

Adult Protective Services

Chapter 10.A Role of CFS Supervisor

- A. Supervisors are the key to successful case practice, and staff support, utilizing their knowledge and experience serving vulnerable adults and their families. Consultation is important to ensure the consistent application of Department policy and to ensure that as many factors and ramifications as possible are considered when critical decisions are made. The CFS Supervisor has the responsibility to call to the attention of and redirect the CFS Specialist regarding any decision made on any case which is not consistent with the following:
1. The determination that someone is a vulnerable adult;
 2. The needs of the vulnerable adult;
 3. Self-determination;
 4. The vulnerable adult's decision-making capacity; and
 5. DHHS policy and practice.

- B. Supervisory responsibility for assigning intakes: The CFS Supervisor (or designated back-up in the absence of the supervisor) assigns the cases accepted for assessment/organization related investigations.

If the Hotline receives a report and the alleged victim does not live in the same Service Area where the allegation occurred, the case will be assigned to the CFS Specialist in the Service Area where the victim lives.

1. If necessary, a CFS Specialist in the Service Area where the allegation occurred can serve as a courtesy worker for the case. The CFS Specialists will conduct their investigations in conjunction with one another.

- C. Supervisory responsibility during assessment: CFS Supervisors will provide consultation and support related to the initial contact with the vulnerable adult to begin the investigation/assessment. CFS Supervisors, when necessary, will:
1. Assure adequate CFS Specialist preparation so that the CFS Specialist understands the nature and circumstances that represent a threat to a vulnerable adult;
 2. Assure that the CFS Specialist has a strategy for making the initial contact, for collecting information, and for evaluating the alleged victim's needs;
 3. Assist the CFS Specialist in considering possible action if an emergency exists when completing the initial face-to-face interview and agency response when a need for immediate action to protect the vulnerable adult arises;
 4. Assist the CFS Specialist in identifying potential barriers to visiting or communicating with the vulnerable adult;
 5. Address potential CFS Specialist safety issues;
 6. Consider additional preparation for the investigation involving issues around law enforcement participation for purposes of joint investigation;
 7. Assist the CFS Specialist with developing the protective interventions for the vulnerable adult;
 8. Discuss other resources the CFS Specialist may need for the intervention to be successful;
 9. Discuss with the CFS Specialist's planned course of action; and
 10. Verify that the planned response is the least intrusive necessary to meet the victim's needs.

- D. CFS Supervisor consultation early in the assessment process may involve:

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1. Identifying who would be the best source of information,
 2. Discussing the order in which people will be interviewed;
 3. Identifying the type of information to be gathered;
 4. Maintaining the balance between self-determination and safety of the vulnerable adult;
 5. Identifying the methods to determine vulnerable adult status and to determine the decision-making capacity of the alleged victim;
 6. Identifying methods to overcome barriers in information gathering such as guardian resistance, communication difficulties, or access to collateral contacts;
 7. Managing the location and circumstances of the interviews;
 8. Avoiding premature judgment and conclusions; and
 9. Addressing any CFS Specialist bias.
- E. When reading assessments or discussing the case situation with the CFS Specialist, the CFS Supervisor must consider the following characteristics about the information provided:
1. **Breadth:** Is the CFS Specialist's understanding and analysis of the adult and his/her situation based on information that covers the critical points (maltreatment, vulnerability, decision-making capacity, self-determination) and if the information gathered about the adult and alleged perpetrator is comprehensive.
 2. **Depth:** Is the CFS Specialists understanding of the situation based on more than superficial information? Is the information pertinent and detailed?
 3. **Reliable:** Is the information trustworthy and dependable, reasonable, believable, and can be justified?
 4. **Pertinent:** Is the information relevant, significant and useful in determining the presence of risk factors?
 5. **Objective:** Is the information factual, actual, and unbiased? Information exists without interpretation or value judgment;
 6. **Clear:** Is the information easily understood and unambiguous?
 7. **Associated:** Does the CFS Specialist understand how the information is connected and inter-related? How the information is linked?
 8. **Reconciled:** Has the CFS Specialist resolved differing perspectives so that discrepancies are reconciled?
 9. **Supported:** Is the information confirmed or corroborated by reliable sources outside the immediate family?
- F. **Supervisory responsibility at the conclusion of the assessment:** The supervisor will complete a case review to determine whether the CFS Specialist has gathered pertinent, relevant, and adequate information to arrive at the necessary conclusion. Conclusions include determining the following:
1. The alleged victim is a vulnerable adult;
 2. The vulnerable adult has decision making capacity;
 3. Vulnerable adult abuse, neglect, exploitation has occurred;
 4. Whether an emergency exists and immediate intervention is needed;
 5. Whether the vulnerable adult is in need of ongoing services; and/or
 6. Whether the case is ready to be closed.
- G. **Supervisory Assistance During Legal Action:** CFS Supervisor will provide direction to staff in accessing legal action by:
1. Discussing the option to invoke court authority, including helping the CFS Specialist explore less intrusive options;

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2. Providing step by step guidance to CFS Specialists regarding necessary documentation and processes required to invoke court jurisdiction, and assisting with preparation of CFS Specialists to provide testimony;
 3. Assisting CFS Specialists to produce documentation and take responsibility to expedite the process;
 4. Consulting with attorneys representing the interests of DHHS;
 5. Advocating for the interests of DHHS; and
 6. Attending court proceedings with CFS Specialists.
- H. Supervisor role during Service Coordination: The role of the CFS Supervisor is to respond to and meet the needs identified by CFS Specialists. CFS Supervisors have a responsibility to ensure that the tools and resources necessary for the delivery of services to vulnerable adults are available and accessible to the CFS Specialist.

The CFS Supervisor's responsibilities during service coordination are to:

1. Provide support, consultation and assistance to the CFS Specialist during critical decision points;
 2. Provide, develop, and maintain a comprehensive knowledge base for consultation, education and support;
 3. Evaluate CFS Specialist's skill and implement training to enhance worker's skill;
 4. Intervene in Department, community or legal system to ensure outcomes of service coordination are achieved;
 5. Support, facilitate, or develop the use of collaboration to enhance quality service delivery; and
 6. Identify and assist in removing barriers to service delivery.
- I. Weekly Supervision: The supervisor provides oversight and clinical guidance during the assessment and service coordination processes, and consults on critical case decisions. The goal of this oversight is to ensure high quality service for clients, through compliance with CFS Specialists standards, and consistency with program philosophy and service coordination principles.

To provide quality support and assistance to staff, weekly supervision sessions with individual CFS Specialists will be held. Supervision should be provided as outlined below:

1. Formal supervision/staff should occur at least weekly either by phone, webcam, or in person;
2. In-person supervision should occur at least once a month;
3. The primary focus of supervisory meetings should be to review the overall status of a CFS Specialist's caseload, to discuss specific cases and to provide direction. Other issues, such as training needs, should periodically be incorporated into these meetings;
4. During case discussions, the supervisor should ask probing questions to ensure that all relevant case issues are completely explored and addressed;
5. Daily supervision may be necessary for supervisors to follow-up with CFS Specialists on specific cases or certain aspects of cases in between these scheduled times. The extent and frequency of this follow-up will vary, and should be determined based on CFS Specialist experience and skill, complexity of the cases and severity of risk or potential risk to affected elders;

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6. It is critical that supervisors are available to their CFS Specialists for additional direction or consultation, especially during a crisis situation; and
 7. When appropriate, the supervisor should accompany the CFS Specialist on visits, assist with collateral telephone calls, and guide the CFS Specialist through legal proceedings.
- J. Supervisory responsibility at case closure following service coordination: When the supervisor approves a case closure, the CFS Supervisor is indicating agreement with the CFS Specialist that the client is not in a state of abuse, neglect, or exploitation and/or the client is choosing to discontinue services.

Supervisors will reject closure of a case if the client exhibits needs related to abuse, neglect, or exploitation. Supervisors may also reject a case closure for other reasons.