



## **Substance Abuse Educational Toolkit Sample Policies and Procedures**

Part of the Substance Abuse Toolkit available at  
<https://apstarc.acl.gov/toolkits>.

## Introduction

This APS Substance Abuse policy and procedures template is designed to provide a reference guide for developing state-specific policies and procedures. The federal agency, Substance Abuse and Mental Health Services Administration (SAMSHA), references both substance abuse and mental health in their programs and services. These suggested policy and procedures are provided with references to both substance abuse and mental health.

## Sources

U.S. HHS ACL, [National Voluntary Consensus Guidelines for State Adult Protective Services Systems](#).

Guidelines:

- It is recommended that APS systems dedicate sufficient resources and develop systems and protocols to allow for expert consultation from outside professionals in the fields identified as most needed by APS workers, including, but not limited to, civil and criminal law; medicine; forensic science, forensic interview specialists; **mental health, behavioral health**; disability organizations; finance, accounting, real estate; domestic violence, sexual assault; long-term care; and **substance use**.
- It is recommended that APS systems create and apply systematic assessment methods to conduct and complete a needs/risk assessment including the vulnerable adult's strengths and weaknesses. APS programs are encouraged to integrate principles of trauma-informed approaches when conducting the client assessment and throughout the APS investigation. APS programs are encouraged to utilize standardized and validated assessment tools. The needs and risk assessments should include criticality or safety of the client in significant domains including **mental health status/behavioral issues**.
- It is recommended that programs intervene in adult maltreatment cases as early as possible and develop targeted safety planning for clients experiencing different forms of abuse and/or neglect. For clients who may be reluctant to receive services, APS is encouraged to consider providing longer term interventions focused on building a working alliance with the client and applying motivational interviewing techniques. It is recommended that APS systems develop the client's APS voluntary service plan using person-centered planning principles and monitor that plan until the APS case is closed. Services and supports should entail those that have been shown to be effective in protecting against negative outcomes, such as social support and programs that promote participation in community social outlets (e.g., senior centers). Programs that facilitate bidirectional support in the form of education, volunteerism, or socialization may be most effective. In addition, APS systems should consider working in tandem

with **mental health clinicians to offer mental health services**, if needed, at the same time as APS are provided.

- Training: The worker has been trained and is competent to investigate the particular set of circumstances described in the report (e.g., he/she has received training on working with nonverbal clients, with clients with intellectual disabilities, with clients who have mental health issues, with residents of institutions, or with minority populations). **Mental health and substance abuse disorders** should be a topic of core curriculum training.
- Innovative approaches: Technology can be effective for conducting virtual in-home assessments, including **mental health** assessments, telephone-based protective service planning during interdisciplinary team meetings, and consultations services. Virtual assessment strategies like these may be especially useful for remote areas where services are limited and lengthy travel may be required.

## Chapter XX

## Support Resources for APS staff

### Section XX

### Consultation and Expertise

#### Policy

The [insert state or county] APS program will dedicate sufficient resources and develop systems and protocols to allow for expert consultation from outside professionals in the fields identified as most needed by APS workers, including, but not limited to, civil and criminal law; medicine; forensic science, forensic interview specialists; mental health, behavioral health; disability organizations; finance, accounting, real estate; domestic violence, sexual assault; long-term care; and **substance use**.

#### Procedures

1. When staff are in need of expert consultation regarding mental health and substance abuse for a particular client, they should follow these steps:
  - a. Discuss the case with immediate supervisor and review actions taken to work with local mental health providers,
  - b. Determine if the case should be discussed with a peer review team, elder justice team, or multidisciplinary team, and
  - c. If needed, request expert consultation from those who have approval to authorize these services.
  - d. [Insert any guidance regarding state statutes, funding, memorandums of understanding (MOU), specific forms to complete, etc.]

## Chapter XX

## Core Curriculum Training

### Section XX

### Substance Abuse/Mental Health

#### Policy

APS staff will be trained in the application of systematic assessment methods to conduct and complete a needs/risk assessment including the vulnerable adult's strengths and weaknesses. The purpose of the assessment is to determine the services or actions needed for the vulnerable adult to be safe and remain as independent as possible. APS staff will utilize standardized and validated assessment tools. The needs and risk assessments include criticality or safety of the client in all the following significant domains (not an exhaustive list): nature of the maltreatment (e.g., origins, severity, duration, frequency, etc.); physical health; cognitive functioning (e.g., memory, IQ); decisional ability (including understanding and appreciation of consequences of decisions, perception of choice, and reasoning); and mental health status/behavioral issues.

#### Procedures

##### **New Worker Training, Supervisor Training, and Continuing Education**

1. New APS workers and supervisors shall be trained in all areas of the APS core curriculum including substance abuse disorders, mental health disorders (since they may co-occur), behavioral issues and the use of needs/risk assessments within the first [insert number of days per state policy] days of employment.
2. After completion of the core curriculum training, new workers will be supervised by experienced staff while working in the field for [insert number of months per state policy]. All cases will receive supervisory review and consultation, with a final supervisory review and sign-off prior to case closure.
3. Continuing education for APS staff and supervisors shall include emerging studies and guidance training for working with people with substance abuse and/or co-occurring mental health challenges. Training will include [examples] trauma-informed and person-centered approaches, and available virtual services for mental health consultation and counseling for clients.

## Chapter XX      APS Investigation

### Section XX      Investigation and Coordination with Other Investigative Entities

#### Policy

APS work often involves coordination with other entities responsible for aspects of investigative work related to a report of adult maltreatment. APS will establish relationships and agreements regarding coordination, cross-referral, and independent investigations based on each entity's statutes and rules and regulations.

#### Procedures

##### Investigation and Service Referrals

1. The APS program shall refer a complaint or problem to another agency when:
  - a. another agency is the primary contact for the investigation based on the client's disability, age, and/or their residence;
  - b. one or more of the following applies:
    - i. another agency has resources that may benefit the client (e.g., services and treatments for people with substance abuse disorders or co-occurring mental health issues);
    - ii. the action to be taken in the complaint is outside of the APS' authority and/or expertise (e.g., licensure and certification of psychiatric facilities);
    - iii. the APS program needs additional assistance in order to complete the investigation and/or provide protective services.
2. Referrals to mental health and substance abuse agencies regarding a complaint:
  - a. APS may encourage clients or complainants to directly contact the appropriate agency to request review or file a complaint or the APS program may assist with these requests.
  - b. When APS refers a request or complaint to the Department of [insert name], the APS program shall:
    - i. submit the request in writing via fax, email or letter; or
    - ii. contact the agency by telephone and subsequently confirm the referral in writing to the agency.
3. Joint investigator activities:
  - a. When the APS program requests or is invited by a regulatory or law enforcement

agency to assist in or provide information regarding an investigation APS participation is appropriate only under the following circumstances:

- i. [Insert any state laws, rules or regulations pertinent to joint investigations]

## Chapter XXX

### Section XXX

## APS and Service Referrals

### Service Referrals for Clients

#### Policy

APS clients may be found to be victims, at-risk of being victimized, or in need of support services. APS staff will make referrals to other agencies for support services at the request of or on behalf of the client. APS will establish relationships and agreements with entities regarding client referrals for support services.

#### Procedures

##### Service Referrals

1. Services Referrals:
  - a. For a client who is requesting, or in need of behavioral or mental health services or substance abuse services the APS program shall support the client in researching service and provider options, requesting services, and coordination of any other needs such as transportation to appointments.
    - i. For a client who is requesting, or in need of, [insert any other type of referral service] the APS program shall assist the client in finding appropriate services.
    - ii. APS staff shall develop the client's APS voluntary service plan using person-centered planning principles and monitor that plan until the APS case is closed.
2. Service Provision (directly or through contractor):
  - a. If your state provides direct service assistance to clients, such as time-limited case management, targeted case management, etc., include procedures for provision of these services by staff.
  - b. If your state APS program contracts with providers for services, include procedures for arrangement of these services with the contractor.

*The National Adult Maltreatment Reporting System (NAMRS) and the Adult Protective Services Technical Resource Center (APS TARC) are a project of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor's findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.*