

SafetyNetWorks

***Information for Elder-Adult-at-Risk and Adult-at-Risk Agencies
AAR Information Memo #9 February 2009***

IN THIS ISSUE

Working with a group of state, regional, county, ADRC and MCO staff, we have developed an Elder Adults/Adults-at-Risk and Adult Protective Services process flow chart. Responding to reports of abuse, neglect and financial exploitation can vary greatly from case to case but we have attempted to illustrate the overall procedure. This document will help new and existing staff as well as partners understand what happens once a report has been made.

HOW TO USE THE ATTACHED DOCUMENTS

The first page is a graphic illustration of the seven step process. The chart offers a step by step process of responding to a report of abuse, neglect or financial exploitation. While this tool lists areas to be considered, an individual response may skip steps or stop before Step 7 except for finalizing the report in the Wisconsin Incident Tracking System.

Pages 3 through 16 describe each step of the process in more detail.

This document will likely be very helpful to new Elder Adults/Adults-at-Risk and Adult Protective Services (EA/AAR/APS) staff. As Long-Term Care changes with the expansion of Family Care in Wisconsin, EA/AAR/APS workers will need to work with an expanded group of partners like Aging and Disability Resource Centers and managed care organizations. The flow chart may also be used as a training tool for I-Teams and other partners.

QUESTIONS

If you have questions or need a different format in order to use this document, please contact

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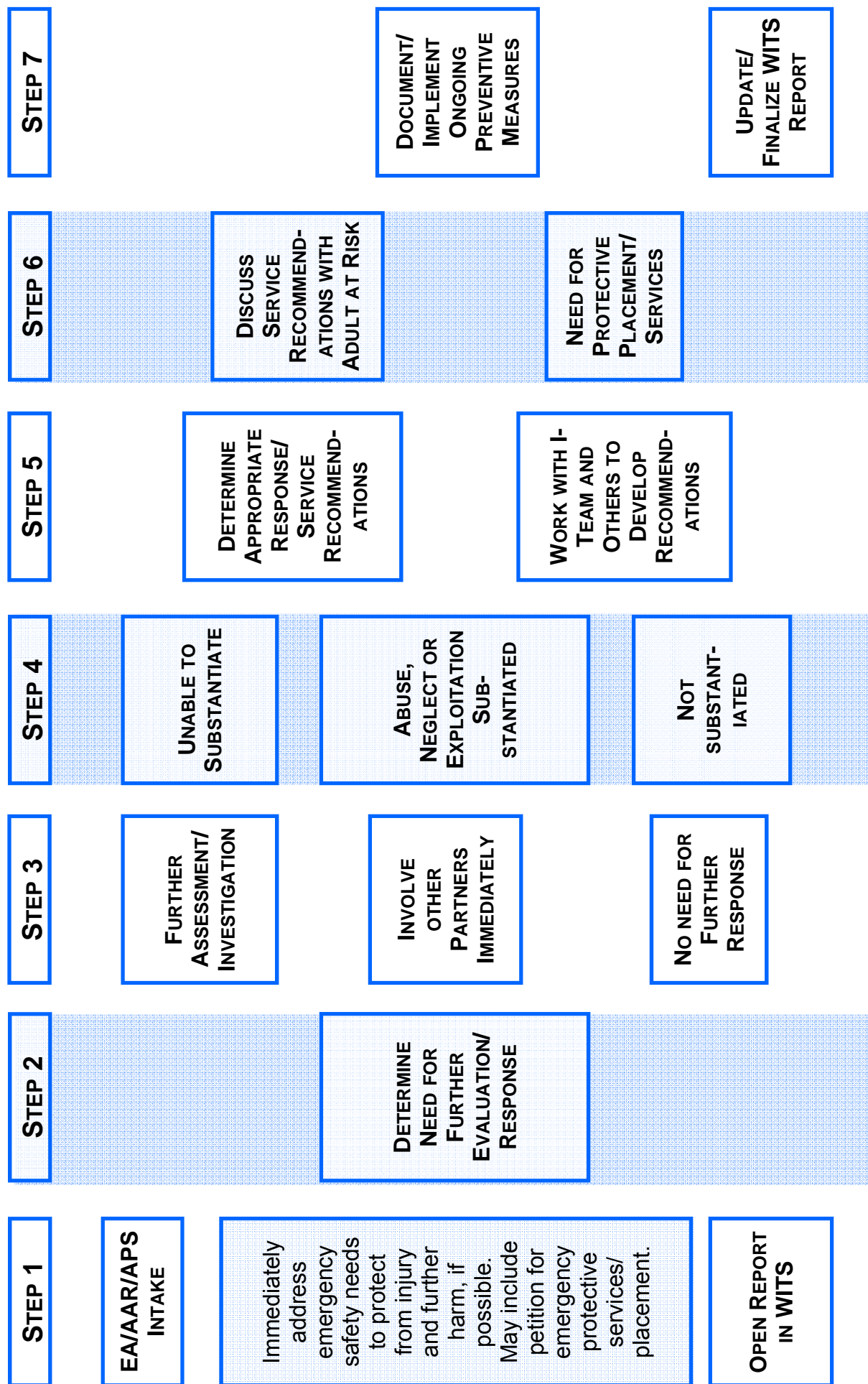
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INTRODUCTION

Starting on page 3, this document provides a detailed description of each step of the flow chart on page 1. Each response to a report of abuse, neglect or financial exploitation has its own characteristics and, to a certain extent, follows its own course. However, the overall procedure and issues to consider are presented in this document to assist EA/AAR/APS staff and to help their partners understand what happens once a report has been made.

The first two sections of this document, Outreach and Building an Interdisciplinary Team, are not part of the flow chart since they are not related to a specific case but are part of the overall responsibilities of any EA/AAR/APS agency.

Elder Adults/Adults-at-Risk/Adult Protective Services Agency Report Flow Chart



This chart is not a map providing a direct route from point A to point B. Instead, it is intended to provide elder adults/adults-at-risk workers with a graphic guide of areas to be considered in response to each report of abuse. In some cases, steps may be skipped. For example, the need for protective services/placement may be evident immediately so the process would jump from Step 1 to 6.

Elder Adults/Adults-at-Risk/Adult Protective Services (EA/AAR/APS) Agency Report Flow Chart Descriptions

INTRODUCTION

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OUTREACH

All counties are required to publicize a 24-hour Elder Adults-at-Risk and an Adults-at-Risk Help Line Number. To publicize the help line, counties may use local telephone directories, launch full public awareness campaigns, target specific professionals or work with the local ADRC on shared outreach. Counties may receive after-hour reports using voice mail, referring to the county sheriff's department, automatically connecting to a county crisis line, or, when available, directing to the area 2-1-1 system.

Outreach also includes networking with other professionals for the purpose of identifying potential clients, expanding knowledge of community resources and encouraging individuals to accept program and service recommendations.

BUILD INTERDISCIPLINARY TEAM (I-TEAM) PARTNERSHIPS

As part of the elder abuse funds contract, a county is required to establish an Interdisciplinary Team (I-Team). Simply defined, Elder Abuse/Adults-at-Risk I-Teams strengthen two key factors in building programs that successfully respond to the needs of elder adults/adults at risk, **COMMUNICATION** and **COLLABORATION**. Elder Adults/Adults-at-Risk (EA/AAR) staff may work with the following team members to ensure, effectively and efficiently, the best response for an adult at risk.

List of Potential Team Members:

- **Legal:** corporation counsel, circuit court judge, private attorney, benefit specialist, probation and parole officers, legal services attorney, register in probate. *Value: Legal advice and information, confidentiality and privacy, wills and estates, guardianship, powers of attorney.*
- **Health and Care Sector:** health care (physician, psychiatrist, nurse, pharmacist), nursing home, home health care/community-based care, group home, hospital customer/patient representative, public health. *Value: Information regarding available medical resources, home health services and the limitations and effects of medication.*

Build I-Team Partnerships (continued)

- **Law Enforcement:** police, district attorney, sheriff. *Value: Information on the law enforcement process (documentation, evidence-gathering and the criminal justice system), available police tools, safe access to adult at risk's home, removing the abuser from the home, identification of possible crimes.*
- **Domestic Violence and Sexual Assault Advocates.** *Value: Information on services for domestic violence/sexual assault victims, restraining orders, victim-witness services and support groups.*
- **Social Services:** Social Security Administration, mental health, crisis intervention, veterans services, senior centers/aging network, county social services, Ombudsman, disability service providers, ADRCs, MCOs. *Value: Information on public benefits, program eligibility, assessment, access to services.*
- **Advocates:** mental health advocates, aging, Disability Rights Wisconsin, Independent Living Centers. *Value: Information on available resources, best evidence response, client rights, training opportunities.*
- **Financial:** local banks, accountants, financial management specialist with banking community access. *Value: Information on direct deposit of income, prevention of fraud, verification of transactions, and trust services and guardianships.*
- **Cultural:** Tribal, Hmong, Hispanic, others. *Value: cultural competency, translators, information on available resources.*
- **Faith Community:** clergy with counseling experience, faith-based advocacy group. *Value: Advice from a religious perspective, community resources and information about what services or support a house of worship or affiliates may provide.*

INTAKE BY EA/AAR/APS STAFF

STEP 1



IF SOMEONE IS IN IMMEDIATE DANGER, CALL 9-1-1.

If a crime has been committed (e.g. assault, robbery),
call law enforcement.

Immediately act on any emergency response needed.

As with any call or contact, the person is forming an impression of your sincerity and helpfulness from the moment he or she hears your voice. Give your name to the caller to make him or her feel more comfortable about the questions that will follow.

The first contact is virtually the same (or it should be), if it is received by an ADRC, a county aging or human services department or by the EA/AAR/APS agency.

EA/AAR/APS Intake (continued)

STEP 1

Call is a referral from the ADRC or MCO. Many EA/AAR programs are finding that a good share of reports are coming from the ADRC or Family Care MCO. Intake from one of these entities will likely provide a greater degree of information about the potential adult at risk. The ADRC and MCO should have representation on your I-Team to help you determine service recommendations and to give them a better understanding of how to recognize abuse, neglect and exploitation.

Caller is a possible Adult at Risk: Allow the caller to give a short explanation of the reason for the call. After asking enough questions to assess and evaluate the situation, the county worker may request a visit to the individual's home or arrange for a meeting at another location that is safe and comfortable for the individual.

Caller is a family member, neighbor or other interested person: EA/AAR staff ask the same series of questions as the person answering the phone at the ADRC, Aging Unit, Human Services Department. However, based on the information gathered or based on prior experience with the adult at risk, the EA/AAR worker may have additional questions such as:

- Adult at risk's name and contact information. Double check spelling of the name and address to make sure they are correct.
- Reporter's name and contact information, if willing.
- Date of the incident
- Define the incident (What happened? Start at the beginning. What have you observed?)
- Location of the incident
- Adult at risk information (age and gender. Does she/he live alone, with family, with a caregiver?)
- Alleged abuser information, if any (gender, relationship to the adult at risk, others involved)
- Are there potential safety risks in the home (Are there any weapons or dangerous animals in the home? Is anyone in the home a substance abuser?)? For safety reasons, should the EA/AAR staff bring law enforcement along on the first visit?
- Why are you reporting now? Have you contacted anyone else? Have there been other incidents?
- Have you talked to the adult at risk about your concerns? How did he or she respond?

STEP 1

OPEN REPORT IN WITS

Wisconsin law requires the Department of Health Services to collect statistical information on each reported case of abuse, financial exploitation, neglect, or self-neglect. Counties EA/AAR agencies enter reports into the Wisconsin Incident Tracking System (WITS), a web-based system used to collect statewide elder adults/ adults-at-risk data. This reporting system may be used as an organizational and data collection tool throughout the investigation and response process. Individual specific information can only be viewed by EA/AAR staff in the responding county. State staff have access only to summary data.

STEP 2

MAKE DETERMINATION ON NEED FOR FURTHER EVALUATION

The case is assigned to an EA/AAR staff who will first assess the situation. At any time, if the worker believes that the individual is at imminent risk of danger, **ACT IMMEDIATELY TO PROTECT THE SAFETY OF THE INDIVIDUAL.**

To start, the worker may:

- Review the information received from the reporter.
- Check to see if there are prior reports or investigations on this adult at risk or alleged abuser.
- Check on any connections that may exist between the individual and the waiver/ Family Care system, the ADRC, or other aging and human/social services programs. Is the person receiving any county/state services or programs?
- Determine the individual's living arrangement and caregiver situation, if any.
- If more information is needed, determine necessary actions, decide who to interview and prepare questions to ask.

Wisconsin law **requires** Elder Adults-at-Risk agencies to respond to reports of abuse, neglect or financial exploitation. Under Wisconsin law, Adults-at-Risk (age 18 to 59) agencies **may** respond if they have reason to believe that an individual at risk has been abused, neglected or exploited. However, agency staff makes a decision on the level of the response based on their professional judgment. Both agencies must initiate a response within 24 hours of the report.

At any point in the investigation and response process, the EA/AAR worker may need to act immediately to protect the safety of the individual. In the same manner, the need for protective services/placement may be evident at any point during the process. Even if emergency protective placement/services are not required, the worker may jump to Step 6 and begin a protective placement/services petition.

FURTHER ASSESSMENT/INVESTIGATION

- Review the information currently available (allegation, information from the reporter, available records on adult at risk, etc). Has there has been a prior report? Has there been a change or a deterioration in the condition of the adult at risk?
- If the adult at risk is participating in services and programs provided by a partner organization, gather information from them on the needs/situation of the individual.
- Can the needs of the individual be addressed within the scope of Family Care/ waivers, mental health services, AODA programs, etc?
- Interview adult at risk. Ask about basic needs, about support system, about medical needs, etc. Does the individual feel safe? Listen carefully.
- Interview others close to the adult at risk including the family, reporter, caregiver, guardian, agent.
- Gather input from other professionals
- Refer for competency evaluation, if needed.

The determination of the level of risk to the individual is a qualitative process based on the judgment of the EA/AAR staff and agency. While also based on the best judgment of the EA/AAR agency, the level of response is determined by weighing the risks and benefits of specific actions (or inaction).

See SafetyNetWorks EA/AAR Informational Memo #2, September 2007, for more information on determining the level of risk.

<http://dhs.wisconsin.gov/aps/Publications/snwandmemos/sn2requiredreporters.pdf>

NO NEED FOR FURTHER RESPONSE

If an agency determines that no further response is needed, the rationale should be recorded. Documentation should include information about who was involved in the decision not to respond and the reasons for that decision. Decisions do not have to be "perfect", but do need to be well reasoned.

Even if the report of abuse does not require further response, adult-at-risk staff may have service recommendations for the individual. The case may also be referred to another agency for services and/or information.

INVOLVE OTHER PARTNERS IMMEDIATELY

Based on the initial evaluation, the EA/AAR worker may determine the need for involvement by other partners, including:

- Health care professionals
- Law enforcement and the district attorney
- Consumer protection
- Mental health and AODA advocates
- Faith community
- Domestic violence or sexual assault advocates
- County corporation counsel
- Home and community-based care providers
- Building code enforcement
- Animal protection
- Financial agencies
- Insurance regulators
- Public health professionals
- Family Care/waivers case managers
- ADRC staff
- Other social services professionals including disability service providers, aging advocates, Social Security Administration, and county human services and aging staff.

If the EA/AAR worker believes that there is a safety risk to him/her or the adult at risk, law enforcement is required to participate. Wisconsin law also requires EA/AAR workers to contact law enforcement if there is risk of substantial physical harm, irreparable injury, or death to an adult at risk.

EA/AAR staff may involve law enforcement and the district attorney's office if they believe that a criminal investigation is warranted. Advocates and provider organizations can be helpful in identifying abuse, neglect and exploitation and making recommendations.

ABUSE, NEGLECT OR EXPLOITATION SUBSTANTIATED

Substantiated is defined as a determination that the adult at risk has been hurt or harmed and/or is in need of intervention or services to counter an identified situation of abuse, neglect or financial exploitation. The EA/AAR worker's determination is based on as accurate and reliable information as possible.

The examples below are risk factors of abuse, neglect, self-neglect or exploitation. These factors are only indirect indicators; their presence simply means that there is an increased probability or likelihood of abuse. Risk factors alone are not verification of abuse.

Examples of abuse:

- Physical abuse: hit, pushed, shoved, scratched, unreasonably restrained, involuntary isolated, threatened with a knife, gun or other weapon, sexually assaulted.
- Emotional abuse: yelled at, called names, insulted, threatened with physical injury, stalked.

Examples of financial exploitation:

- Use of a financial card without authorization or consent.
- Use of an adult at risk's personal identifying information or documents without authorization.
- Failure of a fiscal agent to fulfill his/her responsibilities either through negligence or intentional misappropriation.
- Obtaining an adult at risk's property or money against his/her will by deceiving, threatening or coercing.
- Forging checks of other financial/legal documents.
- Withdrawing large sums of money without the knowledge of the adult at risk.

Examples of neglect occur when family members' or caregivers' actions (or failure to act) results in inadequate care, services or supervision of the adult at risk.

- Not treated or inadequately treated for physical health problems.
- Inappropriately dressed for weather or environmental conditions.
- Lacking adequate shelter or accessible facilities.
- Untreated mental health needs.
- Inadequate or inappropriate food

Abuse, Neglect or Exploitation Substantiated (continued)

Self-Neglect is the most common report to EA/AAR agencies in Wisconsin. Examples of self-neglect include:

- Lack of adequate shelter, unsafe or unclean environment, inadequate utilities.
- Physical appearance including underweight, improper clothing, physically frail, weak or dehydrated, or poor hygiene.
- Isolation from others.
- Lack of adequate care including untreated physical health or negligent behavior related to a chronic condition.
- Improper food storage or inadequate food available in household.
- Misuse of prescription or over-the-counter medications.
- Neglected household finances, including unpaid bills or rent.

NOT SUBSTANTIATED

Not substantiated or unsubstantiated is a determination that the adult at risk is not in need of protective intervention or services to counter a situation of abuse, neglect or exploitation. The individual may be experiencing other problems, however, and may have been referred for services.

Even if abuse is not substantiated, EA/AAR workers may have program and service recommendations for the individual. The case may also be referred to another agency for services and/or information.

UNABLE TO SUBSTANTIATE

Unable to substantiate occurs when there are insufficient facts (perhaps the worker could not locate the individual or she/he refused all contact) to make a determination that the adult at risk is (or is not) in need of protective intervention or services.

Even if EA/AAR staff are unable to substantiate abuse, workers may have program and service recommendations for the individual. The case may also be referred to another agency for services and/or information.

All reports of abuse, neglect and financial exploitation should be entered into the Wisconsin Incident Tracking System (WITS) even if the report is not substantiated or the report cannot be substantiated.

WORK WITH OTHERS TO DEVELOP RECOMMENDATIONS

Elder Abuse/Adults-at-Risk I-Teams improve cooperation and coordination between agencies and create a broader range of strategies, solutions and perspectives for adults-at-risk cases. Each discipline represented on the team has specific skills from his or her background and training. Among other benefits, I-Teams can:

- Increase knowledge of community resources.
- Provide a wider range of alternative solutions to consider.
- Provide better coordination of inter-agency efforts.
- Expand awareness and reporting of abuse, neglect and financial exploitation to adults at risk.

DETERMINE RESPONSE/SERVICE RECOMMENDATIONS**Assessment**

In the course of responding to any report of abuse, neglect or exploitation, an EA/AAR worker will gather information on the needs of the adult at risk. This assessment may cover the following:

- Medical history and medications
- Financial status
- General hygiene
- Health status
- Clothing adequacy
- Functional capability - details the level of help needed to complete ADLs (activities of daily living include bathing, dressing, eating, getting in and out of bed) and IADLs (instrumental activities of daily living include meal preparation, medication management, transportation, money management)
- Social situation
- Physical needs
- Relationships with family, friends, caregiver
- Current participation in state/county programs and services
- Existence of substitute decision maker
- Mental Health concerns, either adult at risk or caregiver
- Disorientation/confusion
- AODA concerns, either adult at risk or caregiver
- Fall Risk

Determine Response/Service Recommendations (continued)**Actions Taken/Services Planned**

After the EA/AAR/APS worker has collected and reviewed evidence to determine the urgency of the situation and the individual's program eligibility, he or she will make recommendations to protect the adult at risk.

Actions taken may include any of the following:

- Emergency protective services or placement.
- Emergency response services (funding, crisis intervention, shelter)
- Petition for temporary restraining order/restraining order
- Petition for substitute decision maker (conservatorship, petition for guardianship or review of an existing guardianship, power of attorney, etc.)
- Mental health commitment
- Protective services or protective placement
- Referral to ADRC
- Referral to legal or advocacy assistance
- Referral to mental health support services or crisis intervention
- Referral to AODA programs
- Referral to law enforcement and/or the district attorney for investigation and prosecution of the alleged abuser.
- Referral to domestic violence victim services or sexual assault/abuse victim services

If an adult at risk is a *patient*² as defined and regulated by state law and Department of Health Services Administrative Code, EA/AAR may refer the report to the Department's Division of Quality Assurance. Abuse by licensed professionals may also be reported to the Department of Regulation and Licensing. For more information, see http://dhs.wisconsin.gov/rl_dsl/Publications/06-028.htm on Reporting Requirements For Entities Regulated by the Office of Quality Assurance.

² Patient is defined as any individual who is receiving services for mental illness, developmental disabilities, alcoholism or drug dependency, including any individual who is admitted to a facility in accordance with this chapter or ch. 48 or 55 or who is detained, committed or placed under this chapter or ch. 48, 55, 971, 975 or 980, or who is transferred to a facility under s. 51.35 (3) or 51.37 or who is receiving care or support for those conditions through the Department or a county department under s. 51.42 or 51.437 or in a private facility. In private hospitals and in public general hospitals, "patient" includes any individual who is admitted for the primary purpose of treatment of mental illness, developmental disability, alcoholism or drug abuse. [WI Stat. 51.61(1)]

Determine Response/Service Recommendations (continued)

Services planned may include any of the following:

- Chore services, energy assistance or home modifications
- Congregate or home delivered meals
- Personal care, supportive home care services or nursing services
- Respite care, day care services and support
- Alcohol and other drug abuse support services
- Mental health support services
- Counseling/support groups
- Financial management
- Vocational services, supported employment, sheltered workshop
- Training and education
- Medical services and nursing services
- Occupational/physical therapy
- Facility based care
- Transportation services
- Recreation/alternative activities
- Service coordination (short term case management, relocation services)
- Domestic violence victim services including shelter and advocacy
- Sexual assault/abuse victim services including counseling and support services

EA/AAR/APS workers must strive to make service recommendations that deliver the least restrictive appropriate intervention. In addition, a competent adult at risk must be told that s/he has the right to refuse any recommended services and supports.

DISCUSS SERVICE RECOMMENDATIONS WITH ADULT AT RISK

Ideally, service recommendations achieve - simultaneously - client choices, safety, health, minimal disruption of life-style and least restrictive care in a supportive setting.

EA/AAR workers use advice and encouragement to help the adult at risk understand the positive outcomes from accepting service recommendations. The goal is to motivate the client, for example, to leave a harmful situation, get assistance with money management, schedule a medical or psychiatric examination, participate in a nutrition program, or accept some available public benefits.

The adult at risk is free to make his/her own decisions about accepting (or REJECTING) services. Competent adults are presumed to be self-determining and independent. In addition, even when an adult at risk cannot make all his/her own decisions, their views should be taken into account.

Make sure you keep the elder adult/adult at risk involved throughout the process in order to build a relationship with him or her.

NEED FOR LEGAL INTERVENTION (GUARDIANSHIP, PROTECTIVE PLACEMENT OR PROTECTIVE SERVICES)

An essential and overriding distinction between protective services/placement and other social/human services is the potential for the use of legal intervention.

Only when advice and encouragement fail AND risk is still present would an EA/AAR/APS worker consider use of these more rigorous (legal) responses. While competent adults have the right of self-determination, an EA/AAR/APS worker may determine that the level of risk and/or the individual's degree of competency require a petition for legal intervention (guardianship, protective services, protective placement). Any efforts to interfere with the right to self-determine must be based on the belief that the individual's situation, circumstances or actions are so hazardous or harmful to the individual or others that it overrides the usual right to self-determine. However, any legal intervention must place the least possible restriction on personal liberty and exercise of constitutional rights.

The need for this level of intervention may become evident at any point in the response process.

County corporation counsel staff will often be key players in any petitions for legal intervention. Communicate with that office to work out the system that works best for both agencies.

Need for Legal Intervention (continued)

A **GUARDIAN** is a person appointed by a court to act for an individual who is found to be incompetent (the ward) in exercising rights the ward is unable to exercise, to make decisions and give consents the ward is unable to make and to be an advocate for the ward's best interests.

A court may appoint a guardian if the court finds by clear and convincing evidence that **all** of the following are true:

- The individual is aged at least 17 years and 9 months.
- For purposes of appointment of a guardian of the person, because of an impairment, the individual is unable effectively to receive and evaluate information or to make or communicate decisions to such an extent that the individual is unable to meet the essential requirements for his or her physical health and safety.
- For purposes of appointment of a guardian of the estate, because of an impairment, the individual is unable effectively to receive and evaluate information or to make or communicate decisions related to management of his or her property or financial affairs, to the extent that any of the following applies:
 - a. The individual has property that will be dissipated in whole or in part.
 - b. The individual is unable to provide for his or her support.
 - c. The individual is unable to prevent financial exploitation.

No guardian has any powers except those given by the court order. Decisions by a guardian must always be made in the best interests of the person, and are always subject to court review.

In order to petition for **PROTECTIVE SERVICES OR PROTECTIVE PLACEMENT**, an individual must be determined to be incompetent through a guardianship proceeding either before or at the same time as the protective services/placement petition.

PROTECTIVE SERVICES: A service becomes "protective" when it protects a member of one of the protected groups from abuse, neglect, self-neglect, financial exploitation, deterioration or harm, or when it protects other people from harm by a member of one of the protected groups. Services range from outreach to case management to guardianship referral.

PROTECTIVE PLACEMENT: A "placement" becomes protective when it is made for the primary purpose of providing for the care and custody of an individual. This distinguishes it from an admission to a facility where the primary purpose is providing treatment for mental illness, developmental disabilities, alcoholism or other substance dependence.

Need for Legal Intervention (continued)

A court may order **protective services** for an individual who meets **all** the following standards:

- (a) The individual has been determined to be incompetent by a circuit court
- (b) As a result of developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, the individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious harm to himself/herself or others.

A court may order **protective placement** for an individual who meets standards (a and b) above plus:

- (c) The individual has a primary need for residential care and custody.
- (d) The individual has a disability that is permanent or likely to be permanent.

Protective services and placement is not intended for short-term protection needs but is instead intended for those individuals who are unable to provide for their own care and custody (includes basic needs, such as food clothing, shelter, physical hygiene, personal care, health care, and self-protection).

For more information on criteria for protective placement/services, see Chapter IV of the Chapter 55 Manual at <http://dhs.wisconsin.gov/aps/training/Chapter55/chapter55manual.pdf> or Wis Stats. 55.08 <http://www.legis.state.wi.us/statutes/Stat0055.pdf>

STEP 6

DOCUMENT/IMPLEMENT ONGOING PREVENTIVE MEASURES

If an individual accepts the service recommendations, the EA/AAR agency may:

- Provide short term case management.
- Refer individual to ADRC for information and assistance.
- Refer to another provider for services.

If a competent individual declines service recommendations, the EA/AAR agency may:

- Try to involve the individual in some kind of day activity or in-home support program that at least provides for a continuing relationship with the adult at risk.
- Provide an incomplete/partial plan including any services that the individual will accept.
- Provide education about options available.
- Communicate to the adult at risk that services will continue to be available and who to contact if she/he reconsiders.
- Leave their name and contact information in an attempt to build a relationship with the adult at risk.
- Provide the adult at risk with a written description of recommendations for later review. Make sure the information is in a secure place where the abuser is not likely to find it. Be aware that abusers often go into purses and desks so these are not safe locations for information.
- Try to connect the adult at risk to another advocacy or provider organization.

UPDATE/FINALIZE REPORT IN WITS

County EA/AAR staff may use WITS throughout the response process to enter notes, update information on the case, print a hard copy of information gathered to this point.

The WITS report may be finalized at any time between Step 2 and Step 6. Even if the initial concerns that triggered the report are not substantiated, EA/AAR staff may offer services such as congregate meals, energy assistance, or financial management and protection advice. If this is the case, the data entered in WITS would not end with “not substantiated” but instead would report on recommendations made, services accepted, actions taken, and services planned.