

Statement of Consideration (SOC)

PPTL 24-XX SOP 19.3 Acceptance Criteria. The following comments were received in response to SOP drafts sent for field review. Thanks to those who reviewed and commented. Comments about typographical and grammatical errors are excluded; these errors have been corrected as appropriate

SOP 19.3

1. **Comment:** I've read over this draft and the major questions that I am having center around the General Adult Services section under "4. Accepts a report for services for an adult eighteen (18) years of age or older that is an alleged victim of domestic violence who is requesting services;"

What will these referrals look like? I.E. Will it be all the EPOs from all the counties? Will it be specifically people calling into the Hotline requesting DV assistance? Will law enforcement and/or others be able to request services on someone else's behalf?

Response: The language change in this SOP does not reflect a practice change for accepting general adult services referrals under the domestic violence subsection. General adult services referrals have been and will continue to be accepted when a victim of domestic violence is requesting services from APS.

2. **Comment:** Will these fall under the same initiation guidelines as other General Adult Services referrals? I.E. Timeframes and method of initiation as face-to-face contact with the alleged victim/alleged perpetrator presents safety issues and concerns to both the worker and the alleged victim.

Response: General adult time frames remain the same, three (3) working days. Face-to-face initiation is still best practice, but the worker may need to negotiate with the adult to ensure safety.

3. **Comment:** The term "rough handling" needs clarification. Who defines rough?

Response: This comment has been addressed by making the recommended changes within the SOP.

4. **Comment:** It appears that on the adult self neglect the change of the language to use "May" occur leaves it wide open and more toward Risk of instead of threat of.

- a. The SSW accepts a report of adult self neglect when alleging harm may occur

It used to be that their health had suffered or declined as a result of...This is much more specific. Using "may" opens it up to where almost anything will meet.

Response: The original proposed language will remain, as it is in line with regulation. The changes in the language also provide additional guidance in the subtypes of neglect (hygiene, medical, etc.) which would require the specific decline that is unique to each subtype.

5. **Comment:** changed similar language in caretaker neglect as well using "may". Same concerns here.

Response: The original proposed language will remain, as it is in line with regulation. The changes in the language also provide additional guidance in the subtypes of neglect (hygiene, medical, etc.) which would require the specific decline that is unique to each subtype.

6. **Comment:** Add the following language under the last bullet under Practice Guidance:

Considerations should be given regarding alternative longer terms placements of Adults. (to allow for considerations of adults at eastern/central state, etc)

Response: This comment has been addressed by making the recommended changes within the SOP.

7. **Comment:** Under Abuse Criteria 1. A #4: Individual may be confusing and lead to think - resident to resident; could we add in parenthesis : (consider status and functioning of the adult alleged perpetrator)

Response: This comment has been addressed by making the recommended changes within the SOP.

8. **Comment:** Under Abuse Criteria 1. C # 2: "restricting the adult's movement" -- need clarification-- is this physical movement or movement in the community/home environment should this be something such as "Restricting the adult's ability to move within their environment"

Also when considering 2 and 3 Can we clarify and add when not medical necessary/warranted

Response: This comment has been addressed by making the recommended changes within the SOP. For number 2, a statement was added stating "when not medically necessary." For number 3 it begins with "Inappropriate use" which already suggests that it's unwarranted.

9. **Comment:** Under V. General Adult Services Criteria # 2: Should we add some separation for IDT -- as this would actually fall under IDT screen not General Adult...

Response: This has been addressed under the general adult section to notate that the SDM® pathway the IDT has is different than that of the SDM® general adult path.

10. **Comment:** Under VI Criteria for reports that are not accepted, #11: Would this be previously investigated period-- 30days is duplicate- correct, other time periods referral already investigated. Add another may need new policy - tab for Referral/Allegation already Investigated

Response: This comment has been addressed by making the recommended changes within the SOP.

11. **Comment:** Can a mental or physical disability be defined? Example, if an individual is diagnosed with schize and medicated is that person still a considered a vulnerable adult?

Response: The adult must meet both pieces of that definition. That would be a mental or physical dysfunction AND an inability to manage his or her own resources, carry out the activities of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may need protective services. Legislation does not define mental or physical disability; however, staff can assess/identify concerns around the possibility of a mental and/or physical dysfunction. That alone does not meet the criteria of "adult." This would need to be paired with the other half of the definition.

12. **Comment:** Regarding general adult around domestic violence. Does that mean that anyone who is over 18 year old request APS services a general adult or is a specific to an age group?

Response: The language change in this SOP does not reflect a practice change for accepting general adult services referrals under the domestic violence subsection. General adult services referrals have been and will continue to be accepted when a victim of domestic violence is requesting services from APS.