Appendix 3

Report on the Updates to the Voluntary Consensus Guidelines for APS Systems

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Prepared for
Administration for Community Living
Office of Performance and Evaluation

Submitted by
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Abbreviations

AAA	Area Agency on Aging
ACL	Administration for Community Living
APS	Adult protective services
CSA	Child sexual abuse
DHHS	Department of Health and Human Services
Guidelines	National Voluntary Consensus Guidelines for State APS Systems
LTCO	Long-term Care Ombudsman
MDT	Multidisciplinary team
NAMRS	National Adult Maltreatment Reporting System
NAPSA	National Adult Protective Services Association
NCEA	National Center on Elder Abuse
OAA	Older Americans Act
QA	Quality assurance
RFI	Request for information
SLTCO	State Long-term Care Ombudsman
SLTCOP	State Long-term Care Ombudsman Program
TEP	Technical expert panel

Contents

Introduction

Adult protective services (APS) programs are state-run social services programs that are not subject to federal rules and regulations. As a result, each state has designed its own unique system. In addition, there is no single funding stream for APS, forcing states to look to multiple sources for funding and often leaving them with inadequate resources for their APS programs. Data from state APS agencies show an increasing trend in reports of maltreatment and increasing caseloads for APS workers, however.[1] All of these challenges can present significant obstacles to responding in an effective and timely way to reports of abuse, neglect, self-neglect, and financial exploitation of older adults and adults with disabilities (hereinafter referred to as "adult maltreatment").

To support APS programs, it is more important than ever to demonstrate the effectiveness of APS programs and practices in improving client outcomes and provide states with tools to support effective and timely responses to adult maltreatment. To address this need, the Administration for Community Living (ACL) facilitated the development of the National Voluntary Consensus Guidelines for State APS Systems (Guidelines) in 2016 to provide the APS field with guidance about effective APS practices. As part of the development, ACL applied the Office of Management and Budget (2016)[2] and National Institute of Standards and Technology (2001)[3] process for creating field-developed, consensus-driven guidelines. To eliminate unnecessary duplication and complexity in the development and promulgation of the Guidelines, ACL's process remains consistent with the guidance of the National Institutes of Standards and Technology 15 CFR Part 287 (2020)[4].

To establish an evidence base for the 2016 Guidelines, ACL applied a multistep approach, with the first step being the review of best practices and research from studies published between 2004 and March 2014. Given the paucity of peer-reviewed research on APS practices during that timeframe, ACL also reviewed key materials from other credible sources, including child welfare and the National Adult Protective Services Association (NAPSA). ACL then engaged expert working groups and stakeholders from the field to draft, review, and refine the Guidelines, based on the available evidence as well as experiences from the field. The resulting Guidelines consisted of seven broad domains (or topics) and several elements (or subtopics) for all but one of the domains. Each element consists of a background section and the actual guidance statements. For the list of the Guidelines' domains and elements, see Appendix A.

In 2018, ACL initiated the updates of the Guidelines to incorporate new research findings and new areas of interest in APS practices and policies, following the same process for creating field-developed, consensus-driven guidelines. The purpose of this report is to provide an overview of the process for updating the Guidelines, including the methods for obtaining feedback from the public and a technical expert panel (TEP; for a list of the TEP members, see Appendix B) and analyzing their feedback as well as the results from the analyses. To see the updated Guidelines, go to: **https://acl.gov/programs/elder-justice/final-voluntary-consensus-guidelines-state-aps-systems.**

[1] Teaster, P. B., Dugar, T., Mendiondo, M., Abner, E. L., Cecil, K. A., & Otto, J. M. (2006.) *The 2004 Survey of Adult Protective Services: Abuse of vulnerable adults 18 years of age and older.* Washington, DC: National Center on Elder Abuse.

[2] Executive Office of the President, Office of Management and Budget. (n.d.). OMB Circular A-119: Federal participation in the development and use of voluntary consensus standards and in conformity assessment activities. Retrieved from **https://www.nist.gov/system/files/revised_circular_a-119_as_of_01-22-2016.pdf**

[3] National Technology Transfer and Advancement Act of 1995, Publ. L. 104-113, including amendment Utilization of consensus technical standards by federal agencies, Publ. L. 107-107, section 1115, in 2001. (n.d.). Retrieved from **https://www.nist.gov/standardsgov/national-technology-transfer-and-advancement-act-1995**

[4] Guidance on federal conformity assessment activities; National Institutes of Standards and Technology notice of proposed rulemaking. 85 Fed. Reg. 7258 (February 7, 2020). Retrieved from **https://www.govinfo.gov/content/pkg/FR-2020-02-07/pdf/2020-01714.pdf?utm_campaign=subscription+mailing+list&utm_source=federalregister.gov&utm_medium=email**

Objectives and Methods

As part of the Guidelines updates, ACL identified several key objectives:

- Determine appropriate updates to the Guidelines.
- Identify additional topics for inclusion in the Guidelines as needed.
- Identify topic areas for which research on APS practices is lacking.
- Determine how frequently ACL should re-engage stakeholders in the process to update the Guidelines, and gather ideas on the most efficient way for stakeholders to provide input.

Similar to the development of the original version of the Guidelines, ACL applied a multistep approach for updating the Guidelines, with each step building onto the work from the previous step. These steps include:

1. an updated literature review to identify new research evidence;
2. draft revisions and additions to the Guidelines based on new research evidence;
3. a stakeholder engagement process to obtain feedback for the proposed updates;
4. a comprehensive data analysis of the feedback received from stakeholders;
5. a detailed synthesis of the results; and finally
6. convening a TEP to refine and build consensus for the updates based on the proposed updates and feedback from stakeholders.

1. Literature Search and Review

Purpose

The purpose of the literature search and review was to identify new evidence published in peer-reviewed journal articles focused on the evaluation of APS programs and practices.

Methods

The literature search applied the same search methods used during development of the original Guidelines, but with an updated timeframe and additional databases. The search was conducted using the following parameters:

- **Timeframe:** April 1, 2014 – November 30, 2018
- **Databases:** Applied Social Sciences Index and Abstracts (ASSIA), Dissertations Abstracts, EBSCOhost Academic Search Complete, EBSCOhost MEDLINE Complete, Education Resources Information Center (ERIC), Google Scholar, Lexis-Nexis U.S. Law Reviews and Journals, National Criminal Justice Reference Service (NCJRS) Abstracts Database, PILOTS: Published International Literature on Traumatic Stress, PubMed, Sage Publications Database, ScienceDirect, Social Services Abstracts, Sociological Abstracts
- **Search terms:** abuse, adult protective service, adults with disabilit*, disabled, elder, exploitation, fraud, maltreatment, mistreatment, neglect, older adult, outcomes, or vulnerable
- **Inclusion criteria:** published in English; contains quantitative data analysis or presents literature review; related to or applicable to APS programs, operations, practices, and processes

The focus for this literature review was on studies reporting on findings from APS. However, studies reporting on effective protective service strategies from the child welfare field and long-term care ombudsman programs were also reviewed if those service strategies may be applicable to the APS field. Selection and categorization of articles for this review was accomplished through the following steps:

1. **Selection:** To determine if articles met the purpose and the inclusion criteria for this review, titles and narrative descriptions of identified articles were screened first. Subsequently, abstracts were reviewed to identify relevant articles, and of those deemed relevant after abstract review, full articles were reviewed and key information was extracted.

2. **Categorization:** Findings from the included articles were reviewed and cross-walked with the domains and elements addressed by the Guidelines. Articles were then categorized based on the domain and elements they addressed, i.e., which domain(s) and element(s) may be supported, updated, or revised based on the article's findings.

Results

The literature search resulted in 59 journal articles related to or relevant for APS programs and practices. After review of the abstracts, 11 articles were excluded because they did not meet the inclusion criteria. All remaining articles (N=48) were reviewed in full. Of those, 24 additional articles were excluded because they also did not address the purpose of this review. A final group of 24 articles met the inclusion criteria and were included in the literature review. Three of these articles focused on child protective service systems, and the rest focused on APS.

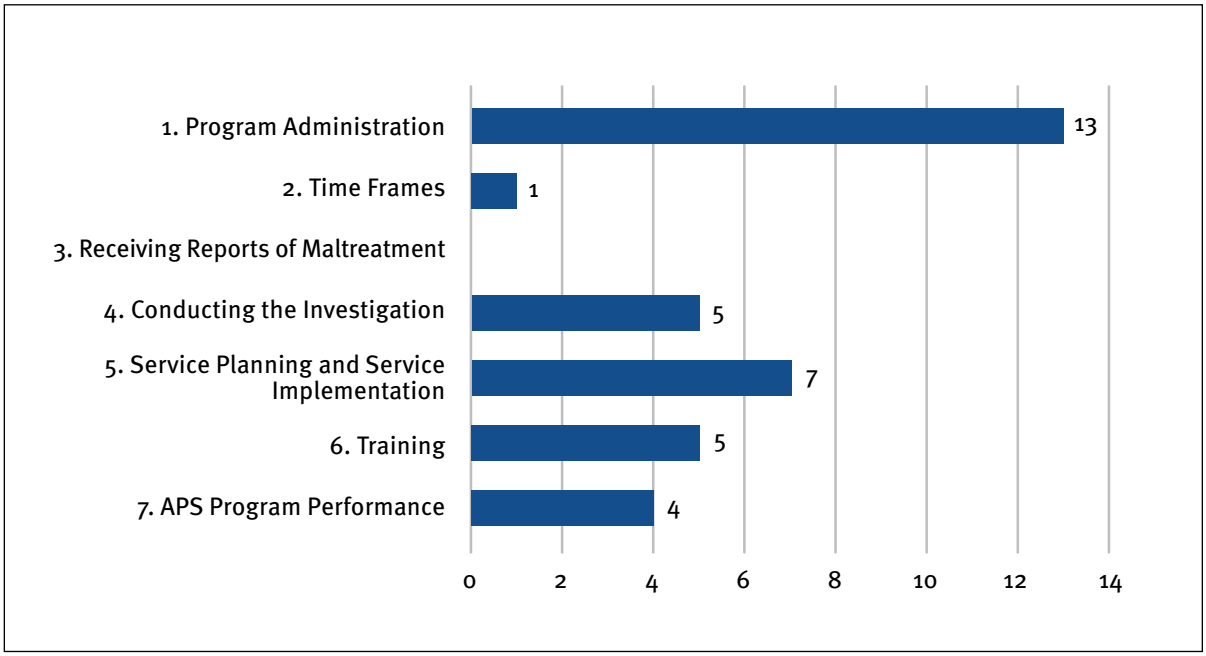
A full list of references of the 24 articles categorized by the domain and elements the articles address is provided in Appendix C.

Guideline Domains/Elements[5]

The findings from the 24 included studies were relevant to all but one of the seven Guidelines domains. See Figure 1 below for the number of studies by domain. None of the findings were relevant to domain 3 (Receiving Reports of Maltreatment). The majority of studies were related to domain 1 (Program Administration), and within that domain, most studies (N=5) were related to element 1e (Coordination With Other Entities). Seven articles were relevant to domain 5 (Service Planning and Service Implementation); of those, five addressed element 5a (Voluntary Service Implementation). Five articles were relevant to domains 4 (Conducting the Investigation) and 6 (Training) respectively.

[5] As part of the updates to the Guidelines, element 1G, Protecting Program Integrity, was moved up to become element 1B. The title for element 4C was changed from "Investigations in Congregate Settings" to "Investigations in Residential Care Facilities"; the title for element 4D was changed from "Completion of Investigation and Substantiation Decision" to "Completion of Investigation and Finding." The title for domain 5 was changed from "Services Planning and Intervention" to "Service Planning and Service Implementation"; element 5A was changed from "Voluntary Intervention" to "Voluntary Service Implementation"; and element 5B was changed from "Involuntary Intervention" to "Involuntary Service Implementation." The title for domain 7 was changed from "Evaluation/Program Performance" to "APS Program Performance," and the content was divided into two elements: 7A, Managing Program Data, and 7B, Evaluating Program Performance.

Figure 1. Number of Studies by Domain



Samples Examined in New Literature

Eighteen of the 24 studies included data from clients served by APS (N=16) or CPS (N=2). For those studies focused on APS client data, three focused on clients 65 and older, 10 focused on clients 60 and older, one focused on clients 55 and older, one focused on clients 18 and older, and one focused on clients 65+ and dependent adults, aged 18–64, who were living in the community. The clients in all but one of these studies were identified by age specifically, without information regarding the clients' disability status. Only one study specifically mentioned dependency as a qualifying criterion for the APS program.

Findings and Implications

The list below provides an overview of key findings and implications by Guidelines domain. Note: Articles/findings may be relevant to more than one domain and therefore may be listed more than once.

Domain 1. Program Administration

- More rigorous means of detecting elder abuse are needed to obtain accurate prevalence data and to inform policy decisions; clear definitions and training to standardize the assignment of findings for elder abuse/neglect cases should be established (Mosqueda et al., 2016).
- Those with the mandated responsibility to report are more likely to report situations that are truly mistreatment (i.e., are substantiated through APS investigation) and that will result in victims receiving some type of intervention aimed at alleviating their risk (Lees, 2018).
- The mandatory reporting law for child sexual abuse (CSA) is associated with a substantial and sustained increase in identification of cases of CSA. A similar law for mandatory reporting of elder abuse/neglect may also have a beneficial impact in the identification of elder abuse/neglect (Mathews, Lee, & Norman, 2016).

- Results highlight the importance of the forensic interview in child protective services decisions of CSA, and the potential role for child advocacy centers in providing trained professionals to conduct a high-quality interview during the initial assessment (Brink, Thackeray, Bridge, Letson, & Scribano, 2015). The findings may also support the use of multidisciplinary teams (MDTs) in APS.
- Research focused on a forensic MDT model for elder abuse has shown the model to be an effective approach for increasing prosecution rates and conservatorship for cognitively impaired older adults and for reducing the rate at which cases re-entered the APS system (Wilber, Navarro, & Gassoumis, 2014).
- The Forensic Center model offers an effective pathway in bringing cases to the attention of a public guardian for investigation and conservatorship, thereby increasing conservatorship as a remedy for those who require the highest level of protection (Gassoumis, Navarro, & Wilber, 2015).
- MDT models are effective for intervening with victims of elder mistreatment. In particular, findings provide support for an integrated social work–legal interdisciplinary mode (Rizzo, Burnes, & Chalfy, 2015).
- Clients are often willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution service. Additionally, results support the potential for elder abuse service providers to work in tandem with mental health clinicians (Sirey et al, 2015).
- Results provide evidence to support efforts to improve collaboration between child welfare and drug and alcohol services providers (He & Philips, 2017). (These results may also suggest a potential benefit for collaboration between APS and substance use treatment providers since recent referrals of older adults to APS show an increase in substance abuse among clients [see Susman, Lees, & Fulmer, 2015]).
- Using a Web-based portal and low-cost videophone technology to connect an APS agency and its clients to a centralized geriatric and elder mistreatment expert medical team for virtual in-home assessments could serve as a model for fostering collaboration between state protective agencies and medical professionals (Burnett, Dyer, Clark, & Halphen, 2018).
- Findings highlight the importance of creating a positive and supportive work environment for APS workers, and of implementing management strategies for the prevention of burnout among APS workers (Ghesquiere, Plichta, McAfee, & Rogers, 2018).
- Education is needed across agencies and the general population regarding emotional abuse, its negative effects, and methods of reporting to police and other authorities (Acierno, 2018).
- Educational interventions for professionals and families may help to enhance and support APS communication with other members of the health care team and potentially reduce repeated involvement with the APS system (Susman, Lees, & Fulmer, 2015).

Domain 2. Time Frames

- A longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering (Mariam, McClure, Robinson, & Yan, 2015).

Domain 4. Conducting the Investigation

- The Elder Abuse Decision Support System short form can be used to standardize and increase efficiency of APS investigations, and it may also offer researchers new options for brief elder abuse assessments (Beach et al., 2017).
- Results highlight the importance of the forensic interview in child protective services decisions of CSA and the potential role for child advocacy centers in providing trained professionals to conduct a high-quality interview during the initial assessment (Brink, Thackeray, Bridge, Letson, & Scribano, 2015). The findings may also support the use of MDTs in APS.
- A list of standardized questions for caseworkers to use during investigation may provide an objective and detailed approach for investigation (Conrad, Iris, & Liu, 2017).
- The elder abuse forensic center MDT model is an effective approach for conducting investigations (Wilber, Navarro, & Gassoumis, 2014).
- Using a Web-based portal and low-cost videophone technology to connect an APS agency and its clients to a centralized geriatric and elder mistreatment expert medical team for virtual in-home assessments could serve as a model for fostering collaboration between state protective agencies and medical professionals (Burnett, Dyer, Clark, & Halphen, 2018).

Domain 5. Service Planning and Service Implementation

- Elder mistreatment social service programs should aim to promote elder participation in supportive community social outlets, e.g., senior centers (Burnes, Rizzo, & Courtney, 2014). When social support from family or friends is unavailable or deficient, policy should direct services to compensate or supplement this factor (Acierno, Hernandez-Tejada, Anetzberger, Loew, & Muzzy, 2017).
- Findings highlight the need to identify and intervene in elder mistreatment cases as early as possible in the mistreatment trajectory and the need to develop targeted safety planning for clients experiencing different forms of abuse and/or neglect (Burnes, Rizzo, & Courtney, 2014).
- Findings underscore the importance of differentiating among the various types of maltreatment as different profiles indicate the need for interventions tailored to meet the unique characteristics associated with each type of abuse, which may lead to greater victim safety (Jackson & Hafemeister, 2014).
- Clients are often willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution service. Additionally, results support the potential for elder abuse service providers to work in tandem with mental health clinicians (Sirey et al, 2015).
- A longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering (Mariam, McClure, Robinson, & Yan, 2015).
- The Forensic Center model offers an effective pathway in bringing cases to the attention of a public guardian for investigation and conservatorship, thereby increasing conservatorship as a remedy for those who require the highest level of protection (Gassoumis, Navarro, & Wilber, 2015).
- Findings suggest that goal attainment scaling is a feasible measurement strategy to implement in the APS context (Burnes, Connolly, Hamilton, & Lachs, 2018).

Domain 6. Training

- The Elder Abuse Nurse Examiner Curriculum is effective in improving sexual assault nurse examiners' self-reported knowledge of and perceived competence in delivering elder abuse care (DuMont, Kosa, Yang, Solomon, & Macdonald, 2017).
- More rigorous means of detecting elder abuse are needed to obtain accurate prevalence data and to inform policy decisions; clear definitions and training to standardize the assignment of findings for elder abuse/neglect cases should be established (Mosequeda et al., 2016).
- Interdisciplinary training programs may be an effective way to learn and produce changes in knowledge and clinical practice (Pickering, Ridenour, Salaysay, Reyes-Gastelum, & Pierce, 2018).
- Multimethod training programs for improving confidence, knowledge, and case management skills – including how to identify, report and investigate cases of suspected abuse – are effective and could be made available online to all health authorities for implementation as appropriate to local operational needs (Storey & Prashad, 2018).
- Findings highlight the importance of creating a positive and supportive work environment for APS workers, and of implementing management strategies for the prevention of burnout among APS workers (Ghesquiere, Plichta, McAfee, & Rogers, 2018).

Domain 7. APS Program Performance

- APS may benefit from examining its service areas and determining which specific areas may require expansion to meet client needs (Booker, Breaux, Abada, Xia, & Burnett, 2018).
- Findings highlight the need to identify and intervene on elder mistreatment cases as early as possible in the mistreatment trajectory and the need to develop targeted safety planning for clients experiencing different forms of abuse and/or neglect (Burnes, Rizzo, & Courtney, 2014).
- Findings suggest that goal attainment scaling is a feasible measurement strategy to implement in the APS context (Burnes, Connolly, Hamilton, & Lachs, 2018).
- Educational interventions for professionals and families may help to enhance and support APS communication with other members of the health care team and potentially reduce repeated involvement with the APS system (Susman, Lees, & Fulmer, 2015).

2. Development of Proposed Updates

The findings from the literature review were then used to inform draft updates and revisions to the 2016 Guidelines domains and elements. Specifically, findings from recently published studies were used to support the guidance statements and/or inform revisions or updates to the background and guidance statements in the elements. As noted, the findings had implications for all but one of the Guidelines domains. For the six relevant domains, the articles' findings were used to make revisions by either adding text to the background but not changing the guidance statements or adding text to the background and changing the guidance statements. There were no cases where current guidance was deleted. It is important to note that several studies had findings that impacted several domains.

3. Stakeholder Engagement

The 2016 Guidelines were developed with extensive input from stakeholders representing multiple professional fields, including staff from APS, aging, long-term care, disability, domestic violence, sexual assault, and victim services networks; legal services and law enforcement; native and tribal communities; and federal staff. Members of the public also provided feedback. The goals of the stakeholder engagement and outreach process were to hear from all stakeholders about their experiences with APS, ensure all stakeholders understand why and how ACL is leading the development of Guidelines for APS, and provide interested parties an opportunity to give input into the process and content of the Guidelines. Throughout the process, ACL's stakeholder engagement and outreach endeavored to

- respect people's history and experience with APS, and their other life experiences;
- empower the public and stakeholders to contribute to the development of national APS guidelines in a meaningful way;
- understand the public's vision for APS and for ACL's role in APS;
- build consensus on proposed guidelines by including representatives from materially affected and interested parties, to the extent possible; and
- incorporate a civil rights/personal rights perspective in developing the system guidelines.

For the updates, the public as well as professionals who may report and/or respond to abuse, neglect, and financial exploitation experienced by older adults and adults with disabilities were invited to provide feedback for the draft updates to the Guidelines via two main methods, a public comment period and stakeholder webinars.

Public Comment Period

Stakeholders were invited to provide feedback for the proposed updates to the Guidelines via the ACL's request for information (RFI) Web page, hosted at **https://acl.gov/about-acl/public-input**, and direct e-mail. The Web page was publicly available and included information about the project and key materials (i.e., the Guidelines, suggested revisions and/or additions, literature references). Stakeholders had the opportunity to provide feedback via the ACL RFI Web page from the end of March until the end of May 2019.

Stakeholder Webinars

Stakeholders were also invited to provide feedback via webinars. Five webinars were held during April and May 2019. For a recording of one of the webinars, use this link: **http://bit.ly/APSwebinarApril29**.[6] The webinar platform allowed for the presentation of visual content (draft revision), polling, and written comments by participants. As part of the webinar registration, stakeholders were asked to indicate the state and field they represented. During the webinar, participants were encouraged to respond (voluntarily) to the following polling questions:

1. What professional group are you representing today?[7]
2. Before preparing for today's call, how familiar were you with the current National APS Guidelines?[8]
3. How frequently should the Guidelines be updated in the future?[9]

The following sections provide a summary of the analyses conducted for the stakeholder feedback, as well as the results from the analysis, limitations, and implications.

4. Analyses of Stakeholder Feedback

Quantitative Analysis

Quantitative data collected as part of the webinar registration and webinar polls (state, professional field represented, etc.) were imported to an Excel file. The data were analyzed using functions within Excel, including counts and percentages.

Qualitative Analysis

Public comments from the ACL RFI webpage and e-mails were saved to a Word file and identifying information (i.e., e-mail address and names) was removed. Stakeholder webinars were recorded and transcribed. Written comments provided during the webinar were saved, exported, and added to the webinar transcript Word files. The final transcript files were then cleaned and prepared for analysis.

The files were imported into ATLAS.ti software, a dedicated qualitative analysis tool, to allow for desired information to be extracted from the collected data and analyzed for trends and predominant themes. If known, comments were first tagged with an identifier to indicate the field the commenters represented (e.g., APS network, disability network, federal agency). Subsequently, multiple steps were applied for the analysis of all comments using multiple researchers:

1. First, comments relevant to the feedback for the Guidelines were selected/highlighted. The selected comments were then used for subsequent coding.
2. Where applicable, comments were coded to indicate to which Guideline domain(s) and element(s) they were related.

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[6] No credentials are required to access the webinar. If prompted for credentials after opening the link, click on "Cancel," and the recorded webinar should proceed to play on the Adobe Connect platform.

[7] Response options: APS Network; Aging Network; Minority Aging Network; Disability Rights Network; Domestic Violence, Sexual Assault, and Victim Service Network; Federal Agency; General Public; Law Enforcement; Legal Services Network; Long-Term Care Network; Tribal Community; Other.

[8] Response options: extremely familiar; very familiar; somewhat familiar; slightly familiar; not at all familiar

[9] Response options: every year; every 2 years; every 3 years; every 4 years; every 5 years

3. To establish interrater reliability, three researchers first randomly selected a subset of comments and coded them independently, then reviewed the coding jointly until agreement was reached. Using this process, the researchers created an analysis code book consisting of the consensus codes.
4. Two researchers then used grounded theory and constant comparative methods to code all comments and develop emerging and subthemes from the various codes. The researchers discussed comments and added new codes as needed. New codes identified as part of this process were added to the code book.
5. Codes were then analyzed using the Atlas.ti Code-Document Table tool. The tool allowed the researchers to identify the number of comments by specific code, as well as by group of codes (code families).

5. Stakeholder Feedback Analyses: Results

The following section provides results from the quantitative and qualitative data analyses using data from the participation on the webinars as well as all comments received via the webinars and public comment period.

Quantitative Results

Data Related to Webinar Participants

Quantitative results pertain to data collected as part of the five webinars, including number of participants, states and professional fields represented by participants, familiarity with the Guidelines, and frequency with which the Guidelines should be updated in the future.

Across the five webinars, approximately 190 stakeholders[10] participated, representing 39 states and the District of Columbia. California had the the highest level of participation (14%), following by Maryland (6%), Colorado (5%), Illinois (5%), Missouri (5%), New York (5%), North Carolina (5%), Tennessee (5%), and Texas (5%).

Participants represented 10 fields, with the majority of participants representing the APS network, followed by those representing other fields (e.g., research, academia) and those representing the aging network (see Table 1).

[10] The actual number may have been higher since participants who only called in to the conference line and did not use the webinar link, and who did not provide written or verbal comments, could not captured in the count.

Table 1. Fields Represented by Webinar Participants

Field	Percentage
APS Network	66%
Other (e.g., research, academia)	13%
Aging Network	11%
Long-Term Care Network	3%
Federal Agency	2%
Disability Rights Network	1%
Domestic Violence, Sexual Assault, and Victim Service Network	1%
General Public	1%
Law Enforcement	1%
Legal Services Network	1%

When participants were asked during the webinar how familiar they were with the Guidelines prior to the webinar, a little over one third indicated being extremely or very familiar with the Guidelines. Approximately half of participants indicated being somewhat or slightly familiar with the Guidelines (see Table 2).

Table 2. Familiarity With Guidelines Prior to Webinar

Familiarity	Percentage
Extremely familiar	3%
Very familiar	32%
Somewhat familiar	30%
Slightly familiar	24%
Not at all familiar	10%

When asked during the webinar how often the Guidelines should be updated in the future, most participants recommended the Guidelines be updated every 2 or 3 years (see Table 3). None of the participants recommended the Guidelines be updated every year.

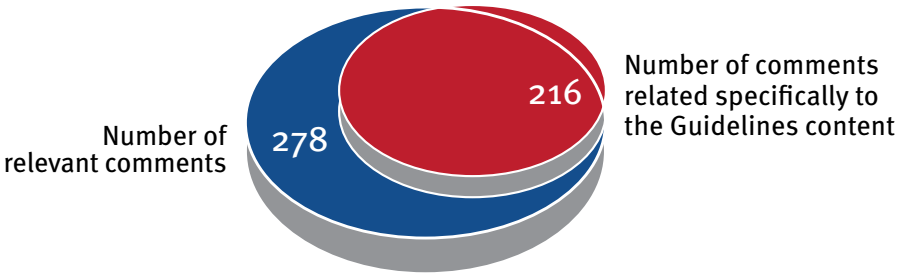
Table 3. Frequency for Updating the Guidelines

Frequency	Percentage
Every 2 years	40%
Every 3 years	42%
Every 4 years	16%
Every 5 years	2%

Data Related to Public Comments

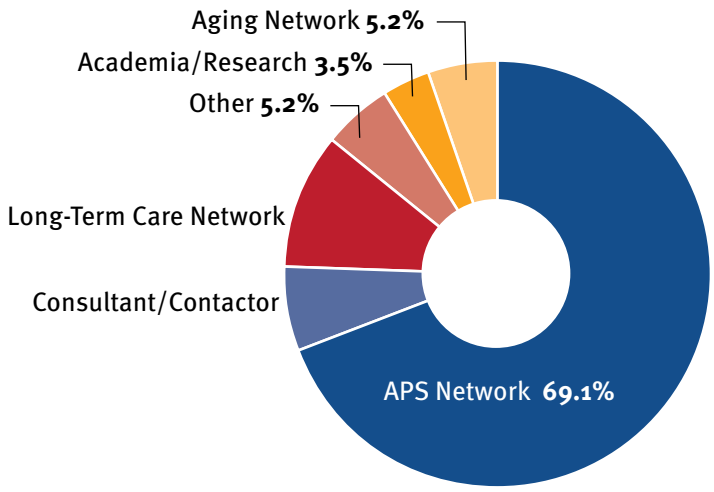
For all comments received via the webinars and the public comment period, at total of 278 comments were coded as containing relevant feedback. Of those, 216 comments were related specifically to the **content** of the Guidelines (e.g., background and guidance). The feedback was related to supporting proposed updates or expressing concerns about proposed updates, challenges for implementing the Guidelines, recommendations for additional revisions for specific domains/elements, and global feedback regarding Guidelines (e.g., use of victim vs. client). Other comments (N=62) were coded as being related to feedback about aspects outside the content of the Guidelines (see Figure 2a). These included the format of the Guidelines, the frequency and process for updating the Guidelines, the dissemination of the Guidelines, and research gaps.

Figure 2a. Number of Comments Coded for Containing Relevant Feedback



Relevant comments were provided by stakeholders representing multiple professional fields, including those shown in Figure 2b, below. As expected, professionals representing the APS network provided the majority of comments (69.1%), followed by professionals representing the long-term care network (10.4%), consultants/contractors (6.5%), and the aging network (5.2%). Comments made by stakeholders from the following fields were grouped into "other," given the low number of comments: domestic violence and sexual assault network, federal agencies, state agencies, legal services network, disability rights network, and the general public. Together, these stakeholders provided 5.2% of the relevant comments. The data are based only on stakeholders who chose to identify their field. Stakeholders were encouraged to identify themselves, but were permitted to provide comments anonymously.

Figure 2b. Percent of All Relevant Comments From Stakeholders by Field



Stakeholders commented on the proposed updates as well as the original content. Stakeholders provided comments for all seven domains, including domain 3, for which no updates were proposed. As shown in Figure 3 below, the majority of comments focused on Domain 1, Program Administration (28.2 %), followed by Domain 5, Service Planning and Intervention (24.8%), and Domain 6, Training (17.5%). One stakeholder provided a comment for Domain 3, Receiving Reports of Maltreatment. Because of the low number of comments by representatives of fields outside of the APS Network, analysis of quotations by individual stakeholder group is not recommended and was not conducted.

Figure 3. Percent of Relevant Comments by Guidelines Domains

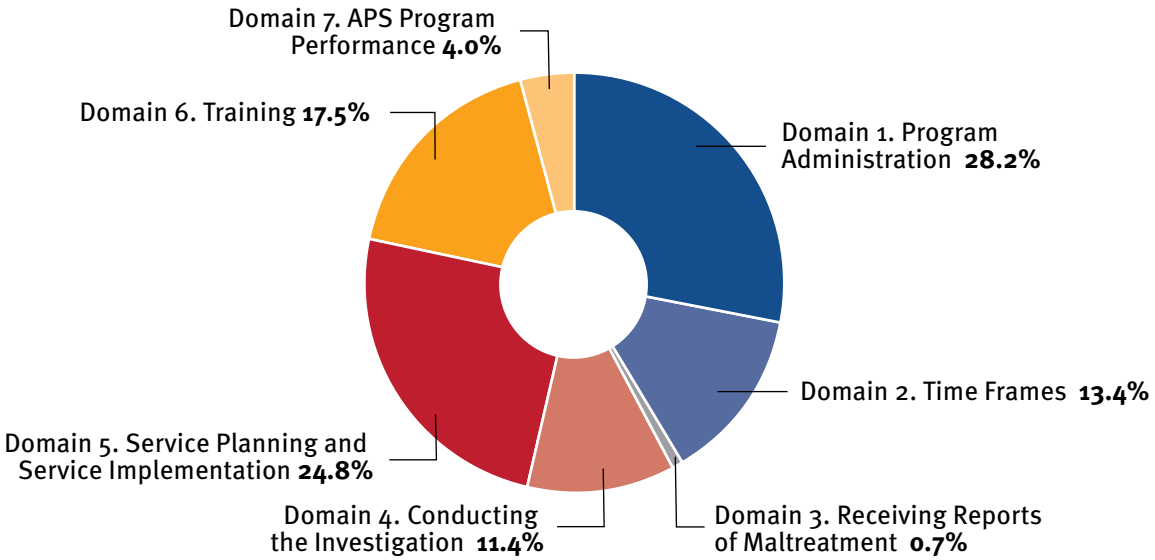


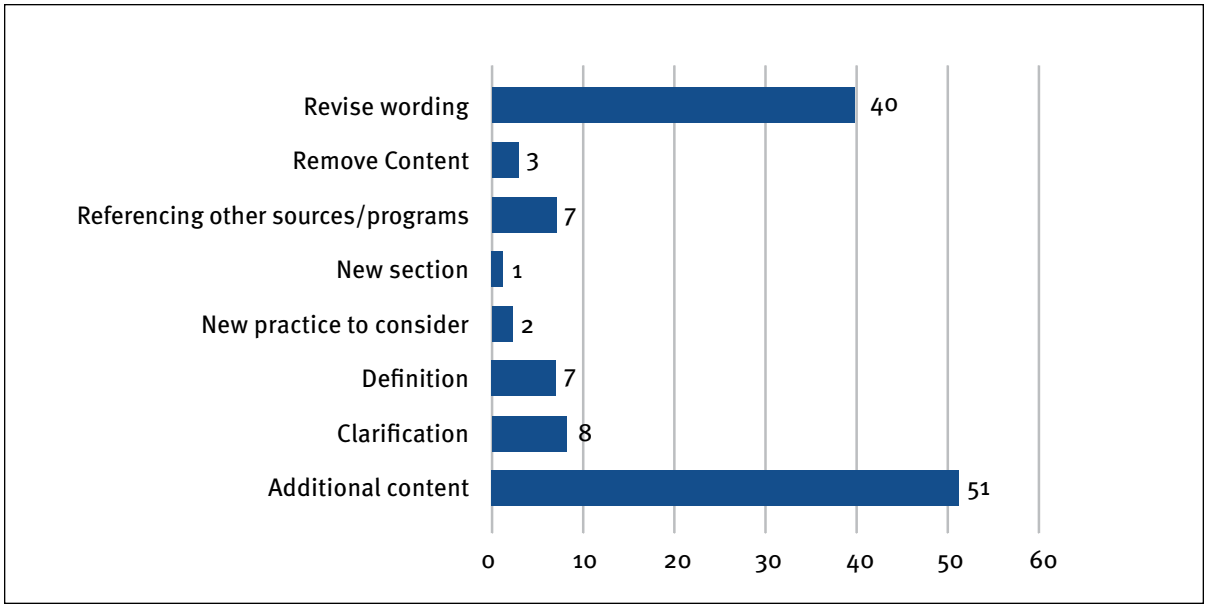
Table 4 shows the number of relevant comments for each element, listed from highest to lowest. Element 6B, Caseworker Initial and Ongoing Training, had the most relevant comments (N=22), followed by elements 2C, Closing the Case (related to time frames; N=17); 5A, Voluntary Service Implementation (N=17); 1F, Coordination With Other Entities (N=14); 5C, Closing the Case (related to service planning and service implementation; N=13); and 4A, Determining If Maltreatment Has Occurred (N=10).

Table 4. Number of Relevant Comments by Guidelines Elements

Element	Number of Relevant Comments
6B. Case Worker Initial and Ongoing Training	22
2C. Closing the Case (related to time frames)	17
5A. Voluntary Service Implementation	17
1F. Coordination With Other Entities	14
5C. Closing the Case (related to service planning and service implementation)	13
4A. Determining If Maltreatment Has Occurred	10
1E. Mandatory Reporters	9
5B. Involuntary Service Implementation	7
6C. Supervisor Initial and Ongoing Training	5
1G. Program Authority, Cooperation, Confidentiality, and Immunity	4
4B. Conducting an APS Client Assessment	4
1I. Access to Expert Resources	3
1A. Ethical Foundation of APS Practice	2
1B. Protecting Program Integrity	2
1D. Population Served	2
1K. Worker Safety and Well-Being	2
1L. Responding During Community Emergencies	2
2B. Completing the Investigation	2
4C. Investigations in Residential Care Facilities	2
1C. Definitions of Maltreatment	1
1H. Staffing Resources	1
1M. Community Outreach and Engagement	1
2A. Responding to the Report/Initiating the Investigation	1
3B. Screening, Prioritizing, and Assignment of Screened-in Reports	1
6A. Caseworker and Supervisor Minimum Educational Requirements	1

As noted, several (N=216) of the comments involved specific feedback regarding the proposed updates to the Guidelines. Specifically, stakeholders voiced support or agreement for the updates (12% of comments), expressed concerns or disagreement (3.2% of comments), noted challenges for their implementation (7.4% of comments), noted global comments (22.2% of comments), and provided specific recommendations for additional revisions (55.1% of comments). Recommendations were related to revising specific wording, adding additional content/wording, providing clarification, etc. See Figure 4 for the number of comments by type of recommendation. Feedback regarding specific recommendations is summarized in the next section (Qualitative Results).

Figure 4. Number of Comments Related to Specific Recommendations for Revisions



Qualitative Results

This section provides a summary of comments received during the stakeholder webinars and the public comment period. Stakeholders were invited to comment on the proposed updates, as well as other content, and suggest additional topics for inclusion in the Guidelines. In addition, stakeholders were invited to provide feedback regarding research gaps and processes for updating the Guidelines in the future. The summary that follows presents a synthesis of all comments (themes) organized by topic, with sample verbatim quotations, in the shaded boxes, for further illustration. Except for words in brackets added for clarification, these comments are unedited, copied exactly as stated in stakeholders' feedback. Topics include global comments regarding the Guidelines content, comments specific to the Guidelines domains and elements, and comments related to research gaps and processes for updating the Guidelines. A detailed list of all verbatim quotations related specifically to the Guidelines domains and elements, and coding applied, is provided in Appendix D.

Global Comments

Inclusiveness of Guidelines Topics

Stakeholders noted that the Guidelines are comprehensive and address all key areas (domains) that are relevant for processes related to APS investigations.

> I just wanted to say I was looking over the areas that you kind of put everything into as far as investigation, and I was wracking my brain to think if anything didn't fit into it and I think you have them all covered. That is my only comment. You have all the areas that cover APS mapped out well.

Benefit of the Guidelines/Impact

Stakeholders noted that the Guidelines serve as a great tool to help them advocate for additional funding and staff. Given that resources for the APS field are limited at this time, the Guidelines may be considered "aspirational," identifying best practices that should be implemented given sufficient funding. Stakeholders agreed that the Guidelines should maintain this aspirational approach, even though programs may not be able to implement all practices in reality. Rather, the Guidelines help set the standard and support future planning and legislative advocacy. Stakeholders also noted that it is important to consider the implications of the document and to communicate to leaders in the field that these practices can only be implemented or attained with sufficient resources and support.

> I think the problem with [the recommendations], it is aspirational and I think we all would agree we would like to do that. But when these guidelines are produced, executive leadership in a lot of organizations take that as a best practice and don't realize that is aspirational and we will get there some days. So, I think we need to balance that."
>
> I think all of those are again aspirational, and worth putting in there for us to advocate for funding to be able to do all of that. We all know prevention is better than intervention later. I mean… all of us these make sense to me.

Barriers/Challenges for Implementation

Stakeholders highlighted that the Guidelines can be hard to operationalize with the current independent case management system that does not receive state or federal support. In addition, specific recommendations, such as keeping cases open and the use of MDTs, are challenging to implement without a better funding system, such as that in child welfare.

Populations

Stakeholders recommended that the Guidelines provide more clarity on the populations that are being addressed. Specifically, it should be made clear, and language should reflect, that the Guidelines address all adult populations, including younger adults with disabilities, and not just elders/older adults. Stakeholders also recommended that the Guidelines specifically highlight persons living with dementia as one of the at-risk populations.

> We were grateful for the opportunity to comment on the 2016 National Voluntary Consensus Guidelines for State APS Systems during their development. At that time, we offered a variety of suggestions as to how APS systems can identify and work with persons living with dementia. However, ACL declined to incorporate these suggestions or specifically identify this particularly vulnerable population. While we understand the need for these guidelines to remain broadly applicable, every state across the country is expected to experience an increase of at least 12 percent in the number of people with Alzheimer's between 2019 and 2050 and working with these individuals can be fundamentally different from working with other APS clients. For example, persons living with dementia often have difficulty understanding or explaining situations and their behaviors may be viewed by APS personnel as uncooperative, disruptive, or combative. Therefore, we encourage ACL to identify this population specifically throughout the updated guidelines.

Global Changes

Stakeholders recommended revising some of the wording throughout the Guidelines. One of the recommendations focused on including wording that emphasizes the "aspirational" nature of the Guidelines and reflects that these are best practices that are contingent on funding and resources. Suggested wording that could be used where appropriate included "as much as possible" or "if resources allow" or "as funding permits"; "funding permitting"; and "when available or where available." Stakeholders noted that such wording would help ensure that workers are not put in a position of having to provide certain services when they do not have the resources, but that programs that have the resources are encouraged to adhere to the guidance.

Stakeholders also noted that the word "maltreatment" is used consistently to talk about both abuse and self-neglect. However, maltreatment more accurately describes abuses, and the language in the Guidelines should be more nuanced, using abuse and/or self-neglect depending on the context. Additional recommendations included the use of the word "client" rather than "elder," to be inclusive of individuals who are younger, and to add or revise language as needed to highlight clients' autonomy.

> Should there be some language: try to preserve as much of the client's autonomy as possible?

Client vs. Victim

Overall, stakeholders favored the use of the term "client" rather than "victim" because it is more positive and empowering of individuals and more strength based. Additionally, because the word "victim" implies a perpetrator some, people do not think it includes those who self-neglect. "Client" is also consistent with language used in NAMRS.

Other potential recommended terms that could be used instead of "victim" include "person who experienced maltreatment" or "person alleged to have experienced maltreatment." Stakeholders noted that they use "alleged victim" until it is determined that abuse has occurred, when the term changes to "client."

Other stakeholders noted that the specific term may not matter so much as long as it is defined so readers know that, whether "client "or "victim" is used, it refers to the same individual.

Domain 1. Program Administration

1A. Ethical Foundation of APS Practice/1G. Program Authority, Cooperation, Confidentiality, and Immunity

No updates were proposed to this section, but stakeholders provided recommendations for the content in the original Guidelines for this section. Stakeholders recommended that language be added to recommend that the code of ethics and policies be reviewed annually. They also highlighted that the Guidelines should encourage APS to place greater emphasis on putting the client first. Specifically, it was recommended that language be added to emphasize that APS needs to comply with the Americans with Disabilities Act; that APS represents the patient and not the facility (e.g., assisted living facility); that a separate entity should investigate abuse by facilities; and that competency tests should be conducted by licensed professionals.

APS represents nursing homes/assisted living facilities. APS petitions for guardianships at the direction of assisted living facilities. APS refuses to comply with the American for Disabilities Act when it comes to seniors with hearing issues and vision issues. In our situation APS refused to investigate the medically unnecessary use of morphine by a facility. If APS at the request of a facility can restrict family members from medical records, care and transitioning out of a facility, then APS is representing the facility. We do not understand why an agency that is supposed to protect our seniors is instead representing a private industry and support staff: i.e., nursing homes/guardians and support staff. We also do not understand why seniors are NOT protected by the Americans with disability act. Thus, respectfully we suggest as guidelines that APS be required to comply with American with Disabilities Act, that APS no longer be the agency that nursing homes call for assistance, that APS represent the patient not the facility, and that a separate unit be set up to deal with drug abuse by facilities. We would also like to see competency tests done by licensed professionals. Above all APS should put the patient first.

1B. Protecting Program Integrity

No updates were proposed to this section. However, stakeholders provided recommendations for the content in the original Guidelines for this section. Stakeholders recommended that content be added to the Guidelines to encourage APS programs to develop a conflict of interest form and policies and procedures that provide remedies for conflicts whenever possible. In addition, stakeholders provided specific suggestions for changes in the text and proposed adding a new paragraph on the "right of person alleged responsible for maltreatment." (See suggested revisions below.)

1. Add underlined text: "It is recommended that APS systems create and implement policies to ensure that the APS program is held to high standards or integrity. APS program policy and standards should be transparent and available to the public. Policies are needed to address the issues below:"

2. Suggest the following revisions to the paragraph on client rights: "Client rights: At the time of the initial interview with that person, APS programs should provide an explanation of APS program and goals, and the client's rights, in terms that are reasonably understandable to the adult ~~who is the subject of the investigation~~ who may have experienced maltreatment."

3. Suggest adding the following paragraph: "*Rights of person alleged responsible for maltreatment:* At the time of the initial interview with that person, APS programs should provide an explanation of APS program and goals, and the rights of the person, in terms that are reasonably understandable to the adult who is the subject of the investigation."

1C. Definitions of Maltreatment

Stakeholders recommended that the section on definitions of maltreatment in the Guidelines also include language to encourage APS to establish definitions for case finding categories (e.g., confirmed, unfounded, inconclusive) and to provide training on the application of those definitions.

> We recommend that the guideline be revised as follows [add underlined sentence]: "It is recommended that APS systems define and respond to, at a minimum, reports of the following categories of maltreatment: physical, emotional, and sexual abuse; financial exploitation; neglect; and self-neglect. APS system should establish clear definitions for the terms "confirmed," inconclusive," and "unfounded," and provide training to its employees on these definitions, as well as how cases should be assigned to the different categories.

1D. Population Served

No updates were proposed to this section, but stakeholders offered recommendations for the content in the original Guidelines for this section. Stakeholders recommended that the section on population served be expanded to include individuals who are victims of transnational scams and that the Guidelines specifically identify and address how APS systems can identify and work with persons living with dementia.

> APS nationally could provide guidance on working with these victims [victims of transnational scams] in safety planning to mitigate against further losses or contact with the scammers. In addition, several states currently don't include these victims in the types of cases that state or local APS may investigate or assist. Their state regulations either do not allow for assisting in financial exploitation that is not by someone locally (or a trusted position) or they are not seen as in 'imminent danger'. Yet, we know that undue influence, and age associated financial vulnerability, mild cognitive impairment and the various dementia's, as well as depression and loneliness can make older adults more susceptible, and cause them to lose their life savings.

1E. Mandatory Reporters

Stakeholders recommended several revisions to the list of mandatory reporters, including removing "f, Victim service providers," and "g, Long-term care providers, including home health providers"; and to change the wording for item j [new text is underlined] "j, Anyone engaged in the care of or providing services to a vulnerable adult." Stakeholders suggested adding the terms "civil and criminal" for the content related to immunity protections.

Stakeholders expressed being supportive of exemptions to the mandatory reporting requirements if they are informed by professional licensing standards, as well as state and federal laws that would exempt certain categories of professionals from mandatory reporting. For example, stakeholders recommend specific reference to the Long-term Care Ombudsman (LTCO) program.

> Under the section heading of "Guideline", we recommend that a reference to the Ombudsman Program is added to the second sentence such as [this underlined addition]: "Exemptions to mandatory reporting requirements, such as the exemption of representatives of the Office of the State Long-Term Care Ombudsman, should be consistent with…". Given our closely-linked services with APS, and because the Ombudsman Program is a program of the Older Americans Act and overseen by ACL, it is important to specify that representatives of the Office are not mandatory reporters.

1F. Coordination With Other Entities

Overall, stakeholders agreed with the proposed changes for element 1E, noting that the changes are consistent with the literature. Several stakeholders noted, though, that other groups may need to be added to the list of organizations/agencies with which APS should collaborate, including the LTCO program; the attorney general; protection and advocacy organizations; licensing and certification organizations; local and state area agencies on aging or departments of aging; department of disabilities; and entities that investigate transnational scams (e.g., law enforcement). Stakeholders also emphasized the collaboration with crisis intervention teams as part of law enforcement.

> Is there anything being done to 'improve APS response nationally in assisting each state's APS in regards to assisting older and other vulnerable adult victims (and their families) of transnational scams. This would include the importance of mandating that APS additionally file an IC3.gov and FTC.gov report in addition to cross reporting to local law enforcement, especially where the victim (or family member) is unable or unwilling.

For formal collaboration with state LTCO (SLTCO) programs, including memoranda of understanding and colocation, stakeholders noted that the Guidelines should reflect important caveats. Specifically, the Guidelines should highlight that colocating APS and LTCO staff may present a conflict of interest. Other stakeholders raised the question whether this section may be an appropriate place for defining the different types of MDTs.

> While the SLTCO is in favor of collaboration to produce best outcomes, it is important to note that the suggestion to co-locate APS and SLTCO staff is currently an organizational conflict of interest under Section 712 of the Older Americans Act. It is evident in the original text of the OAA and its subsequent reauthorizations that Congress contemplated residents of long-term care facilities would be best served by ombudsmen who are focused, independent advocates; therefore, Congress included language to prohibit conflicts of interest at both the individual and organizational level. Section 712(f)(2)(A)(vi) of the Older Americans Act speaks specifically to this issue, and identifies co-location of the SLTCOP with an organization that provides adult protective services as an organizational conflict of interest. The regulations promulgated by DHHS to administer the OAA codify that co-locating the SLTCOP and APS is an organizational conflict of interest.

1G. Program Authority, Cooperation, Confidentiality, and Immunity

No updates were proposed to this section, but stakeholders provided recommendations for the content in the original Guidelines for this section. Stakeholders recommended that two additional groups be added to the groups/teams for which APS should be given the authority to cooperate and share information related to an APS case: "informal support persons and licensed providers" and "non-APS members including ombudsman program and licensing and certification organization." Stakeholders also recommended additional text to provide more clarity on "access to victims." (See suggested text below.)

This guideline does not provide guidance when it is the vulnerable or older adult who is refusing access. Suggest [adding underlined text]: "It is recommended that APS systems be given the authority to access alleged victims of maltreatment and the authority to prevent another's interference in an APS case, including access of the older or vulnerable adult. That access includes the authority to conduct a private, face-to-face interview with the alleged victim.

1H. Staffing Resources

No updates were proposed to this section, but stakeholders provided recommendations for the content in the original Guidelines for this section. Stakeholders provided specific suggestions for changes in the text. (See suggested revisions below.)

1. Add the word "periodic" to this sentence: "To reach that goal, it is recommended that APS systems conduct periodic caseload studies to determine and implement manageable ratios."
2. Add the word "suggested" to this sentence: "Finally, it is recommended that there be a suggested limit on the number of workers supervised by each supervisor."
3. Add the words "or guardianship" to this sentence: "differences in complexity of allegations (e.g., many financial exploitation cases and self-neglect or guardianship cases take significant time and expertise).

1I. Access to Expert Resources

Overall, stakeholders agreed with the proposed changes for element 1I, noting that the changes are appropriate and needed. For the original guidance for APS to dedicate resources and develop systems and protocols to allow for expert consultation, stakeholders recommended adding the following professions: "elder law, substance use, financial exploitation, and long-term care."

I find the update appropriate and needed.

1K. Worker Safety and Well-Being

Stakeholders noted that they appreciated the added content on worker safety in the background section and also recommended specific suggestions for changes in the Guideline section. (See suggested revisions below.)

1. Add the words "and training" to this sentence: "It is recommended that APS systems create policies and protocols, and provide adequate resources and training related to worker safety."
2. Add the words "or client" to item number 7: "Workers should never be required to respond to a situation that would put the worker or client at risk without adequate safety supports available."

1L. Responding During Community Emergencies

No updates were proposed to this section, but stakeholders provided recommendations for the content in the original Guidelines for this section. Stakeholders recommended that guidance be added on the development of a national working group to develop policies, protocols, and trainings on APS emergency preparedness and response. Stakeholders also recommended that guidance be added for establishing a process for the role of APS in emergency relocations of facility residents (assisted living, nursing home, and other settings).

> [Recommend adding guidance regarding the] development of a national working group to develop policies, protocols and trainings on APS Emergency Preparedness and Response. Add training and related resources to Core Competency Training for APS Workers and Supervisors.

1M. Community Outreach and Engagement

Stakeholders recommended adding content to note that programs should consider using research on public perceptions of aging, ageism, and elder abuse and how to use communication tools, such as those developed by the **Frameworks Institute** and other aging organizations for the Reframing Elder Abuse Project.

> Consider utilizing research on public perceptions of aging, ageism, and elder abuse and how to use communication tools developed by Frameworks Institute, NCEA and eight other national aging organizations for the Reframing Elder Abuse Project.

Domain 2. Time Frames

2A. Responding to the Report/Initiating the Investigation.

No updates were proposed to this section, but stakeholders provided a recommendation for the content in the original Guidelines for this section. Stakeholders recommended reconsidering using the term "investigation" as it may not be an appropriate term for this field and other terms, such as "assessment for neglect" and/or "fact-finding assessment for abuse and exploitation," may be more appropriate.

> Investigation is inconsistent with a social service program when the older or vulnerable adult is the subject or when a primary support person in relationship with the older or vulnerable adult is the subject. Suggest assessment for neglect and/or fact-finding assessment for abuse and exploitation. Change to "2A. Responding to the report/initiating the Fact Finding/Assessment."

2B. Completing the Investigation

No updates were proposed to this section, but stakeholders provided recommendations for the content in the original Guidelines for this section. Consistent with the recommended revision for element 2A, stakeholders also recommend reconsidering replacing the term "investigation" in the element title for 2B. In addition, stakeholders suggested specific changes for the last bullet in the Guideline section. (See suggested revisions below.

> Add the words "with supervisory approval" to this guideline: "allow for extensions for good cause with supervisory approval."

2C. Closing the Case

For the listed case close criteria, stakeholders recommended adding "the client had died" to the list.

Overall, stakeholders were supportive of the proposed updates for longer-term case monitoring for elders who are reluctant to receive services. One of the benefits noted by stakeholders was that staying involved longer would be beneficial because it would enable APS to "see the intervention through" and help mitigate chances of seeing the client again for the same issue.

> I like it. I was already planning to take that quote and use it and justify our stuff. Look, they are saying that we should try that. Happy to have that in there." "[Longer-term intervention] helps with better case outcomes because if you stay involved longer and see whatever intervention you are putting in; you see it through. Then it doesn't fall through the cracks and you get a reversal again for the referral again for the same thing.

However, stakeholders also expressed concerns about balancing this recommendation with lack of funding/resources as well as clients' right to self-determination when clients have expressed unwillingness to work with APS. A stakeholder noted that sometimes it must be recommended to APS to not keep cases open as long, in order to address incoming cases. To implement this recommendation, stakeholders highlighted that additional staff and funding, as well as legislative support, would therefore be needed.

> While, this is a great idea. In reality our programs are incredibly short-staffed. I second what she is sharing, we need funding and resources to be able to accomplish this." "I am concerned a bit about balancing this with resources as well as with self-determination when clients have expressed unwillingness to work with APS.

Proposed update: "In addition, APS systems should consider trying longer-term, relationship-based interventions for elders who are reluctant to receive services."

In response to this challenge, stakeholders debated whether it would be beneficial to change the wording of the proposed updates. Recommendations included changing the word "consider" or adding "should seek resources in order to …." In addition, the wording may need to reflect that APS may refer to case management service (e.g., Area Agency on Aging [AAA]) to continue to support these individuals. For instance, the following phrase may be added: "including referrals to other agencies.

> We need to consider how we are going to word that in that in a lot of jurisdictions we refer to more of that case management service. We don't in adult protection at least in this state believe that we have the funds to keep things open indefinitely and according to best practice in 2012, most of the country was closing cases in 45 to 90 days but we realizes that there are cases that need to be open longer and we refer to AAA to provide case management services to those individuals.

Stakeholders also recommended that a definition or explanation be added to the Guidelines to clarify what "longer-term" means and what should be considered the "baseline." Stakeholders also highlighted that the new reference to the effectiveness of Motivational Interviewing (MI) for APS is positive. The support could be used to encourage social workers to use MI.

Domain 3. Receiving Reports of Maltreatment

3B. Screening, Prioritizing, and Assignment of Screened In Reports

No updates were proposed to this section, but stakeholders provided a recommendation for the content in the original Guidelines for this section. Stakeholders recommended that language be added to the Guidelines to clarify what a "screened-in" report is.

Domain 4. Conducting the Investigation

Consistent with the recommended revision for the term "investigating" in the titles for elements 2A and 2B, stakeholders also recommended reconsidering replacing the term "investigation" with "fact-finding assessment" in the title for domain 4.

4A. Determining If Maltreatment Has Occurred

Consistent with the recommended revision for the term "investigating," stakeholders recommended considering the following revision: "The worker has been trained and is competent ~~to investigate~~ to conduct fact finding on the particular set of circumstances described in the report (e.g., he/she has received training on working with nonverbal clients, with clients with intellectual disabilities, with clients with mental health issues, with residents of institutions, or with minority populations)."

Stakeholders recommended adding the following items to the list of evidence typically gathered during investigations: "law enforcement history (e.g., 911 police calls or wellness checks),""court records search history," and "information from other sources in investigations involving persons with dementia."

> ACL identifies a series of issues that investigators should explore before deciding whether or not to notify the alleged victim of the initial visit, such as preservation of individual rights and evidence, maximum engagement potential with the client, and victim safety. We encourage ACL to add to this list the need for investigators to include other sources of information in investigations involving persons with dementia, as they may not be accurate or reliable reporters due to their cognitive impairment.

Overall, stakeholders agreed with the changes for determining if maltreatment has occurred (e.g., use of MDTs during initial case assessment, use of standardized testing tools, training workers on the definitions of the categories for case findings). Stakeholders also noted that the different types of MDTs (e.g., forensic center, community awareness MDTs) could be defined in this section or in element 5B, Involuntary Intervention.

> I wonder if there is a way, and I don't know if it is in the 5B section or another section, but I think that the term multidisciplinary team can be interpreted several different ways and I wonder if there is room for clarification about the types of multi-disciplinary teams. I mean obviously we are talking about a forensic center model here, but I think that at a basic level, it could be case consultation multi-disciplinary teams or more of a community awareness multi-disciplinary team. So, is there room within the guidelines to define the different types?

For item 8 (APS programs are encouraged to utilize standardized and validated decision-making tools and screening tools for determining whether mistreatment has occurred), stakeholders recommended adding the word "screening" before "decision-making" and noted that more precision in the language may be needed.

For item 9 (APS workers are trained on and have a clear understanding of the definitions of case findings [for example, "confirmed" or "unfounded"]), stakeholders recommended that language be added to the Guidelines to clarify what the terms "confirmed" or "unfounded" mean. Stakeholders also recommended adding the term "inclusive" to the examples.

4B. Conducting an APS Client Assessment

Stakeholders recommended several revisions to the list of needs/risk assessment needs in the original Guidelines, including the addition of the words: "with or without a primary caregiver" to the "Care needs" item in the domains listed for the needs/risk assessment ("Care needs with or without a primary caregiver"), and the addition of "cognitive impairment" or "cognitive function" as a domain.

Overall, stakeholders supported the new proposed guidance on using videophone technology or conducting virtual assessments. However, stakeholders also noted that it may need to be emphasized that these strategies be used when an in-person interaction is not feasible since face-to-face approaches should be prioritized.

> On remote access, are there findings we might quote to say something like video-teleconferencing is a viable intervention when in-person interactions aren't feasible? My concern is that we might be read to say a future in which APS abandons face-to-face interactions as a prioritized approach.

4C. Investigations in Residential Care Facilities

No updates were proposed to this section, but stakeholders provided recommendations for the content in the original Guidelines for this section. Specifically, stakeholders recommended considering whether a definition for "congregate settings" can be added, and they recommended that the section address the timing of APS coordination with law enforcement and notification to the Ombudsman Program when APS investigates in a congregate care setting. (See suggested revisions below.)

We recommend that the section address the timing of APS coordination with law enforcement and notification to the Ombudsman Program when APS investigates in a congregate care setting. I.e., Under the section heading of "Background", second paragraph, we recommend inserting a new sentence at the end of the paragraph: Before investigating a report of congregate care setting maltreatment, consultation with law enforcement about the timing of the APS investigation can ensure that an APS investigation does not compromise a law enforcement investigation that may be occurring or pending." And "Under the section heading of "Background", at the end of the third paragraph, add: When APS receives an allegation of maltreatment of a resident of a congregate care setting, APS shall notify the LTCO of the APS investigation.

Domain 5. Service Planning and Service Implementation

5A. Voluntary Service Implementation

For the first paragraph in the background section, stakeholders recommended adding the words "or their designated representative's" to the following sentence: "Service plans are monitored and changes can be made, with the client's or their designated representative's involvement, to facilitate services to address any identified shortfalls or newly identified needs and risks."

Stakeholders recommended updating the language in this section as needed to refer to "vulnerable adults" instead of "elders," to use least restrictive language, and to emphasize that the timing of the intervention needs to follow the pace of the client's willingness to accept it.

In response to the proposed update to recommend longer-term interventions for elders who are reluctant to receive services, stakeholders discussed the role of APS. Specifically, they noted that there is a tension between the original intent and role of APS as a short-term crisis intervention program or service vs. the unmet needs and what APS programs see that clients really need in order to stabilize the situation (e.g., longer-term interventions). Stakeholders recommended that additional language could highlight that APS serves both purposes by more clearly using terms such as "when available/possible or where available." This would also address comments here and for other sections that highlight the aspirational approach of the Guidelines and the limitations to implement longer case management due to resources.

What comes up for me is the tension between the original role and intent of APS as a short-term crisis intervention program or service…. but what we are finding in practice is that, even here in the guidelines, that there are clients that have a need for longer term interventions; but programs generally are not funded that way. I don't know the answer; there is a system gap and should APS be the program that fills that gap? So, I am coming back to the tension between the original intent and role of APS vs. that unmet need and what APS programs are seeing clients really need in order to stabilize the situation.

I think that tension between aspirational and practical application is really important. And perhaps, just an idea, the guidelines could serve both purposes, if it gets called out a bit. Sort of "when available or where available." So that workers are not put in the position of, well I am supposed to be doing this but I can't because we don't have the resources beyond the scope of what my program can provide. Whereas in other locations maybe it is a resource that is available. I think there is value in doing that. If there is an APS worker that is looking to the guidelines, I think aspiration is critical to that.

Stakeholders recommended referencing additional strategies for clients who do not have access to senior centers, congregate meal sites, etc., including the use of telephone or computer socialization provided by the **Without Walls Network** (e.g., DOROT University Without Walls, Well Connected, Mather Lifeways, and Lifetime Connections Without Walls). In addition, stakeholders recommended that language be added to recommend that wraparound services be provided for victims of transnational scams, including long-term case management, counseling, financial counseling, online or phone support groups for families and victims, creditor and legal help, and other interventions.

5B. Involuntary Service Implementation

Stakeholders highlighted their beliefs that the forensic center is just one of the models for determining the need for guardianship and that there are other models that may work equally well in specific settings, such as rural settings. They recommended that language be added to extend determining the need for guardianship beyond the forensic center and to provide descriptions and definitions of other types of MDTs.

> I like you to extent it beyond the forensic center. There may be other models that would work and that have not been tested yet. There may be differences in large rural areas that don't have that but may come up with something that works equally well in their setting and that kind of thing. I like broadening it to... such as forensic centers and other multi-disciplinary ways to address it.
>
> We don't have forensic centers as such. We have enhanced multidisciplinary team. We have specialty forensic services available. Not necessarily embedded in forensic teams as such. We sometimes use those or APS uses them to determine whether guardianship is appropriate or not. Forensic accountant and geriatric psychiatrist that is available to those teams.

Other stakeholders noted some concerns regarding the wording in the proposed update for the Guidelines section. For example, one stakeholder noted being concerned about how safety is represented through guardianship and suggested adding language on client goal attainment. Other stakeholders stated that the update should be revised since APS may help determine whether a legal entity should be petitioned to determine guardianship, but APS is not the entity making the determination.

> We fully support the concept of the proposed additions regarding use of a multidisciplinary approach to consider whether an APS client would benefit from having a guardian or conservator appointed if less restrictive options are insufficient or unavailable. However, we take issue with the wording of the proposed additions. State courts determine if a guardian or conservator is needed, applying standards set forth in state law. APS, a forensic center, or a group of multidisciplinary experts may help determine whether APS or another entity with legal authority should petition a court to appoint a guardian or conservator, but they do not – and cannot – "make the difficult determination as to whether a public guardian and guardianship is needed."

Other stakeholders recommended that a reference to the **American Bar Association's PRACTICAL Tool** be added as it aims to help lawyers identify and implement decision-making options for persons with disabilities that are less restrictive than guardianship.

5C. Closing the Case

Stakeholders recommended adding language to more clearly define what is mean by "case."

> Thank you this is really great. The only thing I had and it is within the case closure. I felt it needed a bit of maybe I am over thinking it but I was thinking the definition of case could be more clearly defined. There is a bit of overlap. My thinking is the case may be the hotline itself. And the interdictions providing during the investigation or it can be ongoing so we opened a protective services case. So, we are trying to utilize the same kind of reasons for closure. Tying it into NAMRS. That is my only comment.

Overall, stakeholders agreed with the proposed new guidance that, as part of the case closure criteria, APS should consider whether the goals of the client have been attained as it allows for autonomy of the client and provides a person-centered approach that also aligns with research. Similar to other recommended practices, stakeholders noted that although this practice would be ideal, implementing it is challenging given limited funding/resources. They noted that more refined word such as "specific to each client and resources/services available" may help address this challenge. Stakeholders also noted that goal attainment cannot be criteria when it includes goals that results in ongoing maltreatment by the perpetrator.

> I think this is a great message… I am going to express my concern about it. Or potential concern with limited funding as everyone knows off the phone with no dedicated federal funding just APS outside of grants or getting creative with Medicaid funding or whatever else you use to fund your program, I think the goals of the client to be attained, if there are funding issues that might be a roadblock.

Domain 6. Training

6A. Caseworker and Supervisor Minimum Educational Requirements

No updates were proposed to this section, but stakeholders provided a recommendation for the content in the original Guidelines for this section. Specifically, stakeholders recommended that guidance be added to encourage APS programs to implement adequate procedures to screen job applicants.

> APS programs must have adequate procedures in place to screen potential candidates for employment for suitability. APS must ensure that their employment screening procedures are adequate and appropriately eliminate those candidates who do not meet the minimum qualifications, or whose knowledge, skills, and abilities demonstrate a lack of capability to work with the subject population. Additionally, candidates who fail to cooperate with the screening process, provide false and/or incomplete information, or fail to share disqualifying information must be denied employment. Stringent prerequisites are necessary in this field, and should not be relaxed to fill vacant positions.

6B. Case Worker Initial and Ongoing Training

Overall, stakeholders recommended guidance to ensure training is standardized and consistent with programs' policies.

> APS should ensure training is standardized to protect the integrity of program policies and procedures. We favor establishing clear definitions for case findings, noting that adequate training also be provided. Without a formal, documented training program in place, the program will only be as good as the trainer and their memory. With a standard training program in place, APS programs will be assured that all training will be consistent with the particular program's policies. Moreover, standard training will guarantee that variability in clients' experience will be minimized.

Stakeholders expressed support for the added guidance on using virtual reality or simulation-based training for caseworker training options.

For section 1, *Orientation to the Job*, stakeholders recommended changing "the process for determining capacity" to "the process of screening for capacity" or considering use of decision-making ability instead of capacity, since APS workers cannot determine capacity.

For section 3, *Core Competency Training*, stakeholders recommended referring readers to the training curriculum through San Diego State University as it would help states not have to recreate training content and would support consistency for certification. In addition, it should be considered whether the Guidelines could link to either NAPSA or the Academy for Professional Excellence where the Core Competency Training is hosted for easy access.

> I wonder if in the guidelines, and this might be a conflict of interest, but I feel like a lot of states that may have had turn over in adult protection in previous years, may not know about the core curriculum offered through San Diego State University, and I know that is kind of a best practice or gold standard, is there any way that can be mentioned in the guidelines? States are not trying to recreate this based on we should be trained in this or that or whatever... so they could be pointed in the direction of consistency for the certificate program? Because I feel like at least in the west, we have had some turn over in representation and I know two people have been shocked that San Diego state has the core competencies that they would have access to and being new to adult protection, they were scrambling to try to invent it come something like that already exists.

Stakeholders also noted that item e, "Interviews with Older Adults and Caregivers," is currently not part of the developed **NAPSA APS Core Competency curriculum** offerings and recommended providing clarification as to whether the Guidelines recommend that this course be developed.

In terms of new training foci, stakeholders recommended adding content for training and resources on APS emergency preparedness and response; identifying older/vulnerable adult victims being exploited as "money mules" in transnational scams; applying case finding definitions; referrals to other agencies, state and federal laws, emergency relocation, and the ombudsman program; and dementia.

Given the growth of the population affected by Alzheimer's and related dementias in the coming years, we strongly encourage ACL to add "dementia" to the list of training core competencies. Dementia training curriculum should incorporate principles of person-centered dementia care including a thorough knowledge of the person and his or her abilities and needs, the advancement of optimal functioning and a high quality of life, and the use of problem-solving approaches to care. New and existing APS personnel should be trained adequately and appropriately to best address the needs of the individuals they serve. Training should be culturally competent, both for APS workers and clients.

For section 4, *Advanced or Specialized Training*, stakeholders recommended listing additional examples, such as advanced interviewing; advanced financial abuse topics; trauma-informed services; self-care and secondary trauma; emergency/disaster preparedness and response; working with multigenerational households; opioid abuse; and older adult homelessness and poverty.

Stakeholders also recommended creating new section title 5, Certification Process, and moving content from section 4 to the new section 5.

6C. Supervisor Initial and Ongoing Training

Stakeholders expressed their appreciation for the added guidance on safety. However, stakeholders also recommended further strengthening this section using the resources developed by APS Workforce Innovations (APSWI), a program of the Academy for Professional Excellence, San Diego State University School of Social Work. (See the **APS Leadership Development Report** and the **APS Leadership Development Framework**.)

Domain 7. APS Program Performance

Stakeholders primarily discussed the recommendation for keeping case files/records longer to support longitudinal research. Specifically, stakeholders commented that 10–15 years may be too long and could be considered a liability. In addition, they noted that decisions about how long to keep case files/records may depend on the outcome measure use. Stakeholders raised the question whether NAMRS case level data could be used for storing data over time, as an alternative to programs having to keep case records longer. Stakeholders also noted that the wording of the proposed update be changed to not only refer to keeping records with substantiated cases but also those with "inconclusive" findings or "all cases regardless of finding."

Stakeholders also recommended adding language to emphasize that data and findings need to be "translated" for the public and decision-makers to help tell a story and help staff do their best work.

There seems to be an underlying assumption that if data is gathered it is communicated and used throughout the APS/Adult Services organization and/or conveyed in a way that is digestible and relevant to decision-makers, older adults/families, other providers, and the community as a whole. Consider adding to this section the importance of APS management and Adult Services Administrators to not only collect the data but be able to "tell a compelling story" with the data. Additionally, the importance of creating a "culture of inquiry and outcomes", where data is collected in the service of helping clients as well as helping staff do their best work.

Research Gaps

In addition to the feedback for the actual Guidelines, stakeholders were also invited to identify research gaps. Specifically, they were asked about areas for specific APS practices and processes they had questions about but for which answers are not available because of a lack of research in those areas.

Some of the most frequently mentioned research gaps focused on caseloads. Stakeholders noted lack of research on effective and appropriate caseload sizes for APS, including maximum number of cases APS staff should carry, ideal and maximum supervisor-to-staff ratios, and the impact of geography, distance, and complexity on caseload issues.

Stakeholders also noted that much of the research is focused on the older adult population, and more research is needed that addresses the full spectrum of the APS population, including individuals with intellectual and development disabilities. In addition, stakeholders noted that additional research on perpetrators is needed. Research areas include the prosecution rate of perpetrators and the question of how those rates may affect the number of perpetrators going from adult to adult ("e.g., would more legal work in prosecuting perpetrators lead to a decrease in maltreatment?").

It was also highlighted that more research is needed on the effectiveness of different APS models, practices, program designs, and services used in different states and counties, and the impact of these on APS outcomes, including re-referral, prosecution, and client safety. Specifically, stakeholders were interested in research on

- whether there are specific services that would have the most impact on outcomes;
- relationship-based interventions and whether there are subsets of populations that would most benefit from those interventions;
- how limited resources such as in "resource deserts" in rural areas affect outcomes;
- the collaboration between the client and APS worker and what strategies can enhance that collaboration, including for clients with cognitive limitations; and
- effective case management strategies for self-neglect.

Stakeholders also identified research gaps related to training of APS staff. Specifically, stakeholders noted that more research is needed on the effective timing of on-going training, including how many additional or specialized trainings an APS professional and supervisor should receive on an annual basis. More research is also needed on different training modalities and/or evidence-based strategies and mentorship programs used by different states and counties.

- Other identified research gaps included research on
- financial exploitation and outcome measures on interventions to mitigate risk for financial exploitation;
- how APS should intervene with clients with declining capacity;
- the cost of staff attrition;
- quality assurance (QA) for APS programs, what QA should entail, and effective QA tools and data elements; and
- how states are are implementing the Guidelines to conduct state comparisons ("National Core Indicators data type information").

Solicitation of Feedback for Future Updates

Stakeholders were also invited to provide suggestions for how ACL may solicit feedback and comments from stakeholders for future updates to the Guidelines. Stakeholders noted that they appreciated the format used for the current updating process, which included the option to leave written comments on the RFI Web page and to participate on the webinars. Other suggested methods included presenting at the NAPSA conference and state conferences, using surveys, and reaching out directly to APS leaders. Stakeholders also noted that soliciting stakeholder feedback could be made "more of an event" using a multiphased approach.

Format of the Guidelines

Stakeholders were asked to also comment on the format of the Guidelines and ways the document can be made more user-friendly and accessible. They noted that a shorter version that includes links to resources and programs would be useful. In addition, stakeholders noted that it would be useful to have links to cited research and also links to sections within the document for easier navigation.

Dissemination of the Guidelines

Stakeholders provided several suggestions for disseminating the updated Guidelines to ensure they reach key stakeholders who can benefit from the Guidelines and implement the recommended practices. Specifically, they recommended giving presentations at ACL and on NAPSA regional calls, holding webinars, providing online trainings, sending the updated Guidelines directly to states and APS programs, and sending them via national listservs. In addition, stakeholders recommended establishing a schedule for future updates, including publishing the Guidelines during a designated month so stakeholders can anticipate the updates.

6. Technical Expert Panel

Purpose

The purpose of the TEP was to refine revisions and build consensus for the changes to the Guidelines based on the proposed updates and feedback from stakeholders. The TEP consisted of nine experts, representing APS program leaders and researchers (see Appendix B).

Methods

TEP members were invited to participate in five virtual meetings, each lasting 90 minutes. Prior to the first meeting, TEP members received the annotated bibliography of the new research to be considered as well as a copy of the Guidelines that included all proposed updates in track changes and comments showing the feedback received from stakeholders for each domain/element. To facilitate the revision process, the project team integrated feedback that was considered noncontroversial (i.e., small word changes) prior to the meetings, but noted those changes for the TEP to confirm whether they agree with the changes. For all other feedback, the team noted specific questions for the TEP, which were then discussed during the virtual meetings. The marked-up document was used during the TEP meetings via screen share, with changes being made during the meeting as feasible.

Stakeholder feedback was discussed with the TEP in order by domain/element, starting with domain 1. After each meeting, the TEP received a summary of key decisions and an updated copy of the Guidelines showing the decisions. The updated copy was then used in the next meeting. TEP members also had an opportunity to comment on the decisions in writing, to note objections or suggest additional changes.

Results

As a result of discussions during virtual meetings, TEP members reached agreement about whether to make changes or not in response to stakeholder recommendations. TEP members also recommended revisions that were not related to stakeholder feedback (see Table 5).

Table 5. Types of Decisions Made by TEP

Decisions by TEP	Number of Instances
Agreed with stakeholder recommendation and implemented recommendation	29 (36%)
Agreed with stakeholder recommendation but implemented recommendation with additional revisions or alternative approach	17 (21%)
Did not agree with stakeholder recommendation and did not implement revision	19 (23%)
Recommended and implemented revision/addition not related to stakeholder feedback	16 (20%)

The following section provides a summary of key recommendations[11] from the TEP.

TEP Recommendations in Response to Stakeholder Feedback

As a result of stakeholder feedback, TEP members made the following global recommendations for revisions:

- Create a glossary with definitions of terms used in the Guidelines to assist the reader of the Guidelines only; definitions do not represent universal definitions for the APS field.
- Change the word "victim" to "alleged victim" or "client" as appropriate.
- Keep the term "maltreatment" rather than changing it to abuse and/or self-neglect as it is consistent with ACL practice (e.g., NAMRS).
- Do not add new content regarding all APS adult populations, including those with dementia, since the current Guidelines are clear as to the population served by APS; agreed to look for opportunities to include people with dementia throughout.

As a result of stakeholder feedback, TEP members made the following recommendations for revising content in specific domains/elements:

- Agreeing with stakeholder feedback:
  - 1B. Protecting Program Integrity: Add content on "providing information on rights of alleged victims and alleged perpetrators."

[11] The recommendations presented in this section are examples for illustration and do not present all recommendations provided by the TEP.

    - 1H. Staffing Resources: Add additional content to provide guidance regarding what to consider for worker-to-supervisor ratios.
    - 2C. Closing the Case: Add "client has died"; add "having achieved goals to the extent feasible."
    - 6C. Supervisor Training: Add content from the APS Leadership Development report to bolster this element.
- Not agreeing with stakeholder feedback:
    - Conducting the Investigation: Do not change "Investigation" to "Fact Finding/ Assessment."
    - 6B. Caseworker Initial and Ongoing Training: Do not add suggested examples for advanced or specialized trainings.

TEP Recommendations Not Related to Stakeholder Feedback

TEP members also provided recommendations for revisions and additional language that were not in response to stakeholder feedback. These included:

- Add language in the introduction and a footnote to clarify why references to child protective services/child welfare are included; repeat footnote for every instance.
- Add language in the introduction that highlights that the Guidelines reflect the most recent evidence and best practices, and that ACL did not draw from current state laws or regulations to avoid limiting the Guidelines.
- Add NAMRS data and definitions to the background sections; add note highlighting that states' definitions may vary.
- Move the content on "trauma-informed approach" from domain 1A, Ethical Foundation of APS Practice, to domain 4, Conducting the Investigation.
- Move 1G, Protecting Program Integrity, up closer to 1A, Ethical Foundation, and add a "bridge" sentence.
- Revise terms:
    - 5A/B. Voluntary/Involuntary Intervention: Change "Intervention" to "Service Implementation."
    - 4C. Investigations in Congregate Care Settings: Change "congregate care setting" to "residential care facility," and add definition to glossary.
    - 4D. Completion of Investigation and Substantiation Decision: Rename "Substantiation Decision" to "Finding."
- Consolidate content:
    - 4B. Conducting an APS Client Assessment: Consolidate the list of domains in the needs/risk assessment.
- Add new content:
    - 7. Evaluation/Program Performance: Change domain name to Quality Assurance and separate content into 7A, Evaluating Program Performance, and 7B, Program Data.

7. Considerations and Recommendations for Future Updates

The process followed in updating the Guidelines—considering new research, stakeholder input, and expert feedback—has improved the content and level of detail of the Guidelines. In addition, these activities have yielded important considerations and recommendations for future updates. These considerations and recommendations include:

- Literature Updates:
  - In addition to reviewing published peer-reviewed journal articles, consider reviewing key materials from other reliable sources (e.g., NAMRS, NAPSA, National Center on Elder Abuse [NCEA]) to help inform updates to the Guidelines.
  - Engage TEP members before the literature search to obtain their suggestions regarding reliable sources that should be reviewed.
- Content Updates:
  - For domain 6B, Caseworker Initial and Ongoing Training, consider creating a list of training topics that would constitute minimum training for new APS workers.
  - As the body of APS research grows, consider removing references for studies from child welfare and child protective services.
- Supplemental Materials:
  - Consider developing a separate compendium of resources with links to specific outside programs and materials. This compendium could be a useful resource for the field, which has suggested the value of linking. ACL has stated that links to outside resources should not be included in the Guidelines to avoid turning it into a resource document rather than Guidelines; a separate resource compendium could address the recommendation/need expressed by the field, however.
  - Consider publishing annually or biennially an annotated bibliography that summarizes new research to provide the APS field with interim updates of relevant APS research before the Guidelines are updated.

Appendix A. List of Domains and Elements

1. Program Administration
    - 1A. Ethical Foundation of APS Practice
    - 1B. Protecting Program Integrity
    - 1C. Definitions of Maltreatment
    - 1D. Population Served
    - 1E. Mandatory Reporters
    - 1F. Coordination With Other Entities
    - 1G. Program Authority, Cooperation, Confidentiality and Immunity
    - 1H. Staffing Resources
    - 1I. Access to Expert Resources
    - 1J. Case Review-Supervisory Process
    - 1K. Worker Safety and Well-being
    - 1L. Responding During Community Emergencies
    - 1M. Community Outreach and Engagement
    - 1N. Participating in Research

2. Time Frames
    - 2A. Responding to the Report
    - 2B. Completing the Investigation
    - 2C. Closing the Case

3. Receiving Reports of Maltreatment
    - 3A. Intake
    - 3B. Screening, Triaging, and Assignment of Screened-in Reports

4. Conducting the Investigation
    - 4A. Determining If Maltreatment Has Occurred
    - 4B. Conducting a Psychosocial Assessment
    - 4C. Investigations in Residential Care Facilities
    - 4D. Completion of Investigation and Findings

5. Service Planning and Service Implementation
    - 5A. Voluntary Service Implementation
    - 5B. Involuntary Service Implementation
    - 5C. Closing the Case

6. Training
    - 6A. Case Worker and Supervisor Minimum Educational Requirements
    - 6B. Case Worker Initial and Ongoing Training
    - 6C. Supervisor Initial and Ongoing Training

7. APS Program Performance
    - 7A. Managing Program Data
    - 7B. Evaluating Program Performance

Appendix B. Technical Expert Panel

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Appendix C. Included Articles in Updates by Guidelines Domain/Element

Note: Articles may be relevant to more than one domain and, therefore, may be listed more than once.

1. Program Administration

Guideline Element	Journal Article Reference
1C. Definitions of Maltreatment	Mosqueda, L., Wiglesworth, A., Moore, A. A., Nguyen, A., Gironda, M., & Gibbs, L. (2016). Variability in findings from adult protective services investigations of elder abuse in California. *Journal of Evidence-Informed Social Work, 13*(1), 34-44.
1E. Mandatory Reporting	Lees, K. (2018). *Elder mistreatment: An examination of formal and informal responses to a growing public health concern* (Doctoral dissertation). Retrieved from **https://repository.library.northeastern.edu/files/neu:cj82r9210**
1E. Mandatory Reporting	Mathews, B., Lee, X. J., & Norman, R. E. (2016). Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis. *Child Abuse & Neglect, 56*, 62-79.
1F. Coordination With Other Entities	Gassoumis, Z. D., Navarro, A., & Wilber, K. H. (2015). Protecting victims of elder financial exploitation: The role of an elder abuse forensic center in referring victims for conservatorship. *Aging & Mental Health, 19*(9), 790-798.
1F. Coordination With Other Entities	Rizzo, V. M., Burnes, D., & Chalfy, A. (2015). A systematic evaluation of a multidisciplinary social work–lawyer elder mistreatment intervention model. *Journal of Elder Abuse & Neglect, 27*(1), 1-18.
1F. Coordination With Other Entities	Sirey, J. A., Berman, J., Depasquale, A., Halkett, A., Raeifar, E., Banerjee, S., … Raue, P. J. (2015). Feasibility of integrating mental health screening and services into routine elder abuse practice to improve client outcomes. *Journal of Elder Abuse & Neglect, 27*, 254-269.
1F. Coordination With Other Entities	Wilber, K. H., Navarro, A. E., & Gassoumis, Z. D. (2014). *Evaluating the elder abuse forensic center model*. Retrieved from **https://www.ncjrs.gov/pdffiles1/nij/grants/246428.pdf**
1F. Coordination With Other Entities 1I. Access to Expert Resources	He, A. S., & Phillips, J. (2017). Interagency collaboration: Strengthening substance abuse resources in child welfare. *Child Abuse & Neglect, 64*, 101-108.
1I. Access to Expert Resources	Brink, F. W., Thackeray, J. D., Bridge, J. A., Letson, M. M., & Scribano, P. V. (2015). Child advocacy center multidisciplinary team decision and its association to child protective services outcomes. *Child Abuse & Neglect, 46*, 174-181.
1I. Access to Expert Resources	Burnett, J., Dyer, C. B., Clark, L. E., & Halphen, J. M. (2018). A statewide elder mistreatment virtual assessment program: Preliminary data. *Journal of the American Geriatrics Society*. doi: 10.1111/jgs.15565. [Epub ahead of print]
1K. Worker Safety and Well-Being	Ghesquiere A., Plichta, S. B., McAfee, C., & Rogers, G. (2018). Professional quality of life of adult protective service workers. *Journal of Elder Abuse & Neglect, 30*(1), 1-19.
1M. Community Outreach and Engagement	Acierno, R. (2018). National Elder Mistreatment Survey: 5 Year Follow-up of Victims and Matched Non-victims. National Institute of Justice (NIJ). Retrieved from: **https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=274251**

Guideline Element	Journal Article Reference
1M. Community Outreach and Engagement	Susman, A., Lees, K. E., & Fulmer, T. (2015). Understanding repeated visits to adult protective services. *The Journal of Adult Protection, 17*(6), 391-399.

2. Time Frames

Guideline Element	Journal Article Reference
2C. Closing the Case	Mariam, L. M., McClure, R., Robinson, J. B., & Yang, J. A. (2015). Eliciting Change in At-Risk Elders (ECARE): Evaluation of an elder abuse intervention program. *Journal of Elder Abuse & Neglect, 27*, 19-33.

3. Receiving Reports of Maltreatment

Guideline Element	Journal Article Reference
No articles identified	

4. Conducting the Investigation

Guideline Element	Journal Article Reference
4A. Determining If Maltreatment Has Occurred	Beach, S. R., Liu, P.-J., DeLiema, M., Iris, M., Howe, M. J. K., & Conrad, K. J. (2017). Development of short-form measures to assess four types of elder mistreatment: Findings from an evidence-based study of APS elder abuse substantiation decisions. *Journal of Elder Abuse and Neglect, 29*(4), 229-253.
4A. Determining If Maltreatment Has Occurred	Brink, F. W., Thackeray, J. D., Bridge, J. A., Letson, M. M., & Scribano, P. V. (2015). Child advocacy center multidisciplinary team decision and its association to child protective services outcomes. *Child Abuse & Neglect, 46,* 174-181
4A. Determining If Maltreatment Has Occurred	Conrad, K. J., Iris, M., & Liu, P.-J. (2017). Elder Abuse Decision Support System: Field test outcomes, abuse measure validation, and lessons learned. *Journal of Elder Abuse and Neglect, 29*(2-3), 134-156.
4A. Determining If Maltreatment Has Occurred	Wilber, K. H., Navarro, A. E., & Gassoumis, Z. D. (2014). Evaluating the elder abuse forensic center model. Retrieved from **https://www. ncjrs.gov/pdffiles1/nij/grants/246428.pdf**
4B. Conducting a Psychosocial Assessment	Burnett, J., Dyer, C. B., Clark, L. E., & Halphen, J. M. (2018). A statewide elder mistreatment virtual assessment program: Preliminary data. *Journal of the American Geriatrics Society*. doi: 10.1111/jgs.15565. [Epub ahead of print]

5. Service Planning and Service Implementation

Guideline Element	Journal Article Reference
5A. Voluntary Service Implementation	Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The national elder mistreatment study: An 8-year longitudinal study of outcomes. *Journal of Elder Abuse & Neglect, 29*(4), 254-269.
5A. Voluntary Service Implementation	Burnes, D. P. R, Rizzo, V. M., & Courtney, E. (2014). Elder abuse and neglect risk alleviation in protective services. *Journal of Interpersonal Violence, 29*(11), 2091-2113.
5A. Voluntary Service Implementation	Jackson, S. L., & Hafemeister, T. L. (2014). How case characteristics differ across four types of elder maltreatment: Implications for tailoring interventions to increase victim safety. *Journal of Applied Gerontology, 33*(8), 982-997.
5A. Voluntary Service Implementation	Mariam, L. M., McClure, R., Robinson, J. B., & Yang, J. A. (2015). Eliciting Change in At-Risk Elders (ECARE): Evaluation of an elder abuse intervention program. *Journal of Elder Abuse & Neglect, 27*, 19-33.
5A. Voluntary Service Implementation	Sirey, J. A., Berman, J., Depasquale, A., Halkett, A., Raeifar, E., Banerjee, S., … Raue, P. J. (2015). Feasibility of integrating mental health screening and services into routine elder abuse practice to improve client outcomes. *Journal of Elder Abuse & Neglect, 27*, 254-269.
5B. Involuntary Service Implementation	Gassoumis, Z. D., Navarro, A., & Wilber, K. H. (2015). Protecting victims of elder financial exploitation: The role of an elder abuse forensic center in referring victims for conservatorship. *Aging & Mental Health, 19*(9), 790-798.
5C. Closing the Case	Burnes, D., Connolly, M. T., Hamilton, R., & Lachs, M. S. (2018). The feasibility of goal attainment scaling to measure case resolution in elder abuse and neglect adult protective services intervention. *Journal of Elder Abuse & Neglect, 30*(3), 209-222.

6. Training

Guideline Element	Journal Article Reference
6B. Case Worker Initial and Ongoing Training	Du Mont, J., Kosa, D., Yang, R., Solomon, S., & Macdonald, S. (2017). Determining the effectiveness of an Elder Abuse Nurse Examiner Curriculum: A pilot study. *Nurse Education Today, 55*, 71-76.
6B. Case Worker Initial and Ongoing Training	Mosqueda, L., Wiglesworth, A., Moore A. A., Nguyen, A., Gironda, M., & Gibbs, L. (2016). Variability in findings from adult protective services investigations of elder abuse in California. *Journal of Evidence-Informed Social Work, 13*(1), 34-44.
6B. Case Worker Initial and Ongoing Training	Pickering, C. E. Z., Ridenour, K., Salaysay, Z., Reyes-Gastelum, D., & Pierce, S. J. (2018). EATI Island – A virtual-reality-based elder abuse and neglect educational intervention. *Gerontology & Geriatrics Education, 39*(4), 445-463.
6B. Case Worker Initial and Ongoing Training	Storey, J. E., & Prashad, A. A. (2018). Recognizing, reporting, and responding to abuse, neglect, and self-neglect of vulnerable adults: An evaluation of the re:act adult protection worker basic curriculum. *Journal of Elder Abuse & Neglect, 30*(1), 42-63.
6C. Supervisor Initial and Ongoing Training	Ghesquiere A., Plichta, S. B., McAfee, C., & Rogers, G. (2018). Professional quality of life of adult protective service workers. *Journal of Elder Abuse & Neglect, 30*(1), 1-19.

7. APS Program Performance

Guideline Element	Journal Article Reference
7. APS Program Performance	Booker, J. G., Breaux, M., Abada, S., Xia, R., & Burnett, J. (2018). Assessment of older adults' satisfaction with adult protective services investigation and assistance. *Journal of Elder Abuse & Neglect, 30*(1), 64-74.
7. APS Program Performance	Burnes, D. P. R, Rizzo, V. M., & Courtney, E. (2014). Elder abuse and neglect risk alleviation in protective services. *Journal of Interpersonal Violence, 29*(11), 2091-2113.
7. APS Program Performance	Burnes, D., Connolly, M. T., Hamilton, R., & Lachs, M. S. (2018). The feasibility of goal attainment scaling to measure case resolution in elder abuse and neglect adult protective services intervention. *Journal of Elder Abuse & Neglect, 30*(3), 209-222.
7. APS Program Performance	Susman, A., Lees, K. E., & Fulmer, T. (2015). Understanding repeated visits to adult protective services. *The Journal of Adult Protection, 17*(6), 391-399.

Appendix D. Verbatim Public Comments by Domain and Elements

Note: Comments below are unedited, quoted exactly as written by stakeholders who provided feedback.

Domain 1. Program Administration

Element	Comment
1A. Ethical Foundation of APS Practice	Consider adding: "Code of Ethics and policies should be reviewed annually"
1A. Ethical Foundation of APS Practice 1G. Program Authority, Cooperation, Confidentiality, and Immunity	APS represents nursing homes/assisted living facilities. The facility calls APS against family members [wishes?] and when a senior would like to return to the community; however, if a family member has a complaint against a facility it is considered a "business" issue. APS petitions for guardianships at the direction of assisted living facilities. APS refuses to comply with the American for Disabilities Act when it comes to seniors with hearing issues and vision issues. In our situation APS refused to investigate the medically unnecessary use of morphine by a facility. If APS at the request of a facility can restrict family members from medical records, care and transitioning out of a facility, then APS is representing the facility. We do not understand why an agency that is supposed to protect our seniors is instead representing a private industry and support staff: i.e., nursing homes/guardians and support staff. We also do not understand why seniors are NOT protected by the Americans with disability act. Thus, respectfully we suggest as guidelines that APS be required to comply with American with Disabilities Act, that APS no longer be the agency that nursing homes call for assistance, that APS represent the patient not the facility, and that a separate unit be set up to deal with drug abuse by facilities. We would also like to see competency tests done by licensed professionals. Above all APS should put the patient first.
1B. Protecting Program Integrity	Add underlined text: "It is recommended that APS systems create and implement policies to ensure that the APS program is held to high standards or integrity. APS program policy and standards should be transparent and available to the public. Policies are needed to address the issues below:" Suggest the following revisions: "*Client rights*: At the time of the initial interview with that person, APS programs should provide an explanation of APS program and goals, and the client's rights, in terms that are reasonably understandable to the adult ~~who is the subject of the investigation~~ who may have experienced maltreatment." Suggest adding the following [paragraph]: "*Rights of person alleged responsible for maltreatment*: At the time of the initial interview with that person, APS programs should provide an explanation of APS program and goals, and the rights of the person, in terms that are reasonably understandable to the adult who is the subject of the investigation."
1B. Protecting Program Integrity	Consider adding content regarding developing a conflict of interest form and policies and procedures that provide remedies for conflicts whenever possible.
1C. Definitions of Maltreatment	We recommend that the guideline be revised as follows [add underlined sentence]: "It is recommended that APS systems define and respond to, at a minimum, reports of the following categories of maltreatment: physical, emotional, and sexual abuse; financial exploitation; neglect; and self-neglect. APS system should establish clear definitions for the terms "confirmed," inconclusive," and "unfounded," and provide training to its employees on these definitions, as well as how cases should be assigned to the different categories."

Element	Comment
1D. Population Served	APS nationally could provide guidance on working with these victims [victims of transnational scams] in safety planning to mitigate against further losses or contact with the scammers. In addition, several states currently don't include these victims in the types of cases that state or local APS may investigate or assist. Their state regulations either do not allow for assisting in financial exploitation that is not by someone locally (or a trusted position) or they are not seen as in 'imminent danger'. Yet, we know that undue influence, and age associated financial vulnerability, mild cognitive impairment and the various dementia's, as well as depression and loneliness can make older adults more susceptible, and cause them to lose their life savings.
1D. Population Served	We were grateful for the opportunity to comment on the 2016 National Voluntary Consensus Guidelines for State APS Systems during their development. At that time, we offered a variety of suggestions as to how APS systems can identify and work with persons living with dementia. However, ACL declined to incorporate these suggestions or specifically identify this particularly vulnerable population. While we understand the need for these guidelines to remain broadly applicable, every state across the country is expected to experience an increase of at least 12 percent in the number of people with Alzheimer's between 2019 and 2050 and working with these individuals can be fundamentally different from working with other APS clients. For example, persons living with dementia often have difficulty understanding or explaining situations and their behaviors may be viewed by APS personnel as uncooperative, disruptive, or combative. Therefore, we encourage ACL to identify this population specifically throughout the updated guidelines.
1E. Mandatory Reporters	Suggest changing "Victim service providers" under Guideline to "Crime victim service providers"
1E. Mandatory Reporters	We are supportive of exemptions to the mandatory reporting requirements that are informed by professional licensing standards, as well as state and federal laws that would exempt certain categories of professionals from mandatory reporting.
1E. Mandatory Reporters	Current 2016 guidelines (1d: Mandatory Reporters) recommend that "f) victim services providers" be included as a mandated reporter in state law. Although this recommendation is from the existing guidelines and not part of the 2019 update, it should be reconsidered and removed.
1E. Mandatory Reporters	APS staff should be informed that long-term care ombudsmen are not mandatory reporters.
1E. Mandatory Reporters	We recommend that guidance clearly indicate that representatives of the State Long-Term Care Ombudsman Program are not mandatory reporters.
1E. Mandatory Reporters	Under the section heading of "Guideline", we recommend that a reference to the Ombudsman Program is added to the second sentence such as [this underlined addition]: "Exemptions to mandatory reporting requirements, <u>such as the exemption of representatives of the Office of the State Long-Term Care Ombudsman</u>, should be consistent with…". Given our closely-linked services with APS, and because the Ombudsman Program is a program of the Older Americans Act and overseen by ACL, it is important to specify that representatives of the Office are not mandatory reporters.
1E. Mandatory Reporters	Change item j): j) "Anyone engaged in the care of a vulnerable adult." to j) "Anyone engaged in the care of <u>or providing services to</u> a vulnerable adult."
1E. Mandatory Reporters	Suggest adding 'civil and criminal' to immunity protection.

Element	Comment
1F. Coordination With Other Entities	Having suggested in 2015 that it would be beneficial to add civil legal services providers to the list of organizations or agencies with which APS should coordinate, we commend ACL for proposing to include these crucial advocates for victims now. Their knowledge about legal tools for preventing, detecting, and remedying adult maltreatment is greatly needed by APS and in multidisciplinary efforts.
1F. Coordination With Other Entities	I think that long-term care ombudsmen need to be added to the agency coordination list.
1F. Coordination With Other Entities	We recommend that the Ombudsman Program is added to the list of agencies and providers with which APS should develop an MOU or similar agreement.
1F. Coordination With Other Entities	We support the addition of Memoranda of Understanding, cross-training, and co-location in the Guidelines, with several important caveats that are critical to the State Long-Term Care Ombudsman [SLTCO] program fulfilling its mandate under the Older Americans Act. While the SLTCO is in favor of collaboration to produce best outcomes, it is important to note that the suggestion to co-locate APS and SLTCO staff is currently an organizational conflict of interest under Section 712 of the Older Americans Act. It is evident in the original text of the OAA and its subsequent reauthorizations that Congress contemplated residents of long-term care facilities would be best served by ombudsmen who are focused, independent advocates; therefore, Congress included language to prohibit conflicts of interest at both the individual and organizational level. Section 712(f)(2)(A)(vi) of the Older Americans Act speaks specifically to this issue, and identifies co-location of the SLTCOP with an organization that provides adult protective services as an organizational conflict of interest. The regulations promulgated by DHHS to administer the OAA codify that co-locating the SLTCOP and APS is an organizational conflict of interest.
1F. Coordination With Other Entities	The Guideline should specifically include the SLTCO as an agency with whom a Memorandum of Understanding should be developed in order to best serve those APS clients during investigations and interventions.
1F. Coordination With Other Entities	Consider adding: “Attorney General; Protection and Advocacy Organizations; Long-Term Care Ombudsman Program; Licensing and Certification Organization; Local and State AAA or Department of Aging; Department of Disabilities”. Policies should be developed to work with the ombudsman program and licensing and certification organization. In addition, policies should be developed to make referrals to other agencies when needed.
1F. Coordination With Other Entities	What about Crisis Intervention Team using Law Enforcement?
1F. Coordination With Other Entities	I wonder if there is a way, and I don’t know if it is in the 5B section or another section, but I think that the term multidisciplinary team can be interpreted several different ways and I wonder if there is room for clarification about the types of multi-disciplinary teams. I mean obviously we are talking about a forensic center model here, but I think that at a basic level, it could be case consultation multi-disciplinary teams or more of a community awareness multi-disciplinary team. So, is there room within the guidelines to define the different types?
1F. Coordination With Other Entities	Is there anything being done to ‘improve APS response nationally in assisting each state’s APS in regards to assisting older and other vulnerable adult victims (and their families) of transnational scams. This would include the importance of mandating that APS additionally file an IC3.gov and FTC.gov report in addition to cross reporting to local law enforcement, especially where the victim (or family member) is unable or unwilling.

Element	Comment
1F. Coordination With Other Entities	Makes sense to me! / Good changes. Consistent with literature.
1F. Coordination With Other Entities	I find the update appropriate and needed.
1G. Program Authority, Cooperation, Confidentiality, and Immunity	"*Communication and cooperation*: In order to detect, prevent, and remedy adult maltreatment, it is recommended that APS systems be given the authority to cooperate with and share information related to an APS case with:" Suggest Adding: 3) "informal support persons and licensed providers." As a social service program APS must be able to identify and engage informal and formal supports with person's consent and also have the ability to do so in limited circumstances when capacity is at issue in order to develop supported decisions makers for the person.
1G. Program Authority, Cooperation, Confidentiality, and Immunity	This guideline does not provide guidance when it is the vulnerable or older adult who is refusing access. Suggest [adding underlined text]: "It is recommended that APS systems be given the authority to access alleged victims of maltreatment and the authority to prevent another's interference in an APS case, <u>including access of the older or vulnerable adult</u>. That access includes the authority to conduct a private, face-to-face interview with the alleged victim."
1G. Program Authority, Cooperation, Confidentiality, and Immunity	For "*Communication and cooperation*", consider adding: 4) "Non-APS members including ombudsman program and licensing and certification organization."
1H. Staffing Resources	Add the word "periodic" to this sentence: "To reach that goal, it is recommended that APS systems conduct <u>periodic</u> caseload studies to determine and implement manageable ratios" Add the word "suggested" to this sentence: "Finally, it is recommended that there be a <u>suggested</u> limit on the number of workers supervised by each supervisor." Add the words "or guardianship" to this sentence: "differences in complexity of allegations (e.g., many financial exploitation cases and self-neglect <u>or guardianship</u> cases take significant time and expertise).
1I. Access to Expert Resources	I find the update appropriate and needed.
1I. Access to Expert Resources	Assessment of APS clients may have significant legal ramifications. Therefore, we support testing the use of technology (or other models) that enhance and facilitate APS client assessment by well-qualified experts.
1I. Access to Expert Resources	Consider adding: "Elder law; substance use; financial exploitation; and long-term care" as topics.
1K. Worker Safety and Well-Being	Much appreciated added guidance on safety!!
1K. Worker Safety and Well-Being	Add the words "and training" to this sentence: "It is recommended that APS systems create policies and protocols, and provide adequate resources <u>and training</u> related to worker safety." Add the words "or client" to item number 7: "Workers should never be required to respond to a situation that would put the worker <u>or client</u> at risk without adequate safety supports available."

Element	Comment
1L. Responding During Community Emergencies	[Recommend adding guidance regarding the] development of a national working group to develop policies, protocols and trainings on APS Emergency Preparedness and Response. Add training and related resources to Core Competency Training for APS Workers and Supervisors.
1L. Responding During Community Emergencies	Consider adding guidance for establishing a process for the role of APS in emergency relocations of facility residents (assisted living, nursing home, and other settings)
1M. Community Outreach and Engagement	Consider utilizing research on public perceptions of aging, ageism, and elder abuse and how to use communication tools developed by Frameworks Institute, NCEA and eight other national aging organizations for the Reframing Elder Abuse Project.

Domain 2. Time Frames

Element	Comment
2A. Responding to the Report/ Initiating the Investigation	Investigation is inconsistent with a social service program when the older or vulnerable adult is the subject or when a primary support person in relationship with the older or vulnerable adult is the subject. Suggest assessment for neglect and/or fact-finding assessment for abuse and exploitation. Change to "2A. Responding to the report/initiating Fact Finding/Assessment".
2B. Completing the Investigation	Investigation is inconsistent with a social service program when the older or vulnerable adult is the subject or when a primary support person in relationship with the older or vulnerable adult is the subject. Suggest assessment for neglect and/or fact-finding assessment for abuse and exploitation. Change to "2B. Completing the Assessment".
2B. Completing the Investigation	Add the words "with supervisory approval" to this guideline: "allow for extensions for good cause with supervisory approval."
2C. Closing the Case	Add "the client had died" to the list of criteria for case closure.
2C. Closing the Case	Right before the call I looked over the document that was in the e mail blast about the webinars and updates and the recommendations about the possibility of monitoring cases longer term... I agree with it and I think it is a great idea. I just know from working with the APS programs over the years that it is a real challenge to work with clients for long periods of time when you are doing an investigation. That part made me a bit uneasy because I know that is going to be very difficult for but at the same time, I agree with it completely.
2C. Closing the Case	I like it. I was already planning to take that quote and use it and justify our stuff. Look, they are saying that we should try that. Happy to have that in there. *Other participant's response:* [Longer-term intervention] helps with better case outcomes because if you stay involved longer and see whatever intervention you are putting in; you see it through. Then it doesn't fall through the cracks and you get a reversal again for the referral again for the same thing.

Element	Comment
2C. Closing the Case	I have to say I hear from lots of people that they would love to do longer case management of clients and that funding doesn't allow that. So, guidance that says that, I don't know if it should say keep cases open longer or say something along the lines of provide case management services, or something like that, but I actually think most people would agree that we would like to be involved longer. With the client's consent of course.
2C. Closing the Case	While, this is a great idea. In reality our programs are incredibly short-staffed. I second what she is sharing, we need funding and resources to be able to accomplish this.
2C. Closing the Case	I think the problem is the word "consider". We all would consider that a great day I shouldn't speak for everyone... but I think it is something we would like to do. So, we would consider it, we have to get legislation and funding to also consider it. So maybe is it a question of that word.
2C. Closing the Case	Maybe the word should be something that "should seek resources in order to...."
2C. Closing the Case	We need to consider how we are going to word that in that in a lot of jurisdictions we refer to more of that case management service. We don't in adult protection at least in this state believe that we have the funds to keep things open indefinitely and according to best practice in 2012, most of the country was closing cases in 45 to 90 days but we realizes that there are cases that need to be open longer and we refer to AAA to provide case management services to those individuals.
2C. Closing the Case	The problem here is the fact that Counties no longer receive money for long term case management and intervention.
2C. Closing the Case	I am concerned a bit about balancing this with resources as well as with self-determination when clients have expressed unwillingness to work with APS.
2C. Closing the Case	Sometimes we have to recommend /direct local APS to NOT keep cases open as long as they may do, in order to better address incoming case.
2C. Closing the Case	Our county is not able to keep cases open unless circumstance truly warrant them. However, I'm happy to hear about Motivational Interviewing (MI) being effective for APS, we train MI in APS but there is often resistance from social workers because they feel these techniques may be more for therapists.
2C. Closing the Case	The only thing I would suggest in this area is if we are going to say consider keeping cases open longer, maybe talk about the baseline and what longer means. Is there a definition for things considered longer term? We don't have a defined time frame for having a case open. But we have cases that are shorter where we're dealing with more presenting problems. And then we have other cases where the person is at a higher risk of future harm and involved for a longer time trying to resolve the root cause that is leading them to be at risk. Continued risk. Those cases can be open from anywhere from a few weeks to a few months. Depends. I didn't know if there was some kind of thought behind what was meant by longer term.
2C. Closing the Case	Consider adding to the last sentence of that section or in another statement – "including referrals to other agencies" (this is related to relationship-based interventions)

Domain 3. Receiving Reports of Maltreatment

Element	Comment
3B. Screening, Prioritizing, and Assignment of Screened-in Reports	What is a "screened in report"?

Domain 4. Conducting the Investigation

Element	Comment
Domain 4. Conducting the Investigation	Investigation is inconsistent with a social service program when the older or vulnerable adult is the subject or when a primary support person in relationship with the older or vulnerable adult is the subject. Suggest assessment for neglect and/or fact-finding assessment for abuse and exploitation; change domain title to "4. Conducting a Fact-Finding Assessment"
4A. Determining If Maltreatment Has Occurred	Add the following two items to the list of evidence typically gathered during investigations: • "Law enforcement history (e.g., 911 police calls or wellness checks) • Court records search history"
4A. Determining If Maltreatment Has Occurred	Revise 4A as follows: "the worker has been trained and is competent ~~to investigate~~ to conduct fact finding on the particular set of circumstances described in the report (e.g., he/she has received training on working with nonverbal clients, with clients with intellectual disabilities, with clients with mental health issues, with residents of institutions, or with minority populations)."
4A. Determining If Maltreatment Has Occurred	I wonder if there is a way, and I don't know if it is in the 5B section or another section, but I think that the term multidisciplinary team can be interpreted several different ways and I wonder if there is room for clarification about the types of multi-disciplinary teams. I mean obviously we are talking about a forensic center model here, but I think that at a basic level, it could be case consultation multi-disciplinary teams or more of a community awareness multi-disciplinary team. So, is there room within the guidelines to define the different types?
4A. Determining If Maltreatment Has Occurred	How do you define those terms, 'Confirmed or unfounded'? *Other participants' responses to the question:* • Yes, very important recommendation especially related to consistency. I'm thinking about implications for NAMRS and trying to ensure that we all mean the same thing when we indicate case findings. • I agree, very important to gathering data.
4A. Determining If Maltreatment Has Occurred	Clear understanding for the finding of "inconclusive" as well.
4A. Determining If Maltreatment Has Occurred	Put "screening" before "decision-making", consistent with case flow; also, screening tools can be a type of decision-making tool so may want to be more precise in your language.

Element	Comment
4A. Determining If Maltreatment Has Occurred	ACL identifies a series of issues that investigators should explore before deciding whether or not to notify the alleged victim of the initial visit, such as preservation of individual rights and evidence, maximum engagement potential with the client, and victim safety. We encourage ACL to add to this list the need for investigators to include other sources of information in investigations involving persons with dementia, as they may not be accurate or reliable reporters due to their cognitive impairment.
4B. Conducting an APS Client Assessment	Add the words: "with or without a Primary Caregiver" to the "Care needs" item in the domains listed ("Care needs with or without a Primary Caregiver")
4B. Conducting an APS Client Assessment	On remote access, are there findings we might quote to say something like video-teleconferencing is a viable intervention when in-person interactions aren't feasible? My concern is that we might be read to say a future in which APS abandons face-to-face interactions as a prioritized approach.
4B. Conducting an APS Client Assessment	Assessment of APS clients may have significant legal ramifications. Therefore, we support testing the use of technology (or other models) that enhance and facilitate APS client assessment by well-qualified experts.
4B. Conducting an APS Client Assessment	We support several of the domains for a needs/risk assessment under the current guideline, such as functional ability and behavioral issues, but we respectfully request that ACL add "cognitive impairment" or "cognitive function" as a domain.
4C. Investigations in Residential Care Facilities	Consider adding a definition of what a congregate setting is.
4C. Investigations in Residential Care Facilities	We recommend that the section address the timing of APS coordination with law enforcement and notification to the Ombudsman Program when APS investigates in a congregate care setting. I.e., Under the section heading of "Background", second paragraph, we recommend inserting a new sentence at the end of the paragraph: "Before investigating a report of congregate care setting maltreatment, consultation with law enforcement about the timing of the APS investigation can ensure that an APS investigation does not compromise a law enforcement investigation that may be occurring or pending." Under the section heading of "Background", at the end of the third paragraph, add: "When APS receives an allegation of maltreatment of a resident of a congregate care setting, APS shall notify the LTCO of the APS investigation."

Domain 5. Service Planning and Service Implementation

Element	Comment
5A. Voluntary Service Implementation	Under the 5A Voluntary Intervention guidelines it should indicate "vulnerable adult mistreatment cases".
5A. Voluntary Service Implementation	The first sentence says intervention should be early in cases of "Elder mistreatment". Suggest changing the word "elder" to "vulnerable adults".

Element	Comment
5A. Voluntary Service Implementation	Consider adding the guideline for those older adults and persons with disabilities that choose not to or do not have access to senior centers, congregate meal sites, etc. the use of telephone or computer socialization provided by the Without Walls Network which includes programs such as DOROT University Without Walls, Well Connected, Mather Lifeways, and Lifetime Connections Without Walls. There is research suggesting these interventions improve socialization and improve mental health outcomes. Additionally, consider adding Friendly Visitors programs for increased socialization, improved mental health outcomes.
5A. Voluntary Service Implementation	I have to say I hear from lots of people that they would love to do longer case management of clients and that funding doesn't allow that. So, guidance that says that, I don't know if it should say keep cases open longer or say something along the lines of provide case management services, or something like that, but I actually think most people would agree that we would like to be involved longer. With the client's consent of course.
5A. Voluntary Service Implementation	While, this is a great idea. In reality our programs are incredibly short-staffed. I second what she is sharing, we need funding and resources to be able to accomplish this.
5A. Voluntary Service Implementation	Timing of intervention needs to follow the pace of the client's willingness to accept, especially in case seeking voluntary cooperation of the client. Sometimes need to engage client in order to get to the ultimate interventions sought.
5A. Voluntary Service Implementation	What comes up for me is the tension between the original role and intent of APS as a short-term crisis intervention program or service.... but what we are finding in practice is that, even here in the guidelines, that there are clients that have a need for longer term interventions; but programs generally are not funded that way. I don't know the answer; there is a system gap and should APS be the program that fills that gap? So, I am coming back to the tension between the original intent and role of APS vs. that unmet need and what APS programs are seeing clients really need in order to stabilize the situation. *Other participants' responses:* • Absolutely, a great comment. • Agree. • Could it not be that as research and practice moves forward, the field moves forward? We rethink APS? • I think keep in, if some can't, as it sets a bar and maybe hope for possibility.
5A. Voluntary Service Implementation	I think that tension between aspirational and practical application is really important. And perhaps, just an idea, the guidelines could serve both purposes, if it gets called out a bit. Sort of 'when available or where available'. So that workers are not put in the position of, well I am supposed to be doing this but I can't because we don't have the resources beyond the scope of what my program can provide. Where as in other locations maybe it is a resource that is available. It sort of gets called out a bit. I think there is value in doing that. If there is an APS worker that is looking to the guidelines, I think aspiration is critical to that. That is my opinion. I would love to hear other people's thoughts. *Other participants' responses:* • I like that idea of using the language of "when possible" or "when available." • Yes, keep in - aspiration and repetition matter

Element	Comment
5A. Voluntary Service Implementation	What about using least restrictive language?
5A. Voluntary Service Implementation	Wrap around services for victims of transnational predator scams should be financially supported, including long term case management, counseling, financial counseling, online/phone support groups for families and victims of chronic scams, creditor and legal help and other intervention services. Funding, perhaps similar to that supported in various HICAP programs, or through Area Agencies on Aging in each community could be funded to include both prevention and intervention services, as a referral source from APS.
5A. Voluntary Service Implementation	Add the words "or their designated representative's" to the following sentence: "Service plans are monitored and changes can be made, with the client's or their designated representative's involvement, to facilitate services to address any identified shortfalls or newly identified needs and risks."
5B. Involuntary Service Implementation	On p. 26 - I'm a bit concerned about how the outcome of safety through guardianship is represented. Could this perhaps be moderated by inserting the Burns findings about client goal attainment into the lit review on coordination with other entities?
5B. Involuntary Service Implementation	I like you to extent it beyond the forensic center. There may be other models that would work and that have not been tested yet. There may be differences in large rural areas that don't have that but may come up with something that works equally well in their setting and that kind of thing. I like broadening it to... such as forensic centers and other multi-disciplinary ways to address it.
5B. Involuntary Service Implementation	We don't have forensic centers as such. We have enhanced multidisciplinary team. We have specialty forensic services available. Not necessarily embedded in forensic teams as such. We sometimes use those or APS uses them to determine whether guardianship is appropriate or not. Forensic accountant and geriatric psychiatrist that is available to those teams. (Indiscernible) those services are available to APS. *Other participants' responses:* • It may be more common that folks do NOT have access to Forensic Centers so maybe include an alternative description for MDT's as an example • Forensic Model must have expertise in Supported Decision Making and Guardianship alternatives in order to be an effective resource in making recommendations for guardianship
5B. Involuntary Service Implementation	I wonder if there is a way, and I don't know if it is in the 5B section or another section, but I think that the term multidisciplinary team can be interpreted several different ways and I wonder if there is room for clarification about the types of multi-disciplinary teams. I mean obviously we are talking about a forensic center model here, but I think that at a basic level, it could be case consultation multi-disciplinary teams or more of a community awareness multi-disciplinary team. So, is there room within the guidelines to define the different types?
5B. Involuntary Service Implementation	I have a question about something I don't see a change in that I was wondering if it is under consideration. [RE] While the investigation may continue the client has the right not to participate in the investigation. So, in the 2016 version, in the back, it has stakeholder comments and one comment was that stakeholders requested the standard on involuntary interventions be very clear and some raised concerns with involuntary investigations. I am wondering if there are plans to address that further?

Element	Comment
5B. Involuntary Service Implementation	We fully support the concept of the proposed additions regarding use of a multidisciplinary approach to consider whether an APS client would benefit from having a guardian or conservator appointed if less restrictive options are insufficient or unavailable. However, we take issue with the wording of the proposed additions. State courts determine if a guardian or conservator is needed, applying standards set forth in state law. APS, a forensic center, or a group of multidisciplinary experts may help determine whether APS or another entity with legal authority should petition a court to appoint a guardian or conservator, but they do not – and cannot – "make the difficult determination as to whether a public guardian and guardianship is needed."
5B. Involuntary Service Implementation	Is there any thought to referring to the American Bar Association-The PRACTICAL Tool? It aims to help lawyers identify and implement decision-making options for persons with disabilities that are less restrictive than guardianship.
5C. Closing the Case	Right before the call I looked over the document that was in the e mail blast about the webinars and updates and the recommendations about the possibility of monitoring cases longer term… I agree with it and I think it is a great idea. I just know from working with the APS programs over the years that it is a real challenge to work with clients for long periods of time when you are doing an investigation. That part made me a bit uneasy because I know that is going to be very difficult for but at the same time, I agree with it completely.
5C. Closing the Case	Appreciate the person-centered approach of this addition to case closure guidance.
5C. Closing the Case	I think this is a great message… I am going to express my concern about it. Or potential concern with limited funding as everyone knows off the phone with no dedicated federal funding just APS outside of grants or getting creative with Medicaid funding or whatever else you use to fund your program, I think the goals of the client to be attained, if there are funding issues that might be a roadblock.
5C. Closing the Case	Looks good and aligns with previous discussion about what research is showing about longer-term interventions.
5C. Closing the Case	This [criteria for closing the case: "the goals of the client have been attained"] could be difficult if the resource the client needs is not available *Other participants' responses:* • Maybe specific to each client and resources/services available? • Good point on service needed but not available • Goal attainment can't be to meet goal that results in ongoing maltreatment by perp • Agree. Goal attainment is ideal, but not always realistic or possible. Particularly if we have to take legal action (i.e. guardianship referral) • I think it's good to have. One of the choices and allows for autonomy of the client because we are voluntary
5C. Closing the Case	That might be challenging in this state. So, services here are very limited. And we are still trying to build our partnership with our area office of aging, and they are willingness to accept our APS referrals. So that might be challenging and the question came up how long do we keep the case open? So that is just a comment. That might be challenging.

Element	Comment
5C. Closing the Case	Thank you this is really great. The only thing I had and it is within the case closure. I felt it needed a bit of maybe I am over thinking it but I was thinking the definition of case could be more clearly defined. There is a bit of overlap. My thinking is the case may be the hotline itself. And the interdictions providing during the investigation or it can be ongoing so we opened a protective services case. So, we are trying to utilize the same kind of reasons for closure. Tying it into NAMRS. That is my only comment.

Domain 6. Training

Element	Comment
6A. Caseworker and Supervisor Minimum Educational Requirements	APS programs must have adequate procedures in place to screen potential candidates for employment for suitability. APS must ensure that their employment screening procedures are adequate and appropriately eliminate those candidates who do not meet the minimum qualifications, or whose knowledge, skills, and abilities demonstrate a lack of capability to work with the subject population. Additionally, candidates who fail to cooperate with the screening process, provide false and/or incomplete information, or fail to share disqualifying information must be denied employment. Stringent prerequisites are necessary in this field, and should not be relaxed to fill vacant positions.
6B. Case Worker Initial and Ongoing Training 6C. Supervisor Initial and Ongoing Training	I like the section 6 changes
6B. Case Worker Initial and Ongoing Training	APS should ensure training is standardized to protect the integrity of program policies and procedures. We favor establishing clear definitions for case findings, noting that adequate training also be provided. Without a formal, documented training program in place, the program will only be as good as the trainer and their memory. With a standard training program in place, APS programs will be assured that all training will be consistent with the particular program's policies. Moreover, standard training will guarantee that variability in clients' experience will be minimized.
6B. Case Worker Initial and Ongoing Training	I would say if we could change determine to 'screening... for capacity' that would be helpful. *Other participants' responses:* • Item #1g: change "the process for determining capacity" to "the process of screening for capacity" • Should probably be changed to process of screening for capacity • Instead of capacity (APS workers cannot determine capacity), consider using decision-making ability
6B. Case Worker Initial and Ongoing Training	1g, Orientation to the Job – We fully support the proposed addition of capacity to the list of topics about which new APS workers need orientation training. The wording of the addition is troubling, however, as it implies that new APS workers have the responsibility to "determine capacity." We would recommend that (g) be revised to "the concept of capacity and how it is assessed" or "the different types of capacity and how they are assessed."

Element	Comment
6B. Case Worker Initial and Ongoing Training	Item 3e: "Interviews with Older Adults and Caregivers" is currently not part of the developed NAPSA APS Core Competency curriculum offerings. Is this a recommendation that this course be developed? I am not clear. https://theacademy.sdsu.edu/programs/apswi/core-competency-areas/
6B. Case Worker Initial and Ongoing Training	Item 4: "Advanced or Specialized Training" – Consider offering more examples of relevant advanced and specialized trainings offering knowledge, skills practice and replicable models on topics: advanced interviewing; advanced financial abuse topics; trauma-informed services; self-care and secondary trauma; emergency/disaster preparedness and response; working with multi-generational households; opioid abuse; older adult homelessness and poverty. These trainings should be open to all APS staff including Supervisors and Nurses.
6B. Case Worker Initial and Ongoing Training	Consider moving Certification Process language to create Guideline #5. It is not strictly related to Advanced or Specialized Training and includes core competency training, etc.
6B. Case Worker Initial and Ongoing Training	[Recommend adding guidance regarding the] development a national working group to develop policies, protocols and trainings on APS Emergency Preparedness and Response. Add training and related resources to Core Competency Training for APS Workers and Supervisors.
6B. Case Worker Initial and Ongoing Training	I wonder if in the guidelines, and this might be a conflict of interest, but I feel like a lot of states that may have had turn over in adult protection in previous years, may not know about the core curriculum offered through San Diego State University, and I know that is kind of a best practice or gold standard, is there any way that can be mentioned in the guidelines? States are not trying to recreate this based on we should be trained in this or that or whatever... so they could be pointed in the direction of consistency for the certificate program? Because I feel like at least in the west, we have had some turn over in representation and I know two people have been shocked that San Diego state has the core competencies that they would have access to and being new to adult protection, they were scrambling to try to invent it come something like that already exists.
6B. Case Worker Initial and Ongoing Training	Yes! Thank you for including virtual reality and sim. This is very aspirational and could be so impactful if/when resources are available.
6B. Case Worker Initial and Ongoing Training	Trainings including identifying older/vulnerable adult victims being exploited as money mules in transnational scams should be required.
6B. Case Worker Initial and Ongoing Training	Given the growth of the population affected by Alzheimer's and related dementias in the coming years, we strongly encourage ACL to add "dementia" to the list of training core competencies. Dementia training curriculum should incorporate principles of person-centered dementia care including a thorough knowledge of the person and his or her abilities and needs, the advancement of optimal functioning and a high quality of life, and the use of problem-solving approaches to care. New and existing APS personnel should be trained adequately and appropriately to best address the needs of the individuals they serve. Training should be culturally competent, both for APS workers and clients

Element	Comment
6B. Case Worker Initial and Ongoing Training	The Alzheimer's Association and AIM have made training APS, law enforcement, and other first responders a policy priority and we would welcome the opportunity to work with APS systems to develop, incorporate, or review their training. The Alzheimer's Association offers the Approaching Alzheimer's: First Responder Training Program, a free, online training that features high-quality content in an interactive format, developed by the Alzheimer's Association with input from first responders. We also offer curriculum review and our Alzheimer's Association Dementia Care Practices Recommendations.
6B. Case Worker Initial and Ongoing Training	We recommend that APS systems establish clear definitions for the terms "confirmed," inconclusive," and "unfounded," and provide training to its employees on these definitions, as well as how cases should be assigned to the different categories."
6B. Case Worker Initial and Ongoing Training	3. Core competency training: Consider adding: "referrals to other agencies, state and federal laws, emergency relocation, and the ombudsman program."
6C. Supervisor Initial and Ongoing Training	Much appreciated added guidance on safety!!
6C. Supervisor Initial and Ongoing Training	Consider bolstering this section, the availability and consistency of APS Supervisor training is variable across states and counties. Given the importance of APS Supervisors' roles and responsibilities detailed throughout the rest of the Voluntary Guideline document, this section does not provide a sufficient training and professional development roadmap for states and counties. [See **The APS Leadership Development Report**] developed for the Adult Protective Services Workforce Innovations (APSWI), Academy for Professional Excellence, San Diego State University School of Social Work outlining a comprehensive APS Supervisor Training Plan.
6C. Supervisor Initial and Ongoing Training	I would like to offer the following documents to support and further strengthen area 6c [...]. In early 2019, **APS Workforce Innovations (APSWI)**, a program of the Academy for Professional Excellence, San Diego State University School of Social Work, commissioned work on a leadership development project [...] **The APS Leadership Development Report** encompasses the first phase or research portion of the project and includes an extensive examination of leadership theories, models, and literature. Program best practices and cross discipline leadership development programs are analyzed. It also includes focus group data from sessions conducted with statewide (California) and national leadership in the field of aging and adult services examining the leadership training needs, current gaps, and suggested next steps in the process. The **APS Leadership Development Framework** encompasses the Leadership Development Plan for APS Supervisors and APS/Adult Service Managers. It leverages research and information from the Adult Protective Services Leadership Development Framework research report (Phase 1) as well as the National Adult Protective Services Association, Administration for Community Living, County Welfare Directors Association, California Department of Social Services, and California Regional Training Academies
6C. Supervisor Initial and Ongoing Training	NAPSA would like to further endorse the use of the documents created by the Academy to inform the area of Supervisor training.

Domain 7. APS Program Performance

Element	Comment
7. APS Program Performance	I know most states get rid of all their case files from various programs between three and seven years. I am not sure there is a program out there that does ten years. Is there a way the NAMRS case management data for those that are collecting at that level, that NAMRS could hold that up for ten years? Just something to think about.
7. APS Program Performance	Why is the record retention period so long? We see this as a program liability! ["Programs may consider keeping records for approximately 10-15 years"]
7. APS Program Performance	Depends on what measures are used; we keep APS records for at least 6 years after case closure.
7. APS Program Performance	I do have one question about the inclusion of word substantiated. Because we know in APS systems especially in contrast to CPS that we have more had a are inclusive (Indiscernible) perhaps to the lack of desire for involvement by the client can be pushed into sub Stan deviation or substantiation (Indiscernible) or where substantiation can be included. I wonder where may end up being overly restricted or way to broaden it to include in inclusive cases as well? *Other participant's response:* • Agree with adding inconclusive in outcome evaluation
7. APS Program Performance	There seems to be an underlying assumption that if data is gathered it is communicated and used throughout the APS/Adult Services organization and/or conveyed in a way that is digestible and relevant to decision-makers, older adults/families, other providers, and the community as a whole. Consider adding to this section the importance of APS management and Adult Services Administrators to not only collect the data but be able to "tell a compelling story" with the data. Additionally, the importance of creating a "culture of inquiry and outcomes", where data is collected in the service of helping clients as well as helping staff do their best work.