



OFFICE OF POLICY, PROCEDURES AND TRAINING

James K. Whelan

Executive Deputy Commissioner

*Lorraine Williams, Director of Procedures
Adult Protective Services*

APS Policy Bulletin #2021-13

Date: August 20, 2021

DISTRIBUTION: ALL SOCIAL WORK STAFF

ASSISTING CLIENTS WHO DISPLAY SELF-ENDANGERING BEHAVIORS

Purpose: The purpose of this procedure is to instruct social work staff on assisting clients who are displaying self-endangering behaviors. This policy bulletin is informational to all other APS staff.

■ **OVERVIEW**

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

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

Referred Individuals who meet the above criteria may be eligible for services through APS.

New York Social Services Law (SSL) §473 defines self-neglect as an adult's inability, due to physical and/or mental impairments, to perform tasks essential to caring for oneself, including but not limited to, providing essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety, or managing financial affairs.

APS social work staff assists individuals eligible for APS, who are engaging in self-neglect, by providing crisis intervention, offering resources, educating the client, making safety plans, and offering a service plan that will enable the client to remain in the community safely.

■ **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 is completed);
- **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 social work staff will complete an assessment to determine if the client has suicidal or homicidal ideation by completing the Suicide Risk Assessment. The Suicide Risk Assessment tool is located in the shared drive in the “Suicidal/Homicidal Ideation” folder. A Social Work Assessment and Interview for Decisional Abilities tool must be completed during each client visit.

Emergency Planning

If emergency assistance is needed, contact the social work supervisor and the deputy director or designee to discuss contacting 911 to dispatch Emergency Response Services to determine if hospitalization is necessary. If hospitalization is needed, collaborate with the assigned hospital social worker to complete safe discharge planning.

Social Work Plan

If the client has no plan, intent, and/or active suicidal or homicidal thoughts, the social work staff will complete the Safety Planning tool with the client, if the client is able to participate in the planning. If the client has a treatment provider, attempt to obtain permission to contact the provider. For additional guidance on referrals to Refer the Section 2 – Response to Client Emergency of the APS Desk Guide for additional information. A social work plan for risk of active and/or passive neglect may include the following actions:

- Discussing coping mechanisms;
- Revisiting safety planning and the ability to implement the safety plan;
- Following up on the resources provided to the client;
- Exploring support groups for individual and group;
- Bi-weekly home visits with the client to provide support services;
- Exploring strengths-based perspective; 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 Abuse 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 engage in self-endangering behavior;
- Does not meet the definition of self-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 work staff 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.

Upon supervisory review of the case information provided on the tracking tool, the social worker will receive comments and next steps for the following client visit.

All notes from interactions and visits with clients must be entered in APSNET within five business days. Visits 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 determine 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, on the tracking tool for the social worker.

Effective immediately.