



OFFICE OF POLICY, PROCEDURES AND TRAINING

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DISTRIBUTION: ALL SOCIAL WORK STAFF

ASSISTING CLIENTS WHO ARE VICTIMS OF NEGLECT

Purpose: The purpose of this policy bulletin is to instruct social work staff on engaging clients who identify as victims of neglect committed by caretakers. This procedure is informational for all other APS staff.

■ OVERVIEW

Adult Protective Services (APS) is a state-mandated program that provides services to adults 18 years of age and older, without regard to income, who are:

- Mentally and/or physically impaired and
- Due to the impairment, are unable to manage their own risks and
- Have no one available who is willing and able to assist them responsibly.

Individuals who meet the above criteria, including the inability to manage the neglect committed by their caretaker, may be eligible for APS. New York Social Services Law (SSL) §473 defines two types of neglect as follows:

- Active neglect – the willful failure by the caregiver to fulfill the caretaking functions and responsibilities assumed by the caregiver, including but not limited to, abandonment, willful deprivation of food, water, heat, clean clothing and bedding, eyeglasses or dentures, or health-related services.
- Passive neglect – the non-willful failure of a caregiver to fulfill caretaking functions and responsibilities assumed by the caretaker, including but not limited to, abandonment or denial of food or health-related services because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services.

APS social work staff provides services or consultation to individuals being assessed or eligible for APS who may be victims of neglect by others to provide support, prevent reoccurrence, and offer resources.

■ SOCIAL WORKER ACTIONS

The APS Field Office director, deputy director, or designee identifies cases in need of social work intervention and refers the case to the Social Work Unit. The case is conferenced with the social work staff in person or via any form of teleconferencing. Upon evaluating the potential risks of the client, when possible, the caseworker will coordinate an initial joint visit with the assigned social work staff.

Client Visit

Prior to the initial social work visit, the social work staff will prepare the following tools to be completed during the client visit:

- **Social Work Assessment form** (not required if a current psychosocial evaluation, conducted within 180 days, is available).
- **Interview for Decisional Abilities Tool** unless the client:
 - declined to participate,
 - has a neurocognitive disorder and is unable to participate,
 - has a psychiatric disorder and is unable to complete reality testing, or
 - is fluent in a language other than English and translation is required.
- Any other tools provided by the social work supervisor and are relevant to the identified issues presented which may include the following:
 - Psychosocial Evaluation;
 - PHQ-9 Patient Depression Questionnaire;
 - Mental Status Examination;
 - Suicide Risk Assessment Tool;
 - Safety Planning Tool;
 - Homes Multidisciplinary Risk Assessment;
 - Generalized Anxiety Disorder Scale;
 - Cage-Aid Substance Use Screening; and
 - Resources for the client.

During the visit, the assigned social work staff will complete an assessment to help determine if the client is a victim of neglect and which services will be beneficial. A Social Work Assessment or psychosocial evaluation and Interview for Decisional Abilities tool must be completed during each client visit.

Emergency Planning

If the social worker (or social work supervisor) determines that emergency assistance is needed, and the client meets the criteria, the social worker (or social work supervisor) will discuss the use of the Vulnerable Elder Protection Team (VEPT) with supervisors and deputy director or designee. To meet the criteria for VEPT,

- the client must be concerned about his/her immediate safety and/or
- the social worker (or social work supervisor) must believe that the client will benefit from a medical or forensic evaluation, and
- the client is willing to be transported to New York- Presbyterian/Weill Cornell Medical Center (NYP-WCMC).

NOTE: If the client has decision-making capacity, transportation to the hospital cannot be done involuntarily.

VEPT provides a comprehensive evaluation and participates in safety planning and hospital discharge planning with the team. Upon approval from the supervisor and deputy director or designee, the social worker (or social work supervisor) will call VEPT at 212-746-6281 to provide preliminary details of the case and allow VEPT to prepare for the social worker's and client's arrival. VEPT provides contact information to NYP-WCMC Emergency Medical Services so an ambulance can be dispatched to the client. Additional information regarding VEPT can be viewed at <https://nyceac.org/wp-content/uploads/2017/12/VEPT-Protocols-v9.pdf>. The VEPT pocket card can be found in the Social Work shared drive in the "Neglect" folder.

If emergency assistance is needed but the client does not meet the criteria for VEPT or lacks capacity/decision-making ability, the social work staff will contact the supervisor and deputy director or designee to discuss further intervention. If hospitalization is needed, the social work staff will contact the hospital and work collaboratively to complete safe discharge planning.

Social Work Plan

The social work staff will develop a social work plan with the client based on the risk of neglect by others. Safety planning should be discussed if the client is able to participate in the planning. A social work plan for risk of active and/or passive neglect may include the following actions:

- Discussing coping mechanisms;
- Discussing Power and Control dynamics;
- Revisiting safety planning and the ability to implement the safety plan;
- Following up on the resources provided to the client such as the use of hotlines, Family Justice Center, and NYPD Domestic Violence engagement;
- Bi-weekly home visits with the client to provide support services and serve as a possible deterrent in the household;
- Highlighting and discussing the motivation for change through strengths-based perspective;
- Identifying areas of discord and approaches to remove these areas from the client's life;
- Assessing the person in the environment;
- Discussing Orders of Protection; and
- Implementing a solution-focused approach and motivational interviewing to discuss the client's goals.

Social work staff should use the Life Events Checklist tool as a guide for discussions regarding underlying trauma and distress. The Life Events Checklist tool can be found in the Social Work shared drive in the "Neglect" folder.

The social work plan should be discussed with the social work supervisor and/or deputy director or designee prior to implementation. Implementation of the social work plan will continue unless the client

- declines assistance;
- does not identify as a victim of neglect;

- does not meet the definition of neglect; or
- is found ineligible for APS and the case is closed.

All interventions utilized must be documented in APSNET. If the social work plan is discontinued, enter a progress note in APSNET and indicate the reason for discontinuing the social work plan.

Documenting the Case

Social workers (or social work supervisors) will enter referred cases in the Social Work Tracking tool on a weekly basis. Information to be included in the tracking tool are:

- Case Name;
- Referral ID
- Date of Social Work Service;
- Case Type;
- IDA Risk Assessed
- IDA sent (to Customized Assistance Services, VPS Clinical Intake);
- Field Office;
- Brief Case Summary;
- Social Work Plan; and
- Supervisory Comments.

All notes from interactions and visits with clients must be entered in APSNET within five business days. Visit outcomes and the social work plan must be documented as progress notes. Contacts with clients and collateral sources must be documented as an interaction.

■ SOCIAL WORK SUPERVISOR ACTIONS

Social work supervisors will review the tracking tool, including related assessment tools completed by the social worker, on a weekly basis. Based on the social worker's assessment and recommended service plan, the supervisor will decide as to the next steps to be taken on the case. The supervisor will annotate the next steps and any changes in the service plan, if needed, in the tracking tool for the social worker and will discuss with the social worker as needed.

Effective immediately