



**Department for  
the Aging**

# Elder Abuse Prevention and Intervention Services (EAPIS) Scope of Services and Standards of Operation

*Updated December 2016*

# Table of Contents

<b>Introduction</b>	2
<b>Scope of Service</b>	2
Standard 1: Eligibility and Referrals	2
Standard 2: Case Assistance	3
Standard 3: Service Plan	4
Standard 4: Client Counseling	4
Standard 5: Supplemental Services	5
Standard 6: Service Provision	5
Standard 7: Continuity of Care	5
Standard 8: Management of Caseloads	5
Standard 9: Client Confidentiality	6
Standard 10: Outreach and Educational Activities	6
Standard 11: Linkages and Collaborative Partnerships	7
<b>Levels of Service</b>	7
Standard 12: Budgeted Units	7
Standard 13: Unit Definitions	8
<b>Staff Appropriateness and Continuity</b>	8
Standard 14: Staffing	8
Standard 15: Staff Qualification	8
Standard 16: Supervision and Training	9
<b>Adherence to Target Populations and Target Areas</b>	9
Standard 17: Service Area	9
<b>Recordkeeping and Reporting</b>	10
Standard 18: Documentation	10
Standard 19: Reporting	11
<b>Definitions and Service Units</b>	12

## Introduction

DFTA's Elder Abuse Prevention and Intervention Services (EAPIS) programs have a dual mission: 1) To assist and ensure the safety of elders 60 years of age and older who are victims of elder abuse (see Service Definitions); and 2) To promote early recognition/intervention and to prevent further instances of elder abuse through outreach and through educational presentations.

Programs provide case assistance and counseling as core intervention services. The objective of intervention services is to increase the client's sense of control and self-acceptance and provide him/her with a range of legal and social service options for ending abuse. Programs provide elder abuse education and outreach as prevention services. The objective of prevention services is to improve detection and reduce the incidence of elder abuse through activities that heighten public and professional awareness of elder abuse and its warning signs.

EAPIS programs use a holistic and multi-disciplinary approach to service provision in order to avoid unnecessary duplication of services and supports and to provide elder abuse victims with a seamless continuum of care. To maximize and leverage the services they provide, programs collaborate with DFTA's Elderly Crime Victims Resource Center, DFTA-funded case management agencies and caregiver programs, the Mayor's Office to Combat Domestic Violence and its Family Justice Centers, the New York Police Department, courts, District Attorney Offices, Mobile Crisis Teams, the housing police and NYCHA social services, legal services to the elderly providers and the Human Resources Administration's Adult Protective Services.

## Scope of Service

### **Standard 1: Eligibility and Referrals**

The program accepts referrals and screens for eligibility

**Compliance 1.1.** The program accepts referrals that meet the following criteria:

- Client is age 60 or over or is a secondary victim of elder abuse under the age of 60;
- Client lives in the program's catchment area;
- Client or referral sources has reported that the elder is a victim of mistreatment, including active/passive neglect (see definitions), or that the elder is allegedly or presumptively a victim;
- Client does not meet APS criteria for service. Note: See Definitions and Service Units for APS criteria.
- The person responsible for the (alleged) elder mistreatment has a trusting relationship (e.g. a family member, spouse, partner, boyfriend/girlfriend, friend, trusted professional) with the client.

**Compliance 1.2.** Within five business days of receiving a referral (from ECVRC or other source, e.g. self, family member, friend, neighbor, community-based organization, police, DA's office), a worker makes contact with the prospective client or referral source. Note: Self referrals and referrals from law enforcement should receive special attention so that the intake can be completed the day of the initial call.

*Exceptions:*

- *If the client is reported to be high risk, contact is made within 24 hours of receiving the referral.*
- *In imminent life-threatening emergencies, the worker calls 911 and follows up with the client the next business day to assess needs and safety concerns.*

**Compliance 1.3.** During the first contact with the client/referral source, the worker:

- Gathers preliminary information about reason for the referral;
- Determines if mistreatment is alleged/suspected;
- Screens for immediate danger;

- Determines if the client appears appropriate for program services; and
- Provides “crisis intervention” if the client is considered to be in crisis (*see Definitions and Service Units - Counseling*).

**Compliance 1.4.** If the worker is unable to reach the client or referral source after making a minimum of three telephone calls within five business days of receiving a referral, the worker:

- Refers the case to the NYPD if there is suspicion that a crime has occurred; or
- Refers the case to APS if the person appears APS-eligible and the situation appears to warrant further attention (e.g. the referral source is credible and the complaint appears real but not life threatening); or
- Takes no further action if the situation appears to be stable and/or the complaint appears to be invalid.

**Compliance 1.5.** Within five days of receiving the referral, the worker conducts an intake and screening interview. The intake process aims to preemptively determine the alleged victim’s eligibility for the EAPIS program. It involves an assessment of the alleged victim’s level of risk and potential for immediate danger. The intake worker conducts a screening interview with each prospective client or referral source to determine if mistreatment is suspected and if the prospective client appears eligible for program services. If the worker determines that the alleged victim appears eligible for program services based on this screening, the worker completes the Referral Details and Supplemental Intake sections in DFTA’s client data system and this opens the case.

**Compliance 1.6.** If the client has been referred to the program by DFTA’s Elderly Crime Victims Resource Center or other DFTA-funded program, the program informs the referral source of the client’s status within five business days of receiving the referral.

**Compliance 1.7.** If the alleged victim does not appear eligible for program services, the intake worker provides the elder and or the referral source with information on more appropriate community services and resources.

**Standard 2: Case Assistance**

The program provides case assistance as a core service.

**Compliance 2.1.** All clients receive case assistance (See Definitions and Units)

**Compliance 2.2.** Within ten business days of referral, the assigned worker conducts a private, face-to-face or telephone interview with the client in a location that is in the best interest of the client and respects the client’s need for privacy, safety, support and protection. The purpose of the interview is to begin a comprehensive assessment of the client’s needs. (The comprehensive assessment form can be found in DFTA’s client data system). To the extent possible, the worker gathers information about:

- The client’s physical, environmental, behavioral, psychological, economic and social situation;
- The nature, cause and progression of the elder abuse that has occurred/is occurring, including the persons involved and their relationship(s);
- The client’s strengths;
- The client’s ambivalences and ability to understand his/her current situation, including the potential consequences of remaining in the abusive situation.

**Compliance 2.3.** As part of the initial assessment, the worker completes a Safety Plan with the client and the Client Abuser Relationship Profile and Risk Factor forms in DFTA’s client data system.

**Compliance 2.4.** As part of the assessment, the worker screens the client for depression using the Patient Health Questionnaire 9 (PHQ9) or documents reason why it cannot be done. DFTA encourages but does not require screening for anxiety, using the Generalized Anxiety Disorder Scale (GAD7).

**Compliance 2.5.** With the client's consent, the worker makes collateral contacts with appropriate others (e.g. physician, social worker, health unit, hospital, senior center staff, etc.). The program offers services but does not share client information until such time as client gives consent.

**Compliance 2.6.** Within 45 business days from the time of referral, the worker completes the comprehensive assessment, a service plan, enters the information into DFTA's client data system, and the worker's supervisor reviews.

### **Standard 3: Service Plan**

**Service plan implementation, monitoring and follow-up occur in a timely and appropriate manner.**

**Compliance 3.1.** The worker uses information obtained through the assessment to develop a service plan together with the client that addresses the issues/problems the client wants to resolve and takes into account his/her needs, fears, strengths and preferences. The service plan includes:

- Problems/needs the client agrees to address and long/short term goals and objectives for achieving these;
- Major action steps to be undertaken by the worker and the client, including:
  - case assistance activities as needed by the client (e.g. planned contacts/referrals/criminal justice support, assistance obtaining entitlements and benefits, application to Office of Victims' Services funds);
  - type(s) of counseling that will be provided and its purpose (e.g. supportive counseling; participation in a support group; group and/or individual clinical therapy); how counseling will be provided (by the program, through referral or through sub-contract);
  - activities to address needs of abuser (if warranted);
  - Supplemental Services, as needed (types and how they will be provided).
- Anticipated outcomes;
- Outcome criteria that will be used to evaluate whether the client's objectives have been accomplished and goals have been met.
- Update to Safety Plan as needed.

**Compliance 3.2.** The worker recognizes and respects the client's right to self-determination at all stages of the service planning process.

**Compliance 3.3.** The worker carries out all planned actions in the written service plan. Actions are carried out within the timeframes designated in the service plan. If an action is not taken within the designated time frame, the reason for this is clearly stated in the case record.

**Compliance 3.4.** The worker encourages the client to carry out any actions for which she/he has responsibility.

**Compliance 3.5.** During supervision, the service plan is reviewed for continuing appropriateness to the client's needs/wishes and revised when necessary.

**Compliance 3.6.** The case record clearly indicates whether each service plan action was achieved, and if not, states the reason.

### **Standard 4: Client Counseling**

**The program provides counseling to each client as a core service.**

**Compliance 4.1.** All clients receive ongoing supportive counseling (*see Definitions and Service Units*).

**Compliance 4.2.** When needed, clients receive formal, structured counseling and/or clinical therapy (individual or group) and/or support group therapy, in accordance with the service definitions. (See Definitions and Service Units.)

**Compliance 4.3.** Clients in crisis receive crisis intervention counseling in accordance with the service definition. (See Definitions and Service Units.)

**Standard 5: Supplemental Services**

The program provides budgeted Supplemental Services directly or through sub-contract.

**Compliance 5.1.** The program provides/arranges for budgeted supplemental services in accordance with service definitions. (See Definitions and Service Units.)

**Standard 6: Service Provision**

The program provides services to the abuser when in the client's best interest.

**Compliance 6.1.** With supervisory approval, the worker may address the needs of the abuser if meeting those needs can be expected to have a positive impact on the client's health and safety. For example, the program may provide benefits enrollment if the unmet needs of the abuser are contributing to the elder abuse situation, or the worker may provide information and referral to social services providers, employment training programs, counseling services (including the ACT team and mental health management), drug and alcohol treatment and rehabilitation.

**Standard 7: Continuity of Care**

The program ensures continuity of care when clients are referred to other systems or to DFTA-funded service agencies.

**Compliance 7.1.** When a worker refers an established client to APS, the worker follows up with APS to ascertain disposition within five business days of the referral. The worker continues to be engaged in the client's case – the case is kept open – until it can be officially documented that APS has assigned a worker to the client, at which point the EAPIS worker closes the case indicating that APS has taken it over.

*Exception: The case is kept open if the program is able to provide services not available through APS. Explanation of why the case is open at both agencies is documented in the service plan.*

**Compliance 7.2.** When a client is referred to another service provider, the worker continues to provide elder abuse services based on program expertise. When the provider is a case management or caregiver services program, the worker maintains regular contact with the provider concerning the client's status or until elder abuse services are no longer needed.

**Compliance 7.3.** If the client opts to discontinue service, the worker helps the client identify emergency contacts and community resources and assists with safety planning and accessing resources that will be of assistance to him or her – e.g. home care, social activities.

**Standard 8: Management of Caseloads**

The program manages caseloads in accordance with DFTA guidelines.

**Compliance 8.1.** The program averages client case load ratios at a minimum of 1:38 by the fourth quarter of the first contract year.

**Compliance 8.2.** The program averages a minimum of six new clients per worker per month by the fourth quarter of the first contract year. (See Service Definitions.)

**Compliance 8.3.** The program closes cases with supervisor consultation and approval when:

- The client's goals are achieved and services are no longer needed.
- The client refuses further program services/requests case closure.
- The client demonstrates a consistent pattern of noncompliance with the service plan.
- The client no longer needs the service as s/he has passed way, moved way, been placed in a nursing home, or the services needed cannot be provided by the EAPIS program.
- The client needs a higher level of service than the program can provide (e.g. APS when they officially take over).
- The case is inactive (i.e. no service have been provided for 30 days).

### **Standard 9: Client Confidentiality**

**The program has an appropriate protocol for protecting client confidentiality.**

**Compliance 9.1.** The worker obtains the client's written consent to release information to other professionals/agencies as soon as possible. Information related to the client's case is released to other professionals and agencies only with the written permission of the client. If it is only possible to get the client's verbal consent, the worker documents in the client record and on the Release of Information that verbal consent was given and reason for so doing. The worker initials and dates the entry.

*Exception: The client's consent is not needed for APS referrals, or in response to emergencies, mobile crisis or court order.*

**Compliance 9.2.** Only authorized personnel have access to program files and the DFTA client data system.

**Compliance 9.3.** Case files are not removed from the premises and are at all times available to authorized personnel. If for any reason the file needs to be removed (e.g. for court appearance), a complete copy of the record remains on the premises.

**Compliance 9.4.** Client paper records, which include the signed Release of Information form, are maintained in locked program files.

### **Standard 10: Outreach and Educational Activities**

**The program conducts outreach and educational activities in accordance with its Annual Plan, with particular attention to increasing utilization of elder abuse services in under-served communities.**

**Compliance 10.1.** Each July, the program develops and submits to DFTA its plan for culturally competent outreach and education to increase awareness of elder abuse and available services. The Plan includes:

- The number (#) of planned senior audience presentations (minimum of four); groups that will be targeted; community districts that will be targeted; and timeframes for delivery of presentations. *Note: Two of the four presentations may focus on elder abuse prevention measures such as estate planning, health care proxies, power of attorney, etc.*

- The number (#) of planned professional presentations (minimum of two); groups that will be targeted (e.g. caregiver program social workers, senior center staff, case managers, domestic violence workers, Mobile Crisis staff, APS workers, bank tellers, religious leaders); and timeframes for delivery of presentations.
- The number (#) of planned outreach activities; types and methods of outreach (e.g. mailings, phone calls, meetings, trainings); projected number of participants/people to be reached via that method; and timeframes for completing each activity.
- Annual event (October, May, or June) to acknowledge Domestic Violence, Elder Abuse, or World Elder Abuse Month. This is in addition to required educational presentations.

**Compliance 10.2.** Outreach and educational activities are conducted as planned and within projected timeframes. The program documents reasons for deviations from planned targets, topics and timeframes.

**Compliance 10.3.** The program conducts its educational presentations for older persons in locations that are geographically accessible to seniors from all neighborhoods of the program's service area.

**Compliance 10.4.** The program reviews its Outreach Plan semi-annually, and revises the plan in consultation with DFTA if it is not generating new clients at a satisfactory rate to meet expected levels.

### **Standard 11: Linkages and Collaborative Partnerships**

**The program develops linkages and collaborative partnerships with a broad range of agencies and organizations in order to meet the multi-service needs of victims.**

**Compliance 11.1.** The program develops and maintains working relationships with a range of providers such as: law enforcement (NYPD, designated police precinct(s), domestic violence officers, housing police; appropriate courts; the District Attorney's Offices; the NYC Family Justice Centers; the Mayor's Office to Combat Domestic Violence; legal service providers; senior centers; case management agencies; Mobile Crisis Teams; HRA's Adult Protective Services (APS); NYCHA; caregiver programs; and faith-based programs.

**Compliance 11.2.** The program's referral sources demonstrate linkages with a broad range of services providers, seniors and community leaders.

**Compliance 11.3.** Referrals made by the program demonstrate robust linkages with DFTA-funded contractors; other community resources; legal providers where appropriate; law enforcement agency where appropriate (the District Attorney's Office, the NYPD, and the Attorney General's Office).

**Compliance 11.4.** The program's educational presentations demonstrate coordination with a wide range of organizations, agencies, and other types of resources.

**Compliance 11.5.** The program maintains a linkage with its borough's NYC Family Justice Center.

## **Levels of Service**

### **Standard 12: Budgeted Units**

**The program provides the annual budgeted units for case assistance and counseling.**



**Compliance 12.1.** The total number of units delivered for core services (case assistance and counseling) is within the 10% variance allowed by DFTA.

**Standard 13: Unit Definitions**

The program uses the correct unit definitions in documenting the provision of services.

**Compliance 13.1.** Units of core services and supplemental services reported by the program conform to DFTA unit definitions (See Service Definitions).

**Compliance 13.2.** A unit of elder abuse education is each planned, organized and scheduled educational activity attended by at least ten persons. If fewer than 10 persons are scheduled to attend, the activity cannot be reported as education/training.

## Staff Appropriateness and Continuity

**Standard 14: Staffing**

Program staffing is sufficient to serve the program's catchment area and the proposed number of clients.

**Compliance 14.1.** The program (including subcontractors and partners) has the capacity at all times to assign a qualified elder abuse worker to each elder abuse client and to provide all EAPIS activities.

**Compliance 14.2.** All persons reporting units appear on the contract budget or are included (in-kind) on the budget narrative.

**Standard 15: Staff Qualification**

Only qualified persons provide client services.

**Compliance 15.1.** Persons that work with clients demonstrate these competencies:

- Cultural sensitivity/competence in recognizing and addressing the special needs and challenges of New York City's diverse populations, including different socio-economic, racial and ethnic older populations as well as recent immigrants, and lesbian, gay, bisexual, transsexual and transgender older adults.
- Thorough knowledge of the various forms of elder abuse and the impact of elder abuse on physical, mental, sexual, financial, social and psychological well-being.
- Skill in evaluating the client's current situation including potential dangers.
- Skill in utilizing information about the client's fears, concerns, ambivalence and wishes to understand the client's needs.
- Thorough knowledge of community resources for elder abuse victims.
- Ability to utilize good judgment and prudence.

**Compliance 15.2.** The Program Director or at least one supervisor has an MSW degree or LCSW credentialing, or a Master's degree in a related field and with significant relevant experience.

**Compliance 15.3.** Each elder abuse worker (who provides direct services) hired after July 1, 2015 has an MSW degree or LCSW credentialing or closely related Master's degree.

*Note: The program must obtain approval from DFTA for anyone hired after July 1, 2015 without this credentialing.*

*Note: At this time, social workers holding Master's degrees are not required to have a license to work in this or for this program. However, should the law change and licensure become a requirement established by the State, DFTA would comply with the State regulation and require licensure of MSWs hired by its contractors, subcontractors and consultants.*

## **Standard 16: Supervision and Training**

**Persons providing elder abuse services are appropriately trained and supervised.**

**Compliance 16.1.** All direct service staff attend 14 hours of training annually on issues related to elder abuse. Training is provided by reliable sources (e.g. DFTA, SOFA, ACL or other non-profit or mayoral agency, with DFTA's approval).

*Note: Part-time staff members attend training hours in proportion to their annual work hours.*

**Compliance 16.2.** At least twice annually, direct service staff attend one of the following: an elder abuse case discussion group, District Attorney's Elder Abuse or Domestic Violence Taskforce meeting, Domestic Violence/Borough Elder Abuse Task Force Meeting, or an Elder Abuse Coalition/Network meeting. A total of two hours of these meetings can be counted toward the required 14 hours of training.

**Compliance 16.3.** Newly hired direct service staff who have no documented experience working with victims of elder abuse receive appropriate elder abuse training and written materials about the types and dynamics of elder abuse before working with clients.

**Compliance 16.4.** Supervisor(s) hold scheduled sessions with each direct service worker (and each student intern working with clients) on a weekly or biweekly basis to discuss cases. Supervision may be provided individually or to a group of workers. The supervisory session is documented in DFTA's client data system.

**Compliance 16.5.** Supervisor(s) conduct annual written evaluations of all program staff, volunteers and interns who provide elder abuse services.

**Compliance 16.6.** The program provides appropriate training to enhance skill deficits noted. (e.g., interviewing, assessment, case planning, cultural competence).

**Compliance 16.7.** The program is responsible for the recruitment and screening of employees and volunteers performing work, including the verification of credentials, references, background checks and suitability for working with clients and participants. The program complies with all Federal, State and city laws. Copies of background checks are kept on file.

## **Adherence to Target Populations and Target Areas**

### **Standard 17: Service Area**

**The program serves its contracted service area.**

**Compliance 17.1.** The program can demonstrate that it serves elder abuse victims (this may include persons who were alleged to be elder abuse victims but allegations were not substantiated) who reside in all community districts in its contracted service area, with priority given to low-income minority elders.

**Compliance 17.2.** The program can demonstrate that it has effectively responded to the cultural and linguistic needs of mistreated elders among the diverse populations in its contracted service area.

## Recordkeeping and Reporting

### **Standard 18: Documentation**

The program maintains required documentation of client and service information.

**Compliance 18.1.** Each client's case record contains the following:

- A completed/approved Intake.
- A completed/approved Assessment.
- Client's safety plan and amendments to the plan.
- A signed Release of Information Form.
- Copies of any legal documents (e.g. police reports, order of protection, etc.) related to the case.
- Elder abuse workers' case notes which clearly explain and substantiate units indicated in DFTA's client data system.

*Note: Case Notes are written within 5 business days of the event date.*

**Compliance 18.2.** The program enters information on each support group into DFTA's client data system, including name of the individual worker(s) facilitating the group; group attendee names, and date of the group. Corresponding case notes are maintained in each group participant's case file.

**Compliance 18.3.** The program maintains a record of all elder abuse prevention and outreach activities, including agendas, flyers, and activity sign-in sheets.

**Compliance 18.4.** The program maintains the following information in DFTA's client data system on Supplemental Services provided to clients:

Escorted Trips. Documentation indicates:

- Name of worker escorting a client.
- Client's name.
- Date service was provided to each client.
- Destination for each trip (e.g. court, health care, police, return home, etc.)

Transportation. Documentation indicates:

- Name of worker coordinating transportation.
- Mode of transportation.
- Client's name.
- Date service was provided to each client.
- Destination (e.g. court, health care, police, return home, etc.)

Security Device Installation. Documentation indicates:

- Name of 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.
- Receipt of payment from the vendor.

Emergency Cash Assistance/Emergency Financial Assistance. The client's case record includes:

- Date financial assistance was provided.
- Type of financial assistance provided (cash to client or check/other payment to vendor).
- Purpose of assistance.
- Signed client authorization/acknowledgment form for each instance of assistance.
- Receipt of purchase/bill payment from vendor where applicable.

**Compliance 18.5.** The program maintains documentation of worker activities. Each worker's documentation includes:

- Name;
- Date assistance was provided;
- Name of each client receiving assistance;
- Type of service/activity provided;
- The amount of time spent on each service activity.

### **Standard 19: Reporting**

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

**Compliance 19.1.** The program complies with DFTA's requirements for submitting reports and other data.

**Compliance 19.2.** Submissions to DFTA are accurate, complete and timely.

## Abuse Prevention and Intervention Services (EAPIS)

### Definitions and Service Units

#### Elder Abuse

Elder Abuse refers to any of several forms of maltreatment of a person aged 60 or older by someone who has a special or “trusting” relationship with the elder (e.g. a spouse, sibling, child, friend or caregiver).

#### Forms of Elder Abuse

- Physical abuse is the non-accidental use of force that results in bodily injury, pain or impairment, including but not limited to, being slapped, burned, cut, bruised or inappropriately restrained.
- Sexual abuse is non-consensual contact of any kind, including but not limited to, forcing sexual contact with the abuser or forcing sexual activity with a third party.
- Emotional abuse is the willful infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct, including but not limited to, frightening or intimidating an older adult.
- Active neglect means willful failure by the caregiver to fulfill the care functions and responsibilities assumed by the caregiver, including but not limited to, abandonment, willful deprivation of food, water, heat, clean clothing and bedding, eyeglasses, dentures, required assistive devices; or denial of health-related services.
- Passive neglect means the non-willful failure of a caregiver to fulfill the care functions and responsibilities assumed by the caregiver due to inadequate caregiver knowledge or infirmity. Forms of passive neglect include, but are not limited to, abandonment or denial of food, water, heat, clean clothing and bedding, eyeglasses, dentures, required assistive devices; denial of health-related or other prescribed services.
- Financial exploitation is the improper use of an older person’s funds, property or resources by another individual, including but not limited to, fraud, false pretense, embezzlement, conspiracy, forgery, falsifying records, coercing property transfers or denying access to assets.

#### APS (Adult Protective Services)

Physically and/or mentally impaired adults who are at risk of harm can get help through the Adult Protective Services Program (APS) of New York City’s Human Resources Administration. APS is available to persons 18 years of age and older without regard to income who are mentally and/or physically impaired; and who, due to these impairments, are unable to manage their own resources, carry out the activities of daily living, or protect themselves from abuse, neglect, exploitation or other hazardous situations without assistance from others; and who have no one available who is willing and able to assist them responsibly.

#### Case Assistance Service

Case assistance is a core EAPIS program service. EAPIS case assistance includes but is not limited to:

- Screening, intake and client evaluation, including depression screening.
- Development of a safety plan with the client.
- Development of a service plan with the client.
- Provision of accurate and sufficient information about resources, services and opportunities (e.g. legal options and instruments, supportive services) to facilitate informed decision-making.
- Assistance with applying for benefits, entitlements, and services, including but not limited to legal services, case management services, caregiver services, SCRIE, SNAP, medical care, counseling services, faith-based services, transportation, sources of financial assistance; installation of security devices.

- Assistance with filing for funds from the Office of Victims Services, obtaining orders-of-protection; filing police reports; filing reports with the Attorney General's Office and/or the District Attorney's Offices; filing a mental hygiene warrant to assist the abuser in getting mental health services.
- Assistance with obtaining emergency shelter and/or respite services for the victim.
- Advocacy on behalf of clients to obtain services or benefits or to prevent or forestall actions such as eviction, service cut-off, denial of benefits.
- Referral to and coordination with other agencies on behalf of clients, e.g. APS, banks, social service organizations, medical providers, government entities and programs.
- Accompanying a client to court, police station, medical appointment, etc.
- Communication with clients (in-home, office, or via telephone or mail/email).
- Communication with collateral contacts on behalf of the client.

Case Assistance Unit. A unit of EAPIS case assistance is each hour, including quarter hours, spent conducting a case assistance service (or services). It also includes:

- completion of paperwork related to a client's case;
- documentation in client's case record, including computer entries;
- case supervision;
- making collateral contacts on behalf of the client;
- traveling to meet with the client

*Note: Case Assistance can be counted at any point in the process: 1) through the Service Ticket for cases not officially opened; or 2) through the case file for cases officially open.*

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.

## Counseling Service

Counseling is a core EAPIS program service. The program provides the following four types of elder abuse counseling:

Informal, ongoing and unstructured supportive counseling. This type of counseling is intended to address stress and anxiety. Supportive counseling:

- Provides validation to the client through reassurance, clarification and empathic listening.
- Explores emotional barriers to accepting interventions or developing a safety plan, including self-blame.
- Addresses social isolation by encouraging the client to take advantage of existing community services and resources.
- Educates the client about elder abuse dynamics and its patterns of escalation over time.

Formal, structured counseling and/or clinical therapy (individual or group therapy). This type of formal, structured counseling/therapy is intended for clients with diagnosable mental health issues such as depression, PTSD, or anxiety or clients with personal problems of a complex nature. It follows commonly accepted therapeutic techniques, including but not limited to cognitive behavioral therapy, problem-solving treatment, trauma response/debriefing, role play, cognitive reframing, and motivational interviewing. Structured counseling and/or clinical therapy:

- Must be provided by qualified persons, e.g. LMSW, LCSW, MA or MS in Psychology or in related field; PhD in Psychology or related field.
- May be provided directly or through sub-contract.
- May be provided in-person or over the phone.
- May occur in the client's home or in the office setting.

Support Groups. Support groups are structured and limited (8-10 weeks) and consist of three or more individuals. Some of the ways support group participation might benefit a client include helping him/her to: feel less lonely, isolated or judged; gain a sense of empowerment and control; improve coping skills and sense of adjustment; and speak openly and honestly about her/his feelings. Support groups:

- Must be provided by qualified persons, e.g. PhD, LMSW, LCSW, MA or MS in Psychology or in related field; or BSW when supervised by LMSW or PhD level professional.
- May be provided directly or through sub-contract.

*Note: The support group time limitation does not preclude the program from reconvening the group, extending the group (in consultant with DFTA) or have a client continue in a subsequent group.*

Crisis Intervention. A "crisis" situation is one that requires intervention generally within 24 hours, e.g. for potentially life-threatening medical emergencies, suicidal ideation accompanied by a plan, or situations where the client feels her/his life is in immediate danger. Crisis counseling is designed to achieve rapid stabilization and to assure the safety of the individual. Its primary objective is to restore the client to pre-crisis levels of function by providing rapid risk screening, assessment, reassurance and safety planning.

**Counseling Unit.** A unit of elder abuse counseling is each hour spent providing unplanned or planned face-to-face counseling services to a client or group (homebound and individuals in need of immediate crisis intervention may be assisted via telephone). Counseling is provided by program workers or contracted out. A counseling unit may be reported for each hour of:

- Individual, group, or family crisis counseling or therapy sessions.
- Structured and time limited support group sessions (8-10 weeks with 3 or more individuals);
- .Support group preparation time – one hour for each support group session delivered by the program to a group of three or more clients.
- Updating counseling, therapy or support group related case notes.
- Case supervision on counseling, therapy and support group clients.
- Travel time to meet with the client

### High Risk

A case is considered to be "High Risk" when it has been reported to involve physical violence, no access to food and/or water, lack of heat when required by City regulations or lack of medication because the abuser has stolen it or otherwise made it unavailable to the older person. A situation is also considered high risk when the reported live-in abuser is suffering from mental illness that involves delusions or hallucinations.

### New Client

A new client is any individual whose case has been opened (Intake information entered into DFTA's client data system) during a designated time period because s/he meets the following eligibility criteria:

- Client is age 60 or over or is a secondary victim of elder abuse under the age of 60;
- Client lives in the program's catchment area;
- Client or referral source has reported that the elder is a victim of mistreatment, including active/passive neglect (see definition of Elder Abuse) or that the elder is allegedly or presumptively a victim;
- Client does not meet APS criteria for service;
- The person responsible for the alleged elder mistreatment has a trusting relationship (e.g. is a family member, spouse, partner, boyfriend/girlfriend, friend, trusted professional) with the client.

The count of new clients must be unduplicated. The program is expected to serve an average of six new clients per worker per month over the course of the fiscal year. "New clients" are (1) clients with case files newly created and

opened during the present fiscal year; or (2) clients with case files closed during the previous fiscal year and reopened during the course of the current fiscal year, or (3) secondary victims (see definition below) who are provided with services. "New clients" are not (1) clients carried over from one fiscal year to another; or (2) clients closed and reopened during the current fiscal year; or (3) clients provided with information only.

In order to be included in the new client count a client must receive at least one unit of service.

### **Safety Plan**

Developing a safety plan with the elder abuse client is one of the first concerns of the direct service worker. It helps the client plan in advance how s/he will try to manage potentially dangerous situations. It includes what the client can do to protect her/himself against family members who are harmful, what to do if the danger level should escalate, and how to use an order of protection or a restraining order.

### **Secondary Victim**

A secondary victim is the primary victim's significant other, child, or person who (1) lives in the elder abuse victim's household and has observed and/or been indirectly or directly affected the elder abuse situation, or (2) does not reside with the client but has been directly affected by the elder abuse situation. The secondary victim experiences many of the same psychological injuries and feelings as the primary victim.

While the primary focus should be on the victim, it is possible that a case can be opened (new Client) if the worker is working with the abuser. Units would be counted under Case Assistance.

**Supplemental Services.** Supplemental services are services the program proposed to provide in its EAPIS proposal or as modified and approved by DFTA after the contract's first year of operation. Supplemental services augment the core services of case assistance and counseling. Supplemental Services include:

Escort. Accompaniment of an elder abuse client to and from locations in the community due to mobility, vision or cognitive impairment, or fear of going alone – e.g. to family/housing court; district attorney's office; police precincts; medical care; shelter services.

*A unit of escort service is a one-way escorted trip.*

Transportation. Trips provided to a variety of locations and appointments, including medical, court, police and other necessary client appointments.

*A unit of transportation is each one-way trip.*

Security Devices. Purchase and installation of devices to enhance security, such as locks, gates, steel doors.

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

Emergency Cash Assistance. The client may be provided with a payment of cash (up to \$50) for personal expenses (e.g. groceries, metro card and/or clothing). Priority for cash assistance must be given to clients who have limited income and resources.

*A unit of emergency cash assistance includes each instance of assistance documented by an authorization form signed by the client and maintained in the client's record.*



Financial Assistance. Different from cash assistance, this form of assistance includes payment of client's bills or personal expenses directly to the issuer of the charge. Cash or checks cannot be given to the client. Any expense over \$500 requires DFTA approval.

*A unit of financial assistance includes each bill/expense paid on behalf of the client documented by a receipt and an authorization form signed by the client and maintained in the client's record.*

**Legal assistance.** Legal assistance includes the following activities related to legal issues: (1) communication with clients in the setting of the client's home or office, or via telephone or mail/email; (2) completion of paper work related to cases; (3) case documentation, including computer entries; (4) case consultations/supervision on clients' cases; (5) making collateral contacts on behalf of clients; (6) accompanying clients to court; (7) legal research, including writing and drafting of legal papers; (8) negotiation and legal advocacy; (9) appearances before Courts, administrative and government bodies; (10) legal counseling.

*A unit of elder abuse legal assistance is each hour spent providing legal services on behalf of a client or clients. 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.*

**Elder Abuse Respite.** Respite offers elder abuse clients temporary relief from the elder abuse situation through a stay at a hotel, motel, skilled nursing facility, rehabilitation center or assisted living facility. It is separate and apart from emergency shelter referrals and stays.

*A unit of respite is an overnight stay provided to or purchased for the client by the program.*