

**IDAHO ADULT PROTECTIVE SERVICES (APS)  
MINIMUM PROGRAM STANDARDS**

October, 2018

Based on the Recommended Minimum Program Standards developed by  
NAPSA Education Committee, September 2013

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*The original document is located on the NAPSA website: [www.napsa-now.org](http://www.napsa-now.org)*

## NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION (NAPSA) STRATEGIC GOALS

### **MISSION STATEMENT**

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

### **STRATEGIC GOAL 1 – OPERATIONS**

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

### **STRATEGIC GOAL 2 – PUBLIC POLICY**

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

### **STRATEGIC GOAL 3 – PUBLIC EDUCATION**

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

### **STRATEGIC GOAL 4 – RESEARCH**

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

### **STRATEGIC GOAL 5 – TRAINING**

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

### **STRATEGIC GOAL 6 – APS RESOURCE CENTER**

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

## IDAHO MINIMUM PROGRAM STANDARDS

The Idaho Minimum Program Standards are adapted from NAPSA's Recommended Minimum Program Standards.

### ADULT PROTECTIVE SERVICES DEFINITION

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

Idaho statute (§18-1505) defines the term "vulnerable adult" as "a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person, funds, property or resources."

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

### SERVICE PHILOSOPHY

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

### PRINCIPLES

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

### COORDINATION

Adult Protective Services program works with other agencies and community partners, including, but not limited to, courts and law enforcement agencies, mental and physical health providers, domestic violence and sexual assault programs, aging and disability networks, substance abuse service providers, and tribal entities, including tribal services and tribal or Bureau of Indian Affairs (BIA) law enforcement.

The goal of these intentional and specific collaborations is to provide comprehensive services to vulnerable adults in need of protection by building on the strengths, and compensating for the weaknesses, of the service delivery system available in the community, and by avoiding working

at cross-purposes. One method to enhance community collaboration is to develop Multidisciplinary Teams, or specialized teams, as needed or required.

## ETHICAL GUIDELINES

Idaho APS program and staff are guided by a Code of Ethics and Practice guidelines as purposed by the NAPSA Code of Ethics. Licensed professionals are also obligated to adhere to their specific ethical and scope of practice guidelines.

## NAPSA APS CODE OF ETHICS

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

## GUIDING VALUES

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

- Vulnerable adults who are victims of mistreatment should be treated with honesty, caring, and respect.

## NAPSA APS PRACTICE GUIDELINES

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

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize client differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of the worker's ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first and community-based services rather than institutionally-based services whenever possible.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's

values is available.

- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

## EVIDENCE-BASED RESEARCH

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

## PROGRAM ADMINISTRATION

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

## STAFF

- The number of staff is sufficient to serve the target population and fulfill state mandates.
- APS direct service personnel are qualified by training and experience to deliver adult protective services.
- The established training curricula are based on the APS core competencies or equivalencies as identified by NAPSA.
- APS supervisors are qualified by training and experience to provide oversight, direction, problem solving, and leadership.
- The established training curricula for supervisors minimally include APS supervisor core competencies or equivalencies as identified by NAPSA.

## QUALITY ASSURANCE

- APS direct service personnel have access to their supervisor.
- Provisions are made for access to subject matter experts, current research and best practice standards.
- Case assignments are made with consideration to complexity of the report and the education and training of direct service personnel.
- APS program data is collected, analyzed, and reported.
- Data is utilized for program improvements such as budgeting, resource management, program planning, legislative initiatives and community awareness, and to improve knowledge about clients, perpetrators and the services and interventions provided to them.
- A case review process is standardized and consistently applied.

## SERVICE PROVISION

- APS is provided with respect to cultural, ethnic, religious and lifestyle choices.
- APS supervisors and staff are familiar with the APS statutes governing their program and deliver services accordingly.

## TRAINING

NAPSA has identified a number of core activities that are critical to the mission of any and all state and local government Adult Protective Services programs. NAPSA and Project MASTER, a program of the Academy for Professional Excellence (San Diego State University, School of Social Work), has developed a core curriculum around practice issues in APS.

Mandatory Adult Protective Services training for Idaho staff is available through the Idaho Commission on Aging's website. The training is based on Project MASTER modules. The content and timing of training is identified and monitored by the Idaho Commission on Aging.

## CORE ACTIVITIES

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

## INTAKE

The Idaho APS program relies on Information and Assistance (I&A) staff to receive and screen reports of abuse, neglect, self-neglect, and/or financial exploitation. However, APS staff have the ability to collect information regarding abuse, as needed.

During the receipt and screening of APS reports, the APS program's responsibilities include having partnerships with other agencies and community organizations potentially available to assist in the response.

Other I&A intake and APS program responsibilities may include:

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

- A process by which reports are reviewed and assigned for investigation, referred to other providers, or screened out as soon as possible.

## INVESTIGATION

Investigation is a systematic, methodical, and detailed inquiry and examination of all components, circumstances, and relationships pertaining to a reported situation. APS programs have a systematic method, means, and ability to conduct and complete an investigation in a timely and efficient manner, to determine if the reported abuse has occurred, and to determine if services are needed to reduce or eliminate the risk of abuse, neglect, self-neglect or exploitation of a vulnerable adult.

### The APS Investigation Protocols Include:

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

## NEEDS AND RISK ASSESSMENT

APS programs have in place a systematic screening method, means, and ability to conduct and complete a needs/risk assessment including clients' strengths and weaknesses. This assessment needs to include criticality or safety of the client in all the significant domains listed below. *Please note: unless specifically qualified or authorized by state law, an APS worker does not carry out clinical health or capacity assessments, but rather, provides information regarding assessments.*

### Personal Health and Functional Ability

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

### Personal Mental Health Status and Capacity

- Mental - Determine if need for emergency mental health treatment
- Emotional
- Decision-making capacity, including supported decision making, and the extent to which the client directs his/her own care

### Social

- Support system (formal and informal)

- Caregiver - Determine need for immediate care
- Behaviors
- Interpersonal dynamics

### **Environmental**

- Health hazards
- Safety hazards
- Homelessness or inadequate shelter
- Inadequate food

### **Financial**

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

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

## **CASE FINDINGS**

APS has in place a systematic method to make a case determination and record the case findings.

A determination must be made to substantiate or unsubstantiate the abuse, neglect, self-neglect, and/or financial exploitation. The decision to substantiate the allegation is based on a careful evaluation of all information gathered during the Intake, Investigation, and Needs and Risk Assessment phases. The intuition of the APS worker will not be discounted.

## **SERVICE PLANNING AND MONITORING**

APS adheres to the following Guiding Principles (below) when developing a plan of action to address the identified needs and risks of the adult.

Protective services are offered to clients in a timely manner.

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

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

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

## Guiding Principles

- Respect the integrity and authority of victims to make their own life choices.
- Hold perpetrators, not victims, accountable for the abuse and for stopping their behavior. Avoid victim blaming questions and statements.
- Take into consideration victims' concepts of safety and quality of life.
- Recognize resilience and honor the strategies that victims have used in the past to protect themselves and cope in challenging circumstances.
- Redefine success – success is defined by the victim, not what professionals think is right or safe.

## Protective Action Planning

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

Developing a Protective Action Plan may include:

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

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

Protective action plans are monitored and changes can be made, with the client's involvement, to facilitate services to address any identified shortfalls or newly identified needs and risks. The protective action plan will include the arrangement of available essential services as defined in statute or policy.

## CASE CLOSURE

APS has in place a systematic method to complete a Case Closure.

The goal of intervention in APS is to reduce or eliminate risk of abuse, neglect, or exploitation of a vulnerable adult. Once that goal is met, the case is closed.

Case Closure follows the law and policy of the state of Idaho. The case record should contain documentation of APS's interventions, outcomes, an assessment of intervention efficacy, and the reason for the decision to close the case.

Conditions of case closure should be detailed as to the exact circumstances for each in order to meet program standards. Some reasons for case closure may include:

- APS Service Complete
- Client Refused APS Services
- Client Died
- Other

When a client requests that services be discontinued or fails to participate in the services, the APS worker evaluates the protective action plan to assure that the goal remains consistent with the individual's wants and needs.

If the resources needed to reduce the risk are not available, it should be documented in the case as well as what was done in that circumstance.

## DOCUMENTATION

APS has a systematic method of documenting the entire case process.

When completing case documentation, the APS worker<sup>1</sup>:

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

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