**Case Closure**

**Legal Authority**

§ 46.90 Wis. Stat.

**Purpose**

The goal Adult Protective Services (APS) intervention is to reduce or eliminate risk of abuse, neglect, or exploitation of a vulnerable adult. This is achieved through thorough risk assessment, presentation of options in a fashion that can be understood by the adult-at-risk and/ or their decision maker, and contact with necessary collaterals. Once these steps are completed the case can be considered for closure.

Closure is an important distinction to make in the life of an investigation. It signifies that the investigator is no longer assessing needs or risk, determining findings, or service planning. To the extent reasonable, the investigator has presented the recommended and available service options, if any, and determined that the adult-at-risk and/ or their decision-maker, if any, has the ability to evaluate and make a choice regarding these options. To the extent reasonable, the investigator has made the appropriate referrals to other agencies and resources.

**Reasons for case closure**

There are several reasons for case closure. The exact outcome of the investigation may not fit entirely into a particular category, so it is the clinical judgement of the investigator/ supervisor to determine whether enough of the following areas have been met.

1. Risk ameliorated or reduced
2. Needed services do not exist
3. Adult-at-risk with assessed capacity has refused
4. Referral made to another agency
5. Adult-at-risk unable to be found
6. Adult-at-risk is deceased

**Process of Case Closure**

While there is no standard timeline for case closure, there is a best practice guideline. Under normal circumstances, the investigator should attempt to close investigations that do not involve legal interventions within 30 to 60 days. However, circumstances exist that prohibit out timely case closure outside of the investigator’s control. These can include delays with referral agencies or existing services, delays in medical access, delays with informal supports, agency staffing issues, and others.

In best practice, case closure begins at the start of the relationship with the adult-at-risk and their support network. Clearly defining limits of the role of an APS investigator from the beginning can prevent unreasonable expectations from developing.

It is understood that in situations of self-neglect and potential abusers, being specific about the purpose of your role, at least initially, can be contraindicated. For instance, in many circumstances one would not open a conversation with, “I am here to see if you are competent enough to decide whether to live like this.” Likewise, it could be detrimental to say, “I am here to see if you are abusing the vulnerable adult.” However, this does not preclude one from speaking in generalities about the roles and limitations of the investigator.

Throughout the investigation, the adult-at-risk and their support network are given information about the plan and its eventual ending. At the end of the case, the adult-at-risk and/ or their support network are given information about who to contact should issues arise. This may be different for each county and situation but could include:

1. The local Aging & Disability Resource Center
2. The Managed Care Organization (if they are enrolled in one)
3. The county social services agency
4. The agency who made the referral
5. The school
6. Law enforcement
7. Support networks and groups

**Barriers to Case Closure**

Case closure can be difficult for APS investigators because generally there is no concrete criteria for ending. In many other short-term social services relationships, the ending is clearly defined by outside factors such as eligibility and proscribed timeframes.

Because of this lack of clarity, it is important as an APS investigator to periodically reflect on existing caseloads to determine if the following barriers are preventing case closure.

1. Doing too much for the adult-at-risk (*difficulty with attachment*)
2. Doing too little for the client and risk is not reduced
3. Dealing with the family or community response
4. Fear of what will happen once case is closed
5. Lack of role clarity defined to the adult-at-risk/ supports