Building the adult protective services system of tomorrow: The role of the APS national voluntary consensus guidelines

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ABSTRACT
In 2015, the Administration for Community Living (ACL) established the first federal “home” for Adult Protective Services (APS). This leadership has included working collaboratively with state Adult Protective Service systems to ensure that older adults and adults with disabilities are afforded the same protections against abuse, neglect, and financial exploitation regardless of where in the country they live. As part of that leadership, ACL created draft Voluntary Consensus Guidelines for State APS Systems. ACL undertook a process of public and stakeholder engagement and analyzed the resulting comments to improve upon the initial draft of the draft to arrive at the final version. This article examines the comments, including the concerns raised by the commenters about specific areas of the Guidelines, areas identified for future research, and reflections and opinions on the role of the federal government in guiding the development of the field of adult protection.

KEYWORDS
Policy; adult protective services; commentary; elder abuse

The Administration for Community Living (ACL), as the federal “home” for Adult Protective Services (APS), offers federal leadership in addressing maltreatment of older adults and adults with disabilities. ACL is committed to bolstering and assisting the APS system in responding to victims in the most effective way possible. Between 2014 and 2017, ACL identified and implemented several foundational initiatives intended to build an effective network of APS systems across the nation. Among these initiatives were the establishment of an Adult Protective Services Technical Assistance Resource Center, the development of a national data set for APS information (the National Adult Maltreatment Reporting System—

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The development of the National Voluntary Consensus Guidelines included significant effort from multiple individuals who participated in the public commentary sessions, and assisted with the workgroups. A very special acknowledgment is extended to Rebecca Mabe, Health and Aging Policy Fellow, who also assisted with the analysis of the comments, and to the Health and Aging Policy Fellowship program.

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NAMRS), the first federal grants to state APS programs, and the release of the first-ever National Voluntary Consensus Guidelines for State APS Systems. These projects, individually and collectively, were designed to provide guidance and support to State APS systems, within a framework that supports person-centeredness and respect for the dignity and autonomy interests of adults. This commentary focuses on the development of the National Voluntary Consensus Guidelines for APS Systems (U.S. Department of Health and Human Services, Administration for Community Living, 2016).

Because Adult Protective Services programs are designed and administered at the state or local level, there is wide variation in APS services and practices between, and even within, states. Nationally, this has resulted in a fragmented system that can hinder coordination and result in an absence of critical supports for some experiencing abuse. For example, APS systems differ in the populations served, settings in which services are available, timeframes for responses, types of services provided, and relationships with other service providers and the justice system, among other differences.

ACL’s goal in undertaking the National Voluntary Consensus Guidelines for State APS Systems was to identify effective practices that would be expected to lead to effective APS services nationwide.

Background

A working group of experts in the abuse, fraud, and neglect of vulnerable adults was identified by ACL to develop the first draft of the Guidelines in 2015. The Guidelines were intended to provide a framework that state APS jurisdictions could use when updating, refining, or clarifying current APS rules and laws.

The draft guidelines are built upon current, albeit limited, available research on best practices in APS and other analogous systems throughout the country.

The draft identified seven domains of APS Practice to serve as the framework for the guidelines:

1. Program administration
2. Time frames for stages of APS response
3. Receiving reports of maltreatment
4. Conducting the investigation
5. Service planning and intervention
6. Training
7. Evaluation/Program performance
To refine the expert working group’s draft guidelines, ACL launched a seven-month outreach strategy to actively solicit input from professional stakeholders and from the public. Outreach included ACL website announcements, public comment submission form, and a calendar of events. Additionally, ACL staff reached out to other federal agencies with an interest in elder abuse, within and outside of the Department of Health and Human Services to encourage participation by varied constituencies. The engagement process included 15 one-hour listening sessions that were open to the general public and included targeted professional groups including disability rights, aging/minority aging, long-term care, law enforcement, legal aid, domestic violence/sexual assault, and Adult Protective Services.

During the public input process, ACL received 1201 responses to the invitation to participate in listening sessions and over 700 pages of narrative comment were submitted.

The goals of the process were the following:

- To empower the public and stakeholders to meaningfully participate in the process of developing the content of the guidelines;
- To understand the public’s views about APS;
- To collect and record general comments, questions, recommendations or suggestions about the guidelines;
- To identify issues related to future implementation of the guidelines in various jurisdictions.

In order to incorporate stakeholder ideas effectively, ACL engaged a Health and Aging Policy Fellowship (HAPF) team to provide a qualitative research analysis of the public comments on the draft guidelines and return their findings to a second expert working group that would consider the comments and recommend revisions to be incorporated into the final Guidelines. This research team conducted a thematic analysis using an inductive approach to code and theme each comment utilizing the Atlas.ti qualitative data software. Because the Guidelines are meant to reflect expert consensus and feedback from stakeholders and the public, the HAPF team used the comments and all feedback as a foundation for the analysis, guided by three questions:

1. What are stakeholder reactions to the released draft Guidelines as revealed through the open comment period and listening sessions?
2. What topics and themes arise?
3. How do these topics and themes align with the domains of the draft Guidelines?
Although themes arose that correlated directly with each area of the report, the results arrayed along three broad categories:

1. Issues of concern that stakeholders felt needed to be addressed within the guidelines;
2. Areas where the stakeholders strongly supported the areas of the guidelines, and suggested additional clarification or development; and
3. Requests for further guidance.

The remainder of this commentary will focus on these broad areas. Additionally, the public comments provide insight into respondents’ perceptions of APS, identify ideas for future research, and reflect opinions on the role of the federal government in guiding the development of the field of adult protection.

Issues of concern

Whom should APS serve?

One overarching theme expressed by all groups was about defining eligibility for APS services by age and vulnerability. Disability and long-term care advocates were the most vocal on this point.

Stakeholders requested further guidance on the age and vulnerability-related characteristics that would trigger eligibility for APS services. Although most commenters voiced support for including all adults age 18 and over, one stakeholder expressed concern with the feasibility of APS serving such a broad population well and whether the focus on older adults would be diluted. Furthermore, some comments questioned whether all older adults or individuals with disabilities should be served by APS, or only those categorized as vulnerable. This led to a debate among stakeholders about how vulnerability should be defined.

In response to this stakeholder input, the second expert working group added an emphasis on vulnerability as a criterion of eligibility.

In what settings should APS serve eligible adults?

Many stakeholders recommended that the care setting in which an adult resides, and in particular residence in a nursing facility, should not exclude someone from APS jurisdiction. The first draft of the Guidelines had noted that states vary in whether adults in institutional care settings are eligible for APS services and Section 4c of the draft Guidelines had offered some guidance for states in which APS has current jurisdiction in institutional settings; however,
the Guidelines did not explicitly state a position as to whether adults in institutional settings should be included in APS jurisdiction.

After considering this feedback, the second expert working group added language to the Guidelines recommending that APS serve those eligible, regardless of residential setting.

Should there be mandatory reporting?

Mandatory reporting was a contentious issue, garnering comments from every stakeholder group. The aging network and domestic violence advocates were the most vocal.

The Guidelines note that 49 states require some type of mandatory reporting currently, and some stakeholders voiced strong support for the requirement. Many indicated a concern that there was scant evidence that mandatory reporting works to prevent or reduce incidents of elder maltreatment. Others accepted mandatory reporting’s utility without comment and instead focused on identifying who should be mandatory reporters. Domestic violence advocates in particular expressed concerns about the wisdom of including domestic violence advocates as mandatory reporters.

There was a nearly even split in comments in support of and opposed to mandatory reporting, and multiple comments noted the need for more research in this area. The primary revisions to the Guidelines based on this feedback were to identify specific recommended professional groups to whom the mandatory reporting obligation should pertain and to add a recommendation for required APS reporting of suspected crimes related to adult maltreatment to law enforcement authorities.

Should initial visits be announced or unannounced?

Within this domain two themes emerged. Stakeholders asked for evidence that supported the Guidelines’ recommendations for unannounced initial visit. Some stakeholders disagreed with the Guidelines recommendation for unannounced visits in certain circumstances. Several stakeholders suggested that an unannounced visit may not be a preferred intervention in every situation and might not be consistent with the concept of person-centered care.

The second expert working group recommended several revisions to the Guidelines based on this feedback, and the final Guidelines now articulate several factors to consider when APS determines whether or not the initial visit should be unannounced (e.g., client safety, worker safety, maximum engagement potential with client).
May APS continue with an investigation even if the client does not want the investigation to continue?

Eight stakeholder groups made comments related to this topic. Disability advocates and APS stakeholders expressed more concern about involuntary intervention in general than the other stakeholder groups. By contrast, some APS stakeholders supported involuntary intervention. Comments differed on the right of possible victims to refuse an investigation of abuse. Many either took issue with, or strongly supported this statement from the first draft of the Guidelines: “While acceptance of APS services is voluntary, the investigation of maltreatment is not.”

The second expert workgroup considered these concerns and ultimately modified the language. The Guidelines now note that “while the investigation may continue, the client has the right to not participate in the investigation.”

Support for the guidelines

Stakeholders expressed that the Guidelines were consistent in many areas with the needs of their organizations and they supported continued development including the following:

Support for client self-determination

Stakeholders, particularly disability advocates, appreciated the Guidelines’ comments on this topic, particularly in Section 1a: Ethical foundation. Many requested that references to autonomy, supported decision making, and least restrictive alternatives should be woven throughout the Guidelines.

Support for interdisciplinary and interagency coordination

Several related themes emerged from the comments on this section, with the overarching theme being that stakeholders desire to see more content in the Guidelines about formalizing partnerships between APS agencies and various other entities, such as law enforcement, home and community-based services, animal welfare groups, and university-based researchers. This broad theme of the need for collaboration was crosscutting through all stakeholders with close to 70 comments. Disability and APS stakeholder groups commented with the highest frequency endorsing collaboration.

Stakeholders requested explicit direction about the entities with which APS should formalize collaborative relationships. Commenters proposed entities to be included. Representatives of underserved aging groups in particular requested more emphasis on formalized partnerships, and the
need for arrangements between tribal groups and APS were frequently mentioned in the comments.

Stakeholders requested that the Guidelines describe model policies for coordination across states, jurisdictions, and agencies. Disability advocates and APS staff were the most frequent commenters noting a need for cross-jurisdictional agreements.

In coordinating with other entities, many stakeholders expressed concerns about access to records that could help APS investigate a case. Several stakeholders noted how lack of access can impede investigations substantially. More than 50% of the comments related to this theme came from APS stakeholders.

In response to these comments, the second expert working group supplemented the section on coordination by explicitly identifying organizations with which APS should collaborate. The final Guidelines include a statement on the importance of cross-jurisdictional information sharing, and specifically articulate the importance of collaboration with tribes.

**Support for consistent, effective, efficient, and culturally competent delivery of client services**

Stakeholders were very supportive of ensuring that APS staff had sufficient training. Although the initial Guidelines specifically listed various topics to be included in training, stakeholders suggested several additional explicit, specialized trainings. Capacity and cultural competence with different populations were major suggested topics. The updated version of the Guidelines provided even more specificity in recommended trainings. Training standards were fleshed out in the Guidelines. Stakeholders also supported making the APS intake process accessible for all by using assistive technologies.

**Support for use of standardized and validated tools**

Stakeholders requested specific examples of recommended screening and assessment tools for APS to use, particularly tools related to the assessment of capacity in the section of the Guidelines related to the investigation and assessment of potential maltreatment. Stakeholders also urged ACL to recommend tools that could be attached to the Guidelines for APS to consider adopting. Approximately one-third of the comments related to this theme came from APS network stakeholders.
Support for collection of data to analyze APS performance and client outcomes

Stakeholders supported program evaluation in order to measure effectiveness, particularly outcome measures and participation in national data collection efforts. Stakeholders requested more specific guidance and best practices for outcome measures. Over one-third of the comments on this topic were made by the APS network stakeholders.

In addition to outcome measures, stakeholders sought further guidance on data as a whole. Several voiced a desire for more national standardization for what data is collected and shared. Stakeholders requested more specific guidance and best practices for outcome measures.

Overall support for more guidance to states from the federal government

A significant number of comments, particularly from APS and disability stakeholders, made very specific requests for further clarification, examples, or refinement in many areas of the Guidelines. The prevailing theme in this area was requesting more detail in the Guidelines on the design and implementation of the described processes. In particular, many stakeholders sought more explicit definitions of key concepts.

Furthermore, many asked for specific recommendations such as caseload size limits or specific time frames to complete an investigation. In some cases, the second expert working group added more explicit guidance in response to these comments; in others, the Guidelines provided general principles for consideration, but left it to state or local APS to determine the specifics.

Stakeholders also requested inclusion of guidance on topics that were not covered in the initial draft Guidelines, including worker safety, participation in research, and community engagement. The second expert working group added sections to the final Guidelines to address these suggested topics.

Conclusion/discussion

The themes and trends that emerged from the analysis identified stakeholder concerns, support, and recommendations. Moreover, these themes and trends informed the revision of the Guidelines by the second working group. In final form, the Guidelines incorporated invaluable stakeholder feedback to provide consensus recommendations and promising practices when identifiable.

Although the comments were indicia of the great diversity of viewpoints, interests, and concerns, an overriding theme was the desire for more...
specificity and more guidance. Of note, APS agency stakeholders commonly requested more specificity. In many areas, the second expert working group was able to provide more concrete guidance. However, in other areas, insufficient evidence or consensus existed to support making any specific recommendations.

The lack of a sufficient evidence base arose many times during the long two-year process of weighing expert and public input to develop the Guidelines. It has become clear that more research is needed and all parties involved in addressing abuse, neglect, and exploitation should support the development of high-quality evidence-based APS practices.

The ACL has exerted strong federal leadership in addressing maltreatment of older adults and adults with disabilities that includes a commitment to bolstering and assisting the APS response to adults experiencing abuse, neglect, or exploitation. To this end, ACL hopes to “refresh” the National Voluntary Consensus Guidelines regularly so that the Guidelines reflect new research and promising practices in the field. In addition, ACL, in partnership with its APS Technical Assistance Resource Center, is undertaking an evaluation of APS programs and practices. The results of this evaluation are expected to identify promising models and practices, and will inform future research efforts. Additionally, in 2017, ACL will start to receive and analyze APS data submitted through the National Adult Maltreatment Reporting System (U.S. Department of Health and Human Services, Administration for Community Living, 2017). In addition, the NAMRS data has the potential to inform the Guidelines and APS practice. The Guidelines project demonstrates that federal leadership and support is an integral part of the evolution of the nation’s APS system.

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References
