



North Carolina Department of Health and Human Services
Division of Social Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director
(919) 733-3055

November 13, 2002

Dear County Director of Social Services:

Attention: Adult Services Supervisors

Subject: Strengthening North Carolina's Adult Protective Services Program

We are pleased to update you about the initiative we have been working on to strengthen our Adult Protective Services program at the State and local level. You received a Dear County Director Letter dated March 1, 2002 that described the project and its goals.

We have completed a needs assessment of APS programs in a sample of 31 county DSSs. The needs assessment was carried out by the Adult Program Representatives (APRs) during the months of March-August 2002 and included a balanced representation of both large and small and urban and rural counties. The original time frame to conduct the needs assessment was extended due to the State travel freeze.

The APRs used the attached APS Data Gathering Tool and APS Program Review Tool to gather statistical and programmatic information that gives baseline information about our county APS programs. You may recognize some of this information as part of the Resource Management Tools developed several years ago. The tools were updated for use in this project. A total of 460 records were reviewed, including 176 screened out reports, 162 unsubstantiated cases, and 122 substantiated cases. This information is helping us to assess our strengths and to identify areas for improvement to better meet our goal of protecting vulnerable adults.

The APS Data Gathering Tool followed the steps of the APS process through the reviewed client records: I. Intake/Screening, II. Evaluation, III. Capacity to Consent/Services Authorization/Service Planning, IV. Mobilization of Essential Services, and V. Termination. Each step of the APS process was reviewed by examining Quality and Timeliness (when applicable) aspects of the components within each step.

Information from the APS Program Review Tool is being analyzed and will be shared with you once the analysis is complete. Graphs that illustrate the preliminary findings from the APS Data Gathering Tool are attached. The preliminary findings of the data include:

- Counties generally scored highest in the Intake/Screening step of the APS process. Within the Intake/Screening step, consistent use of the APS log brought the scores up. Referrals tempered the overall Intake/Screening score.

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- Scores dropped as the APS process moved from Intake/Screening into the Evaluation, Capacity to Consent/Services Authorization/Service Planning, and Mobilization of Essential Services steps. Within the Evaluation step, highest scores were achieved in initiation of the evaluation, documentation of client strengths, problems and perceptions, and promptness of case decision. Scores in the Mobilization of Essential Services step present the greatest challenge.
- Scores rebounded modestly in the area of Termination. Within Termination, completion of the DSS-5027 and case record completion were the highest scoring items.

Now that the needs assessment is completed and the data is being compiled, an APS Task Force with county DSS representation will convene in November 2002. One of the first activities of the Task Force is to establish outcomes for APS, and to review and refine several primary goals we think are important for a quality APS program. The goals include: strengthening the consistency of APS service delivery across all 100 DSSs; reviewing and recommending any changes to the APS statute; developing standards that go beyond current policies and procedures, including staffing and work load standards; developing a quality assurance system to ensure best practice as well as accountability; and developing a comprehensive training program for county APS staff. There may be other goals identified by the Task Force as it begins to meet. The Task Force will also develop a time line for accomplishing these goals. The data from the APS needs assessment will guide the work of the Task Force.

In addition to the Task Force, regional work groups will be formed to broaden county DSS representation and to assist the Task Force with specific assignments. The Adult Services Committee of the NC Association of County Directors of Social Services has been asked for suggestions for county staff to participate on APS Task Force and regional work groups. There will be an opportunity for county DSS staff to volunteer to participate on the regional work groups prior to their formation. We will provide more details about the work groups closer to the time they are convened.

We are excited about beginning this important work and believe we can strengthen NC's Adult Protective Services program. If you have questions, or need additional information, please contact your Adult Programs Representative.

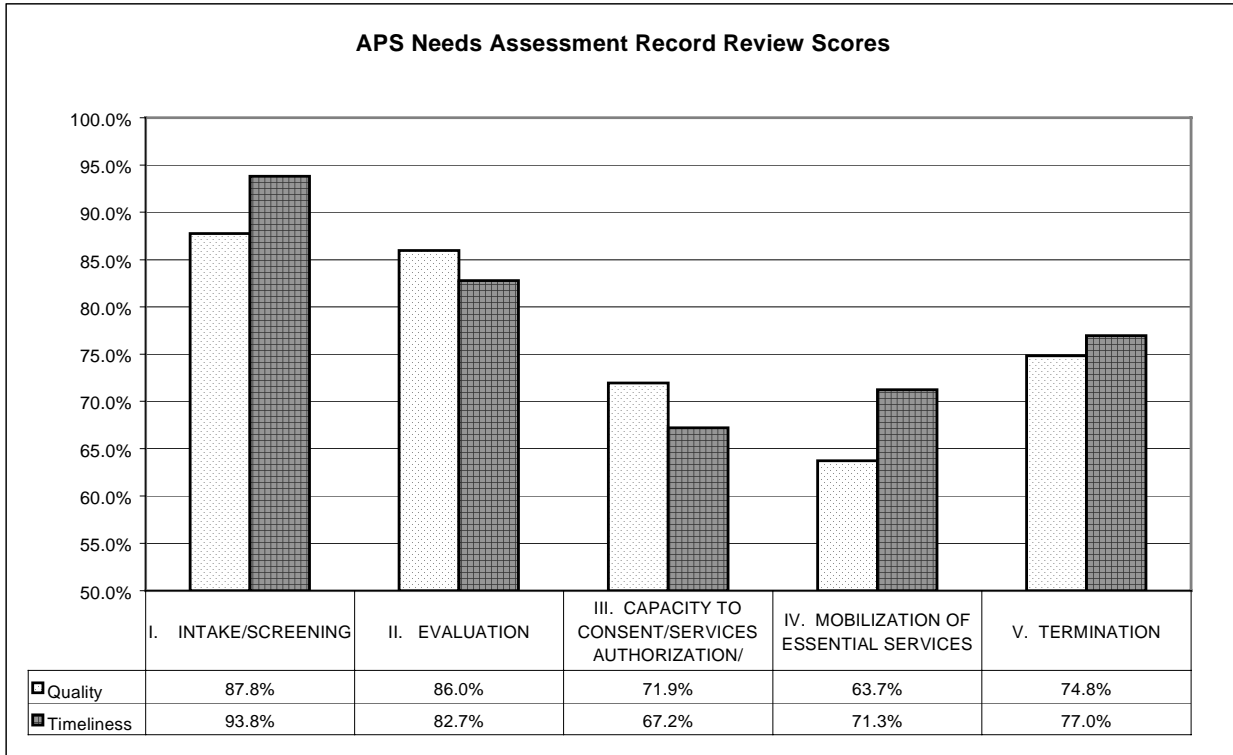
Sincerely,



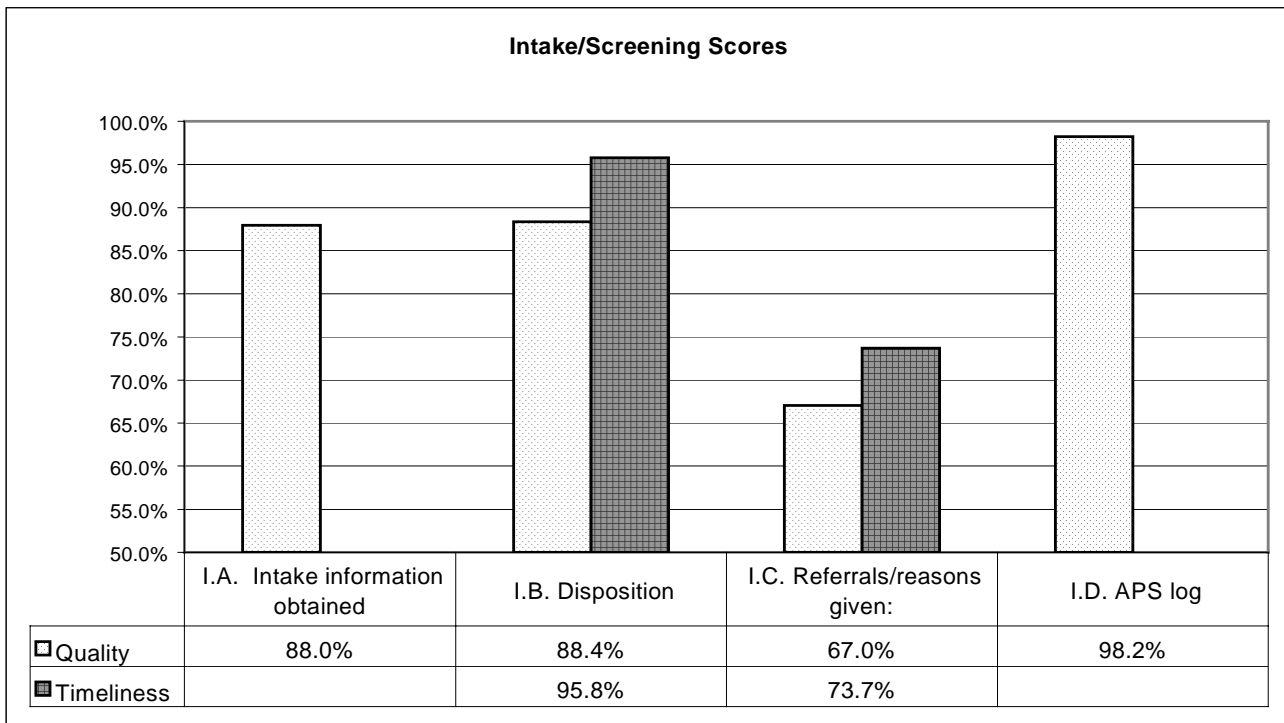
John T. Tanner, Chief
Adult and Family Services Section

Attachments
AFS-18-2002

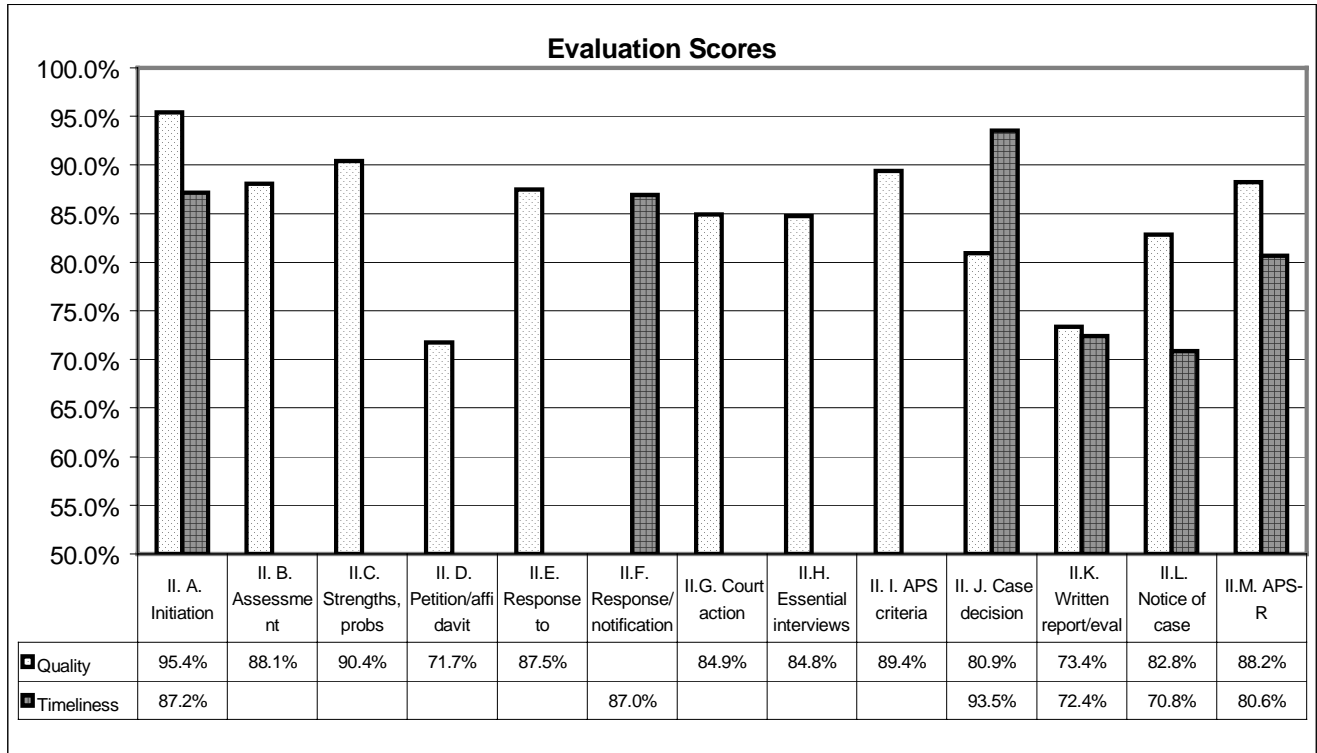
Graph # 1



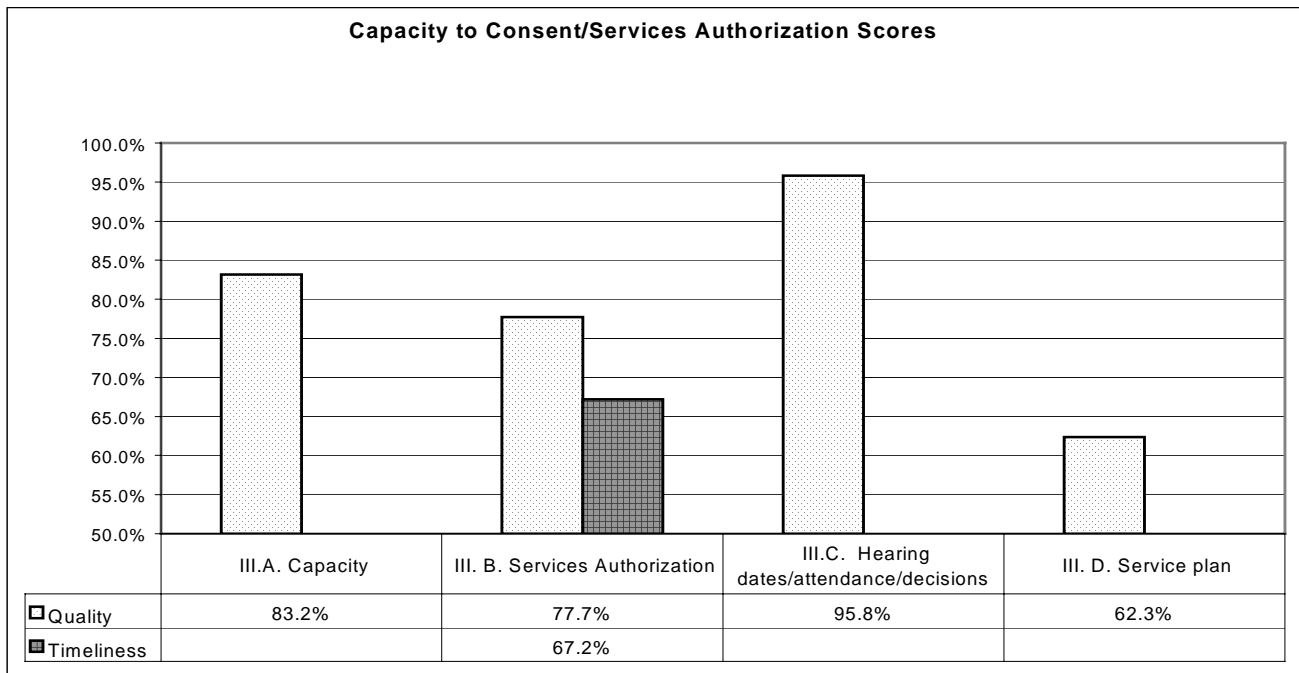
Graph # 2



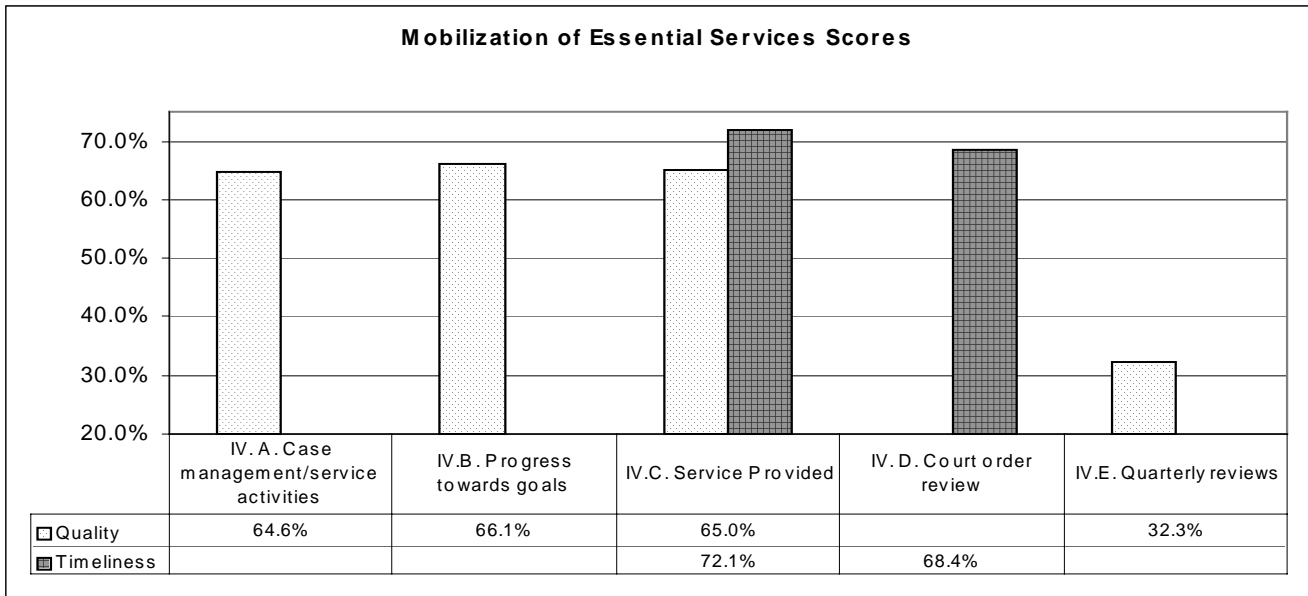
Graph # 3



Graph # 4

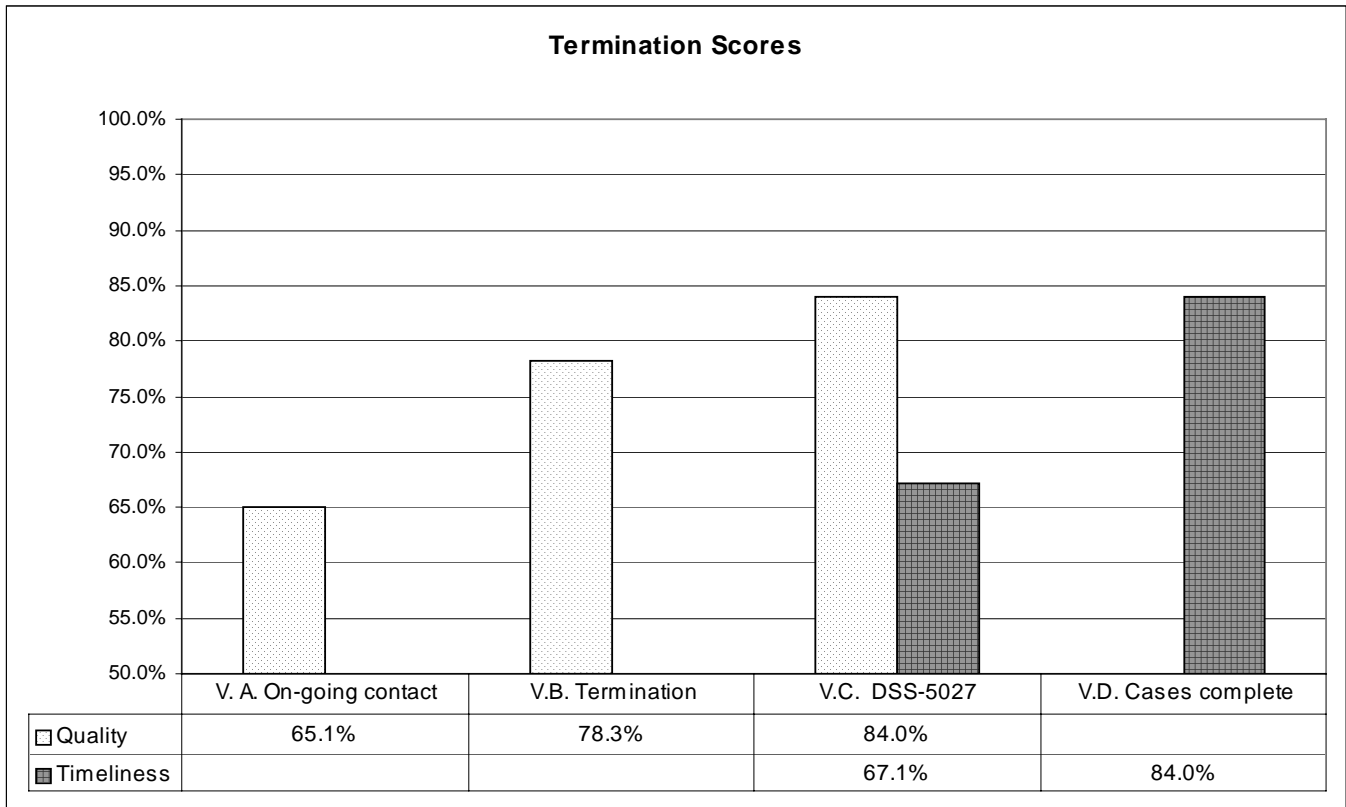


Graph # 5



Note: Quarterly review (IV.E.) was applicable to only 31 of 460 reviewed records.

Graph # 6



**ADULT PROTECTIVE SERVICES
SURVEY TOOL (FOR DATA GATHERING) 1/02/2002**

APR _____ DATE OF REVIEW _____

	QUALITY POINTS			TIMELINESS POINTS		
	Available	Applic.	Earned	Available	Applic.	Earned
I. Intake / Screening						
A. Intake information is obtained and documented						
1. Identifying information is complete	5		0 3 5			
2. Collateral contacts are listed	2		0 1 2			
3. Reporter information is recorded						
a. written notice	3 OR		0 2 3			
b. verbal notice	3		0 2 3			
4. Client's functional problems and circumstances are documented	3		0 2 3			
5. Allegations indicate whether:						
a. adult is incapacitated due to a disability	2		0 1 2			
b. adult has been abused, neglected, or exploited	2		0 1 2			
c. adult is in need of protective services	2		0 1 2			
B. Disposition of report is documented:						
1. Intake information is transferred quickly to SW for evaluation				5		0 5
2. Screening decision is congruent with criteria and documented	5		0 5			
3. Supervisor/designee is involved in screening decision	5		0 5			
C. Referrals are documented and reasons given:						
1. Referrals were made for services on screened out cases	2		0 2			
2. Required notification documented	2		0 2			
3. Documentation was timely				3		0 3
4. Notice given to reporter on screened out cases	1		0 1			
D. Case is on APS log	1		0 1			
SUBTOTALS	35			8		
II. EVALUATION						
A. Initiation						
1. APS evaluation is initiated by seeing and interviewing the client privately within timeframes, if not reasons are				5		0 5

	QUALITY POINTS			TIMELINESS POINTS		
	Available	Applic.	Earned	Available	Applic.	Earned
documented as to why not						
2. Follow up measures to initiate in a timely manner when client not available/found during initial contact				5		0 5
3. Client Entry Form DSS-5027 is completed and accurate	1		0 1			
B. Assessment						
1. Assessment of six functional areas was conducted with client and family/significant others:						
a. social	2		0 1 2			
b. environmental	2		0 1 2			
c. mental	2		0 1 2			
d. physical	2		0 1 2			
e. ADL's/IADL's	2		0 1 2			
f. Economic	2		0 1 2			
2. Documentation of assessment was thorough	2		0 1 2			
C. Documentation reflects that client's strengths, problems, perceptions were explored with him/her; if not documentation explains why.	4		0 2 4			
D. Petition(s)/affidavit(s) were done as needed during the course of the evaluation	1		0 1			
1. Administrative Search and Inspection Warrant						
a. appropriate reasons documented	1		0 1			
b. copy of affidavit in the file	1		0 1			
2. Inspect/Freeze Financial Assets						
a. appropriate reasons documented	1		0 1			
b. copy of petition in file	1		0 1			
E. Documentation reflects appropriate response to emergency situation including immediate notification of DA, DFS, law enforcement, etc.	2		0 1 2			
F. Response and notification were timely				5		0 5
G. Documentation includes results of any court action/hearings occurring during evaluation, including copies of orders/warrants	2		0 1 2			
H. Documentation of essential interviews reflects that						
1. Client was seen and interviewed privately or documented as to why not	5		0 3 5			

	QUALITY POINTS			TIMELINESS POINTS		
	Available	Applic.	Earned	Available	Applic.	Earned
2. Caretaker was interviewed	4		0 2 4			
3. Collaterals were interviewed	4		0 2 4			
4. Alleged perpetrator was interviewed	4		0 2 4			
5. All allegations were addressed	4		0 2 4			
6. Other indicators of abuse, neglect, exploitation were identified, documented and addressed	4		0 2 4			
7. Appropriate assistance/information for evaluation was obtained						
a. medical/physical evaluation	2		0 1 2			
b. psychological/mental evaluation	2		0 1 2			
c. legal law enforcement	2		0 1 2			
d. records maintained by the caregiver	2		0 1 2			
e. financial records	2		0 1 2			
f. other	1		0 1			
I. Documentation reflects whether the adult is						
1. Incapacitated due to a disability	2		0 1 2			
2. Abused, neglected, or exploited	2		0 1 2			
3. In need of protective services	2		0 1 2			
J. Case decision						
1. Documented and congruent with criteria	2		0 1 2			
2. For cases of abuse/neglect case decision is made within 30 days of initiation or for exploitation case decision is made within 45 days of initiation				5		0 5
3. If decision not made within statutory timeframes						
a. documentation reflects supervisor supports need for additional time	2		0 2			
b. documentation gives valid reasons for delay	2		0 2			
4. Documentation reflects that Supervisor/designee is involved in case decision making process	2		0 1 2			
K. Written report of evaluation is completed when appropriate						
1. When there is evidence of abuse, neglect, or exploitation found.	2		0 2			
2. When it is conducted on a resident in a facility	2		0 2			
3. Report is sent to appropriate parties						

	QUALITY POINTS			TIMELINESS POINTS		
	Available	Applic.	Earned	Available	Applic.	Earned
a. DA (A/N/E found)	1		0 1			
b. DFS Complaints Investigator	1		0 1			
c. DFS MH Section	1		0 1			
d. Adult Homes Specialist	1		0 1			
e. DMA	1		0 1			
f. Other county DSS when appropriate	1		0 1			
g. Other governmental agencies	1		0 1			
h. Within 30 days of case decision				3		0 3
L. Documentation of notice of case decision given or sent to appropriate parties:						
1. Facility administrator (Notice to Administrator)	1		0 1			
2. State MH Institution administrator (Letter of findings)	1		0 1			
3. Adult's legal guardian (Letter of findings)	1		0 1			
4. DSS in adult's county of residence (for exploitation or fraud)	1		0 1			
5. Reporter (as requested)	3		0 2 3			
6. Reporter notice done within a week of case decision				5		0 5
M. DSS-5026 (APS-R) is:						
1. Accurate	2		0 2			
2. Completed and entered within 10 working days of case decision				5		0 5
SUBTOTALS	98			33		
III. CAPACITY TO CONSENT/SERVICES AUTHORIZATION/ SERVICE PLANNING						
A. Capacity						
1. DSS decision made is consistent with assessment(s) of mental status	3		0 2 3			
2. Basis for decision regarding capacity was documented.	3		0 2 3			
3. Information gathered was sufficient to support the DSS decision regarding capacity	3		0 2 3			
B. Services Authorization						
1. Documentation reflects that:						
a. Client/legally appointed decision-maker consents to or refuses the provision of	4		0 4			

	QUALITY POINTS			TIMELINESS POINTS		
	Available	Applic.	Earned	Available	Applic.	Earned
protective services OR	OR					
b. Petitions were filed as needed and appropriate to the client's situation	4		0 2 4			
2. When Ex Parte/Emergency petitions are filed						
a. appropriate reasons documented	1		0 1			
b. copy of Orders in file	1		0 1			
3. Method used to receive service authorization is consistent with decision regarding capacity to consent	4		0 4			
4. Services authorization is received prior to the mobilization of essential services				5		0 5
C. Hearing dates, attendance and decisions made at hearing/court proceedings are documented, including a copy of court order(s) in file	2		0 1 2			
D. Documentation reflects development of a service plan:						
1. Needs are identified	3		0 2 3			
2. Goals relating to protection are developed consistent with family centered practice	3		0 2 3			
3. Tasks/activities/services needed to reach goals are determined	3		0 2 3			
4. Persons responsible for tasks are identified and their agreement secured	3		0 2 3			
5. Client or legally responsible person signed the plan	3		0 3			
6. Social Worker signed the plan	3		0 3			
7. Plan was shared with appropriate persons	1		0 1			
SUBTOTALS	40			5		
IV. MOBILIZATION OF ESSENTIAL SERVICES						
A. Documentation reflects that case management and service activities are carried out as indicated in the service plan	5		0 3 5			
B. Documentation describes progress towards goals and/or describes obstacles toward meeting goals	3		0 2 3			
C. Service Provided:						
1. Service Plan is updated as	3		0 2 3			

	QUALITY POINTS			TIMELINESS POINTS		
	Available	Applic.	Earned	Available	Applic.	Earned
needed						
2. Follow up contacts are made with client to ensure adequate protection	3		0 2 3			
3. DSS-5027 is updated to reflect any changes in services by the following quarterly review				1		0 1
D. APS court order is reviewed prior to 60 days to determine the need for a 60 day extension or other appropriate legal action				1		0 1
E. Quarterly reviews are documented including continued need for APS	2		0 1 2			
SUBTOTALS	16			2		
V. APS SERVICE TERMINATION						
A. Documentation reflects that on-going contact is made with client/family to discuss termination of APS and possible need for other services	5		0 3 5			
B. Documentation reflects the reason for termination of APS and the continuation and/or addition of other services	3		0 2 3			
C. DSS-5027 indicates deletion or change in status of any services provided in conjunction with APS or addition of any other services, and is:						
1. Complete	2		0 2			
2. Accurate	2		0 2			
3. Sent 10 working days prior to deletion or change in status				2		0 2
D. Cases are complete and documented within 30 days of case closure				2		0 2
SUBTOTALS	12			4		
TOTALS	201			52		

I. Administration

A. Size and scope of service (Use FY 2000-2001)

1. Number of complaints received _____
2. Number of complaints accepted and evaluated as APS _____
3. Number of confirmed cases _____
4. For confirmed cases, are other services generally provided: Yes or No
5. Number of substantiated cases _____
6. Number of substantiated cases which received protective service after evaluation _____
7. Number of cases with court involvement _____
8. Number of closed APS cases _____
9. Is APS-R used and printed? Yes or No If yes, how often _____
 How is it used? _____

B. Agency Organization/Staffing

1. Qualifications of APS Workers, Supervisors, Program Managers

Position	% APS FTE	Prior SW Experience	Education	Core Training In Last 5 Years	APS Training Completed

2. Supervisor to Worker Ratio _____
3. Supervisor's Program Responsibilities _____
4. Staff Vacancies (last fiscal year)
 - a. How many? _____
 - b. How long vacant? _____
 - c. Impact on services (If non-APS positions are vacant, but impact on APS staff, please note) _____

5. Is trained back-up staff available if the agency has only one worker who is responsible for APS?
Yes or No
6. If no, what are the arrangements for back up? _____

C. Policies and Procedures

1. Does each APS Worker have a complete updated APS Manual? Yes/No
2. Does APS Worker have access to Internet and Online Manuals? Yes/No
3. Does the County DSS have any local written APS policies? Yes/No
 - a. Are they consistent with State APS Policy? Yes/No
 - b. Describe or attach a copy _____

4. Does the County DSS have a safety Plan for workers? Yes/No
 - a. If so, is it formal or informal? _____
 - b. Describe or attach a copy _____

D. Legal Consultation

1. Is an attorney accessible/available to APS staff? Yes/No
2. If no, how does APS staff obtain legal consultation? _____

3. Is this attorney, DSS Staff or County Attorney or Contract Attorney?
4. Describe the activities of the Attorney with APS cases _____

II. Provision of Services

A. Intake

1. Is there a trained Intake Worker? Yes/No
2. How are screened out APS reports documented and maintained in the agency?

3. Is a log of APS complaints/reports maintained? Yes/No
Attach a blank copy of the log.
4. Who (position) updates and maintains the log? _____
5. Is it current? Yes/No
6. What is the procedure for transferring accepted APS reports to staff responsible for evaluation? _____

7. Is it done in a manner such that it can be initiated within timeframes? Yes/No

B. Evaluation

1. What is the supervisor's procedure for case oversight? _____

2. Describe additional agency involvement when the APS client resides in an Adult Care Home _____

C. On-Going APS Services

1. Who makes the decision to provide on-going APS Services and how is that decision made? _____

2. How are decisions to file court petitions made? Who is involved? _____

3. How are decisions to close cases made? Who is involved? _____

D. After Hours Coverage

1. Are there written After Hours Policies and Procedures? Yes/No (attach a copy)
2. How is the on call worker or system accessed? Is this working? _____

3. Who is responsible for APS after hours coverage? _____

4. How is after hours coverage assigned? (By the week, weekend only, etc.) _____

5. Have all workers/supervisors responsible for this coverage received training in APS? Yes/No Describe: _____

6. Is there on going In Service training for on-call workers? Yes/No
7. Are APS staff responsible for this coverage compensated? Yes/No
If so, how? _____

8. Is APS trained back-up staff (worker/supervisor) available to on-call worker for consultation and joint decision making? Yes/No
9. Is there an on-call packet or notebook that is passed from worker to Worker? Yes/No If so, what is contained in it? _____

10. How are reports transferred from the on-call worker to the APS worker who will complete the case? _____

III. Community Agencies

A. Resources

1. Describe the DSS's relationship with other agencies regarding APS: Law Enforcement- _____

DA/Court System-_____

Health Department-_____

Mental Health-_____

Hospital-_____

Other-_____

2. Are any written or verbal agreements in place with other agencies regarding provision of evaluative or on-going services in APS cases? Describe (attach a copy if available): _____

3. Is there an Adult Services or APS Multidisciplinary Team in the county? If so describe purpose and operation procedures regarding APS. _____

B. Public Awareness and Prevention (FY 2000-2001)

1. Are there agency efforts to make the public aware of the problems of adult maltreatment and the agency's statutorily defined role in this area? Describe: _____

2. Does the DSS arrange or provide for training or orientation for other human services professionals regarding APS? Describe: _____

3. Are there initiatives or efforts aimed at the prevention of adult maltreatment going on in the county? If so, describe DSS's involvement. _____