

California Consistency in Determining Findings

Instructor Led Skill-Building Training

PARTICIPANT MANUAL



The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

Funding Sources



This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.



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2019: Akiles A. Ceron, MSW

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Introduction

We are pleased to welcome you to **California Consistency in Determining Findings Instructor Led Skill Building Training Participant Manual**, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 with the goal of revolutionizing the way people work to ensure the world is a healthier place. Our services integrate culturally responsive and recovery-oriented practices into our daily work to promote healing and healthy relationships. Providing around 70,000 learning experiences to health and human service professionals annually, the Academy provides a variety of workforce development solutions in Southern California and beyond. With five programs, three divisions and over 100 staff, the Academy's mission is to provide exceptional learning and development experiences for the transformation of individuals, organizations and communities.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

APSWI partners with state and national organizations and experts in the older adult and adults with disabilities professions to empower APS professionals and those they serve to live safely, peacefully and in a world that is free from abuse and neglect.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)
- California's Curriculum Advisory Committee (CAC)

Partner Organizations

Dawn Gibbons-McWayne, Program Director, APSWI

Academy for Professional Excellence

<https://theacademy.sdsu.edu/programs/apswi/>

Kat Preston-Wager, APSWI Workforce Development Supervisor

Academy for Professional Excellence

<https://theacademy.sdsu.edu/programs/apswi/>

Jennifer Spoeri, Executive Director, National Adult Protective Services Association (NAPSA)

<https://www.napsa-now.org/>

Paul Needham, Chair, NAPSA Education Committee

<https://www.napsa-now.org/>

Kim Rutledge, Adult Protective Services Liaison, Adult Protective Services Division

California Department of Public Social Services

<https://www.cdss.ca.gov/adult-protective-services>

Jason Kemp Van Ee and Emily Nicholl, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association

<https://www.cwda.org/adult-protective-services>

Acknowledgements

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division

County of Los Angeles Workforce Development, Aging and Community Services

Orange County Social Services Agency

Riverside County Department of Public Social Services

San Bernardino County Department of Aging and Adult Services

County of San Diego Aging & Independence Services

Imperial County Aging and Disability Services

Committees

California's Curriculum Advisory Committee

Southern California's APS Training Planning Committee

National Adult Protective Services Association Education Committee

Protective Services Operations Committee of the County Welfare Directors Association of California

Committees

APS Training Planning Committee

National Adult Protective Services Association Education Committee

Protective Services Operations Committee of the County Welfare Directors Association of California

Curriculum Developers

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Executive Summary

CA Consistency in Determining Findings: Instructor-Led Skill Building Training

In this hands-on and engaging advanced training, participants receive the opportunity to build upon the foundations learned from the eLearning and practice determining findings to create consistency throughout the state. This training is packed with scenarios to help participants work through the *California APS Standards for Consistency in Determining Findings Matrix* and better understand the findings standards set forth in the *Guiding Principles for Consistency in Determining Findings*. This skill building training utilizes peer review, as well as individual critical thinking, in order to develop confidence in APS professionals when making a determination.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion and peer review); question/answer periods; PowerPoint slides; Participant Manual (encourages self-questioning and interaction with the content information).

Course Requirements: This instructor-led skill-building session was developed as a blended model, designed to be used to practice and reinforce the skills and information presented in the *CA Consistency in Determining Findings eLearning* found at

<https://theacademy.sdsu.edu/programs/apswi/advanced-training/>.

Participants shall complete the eLearning prior to attending. It is highly encouraged that participants have completed Modules #9

(Communication and Interviewing), #15 (Documentation and Report Writing) and #16 (Investigation First Steps) of the NAPSA Core Competency Curriculum prior to attending.

Outcome Objectives for Participants:

By the end of this training, participants will be able to:

1. Determine potential abuse by identifying the abuse indicators, using the *CA APS Standards for Consistency in Determining Findings Matrix*.
2. Critique if evidence meets the abuse type's legal components (Essential Defining Elements, interpreted from the Welfare & Institutions Code) during scenario-based skill practice.
3. Construct a findings rational narrative that includes the components required for it to be descriptive and complete.

After this course, APS professionals will return to the field having the experience and information to determine findings in a consistent manner within their programs and throughout the state.


Intended Audience: This course is intended for those who conduct investigations and determine case findings. However, to better ensure consistency when determining findings, all levels of APS staff including, not limited to: line workers, supervisors, managers, and program support specialists are strongly encouraged to attend.

Course Outline


CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, COURSE OVERVIEW	Slides #1-#9	Total: 10 minutes
Welcome and Overview of Technology		5 minutes
Housekeeping & Introductions		3 minutes
Learning Objectives		2 minutes
Course Goals		3 minutes
SETTING THE STAGE: ABUSE INDICATORS, FINDINGS STANDARDS AND THE MATRIX	Slides #10 - #18	Total: 45 minutes
Recall from eLearning or experience	Handout: The Consistency Matrix, Handout: The Guiding Principles for Consistency in Determining Findings.	3 minutes
Group Activity: Group Icebreaker (Large Group)		10 minutes
The Consistency Matrix: Reviewing the Columns	Handout: The Consistency Matrix	5 minutes
Findings Standards: Reviewing definitions	Handout: The Guiding Principles for Consistency in Determining Findings	5 minutes
Group Activity: Working through the Matrix: Peter	Peter Frown Scenario, Mock Bank Statement, Mock	10 minutes

CONTENT	MATERIALS	TIME
Frown (Instructor Guided Process)	DPOA, Mock Check, Mock Property Tax Bill	
Group Activity: Working through the Matrix, Janice Pho (Instructor Guided Process)	Janice Pho Scenario, Mock SOC 341	7 minutes
SKILL PRACTICE: DETERMINING FINDINGS	Slides #19 - #23	TOTAL: 90 minutes
Connection Activity: Skill Practice Scenario #1 (Large Group)	Scenario #1, Handout: Finding Report Template, Handout: (Matrix), Handout: (Findings Standards)	10 minutes
Connection Activity: Skill Practice Scenario #2 (Large Group)	Scenario #2, Handout: Finding Report Template, Handout: (Matrix), Handout: (Findings Standards)	20-30 minutes
Skills Practice Activity: Scenario #3 (Individual & (Group Work)	Scenario #3, Handout: Finding Report Template, Handout: (Matrix), Handout: (Findings Standards)	25-35 minutes
Lessons Learned		15 minutes
PERFORMANCE ASSESSMENT	Slide #24	TOTAL: 35-45 minutes
Peer Review Activity (Individual and Peer Work)	Performance Assessment Scenario, Handout: Finding Report Template, Handout : (Matrix), Handout: (Findings Standards)	35-45 minutes

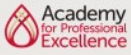
FINDINGS RATIONAL NARRATIVES	Slides #25 - 30	TOTAL: 40-50 minutes
5 elements: "AFTER"		10 minutes
Team Activity: Narrative Practice #1 (Teamwork)	Practice Scenario #3, Handout: Findings Report, Handout: Consistency Matrix	10-15 minutes
Team Activity: Narrative Practice #2 (Individual and Group Share)	Practice Scenario #4, Handout: Findings Report, Handout: Consistency Matrix	20-25 minutes
Wrap-Up & Evaluations	Slides #31 - #34	Total: 20 minutes
TOTAL (Excluding Breaks)		4.5 hours



California Consistency in Determining Findings: Instructor Led-Skill Building



We create experiences that transform the heart, mind, and practice.



About the Academy & APSWI

The Academy is a project of San Diego State's School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.



San Diego State University

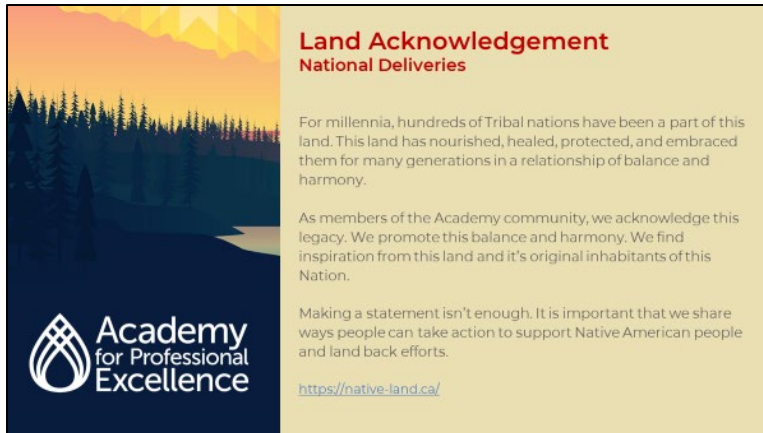
ACADEMY PROGRAMS



Purpose of Land Acknowledgement



The purpose of a land acknowledgement is to recognize the relationship of Indigenous peoples to the land. It is multi-faceted in its meaning. It shows respect to the people of the land, to the land itself and to their relationship to one another. They are statements that recognize the dispossession from the land, the harm brought by colonial practices, beliefs and policies. They validate and recognize the continued presence of Indigenous peoples everywhere. Lastly, when offered in earnest and with sincerity, they are the first steps in reconciliation and healing.



**Land Acknowledgement
National Deliveries**

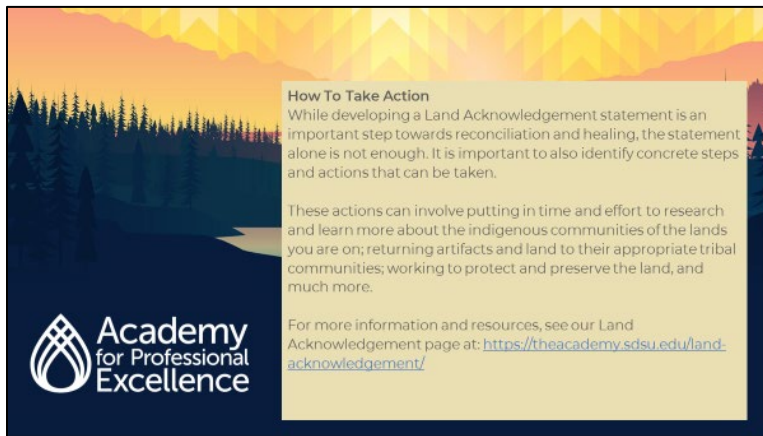
For millennia, hundreds of Tribal nations have been a part of this land. This land has nourished, healed, protected, and embraced them for many generations in a relationship of balance and harmony.

As members of the Academy community, we acknowledge this legacy. We promote this balance and harmony. We find inspiration from this land and it's original inhabitants of this Nation.

Making a statement isn't enough. It is important that we share ways people can take action to support Native American people and land back efforts.

<https://native-land.ca/>

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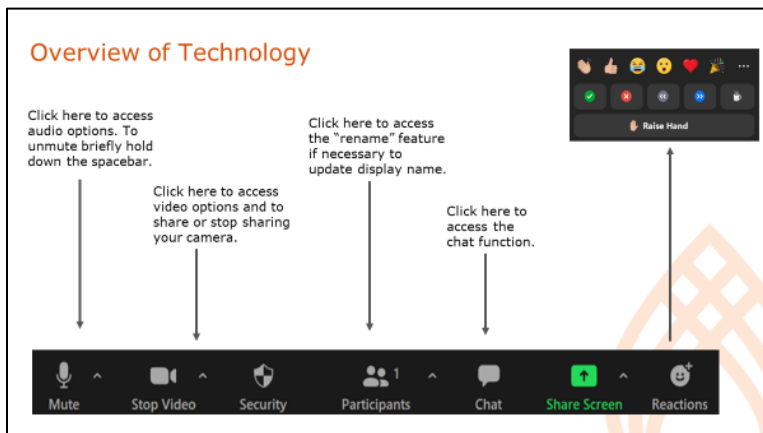
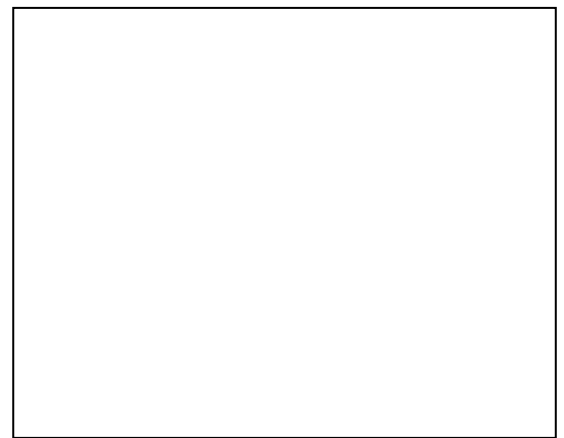
How To Take Action

While developing a Land Acknowledgement statement is an important step towards reconciliation and healing, the statement alone is not enough. It is important to also identify concrete steps and actions that can be taken.

These actions can involve putting in time and effort to research and learn more about the indigenous communities of the lands you are on; returning artifacts and land to their appropriate tribal communities; working to protect and preserve the land, and much more.

For more information and resources, see our Land Acknowledgement page at: <https://theacademy.sdsu.edu/land-acknowledgement/>

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Overview of Technology

Click here to access audio options. To unmute briefly hold down the spacebar.

Click here to access video options and to share or stop sharing your camera.

Click here to access the "rename" feature if necessary to update display name.

Click here to access the chat function.

Click here to access the "Raise Hand" feature.

Mute Stop Video Security Participants Chat Share Screen Reactions



Housekeeping & Introductions

- Location of restrooms
- Set cell phones to silent/vibrate
- Schedule
 - Please return promptly from breaks and help us keep to the schedule
- Comfort breaks – please feel free to walk about or stretch throughout the day as needed
- Materials
 - PowerPoint Slides
 - Participant Materials
- Introductions



Learning Objectives

- Determine potential abuse by identifying the abuse indicators, using the APS Standards for Consistency in Determining Findings Matrix.
- Critique if evidence meets the abuse type's legal components (Essential Defining Elements, interpreted from Welfare & Institutions Code) during scenario based skill practice.
- Construct a findings rational narrative that includes the components required for it to be descriptive and complete.

Course Goals

- APS's goal is to have higher rates of consistency in APS professionals' findings.
- Findings are difficult and vary amongst peer groups, between Supervisors and line staff, within county programs and across the state and nation.
- This course is designed to explain the framework, allow for staff to "try it on" and get more comfortable with the process.
- This training alone will not create consistency, however, provides opportunities for all staff within an APS program to receive the same tools and guidance.

Consistency Matrix and Guiding Principals

[illegible]

Group Activity

- Divide into groups
- Discuss the following question:

What are your biggest frustrations and/or concerns when it comes to determining findings for your APS cases?

The Consistency Matrix

California APS* Standards for Consistency in Determining Findings

Key: APS = Adult Protective Services, Client = older and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse Welfare and Institutions Code (W&I) 15620.03 (a)(8)(i)(B)(ii)	Physical abuse is the non-accidental use of physical force or physical deprivation or use of medications for control that results in bodily injury, physical pain, or impairment.	<ol style="list-style-type: none"> Non-accidental use of physical force or physical deprivation or use of medications for control. Bodily injury, physical pain or impairment occurred. Bodily injury, physical pain or impairment could have occurred. 	<p>Examples include, but are not limited to:</p> <p>General Considerations</p> <ul style="list-style-type: none"> What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> Hit, beaten, pushed, shaken, slapped, or kicked Struck with or without an object Given unannounced drugs Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness Force-fed Deprived of food or water for a prolonged period or continuously Based on the location, appearance, type of injury (or pain/impairment), interview and explanation, was it bodily accidental or intentional? Are there power and control issues in the relationship between the suspected abuser and the client? Is there a need for a safety plan? Are the client and suspected abuser known to APS because of prior reports? Is law enforcement investigating this as a crime, e.g., assault, battery? <p>Client Considerations</p> <ul style="list-style-type: none"> Is the injury the result of a normal part of aging or disease process? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> Sprains, dislocations, or fractures (for example, spiral fractures where torque is applied along the axis of a bone) Burns from such things as cigarettes, appliances, or hot water Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint Signs of traumatic hair and tooth loss Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental: <ul style="list-style-type: none"> head, i.e., face, ears, and neck arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm) genitals soles of the feet posterior torso (including chest, upper and lower back, and buttocks) Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained) Bilateral bruising of the lower thighs (indicating sexual abuse)

Reviewing the Columns

California APS* Standards for Consistency in Determining Findings

Key: APS = Adult Protective Services, Client = older and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse Welfare and Institutions Code (W&I) 15620.03 (a)(8)(i)(B)(ii)	Physical abuse is the non-accidental use of physical force or physical deprivation or use of medications for control that results in bodily injury, physical pain, or impairment.	<ol style="list-style-type: none"> Non-accidental use of physical force or physical deprivation or use of medications for control. Bodily injury, physical pain or impairment occurred. Bodily injury, physical pain or impairment could have occurred. 	<p>Examples include, but are not limited to:</p> <p>General Considerations</p> <ul style="list-style-type: none"> What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> Hit, beaten, pushed, shaken, slapped, or kicked Struck with or without an object Given unannounced drugs Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness Force-fed Deprived of food or water for a prolonged period or continuously Based on the location, appearance, type of injury (or pain/impairment), interview and explanation, was it bodily accidental or intentional? Are there power and control issues in the relationship between the suspected abuser and the client? Is there a need for a safety plan? Are the client and suspected abuser known to APS because of prior reports? Is law enforcement investigating this as a crime, e.g., assault, battery? <p>Client Considerations</p> <ul style="list-style-type: none"> Is the injury the result of a normal part of aging or disease process? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> Sprains, dislocations, or fractures (for example, spiral fractures where torque is applied along the axis of a bone) Burns from such things as cigarettes, appliances, or hot water Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint Signs of traumatic hair and tooth loss Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental: <ul style="list-style-type: none"> head, i.e., face, ears, and neck arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm) genitals soles of the feet posterior torso (including chest, upper and lower back, and buttocks) Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained) Bilateral bruising of the lower thighs (indicating sexual abuse)

Finding Standards



- Confirmed** = evidence reasonably **supports all** of the essential elements of the alleged abuse.



- Inconclusive** = evidence reasonably **supports only some** of the essential elements of the alleged abuse.



- Unfounded** = evidence reasonably **refutes** the essential elements of the alleged abuse.

Findings Standards Clarified

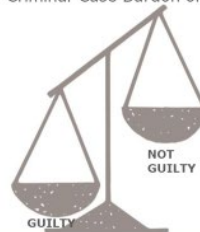
APS Case Findings Standards

vs.

Criminal Case Burden of Proof



Preponderance of the Evidence



Proof Beyond a Reasonable Doubt

Using the Matrix with Evidence: Peter Frown

APS receives a report from a caretaker alleging financial abuse by the client, Peter Frown's son. The RP shows the APS professional a bank statement, with the client's name on it, and a line item shows that a \$10,000 withdrawal was made via check. The RP stated that Peter was upset at his son for taking control of his bank account.

APS professional visits Peter and he is upset about his son taking over his account but cannot give details of the events that led to it. APS professional calls the son, who offers to scan and email a copy of the DPOA, a copy of the check made to pay the overdue property tax, and a copy of the bill from the County's tax collector for the overdue \$10,000 in property tax and threatening legal action.



Handout: Bank Statement

Date of Bank Statement: March 16, 2025

Peter Frown

14 Wherever Lane,

Santa Clara, CA 90000

Account Number: 987654321

Beginning Balance: \$75,230.78

Date and Amount = \$10,000 withdrawal via Check #000

Ending Balance: \$65,230.78

Handout: California General Durable Power of Attorney (DPOA)

CALIFORNIA GENERAL DURABLE POWER OF ATTORNEY

THE POWERS YOU GRANT BELOW ARE EFFECTIVE EVEN IF YOU BECOME DISABLED OR INCOMPETENT

NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT - RESPONSIBILITIES INCLUDE:

- 1. THE LEGAL DUTY TO ACT SOLELY IN THE INTEREST OF THE PRINCIPAL AND TO AVOID CONFLICTS OF INTEREST.**
- 2. THE LEGAL DUTY TO KEEP THE PRINCIPAL'S PROPERTY SEPARATE AND DISTINCT FROM ANY OTHER PROPERTY OWNED OR CONTROLLED BY YOU.**

Date, Name and Signature of **Agent (aka Attorney-in-Fact)**: _____

Scope of Authority (initialed):

_____ (A) Real property transactions. _____ (B) Tangible personal property transactions.

_____ (C) Stock and bond transactions. _____ (D) Commodity and option transactions. _____

(E) Banking and other financial institution transactions. _____ (F) Business operating transactions. _____ (G) Insurance and annuity transactions. _____ (H) Estate, trust, and other beneficiary transactions. _____ (I) Claims and litigation. _____ (J) Personal and family maintenance. _____ (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service. _____ (L) Retirement plan transactions. _____ (M) Tax matters.

_____ **(N) ALL OF THE POWERS LISTED ABOVE. (It is most common that this box is initialed)**

Date, Name and Signature of Principal (**aka the APS Client**): _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA COUNTY OF _____. This document was acknowledged before me on _____ [Date] by _____ [name of principal].

[Notary Seal]:

Handout: Bank Check

Check Number: #000

Date of Check: 03/05/2025

Peter Frown

14 Wherever Lane,

Santa Clara, CA 90000

Account Number: 987654321

Payable to: Property Tax Collector

Amount = \$10,000

Memo Line

Signature

Handout: Property Tax Bill

Date of Bill: 2/25/25

Peter Frown

14 Wherever Lane,
Santa Clara, CA 90000

Account Number: 987654321

Amount of Bill: \$10,000

Seeking potential legal action for not paying an overdue property tax bill.

Using the Matrix with Evidence:

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
Financial Abuse WAC: 15610.30	Financial abuse is the improper use of a client's funds, property or assets. (NOTE: "Undue influence" means persuasion that causes another person to act or refuse to act in a way that is harmful to the client.)	1. Funds, property or assets belonging to the client 2. Have been taken, received, appropriated, or for received, possibly through the use of undue influence 3. For a wrongful use that may be harmful to the client 4. With intent to defraud	Examples include, but are not limited to: General Considerations <ul style="list-style-type: none">What are the indications, if any, that the client is being or has been financially exploited by someone, e.g. <ul style="list-style-type: none"> Calling a client's check or using/stealing a client's card Forging the client's signature Misappropriating the client's money or possessions Causing the client to lose money by using undue influence Cautioning the client into signing a document, e.g. contracts, real estate/warrent mortgage/deeds, trusts or will Improperly excluding the duties of conservatorship, guardianship, or powers of attorney Scams such as ID theft, telemarketing/robocalls/investments/annuities/insurance/penetration scams, trust mills, or other unethical practices Who is making the financial decisions and are the decisions being made in the client's best interest? Does the suspected abuser exploit the client's incapacitation, such as when the client is tired, ill, or taking mentally impairing medications? Is the suspected abuser targeting vulnerabilities (e.g. takes or misses medication, weakness, distress) if the client does not comply with demands for money or signatures or takes advantage or confusion? Client Considerations <ul style="list-style-type: none">Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act? Does the client have family or friends to provide emotional support or to advocate on his/her behalf? Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence? 	Examples include, but are not limited to: <ul style="list-style-type: none">Unlawful, unrecorded or hidden transfers to disinterested parties Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client Bank statements and cancelled checks not longer delivered to the client's home New "best friend" who takes an interest in the client's finances Legal documents (e.g., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation Unusual activity in the client's bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot) A suspected abuser's excessive interest in the amount of money spent on the client Misleading belongings or property Suspicious signatures on checks or other documents

Original: 2011

3

Effective Date: 12/1/2019

Using the Matrix with Evidence: Janice Pho

- Content Warning: Sexual Abuse

APS receives a report from the Regional Center alleging sexual abuse. Their 20yo consumer with an intellectual disability is pregnant. The APS professional interviews the client, Janice Pho, who says that her cousin, who moved into her home a few months ago to work for her dad, took her for a ride in the mountains. When she said it was time for her to go home, he said that he would not drive her back unless she had sex with him. She said that she didn't want to, but he threw the keys in the backseat of the car until she would have sex with him. She reported, "I had to have sex with him so that I could get home".

Handout: SOC 341

Date of Report to APS: 02/05/2025

Alleged Victim: Janice Pho

Suspected Abuser: Victim's Cousin

Reporting Party (RP): Regional Center

Allegation: Sexual Abuse of 20yo Dependent Adult with an Intellectual Disability

Observations: Alleged Victim said to RP that she did not consent, and RP reports that the Alleged Victim is pregnant.

Using the Matrix with Evidence:

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
Sexual Abuse WAC: 15610.63 (a)	Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to: • Unwanted touching • All types of sexual assault or battery such as rape, sodomy, and coerced nudity • Sexually explicit photographing • Forced exposure to pornography • Unwanted sexual relations with a spouse, partner, significant other or anyone else.	1. Evidence a sexual incident(s) or situation(s) occurred and 2. The incident or situation is unwanted or non-consensual in nature.	Examples include, but are not limited to: General Considerations <ul style="list-style-type: none">What are the indications, if any, that the client is being or has been:<ul style="list-style-type: none">Touched in an unwanted fashionRaped, sodomized, or forced to take off his/her clothesPhotographed in a sexually explicit wayForced to look at pornographyPressured/coerced to have unwanted sexual relations with a spouse, partner, significant other or anyone else.Are there power and control issues in the relationship between the suspected abuser and the client?Is there a need for a safety plan?Are this client and suspected abuser known to APS because of prior reports?Is law enforcement investigating this as a crime (i.e. sexual assault, sexual battery, rape, etc.)? Client Considerations <ul style="list-style-type: none">Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act?Does the client have family or friends to provide emotional support or to advocate on his/her behalf?Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?	Examples include, but are not limited to: <ul style="list-style-type: none">Genital or anal pain, irritation or bleedingBruising on external genitalia or inner thighsDifficulty walking or sittingTorn, stained or bloody underclothingClient's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed.Client forced to watch pornography on the television and/or computerClient is newly diagnosed with a sexually transmitted diseaseMedical assessment and lab work, including a medical opinion support the report of sexual assaultThe dependent adult is pregnantSudden, marked change in personality or demeanor

Handout: SOC 341

Date of Report to APS: 02/05/2025

Alleged Victim: Janice Pho

Suspected Abuser: Victim's Cousin

Reporting Party (RP): Regional Center

Allegation: Sexual Abuse of 20yo

**Dependent Adult with an Intellectual
Disability**

Observations: Alleged Victim said to RP that she did not consent, and RP reports that the Alleged Victim is pregnant.

Scenario #1

An 83-year-old woman needs assistance with her care, however, there is no concern for her decision-making ability at this time. She has In-Home Supportive Services (IHSS) in place and gives her care provider her jewelry for safekeeping while she goes to the hospital for surgery. Upon her discharge from the hospital, the client asks the provider to bring back her jewelry. The provider keeps forgetting to return it. The client tells this to her Home Health Nurse, who in turn files a report with APS.

The APS professional meets with the client who states that she has been home from the hospital for 3 days and has asked the provider to bring back her jewelry 2 different times, and the provider has failed to do so.

The APS professional then meets with the provider who states that she keeps forgetting to return the jewelry; however, will try to remember to bring the jewelry back to the client.

SCENARIO #1:

An 83-year-old woman needs assistance with her care, however, there is no noted concern with her decision-making ability at this time. She has In-Home Supportive Services (IHSS) in place and gives her care provider her jewelry for safekeeping while she goes to the hospital for surgery.

Upon her discharge from the hospital, the client asks the provider to bring back her jewelry. The provider keeps forgetting to return it. The client tells this to her Home Health Nurse, who in turn files a report with APS. The APS professional meets with the client who states that she has been home from the hospital for 3 days and has asked the provider to bring back her jewelry 2 different times, and the provider has failed to do so.

The APS professional then meets with the provider who states that she keeps forgetting to return the jewelry; however, will try to remember to bring the jewelry back to the client.

Scenario #2

In groups:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding(s)

**SCENARIO # 2:**

The Home Health Nurse returns in a couple of days to follow up with the client. She notices that the client's care provider has not filled her prescription. The client confirms that her care provider receives time for errands that includes picking up her prescription, but that her provider has not been able to get it from the pharmacy. The client adds that she lent her provider \$400 dollars, and the provider has not paid her back. The client also says that her provider returned the jewelry. The provider comes daily. The nurse reports this additional information to APS. When the APS professional meets with the client, she confirms everything that the nurse reported to APS.

Scenario #3Individually:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding(s)

After completed, come to consensus with team members and record in your Findings Report Template.

**SCENARIO #3:**

The following week, the APS professional and the Home Health Nurse do a joint visit to interview the client. The client confirms to the APS professional the statements she made to the nurse last week. Suddenly, the care provider arrives. They interview the provider privately. The APS professional inquires about the medication, and the provider explains that the client only recently told her about the medication, after which she picked up the prescription and brought it to her three days ago.

The nurse looks at it and sees that the client has not taken her prescription medication for two days. The provider adds that the client arrived from the hospital somewhat confused and asked her to stay with her a couple of nights, until she felt better, and offered her \$400. The provider could not do it but offered her sister to spend both nights for \$400, and the client accepted. The provider added that the client refused services for the last couple of days and pointed at the overflowing sink with dishes from the past 3-5 days.

When asked, the client states that now she remembers that the provider's sister stayed with her for a couple of nights, and she thinks that she agreed to pay \$400, but inquires whether she paid her too much for two nights. The client admits having felt confused upon discharge, and her memory is blurry. The nurse will help her with her medication.

Skill Practice Lessons Learned

- What seemed to be the clearest allegation to determine a finding?
- What was most difficult?
- What surprised you the most?
- What will you take away from this activity?

**Peer Assessment**

Individually:

- Evaluate evidence for abuse indicators
- Determine if the evidence meets the abuse's legal components
- Explain how the evidence meets the abuse's legal components
- Assign a finding(s)



Writing with Clarity and Thoroughness: "AFTER"

Findings Rational Narratives should include:

- **A**buse Type
- **F**inding Determination
- **T**heory of the events that led up to the allegation
 - Describe how/why abuse appears to have been committed
- **E**vidence that supports the finding
- **R**equired Action
 - Disposition of case (e.g. Referred to L.E., Case closed, No Services needed, Protective Services offered, Conducted a needs assessment)

Narrative Comparison

- Identify the "AFTER" elements:

Financial Abuse - Unfounded. The client's son used his DPOA to protect his Father from the consequences of not paying his overdue property tax.

He produced copies of the bill for \$10,000, the check used to pay the bill, and the DPOA. There is no evidence on the bank statement suggesting that the son is financially abusing the client. APS services are not needed.

Financial Abuse - Inconclusive. Report received by APS from mandated reporter on January 3 2020. It appears that the client's sister is financially abusing him; however, the client is protecting her at this time.

Abuse Type
Finding Determination
Theory of Events that led up to the allegation
Evidence to support the finding
Required Action

Optional - Narrative Comparison

- Content Warning: Sexual Abuse
- Identify the "AFTER" elements:

Sexual Abuse--Confirmed. Client is a 20-year-old female diagnosed with a development disability. It is reported that she has been sexually abused. Client is pregnant, however, per the r/p the client stated the sex was not consensual. Client spoke with APS and stated that her cousin drove her into the mountains and refused to take her home unless she had sex with him. Client was clear she didn't want to, but felt she had no choice. APS assisted the client with filing a police report. The perpetrator was arrested, and client was granted a restraining order. APS provided referrals for counseling and client will continue to receive follow up from regional center. APS is no longer needed at this time.

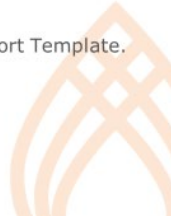
The client is a 20-year-old female with regional center services. Her cousin forced her to have sex with him and now she's pregnant. The cousin is in jail now and a permanent restraining order was issued. Case is closed.

Abuse Type
Finding Determination
Theory of Events that led up to the allegation
Evidence to support the finding
Required Action

Narrative Practice #1

Using Scenario #3 from earlier, work in teams to:

- Construct a findings rational narrative, including “AFTER”.
 - Organize info into a comprehensible, coherent explanation of your finding.
- Record on the “Narratives” section of a Findings Report Template.

**Narrative Practice #2**

Using Scenario #3 from earlier, work individually to:

- Construct a findings rational narrative, including “AFTER”.
 - Organize info into a comprehensible, coherent explanation of your finding.
- Record on the “Narratives” section of a Findings Report Template.



Continued Efforts

- When my county's historical practice differs from the Consistency in Findings Matrix, how do I proceed?
- If by the time I investigate the report, the suspected abuser is no longer in contact with the client, I cannot have a finding of confirmed or unfounded. For example, if the Suspected Abuser is the IHSS Provider who is no longer the client's provider.
- In order to have a finding of Confirmed, I have to be very sure that abuse occurred, because I don't want to damage the suspected abuser's reputation in case I'm wrong?

P-I-E Wrap Up

- P – **Priceless** piece of information.
- What has been the most important piece of information to you today?
- I – **Item** to implement.
- What is something you intend to implement from our time today?
- E – **Encouragement** I received.
- What is something that I am already doing that I was encouraged to keep on doing?



Final Questions and Evaluations



- Final Questions?
- Thank you for your commitment to older and dependent adults in your community and making them safer with improved quality of life.
- Thank you for attending and participating in this training!
- Please fill out your evaluations.



Thank You!

We envision a world where
the quality of life for individuals, organizations, and communities
is transformed into a healthier place.



References

California Department of Social Services, All County Letter No. 18-146 (12/21/2018). *Implementation of Revised Adult Protective Services (APS) and County Services Block Grant (CSBG) Monthly Statistical Report SOC 242 (1/19)*

California Department of Social Services. SOC 343 Investigation of Suspected Dependent Adult/Elder Abuse (2001). Retrieved from <http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC343.pdf>

County Welfare Directors Association (2024, July). California APS Guidelines to Supplement Regulations, Version 2.4. *Coordinated by County Welfare Directors Association*. (PDF). <https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines>

Handout: The Consistency Matrix (18 pages)

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

California APS* Standards for Consistency in Determining Findings

Key: APS = Adult Protective Services; Client = elder and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse Welfare and Institutions Code (W&IC) 15610.63 (a)(b)(c)(d)(f)	Physical abuse is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.	<ol style="list-style-type: none"> 1. Non-accidental use of physical force or physical deprivation or use of medications for control and 2. Bodily injury, physical pain or impairment occurred 3. Bodily injury, physical pain or impairment could have occurred. 	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> Hit, beaten, pushed, shaken, slapped, or kicked Struck with or without an object Given unwarranted drugs Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness Force-fed Deprived of food or water for a prolonged period or continually 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone) Burns from such things as: cigarettes, appliances, or hot water Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint Signs of traumatic hair and tooth loss Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental: <ul style="list-style-type: none"> head, i.e., face, ears, and neck arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm) genitalia soles of the feet posterior torso (including chest, upper and lower back, and buttocks) Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained) Bilateral bruising of the inner thighs (indicating sexual abuse)

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
(continued) Physical Abuse W&IC 15610.63 (a)(b)(c)(d)(f)			<ul style="list-style-type: none"> Is the client taking any medication that would make him/her bruise easily, such as prednisone, warfarin, or Plavix? Is the client cognitively impaired? Does the client use an assistive device for mobility? Does the client require assistance with ADLs? If the client is bruised, does he/she remember how he/she got the bruises? Are the suspected abuser's and the client's explanations about how the injury occurred consistent with one another? Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation? 	1. Larger bruises—accidental bruises tend to be smaller than deliberate ones 2. History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries <ul style="list-style-type: none"> Injuries in various stages of healing including multicolored bruises (indicating they occurred over time). Medical assessment and lab work including medical opinion on the results Signs of malnutrition or dehydration without illness-related cause Police arresting the accused for battery or assault
			Suspected Abuser Considerations <ul style="list-style-type: none"> What access does the suspected abuser have to the client/does the suspected abuser live with the client? Is the suspected abuser dependent, financially or otherwise, on the client? Does the suspected abuser have a substance or mental health problem? Does the suspected abuser have a criminal record? Does the suspected abuser understand the doctor's instructions regarding the administration of medications, and/or use of restraints? 	

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
Sexual Abuse W&IC 15610.63 (e)	Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to: <ul style="list-style-type: none"> • Unwanted touching • All types of sexual assault or battery such as rape, sodomy, and coerced nudity • Sexually explicit photographing • Forced exposure to pornography • Unwanted sexual relations with a spouse, partner, significant other or anyone else. 	1. Evidence a sexual incident(s) or situation(s) occurred and 2. The incident or situation is unwanted or non-consensual in nature.	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> ◦ Touched in an unwanted fashion ◦ Raped, sodomized, or forced to take off his/her clothes ◦ Photographed in a sexually explicit way ◦ Forced to look at pornography ◦ Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else. • Are there power and control issues in the relationship between the suspected abuser and the client? • Is there a need for a safety plan? • Are this client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act? • Does the client have family or friends to provide emotional support or to advocate on his/her behalf? • Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Genital or anal pain, irritation or bleeding • Bruising on external genitalia or inner thighs • Difficulty walking or sitting • Torn, stained or bloody underclothing • Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed. • Client forced to watch pornography on the television and/or computer • Client is newly diagnosed with a sexually transmitted disease • Medical assessment and lab work, including a medical opinion support the report of sexual assault • The dependent adult is pregnant • Sudden, marked change in personality or demeanor

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
(continued) Sexual Abuse W&IC 15610.63 (e)			<p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record, specifically has the suspected abuser been arrested for any sexual crimes or for a transgression of a sexual nature? 	

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2. The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
Financial Abuse W&IC 15610.30	Financial abuse is the illegal or improper use of a client's funds, property or assets.	<ol style="list-style-type: none"> 1. Funds, property or assets belonging to the client 2. Have been taken, secreted, appropriated, and/or retained, possibly through the use of undue influence* 3. For a wrongful use (likely to be harmful to the client) and 4. With intent to defraud. 	<p>Examples include, but are not limited to:</p> <p>General Considerations:</p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been financially exploited by someone, e.g. <ul style="list-style-type: none"> ◦ Cashing a client's check or using/misusing a client's debit card without authorization or permission ◦ Forging the client's signature ◦ Misusing or stealing the client's money or possessions ◦ Taking the client's funds or property by using undue influence ◦ Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will ◦ Improperly executing the duties of conservatorship, guardianship, or powers of attorney • Scams such as ID theft, telemarketing/lottery/investment/annuity/sweetheart/grandparent scams, trust mills, unlicensed contractors • Who is making the financial decisions and are the decisions being made in the client's best interest? • Does the suspected abuser exploit the client's incapacitation such as when the client is tired, ill, or taking mentally impairing medications? • Is the suspected abuser targeting vulnerabilities (e.g. takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money or signatures or takes advantage of confusion)? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Unpaid bills, eviction notices or notices to discontinue utilities • Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client • Bank statements and canceled checks no longer delivered to the client's home • New "best friends" who take an interest in the client's finances • Legal documents (i.e., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation • Unusual activity in the client's bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals • Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot) • A suspected abuser's excessive interest in the amount of money spent on the client • Missing belongings or property • Suspicious signatures on checks or other documents

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) Financial Abuse W&IC 15610.30			<ul style="list-style-type: none"> Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud? Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative? Are there any indicators of undue influence, such as: <ul style="list-style-type: none"> Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness & vulnerability? Is the suspected abuser attempting to make the client emotionally dependent? Is the suspected abuser trying to isolate the client? Is the suspected abuser attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances? Is the suspected abuser creating an "us against them" mentality? Is the suspected abuser exploiting his/her emotional relationship with client? Is the client susceptible to threats of abandonment? Are the client and suspected abuser known to APS because of prior reports? Is law enforcement investigating this as a crime? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> Does the client have mobility problems and physical ailments that make him/her more dependent on others? Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity? 	<ul style="list-style-type: none"> Absence of documentation about financial arrangements Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client's finances Client's ignorance or lack of understanding regarding financial arrangements made on his/her behalf The client is not receiving care nor is his/her living arrangements commensurate with his/her assets. The scope/quality of care the client has been receiving is reduced The suspected abuser cues or prompts the client or interrupts the client in interviews There are contradictions or inconsistencies in behavior, statements, or history between the client and the suspected abuser, the client and the environment, between chronologies, and between before and after histories. Changes in the ownership of property and other assets. Client has received a foreclosure notice. Client's service providers were changed after the suspected abuser became involved in the client's life.

Original Date 2011

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APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) Financial Abuse W&IC 15610.30			<p>4. Are the client's needs being adequately met—medical, environmental, etc., or is the suspected abuser benefiting from the client's resources while the client does not have the necessary care, supplies or affordable amenities?</p> <p>5. Have there been any changes in the client's contact with his/her social network?</p> <p>6. Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</p> <p>7. What changes have occurred in the client's life and living situation since the suspected abuser became actively involved with the client?</p> <p>8. Is the client depressed, anxious, or fearful?</p> <p>Suspected Abuser Considerations</p> <ul style="list-style-type: none"> Does the suspected abuser resist or try to interfere with the client being interviewed alone? What access does the suspected abuser have to the client/does the suspected abuser live with the client? Is the suspected abuser dependent, financially or otherwise, on the client? What was the suspected abuser's financial history before becoming actively involved with the client? Does the suspected abuser have a substance or mental health problem? Does the suspected abuser have a criminal record? 	<ul style="list-style-type: none"> Access to the client is limited by the suspected abuser. The client has a relatively sudden and marked change in behavior, such as: seems depressed or anxious, stops going out, avoids contact with family and friends, etc

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2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
Neglect W&IC 15610.57 (a)(b)	Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a client.	<p>1. Negligent failure to take action, whether intentional or unintentional.</p> <p>2. Could be:</p> <ul style="list-style-type: none"> • Caretaker • Care Custodian* • Person providing services (e.g. home health nurse) • Person in a position of trust or fiduciary (e.g. POA) <p>3. Level of care or service is what a reasonable person would provide.</p> <p>* "Care custodian" means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been neglected because: <ul style="list-style-type: none"> ◦ A person who has a fiduciary responsibility to the client has failed or to insure the client is receiving adequate care ◦ An in-home service provider has failed to provide the client with necessary care. ◦ The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety and other essentials by an individual who has an implied or an agreed-upon responsibility to the client. ◦ A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering. • Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, decrease in quality of life, social withdrawal, etc)? • Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)? • What is the level of stress in the in the household due to financial, family, marital, or health problems? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Client has bad hygiene and smells of foul odor. • Client has long, dirty, and unkempt finger and toe nails. • The suspected abuser is creating a risk to the client's health by <ul style="list-style-type: none"> ◦ not providing the prescribed medication properly (e.g. diabetes or high blood pressure) ◦ not providing transportation to medical/mental health visits ◦ not complying with the client's medical appointments • Client's home is in dilapidated condition. • Client is living in hoarding conditions. • Client has been living with no running water, heat, or electricity. • Client is found soiled and the house smells of feces. • The suspected abuser refuses to dress the client or dresses the client inappropriately. • The suspected abuser fails to protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home).

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APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) Neglect W&C 15610.57 (a)(b)			<u>Client Considerations</u> <ul style="list-style-type: none"> Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client's capacity? Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? Is this the reason proffered by for a lack of medical care? If so, this would not be considered neglect. Does the client have a mental illness or drug or alcohol problems that make providing care difficult? Does the client have an abusive or dominating personality? Does the client resist help? <u>Suspected Abuser Considerations</u> <ul style="list-style-type: none"> Is the neglect intentional or unintentional? Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication? Did the suspected abuser neglect the client for personal gain (e.g. to save money or inheritance)? Does the suspected abuser have a drug/ alcohol or mental health problem that impairs his/her ability to make sound decisions for himself and/or for the client? Is the suspected abuser overwhelmed with his/her duties or lacks the training to provide appropriate care? Does the suspected abuser have Durable Power of Attorney over client? Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would? 	<ul style="list-style-type: none"> Deprivation by care custodian: W&C 15610.35. "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following: <ul style="list-style-type: none"> (a) The provision of medical care for physical and mental health needs. (b) Assistance in personal hygiene. (c) Adequate clothing. (d) Adequately heated and ventilated shelter. (e) Protection from health and safety hazards. (f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment. (g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) Neglect W&IC 15610.57 (a)(b)			<ul style="list-style-type: none"> • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a criminal record? • If a licensed agency is responsible, is a cross report warranted? 	

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
Self Neglect W&IC 15610.57 (a)(2), (b)(5)	Self-Neglect is an adult's refusal or failure to perform essential self-care tasks.	1. Client is refusing or failing to exercise self care. and 2. The level of self care is not reasonable.	<p>Examples include, but are not limited to:</p> <p>General Considerations</p> <ul style="list-style-type: none"> What are the indications, if any, that the client's self care is or has been inadequate, for example: <ul style="list-style-type: none"> Not obtaining essential food, clothing, shelter, and medical care or Not maintaining physical health, mental health, financial health, or general safety? Is the client's chronic homelessness or chronic substance abuse the sole basis for the referral? If so, the report might not be accepted as self-neglect. Would the client more appropriately served by another system of care/agency (e.g. mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency. Is this client known to APS because of prior reports? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> Is the client's failure to get medical care or treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? If so, this is not considered neglect. Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health? Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services? Does the client exhibit hoarding behavior, including animal hoarding? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> Client is unable/fails/refuses to take in adequate amounts of food and fluids. Client has a noticeable weight loss or is showing signs of malnutrition. Client's physical appearance shows sunken eyes. Client is eating food that is potentially unsafe or harmful to his/her health condition. Client is unable/fails/refuses to dress him/herself appropriately. Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor. Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity). Client is unable/fails/refuses medical care and/or mental health services. Client is unable/fails/refuses to take his/her medication.

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
(continued) Self Neglect W&IC 15610.57 (a)(2), (b)(5)			<ul style="list-style-type: none"> • Is the self-neglect a result of lack of awareness or inability? • Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health? • What resources were available to the client and how reasonable is it that the client could have accessed them? • If resources were available combined with functional ability and balancing safety – could safety be maintained? • Is the client able to manage his/her finances? 	<ul style="list-style-type: none"> • Bills are unpaid or payments are late. • Utilities are shut off or at risk of being shut off. • Client is unable/fails/refuses to protect his/her money from scams or others.

Originated 2011

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Psychological Abuse
Psychological Abuse (Mental Suffering) W&IC 15610.53	Psychological abuse is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts.	<p>1. Emotional distress exhibited by client and</p> <p>2. The emotional distress is a result of someone else's behavior/ actions.</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> What are the indications, if any, that the client is being or has been <ul style="list-style-type: none"> Verbally assaulted, insulted, and threatened Intimidated, humiliated (e.g., treated as an infant), and harassed. Given the "silent treatment" or had affection withdrawn Told misleading comments made with malicious intent to inflict emotional harm. Are there power and control issues in the relationship between the suspected abuser and the client? Are the client and suspected abuser known to APS because of prior reports? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others? Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client's capacity? Is the response of others to the client's cognitive impairment causing the client additional emotional distress? <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> Is the suspected abuser dependent, financially or otherwise, on the client? Does the suspected abuser have a substance or mental health problem? Does the suspected abuser have a criminal record? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> Suspected abuser observed or heard yelling at, belittling, and/or threatening the client. Suspected abuser using the client's pet to distress the client by restricting access to the animal, making threats about the animal, etc. Client looks depressed. Client is confused or disoriented. Client is showing signs of confinement. Suspected abuser lying to the client deliberately to upset him/her. Client being intimidated/ harassed by others

Originated 2011

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abandonment
Abandonment W&IC 15610.05	Abandonment is intentionally leaving or forsaking a client	<ol style="list-style-type: none"> Desertion is deliberate Could be: <ul style="list-style-type: none"> Caretaker Care Custodian* Person providing services (e.g. home health nurse) Person in a position of trust or fiduciary (e.g. POA) Reasonable person would continue to provide care and custody. <p>**Care custodian* means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> What are the indications, if any, that the client has been abandoned? Are the client and suspected abuser known to APS because of prior reports? Is law enforcement investigating this as a crime? Is the abandonment part of a threat? Is there a risk to the client's safety because of where he/she was left? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> Is the client cognitively impaired? Did the client consent to be left? Is it in the client's best interests to be left where he/she is? <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> Was the client abandoned for the personal gain or to meet someone other than the client's needs? Is the suspected abuser dependent financially or otherwise on the client? Does the suspected abuser have a substance or mental health problem? Does the suspected abuser have a criminal record? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return Caregiver for a client who cannot manage without assistance goes away without making plans for coverage Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver

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Effective Date 2/1/2016

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2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
Isolation W&IC 15610.43	Isolation is the purposeful prevention of communication between a client and others without the client's consent or knowledge when the action is not in the client's best interest.	<ol style="list-style-type: none"> 1. The action of the suspected abuser is purposeful 2. Client does not or cannot consent 3. Not in the client's best interest 	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> What are the indications, if any, that the client is being or has been isolated—such as restricting a client's personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats? Are there power and control issues in the relationship between the suspected abuser and the client? Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as: <ul style="list-style-type: none"> attempting to make the client emotionally dependent attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances creating an "us against them" mentality fostering powerlessness & vulnerability in the client exploiting his/her emotional relationship with client? Is the suspected abuser trying to control the client's through deceit, coercion, force, or threats? Are the client and suspected abuser known to APS because of prior reports? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity? Does the client have mobility problems and physical ailments that make him/her more dependent on others? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> Client's support system, both formal and informal, has increasingly restricted access to the client, e.g.: <ul style="list-style-type: none"> visitors are turned away phone calls blocked phone number changed mail not given to the client The client's ability to contact others is made difficult by <ul style="list-style-type: none"> denying the client access to a phone disconnecting the client's phone There is a change in the client's doctors, attorneys, etc. Caregivers not hired by the suspected abuser are fired. Client's mailing address is changed to a PO Box or the suspected abuser's address. Client is told that friends and/or family are mad at him/her (as reason they are not visiting). Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside.

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APS guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
(continued) Isolation W&IC 15610.43			<u>Suspected Abuser Considerations</u> <ul style="list-style-type: none"> • Is the suspected abuser isolating the client for personal gain? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance abuse or mental health problem? • Does the suspected abuser have a criminal record? 	

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Effective Date 2/1/2016

APS Guidelines to Supplement Regulations

2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abduction
Abduction W&IC 15610.06	Abduction is the malicious taking or enticing away a client from California or keeping the client from returning to California, when the client lacks the capacity to consent or without consent of the conservator.	<ol style="list-style-type: none"> 1. The client was taken from California and is not being allowed to return. 2. The client is a California resident who is out of state and wants to return but is not being allowed to. 3. The client did not leave of his/her own volition or the conservator hasn't consented. 4. The client does not have the capacity to consent 	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been abducted? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime, e.g. kidnapping? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Does the client have the capacity to consent to the move or is the client conserved? • Did the client consent or did the conservator give permission for the move? • Is it in the client's best interests to move? <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> • Did the suspected abuser abduct the client for personal gain or to meet someone other than the client's needs? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • The client was taken from California and is not being allowed to return. • A California resident is out of state, wants to return but is not being allowed to. • The client adult did not leave of his/her own volition. • The client was not removed from the state as protective measure or because it was in his/her best interest.

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2.2: The California APS Standards for Consistency in Determining Findings Matrix

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Originated 2011

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Handout: Guiding Principles

APS Guidelines to Supplement Regulations

2.3: Guiding Principles (for Consistency in Determining Findings)

Guiding Principles

Findings Are:

- A reflection of the investigation and the information gathered pertaining to the essential defining elements of the alleged abuse
- Based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred
- Based on community standards rather than the client's perspective in determining self-neglect

Findings Are Not:

- Tied to services, i.e., you need not have a confirmed or inconclusive finding to offer services
- Subject to determining or proving the intent of the suspected abuser
- Dependent on identification of the abuser
- Subject to the county's or agency's political issues
- Influenced by possible repercussions for a suspected abuser as a consequence of the finding
- Influenced by the possibility of a future abuser registry
- Influenced by law enforcement's response to the finding

Guidance on Findings:

- When capacity is in doubt, get an expert opinion if possible, but regardless create the service plan as if the client lacked capacity.
- When capacity is in question, and the worker has no psychological testing results, a worker should not make an unfounded finding.
- Workers should document the specific reasons that led them to their findings, not just state their conclusions.
- Workers' synthesis of the information could result in a confirmed finding even if that finding conflicted with some of the information gathered.
- While gut feelings or instincts are often indicators that something is wrong, a finding should not be made on gut feelings alone with no evidence to support it.

Guidance on Information Gathering:

- In general, believe the client especially when he/she recounts or describes abuse suffered. However, a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser.

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- Approach the investigation and assessment with an open mind. The social worker's personal beliefs and attitudes about what is in the best interest of the client cannot interfere with the findings of an allegation.
- Where possible, evidence should be gathered from more than one source.

Types of Evidence:

- Client statement
- SW direct observations
- Physical evidence, e.g., injuries, cluttered home, no utility service, etc.
- Corroborating evidence, e.g., witnesses, physician records, documents, etc.
- Circumstantial evidence
- Unobserved/3rd Party suspicions
- History, e.g., prior APS reports, police records, incidents with same perpetrator, patterns of covering up abusive situations, etc.

Finding Standards:

- Findings are a combination of both judgment and a reasoned approach.
- They are based upon:
 - the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and
 - the evaluation of those facts by the APS worker using his/her expertise, experience, and training
- As a general rule, the following standards should be used when determining findings:
 - **Confirmed** = the information gathered must reasonably support all of the essential elements of the alleged abuse or neglect.
 - **Inconclusive** = the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.
 - **Unfounded** = the information gathered reasonably refutes the essential elements of the alleged abuse or neglect.
- Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.
- Exceptions to the general rule: Because of the complexity and uniqueness of abuse and neglect investigations, exceptions can and do happen. When that occurs, the worker should consult with his/her supervisor.

Handout: Findings Myth Buster (11 pages)

APS Guidelines to Supplement Regulations

2.16: Findings Myth Buster

Three frequently asked questions by APS Workers

1. Are there universal guidelines for arriving at a finding?

Answer: Yes. These universal guidelines for APS Workers in California can be found under sections 2.1, 2.2, and 2.3 of the CWDA's Adult Protective Services Consistency Guidelines (hereafter referred to as "Guidelines") found here:

<https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines>

2. Is there a universal definition of investigation for APS in California?

Answer: Yes. The California Welfare and Institutions Code (WIC) defines an APS investigation as follows:

⇒ **Definition of Investigation** – WIC [15610.40](#). "'Investigation' means that activity undertaken to determine the validity of a report of elder or dependent adult abuse."

NOTE: Even when the client is no longer at risk by the time you conduct your investigation, you are determining whether what was alleged likely happened or not. During your investigation, you may find out that the client may no longer be abused or at risk of abuse.

3. When my county's historical practice differs from the Consistency in Findings Matrix, how do I proceed?

Answer: Please refer your county's leadership to the CWDA's Guidelines, which are intended to promote consistency in practice under a realigned APS program:

<https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines>

Myth Buster

I. General Myths

1. When the report alleges elder or dependent adult abuse in the past, but the abuse is currently not happening, you cannot have a finding of confirmed or unfounded.

FALSE When the report alleges past abuse, you can make a determination regardless of timeframe of abuse.

2. If by the time I investigate the report, the suspected abuser is no longer in contact with the client, I cannot have a finding of confirmed or unfounded. For example, if the Suspected Abuser is the IHSS Provider, who is no longer the client's provider.

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2.16: Findings Myth Buster

FALSE When the report alleges abuse, you can make a determination even if the abuser is no longer involved nor has access.

3. I was told that APS can have a finding of confirmed or unfounded only when it is cross-reported to us by law enforcement.

FALSE APS is mandated to investigate an allegation of abuse as defined in the WIC, and have a finding of confirmed, inconclusive or unfounded (*or in the case of NTD, a finding of Not Applicable*), and should not be influenced by law enforcement's response to the finding.

4. In order to have a finding of Confirmed, I have to be very sure that the abuse occurred, because I don't want to damage the suspected abuser's reputation in case I'm wrong.

FALSE The role of the APS worker is to look at the facts and see if they meet the defining elements of the type of abuse, by following an APS appropriate investigation. The Training on Consistency in Determining Findings will help determine if an allegation should be confirmed. Remember, findings should not be influenced by possible repercussions for a suspected abuser as a consequence of the finding, nor should they be influenced by the possibility of a future abuser registry.

5. I can have a finding of unfounded or confirmed even when I did not interview the suspected abuser.

TRUE If the evidence meets the Essential Defining Elements, you may have a finding of confirmed, even if you have not interviewed the suspected abuser.

II. Myths on Confirmed Findings

6. You can only use "Confirmed" when the client confirms abuse, unless the client has memory impairment and it is clear that the stories provided by the client are implausible.

FALSE You arrive at a finding based on training and evidence (see intro paragraph), e.g., often victims of abuse may deny or not disclose allegations.

7. Confirming an allegation is done when there is evidence—such as facts or observations—that meet the Essential Defining Elements of that type of abuse.

TRUE Findings should be based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred. There are multiple types of evidence. Please refer to the Guidelines—Guiding Principles section on "Types of Evidence."

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2.16: Findings Myth Buster

8. I confirm an allegation when the client confirms the abuse, but may also be contributing to the problem. For example, when the client confirms being abusive to the suspected abuser.

TRUE Findings should be made based upon the social worker's evaluation, regardless of the client's possible contribution to the situation.

III. Myths on Inconclusive Findings

9. Inconclusive is the safest finding when client denies the abuse.

FALSE There are different reasons why the client might deny the abuse; a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser. Where possible, evidence should be gathered from more than one source.

10. "Inconclusive" is only selected when there is not enough evidence, or sufficient client cooperation, to determine a finding of "Confirmed."

IT DEPENDS A finding of "inconclusive" is appropriate when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect. Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.

11. "Unfounded" is not an adequate selection, and "Inconclusive" should be used instead as "a way to stay on the safe side of things."

FALSE "Unfounded" should be selected when the information gathered *reasonably refutes* the essential elements of the alleged abuse or neglect—that is, the abuse unlikely occurred. "Inconclusive" should be selected when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.

12. The reason we use "Inconclusive" most of the time is because we were encouraged in training to use this finding unless we have confirmed allegations. Therefore, this finding is used for all cases unless allegations were confirmed.

FALSE The Guidelines were developed to assure that counties were consistent in determining findings. "Inconclusive" should be selected when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect. Findings should be based upon the facts/information gathered by the APS worker that are related to the essential elements of the

APS Guidelines to Supplement Regulations

2.16: Findings Myth Buster

abuse alleged, and the evaluation of those facts by the APS worker using his/her expertise, experience, and training.

13. If I use “Inconclusive” then this will “take away” from the services I provide.

FALSE Services offered depend on your assessment, service plan, and client need, and not on whether you have a finding of Inconclusive.

IV. Myths on Unfounded Findings

14. Unfounded cannot be used as a finding determination. I’ve been trained or told that we cannot use Unfounded as a reason.

FALSE The Guidelines were developed to assure that counties were consistent in determining findings. “Unfounded” should be selected when the information gathered *reasonably refutes* the essential elements of the alleged abuse or neglect—that is, the abuse unlikely occurred. Findings should be based upon the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and the evaluation of those facts by the APS worker using his/her expertise, experience, and training.

V. Evidentiary Challenges

15. I can have a finding of Unfounded or Confirmed when I have difficulties acquiring evidence. For example, I only have the client’s statement, but no access to collateral contacts, or I am unable to obtain the needed information like medical records, financial records, or criminal history.

TRUE Findings are based on preponderance of evidence. This means, having more evidence (or higher quality evidence) in favor of an allegation than not in favor, i.e., an objective review of the evidence revealing that the alleged abuse more likely occurred than not. “Confirmed” can be thought of as 51% or greater likelihood of supporting all legal elements based on using preponderance of evidence as the standard of proof.

16. I cannot have a finding of Unfounded or Confirmed when the client has cognitive, developmental or mental health issues making their statement unreliable, and I am unable to observe the physical evidence (e.g., a bruise or decubiti).

FALSE As just mentioned above in number 15, findings are based on preponderance of evidence, i.e., having more evidence (or higher quality of evidence) in favor of an allegation than in not.

17. You can confirm a case when you don’t see any bruises or there is no physical evidence, e.g., when the client says that the physical abuse occurred, but there is no physical evidence.

 APS Guidelines to Supplement Regulations

2.16: Findings Myth Buster

TRUE In general, believe the client, especially when they recount or describe abuse suffered. Approach the investigation and assessment with an open mind. Where possible, evidence should be gathered from more than one source.

VI. Client Participation and Capacity

18. If the client says that the abuse did not happen—or retracts their statement, “lacks capacity,” or becomes uncooperative—but the evidence confirms the allegations, you could have a finding of confirmed.

TRUE Your finding is not exclusively dependent on the client’s statement, but on the direct or indirect evidence that you gathered through your investigation.

19. If, during an APS investigation, the client alleges IHSS fraud by the provider claiming hours they did not work, and the client did not authorize the timesheet, but the next day the client withdraws the allegation saying they were mad at the provider, then the allegation is unfounded.

IT DEPENDS If the nature of the evidence that led to your original finding has changed, then you would need to reassess whether you still have the evidence needed to meet the Essential Defining Elements for that type of abuse.

VII. Financial Abuse

Note: Part of your consideration in looking at Financial Abuse, is assessing for Financial Self-Neglect and Abuse by Other.*

20. I can confirm financial abuse when the suspected abuser is not known to the client, and the financial institution has resolved the issue. For example, a scam involving identity theft.

TRUE We are investigating the allegation, and the evidence could meet the Essential Defining Elements of Financial abuse.

21. I can have a finding of Confirmed when the client believed the scam, but another party intervened to prevent the scam from happening. For example, the financial institution convinced the client not to withdraw money for an IRS scam.

***FALSE** Even when the evidence does not meet the Essential Defining Elements of Financial Abuse by other, **you could suspect financial self-neglect and confirm that**, and tailor the appropriate services to assist the client. Even if the scam did not go through, and the allegation of abuse by others was therefore Unfounded, the client may still be at risk for a future scam. Additionally, the SOC 242 Report captures any reported scams.

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2.16: Findings Myth Buster

22. I can have a finding of Unfounded, if the client recognized a scam, and did not participate in it (e.g., a lottery scam), and there was no financial loss.

TRUE Even if the scam did not go through, the client may still be at risk for a future scam, and screening for financial self-neglect is appropriate. And as mentioned above, the SOC 242 Report captures any reported scams.

23. I can have a finding of Unfounded when the client continues to participate in a scam (e.g., Lotto, Granny/IRS/computer virus Scam), even when they've been explained that it is a scam and how it works, and I do not suspect cognitive incapacity, but rather poor decision-making; OR the client was reimbursed by the bank or recovered the money in another way.

FALSE If the client has sent money to the scammer, then abuse by other happened, and therefore the finding is not dependent on the client's willingness to participate (or capacity), but on whether the situation meets the Essential Defining Elements of Financial Abuse found in the Consistency in Findings Matrix. In addition, you would assess for Financial Self-Neglect.

24. APS receives a report that a caregiver stole from a client. The client has no proof, and the investigation yields no proof nor likelihood that it happened; yet the client is adamant that items were stolen. There is no history nor suspicion that the client suffers from mental health issues. I should confirm the allegations.

FALSE Findings are not exclusively dependent on the client's statements, nor their mental health/cognitive status, even if the client suffers from mental health issues. If the findings of your investigation do not yield information to support the Essential Defining Elements of Financial Abuse, then you would arrive at a finding as described by the Matrix, Guide, and the Consistency in Findings class.

25. Let's say that the Client engages in a financial agreement (e.g., loan, investment, business opportunity) with a Suspected Abuser or another party, and promissory notes are written or communication is exchanged between both parties. The Suspected Abuser or other party initially makes payments (e.g., monthly/quarterly) to the client, but shortly thereafter stops making the payments. This is considered financial abuse on the part of the Suspected Abuser or other party.

IT DEPENDS For instance, you may determine that the situation does not meet the definition of financial abuse (e.g., party cannot make repayments, or the agreement is not being fulfilled), and the client might be referred to other appropriate remedial services. Yet, if the situation meets the defined criteria (e.g., undue influence, the client suffers from impaired decision making, etc.) the training materials—along with appropriate MDT discussions—could help you determine if the Essential Defining Elements are met for a finding of Confirmed.

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2.16: Findings Myth Buster

26. Client has a family member who evidently preys on client due to beginning stages of dementia or cognitive decline. The client denies financial abuse and reports giving money willingly to the Suspected Abuser, but the client falls behind on paying bills, mortgage/rent, and in attaining essential food; therefore, placing the client's own health and safety at risk. Financial abuse by the Suspected Abuser is Confirmed.

TRUE This scenario illustrates how the client is being harmed and impacted by the situation, and it meets the Essential Defining Elements of the abuse.

27. When the client is alert and oriented and provides extra or reportedly excessive gifts and money to her privately paid caregiver, this is not financial abuse.

IT DEPENDS You would need to screen for decisional ability, and assess other considerations such as the extent of the client's estate, the client's lifestyle and lifelong pattern, the length and nature of the relationship with the caregiver, the presence or absence of involved family, if the client is still able to meet their financial needs and obligations, obtain desired amenities, and maintain their lifestyle. Depending on the evidence found during the assessment and investigation, this may be considered Unfounded, Inconclusive, or even Confirmed, particularly if the client is being unduly influenced.

28. When the client has a joint bank account with the Suspected Abuser, who reportedly withdraws monies from the account, then there is no financial abuse because both parties are joint owners of the account.

IT DEPENDS For instance, you would need to look into the timing and sequence of events, the reason the joint account was set up, screen for undue influence, and assess other considerations. Even when this might not meet a criminal standard, it could meet the civil standard of financial abuse.

VIII. Neglect

29. If the client suffers a fall, or health complications, or a crisis while the primary caregiver (e.g., a family member) is not home due to running an errand or time off, and the client is hospitalized as a result, then this would be considered neglect on the part of the caregiver.

IT DEPENDS For example, there might be circumstances that explain the situation, such as is this a pattern or an isolated event, the level of care that the client needs (like stand-by vs. hands on care), etc. The evidence might be more likely to support a finding of Confirmed if the caregiver is paid and the crisis/injury occurred during a paid shift.

30. The client arrives at the hospital with serious medical concerns, somewhat dirty with feces dried to buttocks. The hospital calls APS to report suspected neglect. Upon the APS worker's arrival at

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the hospital, the client's attending physician fails to offer an opinion as to neglect or general progression of an existing disease process. Also, the client and the Suspected Abuser deny poor care. Because we don't have a medical opinion confirming neglect, then I cannot confirm neglect.

IT DEPENDS For example, the client's home environment could reveal concerns that support neglect by other, including self-neglect. You need to assess the overall condition of the client when brought to the Emergency Department and the signs of neglect by other represented by the condition of the client. It is not always necessary to have the medical opinion, if there is other compelling evidence of neglect.

IX. Physical Abuse

31. APS receives a report that the client's caretakers are using drugs in front of the client, who is developmentally delayed. The report also alleges that the client is given drugs. When the client is asked if they have been using drugs, the client shakes their head as in saying no, but gestures how to smoke from a pipe. Also, the Suspected Abuser is denying the allegations. Because of this, we cannot confirm the abuse.

FALSE Just because the client denies the physical abuse, does not mean that the alleged abuse did not happen. The finding should be based on the social worker's investigation and assessment of the available evidence.

X. Sexual Abuse

32. The client no longer wishes the caregiver to provide needed personal care, because during a previous personal care session the client became aroused. The client now is alleging sexual abuse, therefore we can confirm sexual abuse.

IT DEPENDS The client's statement alone is not sufficient to confirm sexual abuse, and a proper investigation and assessment of the evidence gathered will help you assess if you have the information necessary to meet the Essential Defining Elements of sexual abuse.

33. APS received a report that a developmentally delayed adult was sexually abused. They are unable to verbalize the abuse, and the Suspected Abuser is denying the allegation. Therefore, you cannot confirm sexual abuse.

FALSE Just because a vulnerable adult cannot relate what happened to them, does not prevent you from pursuing an investigation to gather the evidence that you need to meet the Essential Defining Elements of sexual abuse. You may pursue the investigation, gather more information and evidence, including but not limited to prior report history, physical/medical such as marks, abrasions, etc.

The Matrix offers a variety of signs and indicators of sexual abuse to guide your investigation.

XI. Self-Neglect

34. If the client chooses to be homeless, as a lifestyle choice (and exercising their constitutional right to self-determination), then self-neglect would be Unfounded, as long as the client continues to obtain essential food, clothing, medical care, and manage their moneys.

TRUE Self-neglect would be Unfounded if there is no question about the client's decisional capacity in reference to lifestyle choices and they are meeting their basic needs. Some counties may have programs designed to specifically serve the homeless population, whereas others may not. Therefore, the level of engagement of APS with the homeless population may be based on local practices.

XII. Psychological Abuse

35. If the client is the only one reporting verbal abuse, and no one else corroborates, then the mental suffering is unfounded.

IT DEPENDS You have to assess the repercussions to the client in terms of how they feel, and how it affects their daily life, and how dependent they might be on the suspected abuser.

36. When the client engages in arguments with close family members (e.g., husband, wife, son, caregiver, etc.) and reports psychological abuse, we cannot confirm mental suffering.

IT DEPENDS You have to assess the repercussions to the client in terms of how they feel, and how it affects their daily life, and how dependent they might be on the suspected abuser. The social worker should also assess for caregiver stress and consider referring family members to local resources and supports, to help ensure that arguing does not become a precursor to neglect or physical abuse.

XIII. Isolation

37. If the client resides in a memory care unit within an assisted living facility, is conserved and the conservator says they're not allowing a specific family member to visit due to problematic behavior towards the client and the facility's staff, then isolation would be unfounded.

XIV. IT DEPENDS

38. This situation would need to be investigated further and should include a review of any available conservatorship court records and/or collateral information and contacts. Consideration should also be given regarding if this action is done in the best interest of the client.

XV. Abandonment

39. If a family member or informal caregiver takes client to the Emergency Room for evaluation due to health concerns, challenging behaviors (e.g., dementia/Alzheimer's and wandering at night), or for being unable to properly care for the client, then, this would not constitute abandonment.

IT DEPENDS A proper investigation and assessment of the evidence gathered will help you assess if you have the information necessary to meet the Essential Defining Elements of Abandonment.

Policy Clarification and Case Exceptions**XVI. Guidance**

40. When an APS Worker is assigned to complete a face-to-face investigation, and is unable to complete the investigation (Client moved, wrong address, etc.), then the APS Worker may close the investigation without findings.

TRUE There are many situations that can result in the case being closed without findings, after the worker has used due diligence in making every effort to obtain the information or locate the client. They include (but are not limited to):

- NTD cases where the client is safe, but you have been unable to gather enough information to determine whether the abuse occurred.
- Cases where you are unable to locate the client, and therefore you can't gather enough information to make a finding.
- Cases where the client refused to cooperate in the investigation into a self-neglect or mental suffering allegation and you are unable to gather enough information to make a finding.
- Cases where the client refused to cooperate in the investigation when the alleged abuse is perpetrated by another person AND there is no other avenue for determining whether the abuse occurred.

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- Cases where the client has moved out of the area after the case was opened and therefore you can't gather enough information to make a finding.

XVII. Special Case Scenarios

41. It is important to determine that the allegations meet the definition of abuse, per California's Welfare and Institutions code, and that any finding conforms to the necessary Essential Defining Elements for that type of abuse.

TRUE An allegation may reference a landlord/tenant issue, yet it might also meet the criteria of a type of elder or dependent adult abuse.

42. When Law Enforcement requests APS to hold off an investigation, I can still have a finding.

TRUE There are times when law enforcement may ask you to limit certain aspects of your investigation (e.g., discussing certain allegations with the victim or alleged perpetrator) to not compromise the law enforcement investigation. This should not preclude you from providing services and working with law enforcement to assist you in determining your findings. Your finding can differ from that of LE's finding. The APS SW is investigating elder/dependent adult abuse, and LE is determining if a crime has been committed. In situations like these, please consult with your APS leadership on best practices that support collaboration and partnership with law enforcement. At the same time, the role of the APS program is to assess for the safety of our clients, and a request of this nature would have to be assessed in this light by your APS leadership.

43. I have to have a Confirmed finding in order to cross-report a report of abuse (SOC 341) to law enforcement.

FALSE APS is mandated at the time they receive the initial report, before the investigation has begun, to cross-report the suspected elder or dependent adult abuse to law enforcement, per WIC 15640.

44. When investigating a case that is an NTD, you would follow the same investigative techniques and finding determination process as you would with a case subject to an in-person response.

TRUE In an NTD case you would still complete your investigation and make a finding. However, if there is no information to corroborate, or the inability to obtain it, or it is unnecessary to pursue the information, then the finding of Not Applicable might be an option.

45. If the date of incident of the reported abuse was over three years ago, then it cannot be investigated by APS.

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FALSE

You would determine your finding based on training, APS eligibility criteria, and the Essential Defining Elements of the abuse alleged, regardless of timeframe; although timeframe would affect your Service Plan.

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OUR WHY: **REVOLUTIONIZE
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HEALTHIER PLACE.**



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