

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL**

REPORT OF INSPECTION:

**DEPARTMENT OF HUMAN SERVICES
ADULT PROTECTIVE SERVICES**

September 2012



**CHARLES J. WILLOUGHBY
INSPECTOR GENERAL**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



September 24, 2012

David A. Berns
Director
Department of Human Services
64 New York Avenue N.E., 6th Floor
Washington, D.C. 20002

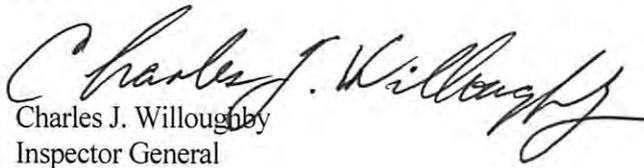
Dear Mr. Berns:

Enclosed is our final *Report of Inspection: Department of Human Services – Adult Protective Services* (OIG No. 12-I-0050JA). Written comments from your agency on the inspection team's 4 findings and 11 recommendations are included verbatim in the report. This report will soon be available publicly at <http://oig.dc.gov>; I encourage you to share it with your employees.

We reviewed your responses to our draft report and noted in this final report that we consider three of our recommendations to be "closed." For the eight recommendations that remain open,¹ we have enclosed *Compliance Forms* on which your staff should record and report to this Office the actions taken on each recommendation. These forms will assist both you and the OIG in tracking compliance with recommendations in the report. Where the form asks for "Agency Action Taken," please report actual completion, in whole or in part, of a recommendation rather than "planned" action. Please ensure that the *Compliance Forms* are returned to the OIG by the response dates noted on the forms.

We appreciate the cooperation shown by you and your employees during the inspection and look forward to your continued cooperation during the upcoming follow-up period. If you have questions or comments concerning this report or other matters related to the inspection, please contact me or Alvin Wright Jr., Assistant Inspector General for Inspections and Evaluations, at (202) 727-2540.

Sincerely,


Charles J. Willoughby
Inspector General

CJW/jct

Enclosure

cc: See **Distribution List**

¹ In its response to the recommendations, DHS indicated planned actions to be completed. The OIG considers these recommendations "open" and requests that DHS provide this office documentation of corrective actions, as completed.

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Inspections and Evaluations Division
Mission Statement

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness, and economy in operations and programs. I&E's goals are to help ensure compliance with applicable laws, regulations, and policies, identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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ACRONYMS & ABBREVIATIONS

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APS	Adult Protective Services
D/APS	Director, Adult Protective Services
DCHR	D.C. Department of Human Resources
DCMR	D.C. Municipal Regulations
DCSC	D.C. Superior Court
D/DHS	Director, Department of Human Services
DHS	Department of Human Services
DPM	District Personnel Manual
FSA	Family Services Administration
GAO	U.S. Government Accountability Office
HIPAA	Health Insurance Portability and Accountability Act
HSEMA	Homeland Security and Emergency Management Agency
I&E	Inspections and Evaluations
IMA	Income Maintenance Administration
MAR	Management Alert Report
MCS	Mobile Crisis Services
MIR	Management Implication Report
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPD	Metropolitan Police Department
OAG	Office of the Attorney General
OCA	Office of the City Administrator
OIG	Office of the Inspector General

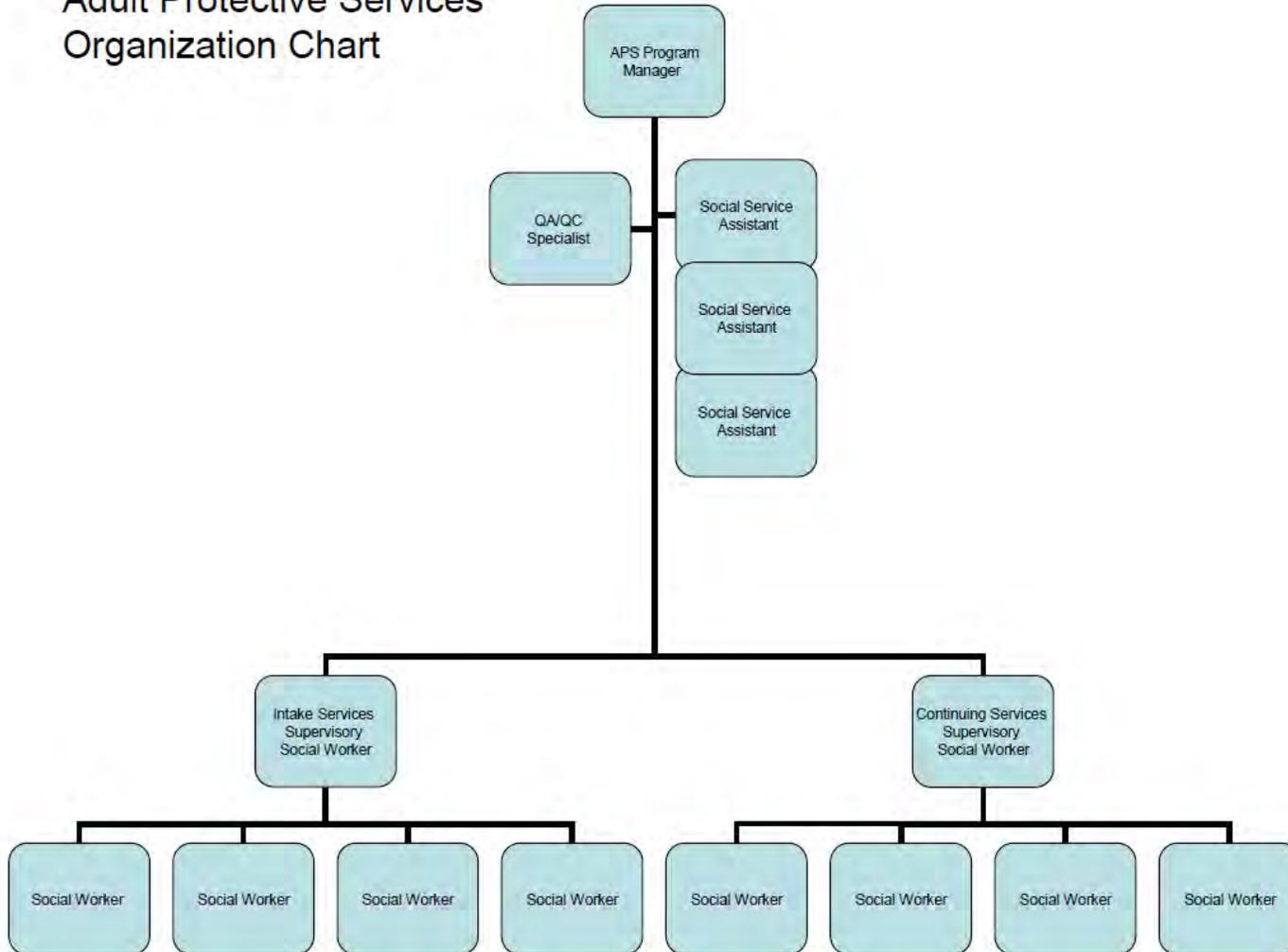
ORGANIZATIONAL CHART

ORGANIZATION CHART

ORGANIZATIONAL CHART

Department of Human Services¹

Adult Protective Services Organization Chart



¹ Organizational chart provided by APS in November 2010.

EXECUTIVE SUMMARY

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Overview

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General (OIG) completed an inspection of the Department of Human Services' (DHS) Adult Protective Services (APS) program in March 2012. According to its website, DHS, "in collaboration with the community, assists low-income individuals and families to maximize their potential for economic security and self-sufficiency."² APS is a component of DHS's Family Services Administration (FSA) and "investigates reports alleging abuse, neglect[,] and exploitation of frail elderly and disabled adults and intervenes to protect vulnerable adults who are at risk."³ APS provides case management, counseling, and other continuing services to vulnerable adults who have been abused, neglected, and/or exploited.

Scope and Methodology

The OIG's inspection objectives were to evaluate: (1) timeliness and quality of report intake and investigations; (2) case management; and (3) quality of services delivered to clients and other stakeholders. The team conducted 20 interviews with APS/FSA personnel, and consulted with numerous subject matter experts in the APS field. In addition, the team issued a confidential online survey to other District agencies and nonprofit organizations that communicate or collaborate with APS. A list of the report's 6 findings and 23 recommendations is included in Appendix 1. OIG inspections comply with standards established by The Council of the Inspectors General on Integrity and Efficiency, and pay particular attention to the quality of internal control.⁴

Management Alert Report and Management Implication Report

On April 27, 2010, the team issued a Management Alert Report (MAR 10-I-002) regarding APS case file documents containing sensitive and legally-protected information that were not safeguarded. The MAR also reported that due to the configuration of their office space, social workers were not able to maintain privacy when discussing confidential client information. In addition, on March 31, 2011, the team issued a Management Implication Report⁵ (MIR 11-I-003) to APS and other District agencies. The MIR found that District agencies: (1) were not ensuring that mandated reporters received training to detect signs of adult abuse, neglect, and exploitation; (2) did not have oversight mechanisms in place to track how and when mandated reporters are trained; and (3) did not have policies and procedures for reporting suspected adult abuse, neglect, and/or exploitation.

² [Http://dhs.dc.gov/dhs/cwp/view,a,3,q,492334,dhsNav,%7C.asp](http://dhs.dc.gov/dhs/cwp/view,a,3,q,492334,dhsNav,%7C.asp) (last visited Mar. 15, 2012).

³ [Http://dhs.dc.gov/dhs/cwp/view,a,3,q,492691.asp](http://dhs.dc.gov/dhs/cwp/view,a,3,q,492691.asp) (last visited Mar. 15, 2012).

⁴ "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office (GAO) as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

⁵ Whereas a MAR is typically issued to a single agency, a MIR is issued when a condition or matter impacts, or has the potential to impact, operations within multiple District agencies or programs.

EXECUTIVE SUMMARY

Findings and Recommendations

APS rarely conducts investigations with, or refers cases that may involve criminal activity to, the Metropolitan Police Department (MPD). This lack of collaboration and coordination may put at risk the safety and well-being of APS clients and allow criminal activity to continue unabated. (Page 21) APS lacks comprehensive policies and procedures for collaborating with MPD; rather, employees rely on informal and disparate methods for obtaining MPD's assistance. Furthermore, it appears that APS employees do not see the need for collaboration with MPD on cases. This may hinder service delivery to clients and, in some instances, put APS clients and potential victims at risk by allowing perpetrators of abuse, neglect, and exploitation to continue to commit crimes.

Employees do not document or track referrals to OAG; this negatively impacts the quality and continuity of services, including follow-through on cases in need of legal intervention. (Page 26) APS employees do not, nor are they required to, track cases that they have referred to OAG for consultation and possible legal intervention by the D.C. Superior Court (DCSC). Similarly, supervisors do not ensure that employees track cases referred to OAG. Some employees said they do not track cases referred to OAG because they lack sufficient training on the reporting features of APS's case management system.

APS does not record and report client and case outcome data. (Page 28) APS employees do not document or track numerous client and program outcomes. APS's senior managers do not monitor and report key client and program outcomes through performance measures, or prepare and disseminate annual reports. APS's case management system appears to lack the capability to report key client and programmatic outcomes related to APS's core mission.

APS's policies and procedures on subjects such as case documentation and interviews of victims and suspected perpetrators are neither thorough nor informed by best practices. (Page 33) The team found that compared to written guidance provided to APS employees in other jurisdictions, the District's policies and procedures lacked details sufficient to guide social workers' case activities. This deficiency may result in inconsistent services and poor documentation of agency activities and accomplishments, as well as increase the possibility for fraud and abuse of agency resources. For example, if APS employees, due to a lack of appropriate guidance in policies and procedures, do not present a compelling and legally sufficient case for guardianship on behalf of a client, the client may not receive necessary legal interventions. Additionally, APS's gift card program⁶ lacks fundamental, written internal controls for the use and accounting of gift cards. As a result, mismanagement or misuse of funds may occur.

⁶ APS employees use gift cards to purchase food and other household items for clients who demonstrate a need. At one point during fieldwork, the team learned that an APS senior manager was storing nearly \$65,000 worth of gift cards in his/her office.

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Recommendations

This final report of inspection presents 11 new recommendations, in addition to the recommendations presented in the MAR and MIR, for addressing the deficiencies noted. Some of the recommendations focus on improving, documenting, and publishing performance outcomes; implementing robust policies and procedures that impart useful guidance to employees regarding fulfillment of their duties; and formalizing methods for collaborating with MPD on cases that may involve known or suspected cases of abuse, neglect, and/or exploitation that may necessitate criminal prosecution.

Note: The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

Compliance and Follow-Up

The OIG inspection process includes follow-up with DHS on findings and recommendations. Compliance forms will be sent to DHS along with this report of inspection. The I&E Division will coordinate with DHS on verifying compliance with recommendations agreed to in this report over an established period. In some instances, follow-up activities and additional reports may be required.

During their review of the draft report, inspected agencies are given the opportunity to submit any documentation or other evidence to the OIG showing that a problem or issue identified in a finding and recommendation has been resolved or addressed. When such evidence is accepted, the OIG considers that finding and recommendation closed with no further action planned.

INTRODUCTION

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Background

APS social workers investigate allegations of abuse, neglect, self-neglect, and exploitation of vulnerable adults. They also provide protective services when allegations are substantiated and develop service plans when problems exist that prevent individuals and families from leading healthy lives. Social workers can obtain court orders to enter a home to investigate, obtain protection orders for clients, and petition the D.C. Superior Court (DCSC) for the appointment of a guardian and/or conservator for a client who is unable to make decisions about his/her care and/or finances.⁷ In addition to its core legal intervention and protective services, APS provides continuing diagnostic and supportive services, including: physical and mental health assessments; counseling; emergency financial assistance for basic needs, such as food and household items; homemaker/home health aide services;⁸ transportation services; placement into long-term care facilities or assisted living homes; and coordination of services with other District agencies and private sector service providers.

APS consists of an Intake Unit and a Continuing Services Unit. The Intake Unit screens, accepts, and investigates reports of abuse, neglect, self-neglect, and/or exploitation of a vulnerable adult. Reports of abuse and neglect are generally received by APS through its hotline, which operates 24 hours a day, 7 days a week.⁹ The Continuing Services Unit completes investigations and provides services to remediate adult abuse, neglect, self-neglect, and/or exploitation.¹⁰ APS clients must be 18 years of age or older, have a physical or mental impairment, and suffer from abuse or neglect.¹¹

⁷ APS coordinates its court actions through the Office of the Attorney General (OAG).

⁸ Home Care Partners, a private, non-profit agency, is the primary provider of homemaker/home health aide services to APS clients. Its mission is to “enable vulnerable people to remain in their own homes in comfort, safety, and dignity . . . by[] [p]roviding comprehensive home care services[;] [t]raining those interested in meaningful careers in the home care field; [and] [s]upporting family caregivers.” [Http://www.homecarepartners.org/](http://www.homecarepartners.org/) (last visited Mar. 15, 2012).

⁹ The APS hotline is listed on its website at <http://dhs.dc.gov/dhs/cwp/view,a,3,q,492698.asp#5> (last visited Mar. 15, 2012). The hotline number is (202) 541-3950. After regular business hours, APS hotline calls are answered by the District’s Homeland Security and Emergency Management Agency (HSEMA). When HSEMA receives an APS call, the attending HSEMA employee will call or page the on-call APS social worker. APS supervisors develop a monthly schedule of workers to cover all shifts outside of regular business hours. If contacted by HSEMA, the on-call social worker assesses the situation over the telephone, determines if it is an emergency, and responds accordingly.

¹⁰ APS’s Standards, Procedures, and Guidelines, Chapter 3, Section III(A)(1) (Nov. 27, 2007) states: “Cases are transferred to Continuing Services for additional investigation when the Intake social worker cannot obtain all information needed to substantiate or [] close the case.”

¹¹ D.C. Code § 7-1901(2)(A) (2008) provides:

‘Adult in need of protective services’ means an individual 18 years of age or older who: (i) Is highly vulnerable to abuse, neglect, self-neglect, or exploitation because of a physical or mental impairment, self-neglect, or incapacity; (ii) Has recently been or is being abused, neglected, or exploited by another or meets the criteria for self-neglect; and (iii) Has no one willing and able to provide adequate protection.

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Overview of Intake and Investigation Processes

APS's Intake Unit documents and investigates reports of abuse, neglect, or exploitation by another individual, as well as reports of self-neglect. Hotline calls are screened by an Intake Unit social worker to determine whether the call is a valid APS report or a call for another service (e.g., a request for a service from another District agency). If a report alleges the existence of an immediate, substantial risk of life-threatening harm to an adult in need of protective services, APS is required to immediately notify MPD.¹² APS also is required to commence an investigation within 24 hours of receiving such a report and determine the need for protective services.

For reports alleging that an adult is in need of protective services but is not at immediate, substantial risk of life-threatening harm, APS must commence an investigation within 10 days. If the call involves an individual in need of services unrelated to adult abuse, neglect, self-neglect, and/or exploitation, the report is recorded in the screening log.¹³ The Intake Unit worker's entry must include the following information: (1) date of the call; (2) name and telephone number of the caller; (3) name and address of the individual who is the subject of the report; (4) the caller's concern; (5) information provided to the caller or action taken; and (6) name of the Intake Unit employee making the entry. Page 24 of APS's policies and procedures notes that "[t]hese calls may necessitate referrals to other public or private service providers in the community."

If the APS report is deemed valid, the intake social worker must explain to the referrer that: (1) the referrer should contact the appropriate law enforcement agency immediately if the person is in immediate danger; (2) APS has a legal responsibility to investigate allegations of abuse, neglect, self-neglect, and/or exploitation; (3) APS accepts anonymous reports; (4) the referrer's identity will not be disclosed, except to law enforcement agencies or the courts, if necessary; (5) the referrer is immune from civil and/or criminal liability because of his/her testimony, petition, or participation unless the referrer is acting in bad faith or with malicious intent; and (6) the referrer may receive verbal or written feedback about the disposition¹⁴ of the report, if identifying information is provided.

The Intake Unit social worker is responsible for documenting the initial referral, gathering additional information,¹⁵ and classifying the report as an emergency¹⁶ or non-

¹² The inspection team learned that most of APS's collaboration with MPD is limited to cases that MPD refers to APS.

¹³ APS's Standards, Procedures, and Guidelines, Chapter 2, Section III(D)(3) (Nov. 27, 2007) notes that the Intake Unit is required to use a "screening log" to record hotline calls that do not result in an APS report. Notwithstanding this requirement, an APS senior manager noted that "[w]e do not capture the number of cases requiring follow-up outside of APS." In addition to not capturing the number of cases requiring follow-up, the team found that APS lacks the capability to report reliable client and case data (See Finding 3 on page 36).

¹⁴ APS's Standards, Procedures, and Guidelines, Chapter 2, Intake and Investigations, Section III(D)(4)(f) (Nov. 27, 2007) provides: "Disposition of the case means the referrer will be informed that the report was assigned to an Intake worker for investigation and will be told if the allegation is substantiated, needs further investigation, or is not substantiated. If substantiated or in need of further investigation, the referrer is provided with the name of the unit that the case was transferred to and the name of the new social worker, if known, or the supervisor."

¹⁵ APS's Standards, Procedures, and Guidelines do not define "additional information."

¹⁶ APS's Standards, Procedures, and Guidelines, Chapter 2, Section III(D)(9)(d)(i) (Nov. 27, 2007) provides

INTRODUCTION

emergency.¹⁷ This individual is required to complete a *Summary of Report or Service Request to Adult Protective Services* form¹⁸ and enter the referral information into APS's case management system (QuickBase).¹⁹ After completing the *Summary of Report or Service Request to Adult Protective Services* form, the social worker confers with the Intake Unit's supervisory social worker, who will assign the case if he decides it requires further investigation.

APS defines initiation of an investigation as efforts undertaken by telephone, mail, or home visit²⁰ to contact the alleged victim, the referrer, or other persons to gain further knowledge of the situation and to determine if immediate action is required. The APS investigation continues until the social worker obtains sufficient information to determine the validity or nonvalidity of the allegation. APS social workers are required to complete a risk assessment of the alleged victim within 5 days of the initial home visit. The risk assessment is a tool to assist the investigating social worker with determining whether a case should be closed without proceeding; opened for intervention; or referred to APS's Continuing Services Unit or an outside entity for additional assessment and/or services.

examples of an emergency report that include: (1) serious injuries; (2) lack of life-sustaining medication; (3) physical threats by a caretaker to kill the alleged victim; and (4) lack of basic physical necessities.

¹⁷ APS's policies and procedures provide examples of non-emergency reports that include: (1) improper use of the alleged victim's residence; (2) verbal or emotional abuse; (3) marginal care, or threatened withdrawal of care; and (4) improper use of an alleged victim's income or resources, even though the alleged victim's needs are still met. *Id.* at ii.

¹⁸ APS's Standards, Procedures, and Guidelines, Chapter 2, Section III(D)(6) (Nov. 27, 2007) explains that the *Summary of Report or Service Request to Adult Protective Services* form is completed to document whether a case should be investigated or closed.

¹⁹ "QuickBase provides one platform from which workgroups can easily create unlimited applications to automate business processes and improve communication and collaboration online. QuickBase applications solve critical business problems and help improve productivity and efficiency because they are tailored by the user to match the exact workflow and unique needs of their team" [Http://quickbase.intuit.com/about-us](http://quickbase.intuit.com/about-us) (last visited Apr. 10, 2012).

²⁰ "A 'home visiting' model of service delivery represents a *strategy* that can be used to provide a variety of informational, educational, . . . referral/linkage, screening/evaluation, and other direct intervention and support services" [Http://www.cyfd.org/pdf/hv_sdm_110510.pdf](http://www.cyfd.org/pdf/hv_sdm_110510.pdf) at pg. 5. (last visited Apr. 10, 2012).

**SUMMARIES OF MANAGEMENT IMPLICATION REPORT AND
MANAGEMENT ALERT REPORT**

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REPORT AND MANAGEMENT ALERT REPORT**

SUMMARIES OF MANAGEMENT IMPLICATION REPORT AND MANAGEMENT ALERT REPORT

1. In District agencies that employ, appoint, and/or oversee mandated reporters, there is a significant lack of awareness, policies and procedures, training requirements, and oversight regarding the reporting of known and suspected incidents of abuse, neglect, and exploitation of elders and other vulnerable adults.

The inspection team found that while the D.C. Code lists occupations and appointments that are considered mandated reporters of suspected adult abuse, neglect, and/or exploitation, no regulations assign responsibility to ensure that mandated reporters are trained to identify and report adult abuse, neglect, and/or exploitation. Moreover, the D.C. Code does not mandate that District agencies develop internal policies and procedures for reporting adult abuse, neglect, and/or exploitation, nor are there requirements that agencies monitor how and when employees who are mandated reporters obtain training. District agencies that employ, appoint, or oversee mandated reporters, in close coordination with APS, are best positioned to ameliorate these deficiencies. Adults susceptible to abuse, neglect, and/or exploitation are among the District's most vulnerable citizens, and it is imperative that those charged with protecting them understand and fulfill their legal obligations.

On March 31, 2011, the OIG issued a MIR to the Office of the City Administrator (OCA) and the Superior Court of the District of Columbia (DCSC), and sent a courtesy copy to the Director of DHS (D/DHS). Among other things, the MIR recommended that the D/DHS collaborate with the Department of Human Resources (DCHR) and DCSC's Probate and Family Court Divisions on ways to educate mandated reporters about their responsibilities and opportunities for training.

On several occasions, the OIG asked OCA to provide written comments to the MIR's findings and recommendations, but never received a reply. The complete MIR, as well as DHS's and DCSC's written responses, may be accessed at the OIG website.²¹

2. Documents containing sensitive and legally-protected information were not properly secured at APS and were therefore vulnerable to theft and misuse. Also, due to the configuration of their office space, APS employees were unable to maintain privacy when discussing confidential client information.

Through on-site observations, the inspection team learned that APS was not securing all sensitive client information from unauthorized access. The inspection team observed client case files²² that appeared to be unorganized lying on unattended desks, in open boxes, and in carts waiting to be filed in the storage room. APS employees are required to adhere to the Health

²¹ See <http://oig.dc.gov>, click on Inspection and Evaluation reports to find the March 31, 2011, MIR.

²² The team learned that APS's files contain sensitive and confidential information about clients' cases and may include some or all of the following: (1) written statements from the client and/or alleged perpetrator; (2) law enforcements records; (3) court documents; (4) medical records; (5) bank statements; (6) photos; (7) interview notes; and (8) estate documents.

SUMMARIES OF MANAGEMENT IMPLICATION REPORT AND MANAGEMENT ALERT REPORT

Insurance Portability and Accountability Act (HIPAA)²³ standards for securing files. It was also noted that the storage room APS uses is located on the first floor of DHS's Income Maintenance Administration (IMA)²⁴ office. Multiple DHS entities share use of the room and had boxes and supplies scattered throughout. On several occasions, the team observed the door to the storage room was not secured or closed.

The team also observed that APS's office space, located on the third floor of 645 H Street, N.E., had a "bullpen" style layout. APS social workers were sitting at desks in low-walled cubicles and sharing their office space with employees of other DHS programs. For example, IMA had employees in cubicles located next to APS social workers; however, IMA is not part of FSA. IMA is a DHS program that provides public assistance benefits, such as food stamps. When working on behalf of their clients, APS social workers discuss sensitive information such as Social Security numbers, dates of birth, addresses, and health histories. This information is considered confidential, and IMA employees should not be privy to it. The team learned through interviews and observations that APS social workers were not able to maintain privacy in their office space when discussing confidential client information over the telephone because of the open layout.

On April 27, 2010, the OIG issued MAR 10-I-002 to the Mayor, D/DHS, and the Director of APS (D/APS). On May 21, 2010, the D/DHS responded in writing to the MAR's observations and recommendations and indicated that APS had obtained additional locked file cabinets to improve the security of all sensitive, confidential, and legally-protected client information. Additionally, the director wrote that APS adopted a split work schedule to mitigate office spatial constraints. The team learned that, despite the split work schedule, employees still experience space constraints on days they come to the office. As a result, client confidentiality continues to be compromised because, as one employee noted, "there is no guarantee that [he/she] will have [his/her] own desk." The complete MAR and its recommendations, as well as DHS's response, may be accessed at the OIG website.²⁵

²³ The HIPAA Privacy Rule protects the privacy of "individually identifiable" health information. See <http://www.hhs.gov/ocr/privacy/> (last visited Mar. 15, 2012).

²⁴ IMA determines the eligibility of applicants and recertifies the eligibility of recipients for federal and District funded assistance programs. See <http://dhs.dc.gov/dhs/cwp/view.A.3.Q.492411.asp> (last visited Mar. 15, 2012).

²⁵ See <http://oig.dc.gov>, click on Inspection and Evaluation reports to find the April 27, 2010, MAR.

STAKEHOLDER SURVEY

STAKEHOLDER SURVEY

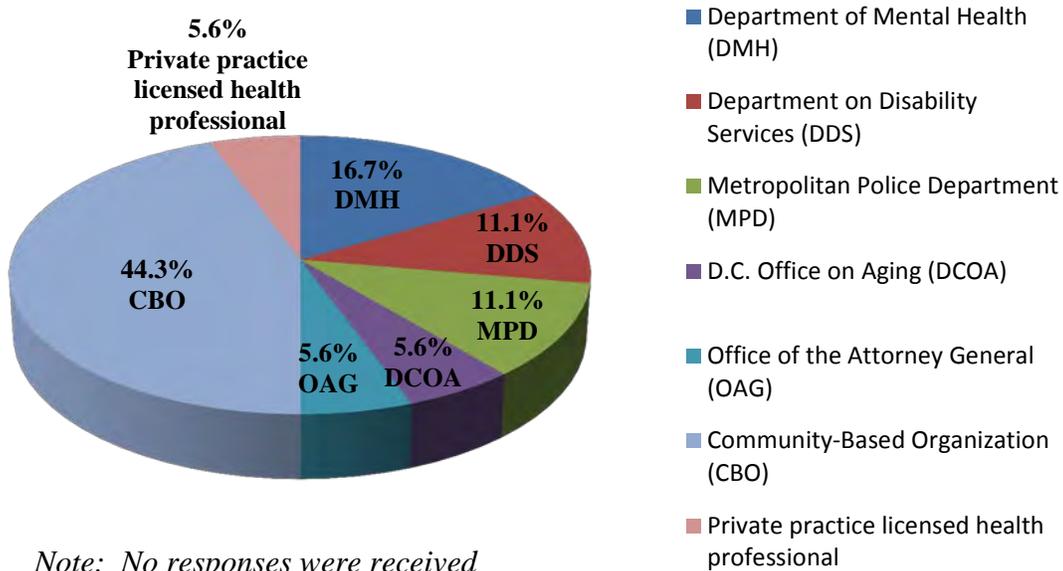
Survey Methodology

The team administered an online survey to solicit feedback about APS from various District agencies and community-based organizations that communicate or collaborate with APS. In December 2010, the inspection team distributed 28 confidential online surveys, and analyzed 17 complete responses received by January 25, 2011, which represents a response rate of 60.7 percent.²⁶

The survey consisted of three sections: (1) general background information; (2) multiple choice questions; and (3) open-ended questions. The general background information section was used to determine where respondents worked, their current roles, and the lengths of their tenure (see Figures 1, 2, and 3 on the next page). Respondents then answered “Yes” or “No” questions and multiple choice questions using a Likert scale²⁷ of Strongly Agree, Agree, Disagree, Strongly Disagree, and Not Applicable²⁸ (see Tables 1 and 2 on pages 18). In the open-ended questions section, two questions solicited respondents’ narrative feedback.

Results From General Background Information Section

Figure 1: Survey Respondents’ Places of Employment



Note: No responses were received from the Department of Consumer and Regulatory Affairs (DCRA)

²⁶ While the team received 18 responses, one survey was excluded because only three initial background information questions were answered.

²⁷ A Likert scale measures a respondent’s level of agreement with a statement.

²⁸ In Table 2, the Agree column represents the combined responses for the Strongly Agree and Agree answers, while the Disagree column represents the combined responses for the Strongly Disagree and Disagree answers.

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Figure 2: Survey Respondents' Current Roles

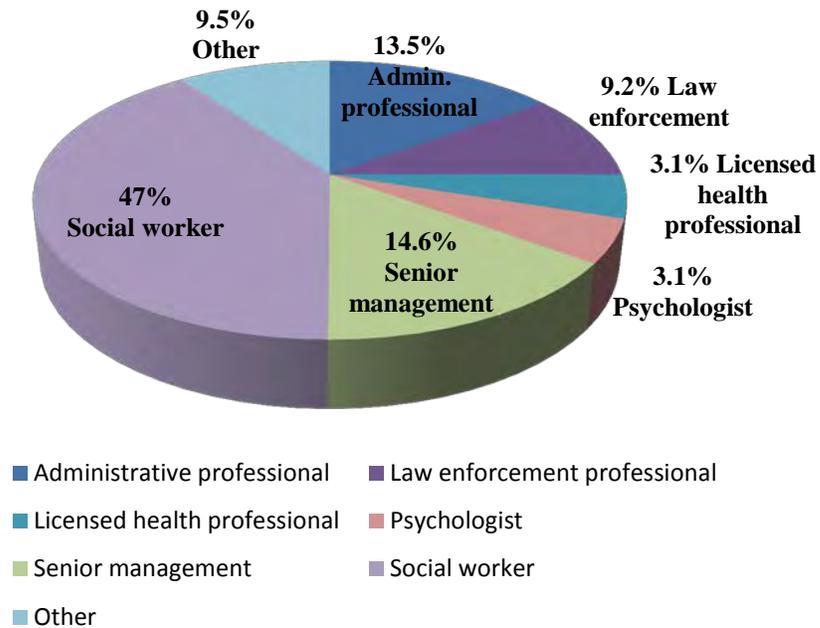
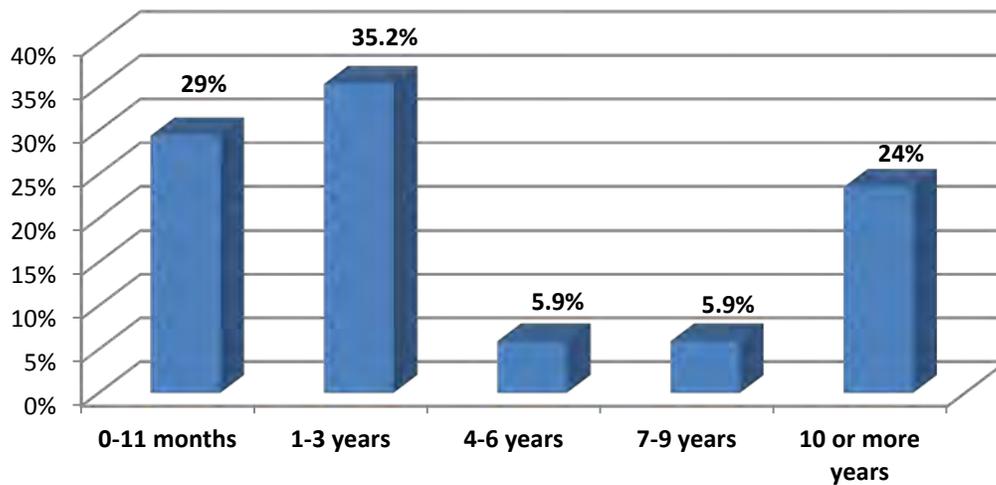


Figure 3: Survey Respondents' Tenures in Current Role



STAKEHOLDER SURVEY

Results From Multiple Choice Section

Table 1: Stakeholder Survey: Responses to Closed-Ended (Yes or No) Questions			
Item	Percent and Frequency		Frequency
	Yes	No	Not Applicable
1. I have received outreach materials (e.g., fact sheets, frequently asked questions, brochures, a list of resources, etc.) from APS.	35.3% (6)	64.7% (11)	0
2. I am aware of training regularly offered by APS.	5.9% (1)	94.1% (16)	0
3. I have participated in training conducted by APS.	29.4% (5)	70.6% (12)	0
4. My agency provides services that are similar to APS's services.	58.8% (10)	41.2% (7)	0
5. I know how to detect and report known/possible incidents of adult abuse, neglect, and/or exploitation.	100% (17)	0% (0)	0
6. I have received training on how to detect and report adult abuse, neglect, and/or exploitation.	88.2% (15)	11.8% (2)	0
7. My agency has internal policies and procedures for detecting and reporting known/possible adult abuse, neglect, and/or exploitation.	94.1% (16)	5.9% (1)	0

Table 2: Stakeholder Survey: Responses to Closed-Ended (Likert Scale) Questions			
Item	Percent and Frequency		Frequency
	Agree	Disagree	Not Applicable/ Missing
1. I understand APS's mission, scope, and purpose.	82.4% (14)	17.7% (3)	0
2. APS is active in the community.	58.9% (10)	29.4% (5)	2
3. There is a good working relationship between APS and my agency.	54% (9)	41.2% (7)	1
4. I know how to make referrals to APS.	88.2% (15)	11.8% (2)	0
5. APS is responsive to requests/referrals from my agency.	41.2% (7)	56.9% (9)	1
6. APS employees are prepared and informed.	47% (8)	53.9% (9)	0

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Table 2: Stakeholder Survey - continued			
Item	Percent and Frequency		Frequency
	Agree	Disagree	Not Applicable/ Missing
7. Referrals to my agency from APS reflect an understanding of the services my agency provides.	47% (8)	41.2% (7)	2
8. APS workers understand my agency’s mission and purpose.	47.1% (8)	47.1% (8)	1
9. APS takes appropriate steps to protect possible victims of adult abuse, neglect, and/or exploitation.	53% (9)	35.2% (6)	2

The team found the following survey statistics noteworthy:

- Approximately 57 percent of respondents disagreed with the statement, “**APS is responsive to requests/referrals from my agency;**”
- Approximately 54 percent of respondents disagreed with the statement, “**APS employees are prepared and informed;**” and
- Approximately 65 percent of respondents disagreed with the statement, “**I have received outreach materials (e.g., fact sheets, frequently-asked questions, brochures, a list of resources, etc.) from APS.**”

Results From Open-Ended Survey Questions

The open-ended section consisted of these two questions: (1) “Please describe any positive and/or negative interactions that you have had with APS;” and (2) “Please provide any additional information about APS that you believe would benefit our inspection.” In addition, the survey provided an “optional comments” field for each question in the multiple choice questions section. In response to the question, “**Please describe any positive and/or negative interactions that you have had with APS,**” respondents’ comments included the following:

- “APS had been working on a case for close to a year and there was [no] communication with my agency as to the finding of the abuse and neglect allegations. It is an apparent practice that if a case has contact with DDS, APS does nothing. This practice is harmful to the population I come in contact [with] because most individuals are in intake and eligibility. Therefore[,] no determination has been made as to [whether] they are eligible for services and they remain without services.”

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- “APS has had a long standing professional relationship with our agency.... The response and communication between APS and our agency has of late been less than ideal.”
- “A positive experience was when APS and DDS/DDA worked on a unique case together.... On a negative note, the staff are not always willing to help promptly.”
- “I have been a licensed social worker in DC for the past 13 years and my experiences with APS have been extremely poor. After many years of being frustrated with the lack of responsiveness from APS, I have reached the point where I do not attempt to utilize their services [because] it has not proven to be a fruitful or worthwhile process.”
- “I have only had 1 good experience [with] APS and that [is] only after many . . . attempts at [following up] and contacting supervisors and writing letters.... I worry about the clients. I despair that things only get done when a client dies or is grossly abused or neglected (and only when that makes the news). APS needs to do a better job at communicating [its] purpose, scope, and actual capability.”
- “Some workers are truly outstanding and we identified them to [APS’s senior management] . . . Others give the impression (actually have told us) [that] they are not adequately empowered to make decisions without the approval of [APS’s senior management]. Some [workers] do not know which of our referred cases are open or closed – we have often received conflicting messages.”
- “We have had trouble in the past with APS taking the lead in providing services to clients. Sometimes it can be difficult to reach workers on the phone.”
- “Collaboration with Mobile Crisis Services [(MCS)] has been achieved in many cases where MCS does the mental health assessment and APS works the case towards a resolution of the current crisis of neglect, inadequate and unsafe housing (many hoarding cases) and/or abuse by either family member or guardian, etc.”
- “DMH/Mobile Crisis Services has had positive experiences working with a few of the APS social workers in assisting vulnerable [adults] . . . We have had negative experiences working with the majority of APS workers (especially

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involving ‘dumping’ inappropriate cases on DMH/Mobile Crisis Services and not being willing to accept referrals or work together on other cases).”

- “I provide services to the APS social workers and their clients and it is a positive experience.... It would be helpful to the social workers at APS if other agencies in the city had a more accurate understanding of what legally APS can and cannot do.”
- “Employees care about duties and responsibilities. [With a]fter hours or critical situations[,] the agency is extremely slow or unsure how to act. Lots of internal steps and self[-]protection steps before any actions, even in critical situations.”

In response to the question, “**Please provide any additional information about APS that you believe would benefit our inspection,**” respondents’ comments included the following:

- “Rather than just auditing records, please take a look at information flow between departments, supervisors, and staff. The culture of APS in DC needs to be addressed before trying to implement change. You can have all the good leadership in the world, but even a great leader can’t lead a group that won’t be led. Public buy[-]in to the mission and purpose of APS is required. Consistent [follow-up], less apathy, more employees, clearly spelled out capabilities, and a process for [follow-up] that is not punitive or does not begin when a breakdown in service happens should be considered.”
- “Employee training on current laws and [their] authorities to act. Employees at times are guessing or guided by erroneous word of mouth rules.”
- “I do believe [APS’s senior management] has made significant efforts to bring accountability and professionalism to the office, but even the best efforts are hampered if one does not have the ‘right people on the bus.’”
- “I believe that APS should be quicker to remove neglected elders from their homes.”

Recommendations:

- (1) That the Director/Adult Protective Services (D/APS) develop strategies to increase referring agencies’, stakeholders’, and District citizens’ awareness and

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understanding of: 1) processes for detecting and reporting abuse, neglect, and exploitation of vulnerable adults; and 2) APS's mission and services.

Agree _____ **X** _____ Disagree _____

DHS's September 2012 Response, as Received:

APS has launched an outreach effort that is designed to effectively reach community-based entities informing and identifying the signs and symptoms of abuse, as well as the process for making referrals. Inclusive of this endeavor is a presentation that denotes the origin of APS, its mission, services and an overview of the investigation process. This effort includes MPD and other government agencies, hospitals, faith-based institutions and ministries, long-term providers, senior villages, and The Commission on Aging, to enumerate a few.

The packet for each presentation includes an APS FAQ Fact Sheet, Signs and Symptoms of Abuse, Power Point Presentation and the APS brochure that reiterates the major tenets for when to make a referral, and the expectation for the timeline for initiating an investigation based on whether the referral is an emergency (24 hours) or non-emergency (ten working days).

OIG Comment: Based on DHS's response, the OIG considers the status of this recommendation to be closed.

- (2) That the D/APS institute client-service and communication standards for its social workers in an effort to improve the quality and timeliness of their interaction with and responsiveness to referrals and other requests for assistance made by employees at other District government entities and community-based organizations.

Agree _____ **X** _____ Disagree _____

DHS's September 2012 Response, as Received:

APS has adopted the practice to provide referrers' letters twice within the investigative process, at the initiation and conclusion of the process. The letter indicates the social worker that is assigned to the case and their contact information, as well as the case disposition which would be one of the following: closure, transferred or referrals to another agency.

OIG Comment: Based on DHS's response, the OIG considers the status of this recommendation to be closed.

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1. **APS rarely refers cases to or investigates cases with the Metropolitan Police Department (MPD). As a result, criminal activity may continue unabated and perpetrators' actions may not be investigated and prosecuted, thereby putting the safety and well-being of APS clients and other potential victims at risk.**

Criteria:²⁹

Criminal investigation and prosecution of elder abuse is a recent phenomenon. Traditionally, abuse, neglect, and financial exploitation of elderly and vulnerable adults by family members, friends, and fiduciaries, if recognized and reported at all, were reported to adult protective services agencies and [other non-law enforcement oversight entities] The criminal justice system, including law enforcement, prosecution, judges, and probation officers, simply were not viewed as playing a role.

The last decade has seen a significant change Increasingly, professionals in a variety of fields have come to believe that in serious cases, only the criminal justice system may be capable of stopping the abuse, protecting the victim, and holding the offender accountable.

* * *

Traditional responses assume that victims do not want help from the criminal justice system Excluding elder-abuse cases from the criminal justice system shuts the courthouse door and denies older people the full protection of the law afforded younger people.

* * *

Increasingly, professionals in criminal justice are working with a variety of groups and agencies to identify suspected criminal conduct, build the case against the suspected perpetrator, and meet the needs of the victim. In a number of jurisdictions, criminal justice agencies participate in multidisciplinary teams to evaluate cases, share information, and divide tasks.^[30] (Citations omitted.)

²⁹ “Criteria” are the rules that govern the activity being evaluated by the OIG inspection team. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.

³⁰ Candace J. Heisler, *Elder Abuse and the Criminal Justice System: New Awareness, New Responses*, XXIV J.A.M. SOC’Y AGING 52-56 (Summer 2000).

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Condition:³¹ The team reviewed APS’s policies and procedures, compared them to those from other jurisdictions and the above guidance, and concluded that the District’s policy and procedures with respect to collaboration with law enforcement were severely lacking. APS policies and procedures stipulate MPD involvement in a case when:

[P]olice action . . . is appropriate for . . . prevention of a threatened crime, the investigation of a crime, or the apprehension of the suspect of a crime. In conjunction with APS[,] police intervention may include:

- Joint investigations[;]
- Assistance with identification of missing persons[;]
- Assistance in gaining entry when APS worker is denied access[; and]
- Completion of FD[-]12s^[32] for involuntary commitment if a person refuses voluntary placement or hospitalization and is a danger to self or others.

(*Id.* at 9.)

In its annual reports for FYs 2006 and 2007, APS cited a combined total of 251 substantiated reports of abuse, neglect, and exploitation (*see* Appendix 2). However, APS’s FY 2007 annual report also states that its employees rarely involved MPD in its cases:

APS rarely reports cases to the MPD for additional investigation. When a point in time survey was conducted for [1] month, only two cases had been referred to MPD for criminal investigation. Social workers in APS do not frequently involve the MPD for several reasons:

- Clients do not want situations referred to the police, particularly if family members are involved, and will often refuse to cooperate with an APS investigation if a police report is made. APS’s mandate is to investigate and protect vulnerable adults and involving the police may very well prevent APS from carrying out that mandate[;]
- Clients do not make good witnesses because of dementia and other health problems[;]
- Clients may very well be dependent on a caretaker. Even if the caretaker is abusing, neglecting, or exploiting the vulnerable adult, some help is better than no help[,] and clients fear they

³¹ The “condition” is the problem, issue, or status of the activity being evaluated by the OIG inspection team.

³² According to 22-A DCMR § 7608.1, an FD-12 is an “[a]pplication form used for emergency admission for observation and diagnosis” of a person who is believed to be mentally ill in accordance with D.C. Code § 21-521 (Supp. 2011).

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will be placed in a nursing home if their caretaker is reported to the police[; and]

- Past experience has indicated referrals for APS case situations is [sic] not a high priority for MPD and when reports have been made, police investigations have not resulted in legal action against perpetrators.

The OIG is concerned that APS is neither reporting possible crimes against vulnerable adults to MPD nor seeking assistance in its investigations.

The team reviewed policies and procedures from other jurisdictions and determined that they were more thorough and prescriptive than the District's, which suggests that APS entities in other jurisdictions routinely collaborate with and/or refer cases to law enforcement authorities for further investigation and possible indictment. For example, Texas policies and procedures stipulate:³³

The APS specialist immediately involves law enforcement if at any time during the investigation or service delivery the APS specialist suspects allegations of abuse, neglect, or exploitation constitute a criminal offense. Law enforcement decides whether to conduct a criminal investigation. The APS specialist cooperates with law enforcement's investigations of abuse, neglect, or exploitation, but **the APS specialist does not conduct criminal investigations or act on behalf of law enforcement.**

(Emphasis added.)

Guidance in Virginia's Department of Social Services *Adult and Family Services Manual* provides:³⁴

If the APS report or the investigative findings indicate that sexual abuse, criminal abuse and neglect, and/or other criminal activity involving abuse, neglect, or exploitation that places the adult in imminent danger of death or serious bodily harm has occurred . . . the APS worker shall report the case immediately to local law enforcement.

Finally, Minnesota Department of Human Services *Guidelines to the Investigation of Vulnerable Adult Maltreatment* with regard to financial exploitation provide:³⁵

Financial records are extremely important when conducting an investigation of financial exploitation. Often these cases are joint investigations with law enforcement. Determine who will obtain

³³ [Http://dfps.state.tx.us/handbook/APS/Files/APS_pg_2240.jsp](http://dfps.state.tx.us/handbook/APS/Files/APS_pg_2240.jsp) (last visited Apr. 10, 2012).

³⁴ [Http://www.dss.virginia.gov/files/division/dfs/as/as_intro_page/manuals/as/chapter_2_adult_protective_services.pdf](http://www.dss.virginia.gov/files/division/dfs/as/as_intro_page/manuals/as/chapter_2_adult_protective_services.pdf) (last visited Apr. 10, 2012).

³⁵ [Http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_139381.pdf](http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_139381.pdf) (last visited Apr. 10, 2012).

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the financial records for the investigation; the county worker or law enforcement.

During employee interviews, the inspection team inquired about APS's coordination with MPD and learned that it varies and is not standardized. Some employees request and receive assistance from MPD, while others do not or only receive referrals. Some employees request MPD assistance to enter a client's home to investigate, while others noted obtaining MPD assistance for: (1) assuaging a difficult client; (2) testifying in a guardianship hearing;³⁶ (3) talking to an alleged abuser; and (4) assisting with a financial exploitation case. Despite these various forms of coordination and assistance, none of the APS employees said there were policies or procedures for contacting and/or obtaining assistance from MPD. One employee articulated having never received assistance from MPD, but was "under the impression" that MPD will assist APS workers with gaining entry into a client's home for investigation purposes. This employee was unaware of other forms of assistance that MPD could provide.

The team also asked about collaboration on and investigation of cases involving allegations of criminal misconduct, and noted the following:

- Most APS employees have handled numerous financial exploitation cases,³⁷ but only one employee referred a financial exploitation case to MPD's "fraud unit."
- Another APS employee noted that if a client has a serious health risk in addition to alleged financial exploitation, he/she will focus on the client's physical well-being.

It also appears that APS employees use inconsistent methods in contacting MPD. One employee stated, "I have called the MPD unit specific to [an] issue (i.e., Financial Crimes and Fraud Unit, Sex Assault Unit) when I have initiated the request for ... intervention." Conversely, other employees contact 311 for MPD assistance. The team requested APS's primary point(s) of contact at MPD, and a senior manager responded that APS has a designated MPD officer as its "main contact for financial exploitation cases" and provided the team with that officer's telephone number. The senior manager explained that APS, however, "[does] not work with any specific division or individual with regard to abuse, self-neglect or neglect."

Cause:³⁸ An APS senior manager said that APS does not have a Memorandum of Understanding (MOU) with MPD. In addition to the absence of a formal agreement between the two agencies, there appears to be a general perception that collaboration with MPD is not necessary to APS's core mission. To OIG team members, APS employees did not seem to emphasize or even express a need for collaboration with MPD.

³⁶ This employee noted that the MPD officers involved were subpoenaed.

³⁷ Numerous employees who handle financial exploitation cases did not mention referring those cases to MPD. One employee estimated that 45 percent of his/her cases were related to financial exploitation.

³⁸ The "cause" is the action or inaction that brought about the condition being evaluated by the OIG inspection team.

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Effect:³⁹ The absence of an MOU and policies and procedures, coupled with the collective lack of awareness regarding the need to consult and collaborate with MPD, increase the risk that APS will not take appropriate action on a case warranting criminal investigation. Without a clear MOU and related procedures, new APS employees may be unaware of MPD's ability to provide different types of assistance (e.g., gaining entry into a client's home or assisting with an unruly client) and, therefore, not know how to solicit MPD's assistance. It is possible that crimes against vulnerable adults are not being investigated, and as a result, perpetrators may continue to commit criminal acts.

Accountability:⁴⁰ The D/DHS is responsible for establishing policies and procedures and MOUs to coordinate and document APS's collaboration with agencies whose participation in cases is vital to client care and protection.

Recommendations:

(1) That the D/DHS and the Chief of MPD establish an MOU that details the types of assistance MPD will provide APS employees and clients. The MOU should, at a minimum, address the following topics:

- a requirement that APS employees report known or suspected criminal activities to MPD;
- establishing a means for soliciting assistance from MPD's Financial Crimes and Fraud Unit and Sex Assault Unit;
- outlining all circumstances under which APS will make a referral to and/or conduct a joint investigation with MPD, and how these determinations will be made;
- ensuring APS and MPD work cooperatively and develop intervention strategies in accordance with the respective roles of each agency; and
- defining MPD's responsibilities to determine whether a crime has been committed against a vulnerable adult or elder, and report its findings back to APS in a timely fashion.

Agree _____ **X** _____ Disagree _____

(2) That the D/DHS establish and promulgate policies and procedures and training that guide employees in soliciting assistance from and collaborating with MPD.

Agree _____ **X** _____ Disagree _____

³⁹ The "effect" is the impact of the condition being evaluated by the OIG inspection team.

⁴⁰ "Accountability" is a description of who is responsible for the condition being evaluated.

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DHS's August 2012 Response, as Received:

In an effort to implement the recommendations listed above, APS will facilitate better coordination between APS and MPD through working to establish a Memorandum of Agreement (MOA). This MOA will outline processes and procedures for both APS referrals to MPD as well as MPD processing of these referrals.

Adult Protective Services (APS) refers exploitation cases to Metropolitan Police Department (MPD), Fraud Investigation Unit (FIU). However, as noted this collaboration can be strengthened with a well-defined structured process that will facilitate more criminal investigations and potentially more prosecutions. Recognizing this, APS is currently researching best practices in this area and will adapt these practices in the revised APS Policies and Procedures Manual. Once completed, APS will share this information with MPD.

The revised APS Policies and Procedures Manual will include the requirements and procedures, as outlined in the recommendation, which will ensure better collaboration. Additionally, APS staff will be trained on these new processes and procedures, and compliance with all policies and procedures will become a part of their performance plans.

OIG Comment: DHS's planned actions appear to meet the intent of the recommendations. Please provide the OIG with the final version of the described MOA, associated internal policies and procedures, and any employee training materials.

2. APS employees do not document or track their referrals to OAG, thereby significantly impeding their ability to follow up on and resolve cases involving clients who might benefit from D.C. Superior Court legal intervention.

Criteria: According to Section 3.04 of the National Association of Social Workers (NASW) Code of Ethics:⁴¹

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

Condition: The team learned that not all employees use APS's case management system (QuickBase) to document and track OAG referrals. According to an APS senior manager, employees are required to use the system to track cases that are referred to OAG. However, one

⁴¹ *Id.*, available at <http://www.naswdc.org/pubs/code/code.asp?print=1&> (last visited Feb. 24, 2012).

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employee opined that it was more important to “save a person’s life than to spend time inputting data into the computer.” During a separate interview, another employee stated, “I don’t keep a record. I just petition [OAG] and that’s it.”⁴² This employee also said that to his/her knowledge, QuickBase does not have a reporting mechanism for tracking cases referred to OAG. (However, another employee stated that he/she records and tracks all OAG referrals by selecting the “Assistant Attorney General”⁴³ drop-down option in QuickBase.) In addition, another employee noted that OAG-related documents that are not recorded in QuickBase are stored as hard copies in client case files.

Cause: APS management does not ensure that employees consistently document and track cases referred to the OAG. Some employees cited a lack of sufficient training on APS’s case management system QuickBase as the reason for deficient recordkeeping.

Effect: When employees do not consistently document and track cases referred to OAG, a colleague unfamiliar with all the specifics of a case – such as an APS supervisor, who must review and evaluate APS’s actions on behalf of a client – will not have complete knowledge regarding the client’s history. This would likely impact the quality, timeliness, and continuity of services. Also, if a new social worker were assigned responsibility for an existing client’s case, the lack of documentation would prevent him/her from knowing that the previous social worker had discussed or pursued guardianship or conservatorship for the client. Additionally, if employees continue to incompletely and inconsistently record and track cases referred to OAG, APS managers will not be able to conduct meaningful supervisory reviews, effectively monitor APS cases for trends, evaluate their success in obtaining protective orders and other legal interventions through the court, and, when necessary, make programmatic changes based on these events.

Accountability: The D/APS is responsible for ensuring that employees thoroughly and consistently document and track in QuickBase client-related information and actions taken on behalf of clients.

Recommendation:

That the D/APS ensure that employees are trained on QuickBase and that they consistently document and track cases referred to OAG.

Agree X Disagree _____

DHS’s August 2012 Response, as Received:

APS Social Workers do track cases where court intervention is warranted and pursued. To date, these cases/referrals have been manually captured and tracked through monthly reports

⁴² This employee later retracted this statement and said that he/she updates case notes in order to track OAG-referred cases. This employee also stated that cases requiring court intervention are referenced in the case notes section of QuickBase.

⁴³ QuickBase has a drop-down option that allows users to make a notation of cases that have been referred to an OAG attorney.

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that are submitted and tracked by the Supervisory Social Workers for both the Intake and Continuing Services Units. However, to streamline and improve this process, APS staff will be now be required to enter this information in the Quickbase system, which will allow for better tracking of progress and outcome of cases through the Quickbase system. As an additional check and balance, APS staff will also be required to verify information and outcomes with the records maintained by the OAG. APS staff is currently participating in Quickbase training.

OIG Comment: **Based on DHS’s response, the OIG considers the status of this recommendation to be closed.**

3. APS does not record and report client and case outcome data, which are needed to assess the quality of its service delivery and program operations and determine whether APS carries out its core mission: intervention to protect vulnerable adults.

Criteria: The GAO recommends that “[p]erformance measures and indicators [be] established throughout the organization at the entitywide, activity, and individual level[]” and that performance data “are continually compared against expected/planned goals and differences are analyzed.”⁴⁴ Performance measurements should be “linked to mission, goals, and objectives, ... balanced and set appropriate incentives for achieving goals while complying with law, regulations, and ethical standards.... Investigation of unexpected results or unusual trends [should lead] to identification of [the] circumstances... and corrective action [] taken.” *Id.*

Condition: The inspection team requested APS’s annual reports⁴⁵ starting from FY 2008 to present in order to evaluate program outcomes and determine whether APS carries out its core mission: intervening to protect vulnerable adults who are found to be at risk. However, FY 2008 was the last year for which APS produced an annual report.⁴⁶ As such, the team requested the following data for the period of January 1, 2011, through September 30, 2011:⁴⁷

- a summary of all reports that APS closed without investigating;
- a copy of APS’s “master ledger” entries;⁴⁸
- a copy of APS’s intake log (colloquially referred to as the “brown book”) entries;
- copies of risk assessments⁴⁹ for half the clients evaluated during the period;

⁴⁴ GENERAL ACCOUNTING OFFICE, INTERNAL CONTROL MANAGEMENT AND EVALUATION TOOL, GAO-01-1008G 39 (Aug. 2001).

⁴⁵ APS is required to produce an annual report in accordance with D.C. Code § 7-1913 (2008).

⁴⁶ During an interview with the team, an APS senior manager noted that “they [APS] are working on a [combined] 2009 and 2010 Annual Report.” However, the manager could not provide an estimated date by which the report would be published.

⁴⁷ The inspection team requested the information be sent to the OIG by February 10, 2012.

⁴⁸ The team learned that the Intake Unit uses the “master ledger” to record case activity until a case is closed or transferred to the Continuing Services Unit.

⁴⁹ APS’s Standards, Procedures, and Guidelines, Chapter 2, Intake and Investigations, Section III(G)(I) (Nov. 27, 2007) provides that a risk assessment is used “to assist in determining risk for all cases . . .” with limited exceptions.

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- copies of Transfer/Closing Summaries⁵⁰ from half of the applicable cases from the period;
- the number of and summaries for cases closed/classified as “unable to contact;”
- the number of psychological assessments arranged for clients;
- the number of and summaries for cases on which APS collaborated with OAG to obtain a court order allowing entry into a home to conduct an investigation;
- the number of and summaries for cases on which APS collaborated with OAG for the purpose of seeking the appointment of a guardian or conservator for an incapacitated client;
- the number of and summaries for cases that resulted in client placements into long-term care/assisted living communities; and
- the number of and summaries for cases that required referral to and/or collaboration with MPD.⁵¹

A DHS senior manager responded to the request for information by offering to meet with the OIG inspection team to “go over the information request so we [DHS/APS] are clear what is being asked and can give . . . feedback on how soon we can pull the information together.” During the subsequent meeting, DHS/APS senior managers noted that some of the requested data would be “voluminous” because of the time period associated with the request. As such, the team agreed to reduce the sample period for two items: (1) copies of risk assessments; and (2) copies of closing/transfer summaries. DHS/APS senior managers also indicated that APS’s case management system (QuickBase) does not capture data associated with the following items: (1) psychological assessments arranged for clients; (2) cases that required collaboration with OAG on petitions for guardianship, conservatorship, and court orders to allow for entry into a home to conduct an investigation; (3) cases that resulted in client placements into long-term care/assisted living communities; and (4) cases that required referral to and/or collaboration with MPD.⁵²

DHS/APS managers then sent the team a document outlining the dates by which APS expected to provide information responsive to the request. The APS timeline assigned an “Expected Submission Date” to each element of the OIG’s data request. The team found APS’s expected submission dates to be inordinately prolonged and therefore a strong indication of lax record keeping and data management. For example, APS estimated that it would take 2 months

⁵⁰ APS’s policies and procedures provide that “[t]he Transfer/Closing Summary will be completed and will include a conclusion about whether the allegation of abuse, neglect, exploitation or self-neglect was substantiated or not substantiated and a recommendation to close or transfer the case.” *Id.* at W.

⁵¹ The team also requested: (1) DHS’s written response to the D.C. Council as part of the FY 2010 performance oversight process; (2) any tracking data on gift card transactions used to purchase items for clients; and (3) a roster of current employees.

⁵² An APS senior manager stated that he/she would contact APS’s contract psychologist, OAG, and MPD for the purpose of retrieving the requested data associated with those entities.

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to provide the team with copies of risk assessments and copies of Closing/Transfer summaries, and approximately 1 month to provide other data sets: the number of psychological assessments arranged for clients, the number of and summaries for cases that resulted in client placements into long-term care/assisted living communities, and the number and summaries for cases that required referral to and/or collaboration with MPD.

Cause: Foremost, APS policies and procedures do not require employees to track client and program outcomes. The absence of recordkeeping requirements is compounded by the fact that APS's information technology appears to lack basic data capture and reporting functions. QuickBase seemingly lacks the capability to report key client and programmatic outcomes related to APS's mission. Finally, APS's senior management does not adequately monitor and report key outcomes or consistently prepare annual reports.

Effect: APS was unable to provide client and program data in a timely manner, and policies and procedures do not require social workers or senior managers to track and monitor client and program outcomes. Moreover, senior management does not produce and disseminate an annual report. Consequently, APS is unable to effectively:

- demonstrate whether it fulfills its core mission (i.e., intervening in order to protect vulnerable adults, which may include protective orders, guardianships, and conservatorships);
- track and quantify case outcomes;
- analyze operations and effectiveness in order to implement informed programmatic changes when necessary and properly allocate budget and human resources;
- use performance information to ensure client and public needs are adequately met;
- promote and increase public awareness of the agency and its services;
- ensure wise expenditures of taxpayer dollars; or
- assess the efficacy of overall programing, including employee performance, supervision, and strategic planning.

Accountability: The D/APS is responsible for ensuring that APS fulfills its core mission and maintains the capability to report reliable client and case data for the purpose of assessing the quality of service delivery and program operations. Similarly, the D/DHS is responsible for completing and submitting the required annual report on APS activities to the D.C. Council.

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Recommendations:

- (1) That the D/DHS direct a workgroup consisting of APS management and employees to develop and implement tools that qualitatively and quantitatively measure actions taken by APS workers, client and program outcomes, types of cases, and collaboration with other agencies.

Agree _____ **X** _____ Disagree _____

- (2) That the D/DHS assess the need to modify or replace APS's case management system so that it can report on and assess key client and program outcomes and share real-time information with other service providers regarding interactions with clients.

Agree _____ **X** _____ Disagree _____

- (3) That the D/DHS ensure APS submits an annual report to the D.C. Council, pursuant to the requirements enumerated in D.C. Code § 7-1913 (2008), that provides agency performance data and insightful analysis useful to APS stakeholders.

Agree _____ **X** _____ Disagree _____

DHS's August 2012 Response, as Received:

Since the inception of APS, there has been an established practice for recording and reporting outcome case level data. The manual system provides information with regard to whether a case met the criteria for case closure or required further investigation and was transferred to the Continuing Services Unit. In addition, between 2000 and 2001, the program implemented the Adult Protective Services Information System (APSYS). This system recorded and tracked client electronically using a developed coding system that identified and justified case disposition outcome.

Currently, APS has developed an even more robust electronic database using the Quickbase application. Implementing the new database has been instrumental in performing APS outcome evaluation. Additionally, APS has adopted the Continuous Quality Improvement (CQI) model through the creation of a CQI Team. Following the core principles of this model (corrective action, preventive action and continuous improvement) the APS-CQI Team has begun to revise the existing policies and procedures that will serve as a comprehensive blueprint for APS operations when intervening to protect vulnerable adults. The revised APS Policies and Procedures Manual will contain the key processes and elements for the program's operations. As these elements are achieved, the team looks to implement the final phase of continuous improvement which subjects APS to a continual "lifting of the bar" as it relates to quality-driven measures.

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APS is drafting the Annual Reports that will address the program's operations and client outcomes for FY 10 and 11. APS will also ensure that Annual Reports are completed and submitted to the City Council within 120-days of the close of each fiscal year.

OIG Comment: DHS's planned actions appear to meet the intent of the recommendations. Please provide the OIG with the final version of the revised APS Policies and Procedures Manual and the 2010 and 2011 Annual Reports when completed.

- (4) That the D/DHS direct APS to seek accreditation by the Council on Accreditation (COA)⁵³ or a similar entity whose standards and accreditation process would provide objective benchmarks and goals against which APS could evaluate its practices, performance, and operational strengths and weaknesses.

Agree _____ Disagree _____ **X** _____

DHS's August 2012 Response, as Received:

According to the National Adult Protective Services Association (NAPSA), the entity that represents Adult Services Program nationally, there are no accreditation standards for APS programs. However, NAPSA is discussing the possibility of creating them.

OIG Comment: The OIG stands by this recommendation as stated. "The Council on Accreditation (COA) is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). Originally known as an accrediting body for family and children's agencies, COA currently accredits 47 different service areas and over 125 types of programs."⁵⁴ In September 2012, the COA informed the OIG that 20 public APS entities in the United States are currently accredited, including: the Baltimore City (MD) Department of Social Services, the Prince George's County (MD) Department of Social Services, the Montgomery County (MD) Department of Social Services, and the Kentucky Cabinet for Health and Family Services' Department of Community Based Services.

⁵³ The team learned that the COA publishes accreditation standards and guidelines for Adult Protective Service agencies, and 20 such agencies from across the country have received COA accreditation. D.C.'s APS is not accredited. According to COA, accreditation assists an agency in achieving:

[E]nhanced growth and stability, an unwavering commitment to the health, safety, and rights of clients, and measurable results. [COA's accreditation] standards are grounded in a long-standing, widely held belief that individuals who receive services are the direct beneficiaries when agencies invest in strong management practice, and can validate the impact of their services on those served. [COA] also embrace[s] the idea that the positive effects of implementing national standards multiply when agencies become part of a community that shares and supports this perspective.

[Http://www.coastandards.org/standards.php?navView=public](http://www.coastandards.org/standards.php?navView=public) (last visited Mar. 15, 2012).

⁵⁴ [Http://www.coanet.org/about/about-coa/](http://www.coanet.org/about/about-coa/) (last visited Sept. 14, 2012).

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4. APS's policies and procedures are neither thorough nor informed by best practices.

Criteria: The GAO's Internal Control Management and Evaluation Tool recommends that government agencies implement: "[a]ppropriate policies, procedures, techniques, and mechanisms . . . with respect to each of the agency's activities" ⁵⁵

NASW's Standard 7 (Professional Environment and Procedures) provides that "[c]linical social workers shall maintain professional . . . procedures." In addition, "[a]gencies providing clinical social work services . . . shall develop and implement written policies that describe their . . . procedures"

Condition: The inspection team found that APS's policies and procedures lacked sufficient and thorough instruction in some key operational areas, such as guidelines to: 1) conduct collateral interviews; ⁵⁶ 2) justify and document a petition for guardianship and/or conservatorship for the OAG; 3) assist with identifying a client who may be "incapacitated;" ⁵⁷ and 4) document and monitor the use of gift cards to purchase needed household supplies for APS clients. ⁵⁸

a. APS workers lack written guidance on how to conduct collateral interviews.

As noted in a previous OIG Special Evaluation (OIG report No. 12-I-0045) regarding the *Sufficiency of District Agency Services Provided to a District Resident*, the team found that APS's policies and procedures do not provide sufficient guidance on how to conduct comprehensive collateral interviews. APS policies and procedures state at page 32 that: "[an] investigation continues until the social worker obtains sufficient information to determine the validity of the allegation(s)." It also states that, "[i]n addition to interviewing the alleged victim, the social worker pursues collateral sources of information during the investigation. Only if none exists is the social worker solely dependent upon the alleged victim's statements for determining the validity of the allegation(s)." *Id.*

Other jurisdictions' policies and guidelines for conducting collateral interviews provide substantially more instruction and detail. For example, Tennessee's APS policy manual directs intake employees: "do not simply answer the phone – [] **actually conduct investigative interviews.** Gathering of critical and complete information will not only ensure that appropriate clients are served, but will also help intake staff feel comfortable in screening out those referrals that are not appropriate." ⁵⁹ Tennessee's policies and procedures state: "Collaterals and

⁵⁵ U.S. GEN. ACCOUNTING OFFICE INTERNAL CONTROL STANDARDS 34, GAO-01-1008G (Aug. 2001).

⁵⁶ The National Clearing House on Abuse in Later Life (NCALL) defines collateral interviews as "[T]alking to friends, family, physicians, and neighbors" [Http://wwwncall.us/gethelp/aps](http://wwwncall.us/gethelp/aps) (last visited Mar. 14, 2012).

⁵⁷ An "incapacitated individual" is defined in D.C. Code § 21-2011 (11) (Supp. 2011) as "an adult whose ability to receive and evaluate information effectively or to communicate decisions is impaired to such an extent that he or she lacks the capacity to manage all or some of his or her financial resources or to meet all or some essential requirements for his or her physical health, safety, habilitation, or therapeutic needs without court-ordered assistance or the appointment of a guardian or conservator."

⁵⁸ APS employees use gift cards to purchase food and other household items for clients who demonstrate a need. Our team found that an APS senior manager was storing \$64,355 worth of gift cards in his/her office.

⁵⁹ Tennessee Department of Human Services, Adult Protective Services Policy Manual (Apr. 2011) at 5, *available at*

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witnesses can often provide valuable information that is germane to the investigation.... They may provide a ‘missing link’ in the investigation Prior to interviewing these individuals, APS should think through what information they already have and what information is needed.”⁶⁰

Because the team found D.C. APS’s policies and procedures for collateral interviews inadequate, it reviewed APS’s policies and procedures for interviews in general. Similar to the directives for collateral interviews, the team was concerned about the sparse details for conducting interviews. The team reviewed interview procedures from APS entities in Minnesota, Texas, and Virginia and found them to be more detailed and prescriptive than the District’s. (See Appendix 3 for comparisons of various jurisdictions’ policies and procedures for conducting APS interviews.)

b. Instructions on completing and submitting complaint referral forms to the OAG were inadequate.

APS lacks comprehensive policies and procedures for preparing complaint referral forms.⁶¹ According to the OAG attorney responsible for reviewing the forms, the onus is on the APS social worker to thoroughly investigate, justify, and document on the form the need for court intervention. While APS’s policies and procedures recommend attaching supporting documentation to a complaint referral form, they do not provide examples of such documentation, which would help social workers understand the type and level of detail expected. The OIG believes it would be prudent for APS to include specific examples in its policies and procedures to augment the current guidance to “[a]ttach any supporting documentation.”

Texas’s Adult Protective Services Handbook, Section 2320, provides useful guidance on the types of evidence that its workers are expected to collect:

Examples of Types of Evidence

Testimonial	Documentary	Demonstrative	Physical
Verbal and written statements from: <ul style="list-style-type: none">• the client;• the alleged perpetrator;• collaterals.	Paper and electronic records, including: <ul style="list-style-type: none">• business records;• legal papers;• medical files;	Images or documents that capture physical evidence, such as: <ul style="list-style-type: none">• photographs;• diagrams;• maps.	Evidence that can be seen or touched, such as: <ul style="list-style-type: none">• objects;• injuries;• living environments

<http://www.tn.gov/humanserv/adfam/aps-manual.pdf> (last visited Mar. 15, 2012).

⁶⁰ *Id.* at 24.

⁶¹ Complaint referral forms are used by APS social workers to present evidence to the OAG to justify a petition for guardianship and/or conservatorship.

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- bank statements;
- letters;
- computer files.

c. APS has no procedure for assessing clients' mental capacity.

The team noted that APS's policies and procedures lacked sufficient information for determining the level of a client's mental capacity. APS policies and procedures state at page 42: "If the client's mental decision-making capacity is unclear, the social worker may request a psychological assessment through an approved provider." APS's policies and procedures do not provide any further guidance with respect to defining "unclear" mental capacity. The team analyzed other jurisdictions' APS policies and procedures and found more detailed guidance on assessing mental capacity. For instance, an excerpt from Section 2431 of Texas's Adult Protective Services Handbook provides:

- Problems in any of the following areas indicate a possible lack of capacity to consent to protective services:
- [d]isorientation – inability to tell date, time, location, or event[;]
- [d]isordered thought process – paranoia, delusions, or the inability to answer questions coherently[;]
- [i]nappropriate affect – unprovoked angry outburst, unexplained laughter or tearfulness, depression, or withdrawal from others[;]
- [t]houghts of suicide, homicide or self-injury[;]
- [b]izarre behavior – constant movement, repetitive actions, or verbal or physical aggression[;]
- [m]emory disturbances – inability to recall recent events or accurately report a recent newsworthy event[;]
- [m]ental illness that is untreated – symptoms not well controlled[;]
- [a]lcohol or substance abuse by the client – chronic abuse or evidence of intoxication during the interview[;]
- [i]nability to understand problems – denial of problems[;]

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- [f]ailure to report or resist abuse, exploitation, or neglect by others[;]
- [u]ncontrolled hazards in the home (hoarding) – many animals, large quantities of garbage, pest or rodent infestation related to hoarding behavior, or substantial clutter that seriously impairs the use of the home[;]
- [f]inancial mismanagement resulting in serious financial problems[;]
- [m]alnourishment[; and]
- [p]oor personal hygiene [. . . .]

d. Internal controls for employees' use of gift cards are not documented.

APS has no written policies and procedures outlining the internal control practice for administering its gift card program that is intended to assist needy clients, but that could be a target for theft by unscrupulous employees. APS social workers informed the team that they use Safeway and Target gift cards to purchase food and other household items for clients who demonstrate a need. In February 2012, the team observed APS's secured cache of gift cards worth \$64,355. The internal control practice was described to the team during interviews with senior management and employees; however, the policies and procedures lack information on the control practices described to the team.⁶²

Cause: Senior management reported that policies and procedures have not been updated for several years. The team was told that the office of the DHS Director was drafting agency-wide policies and procedures with the goal of integrating all DHS divisions' policies and procedures into one source, and that APS would update its policies and procedures in concert with the agency-wide initiative. APS senior management, however, was unable to provide the team with a timeframe for the completion of the amended policies and procedures.

Effect: The noted deficiencies associated with APS's policies and procedures may put clients at risk. For example, if social workers do not present a sufficient case for guardianship and/or conservatorship on behalf of their clients, clients may not receive the necessary legal intervention and services. APS's gift card program is vulnerable to theft and abuse by employees, and if internal controls are not documented, changing job duties and employee

⁶² Employees are required to complete a form in order to use a gift card for a client. The form must contain the names of the employee and client, a reason for the request, and the dollar amount of the items to be purchased. The form must be submitted to an employee's supervisor for approval. Once a supervisor approves the form, the employee submits it to the employee responsible for managing the gift card program (gift card program manager). This employee photocopies the back of the gift card and requires the requesting employee to sign the photocopy. After making a purchase, the employee returns the gift card to the gift card program manager, who contacts the merchant to verify whether there is a remaining balance. If there is a balance, the gift card program manager writes the amount on the card and stores it with other remaining balance cards in a lockbox.

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turnover may negatively impact card program monitoring. APS's use of gift cards must be closely monitored given the value of gift cards stored in APS's office.

Accountability: The D/APS is responsible for ensuring that APS's policies and procedures are kept up-to-date and that they accurately reflect employees' duties and operational realities.

Recommendations:

- (1) That the D/DHS direct a priority review and update of APS's policies and procedures to ensure they (1) reflect best practices and (2) document internal controls in all key operational areas, including the gift card program.

Agree _____ **X** _____ Disagree _____

DHS's August 2012 Response, as Received:

APS has begun the process through the CQI Team to revise the existing policies and procedures. The CQI Team has concluded its review of several national APS programs' policies and procedures manuals. APS, District of Columbia is using the APS-Tennessee as the template for revision. It is expected that the revised policies and procedures will be ready for implementation by November 30, 2012. This will allow for external-peer review, internal levels of review and staff training on the new manual. However, throughout this process new and revised policies/procedures will be implemented. This new procedure will streamline and meet the quality control/assurance APS is attempting to achieve.

OIG Comment: DHS's planned actions appear to meet the intent of the recommendation. Please provide the OIG with the final version of the revised policies and procedures.

- (2) That the D/DHS direct an audit of the gift card program by an objective, external entity.

Agree _____ Disagree _____ **X** _____

DHS's August 2012 Response, as Received:

APS has implemented tracking strategies for its gift card program. The gift card program is monitored and monthly reports are provided. Moreover, the Office of the Chief Financial Officer has also implemented strict requirements and monitoring of the gift card process. Further, the District of Columbia Government agencies and programs are subject to audit, in an effort to review tracking and disbursement practices.

OIG Comment: The OIG stands by its recommendation as stated. The gift card program may be susceptible to fraud and abuse given the number and value of the cards onsite at APS and the number of employees and clients involved with the program. Please provide this Office with additional information regarding the "tracking strategies" APS

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implemented, and additional details regarding how the gift card program is now being monitored.

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- Appendix 1:** List of Findings and Recommendations
- Appendix 2:** Summary of APS's Substantiated Reports from FYs 2006 and 2007
- Appendix 3:** D.C. APS Procedures for Interviewing Compared to Other Jurisdictions'
- Appendix 4:** D.C. APS Procedures for Documenting Cases Compared to Another Jurisdiction's

APPENDIX 1

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List of Findings and Recommendations

Summary of Management Implication Report

1. **In District agencies that employ, appoint, and/or oversee mandated reporters, there is a significant lack of awareness, policies and procedures, training requirements, and oversight regarding the reporting of known and suspected incidents of abuse, neglect, and exploitation of elders and other vulnerable adults.**
 - (1) That the Mayor issue an executive order that requires each District agency with mandated reporters to:
 - (a) assign an employee to identify its mandated reporters; keep an updated roster of such reporters; and provide this roster to APS on an agreed-upon timetable;
 - (b) ensure that mandated reporters are aware of their status;
 - (c) coordinate closely with APS to develop and implement internal agency policies and procedures for reporting abuse, neglect, self-neglect, and exploitation of elders and other vulnerable adults; and
 - (d) coordinate closely with APS on the requirements, provision, and monitoring of training for mandated reporters.
 - (2) That the Mayor collaborate with the D.C. Council to amend D.C. Code § 7-1903 to include:
 - (a) a requirement that agencies with mandated reporters coordinate with APS to develop and implement internal policies and procedures for recognizing abuse, neglect, self-neglect, and exploitation, and reporting suspected or actual cases to APS; and
 - (b) an APS-coordinated training requirement for mandatory reporters that will be enforced either through the licensing process or by the employee's agency.
 - (3) That the City Administrator recommend amending D.C. Municipal Regulations (DCMR) Title 29 - Public Welfare to include provisions requiring:
 - (a) training for all mandated reporters on recognizing at-risk and harmful situations for vulnerable adults and reporting them to APS;
 - (b) mandated reporters to sign an Acknowledgement of Mandated Reporter Status form to be maintained in the employee's personnel file; and

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- (c) mandated reporters to immediately report and cooperate with APS and other officials investigating allegations of abuse, neglect, self-neglect, and exploitation.
- (4) That the Director of the D.C. Department of Human Resources (D/DCHR) update the District Personnel Manual (DPM) and promulgate an issuance aligned with the above-mentioned amendments to the DCMR that includes a list of every District government position (with agency name, position title, and occupation series number) occupied by a mandated reporter of abuse of vulnerable adults.
- (5) That the Director of APS (D/APS) consider collaborating with the D/DCHR to develop a mandated reporter training curriculum and training course offered through DCHR's Workforce Development Administration.
- (6) That the Director of the Department of Health (D/DOH) recommend that the Health Occupations Boards overseeing the licensing of mandated reporter occupations consider a requirement that applicants take mandated reporter training prior to obtaining or renewing their professional licenses.
- (7) That the D/APS consider publishing a brochure on mandated reporting and collaborating with Department of Insurance, Securities, and Banking (DISB) on disseminating it to all banks and thrifts with a physical presence in the District to ensure that employees designated as mandated reporters are aware of their responsibilities and opportunities for mandated reporter training.
- (8) That the D/APS collaborate with DSCS's Probate Division to inform court-appointed guardians and conservators of their mandated reporter responsibilities and opportunities for mandated reporter training.
- (9) That the D/APS collaborate with DCSC's Family Court Operations Division to inform court-appointed mental retardation advocates of their mandated reporter responsibilities and opportunities for mandated reporter training.

Summary of Management Alert Report

1. **Documents containing sensitive and legally-protected information were not properly secured at APS and were therefore vulnerable to theft and misuse. Also, due to the configuration of their office space, APS employees were unable to maintain privacy when discussing confidential client information.**

- (1) That the Director of DHS (D/DHS) ensure that APS immediately identifies and safeguards all sensitive, confidential, and legally-protected client and case information from unauthorized access.
- (2) That the D/DHS develop and disseminate to all APS employees policies and procedures consistent with federal and District laws that detail actions employees

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should take to secure and store sensitive, confidential, and legally-protected client information, and ensure that employees who handle such information are trained to implement these policies and procedures.

- (3) That the D/DHS explore the feasibility of reconfiguring the existing office space to ensure that APS social workers can have confidential conversations with and about clients and abuse reporters.

Recommendations Pertaining to Stakeholder Survey

- (1) That the Director/Adult Protective Services (D/APS) develop strategies to increase referring agencies', stakeholders', and District citizens' awareness and understanding of: 1) processes for detecting and reporting abuse, neglect, and exploitation of vulnerable adults; and 2) APS's mission and services.
- (2) That the D/APS institute client-service and communication standards for its social workers in an effort to improve the quality and timeliness of their communication with and responsiveness to referrals and other requests for assistance made by employees at other District government entities and community-based organizations.

Report Findings and Recommendations

1. APS rarely refers cases to or investigates cases with the Metropolitan Police Department (MPD). As a result, criminal activity may continue unabated and perpetrators' actions may not be investigated and prosecuted, thereby putting the safety and well-being of APS clients and other potential victims at risk.

- (1) That the D/DHS and the Chief of MPD establish an MOU that enumerates the types of assistance MPD will provide APS employees and clients. The MOU should address topics including, but not limited to, the following:
 - a requirement that APS employees report known or suspected criminal activities to MPD;
 - establishing a means for soliciting assistance from MPD's Financial Crimes and Fraud Unit and Sex Assault Unit;
 - outlining all circumstances under which APS will make a referral to and/or conduct a joint investigation with MPD and how these determinations will be made;
 - ensuring APS and MPD work cooperatively and develop intervention strategies in accordance with the respective roles of each agency; and

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- defining MPD's responsibilities in determining whether a crime has been committed against a vulnerable adult or elder and reporting its findings back to APS in a timely fashion.
- (2) That the D/DHS establish and promulgate policies and procedures and training that guide employees in soliciting assistance from and collaborating with MPD.
2. **APS employees do not document or track their referrals to OAG, thereby significantly impeding their ability to follow up on and resolve cases involving clients who might benefit from D.C. Superior Court legal intervention.**
- That the D/APS ensure that employees are trained on QuickBase and ensure that they consistently document and track cases referred to OAG.
3. **APS does not record and report client and case outcome data, which are needed to assess the quality of its service delivery and program operations and determine whether APS carries out its core mission: intervention to protect vulnerable adults.**
- (1) That the D/DHS direct a workgroup consisting of APS management and employees to develop and implement tools that qualitatively and quantitatively measure actions taken by APS employees, client and program outcomes, types of cases, and collaboration with other agencies.
- (2) That the D/DHS assess the need to modify or replace APS's case management system so that it can report on and assess key client and program outcomes.
- (3) That the D/HS ensure APS submits an annual report to the City Council, pursuant to the requirements enumerated in D.C. Code § 7-1913, that provides agency performance data and insightful analysis that is useful to APS stakeholders.
- (4) That the D/DHS direct APS to seek accreditation by the Council on Accreditation or a similar entity whose standards and accreditation process would provide objective benchmarks and goals against which APS could evaluate its practices, performance, and operational strengths and weaknesses.
4. **APS's policies and procedures are neither thorough nor informed by best practices.**
- (1) That the D/DHS direct a priority review and update of APS's policies and procedures to ensure that they reflect best practices and document internal controls for all key operational areas, including the gift card program.
- (2) That the D/DHS direct an audit of the gift card program by an objective, external entity.

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Excerpt from D.C. APS's FY 2006 ANNUAL REPORT

B. Characteristics of substantiated and unsubstantiated cases

There were 764 new unduplicated cases referred to Adult Protective Services in FY '06.

Referrals: The referrals broke down as follows:

Type of Abuse Reported	Number of Referrals	Percentage Of Referrals	Number of Substantiated Reports	Percentage of Substantiated Reports
Abuse	87	11%	31	9%
Neglect	149	20%	54	16%
Exploitation	67	9%	41	12%
Self-Neglect	315	41%	154	48%

Excerpt from D.C. APS's FY 2007 ANNUAL REPORT

B. Characteristics of substantiated and unsubstantiated cases

There were 831 new unduplicated cases referred to Adult Protective Services in FY '07.

Referrals: The referrals broke down as follows:

Type of Abuse Reported	Number of Referrals	Percentage Of Referrals	Number of Substantiated Reports	Percentage of Substantiated Reports
Abuse	84	10%	34	9%
Neglect	160	19%	46	13%
Exploitation	90	11%	45	12%
Self-Neglect	330	40%	200	55%

APPENDIX 3

(APS's procedures for interviews contrasted against guidance from peer agencies in Minnesota, Texas, and Virginia. In particular, the reader should note the comparative lack of detail and instruction in the District's guidelines.)

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D.C. APS Procedure for Interviewing

H. Conducting Interviews/Collecting Information

1. In general, the alleged victim is the initial contact and primary source of information.
 - a. The interview may be conducted in the alleged victim's residence, a hospital, senior center or other suitable place.
 - b. If the interview occurs outside of the alleged victim's home, the social worker may also need to visit the alleged victim's home in order to complete an investigation of reported conditions that pertain to the structural or environmental conditions of the home itself.
2. The investigation continues until the social worker obtains sufficient information to determine the validity of the allegation(s).
 - a. The denial of allegation(s) by the alleged victim is relevant but not conclusive to this determination.
 - b. In addition to interviewing the alleged victim, the social worker pursues collateral sources of information during the investigation. Only if none exists is the social worker solely dependent upon the alleged victim's statements for determining the validity of the allegation(s).
 - c. The social worker documents attempts to obtain supporting evidence from collateral sources in the case record.

Minnesota APS Procedure for Interviewing

Interview Questions and Information to Obtain

When interviewing, always keep in mind the six most important questions: **WHO, WHAT, WHEN, WHERE, WHY** and **HOW**. The following guide may be helpful but it is not intended to cover all possible questions.

- WHO:** is the owner of the property
is the victim
discovered the incident
reported the incident
may be a witness to the incident
had a motive
was involved
should be interviewed
had access
controls the property
is involved
is at the scene investigating/assisting
responded first
must be notified
- WHAT:** crime was committed
are the elements of crime present
equipment is involved
tools or equipment will be needed
knowledge or skills are necessary
was the motive
evidence is present
property is missing/removed
property can be recovered
evidence should be secured
is unusual
what does the victim say
are the witnesses saying
must be done
did the first responders observe on arrival
are safety concerns
any possible causes
- WHEN:** was the incident discovered
did the incident occur
was the incident reported
did the first responders arrive
- WHERE:** did the incident occur/proper location identification
was the victim/owner/witnesses at the time of the occurrence
is the evidence located

are the witnesses
should the evidence be taken
is the suspect(s)

WHY: did the incident occur
was the incident reported or not reported
was there a delay in reporting
were those involved eager or reluctant
did the worker or law enforcement take certain actions

HOW: did the incident occur
was the incident discovered
was the incident reported

Interview Skills

Preparation:

1. Review information relevant to the interview.
2. Outline the questions to ask, ***write them down!*** Remember to make the questions unbiased and open-ended where appropriate.
3. Try to obtain as much information as possible about the person(s) to be interviewed.
4. Schedule the interview with the VA at a time that is good for them.

General guidelines:

1. Conduct interviews in person if at all possible. Speak to each person alone, if possible.
2. Government agencies must give the [Notice of Privacy Practices](#). Inform the person of the purpose and intended use of the requested data, whether the individual may refuse or is legally required to supply the requested data, any known consequence arising from supplying or refusing to supply private or confidential data and the identity of other persons or entities authorized by state or federal law to receive the data.
3. Establish rapport at the start of the interview. Explaining the process (not only of the interview but the whole VA process) and the *reason* for the interview (how it fits into the investigation) will help address questions and possibly reduce anxiety of the person being interviewed. Start with non-emotional questions.
4. Meet in a private room or area with no interruptions, make sure the interviewee is comfortable.
5. It is ok to take notes during the interview, make them short and use words to help recall later what was said.

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6. Keep an open mind that is receptive to all information regardless of its nature. The goal is to seek the truth not to substantiate maltreatment. Always respect the person interviewed!
 7. If an interviewee quotes an individual, be sure to find out if the quote is an *exact* quote or a paraphrase. Ask for details of the facial expression and tone of voice of the individual making the statement.
 8. If it appears the person did not understand the question, re-word it but be careful not to "suggest" the answer. However, leading questions can be helpful to refresh a person's memory or to test a previous assertion.
 9. Have the interviewee define the terms they use, especially when a term is vague, ambiguous, subjective or technical. Get correct spellings.
 10. Stay alert to possible unreported allegations.
11. Sometimes victims are very anxious, find out why. Is the victim:
- fearing retaliation
 - afraid of institutionalization (in a nursing home or mental health ward)
 - concerned about looking helpless or losing independence
 - feeling like "it was all their fault"
 - worried about "getting someone in trouble"
 - afraid of being perceived as a bad caregiver/spouse/parent
12. The "Don't" list:
- Don't argue with the interviewee
 - Don't discount a complaint/allegation because the victim refuses to cooperate
 - Don't discount the victim's information because they appear confused
 - Don't discuss the victim as if they are not in the room
 - Don't make judgmental comments about the suspect
 - Don't stereotype the victim or witnesses because of age, sex, economic class, mannerisms, race, religion or sexual preference
 - Don't express boredom, embarrassment or be threatened by what the person is saying
 - Don't drift off into a remote association with what the person is saying
 - Don't react automatically; think carefully about responses
 - Don't jump in with a reaction/comment when you think you understand what the person is saying; **always** allow them to finish

Interviewer instructions:

- Remember to always be professional and neutral in demeanor
- Be sympathetic, cordial, polite and sincere
- Be interested and listen carefully
- Have patience, let the person finish what they are saying
- Treat them with decency and **respect**
- Sit upright, frontally aligned, leaning forward
- Avoid slouching

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- Neat, well groomed, no distracting clothing or scented personal products
- No hats, sunglasses, distracting hair or hair accessories
- Maintain eye contact
- Avoid staring
- Show interest but pay attention to facial expressions
- Pay attention to hand gestures, avoid strong or negative gestures
- Open palms and arms.
- Use medium voice tone, firm but not aggressive or angry
- Make it conversational
- Avoid sarcasm and skepticism
- Pay attention to words used, talk at the intellectual level of person interviewed
- Be confident in demeanor and approach
- Repeat back what is said
- Be persistent

Communication:

(see "[Interviewing with Special Populations](#)" for more information on communicating)

- Make sure the interviewee has their glasses, hearing aids (turned on, batteries that work), or any other necessary assistant devices
- Use a translator if necessary but always remember to speak to the interviewee
- Make sure the person interviewed can clearly see your face

Body Language

Truthful:

- Upright, frontally aligned
- Lean forward
- Open, casual and natural
- Smooth changes in posture

Non-Truthful:

- Slouches
- Rigid body position and movement
- No frontal alignment
- Barriers, such as arms, legs, hands, fingers, etc.
- Rapid posture changes to relieve stress
- Lack of interest
- Head and body slump; praying/defeated position

Non-truthful subjects will become involved in all types of body activity to reduce tension.

Look for the following changes:

- Moves chair away
- Attempts to stand or leave
- Variety of physical activities like bouncing leg up and down, picking at nails, "jittery"

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Watch the timing of different gestures in relation to the question asked. *Delay gestures* (gives the suspect time to think) include:

- Rubbing
- Scratching
- Picking or pulling at various parts of the body
- Licking lips
- Clearing throat
- Coughing
- Sniffing
- Sweating
- Moves chair away
- Attempts to stand or leave
- Variety of physical activities like bouncing leg up and down, picking at nails. "jittery"

Victim Interviews

1. Explain the purpose of the interview.
2. Provide the victim with simple choices for how the interview will proceed. For example, "May I call you by your first name or do you prefer that I use your last name?" Give choices as to where to do the interview, if they want an advocate or someone else present (not the alleged perpetrator).
3. Express support, friendliness. Sit in a relaxed manner.
4. Use caution in talking about trivial information in an attempt to ease into the interview.
5. Allow the victim to sit above the interviewer if possible.
6. Encourage victims to interrupt at any time to ask questions, include a fact or correct a mistake.
7. Use eye contact frequently but don't stare.
8. Speak slowly, use short sentences and leave short pauses between sentences.
9. Monitor the victim's body language.
10. Take breaks when needed.
11. Reassure the victim that this is a team effort. "We need to review this information together."
12. Ask short, simple, open-ended questions in order for the person to describe what happened in their own words.
13. Reassure the victim that their case is being taken seriously and handled professionally.
14. The interviewer should take responsibility for what they will do, "I am going to talk with your friend who saw what happened."

Sexual Assault Interviews

1. Do not use terminology that the victim may not be familiar with.
2. Identify the terms the victim uses for different parts of the body.
3. Do not correct the victim if they uses street terms or slang, i.e., “he forced me to give him head...”
4. Clarify the victim's definition by using clear terms, i.e. “Are you saying that he forced you to put your mouth on his penis?”
5. What **not** to say:
 - Everything is going to be all right.
 - Don't cry.
 - You shouldn't feel that way.
 - I know how you feel.
 - You must get on with your life.
 - I promise I'll get this guy and he'll go to prison for a long time.

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Texas APS Procedures for Interviewing

2340 Conducting Interviews

2341 Interviewing Clients

APS IH / September 2011

During APS investigations, APS specialists interview persons age 65 or older and adults with disabilities who are alleged to be in a state of abuse, neglect, or exploitation in order to investigate the case and thoroughly assess clients' overall situations.

2341.1 Procedures for Interviewing Clients

APS IH / September 2011

The specialist must obtain specific permission to enter the premises where the client is residing, such as a verbal response or the person opening the door for the specialist to enter the home. The specialist documents the specific permission to enter in the *CARE Narrative*.

2341.11 Denial or Revocation of Permission to Enter

APS IH / September 2011

The specialist does not enter or remain in the home if permission is denied or is revoked after it was initially granted, even if it comes from someone other than the client, such as a caretaker, co-habitant, or family member. The specialist may attempt to use verbal persuasion to gain entry or remain in the home; however, if this is unsuccessful, the specialist must leave the home.

Once entry has been denied or revoked, the specialist seeks assistance for permission to enter or return to the home from a family member or friend of the client. If this fails, the specialist consults the supervisor and regional attorney to determine whether it is appropriate to seek an order for court-authorized entry or an order against interference with an investigation.

The specialist uses judgment to determine if an emergency exists that requires contacting law enforcement or emergency personnel because of circumstances observed at the time the specialist is refused entry or is asked to leave the home.

Law enforcement may be present as a safety precaution for the specialist at the time the client or another person refuses entry or asks the specialist to leave the home. The specialist cannot rely on law enforcement to gain entry into the home and is required to refrain from entering the home or must leave the home if requested by the client or another person in the home.

See:

[2261](#) Procedure When Client Refuses to Cooperate With the Investigation

[2663.1](#) Procedure for Gaining Access to the Ward During an Investigation

[4200](#) Court-Authorized Entry

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2341.12 Transporting a Client for an Interview

APS IH / September 2011

The specialist may determine a client would be more comfortable being interviewed in a different setting or has an appointment that is necessary to assess or ensure the client's health or well-being, such as a medical appointment, but has no means of transportation. The specialist seeks alternate means of transportation for the client, including but not limited to:

- family and friends;
- public transportation;
- Medicaid transportation;
- taxi services; and
- transportation services through community agencies, where available.

The specialist **only** transports a client after consulting the supervisor in rare cases when:

- alternate means of transportation is not available;
- safety concerns do not exist; and
- the client is clearly willing and capable of giving consent. If a client has a legal guardian, the guardian must give permission.

If the client is unwilling, lacks sufficient capacity to consent or has a legal guardian who has refused consent, the specialist reassesses the necessity of the alternate interview site or appointment. If the specialist still believes it is necessary, the specialist consults the supervisor about possible alternatives. If a guardian or caretaker is preventing the client from being transported, the specialist, with supervisor approval, consults the regional attorney about seeking a court order against interference with an investigation.

See:

[2663.1](#) Procedure for Gaining Access to the Ward During an Investigation

[3427](#) Transporting Clients Who Do Not Have Valid Immigration Documents

[4400](#) Interference With Investigation or Protective Services

2341.13 Conducting the Interview With a Client

APS IH / September 2011

When interviewing the client, the APS specialist:

- addresses all important factors regarding the allegations and the client's overall situation, including all items on the *CARE*;
- in cases involving an alleged perpetrator, interviews the client alone when possible, but allows the client to have another person present, if requested by the client. The specialist ensures the person present is not the alleged perpetrator or involved in the alleged abuse, neglect, or exploitation; and
- interviews the client again at a later time as necessary to resolve discrepancies.

When another person is present during the interview, the specialist documents in the *CARE Narrative* whether the client requested that the person be present and the person's relationship to the client.

The specialist should always monitor the client during the interview to see if the client appears to be hesitant, withdrawn, or nervous while participating in the interview. Such

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cues may be indications that the client is not comfortable speaking openly in the presence of the other person.

See also:

[2333](#) Documentation of Investigation Contacts

[2334.1](#) Procedures for Written Statements

[2334.2](#) Ensuring the Integrity and Security of Documents Obtained Using the Tablet PC

[2341.11](#) Denial or Revocation of Permission to Enter

[2342](#) Interviewing the Alleged Perpetrator

[Appendix XVI](#): Using the Tablet PC for Obtaining and Storing Written Statements and Diagrams

2342 Interviewing Alleged Perpetrators

APS-IH / November 2008

APS specialists interview alleged perpetrators to collect potentially vital information and to develop a complete understanding of the situation. It is also important to ensure fairness.

Alleged perpetrators have a right to have an attorney present during interviews. APS specialists do not interview alleged perpetrators when doing so places clients at risk of serious physical or emotional harm.

2342.1 Procedure for Interviewing Alleged Perpetrators

APS IH / May 2011

The APS specialist:

- makes all reasonable attempts to interview the alleged perpetrator, including face-to-face visits and phone calls;
- sends Form [2255](#) AP Request for Interview if attempts to contact the alleged perpetrator are not successful;
- enlists the help of a secondary APS specialist if the alleged perpetrator resides in a different county;
- consults with the regional attorney if the AP requests his or her attorney be present during the interview;
- avoids preconceived ideas regarding the allegations when interviewing the alleged perpetrator;
- interacts with the alleged perpetrator in an objective and professional manner;
- addresses all important factors regarding the allegations and the client's overall situation;
- questions the alleged perpetrator further to clear up discrepancies;
- re-interviews the alleged perpetrator at a later time as necessary to resolve any new or remaining discrepancies;
- fosters a working relationship; and
- requests that law enforcement give the alleged perpetrator a Miranda warning if the alleged perpetrator is in custody of law enforcement.

Perpetrators in EMR-Eligible Investigations

If a perpetrator is eligible for the EMR and an allegation of abuse, neglect, or exploitation rises to the level of reportable conduct, the specialist must obtain specific information regarding the perpetrator.

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See:

[5411.12](#) Require Information for EMR-Eligible Investigations

[2333](#) Documentation of Investigation Contacts

2342.2 Procedure for Not Interviewing the Alleged Perpetrator

APS IH / December 2010

The APS specialist has the option to forgo an interview with the alleged perpetrator on if the:

- alleged perpetrator does not respond to the APS specialist's attempts to arrange an interview;
- alleged perpetrator refuses to be interviewed;
- request is made by law enforcement or prosecuting attorneys to postpone or forgo interviewing the alleged perpetrator because of an ongoing criminal investigation or pending prosecution;
- alleged perpetrator's whereabouts are unknown; or
- APS specialist has reason to believe that interviewing the alleged perpetrator will place the client at risk of serious physical or emotional harm.

Documentation of a supervisory consultation is required whenever a decision is made not to interview the alleged perpetrator.

Request by Law Enforcement or Prosecuting Attorneys to Forgo Interview

If law enforcement or prosecuting attorneys request APS postpone or forgo interview the alleged perpetrator because of an ongoing criminal investigation or pending prosecution, the specialist documents this request in IMPACT, including all required information as outlined in [2346.1](#) Procedure for Interviewing Law Enforcement.

The APS specialist uses all available evidence to reach a finding, including any discussions with law enforcement regarding statements made by the alleged perpetrator that may be included in the APS investigation in lieu of interviewing the alleged perpetrator.

If it appears the delay in interviewing the alleged perpetrator will be longer than three months, the APS specialist, with documented supervisory approval, may close the investigation without interviewing the alleged perpetrator.

See also [5310](#) Designated Perpetrators Ineligible for an Administrative Desk Review

2342.3 Procedure for Determining Disposition of Allegations Without the Alleged Perpetrator

APS-IH / November 2008

If the alleged perpetrator is not interviewed, the APS specialist weighs all other evidence collected to determine if there is a preponderance to support a finding.

See [2700](#) Determination of Findings in an Investigation.

2343 Interviewing Collaterals

APS-IH / June 2009

APS interviews all appropriate persons thought to have knowledge of the client's situation in order to collect evidence and assess the client's overall situation and risk. When making collateral contacts, APS ensures the client's privacy and confidentiality are protected.

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2343.1 Procedure for Interviewing Collaterals

APS-IH / June 2009

The APS specialist thoroughly interviews and, as appropriate, re-interviews all persons thought to have relevant information to:

- determine the validity of the allegations;
- understand the client's overall situation and risk; and
- resolve discrepancies in collected evidence.

The APS specialist:

- addresses all important factors regarding the allegations and the client's overall situation;
- explores risk to the client's health and safety;
- questions the collateral further to clear up discrepancies; and
- re-interviews the collateral at a later time, as necessary, to resolve discrepancies.

See also [2333](#) Documentation of Investigation Contacts.

2344 Interviewing the Reporter

APS IH / May 2011

APS interviews persons who make reports of abuse, neglect, or exploitation of persons age 65 or older and adults with disabilities to:

- clarify information given at intake; and
- collect additional information regarding allegations and clients' overall situations.

APS case-related information is confidential. Unless otherwise entitled to case records, reporters of abuse, neglect, and exploitation are not provided with all case information discovered during APS investigations or the delivery of protective services. APS only provides the reporter with pertinent case information necessary to:

- confirm whether allegations will be accepted for investigation;
- collect evidence and gather relevant information related to allegations and the client's overall situation and risk; and
- arrange for protective services to reduce risk or alleviate abuse, neglect, or exploitation.

Except as provided by [Chapter 552](#) of the Government Code, all files, reports, records, communications, and working papers used or developed in an investigation made under this chapter or in providing services as a result of an investigation are confidential, including:

- a report of abuse, neglect, or exploitation; and
- the identity of the person making the report.

Human Resources Code [§48.101](#)

See:

[5100](#) Confidentiality, Disclosure, and Release of Case Information

[5112.12](#) Disclosure of Case Information to the Reporter and Others

2344.1 Procedure for Interviewing the Reporter With Firsthand Knowledge

APS IH / May 2011

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The APS specialist:

- contacts the reporter to obtain further information;
- makes two or more attempted contacts to interview the reporter in every case unless the reporter is anonymous;
- asks about all aspects of the allegations and the client's overall situation;
- explores risk to the client's health and safety;
- re-interviews the reporter at a later time as necessary to resolve any discrepancies; and
- contacts the supervisor and regional attorney as necessary when uncertain about what information can be released to the reporter.

2344.12 Procedure for Interviewing a Reporter Without Firsthand Knowledge

APS IH / May 2011

In some cases, the reporter may be an individual who was not a direct witness and has no firsthand knowledge of the alleged incident of abuse, neglect or exploitation that was actually witnessed by someone else.

If the specialist has identified an individual with firsthand knowledge, discretion may be used in determining if it is necessary to interview the reporter. When determining whether or not to interview the reporter, the specialist considers what other relevant information regarding the client's situation the reporter may be able to provide. If not interviewed, the specialist must document, without identifying the reporter, that the reporter was not interviewed due to having no firsthand knowledge or other relevant information.

If the specialist determines interviewing the reporter is not necessary, the specialist still must interview or attempt to interview the individual with firsthand knowledge as outlined in [2344.1](#) Procedure for Interviewing the Reporter With Firsthand Knowledge.

See [2330](#) Testimonial Evidence (Interviewing)

2344.2 Documentation for Interviews With the Reporter

APS-IH / March 2009

Texas law requires that the identity of the person reporting abuse, neglect, or exploitation be kept confidential. Since clients, perpetrators, and guardians can obtain copies of case files, APS specialists must be careful about how they document information related to the reporter.

The APS specialist:

- ensures all case information is documented in a way that does not provide any indication of who made the report of abuse, neglect, or exploitation, which includes not using terms such as *reporter* or phrases such as *made the report*; and
- documents all attempts to contact the reporter in the *CARE Narrative* page.

See:

[2333](#) Documentation of Investigation Contacts

Virginia APS Procedure for Interviewing

(§ [63.2-1606](#) of the Code of Virginia). Upon request, any person required to make the report shall make available to the Adult Protective Services worker and the local department investigating the reported case of adult abuse, neglect or exploitation any information, records or reports which document the basis for the report. All persons required to report suspected adult abuse, neglect or exploitation shall cooperate with the investigating adult protective services worker of a local department and shall make information, records and reports which are relevant to the investigation available to such worker to the extent permitted by state and federal law.

Federal regulations at § 164.512 for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) authorizes covered entities to disclose health information that “is required by law and disclosure complies with and is limited to the relevant requirements of the law.”

All providers of medical services are also authorized to disclose records of a patient to APS under the § [32.1-127.1:03 D6](#) of the Code of Virginia (Health Records Privacy). patient to APS under the § [32.1-127.1:03 D6](#) of the Code of Virginia (Health Records Privacy).

2.5.5 Confidentiality

See Chapter 6 for general information on confidentiality. Information in Chapter 6 applies to all APS cases. Section [2.36](#) of this chapter also provides information on confidentiality in APS cases and should be used in conjunction with Chapter 6.

2.6 Intake interview

The primary purpose of the intake interview is to explore with the reporter the allegations being made in order to determine whether there is reason to suspect that adult abuse, neglect, or exploitation is occurring or has occurred or that the adult is at risk of abuse, neglect, or exploitation and whether an emergency exists. Sufficient information shall be gathered to evaluate the concerns of the person making the report and to judge whether the report is valid. In taking a report, the APS worker should make every effort to enable the reporter to make as factual a report as possible.

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The intake interviewer shall obtain as much of the following information as is known by the person making the report:

- Name and location of the adult and directions to the adult's place of residence.
- Names and relationships of other members of the household.
- Age of the adult.

- Alleged incapacity of the adult (see the definition of "incapacitated person" in [Section 2.4](#) of this chapter).
- Name and address of caregiver, if any.
- The circumstances that describe the abuse, neglect, or exploitation, or the reason(s) the reporter suspects the adult is at risk of abuse, neglect, or exploitation.
- Whether an emergency exists.
- Identity of person(s) who witnessed the incident, their addresses and telephone numbers.
- Any information about previous abuse, neglect, or exploitation of the adult.
- The name, address, and relationship of any other person(s) or agencies who might be concerned or have knowledge of the adult.
- Name of the adult's physician(s) and pharmacies.
- Known medication(s) and/or treatment(s).
- Identity and relationship of the alleged perpetrator.
- Living arrangement of the adult (e.g., in own home, lives with spouse, lives with alleged perpetrator, lives alone, etc.).
- Name, address, and phone number of person reporting if the reporter is willing to give this information.
- Source of the reporter's information.

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- Any other information that might be helpful in establishing the cause of the suspected abuse, neglect, or exploitation or the risk of abuse, neglect, or exploitation.
- Permission to give the reporter's name and phone number to the appropriate regulatory authority.
- The adult's income and other resources, if known.

2.7 Determining validity of reports

(§ [63.2-1605](#) of the Code of Virginia). Local departments shall consider valid any report meeting all of the following criteria: (i) the subject of the report is an adult as defined in this

APPENDIX 4

(APS's procedures for documenting an investigation contrasted against guidance from peer agency in Tennessee. In particular, the reader should note the comparative lack of detail and instruction in the District's guidelines.)

D.C. APS Procedure for Documenting an Investigation:

- Q. **Documenting the Investigation**
1. The findings of each investigation, whether substantiated or not substantiated, are to be documented in a standard format, which includes the completion of the Initial Assessment Transfer/Closing Summary, the Risk Assessment, and a recommendation. The Risk Assessment and information about developing a recommendation are discussed above, starting in Section H. Information to be included in the Initial Assessment Summary is discussed below.
 2. The Initial Assessment Summary includes documentation of contacts, interviews, and evidence gathered. Assessment findings are documented in the record. The summary should include the following sections:
 - a. Referral Summary: Information about the date of the referral, who made the report, and how they learned about the client's situation.
 - b. Case Activity: Information about initiating the investigation, contacts with the client and collaterals, and activities in response to information received.
 - c. Client: Information about the client including basic demographic information such as age, where he/she was born and came to Washington DC, employment history, marital status and family, church connections, community support, etc. Include observations of the client including physical and mental status, medications, name and contact information of doctor, attitude toward need for APS intervention, any identified risks, level of competence, etc.
 - d. Corroborating Witnesses: Include information about collateral contacts including names and contact information and a short summary of the information they provided.
 - e. Summary of Risks: Identify the client's risk of abuse, neglect, exploitation and/or self-neglect. Bullets identifying multiple risks can be included.
 - f. Intervention: Include information about what you did in response to the referral such as conducted a home visit to assess risk, corroborated risks through collateral contacts, intervened to reduce risk or address immediate social or health needs, etc.

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- g. Investigation Conclusions: Provide conclusions about the outcome of the investigation. What the allegation of abuse, neglect, exploitation and/or self-neglect substantiated or not substantiated? Is additional investigation needed?

- h. Plan/Recommendation: State the disposition of the case. Will the case be closed? Transferred to Continuing Services? Referral to a community-based agency for additional services? Other?

- i. Signature and date: Type in you name and title and be sure to sign the assessment and provide the date that the assessment is completed.

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Tennessee APS Procedure for Documenting an Investigation:

Chapter 12 DOCUMENTATION OF APS CASES

Legal Authority

[71-6-101](#)

Purpose

It is essential that the case file accurately reflect what has transpired with a client who is receiving services from APS. The purpose of case recordings is to substantiate the counselor's actions and conclusions.

APS records are business records of the Department and thus must reflect true, accurate and unbiased information. The accurate and timely recording of facts regarding a case enables the submission of the case record as a business record in legal proceedings in the absence of the social counselor who observed facts regarding the case.

The records may also be the subject of a discovery proceeding that precedes litigation, and the counselor may be questioned as to the accuracy of the record and the counselor's observations and descriptions of events. Any information obtained or observations made which are used in case planning and decision-making must be included in case recordings associated with the case file and must be recorded close in time to the occurrence of the events that are being described.

Policy- [Practice Guide-Appendix H](#)

Case Recordings

It is necessary for APS staff to document all activities conducted in an APS case. The manner in which activities are documented is called case recordings.

Case recordings must:

- Be relevant, reliable and written in clear and complete sentences;
- Not include slang language (unless that language is a direct quote and is pertinent to the investigation) or subjective / personal value judgments;
- Not use abbreviations and acronyms unless they are commonly understood and acceptable; and
- Not be handwritten.

Case Recording Format – Dictation

Each client's record must include a description of each contact made on the case. The descriptions provide a means to organize and analyze case information. All major case decisions must be supported by the dictation entries and/or assessment information. In the automated system certain required tasks are linked to the documentation in the case recordings. Those tasks are displayed and indicators must be selected by the counselor when those tasks have been completed and documented in the narrative of the case recording. Failure to complete and document the required tasks will result in not being able to move forward in the case or will prevent completion of the investigation and may impede legal actions to protect the client.

Components of Each Entry

Each entry must include:

- The full date of contact (day, month, year);
- The full name of person contacted and relationship to the client;
- The full name of the APS Counselor (or other DHS employee) making the contact ;
- The type of contact, for example: phone, home visit, office visit, etc.;
- The full name of any person present during the contact and his / her relationship to the client;
- A summary of issues discussed, emphasizing relevant information pertaining to the presence of safety factors;
- Observations made by the APS Counselor that are relevant to the allegations and safety assessment.

Dictation entries must be electronic, with all narrative entered in the narrative text field of the case recording.

EXCEPTION - Numerous attempts to contact a person may be summarized in one entry. For example, "7/2/08 - The APS Counselor attempted to contact client by telephone four times today." (Also record the time of each attempted contact)

All contacts are to be documented as case recordings within five (5) working days of the contact.

Content of the Case Record

The complete APS case record consists of the electronic case information found in the automated system and the accompanying paper file (if one is necessary).

Case File

The case file includes all information that is entered into or generated by the automated system pertaining to a specific case. The information is maintained in the system beginning at intake and continuing throughout the life of the case.

Documents not generated by the automated system (such as e-mails, medical records, correspondence generated outside the automated system, reports provided by other agencies, photographs provided by an entity other than APS) will not automatically be included in the case file. In order to be included in the case file, these documents must be scanned and linked to the appropriate client record.

Scanned documents and all other external supporting case information related to a client's record that is not generated by the automated system should be maintained in a "paper file" that corresponds to the automated system record. The paper file should be identified by the automated system case identification number.

The contents of the electronic file should **NOT** be routinely printed and included as a part of the "paper file."