

**STANDARDS FOR ELDER ABUSE PREVENTION &
INTERVENTION PROGRAMS**

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SERVICE SCOPE

STANDARD 1. The program provides direct services to elder abuse clients in accordance with its service proposal to DFTA.

Elder abuse prevention and intervention services assist older victims of abuse to live with dignity, safely and free from abuse, while maintaining power and control of their daily living. Community-based intervention services are provided to clients aged 60 years older who are being physically, emotionally, and/or financially abused, and do not meet the NYC Human Resource Administration's Adult Protective Service (APS) criteria for assistance. The objective of elder abuse intervention strategies is to increase the client's sense of control, self-acceptance, and provide the client with a range of legal and social service options for ending abuse.

Compliance 1.1. The worker develops a safety plan with the client. The plan reflects the health and safety needs and unique perspective of the individual.

Compliance 1.2. The worker provides psycho-education about the nature of elder abuse including patterns of escalation over time. Psycho-education also involves providing validation to the client and clearly communicating that abuse was undeserved.

Compliance 1.3. The worker encourages the client to decrease his or her level of isolation (if applicable) by encouraging the client to take advantage of existing community services and programs (e.g. senior center services, case management, support groups, etc.).

Compliance 1.4. In order to facilitate informed decision making, the program provides individuals with accurate and sufficient information about resources, services, and opportunities (e.g. safety planning, discussion of legal options and instruments, supportive services, etc.).

Compliance 1.5. The program assists elder abuse clients to apply for benefits and entitlements for which they maybe eligible. Assistance includes, but is not limited to, the following:

- Linking clients with case management services
- Filing for Crime Victims Board funds
- Obtaining an order-of-protection
- Filing a police report
- Filing a report with the Attorney Generals Office and/or the District Attorney's Office
- Assisting the client obtain benefits to increase his or her quality of life and to ensure that basic needs are being met (e.g. Medicaid screening, caregiver services, SCRIE, food stamps, medical care, counseling services, faith-based services, etc.).

Compliance 1.6. Supportive Contact: The elder abuse worker will address specific elder abuse issues or problems of daily living through activities such as reassurance, clarification, and “empathetic listening.”

Compliance 1.7. Advocacy: Through phone calls, letters, personal representation, or service linkage the program engages in the following activities:

- Obtaining services for elder abuse clients by coordinating with other agencies or persons, such as APS, landlords, utility companies, banks, service organizations, government programs, etc.
- Intervening on behalf of the individual to obtain benefits/entitlements or needed services which have been denied.
- Preventing or forestalling an action against the individual (e.g. eviction, service cut-off, shelter, etc.).

Compliance 1.8. Counseling: Appropriately qualified staff (as defined in § 7.1) provide planned and structured counseling to elder abuse clients to alleviate stress and anxiety, and help the client solve personal problems or make choices. Qualified counselors conduct face-to-face conferences on a one-to-one or group basis via home or office visit (Counseling may be conducted over the phone for clients who are in-crisis, homebound, or have difficulties with transportation). (See § 2)

Compliance 1.9. The program provides supplemental elder abuse services (defined below) in accord with their response to DFTA’s elder abuse RFP:

- **Escorted Trips**

The program provides personal accompaniment of elder abuse clients who require assistance going to and from locations (e.g. court, police station, health care facility, etc.) in the community due to mobility, visual, or cognitive impairment, or who for other reasons (client is afraid, etc.) require this assistance (see § 6.4 and 18.5).

- **Elder Abuse Support Groups**

The program provides an elder abuse support group(s). The elder abuse support group is a gathering of three or more individuals suffering from the common experience of elder abuse. The support group facilitator (see § 7.1) will foster an environment which promotes individual sharing of thoughts, feelings, concerns, and information.

- **Transportation**

The program transports (or arranges for transport) of elderly clients to a variety of locations and appointments, including medical, court, police, and other necessary appointments. (See § 6.6 and 18.7)

- **Security Device Installation**

The program provides, or arranges through Safe Horizons, for the installation of security devices (e.g. locks, gates, steel doors, etc.) in order to increase the client’s safety. (See § 6.7 and 18.8)

- **Emergency Financial Assistance**

The program provides victim assistance funds for items that are essential to the client's well being. Examples include payment of food, rent, fuel, electric, mortgage, etc. The client may be given up to \$50.00 for personal expenses. If assistance is over \$50, it must be paid directly to the vendor. The client's case record must contain: an authorization form signed by the client and/or a receipt from the vendor. Priority for financial assistance must be given to clients who have limited income and resources. (See § 6.8 and 18.9)

STANDARD 2. The program provides elder abuse counseling services in accordance with professional social work standards and its service proposal to DFTA.

Elder abuse counseling is a specialized, formal interaction between a qualified social worker or other mental health professional (see § 7.1) and a client in which a therapeutic relationship is established to help the elder abuse client overcome specific emotional, behavioral, relationship and/or social problems and achieve specified goals in order to increase the client's well-being. Counseling seeks to mobilize available resources or create needed ones to help individuals modify their thoughts, behaviors, and situations. Counseling service may include individual, family, group, and/or crisis counseling.

Compliance 2.1. Counseling service is planned and structured, goal specific, and performed face-to-face. **Exception(s):** Planned counseling may be provided by telephone for homebound clients, clients who have difficulty with transportation, and/or clients who cannot meet face-to-face because of safety concerns related to the elder abuse situation. Crisis intervention counseling may be provided as needed (See § 2.6).

Compliance 2.2. The counselor meets with the individual, family, and/or group in a space that ensures privacy.

Compliance 2.3. The counselor begins conducting the psychosocial assessment interview with each client at the beginning of service.

Compliance 2.4. The elder abuse worker establishes and clearly documents the short- and long-range expected outcomes (goals and objectives) of counseling service provision for each individual and, if applicable, for each support group attendee.

Compliance 2.5. The elder abuse worker sets specific timeframes for goal-achievement and evaluation of client progress (whether individual or group counseling).
Exception: Crisis intervention

Compliance 2.6. Crisis Intervention: The elder abuse worker provides crisis intervention services to clients in "crisis." Crisis counseling is designed to achieve rapid stabilization and to assure the safety of individuals who are experiencing acute emotional distress. The primary objective of crisis counseling is to restore clients to pre-crisis levels of functioning by providing rapid risk screening, assessment, reassurance, and stabilization of acute crisis symptoms. A "crisis" situation is one that requires prompt attention (generally within 24 hours), but is not **immediately** life threatening (e.g. medical emergencies, suicidal ideation with plan, abuser is armed and threatening client, client feels life is in imminent danger, etc.). In cases of imminently life

threatening emergencies, the worker will call "911". If 911 is called, the worker will follow up with the client the next business day to assess the client's needs and safety concerns.

Compliance 2.7. The elder abuse worker uses professional judgment and prudence when recommending specific services and actions to the client. The Code of Ethics of the National Association of Social Workers can be used as a guide: <http://www.socialworkers.org/pubs/code/code.asp>.

Compliance 2.8. The elder abuse worker makes every effort to foster and respect maximum client self-determination.

Compliance 2.9. The worker utilizes and documents professional counseling techniques (e.g. cognitive behavioral therapy, crisis/suicide intervention, trauma response/debriefing, role play, cognitive reframing, motivational interviewing, etc.) used to assist the client.

STANDARD 3. The program conducts ongoing educational and outreach activities to increase the professional community and older person's awareness of elder abuse.

Through prevention training, older adults, professionals, and lay community members will learn how many factors (alcoholism, drug abuse, history of family violence, etc.) can indicate a potential for mistreatment. Older adults will be provided with information on legal, financial, and social service options that can help reduce vulnerability. Elder abuse prevention activities geared to professional audiences will train front-line staff from various professions, who work directly with seniors, to recognize and appropriately respond to elder abuse.

Compliance 3.1. The elder abuse program conducts planned and structured educational activities at the minimum level specified in their response to DFTA's RFP.

Compliance 3.2. During the first month of each new fiscal year, the program develops (and submits to the Program Officer) an annual plan for conducting outreach and training activities, included in this plan are groups that will be trained or outreached (e.g. seniors, EMT, police, case workers, home attendants, bank personnel, hospital staff, etc.), community districts or special populations to be outreached (LGBT, new immigrants, etc.), methods for outreaching (mailings, phone calls, meetings, trainings, etc.) and timeframes for completing activities.

Compliance 3.3. If the number of new clients served falls below the year-to-date contracted target, the program will revise the outreach plan and develop a strategy to correct this deficit.

Compliance 3.4. The program sponsors a yearly event in either October or May to acknowledge either Domestic Violence or Elder Abuse Month (e.g. police breakfast, mini conference, targeted trainings, etc.). This activity will be clearly documented in the outreach/training plan.

Compliance 3.5. The program provides elder abuse education to a broad range of law enforcement, financial, medical, and social service providers (e.g. caregiver program social workers, senior center staff, case managers, domestic violence workers, Mobile Crisis staff, APS workers, bank tellers, religious leaders, etc.) to ensure service to elder abuse clients in all neighborhoods of the program's service area.

Compliance 3.6. At least four times per year, seniors who have attended elder abuse prevention trainings are asked for their feedback in a formal training evaluation form.

Compliance 3.7. At least four times a year, professionals who have attended an elder abuse training activity are asked for their feedback in a formal training evaluation form.

Compliance 3.8. The number of trainees scheduled to attend each elder abuse prevention activity is no less than ten. If less than ten trainees are scheduled to attend, the activity cannot be reported as "elder abuse training" unless approved by the DFTA Program Officer.

STANDARD 4. The program will develop a multidisciplinary partnership to coordinate and improve the delivery of elder abuse prevention and intervention services.

All components of the program support the following:

- *Developing collaborative approaches to service delivery*
- *Creating linkages among programs and services*
- *Avoiding unnecessary duplication of services and supports*
- *Advancing the development of a full continuum of care*

Compliance 4.1. The program establishes and maintains a viable working relationship with DFTA's Elderly Crime Victims' Resource Center staff, the NYPD, including designated police precinct(s), domestic violence officers, housing police, appropriate courts, the District Attorney Office, senior centers, faith-based programs, legal service providers, case management agencies, the Mobile Crisis Teams and HRA's Adult Protective Services (APS).

Compliance 4.2. Referral sources reflect a pattern of collaboration with a broad range of service providers, seniors, and lay community members.

Compliance 4.3. The program coordinates with other service providers to provide culturally-informed services to diverse populations.

Compliance 4.4. Where appropriate, referrals are made to law enforcement agencies (the District Attorney's Office, the NYPD, and the Attorney General's Office).

LEVEL OF SERVICES

STANDARD 5. The program provides the number of budgeted units during the year.

Compliance 5.1. The program delivers 100% (or more) of its budgeted units for all contracted services.

STANDARD 6. The program uses the correct unit definition in reporting level of service.

Compliance 6.1. Case Assistance Unit. A unit of elder abuse case assistance is each hour spent on direct client service: (1) communication with clients (in-home, office, or via telephone or mail/email); (2) travel from the office to visit a client or between clients or to perform an activity on behalf of the client (travel time should be associated with a specific client); (3) completion of paperwork related to a client's case; (4) documentation in client's case record, including computer entries; (5) case supervision; (6) making collateral contacts on behalf of the client; or (7) accompanying a client to court, police station, medical appointment, etc. *The program may report a total of two hours per month for time spent completing statistical reports required by DFTA's Elderly Crime Victims Resource Center.*

The case assistance unit does **not** include professional development, such as continuing education, DFTA trainings, participation in community meetings, or activities related to program promotion and marketing.

Compliance 6.2. Counseling. A unit of elder abuse counseling is each hour spent providing planned and structured, face-to-face (homebound and individuals in need of immediate crisis intervention may need to be assisted via telephone) counseling service to a client or group. This unit may include (1) individual, group, family, or crisis counseling session; (2) travel from the office to visit a client or between clients or to clients or to provide counseling (travel time should be associated with a specific client); (3) updating counseling or support group related case notes, including computer entries; or (4) case supervision on counseling and support group clients.

Compliance 6.3. Support Groups. One hour of support group preparation time may be reported for each elder abuse support group session delivered by the program. In order to count the support group, three or more clients must participate in the group.

Compliance 6.4. Escorted trips. A unit of escort service is a one-way escorted trip with an elder abuse client who requires accompaniment going to and/or from locations in the community due to mobility, visual, or cognitive impairment, or who for other reasons requires this assistance (e.g. escort to court, police precincts, and client is afraid).

Compliance 6.5. Education. A unit of elder abuse education is each planned, organized and scheduled educational activity designed to educate seniors and/or professionals about elder abuse.

Compliance 6.6. Transportation. A unit of transportation is each one-way trip provided to transport elderly clients to a variety of locations and appointments, including medical, court, police, and other necessary appointments.

Compliance 6.7. A unit of **security device** installation is each security device (e.g. locks, gates, and steel doors) installed.

Compliance 6.8. A unit of **emergency cash assistance** includes each form of financial assistance (e.g. payment of bills or personal expenses) provided to the client.

Compliance 6.9. For legal service providers only: A unit of elder abuse **legal assistance** is each hour spent providing legal services on behalf of a client or clients. The unit may include (1) communication with clients (in home, office, or via telephone or mail/email); (2) travel from the office to visit a client or between clients or to perform an activity on behalf of the client (travel time should be associated with a specific client); (3) completion of paperwork related to client's case; (4) case documentation, including computer entries; (5) case consultation/supervision on client's cases; (6) making collateral contacts on behalf of the client; (7) accompanying a client to court; (8) legal research, writing and drafting of legal papers; (9) negotiation and legal advocacy; (10) appearances before Courts, administrative and government bodies; or (11) legal counseling. The legal assistance unit does not include professional development, such as continuing legal education (CLE) or participation in community meetings. It also does not include activities related to program promotion.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. Staffing is appropriate to the service.

Compliance 7.1. The program employs at least one full-time elder abuse specialist who provides counseling services: The person providing elder abuse counseling has an MSW or closely related degree; or a BSW and one year documented, supervised experience in counseling; or a baccalaureate degree and two years documented, supervised counseling experience provided by a licensed psychiatrist, social worker, or psychologist.

Compliance 7.2. The number of full- and part-time program staff corresponds to the number(s) proposed in the program's response to DFTA's RFP or stated in the most recent approved budget.

Compliance 7.3. Supervisors. All supervisors have a Master's degree in one of the following fields: Social Work, Counseling, Psychology, Gerontology (with a concentration in Counseling), Pastoral Counseling, Nursing with a concentration in psychiatric nursing, or a closely related Master's degree (pending DFTA approval).

Compliance 7.4. Documentation to support the employees' qualifications (e.g. resume, copy of degree(s), etc.) is kept on file and available for review.

STANDARD 8. Staff receives appropriate training and supervision.

Compliance 8.1. The supervisor holds scheduled, documented supervisory sessions with each elder abuse worker (and if applicable, student intern) on a weekly or biweekly basis. Both the supervisor and the elder abuse prevention worker's worker logs specify the date and duration of supervisory sessions. The logs should also specify which clients were discussed during supervision. The supervisor may either maintain a supervisory record documenting the nature of cases discussed including any directives provided to the elder abuse prevention worker or supervisory notes may be documented directly in the client's record.

Compliance 8.2. Full and part-time program staff attend and document participation in at least two organized trainings relevant to elder abuse intervention and/or prevention services during the year. Acceptable trainings include those offered by DFTA, Brookdale Center on Aging, universities, clinical institutes, and/or by a guest trainer invited to the agency. Participation is documented on the worker log.

Compliance 8.3 At least twice a year, social/case work staff attend and participate in DFTA's Elderly Crime Victims Resource Center bi-monthly Elder Abuse Case Discussion Group and/or the District Attorney's Elder Abuse or Domestic Violence Task Force. Participation is documented on the worker log.

Compliance 8.4. New elder abuse prevention workers receive appropriate elder abuse training and are provided with written materials about the types and dynamics of elder abuse.

Compliance 8.5. Staff Evaluations: All program staff and any volunteers or student interns providing elder abuse services are evaluated annually (in writing) by their supervisor.

Compliance 8.6. If supervisors note skill deficiencies in the annual evaluation, the agency provides appropriate training (e.g. interviewing, assessment, case planning, cultural diversity, etc.) to enhance the worker's skills.

Compliance 8.7. The supervisor participates in evaluative and quality assurance activities to ensure that program staff are adhering to DFTA standards and guidelines.

PROCEDURES AND METHODS

STANDARD 9. The program screens prospective clients for service needs and appropriateness.

During the intake process the worker: 1) determines the nature of the referral, 2) clearly documents allegations of exploitation/mistreatment, 3) screens for immediate danger, and 4) determines if the client meets program eligibility criteria.

Compliance 9.1. Program services are accessible to eligible persons in the program’s service area without regard to economic status, race, creed, disability, gender, sexual orientation, marital status, or national origin.

Compliance 9.2. The intake worker conducts a screening interview with each prospective client or referral source to determine if mistreatment is suspected and if the client appears appropriate for program service(s).

- If the client appears to meet eligibility criteria, the client is accepted for service.
- Following an in-depth inquiry about the client’s situation, if the client does not appear eligible for program services, the intake worker provides the referral source with information on more appropriate community services and resources that may be of assistance to the older adult.

Compliance 9.3. The program accepts all clients who meet the following criteria:

1. Client is aged 60 or older or is a secondary victim of elder abuse under 60 years of age (see addendum for definition of secondary victim);
2. The client lives in the program’s assigned catchment’s area;
3. The client or referral source made a report that indicates that the elder is a victim of ‘*mistreatment*’, including, abuse and/or active or passive neglect (see addendum);
4. The client does not meet APS criteria for service (see box below); and
5. The person responsible for the alleged elder mistreatment has a ‘trusting relationship’ with the client (e.g. a family member, spouse, boyfriend/girlfriend, friend, trusted professional, etc.).

HRA’s ADULT PROTECTIVE SERVICES TARGET POPULATION

APS’s target population includes persons aged 18 and older who are:

- physically and/or mentally impaired;
- threatened with harm or endangered by the action(s) of themselves or others; (including family members) or have unmet essential needs such as food, shelter, or medical care; and
- cannot help themselves and have no one willing or able to assist them in a reasonable manner

Compliance 9.4. If the case appears to meet HRA’s Adult Protective Services (APS) criteria for assistance—the client appears to have a physical or cognitive impairment and has no one willing or able to provide appropriate care—the worker promptly calls APS to determine if the case is known to their agency.

Compliance 9.5. If the case appears to meet HRA’s Adult Protective Services (APS) criteria for assistance and the client is not known to APS, the case is referred to APS within fifteen business days from the time of referral.

Compliance 9.6. All APS referrals are followed up within five business days (from the time of making the APS referral) to ensure that the client will be evaluated by this agency.

Compliance 9.7. Cases referred to APS are closed within thirty days of making the APS referral. **Exception(s):** The program is able to provide services not available through APS and the case plan clearly explains why the case is open to both agencies or the client is receiving legal representation from the program and refuses APS services.

Compliance 9.8. The elder abuse intake captures the following information:

- Date of referral
- Date of intake (if different from referral date)
- Community district
- Name of intake worker
- Client’s name, phone number, and address
- Client’s age, gender, race/ethnicity
- Referral source information
- Complete description of presenting problem
- Risk screening and assessment
- Client’s primary language

Compliance 9.9. The intake process involves a thorough assessment of the client’s level of risk and potential for immediate danger.

STANDARD 10. Service activities are conducted in a timely manner

Compliance 10.1. Within five business days of receiving a referral from DFTA’s Elderly Crime Victims Resource Center, the worker provides the Elderly Crime Victims Resource Center referral source with the status of referral.

Compliance 10.2. Client Contact: The client is contacted within five business days of receiving the report of mistreatment (contact may be made via phone, in-person, or in writing). **Exception:** If the case is assessed to be “high risk”, the client or referral source is contacted within two business days (or less) of receiving the referral.

Compliance 10.3. Difficult to reach clients: If the worker, despite making a minimum of three telephone attempts, was not able to reach the client or referral source or collateral contact within five business days of receiving the referral, the worker will make at least five additional documented efforts to reach the client/referral source/collateral contact over the next five business days. Over this period, the program will attempt to contact the client/referral source/collateral contact via telephone or letter and/or unannounced home visit as appropriate to the client's individual situation. If the worker is still unable to make contact within ten business days and the program suspects that a crime has occurred, the case is referred to the New York City Police Department. Otherwise, the case is referred to Adult Protective Services.

Compliance 10.4. Assessment: The worker begins conducting the comprehensive assessment interview within ten days of receiving the elder abuse referral.

Compliance 10.5. Assessment: The comprehensive assessment form or computerized assessment is completed within 45 days from the time of referral.

Compliance 10.6. Service Plan. Service plans are developed within five business days of the start of the assessment process (or within 15 days from the time of referral) with the understanding that the care plan may change over the course of service. (See § 14)

STANDARD 11. The program has appropriate procedures for protecting client confidentiality.

The elder abuse worker will ensure the client's right to privacy and appropriate confidentiality when information about the client is released to others.

Compliance 11.1. Information related to the client's case is released to other professionals and agencies only with the written permission of the client. This release will detail what information is to be disclosed, to whom, and in what time frame. This release is to be placed in the client's case record (exception: APS referrals, emergencies, mobile crisis, court orders, DFTA's Elderly Crime Victims Resource Center).

Compliance 11.2. With the client's written consent, the worker makes collateral contacts with appropriate others (e.g., physician, social worker, health unit, hospital, senior center staff etc.) in order to increase the worker's understanding of the client's situation.

Compliance 11.3. If the client's consent is given orally, the worker makes an entry in the client record and on the Release of Information form to document that consent was given and indicates why consent was not provided in writing. The worker initials and dates the entry.

Compliance 11.4. When requesting consent to release information, the elder abuse worker informs the client of the following:

- The voluntary nature of the disclosure.
- The nature and extent of the information being released or requested.
- Reason for release

Compliance 11.5. Certain limits of confidentiality are inherent in service delivery. The elder abuse worker will provide assurances of confidentiality to the client, but also explain the exceptions (e.g. APS, child abuse, 911, subpoena, etc.).

Compliance 11.6. Elder abuse workers must exercise professional discretion in releasing only the information that is relevant to the problem (see *Code of Ethics of the National Association of Social Workers for guidance: <http://www.socialworkers.org/pubs/code/code.asp>*).

Compliance 11.7. The elder abuse intervention worker interviews the client privately and always offers the client the opportunity to be interviewed alone.

STANDARD 12. The program has appropriate procedures for opening and closing cases.

Compliance 12.1. No case is reported as “opened” (or counted as a new client) where only information, referral, and/or consultation were provided.

Compliance 12.2. Cases are considered “open” where service was provided within the last 30 days (**Exceptions:** Client attends the support group only or there is clearly documented service plan specifying why the case is open).

Compliance 12.3. The client’s case is closed if:

- Client’s goals are achieved and service is no longer needed.
- Client refuses further program services.
- Client demonstrates a consistent pattern of noncompliance with the service plan.
- Client passes away
- Client needs a higher level of service than agency can provide (for example, Mobile Crisis and APS situations). (See § 12.6.)
- Despite a minimum of five documented efforts to contact the client, no contact has been made with client (or relevant others) by means of home visit, telephone, mail, etc. for more than 30 days. If the agency is unable to reach the client and thinks a crime is occurring, the case is referred to the NYPD. Otherwise the case is referred to APS.

Compliance 12.4. The program supervisor reviews and sign offs on each case before it is formally closed.

Compliance 12.5. The worker counsels and assists clients in moving from one system to another where more intensive care is needed.

Compliance 12.6. If the client opts to discontinue service, the worker helps the client identify community resources and opportunities that will be of assistance to him or her (e.g. home care, social activities, and so forth).

STANDARD 13. Elder abuse case/social workers take a holistic approach to client assessments.

Assessment is the ongoing process of acquiring an understanding of the client, the client's situation, the problem, and what can be done to minimize or resolve the problem. Assessment involves developing an understanding of the client as a whole person by assessing the interplay among physical, environmental, behavioral, psychological, economic, and social factors. Through the assessment process the elder abuse worker determines the nature, cause, and progression of the problem and the personalities and situations involved therein.

Compliance 13.1. Using the elder abuse assessment instrument provided by the Department, the elder abuse worker conducts a private face-to-face assessment (See § 10.3 and 10.4) with the client which includes all of the following dimensions:

- Presenting problem
- Type(s) and description of reported abuse
- History of mistreatment including previous steps taken to resolve problem
- Client's needs and if applicable, barriers to need fulfillment
- Assessment of client's ability to independently perform activities of daily living
- Client's mental health status
- Client's health status
- Client's relationships/family involvement including collateral contacts
- Client's living situation
- Client's financial status (if client will disclose)
- Abuser factors (e.g. mental health, age, relationship to client, etc.)

Compliance 13.2. The older adult's needs for privacy, safety, support and protection are considered and discussed at all stages of the assessment process.

Compliance 13.3. Information about client's fears, concerns, feelings of ambivalence, and wishes are utilized to assist the worker understand the client's needs.

Compliance 13.4. The assigned elder abuse worker assesses the client's ability to understand their current situation including the potential consequences of remaining in the elder abuse situation.

STANDARD 14. The elder abuse social/case worker does formal written service planning with the client.

Service plans express the priorities and desired outcomes of the working relationship as agreed upon by the client and the elder abuse social/case worker. In developing the service plan, the worker (1) assesses the client's wants, needs, and desires; (2) identifies issues/problems that the client wants to resolve; (3) explores strategies and resources (particularly client strengths) for attaining the desired outcomes; and (4) clarifies the responsibilities and action steps of the worker, the client, and others.

Compliance 14.1. An appropriate, written service plan is developed with the client (See §10.6.). The service plan includes all of the following:

- Client's expectations and choices,
- The problem/need(s) the client has agreed to address,
- Long- and short-term goal(s) and service objectives for ensuing work,
- Major action steps to be undertaken by both worker and client,
- Outcome criteria that will be used to evaluate whether the client's objectives have been accomplished and goals have been attained

Compliance 14.2. The worker recognizes, acknowledges, and respects the client's right to self-determination at all stages of the service planning process.

STANDARD 15. Service plan implementation, monitoring and follow-up occurs in a timely and appropriate manner.

Compliance 15.1. The elder abuse social/case worker carries out all planned actions in accord with the written service plan. All actions are carried out within the timeframes designated in the service plan. If the actions are not taken within designated time frames, the reason for this is clearly stated in the case record and the service plan is revised.

Compliance 15.2. The elder abuse work encourages the client to carry out any actions for which he/she has responsibility (e.g. rather than the worker calling the doctor, the worker encourages the client to call to schedule a doctor's appointment).

Compliance 15.3. The service plan is reviewed and revised for continuing appropriateness to the client's needs/wishes.

Compliance 15.4. The case record clearly indicates whether each service plan was achieved and if not, why not.

ADHERENCE TO TARGET POPULATION AND TARGET AREAS

STANDARD 16. Service is provided to eligible residents of all neighborhoods in the program's contract service area.

- All clients meet the eligibility criteria outlined in § 9.3.
- The program can demonstrate service to persons who live in all community districts in the contracted service area.
- In accord with its agreement with DFTA, the program provided service to the targeted number of new clients.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 17. The space is conducive to performing elder abuse prevention & intervention activities.

Compliance 17.1. Space is available to conduct client interviews in privacy.

Compliance 17.2. If the agency is closed or staff are unable to answer the telephone, there is a mechanism available to provide clients with a voice message indicating that the office is closed and specifying where they can call for help if they require immediate assistance (e.g. 911, 311, Victim Services 24-hour Hotline, the Mayor's Domestic Violence Hotline).

Compliance 17.4. Only authorized personnel have access to program files.

Compliance 17.5. Case files are not removed from the premises and are at all times available to authorized personnel. If the file needs to be removed for any reason (e.g. court appearance) a complete copy of the record remains on the premises.

Compliance 17.6. Files are kept in a secure area.

RECORD KEEPING AND REPORTING

STANDARD 18. The program maintains client files and other required documentation of service activities.

Compliance 18.1. Program files: All program files and worker logs are maintained on-site for seven years.

Compliance 18.2. Worker logs: Each worker maintains a worker log that documents:

- The name of the worker providing assistance
- The date assistance was provided
- The name of each client receiving service
- The type of service provided
- The amount of time spent providing service to the client

Compliance 18.3. Client Files: Each client's case record contains the following:

- Elder abuse worker's case notes which clearly explain and elaborate upon activities and services documented on the worker log.
- Case note entries that are sufficiently clear to enable a reader (e.g. another caseworker, the supervisor, program officer, or other authorized person) to understand exactly what was done for/with the client, including the nature of any counseling or supportive assistance or contacts made on behalf of the client.

- Copies of any legal documents (e.g. police reports, orders of protection, etc.) related to the case.
- A completed intake (see § 9.6)
- A completed assessment (see § 13)
- A complete and current service plan (see § 14)
- A signed release of information form

Compliance 18.4. Elder Abuse Prevention Activities: The program keeps a record of all elder abuse prevention activities including agendas, flyers, and activity sign-in sheets.

Compliance 18.5. Escorted Trips: The worker or escorted trip log indicates:

- Name of the elder abuse worker escorting the client
- Client's name
- Date service was provided
- Destination (e.g. court, health care, police, etc.)

Compliance 18.6. Elder Abuse Support Groups: The support group log includes:

- Name of the elder abuse worker(s) facilitating the group
- Group attendees names and signatures
- Date of the group
- Corresponding case notes in each group participant's case file

Compliance 18.7. Transportation: The worker or transportation log indicates:

- Name of the elder abuse worker coordinating transportation for the client
- Client's name
- Date service was provided
- Destination (e.g. court, health care, police, etc.)

Compliance 18.8. Security Device Installation: The worker log indicates:

- Name of the elder abuse worker arranging for the installation of the home security device
- Client's name
- Date service was provided
- Type of device installed
- An authorization form signed by the client or receipt from the vendor

Compliance 18.9. Emergency Financial Assistance: The client's case record includes:

- Client's name
- Date financial assistance was provided
- Dollar amount of assistance provided
- Signed client authorization/emergency financial assistance acknowledgment forms or receipt of purchase/bill payment from vendor

STANDARD 19. The program should correctly documents and reports units of service to DFTA.

Compliance 19.1. The case record corresponds with each client-related activity reported on the worker log.

Compliance 19.2. The program correctly reports documented units of service.

Compliance 19.3. All persons reporting units appear on the contract budget or are included (in-kind) on the budget narrative.

STANDARD 20. The program accurately completes and submits all reports required by DFTA.

- The program submits timely monthly reports.
- The program submits timely quarterly reports.
- Reports are fully and accurately completed.

STANDARD 21. The program utilizes automated intake and assessment forms provided by DFTA.

Compliance 21.1. DFTA's automated elder abuse intake and assessment forms are fully utilized by the program.

SPECIAL INITIATIVES

The following represent special opportunities to earn additional units:

Innovative outreach and elder abuse training efforts (e.g. police breakfasts, recognition ceremonies, conferences, etc.) may, upon DFTA approval, merit additional education units. In general, the program may earn one unit for each hour spent conducting the event for a maximum of three hours. This policy applies only to special initiatives.

ADDENDUM

Definitions:

Elder Abuse: Elder abuse generally refers to any of several forms of maltreatment (physical, sexual, financial, psychological, and/or active or passive neglect) of a person aged 60 or older by someone who has a special or “trusting” relationship with the elder (a spouse, a sibling, a child, a friend, or a caregiver, etc.).

New client: A new client is any new, unduplicated individual receiving elder abuse program services during the course of the fiscal year. This includes any client closed during the previous fiscal year and reopened during the course of the current fiscal year. The “new client” does **not** include clients carried over from one fiscal year to another or any clients closed and reopened during the current fiscal year. The new client does **not** include clients who do not meet eligibility criteria nor does it include clients who were provided with “information only”. Secondary victims (see definition below) who are provided with services may be counted as new clients.

Secondary Victim: A secondary victim is the primary victim’s significant other, child, or a person who resides in the elder abuse victim’s household and has observed and/or has been indirectly affected by the elder abuse situation. The secondary victim is one who experiences many of the same psychological injuries and feelings as the primary victim.

Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, sexually explicit photographing, and unwanted exposure to sexually explicit materials or acts.

Emotional or psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the “silent treatment;” and enforced social isolation are examples of emotional/psychological abuse.

Financial or material exploitation is defined as the illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care. Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder. Neglect can also include abandonment by the primary caregiver.

Trusting Relationship: The dynamics of elder abuse differ from stranger crimes in that the perpetrator of elder abuse is someone that the client knows and trusts. The perpetrator of elder abuse is one who has established a close, ongoing relationship with the elder. Generally, the older adult will have a strong sense of loyalty to the perpetrator. Most often the trusted other is a spouse/partner, an adult child or grandchild, or another family member. An unrelated person (for example, a friend, caregiver, trusted professional or unscrupulous individual) may also develop a close relationship with an elder victim with the goal of financial gain. The “new best friend” or “girlfriend” or “boyfriend” may also be perpetrators of elder abuse.

Undue Influence: The substitution of one person's free will and individual judgment for the will of another; undue influence generally occurs when an individual is physically and/or mentally incapacitated or is experiencing some form of vulnerability (e.g. the individual is dependent on another for basic survival, the individual has experienced a recent traumatic loss, etc.). Perpetrators are persons in a position of trust or authority. Most often they are persons who have established close, trusting relationships with the individual. Examples of undue influence include isolating the victim from family and friends, fostering dependency by controlling the victim's access to activities and basic necessities, promoting powerlessness, and keeping the victim unaware of reality.

