is recommended that VT consider having LC staff begin the initial investigation of a/n/e with licensed health care providers. APS would continue to do the investigations of reports of a/n/e against vulnerable adults residing in their homes. A memorandum of agreement and communications protocol between the programs should be established to ensure the best coordination of staffing of investigations and closures of cases.

If DLP is successful in recruiting a nurse(s) with forensics experience to work primarily in either APS or LC, the specialty staff should be shared between the programs for purposes of training and technical assistance to DLP staff. This model would be the same for any specialty professional hired within DLP.

Assessments and Technology

Assessments

The main types of risk assessments are:

- Intake assessment: helps to determine investigation response
- Safety assessment: assists in determining immediate harm during initial visit
- Risk assessment: at face-to-face contact, helps determine the likelihood of future harm
- Comprehensive assessment of strengths, needs, and individual service plans
- Specialty assessment tools

Most states require that APS perform a common intake assessment and overall assessment. Other specialty assessment tools are optional and available for staff use when warranted. In addition, many states use their assessment tools across several programs such as APS, Medicaid Home and Community Based Services (HCBS), and state/federally funded HCBS services.

The intake assessment helps to determine if (1) the alleged victim (AV) meets the requirements for APS, (2) most appropriate response time for investigation, based on the facts reported, and (3) any known safety risks to the APS staff.

The most common practice among states allows the intake worker and supervisor to determine the response time for each A/N/E report. New Hampshire uses a matrix or problem solving methodology to determine the response time for each A/N/E/ report.

The following information regarding assessment tools was gathered during 2010 and 2011 for assistance in evaluating and making recommendations for the Washington APS program.[13] Updates for Delaware, Maine, and New Hampshire were obtained during 2011 and 2012 for assistance in evaluating and making recommendations for the Vermont APS program.

Most of the states' administrative staff interviewed clarified that their APS tools were not considered to be risk assessments. There is a growing expectation that APS programs and other social service providers should give people a greater say over their lives and allow them to take more responsibility for their actions. Encouraging vulnerable adults to lead ordinary lives in the community by transitioning out of residential and institutional settings may involve them exercising choice to a degree where they want to take risks. The movement nationwide towards person-centered care and self determination lends itself to individuals with varying cognitive abilities taking risks that others may not choose to take.

[13] Greene, Maria, NASUAD, Assessment Tools for APS, Washington state consultation, March 31, 2011

The role of APS staff, therefore, is to investigate and ascertain a person's awareness of their potential or future losses/harm associated with the risks they are taking. The challenge for APS staff is to ascertain the level of risk for future harm to the person. An assessment allows for the identification of the individual's strengths and needs. For those states who offer on-going or time limited case management services for those people found to be most at risk for a reoccurrence of A/N/E, the assessment is usually the foundation for building the person-centered care plan.

Six states (DE, GA, IL, MO, NM, and TX) report using overall assessment tools researched, developed, and tested in conjunction with universities, research companies, and practitioners in social services. Several states are also using specialty assessment tools researched and developed by universities. Other states (AZ, LA, and NC) have borrowed and adapted assessments to meet the laws and needs of their state.

A brief synopsis of tools follows:

Determination of Need- Revised (DON-R) is used by IL and GA. This tool provides a scoring system by which population groups may be compared to populations of persons in need of skilled nursing care. In both states the DON-R is used by both APS and home and community based services (HCBS) programs.

DE uses the OMAHA Classification Scheme, which features four domains: environmental, psychosocial, and physiological and health related behaviors. This tool is a comprehensive problem solving model.

NM adopted and adapted their overall assessment tool from Ohio APS. Ohio worked with Benjamin Rose Institute researchers to create the tool. It provides a scale which is graduated from zero ("performs independently") to five ("always needs assistance but no caregiver available").

The Client Assessment and Risk Evaluation (CARE) tool is used by the TX APS.[14] CARE has five domains: living conditions, financial status, physical/medical status, mental status, and social interaction/support. Domains are divided into Factors and Factors are divided into items. Items are (1) "no problem." (2) "managed risk," and (3) "problem."

Structured Decision Making (SDM) is a product of the National Council on Crime and Delinquency and is in the beta testing phase with NH APS. The tool is a problem solving matrix. NH was only able to share draft portions of the tools because they are working with a third party and are in the third year of a three year contract.

AZ's risk assessment includes a thorough assessment of (1) mental status, (2) physical functioning, (3) environment, (4) nutrition, (5) resources mismanagement, (6) unmet needs, (7)

[14] The University of Texas evaluated the CARE tools use by APS staff.

abuse, and (8) exploitation. AZ staff discusses findings and next steps with supervisors. AZ does not provide case management services, but does make referrals for services.

LA has a short assessment form which includes a review of (1) functional abilities, (2) client support, (3) nutritional needs, and (4) environmental. The short assessment is a definitive scoring matrix. The longer assessment form includes (1) a mental status questionnaire[15], (2) health assessment, (3) alcohol/tobacco use/substance abuse, (4) nutrition, (5) subjective evaluation of health, (6) functional assessment (ADLs and IADLs), (7) client support and social resources, (8) mental health, and (9) environmental assessment. The long assessment form is a definitive scoring matrix with categories of low, moderate or high risk. LA policies describe when staff are to use which assessment forms, and under what circumstances.

NC has two evaluation forms. One is used when the AV lives in their home; the other when the AV lives in a long term care facility. The APS staff is social services staff. They complete evaluations and not risk assessments. The community evaluation consists of (1) identifying information, (2) physical health, (3) medications, (4) ADLs and IADLs, (5) mental/emotional functioning, (6) social support, (7) environmental situation, (8) economics, (9) collateral contacts, (10) abuse, neglect, exploitation of person, exploitation of finances, and (11) alleged perpetrator information. The facility evaluation has the same categories for evaluation as the community evaluation form, with additional categories for reviewing facility risk factors, alleged perpetrator risk factors, and any abuse by caretaker.

The states' comprehensive assessment tools fall in the following broad categories:

- Definitive scoring
- Graduated scales for risk and interventions
- Matrix or Problem Solving Decision Tree

Recommendations

Recommendations for Vermont APS program's consideration are: Graduated Scales for Risk and Interventions tool or Problem Solving tool. These tools, used in NM, OH, NC, TX, and NH, are described below. Electronic copies of these tools (except NH's SDM©) are provided to VT on a flash drive because of the combined extensive length of the documents.

It is recommended that VT APS start by using only two assessments – intake and comprehensive (face to face) assessment tools. Other specialty tools may be used later, when the workforce has an understanding and history of using the basic tools.

The graduated risk scale assessment tool used by NM and OH APS programs was developed by the Benjamin Rose Institute for use by the OH APS program. New Mexico borrowed the tool from OH and

[15]Katzman, et al, "Orientation-Memory-Concentration Test," 1983.

made modifications for its use in the NM APS program. It is a fairly common practice for states to share their assessment tools and forms with other states that then make modifications to better fit their state's program structure and/or laws and statutes.

NM has at least sixteen different types of brief assessment tools available for staff. The initial A/N/E Screening allows for the worker to identify: actual A/N/E as observed by a reliable collateral contact; Suspected A/N/E; and risk factors for A/N/E that is likely to occur. For example, if an AV has been hit/pushed/shoved/scratched/restrained, the APS staff would complete tool #2 entitled, "Individual Risk Factor Tools for Assessing Adult Abuse and Past Abuse/Neglect". If the same AV has also been locked in a room against their will, the APS staff would complete the following assessments: #3 Relationship Problems with Adult, #4 Power and Control Relationship Problems, and #5 Anger Risk Factors. APS staffs are trained to recognize that using the assessment instruments is not an end in itself but is a tool for assessing multiple risk factors. The assessments can assist the worker and AV in determining and prioritizing services.

NM's APS law was revised to define ability to consent as an adult's ability to understand and appreciate the nature and consequences of proposed protective services or protective placement including benefits, risks, and alternatives to the proposed services or placement and to make or communicate an informed decision.[16]

The NC tools were developed over a period of years, in-house by the APS program. NC has two evaluation forms. The community evaluation consists of (1) identifying information, (2) physical health, (3) medications, (4) ADLs and IADLs, (5) mental/emotional functioning, (6) social support, (7) environmental situation, (8) economics, (9) collateral contacts, (10) abuse, neglect, exploitation of person, exploitation of finances, and (11) alleged perpetrator information. The facility evaluation has the same categories for evaluation as the community evaluation form, with additional categories for reviewing facility risk factors, alleged perpetrator risk factors, and any abuse by caretaker.

The Client Assessment and Risk Evaluation (CARE) tool was developed specifically for TX APS in 2005. The CARE tool is not used by other aging and disability programs in TX. It is included in the TX DFPS's Information Management Protecting Adults and Children in Texas (IMPACT) system.

The tool is divided into five domains: living conditions, financial status, physical/medical status, mental status, and social interaction and support. The domains are divided into factors and the factors are divided into items. The levels of assessed risk are (1) no problem, (2) managed risk, and (3) problem. Staff may also select, as appropriate, categories such as not applicable (NA), and unable to determine (UTD). Staff has available to them Decision Wizards. For example, if, after the completion of the CARE assessment scoring, there is evidence of at least one problem or a severe problem, the worker answers yes or no to the questions in the Risk and Capacity Decision Wizard matrix. Yes or no responses lead to

[16]Amanda Hausner, APS training coordinator, New Mexico APS Assessment Process Training PowerPoint.

guidance and guidance always includes the field staff and supervisor meeting together to discuss next steps.

TX APS policies allow staff to:

- complete the detailed assessment under the appropriate domain for each risk factor indicated in the intake or investigation;
- complete only the summary assessment for domains that contain risk factors that are not indicated in the intake or investigation; and
- close the case without completing the CARE when the investigation is appropriately closed using a rapid closure reason.[17]

The University of Texas School of Social Work research project validated and evaluated the usability, efficiency, comprehensiveness, and effectiveness of the CARE assessment tool developed by the Risk Assessment Subcommittee (RAS) of the State of Texas Health and Human Services Commission (HHSC) and the Adult Protective Services (APS) Division of the Department of Family and Protective Services (DFPS). [18]

New Hampshire's DHHS Division of Community Based Care Services, Bureau of Elderly and Adult Services entered into a three year research project on Structured Decision Making (SDM) system for APS with the National Council on Crime and Delinquency (NCCD). NH and NCCD are in their third year of the research and currently are working on the validation study. In 2004, NCCD partnered with Riverside County (California) APS, and, in 2006, with the NH BEAS, to develop valid and reliable assessments to help support APS workers' decision making at key points in the APS service delivery system.[19] NCCD is working with BEAS to "prospectively validate an actuarial risk assessment to classify APS clients by the likelihood of future maltreatment". Because this is a research project, NH BEAS was unable to share its assessment tools and outcomes data. Structured Decision Making and SDM© are registered in the US Patent and Trademark Office by the NCCD. There is a cost for the use of SDM©. It will be enlightening to follow this research project and learn more about the SDM tools and outcomes related to APS client recidivism.

Technology

[17] TX policy 2412 Documentation for the Client Assessment and Risk Evaluation (CARE), APS-IH, June 2009.

[18] Choe and Greene, "Adult Protective Services Client Assessment and Risk Evaluation Form (APS CARE form) Validation Study," University of Texas, School of Social Work, April 1, 2005 – May 31, 2006.

[19] Park, Johnson, et al, "Structuring Decisions in Adult Protective Services," FOCUS, (February 2010), National Council on Crime and Delinquency.

Vermont has contracted with Harmony Information Systems, Inc. to implement and use the Harmony APS software. According to the consultant's interview with Keith Ewell, COO with Harmony, the APS software program will interface with the Harmony SAMS product currently being used by VT AAAs.[20] This would allow for selected data about clients known to both APS and AAAs to be shared. Shared data systems will reduce the duplication of data and lead to better coordinated services.

Harmony Information Systems, Inc. allows for the customization of intake and assessment tools within their APS software product. New Mexico APS program is using Harmony's APS software. Therefore there would be no customization costs if Vermont chooses to use NM's assessment tools. Mr. Ewell states, however, that it is not difficult to incorporate other assessment tools not previously used by other Harmony APS software subscriber.

[20] January 16, 2012, interview between Keith Ewell of Harmony and Maria Greene, NASUAD consultant, regarding Vermont's use of Harmony software.

Community Partnerships

Vermont's APS enjoys a broad spectrum of community partners, as evidenced in the focus group meetings. These partners are willing to work closely with APS to develop community models for prevention and intervention services for vulnerable adults at risk of being a/n/e. (Readers may refer to page 12 of this report to read the ideas from focus group meeting participants.)

Several models are provided as examples of community partnerships.

- Massachusetts APS – Sexual assault teams comprised of professionals in all regions of state. Teams meet quarterly to review cases and consultant with experts by phone if needed. There are team protocols for referral between the APS staff and Sexual Assault Nurses (SANS).
- Georgia APS – Forensics (nursing and financial specialists) unit within the state unit on aging (SUA) works with APS, law enforcement, prosecutors, and coroners.
- Missourians Stopping Adult Financial Exploitation (MOSAFE) – educational and training initiatives for preventing, stopping, and reporting financial exploitation. This partnership is made possible by financial associations, AAAs, and AARP.
- The *New Hampshire Partnership for the Protection of Older Adults (NHPPOA)* is a collaborative effort of the Office of the NH Attorney General, the NH Bureau of Elderly and Adult Services, the NH Coalition Against Domestic and Sexual Violence, the NH Council of Churches, and the NH ServiceLink Resource Center. Funded by a grant through the federal *Office on Violence Against Women*, the purpose of the partnership is to improve the safety of New Hampshire seniors through enhanced education and collaboration among law enforcement, adult protective services, victim advocates, health care professionals and elder service providers. [21]
- National Association of Triads is in its twenty-second year of assisting law enforcement to keep seniors safe in their communities by utilizing senior volunteers and those within the private sector who have a vested interest in seniors. More information is available at www.nationaltriad.org.

[21] The NH Partnership for the Protection of Older Adults (NHPPOA) Fact Sheet 2012

Implementation Steps

It is human nature to seek a quick fix to any situation. Such fixes often are short-lived and inadequate.

An alternative is the development of a culture of continuous quality improvement (CQI). When organizations adopt a practice of CQI, it becomes a habit to think of improvements to processes and programs in the near future and the long term. The following implementation steps, which assume a commitment to CQI, are grouped into three categories.

Phase One:

- Continue to use retired APS professionals to temporarily assist the intake staff in reviewing calls, case investigations, and review cases for recommended next steps or case closure.
- Recruit nationally for experienced APS staff to apply for field supervisor and director positions. The NAPSA is willing to assist with recruitment.
- When vacancies arise, advertise, recruit, and interview for APS positions with consideration for specialty staff.
- As permanent staff positions are filled; staff is trained; and over-due investigations are completed, gradually phase out the use of temporary staff.
- Initiate or continue monthly staff meetings (either face-to-face or teleconferences) to keep staff informed, review challenging cases, and to train. Involve staff in decision making processes for the continuous improvement of the program.
- Continue to assign one APS staff to work closely with DAIL information and technology staff and Harmony representatives to assist in a successful implementation of Harmony APS software.
- Teach staff not only how to enter data but also how to analyze reports.
- Expect staff to use their data to suggest program improvements.

Phase Two:

- Choose a model (either within DLP or ADRC) for intake and referral operations. Staff the model. Replace the antiquated phone system for intake and referral operations.
- Once the chief and field supervisors are hired, adopt a training curriculum and train/retrain APS staff. NAPSA offers a core competencies training curriculum. In addition many states have training curricula and are willing to share materials.
- Include as part of the training all aspects of continuous quality improvement.
- If the proposed model for staffing a/n/e investigations in licensed health care facilities is adopted: (1) develop and sign a memorandum of agreement between APS and LC delineating responsibilities, (2) choose a start date, and (3) inform licensed providers and community partners about the change in advance of the start date.

Phase Three:

- Consider the options for after-hours intake of vulnerable adult a/n/e reports. Either continue the current model between DAIL and DCF or consider other options such as 211. Discuss with the department's Human Resources office options for alternative work schedules, and on-call staffing during after-hours. Consider budget options for paying for after-hours on-call staffing. Research best practices and costs associated with a 24/7 operations center for the intake of reports and investigations.
- Options within Harmony Information Systems, Inc.'s APS software would enhance the system's reporting capabilities. As DAIL DLP APS begins to manage using data, the program will need more detailed report queries. For example, trend data of types of reports of a/n/e will assist the program and community partners in developing a comprehensive solution for decreasing the incidents of abuse reports that are escalating in a certain area.
- Make a commitment to provide community education about prevention, intervention, mandatory reporting of a/n/e, investigation, and prosecution. Develop training modules regarding a/n/e of vulnerable adults. Make training available to mandatory reporters via web-based modules and DVDs.
- There is an increasing awareness of vulnerable adult abuse. Many federal government agencies and foundations are offering grant monies to successful grantee organizations to work on systematic changes to their programs to be better able to respond to this growing trend of vulnerable adult abuse. VT is encouraged to participate in NAPSA and NASUAD organizations to keep abreast of grant opportunities and national trainings/conferences for APS.

Appendix A

Summaries of Interviews and Research with DE, ME, and NH

State: Delaware (DE)

Interviewees: Pamela Williams, Adult Protective Services Manager

Date: November 22, 2011

Overview

During 2010-11, the DE APS program and the Office of the Long Term Care Ombudsman Program (LTCOP) were moved from the designated State Unit on Aging (SUA), Division of Services for the Aging and Adults with Physical Disabilities, to the Constituent Services Office of the Secretary of the DE Health and Human Services office. Responsibility for initial intake of reports of adult abuse, neglect, and exploitation (A/N/E) remained with the DE Aging and Disability Resource Center (ADRC). Ms. Williams and Mr. Love, Director of the DSAAPD, reported that collaborative efforts between the APS program, LTCOP, ADRC, and DSAAPD are very strong.

APS Staffing, Intake, and Training

The DE APS program has ten (10) investigative positions, two supervisor positions, one state level administrator, and one shared support staff person. All APS positions were filled as of the date of this interview. On average, APS investigators earn approximately $33,000 annually. APS staffers are state employees and are not unionized.

After the ADRC staff receives the initial intake of A/N/E through the statewide toll free number, APS staff followup with the reporter to do a more complete intake assessment. DE APS uses the same contract agency (New Orleans Teleport) that Massachusetts (MA) uses to handle the reporting of A/N/E after hours, weekends, and holidays. Since using this contractor for after hours reporting of A/N/E, reports have increased in DE by approximately thirty (30) per month.

DE negotiated rates with New Orleans Teleport based on the volume of anticipated calls and demographics for the state. The approximate costs associated with the contract for the last state fiscal budget year was $9,000.

Supervisors conduct APS staff training at least quarterly. Staff have the opportunity to attend in-state trainings/conferences and the Texas APS conference and the National Adult Protective Services Association (NAPSA) conference. DE bases their training on the NAPSA training criteria.

Caseload and Responsibilities

The average worker to client ratio is one to forty (1:40). Investigations and related work are to be concluded within three months. Delaware does not have on-going case management for APS clients found to be at risk of further A/N/E. The state has an Office of the Public Guardian. APS staff may make referrals and complete paperwork pertaining to petitions for guardianships but are not appointed guardians.

Assessment Instruments

The Omaha Classification System is the risk assessment used to evaluate alleged victims of A/N/E. This tool consists of three relational, reliable, and valid components designed to be used together: Problem Classification Scheme (client assessment); Intervention Scheme (care plans and services); and Problem Rating Scale for Outcomes (client change/evaluation). APS staff also uses the *Saint Louis University Mental Status* (SLUMS) Examination to detect mild cognitive impairments of alleged victims.

Investigation practices and data

The APS program investigates reports of self neglect although the DE state statute for APS[22] does not specify or define "self neglect". They investigate self neglect reports because the statute's definition of "emergency" includes "… problems which cannot be managed by a person who is impaired…."

Timelines for the investigation of A/N/E is defined in the department's policies and procedures. Abuse and emergency cases are investigated on the same day as the report is received. Neglect reports are investigated in five to seven days. Exploitation reports are investigated in seven to ten days. The number of days to begin exploitation investigations was recently lengthened because of the increase in the overall reports of A/N/E and the need to prioritize reports of abuse.

Cases are assigned to staff by the supervisors. The APS staff makes home visits to assess the client and begin the investigation process. A case plan is developed by the staff and approved by the supervisor. A supervisor gives permission to close a case or to continue to keep it open. DE has one community Ombudsman position; sometimes referrals are made to this staff person to follow up on additional services and advocacy efforts needed.

The last data report (2009) for a substantiation rate of investigated reports of A/N/E was seventy percent (70%). The program has no software to track APS data and lost the staff position that was tracking the APS data. Delaware is considering the Jump Technology software as an option. Ms. Williams reports that Oklahoma APS uses this technology.

A/N/E interventions and prevention efforts

[22] Delaware, Title 31, Chapter 39, Adult Protective Services

The Attorney General's (AG) office has created a senior protection initiative and has two investigators assigned to work with APS staff to investigate reports of A/N/E, especially complex cases of exploitation. The AG's staff actively works to prosecute cases of A/N/E and provide victims advocacy services.

State Laws and Administrative Rules

Delaware Title 31, Welfare Agencies, Chapter 39 Adult Protective Services established the APS program in 1982. The stated intent is to "authorize only the least possible restrictions on the exercise of personal and civil rights and such restrictions may be permitted only when consistent with proven need for services." The Department establishes policies and procedures for the APS program. The statute provides guidance on emergency orders for protective services and hearings on petitions for guardianships. The DE Code Title 11, Chapter 1105 - Crimes against a Vulnerable Adult was amended in 2011 to include additional mandatory reporters and enhanced penalties for crimes against an elder and/or vulnerable adult.

State: Maine (ME)

Interviewees: Karen Elliott, APS manager

Date: December 5, 2011

Overview

The Maine Adult Protective Services (APS) program is a part of the Office of Elder Services in the Maine Department of Health and Human Services (DHHS). The APS program is responsible for providing or arranging for services to protect incapacitated and/or dependent adults in danger of abuse, neglect or exploitation regardless of where they live. Ms. Elliott reports that it is not in the state's statute for APS staff to investigate self neglect. However, the APS program does because self-neglect is neglect that is the result of an incapacitated or dependent adult's own actions or inability to provide or obtain necessary services. Currently, the Department has two APS programs; one program serves adults with developmental disabilities; and the other program serves all other incapacitated or dependent adults 18 years and older.

APS staffing, Intake, and Training

The ME APS program has a total of fifty-three (53) Human Service caseworkers (APS staff). As of this interview, fifty-two (52) positions are filled, with one vacancy. All staff are licensed social workers and trained in, regardless of their responsibilities, for investigation, court studies or management of guardianship cases. A salary ranges from $34, 091 to $46,217. Employees are state staff and have the opportunity to participate in the state employees union. Ms. Elliott reports extremely low turnover. The APS program has five and a half (5.5) administrative support staff. There is additional state office staff (six positions both state employees and contractors) that supports the division's responsibilities for the management of guardianships and conservator accounts.

Three staff and one supervisor handle the central intake for reporting of A/N/E. In 1977, ME instituted an emergency service line for both APS and CPS. Weekends and holidays are covered by staff. Supervisors cover weekends, holidays and the week nights. Staff is on-call to investigate emergencies if the report is in their region. Emergency Services Intake staff screens for reports that require immediate investigations. Few services are available to APS clients and in most true emergencies police are contacted and/or clients are evaluated by local hospitals for care. Staff receives 1/16 of their salary (hourly) for after hours calls and investigations.

There are no formal training criteria or curriculum for APS. Staff does receive on-the-job training; have access to trainings provided through DHHS' Staff Education and Training Unit, and periodic trainings on specific subjects. ME provides on-line training regarding guardianship based on the Six Pillars assessment tools used by some of ME's probate courts.

Caseloads and Responsibilities

The average APS worker to client ratio for investigations, court studies, and guardianship/conservatorship case management duties as of December 1, 2011 is 1 to 24. ME is under a consent decree that the case management staff caseloads for public wards who were admitted to Riverview Mental health facility (formerly AMHI) after January 1, 1988 will be no greater than 1 to 25. Currently, ME has approximately eight hundred (800) public wards served by the Office of Elder Services through Adult Protective Services and seven hundred (700) wards with developmental disabilities served by the Office of Adults with Cognitive and Physical Disabilities Services.

Maine provides some time-limited case management for persons at further risk of A/N/E. Time limits range from thirty (30) to sixty (60) days. APS staff have guardianship and conservator responsibilities for wards, as appointed by the courts.

Assessment Instruments

Recently, ME APS added the Six Pillars of Capacity assessment tools that some of the ME Probate Court system uses. The tool captures a person's values, activities of daily living, environment, etc. Staff also have available to them a mini-mental status questionnaire.

Investigative Practices and Data

The following excerpt from the ME APS policy explains the investigation protocol. Investigations may take up to sixty (60) days.

> *Cases are assigned and seen on the same day of the referral for investigation, when a report alleges that an incapacitated or dependent adult is in any of the following situations:*
>
> ***(a)*** *An adult who is currently being physically or sexually abused regardless of setting.*
>
> ***(b)*** *An adult whose situation indicates that evidence must be gathered immediately regardless of setting (e.g., a bruise may fade, client may have memory problems, assets will be significantly depleted.)*
>
> ***(c)*** *An adult who has been injured by abuse or neglect who may be at substantial risk of further abuse or neglect.*
>
> ***(d)*** *An adult who may need emergency medical attention but is refusing medical care, or is unable to consent to medical care.*
>
> ***(e)*** *An adult who is without supervision and incapable of providing for his/her own care.*
>
> ***(f)*** *An adult who is threatened with immediate serious physical, emotional or sexual abuse before the next working day.*
>
> *When Adult and Children's Emergency Services (ACES) receives a report alleging any of the above, ACES contacts standby staff, and a decision is made regarding immediate contact with Law Enforcement and document decision in MAPSIS (Maine Adult Protective Services Information System). Note: Due to confidentiality, reporter information is discussed prior to disclosure.*
>
> *In addition, ACES contacts standby staff when a public ward is injured by or has injured another person.*
>
> ***(8)*** *The case will be seen within three (3) working days of case assignment when a report alleges that an incapacitated or dependent adult is in any of the following situations:*
>
> ***(a)*** *An adult is reported to be at substantial risk of danger due to potential injury.*
>
> ***(b)*** *An adult is reported to be at substantial risk of self-neglect or neglect by a caretaker to the extent that the adult may be deprived of the basic necessities of life.*

(c) *When a determination of appropriateness or safety cannot be made based on the information gathered at Intake.*

(d) *An adult whose resources or person are reported to be used for another's profit or advantage.*

*When ACES receives a report alleging any of the above, ACES **may** contact standby staff or may notify the appropriate region as provided in (B) (9). In consultation with standby staff, a decision will be made regarding immediate contact with Law Enforcement and document decision in MAPSIS. Note: Due to confidentiality reporter information is discussed prior to disclosure.*

(9) *The case will be seen within five (5) working days of case assignment when a report alleges the following:*

(a) *DHHS has been nominated to be guardian or conservator, or an adult has been referred by court for a public guardianship and/or conservatorship study.*

When ACES receives a report alleging any of the above, ACES may contact standby staff or may notify the appropriate region as provided in (B) (9).

(10) *The case will be seen within ten (10) working days of case assignment when a report alleges that an incapacitated or dependent adult is in any of the following situations:*

(a) *An adult who is not in danger or at substantial risk of danger, and has been referred for public guardianship/conservatorship.*

(b) *An adult who is suspected to be in a situation of verbal or emotional abuse.*

(c) *An adult who is suspected to be in a situation in which self-neglect or neglect by others may result in eviction, arrest, or inappropriate institutionalization.*

When ACES receives a report alleging any of the above, ACES may contact standby staff or may notify the appropriate region as provided in (B) (9).

Year 2011 data show APS Central Intake Unit received a total of 5,013 reports. Of those reports, seventy-six percent (76%) were referred to District Office APS supervisors. Of the total reports of A/N/E, fifty-seven percent (57%) were investigated. Of those investigated, there was a substantiation rate of forty-nine percent (49%).

In year 2010, the types of abuse included:

- self neglect 41%
- material abuse/exploitation 11%
- physical abuse 2%
- neglect by others 8%
- emotional abuse 3%
- inability to give informed consent 31%

- sexual abuse 1%
- and other at-risk/safety issues 60%.

Maine does not have a data systems report that tracks recidivism.

A/N/E Interventions and Prevention Efforts

In Maine intervention and prevention efforts are accomplished at the District and Central Offices level of Elder Services. APS cannot and is not the sole entity for intervention and prevention of elder abuse; it is a community response approach that Maine continues to develop.

Below is a partial listing of Interventions and Preventions.

- Work with Community Elder Abuse Task Forces to develop collaborative community responses to Elder Abuse
- Membership/participation on the Triad Advisory Committee and local Triads
- Assisting local Triads
- Published articles in local weekly papers about topics of abuse, neglect and exploitation
- Participate in Elder Fairs across the state giving us opportunity to speak directly to seniors and disabled adults.
- Provide elder abuse trainings to Judges, hospitals, law enforcement and first responders on recognizing, reporting and legal remedies of elder abuse and exploitation.
- Inclusion of Elder Abuse in the Criminal Justice Academy curriculum.
- In-service presentations at local facilities on elder abuse and mandated reporting
- Kennebec/Somerset County Mutli-Disciplinary Team
- Chair the Maine Elder Death Analysis Review Team (MEDART)
- Serve on the Maine Council on Elder Abuse Prevention
- Ongoing collaboration with Sexual Assault and Domestic Violence.
- Most recent work product is the brochure "*Maine Screening Guidelines for Hiring In-Home Personal Caregiver"*.

Elder Abuse Institute of Maine provides training and developed transitional housing for older victims with City of Portland

If/when grants become available; there is a state-wide collaborative approach with public and private partners. APS cannot and is not the sole entity for intervention and prevention of elder abuse; a community response is developing in Maine.

State Laws and Administrative Rules

Maine's laws were amended in 2011 to include more mandatory reporters; reporting of A/N/E to district attorneys; and a requirement for hospitals and law enforcement staff to take pictures of abused victims. Maine's revised statutes Title 22, Chapter 958-A: Adult Protective Services Act covers the basic definitions of vulnerable adult A/N/E, mandatory reporters, penalties for not reporting, consent of victim, lack of consent from the victim, and emergency intervention to name a few. The Act allows for the department to adopt standards and other procedures and guidelines with forms to insure effective implementation.

Maine does not have an Abuse Registry of persons who have committed A/N/E against a vulnerable adult except for the required nurse aide registry established through the OBRA of 1987 for all states.

State: New Hampshire (NH)

Interviewees: Diane Langley, Rachel Lakin (APS manager), Sally Varney (QA)

Date: November 14, 2011

Overview

The NH Bureau of Elderly and Adult Services (BEAS) administers the Adult Protective Services (APS) program. The APS program is targeted to individuals who are age sixty and older and to incapacitated adults who are age eighteen and older. APS staff receives reports of abuse/neglect/exploitation (a/n/e) involving persons who live in their own homes or with others, and investigates reports of a/n/e of residents of long-term care facilities when referred to APS by the Ombudsmen. The Long-term Care Ombudsman program (LTCOP) receives, services, investigates, and resolves complaints or problems involving residents of long-term care facilities. It is important to note that the U.S. Department of Health and Human Services Administration on Aging in an October 31, 2011 letter to the Utah Division of Aging and Adult Services, clarified that the responsibilities of the LTCOP are different and distinct from the responsibilities of the APS program.[23]

APS Staffing, Intake, and Training

The NH APS program has forty (40) FTEs investigators. As of this interview, thirty-nine (39) positions were filled. Salaries of investigators range from $39,390 to $55,497. The APS program has ten and a half (10.5) administrative support staff positions. The APS staff is state employees and many are active in the state employees' association.

The Central Intake unit has two staff and the BEAS Abuse Registry unit also has two staff. NH has a statewide toll-free number that connects a caller to the Central Intake unit, which then routes the report to the appropriate investigative unit. *After hours* (week nights, weekends, and holidays), the phone system directs reporters to call local law enforcement.

Staff completes an Intake Assessment which is the first of four assessments developed as part of the Structured Decision Making project which is described in the next section. The Intake Assessment identifies which reports meet the criteria of a/n/e and self-neglect and, of those, determines how quickly staff should respond.

There is no formal training program for APS staff. Staff receives on-the-job training, assessment training, and safety training. NH has long-serving APS staff; staff turn-over is usually due to retirements.

Caseload and Responsibilities

[23] U.S. Department of Health and Human Services Administration on Aging, letter to Director Holmgren of the Utah Division of Aging and Adult Services, October 31, 2011.

The average APS worker to client ratio for state fiscal year (SFY) 2011 was 1 to 29 for on-going cases and 1 to 65 for new investigations. (Data is a close estimation. A report was not run to match open investigations and closed investigations between SFYs.)

According to the Structured-Decision Making (SDM), protective services cases may be open for as long as six months. This type of case management is based upon identified low, medium, and high risk factors. Staff began using these protocols in August, 2010. Staff is not responsible for any court appointed guardianship or social security representative payee issues.

Assessment Instruments

In 2008, BEAS implemented the Structured Decision Making System (SDM) in its Adult Protective Services Program. Based on a national model designed by the National Council on Crime and Delinquency (NCCD), SDM promotes the safety of incapacitated adults; identifies and addresses their needs; decreases the incidence of self-neglect and maltreatment; enhances service delivery; and provides data for program administration. Only the Adult Protection Program uses the system. NH and NCCD are in their third year of a three years research project to study the use of the SDM system. NCCD cannot share their data yet because the research is not complete. The NCCD data may be shared after June, 2012.

NH APS also uses other assessment instruments such as the Lethality Assessment Protocol, and SDM Safety Assessment including, when applicable, a safety plan for at-risk clients, and Strength and Needs Assessment for case planning purposes.

Investigation practices and data

APS staff may take up to sixty (60) working days to complete an investigation. The SDM assessment tool requires that staff follow a pre-determined protocol and steps for discussions with supervisors. The research work of NCCD will help NH define procedures for case review, supervision, and case closure. NH's data for SFY'11 as of January 4, 2012, reflects the following:

Total cases investigated	2132
Total cases substantiated	884 (40%)
Total cases not substantiated	1133

Break down of substantiated cases:

Emotional abuse	31
Exploitation	33
Neglect	19
Physical abuse	17

Self neglect	781
Sexual abuse	3

NH's overall substantiation rate for investigations of A/N/E is forty-six (46%) for state fiscal year 2011.

A/N/E interventions and prevention efforts

The *New Hampshire Partnership for the Protection of Older Adults (NHPPOA)* is a collaborative effort of the Office of the NH Attorney General, the NH Bureau of Elderly and Adult Services, the NH Coalition Against Domestic and Sexual Violence, the NH Council of Churches, and the NH ServiceLink Resource Center. Funded by a grant through the federal *Office on Violence Against Women*, the purpose of the partnership is to improve the safety of New Hampshire seniors through enhanced education and collaboration among law enforcement, adult protective services, victim advocates, health care professionals and elder service providers. [24]

State Laws and Administrative Rules

NH Revised Statute Amendment 161-F: 42 thru 161-F:57 apply to the APS program. When a report is received and assessed as meeting the legal criteria in the APS Law, it is assigned for investigation. The investigation is conducted in accordance with the APS Law and the APS program Rule (He-E 700) adopted under NH's Administrative Procedures Act. The responsibilities of the BEAS Investigator include[25]:

• Initiating the investigation within 72 hours of the receipt of the report

• Reporting to law enforcement if the report contains information that suggests a crime has been committed

• Meeting with and interviewing the alleged victim

• Meeting with and interviewing the alleged perpetrator, if any

• Interviewing all witnesses and collateral contacts who have information about the reported incident/situation

• As necessary, obtaining and reviewing medical records, financial records, photographs, tapes, correspondence, and any other relevant documentation that relate to the reported incident/situation

• After reviewing and assessing all information obtained through the investigation, making a determination as to whether the allegation (s) is substantiated or unsubstantiated, whether the report is

[24] The NH Partnership for the Protection of Older Adults (NHPPOA) Fact Sheet 2012
[25] Mandated Reporting of Incapacitated Adults and Elders, New Hampshire BEAS website

founded or unfounded, and in founded situations, whether or not the victim is in need of protective services

• Sending required notifications regarding the investigation determination and outcome to the alleged victim (and his/her guardian, if there is one), the alleged perpetrator, if any, and the administrator/director of a facility, agency or program if the alleged perpetrator is an employee of same

• Affording due process to the perpetrator of a founded investigation or a victim of founded self-neglect by providing a Reconsideration Meeting upon his/her request, or advising the perpetrator who meets

the criteria to be entered into the BEAS State Registry, of his/her right to request an appeal conducted by the Administrative Appeals Unit.

Registry

July 2007 BEAS implemented a statewide registry of founded reports of adult neglect, abuse and exploitation involving a paid or volunteer caregiver. State law mandates that all employers of programs that are licensed, certified, or funded by the NH DHHS to provide services submit the names of prospective employees who may have client contact for review against the names on the registry. Any individual hiring a caregiver directly or through an authorized representative or fiscal intermediary may submit the prospective employee's name to the registry for review. In July 2009, the state-wide registry was expanded to include founded reports involving guardians and agents acting under the authority of a power of attorney.[26]

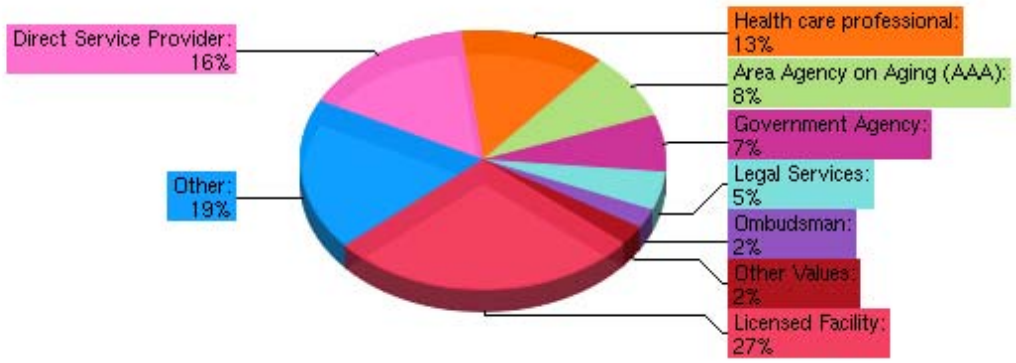
Appendix B
NASUAD, VT APS E-survey, November – December, 2011

[26] New Hampshire State Plan on Aging 2012-2015

(Respondents identifying information has not been provided in the e-survey summary.)

Summary Report - Dec 6, 2011

4. What is your connection with vulnerable adults?

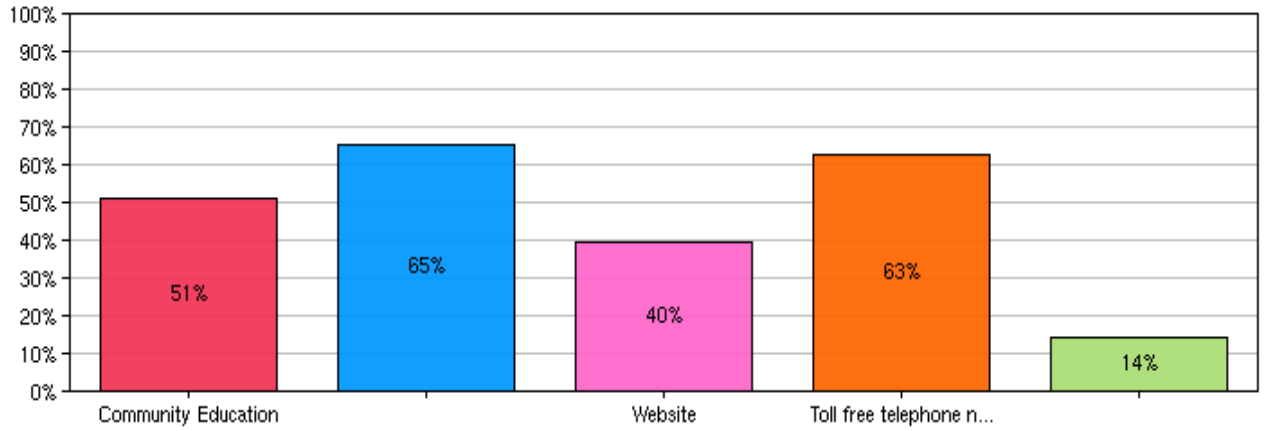


Value	Count	Percent %
Area Agency on Aging (AAA)	7	8.3%
Direct Service Provider	13	15.5%
District Attorney	1	1.2%
Financial Institution	1	1.2%
Government Agency	6	7.1%
Health care professional	11	13.1%
Legal Services	4	4.8%
Licensed Facility	23	27.4%
Ombudsman	2	2.4%
Other	16	19%

Statistics	
Total Responses	84

Open-Text Response Breakdown for "Other"	Count
Adult Day Service	1
DS Service Provider Agency	1
Developmental	1
Field Director	1
Home Health Agency	1
Legal Projects Coordinator for State DV/SV Coalition	1
Public Guardianship	1
RESIDENTIAL GROUP HOME MANAGER	1
Senior Center	1
Senior Housing Provider	1
Ddisability newspaper	1
home health agency	1
mental health program manager	1
professor of gerontology	1
we take reports for APS after state business hours	1
Trade org. for licensed facilities- responses based on member experience; blank answers indicate lack of sufficient info to respond	1

5. How is the APS program made known to the public? Check all that are familiar



Value	Count	Percent %
Community Education	40	51.3%
Posters placed in facilities, institutions, hospitals, health care providers, et al	51	65.4%
Website	31	39.7%
Toll free telephone number	49	62.8%
Publicity and marketing by media outlets	11	14.1%

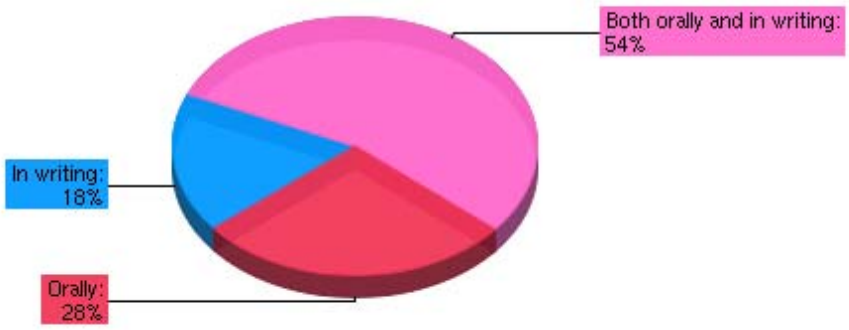
Statistics	
Total Responses	78

6. Have you or your agency made a report of abuse/neglect/exploitation to the Vermont APS program in the past year?

Value	Count	Percent %
Yes	68	81.9%
No	15	18.1%

Statistics	
Total Responses	83

7. Was the report of alleged abuse/neglect/exploitation made orally, in writing, or both?



Value	Count	Percent %
Orally	19	27.9%
In writing	12	17.6%
Both orally and in writing	37	54.4%

Statistics	
Total Responses	68

8. Did the intake staff capture all of the information about the alleged abuse/neglect/exploitation of a vulnerable adult that the reporter was able to report?

Value	Count	Percent %
Yes	58	92.1%
No	5	7.9%

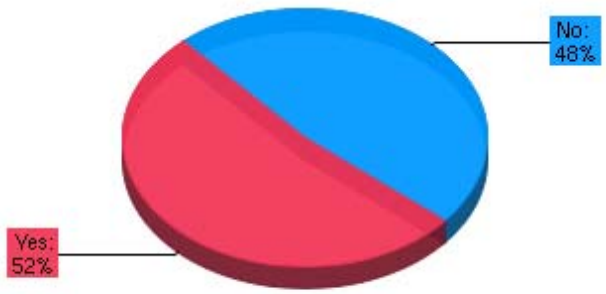
Statistics	
Total Responses	63

9. If no what type of information was not collected?

Count	Response
1	intake takes basic information
1	This is a difficult question to answer. We were using the website but found out that it was not date stamped. This is a concern because we must report in 48 hours. At this time we are not using the webportal because of this issue.

Count	Response
1	I never got to speak with an intake staff. I left a message and never heard back. This was in my prior position as an advocate with a domestic/sexual violence program.
1	Original call to APS got answering machine. Received call back VM from APS the next day. Was not able to return call at time specified in VM. Several days passed and I learned that another report had been made so I made no further efforts to connect with APS.
1	I was told that since I had already spoken with an investigator regarding the individual..(although we were calling with a different category of abuse)...that the call would be referred to the investigator to follow-up.....That was over two weeks ago....never heard from anyone since.

10. Was the reporter notified in writing of the APS program's determination to investigate or not to investigate the alleged abuse/neglect/exploitation report?

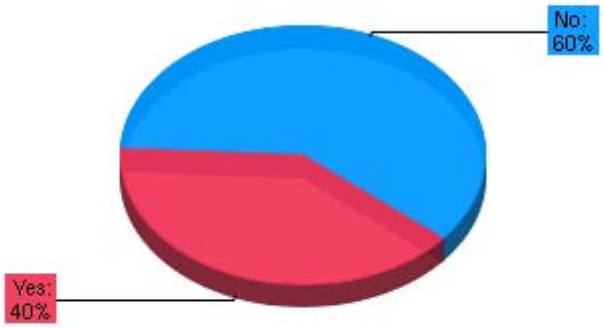


Value	Count	Percent %
Yes	34	52.3%
No	31	47.7%

Statistics

Total Responses	65

11. If the allegation of alleged abuse/neglect/exploitation of a vulnerable adult was investigated by APS staff was the reporter kept informed of the progress of the investigation, referrals to other agencies, and the final outcome of the investigation?



Value	Count	Percent %
Yes	23	39.7%
No	35	60.3%

Statistics

Total Responses	58

12. The APS statute reads that "The commissioner shall cause an investigation to commence within 48 hours after receipt of a report" If the victim meets the criteria for vulnerable adult and the investigation begins, how timely are they?

frequent