



**Department for
the Aging**

Elder Justice Program

Standards of Operation and Scope of Services

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Introduction

Elder Justice supports the development of systems and programs that (a) prevent abuse from happening, (b) protect people from abusive situations, (c) support people who have experienced abuse to help them recover, and (d) preserve, promote, and empower the independence, choice, and financial security of the client.

DFTA's Elder Justice Program plays a critical role in addressing elder abuse in New York City through its dual mission of (i) ensuring the safety and providing support to New Yorkers 60 years and older who have been abused, and (ii) working to prevent abuse by building awareness, education, training, and outreach.

The Elder Justice program uses a holistic and multi-disciplinary approach to service provision in order to avoid unnecessary duplication, facilitate coordination of services and supports, and to provide elder abuse victims with a seamless continuum of care. To maximize and leverage the services they provide, programs collaborate with DFTA's Elderly Crime Victims Resource Center, DFTA-funded case management agencies, caregiver programs, NORCs and older adult centers, as well as the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) and its Family Justice Centers, the New York Police Department, courts, District Attorney Offices, Mobile Crisis Teams, the housing police and NYCHA social services, legal services to the elderly providers, Multidisciplinary Teams (MDTs), the Human Resources Administration's Adult Protective and other programs, mayoral agencies, legal services providers, law enforcement, and community-based providers.

These standards are applicable to all DFTA-funded Elder Justice programs. Elder Justice programs must also adhere to all applicable requirements in the DFTA General Standards of Operation.

https://www1.nyc.gov/assets/dfta/downloads/pdf/community/General_Standards_08-09-2016_Final.pdf

Scope

Standard 1: Eligibility

The program accepts all clients who meet eligibility requirements.

Compliance 1.1. The program accepts clients into the program who meet the following criteria:

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

Standard 2: Incoming Referrals

The program accepts referrals and screens individuals to determine level of risk and appropriateness for service.

Compliance 2.1. The program contacts the prospective client or referral source within five business days of receiving a referral (from ECVRC or other source, e.g. self, family member, friend, neighbor, community-based organization, police, DA's office),

Exceptions:

- Self-referrals and referrals from law enforcement should receive special attention so that the intake can be completed the day of the initial call, or within 24 hours.
- *If the client is reported to be high risk, contact is made within 24 hours of receiving the referral.*
- *In imminently life-threatening emergencies, the worker immediately calls 911 and follows up with the client the next business day to assess needs and safety concerns.*

Compliance 2.2. During the first contact with the client/referral source, the program shall:

- Gather preliminary information about reason for the referral;
- Determine if mistreatment is alleged/suspected;
- Screen for immediate danger;
- Determine if the client appears appropriate for program services; and
- Provide “crisis intervention” if the client is considered to be in crisis (*see Definitions and Service Units - Counseling*).
- Create safety plan as needed

Compliance 2.3. If the worker is unable to reach the client or referral source after making a minimum of three telephone calls within five business days of receiving a referral, the worker:

- Refers the case to the NYPD if there is suspicion that a crime has occurred, or client is in physical danger; or
- Refers the case to APS if the person appears APS-eligible and the situation appears to warrant further attention (e.g., the referral source is credible, and the complaint appears real but not life threatening); or
- Sends a letter offering generic services, and allow two weeks for the client to respond before closing out the referral; or
- Takes no further action if the situation appears to be stable and/or the complaint appears to be invalid.

Standard 3: Intake

The program conducts intakes to determine eligibility.

Compliance 3.1. Within five days of receiving the referral, the worker conducts an intake and screening interview. The intake process aims to preemptively determine the alleged victim’s eligibility for the Elder Justice program. It involves an assessment of the alleged victim’s level of risk and potential for immediate danger. The intake worker conducts a screening interview with each prospective client or referral source to determine if mistreatment is suspected and if the prospective client appears eligible for program services. If the worker determines that the alleged victim appears eligible for program services based on this screening, the worker completes the Referral Details and Supplemental Intake sections in DFTA’s client data system, and this opens the case.

Standard 4: Case Assistance

The program provides case assistance to all clients.

Compliance 4.1. Within ten business days of referral, the assigned worker conducts a private, face-to-face, telephone, or virtual interview with the client in a location that is in the best interest of the client and respects the client’s need for privacy, safety, support, and protection. The purpose of the interview is to begin a comprehensive assessment of the client’s needs. (The comprehensive assessment form can be found in DFTA’s client data system). To the extent possible, the worker gathers information about:

- The client’s physical, environmental, behavioral, psychological, economic and social situation;
- The nature, cause and progression of the elder abuse that has occurred/is occurring, including the persons involved and their relationship(s);
- The client’s strengths;

- The client's ambivalences and ability to understand his/her current situation, including the potential consequences of remaining in the abusive situation.
- Client's wishes, desires, goals

Compliance 4.2. As part of the initial assessment, the worker completes a Safety Plan with the client and the Client Abuser Relationship Profile and Risk Factor forms in DFTA's client data system. Safety plans are regularly reviewed by the supervisor and updated as needed.

Compliance 4.3. As part of the assessment, the worker screens the client for depression using the Patient Health Questionnaire 9 (PHQ9) and screens for anxiety using the Generalized Anxiety Disorder Scale (GAD7), or documents reason why it cannot be done. screens, If the victim scores 10 or above on either the PHQ9 or GAD7, a referral is made for the Providing Options To Elderly Clients Together (PROTECT) program.

Compliance 4.4. With the client's consent, the worker makes collateral contacts with appropriate others (e.g. physician, social worker, health unit, hospital, senior center staff, etc.). The program offers services but does not share client information until such time as client gives consent.

Compliance 4.5. Within 45 business days from the time of referral, the worker completes the comprehensive assessment, a service plan, enters the information into DFTA's client data system.

Compliance 4.6. The supervisor reviews the assessment and services plan and documents in the client's file that they have been reviewed and approved.

Standard 5: Service Plan

The program develops and implements the Service Plan, and conducts monitoring and follow-up in a timely and appropriate manner. The service plan is reviewed at least every 30 days.

Compliance 5.1. The worker uses information obtained through the assessment to develop a service plan together with the client that addresses the issues/problems the client wants to resolve, and takes into account his/her needs, fears, strengths, and preferences. The service plan includes:

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

Compliance 5.2. The worker recognizes and respects the client's right to self-determination at all stages of the service planning process.

Compliance 5.3. The worker captures all planned actions in the written service plan. Actions are carried out within the timeframes designated in the service plan. If an action is not taken within the designated time frame, the reason for this is clearly stated in the case record.

Compliance 5.4. The worker encourages the client to carry out any actions for which she/he has responsibility.

Compliance 5.5. During supervision, the service plan is reviewed for continuing appropriateness to the client's needs/wishes and revised when necessary. This review is documented by the supervisor in the client tracking system with action steps for the Elder Justice worker clearly defined, including revisions to the Service Plan when necessary.

Compliance 5.6. The case record clearly indicates whether each service plan action was achieved, and if not, the worker states the reason.

Compliance 5.7. Monitoring and follow-ups are conducted, at minimum, every thirty days.

Standard 6: Client Counseling

The program provides ongoing supporting counseling to all clients.

Compliance 6.1. All clients receive ongoing supportive counseling (see Definitions and Service Units).

Compliance 6.2. When needed, clients receive formal, structured counseling and and/or support group therapy, in accordance with the service definitions. The program must provide at least one support group. (See Definitions and Service Units.)

Compliance 6.3. Clients in crisis receive crisis intervention counseling (See Definitions and Service Units.)

Standard 7: Supplemental Services

The program provides budgeted supplemental services directly or through sub-contract.

Compliance 7.1. The program provides/arranges for budgeted supplemental services in accordance with service definitions. (See Definitions and Service Units.)

Standard 8: Holistic Trauma-Informed Care

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

Compliance 8.1. With approval from the supervisor, the elder justice worker may address the needs of the client and work with the client through a family systems approach to address the service needs of the alleged abuser if it is determined that those needs, if met, would positively impact the client's health and improve safety. For example, the program may connect an adult child alleged abuser with needed health or substance abuse services.

Compliance 8.2. Where applicable, with the consent of and in close coordination with the client, the program works with alleged abusers, primarily by providing referrals to trusted and known entities (e.g., housing, employment, physical health, mental health and substance abuse services). Provision of information and referral to the abuser needs to work in complement with services to the victim. The goal is to address and end cycles of family mistreatment and support the victim by supporting and strengthening the family system

Compliance 8.3. Services offered to the alleged abuser are documented in the client's record. A separate case is not opened for the abuser.

Standard 9: Continuity of Care

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

Compliance 9.1. When a worker refers an established client to APS, the worker follows up with APS to ascertain disposition within five business days of the referral. The worker continues to be engaged in the client's case – the case is kept open – until it can be officially documented that APS has assigned a worker to the client, at which point the Elder Justice worker closes the case indicating that APS has assigned a case worker.

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

Compliance 9.2. When a client is referred to another service provider, the worker continues to provide elder abuse services based on program expertise. When the provider is a case management, caregiver services, or NORC program, the worker maintains regular contact with the provider concerning the client's status or until elder abuse services are no longer needed.

Compliance 9.3. If the client opts to discontinue service, the worker helps the client identify emergency contacts and community resources and assists with safety planning and accessing resources that will be of assistance to him or her – e.g., home care, social activities.

Compliance 9.4. The worker uses various strategies to engage clients who decline services, for example, reviewing obstacles with their supervisor, creating a safety plan, or offering to check in with the client at another time.

Standard 10: Management of Caseloads

The program manages caseloads in accordance with DFTA guidelines.

Compliance 10.1. The program averages client case load ratios at a minimum of 1:38 by the third quarter of the first contract year.

Compliance 10.2. The program averages a minimum of six new clients per worker per month by the third quarter of the first contract year. (See Service Definitions.)

Compliance 10.3. The program closes cases with supervisor consultation and documented approval when:

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

Standard 11: Client Confidentiality

The program has an appropriate protocol for protecting client confidentiality.

Compliance 11.1. The worker obtains the client's written consent to release information to other professionals/agencies as soon as possible. Information related to the client's case is released to other professionals and agencies only with the written permission of the client. If it is only possible to get the client's verbal consent, the worker documents in the client record and on the Release of Information that verbal consent was given and reason for so doing. The worker initials and dates the entry.

Exception: The client's consent is not needed for APS referrals, or in response to emergencies, 911, mobile crisis, or court order, or for the client's case to be presented to an MDT for discussion only.

Compliance 11.2. Only authorized personnel have access to program files and the DFTA client data system.

Compliance 11.3. Any paper documentation must remain on the premises for 6 years. Case files are at all times available to authorized personnel. If for any reason a file needs to be removed (e.g., for court appearance), a complete copy of the record remains on the premises.

Compliance 11.4. Client paper records, which include the signed Release of Information form, are scanned and attached to the client record in the DFTA client data system and maintained in locked program files.

Standard 12: Outreach and Educational Activities

The program conducts outreach and educational activities in accordance with its Annual Plan, with particular attention to increasing utilization of elder abuse, elder abuse services and increasing awareness of financial crimes, fraud and scams.

Compliance 12.1. Each July, the program develops and submits to DFTA its plan for culturally competent outreach and education to increase awareness of elder abuse, scams and frauds, and of available services. The Plan includes:

- The number of planned senior audience presentations (minimum of 12); groups that will be targeted; community districts that will be targeted; and timeframes for delivery of presentations. The purpose is to increase awareness and support prevention and referral where needed.
- The number of planned professional presentations (minimum 4); groups that will be targeted (e.g., caregiver program social workers, senior center staff, case managers, domestic violence workers, Mobile Crisis staff, APS workers, religious leaders, law enforcement, etc.); and timeframes for delivery of presentations. The purpose is to increase awareness and referrals.
- The number of planned outreach activities (minimum of 6); types and methods of outreach (e.g., mailings, phone calls, meetings, virtual, electronic, fairs); projected number of participants/people to be reached via that method; and timeframes for completing each activity.
- Annual event (October or June) to acknowledge and bring awareness to Domestic Violence Month or World Elder Abuse Month. This is in addition to required educational presentations and can be as needed completed virtually.

Compliance 12.2. Outreach and educational activities are conducted as planned and within projected timeframes. The program documents reasons for deviations from planned targets, topics and timeframes.

Compliance 12.3. The program conducts its educational presentations for older persons in locations that are geographically accessible to seniors from all neighborhoods of the program's service area. These presentations may also be conducted virtually.

Compliance 12.4. The program reviews its Outreach Plan semi-annually and revises the plan in consultation with DFTA if it is not generating new clients at a satisfactory rate to meet expected levels.

Standard 13: Linkages and Collaborative Partnerships

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

Compliance 13.1. The program develops and maintains collaborative working relationships with a range of providers such as: law enforcement (NYPD), designated police precinct(s), domestic violence officers, housing police; appropriate courts; the District Attorney's Offices; the NYC Family Justice Centers; the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV); legal service providers; senior centers; case management agencies; Mobile Crisis Teams; HRA's Adult Protective Services (APS); NYCHA; caregiver programs; NORCs, MDTs, Safe Horizon and faith-based programs.

Compliance 13.2. The program's referral sources demonstrate linkages with a broad range of services providers, seniors and community leaders.

Compliance 13.3. Referrals made by the program demonstrate robust linkages with DFTA-funded contractors; other community resources; legal providers where appropriate; law enforcement agency where appropriate (the District Attorney's Office, the NYPD, and the Attorney General's Office).

Compliance 13.4. The program's educational presentations demonstrate coordination with a wide range of organizations, agencies, and other types of resources.

Compliance 13.5. The program maintains a linkage with its borough's NYC Family Justice Center to accept referrals.

Standard 14: Adoption of evidence-based programs and practices.

The program incorporates elder abuse protocols in their practice.

Compliance 14.1. The program stays abreast of developments in the field of elder abuse prevention and intervention services, including evidence-based programs and practices (e.g., PROTECT and MDTs), and incorporates elder abuse protocols and best practice guidance to reduce the incidence and extent of abuse among clients in its service area.

Standard 15: Innovations through Technology

The program will utilize technology to enhance its programming.

Compliance 15.1. The program incorporates technology into its operations both to increase the variety of models and programming as well as attract a larger number of clients, either through individual provider efforts or collaborations among providers and other partners. Possible innovations could include development of virtual outreach or training programs for older adult clients and professionals or use of similar strategies to engage homebound clients via support groups and/or individual counseling.

Standard 16: Program Metrics/System Impact.

The program reports on program process/output measures and key outcomes.

Compliance 16.1. The program collects both process/output measures and up to three (3) key outcome indicators to monitor results, improve program practice, and strengthen capacity. Key measures should be used on a routine basis to inform discussions around quality assurance and strategies for continuous quality improvement (such as identifying training needs) and to develop a body of evidence supporting best practices. Some outcome indicators for consideration and feedback may include:

- Victims know more about their rights and options.
- Victims feel less socially isolated and more connected.
- Victims are knowledgeable of community resources, their rights and their options
- Number/percentage of victims engaged in safety planning;
- Number/percentage of self-administered satisfaction surveys reflecting high program quality;
- Client's identified goals on service plan were achieved
- Number of referrals to PROTECT, MDT, APS, or Bill Payer program and/or elsewhere for services;
- Metrics for the Alleged abuser:
 - Number engaged
 - Number connected to mental health services
 - Number connected to drug treatment services
 - Number connected to other services

Staff Appropriateness and Continuity

Standard 17: Staffing

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

Compliance 17.1. The program (including subcontractors and partners) has the capacity at all times to assign a qualified elder abuse worker to each elder abuse client and to provide all Elder Justice activities.

Compliance 17.2. All persons reporting units appear on the contract budget or are included (in-kind) on the budget narrative.

Standard 18: Staff Qualification

Only qualified persons provide client services.

Compliance 18.1. The Program Director and at least one supervisor has an MSW degree or LCSW credentialing, or a Master's degree in a related field and with significant relevant experience.

Compliance 18.2. Each Elder Justice worker who provides direct services has an MSW degree or LCSW credentialing or closely related Master's degree, or a Bachelor's in Social Work (BSW) or closely related Bachelor's degree and two (2) years of relevant experience.

Note: The program must obtain approval from DFTA for anyone hired after July 1, 2022 without this credential.

Compliance 18.3. Elder Justice workers and their direct supervisors engaged in direct counseling services have at least two (2) years of documented experience in counseling under the supervision of a licensed psychiatrist, social worker or psychologist.

Compliance 18.4. Persons that work with clients demonstrate the following competencies:

- Cultural sensitivity/competence in recognizing and addressing the special needs and challenges of New York City's diverse populations, including different socio-economic, racial and ethnic older populations as well as recent immigrants, and lesbian, gay, bisexual, transsexual and transgender older adults.

- Thorough knowledge of the various forms of elder abuse and the impact of elder abuse on physical, mental, sexual, financial, social and psychological well-being.
- Skill in evaluating the client's current situation including potential dangers.
- Skill in utilizing information about the client's fears, concerns, ambivalence and wishes to support engagement and understand the client's needs.
- Thorough knowledge of community resources for older adults and elder abuse victims.
- Ability to utilize good judgment and prudence.
- Trauma informed.
- Ability to employ a family system approach to the work

Standard 19: Supervision and Training

Persons providing elder abuse services are appropriately trained and supervised.

Compliance 19.1. All direct service staff attend 14 hours of training annually on issues related to elder abuse. Training is provided by reliable sources (e.g. DFTA, SOFA, ACL or other non-profit or mayoral agency, with DFTA's approval).

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

Compliance 19.2. Newly hired direct service staff who have no documented experience working with victims of elder abuse receive appropriate elder abuse training and written materials about the types and dynamics of elder abuse before working with clients.

Compliance 19.3. Supervisor(s) hold scheduled sessions with each direct service worker (and each student intern working with clients) on a weekly or biweekly basis to discuss cases. Supervision may be provided individually or to a group of workers. The supervisory session is documented by the supervisor in the client file in DFTA's client data system.

Compliance 19.4. Supervisor(s) conduct annual written evaluations of all program staff, volunteers and interns who provide elder abuse services.

Compliance 19.5. The program provides appropriate training to enhance skill deficits noted. (e.g., interviewing, assessment, case planning, cultural competence, trauma informed practice, and working with abusers/family system).

Compliance 19.6. The program is responsible for the recruitment and screening of employees and volunteers performing work, including the verification of credentials, references, background checks and suitability for working with clients and participants. The program complies with all Federal, State and city laws. Copies of background checks are kept on file.

Targeting

Standard 20: Target Population

The program serves individuals in its contracted service area.

The program serves elder abuse victims/abusers/family systems (this may include persons who were alleged to be elder abuse victims, but allegations were not substantiated) who reside in all community districts in its contracted service area.

Language and Cultural Competency

Standard 21: Cultural Competence and Language Access

The program responds to the cultural and linguistical needs of its clients.

Compliance 21.1. Elder Justice services are provided with respect for cultural differences, preferences, and styles of communication, and with skill in assisting individuals in overcoming cultural and linguistic barriers.

Compliance 21.2. The provider provides on-demand language assistance, free of charge, to persons with limited English proficiency (LEP).

Compliance 21.3. The provider, at minimum, has a telephonic interpretation service contract or similar community arrangement with a language interpretation services provider to assist LEP individuals. The provider trains staff that have contact with the public in the timely and appropriate use of these and other language services.

Compliance 21.4. The provider makes every effort to employ bilingual staff are reflective of the neighborhoods served.

Levels of Service

Standard 22: Budgeted Units

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

Compliance 22.1. The total number of clients served and units delivered for core services (case assistance and counseling) is within the 10% variance allowed by DFTA.

Standard 23: Unit Definitions

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

Compliance 23.1. Units of core services and supplemental services reported by the program conform to DFTA unit definitions (See Service Definitions).

Compliance 23.2. A unit of elder abuse education is each planned, organized and scheduled educational activity attended by at least ten persons. If fewer than 10 persons are scheduled to attend, the activity cannot be reported as education/training.

Documentation and Reporting

Standard 24: Documentation

Compliance 24.1. The program maintains required documentation of client and service information.

Compliance 24.2. Each client's case record contains the following:

- A completed/approved Intake.
- A completed/approved Assessment.
- Client's safety plan and amendments to the plan.
- A signed Release of Information Form.

- Copies of any legal documents (e.g. police reports, order of protection, etc.) related to the case.
- Elder abuse workers' case notes which clearly explain and substantiate units indicated in DFTA's client data system.
- Supervisory review
- Closing summary.

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

Compliance 24.3. The program enters information on each support group into DFTA's client data system, including name of the individual worker(s) facilitating the group; group attendee names, and date of the group. Corresponding case notes are maintained in each group participant's case file,

Compliance 24.4. The program maintains a record of all elder abuse prevention and outreach activities, including agendas, flyers, and activity sign-in sheets. Events are documented in the client data system.

Compliance 24.5. The program maintains the following information in DFTA's client data system on Supplemental Services provided to clients:

Escorted Trips. Documentation indicates:

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

Transportation. Documentation indicates:

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

Security Device Installation. Documentation indicates:

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

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

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

Legal Assistance. The client's case record includes;

- Name of attorney providing the service
- Date service was provided.
- Purpose of assistance
- Time spent

Compliance 24.6. The program maintains documentation of worker activities. Each worker's documentation includes:

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

Standard 25: Reporting

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

Compliance 25.1. The program complies with DFTA's requirements for submitting reports and other data.

Compliance 25.2. Submissions to DFTA are accurate, complete and timely.

Emergency Preparedness and Planning Procedures

Standard 26: Emergency Preparedness

The program has an emergency preparedness and response plan to address local, regional and citywide emergencies.

Compliance 26.1. The program engages in emergency preparedness planning and exercises and works with DFTA to ensure the provision of services and continuity of care as directed by the Department in an emergency and/or crisis.

- a. The program provides workers with personal protective equipment which is appropriate to the tasks being performed.
- b. The program has an on-call/after-hours hotline to receive emergency home care issues when the administrative office is not open.
- c. The program has a written emergency preparedness plan covering both citywide emergencies (e.g., a black out, hurricane, public health emergency) and program emergencies (e.g., facility emergency, staff shortage, or vehicle in need of repair). This plan is updated and shared with DFTA at least every two (2) years or upon request.

Compliance 26.2. The program provides orientation to all staff regarding their responsibilities in carrying out the emergency plan.

Compliance 26.3. The program has a Continuity of Operations Plan (COOP) as part of their written emergency preparedness plan detailing how it would continue to provide critical services to clients in the event of an emergency.

- a. The program has Emergency Response Protocols outlining contact lists for critical staff, communication protocols, an emergency transportation plan, and lists of critical assets, volunteers, vulnerable clients, and mandated emergency supplies. DFTA will provide a planning template to the program to ensure that all required elements are included. The protocol should also contain hazard-specific response procedures for the following incidents:
 - i. Coastal Storms/Flooding
 - ii. Blackouts
 - iii. Winter Weather

- iv. Heat Waves
- v. Communicable Disease Outbreaks/Pandemics
- vi. Building Collapse
- vii. Active Shooter
- viii. Mass Transportation Disruption
- ix. No-notice Events (unanticipated events, such as terror attacks or earthquakes, where warning systems are not available)

Compliance 26.4. The program coordinates with DFTA's Office of Emergency Preparedness and Response (OEPR), which offers trainings, meetings, and public/private partnerships to help service providers be better prepared for emergencies.

Definitions

Elder Abuse

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

Forms of Elder Abuse

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

APS (Adult Protective Services)

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

Case Assistance Service

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

- Screening, intake, and client evaluation, including depression and anxiety screening.
- Development of a safety plan with the client.
- Development of a service plan with the client.
- Provision of accurate and sufficient information about resources, services, and opportunities (e.g., legal options and instruments, supportive services) to facilitate informed decision-making.
- Assistance with applying for benefits, entitlements, and services, including but not limited to legal services, case management services, caregiver services, SCRIE, SNAP, medical care, counseling services, faith-based services, transportation, sources of financial assistance; installation of security devices.
- Assistance with filing for funds from the Office of Victims Services, obtaining orders-of-protection; filing police reports; filing reports with the Attorney General’s Office and/or the District Attorney’s Offices; filing a mental hygiene warrant to assist the abuser in getting mental health services.
- Assistance with obtaining emergency shelter and/or respite services for the victim.
- Advocacy on behalf of clients to obtain services or benefits or to prevent or forestall actions such as eviction, service cut-off, denial of benefits.

- Referral to and coordination with other agencies on behalf of clients, e.g. APS, banks, social service organizations, medical providers, government entities and programs.
- Accompanying a client to court, police station, medical appointment, etc.
- Communication with clients (in-home, office, or via telephone or mail/email).
- Communication with collateral contacts on behalf of the client.
- Working with the abuser.

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

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

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

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

Counseling Service

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

1. **Individual, group, or family crisis counseling, including:**
 - a. Supportive Counseling
 - Provides validation to the client through reassurance, clarification and empathic listening.
 - Explores emotional barriers to accepting interventions or developing a safety plan, including self-blame.
 - Addresses social isolation by encouraging the client to take advantage of existing community services and resources.
 - Educates the client about elder abuse dynamics and its patterns of escalation over time.
 - b. Crisis Intervention
 - A time-limited intervention to offer immediate help to address acute distress and restore client to pre-crisis baseline.
 - In cases of imminent life-threatening emergencies, such as a medical emergency, the client expressing suicidal ideation with a plan, the abuser is reported to be armed, the client feels his/her life is in imminent danger, or other situations requiring prompt attention (usually within 24 hours) the worker will call 911.
 - If 911 is called, the worker will follow up with the client the next business day to assess the client's needs and safety concerns.
2. **Support Groups:** Support groups are structured and limited (8-10 weeks) and consist of three or more individuals. Some of the ways support group participation might benefit a client include helping him/her to: feel less lonely, isolated or judged; gain a sense of empowerment and control; improve coping skills and sense of adjustment; and speak openly and honestly about her/his feelings. Participants may attend virtually or by phone if they are not able to attend in person. Support groups:

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

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

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

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

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

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

High Risk

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

New Client

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

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

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

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

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

Safety Plan

Developing a safety plan with the elder abuse client is one of the first concerns of the direct service worker. It helps the client plan in advance how s/he will try to manage potentially dangerous situations. It includes what the client can do to protect her/himself against family members who are harmful, what to do if the danger level should escalate, and how to use an order of protection or a restraining order. Safety plan should be reviewed every 30 days or more often depending on the client's needs/changing circumstances.

Secondary Victim

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

Units would be counted under Case Assistance.

Supplemental Services

Supplemental services are services the program proposed to provide in its Elder Justice proposal or as modified and approved by DFTA after the contract's first year of operation. Supplemental services augment the core services of case assistance and counseling. Supplemental Services include but are not limited to:

Escort. Accompaniment of an elder abuse client to and from locations in the community, e.g., to family/housing court; district attorney's office; police precincts; medical care; shelter services.

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

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

A unit of transportation is each one-way trip.

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

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

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

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

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

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

Legal assistance

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

A unit of elder abuse legal assistance is each hour spent providing legal services on behalf of a client or clients. The legal assistance unit does not include professional development, such as continuing legal education (CLE) or participation in community meetings. It also does not include activities related to program promotion.

Elder Abuse Respite

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

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