# National Process Evaluation of the Adult Protective Services System

ACL
Administration for Community Living

APS TARC
Adult Protective Services Technical Assistance Resource Center

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# Introduction

## Purpose and Overview

### Definition and Description

The Administration for Community Living (ACL) contracted with the Adult Protective Services Technical Assistance Resource Center (APS TARC) to conduct the *National Process Evaluation of Adult Protective Services System* (National Evaluation). The purpose of the evaluation is to understand APS program structure and operations across the United States. The evaluation consisted of three components (shown below); the APS Logic Model (next page) provided a framework for the research.

> **This is a summary version of a full public report. For a copy of the full report or to learn more about APS TARC, visit https://apstarc.acl.gov/.**
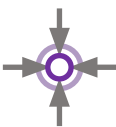
### Process Evaluation Goals

**Program Improvement:** Build fundamental knowledge and understanding about the nature and scope of APS programs to support investments in APS program improvement.

**Initiative Improvement:** Provide information to support ACL initiatives to improve APS services.

**System Improvement:** Create the framework and knowledge base to move the APS system forward through technical assistance and other types of system improvements.

**EXHIBIT 1.** Stepwise Evaluation Components

| | COMPONENT 1<br>Review of APS State Policies | COMPONENT 2<br>Inventory of State Practices and Services Innovations | COMPONENT 3<br>Understanding APS Outcomes in a System Context |
|---|---|---|---|
| **Objectives** | To document the policy framework for state APS programs | To establish a baseline of understanding about APS program practices | To create an analytical framework to examine state patterns and relationships of APS program key policies and practice, and APS system outcomes |
| **Methods** | Review, compile, and analyze state extant policy documents and NAMRS data analysis | Conduct online survey | Establish database and conduct analysis of relationship between dependent and independent variables |

# Report Organization

The structure and content of this report were guided by the APS Logic Model (summarized below).

**EXHIBIT 2.** Summary of APS Logic Model

| Context | → | Inputs/Resources | → | Activities | → | Activity Metrics | → | Expected Results |
|---|---|---|---|---|---|---|---|---|

**Intake**

**Investigation**

**Post-Investigation Services**

**Quality Assurance**
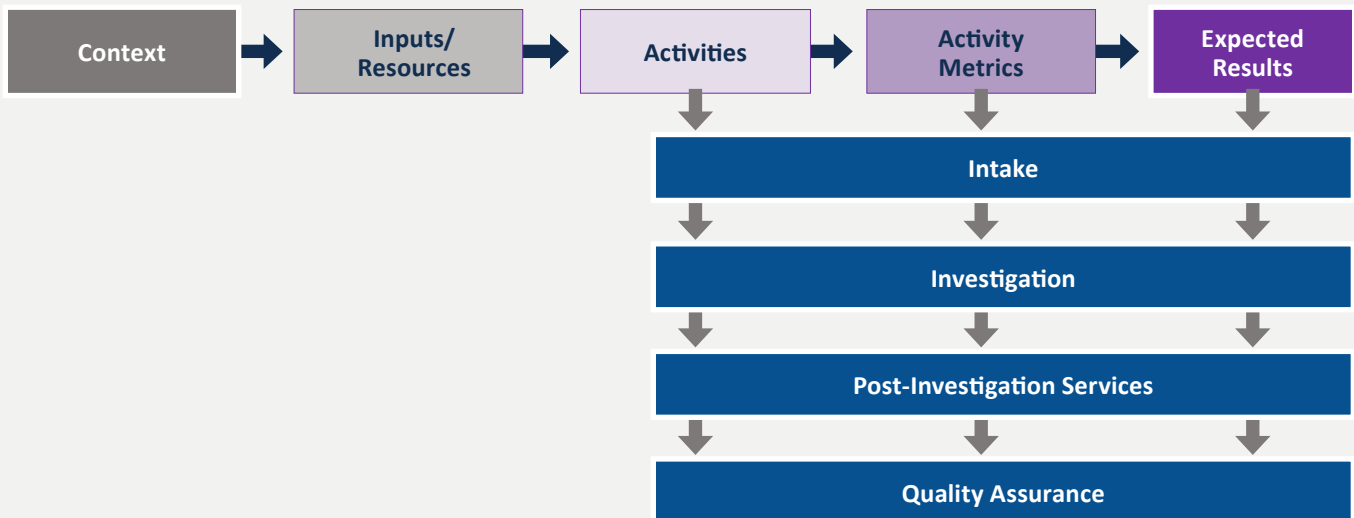
**The unit of analysis for this report is state APS programs.**

This includes APS programs in all states and the District of Columbia. In three states — Louisiana, Massachusetts, and Pennsylvania — APS is provided in two different programs. This means the "n" for most analyses is 54, but may be less (as indicated) for some analyses depending on availability of individual data elements.

## Research Objectives and Report Organization

**Context and Inputs:** What is the administrative and legal framework of APS programs, who do they serve, and what are the key resources used by APS programs?

**Intake:** How do APS programs screen and accept referrals for investigation?

**Investigation:** How do APS programs conduct investigations?

**Post-investigation Services:** How do APS programs plan and deliver services to address maltreatment?

**Quality Assurance:** How do APS programs ensure high-quality casework?

# Analyses, Data Sources, and Limitations

## Types of Analysis in the Report

**Predictor variables** from the *APS Policy Review* and *APS Practice Survey* describe administrative structures, policies, and practices that characterize each APS program.

**System-level outcomes** focused on key decision points in APS cases as defined in the chart below.

**Associations of the predictor variables with system-level outcomes** when indicated by meaningful differences in outcomes (with moderate or large effect sizes) between groups of APS programs based on specific policies or practices.

**Cluster analyses that identify groups of programs with a set of common practices** within administration, intake, investigation, and quality assurance. Only results for investigation and quality assurance are shown in this short report.

## System Outcome Variables

**Reporting rate per 1,000 adults (n=47)**

Reports accepted for investigation
x 1,000
÷
Number of adults in the state age 18+

**Percentage of reports accepted (n=50)**

Reports accepted for investigation
÷
Reports accepted for investigation + Reports not accepted for investigation

**Percentage of clients found to be victims (n=51)**

Number of clients found to be victims
÷
Number of clients who received investigations

**Percentage of victims receiving services (n=32)**

Number of victims who received or were referred for services
÷
Number of clients found to be victims

## Data Sources

NAMRS Agency Component

NAMRS Case Component

Key Indicators Component

Policy Profiles

Practice Survey

Census Population Data

**The APS practice survey asked programs to identify obstacles and innovations for context, intake, investigation, services, and quality assurance. These are summarized throughout this report.**

## Limitations

- **Policy and practice are constantly evolving** and may have changed since the data was collected.

- **The practice survey was implemented in 2021**, one year after the beginning of the COVID-19 pandemic.

- In cases of **response inconsistency by individual programs**, the evaluation team consulted with subject matter experts and established rules for recoding.

- **Association of policy and practice** with system-level outcomes does not imply causation.

# Context and Inputs

## Overview

### Definition and Description

**APS programs play a unique role in state health and human services systems.** They investigate allegations of maltreatment of adults and provide services to address their needs. Absent federal regulations and a dedicated federal funding stream, APS programs developed based on state and local culture, needs, and resources, resulting in a lack of national uniformity in organizational and other program characteristics. APS programs face a unique dual tension of being social service programs conducting "investigations" to provide "protection" while respecting individual client rights.

### Summary Findings

If a client with decision-making ability refuses to cooperate with an investigation, APS program response varies: The majority (27) of APS programs will continue the investigation as best they can, while 18 programs will close the investigation, and seven programs will continue only under certain circumstances. APS victims with decision-making ability can refuse services in every state.

**EXHIBIT 3.** Legal and Ethical Tensions Faced by APS Programs

| Investigation vs.  Social Work | | |
|---|---|---|
| Determine dispositions | | Assess client needs holistically |
| Partner with criminal justice | | Partner with social service providers |

| Protection vs.  Independence | | |
|---|---|---|
| Ensure safety | | Respect rights through guiding principles |
| Provide involuntary interventions* | | Client can refuse investigation and services |

\* If client lacks ability to make decisions (capacity) and all other assistance is exhausted.

**EXHIBIT 4.** Emergency Intervention Available to APS to Address Immediate Safety or Emergency Needs

| | Number of Programs |
|---|---|
| Immediate access to petitioning the court for temporary/emergency orders | 37 |
| APS purchase of goods or services such as medicine or utility bills | 37 |
| Emergency out-of-home placement | 31 |
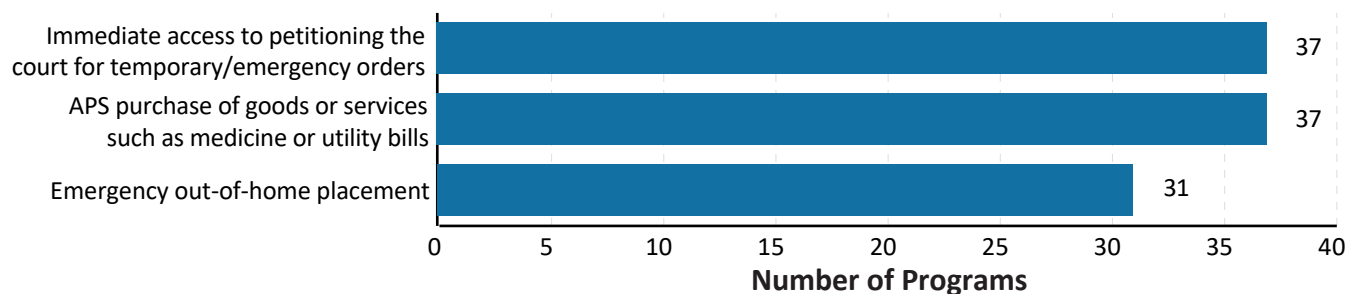
# Scope of APS Programs

## Definition and Description

The basic scope of APS programs is the same across all programs: conduct investigations (or assessment) of various types of maltreatment of older adults and/or adults with disabilities. Within these broad parameters, there is variation in the population served and types of maltreatment investigated.

## Summary of Findings

**SYSTEMS ANALYSIS:** APS programs with a comprehensive definition of maltreatment (six or more types of maltreatment) have a **higher percentage of reports accepted** by APS than programs with a more limited definition of maltreatment.

**Note:** For this and all other system analysis, further research is needed to understand the relationship.
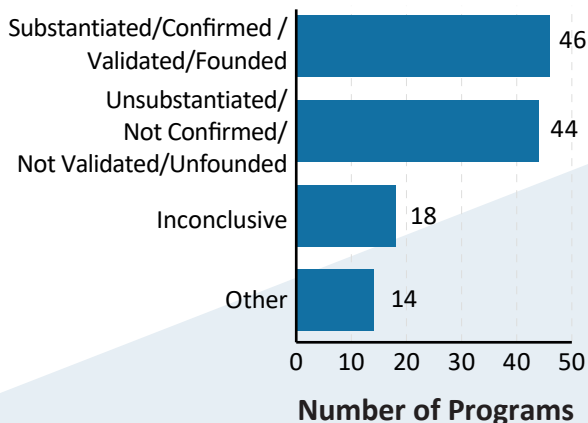
**SYSTEMS ANALYSIS:** Programs with standard of evidence of credible, reasonable, or probable cause have **much higher substantiation rates** than programs with more stringent standards of evidence (clear and convincing or preponderance of evidence).

**EXHIBIT 5. APS Eligibility by Disability Requirements**

| | | Young Adults with Disability Eligible for APS | | |
| --- | --- | --- | --- | --- |
| | | **No** | **Yes** | **Total** |
| **Older Adults Require Disability to Be Eligible for APS** | **No** | Only older adults regardless of disability (4) | Older adults regardless of disability + younger adults with a disability (12) | **16 programs** |
| | **Yes** | Only older adults with a disability (2) | Adults with disabilities regardless of age (33) | **35 programs** |
| | **N/A** | | Young adults with disabilities (3) | **3 programs** |
| | **Total** | **6 programs** | **48 programs** | **54 APS programs** |

**EXHIBIT 6. APS Disposition Categories**

| Category | Number of Programs |
| --- | --- |
| Substantiated/Confirmed/Validated/Founded | 46 |
| Unsubstantiated/Not Confirmed/Not Validated/Unfounded | 44 |
| Inconclusive | 18 |
| Other | 14 |

**EXHIBIT 7. Standard of Evidence for Dispositions**

| Standard | Number of Programs |
| --- | --- |
| Clear and convincing | 2 |
| Preponderance | 36 |
| Credible, reasonable, or probable cause | 7 |
| Different standards | 1 |
| No state standard | 8 |
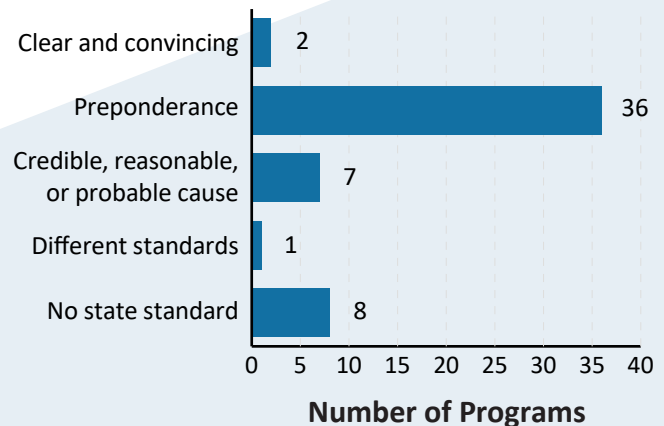
# Administration of APS Programs

## Definition and Description

The administrative placement of an APS program influences its culture and support systems (e.g., IT support). Two primary factors define agency location: how the system is administered (state or locally administered) and where in state government the APS agency is located.
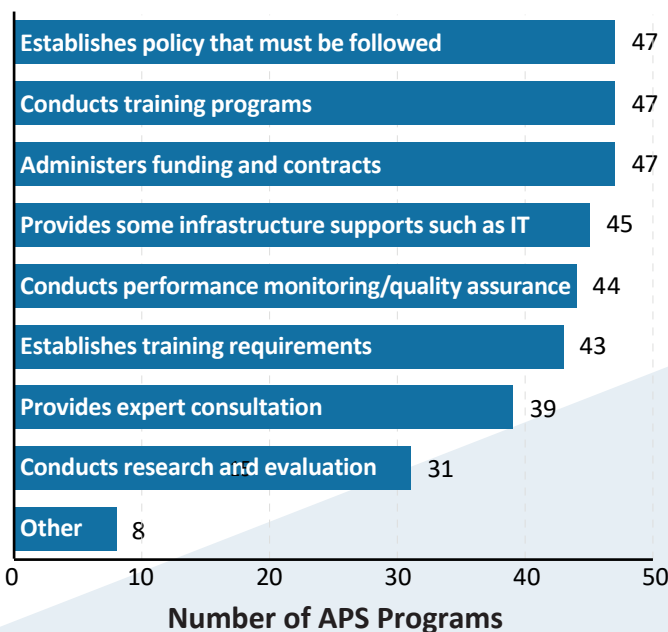
### EXHIBIT 8. Location and Administration of APS Programs

| Located In/With | State Employees | Local Employees | Total |
|---|---|---|---|
| Aging Services (State Unit on Aging) | 9 | 11 | 20 |
| Social Services (Child Welfare) | 11 | 3 | 14 |
| Other HHS Agency | 18 | 2 | 20 |
| Total | 38 | 16 | 54 |

### EXHIBIT 9. Methods of State Office Support for Casework Practice in Local Offices

| | Number of APS Programs |
|---|---|
| Establishes policy that must be followed | 47 |
| Conducts training programs | 47 |
| Administers funding and contracts | 47 |
| Provides some infrastructure supports such as IT | 45 |
| Conducts performance monitoring/quality assurance | 44 |
| Establishes training requirements | 43 |
| Provides expert consultation | 39 |
| Conducts research and evaluation | 31 |
| Other | 8 |

## Obstacles and Innovations

> The most frequently identified obstacle for APS administration is the need for mechanisms to ensure greater consistency in practice.

Specific obstacles include lack of resources for oversight or quality assurance process, not enough supervisors, differing policy interpretation, and differing regional practice and lack of authority over local programs. Several different types of technology and training needs were identified. Finally, programs indicated a general need for more staffing to address caseload/workload issues.

**Programs identified recent innovations in the same areas as obstacles**, including improving program oversight and consistency in casework, training programs, and use of technology, particularly enhancement of case management systems. In addition, programs identified innovations in use of remote work and other approaches to staff retention.

## Example Program Concerns with Oversight and Inconsistency in Practice

Differences in urban, suburban, and rural local offices

When new positions are allocated to local offices for APS investigations, a proportionate amount of Central Office positions for statewide training, policy development, quality assurance, and technical support is rarely allocated

Entrenched practices and attitudes of long-term staff are sometimes difficult to change

# APS Workforce

## Definition and Description

> **APS investigations are conducted by caseworkers employed by state or local APS programs.**

Most APS programs have staff dedicated only to APS, while some programs share staff responsibilities with other programs or processes. In some programs, supervisors may also conduct investigations.

As shown in Exhibit 10, the majority of APS programs provide caseworkers statewide with foundational training, orientation to the job, and core competency training. Most also offer supervised fieldwork to new staff. Advanced or specialized training is offered by significantly fewer programs.

**EXHIBIT 10.** APS Worker Training Process Components or Phases
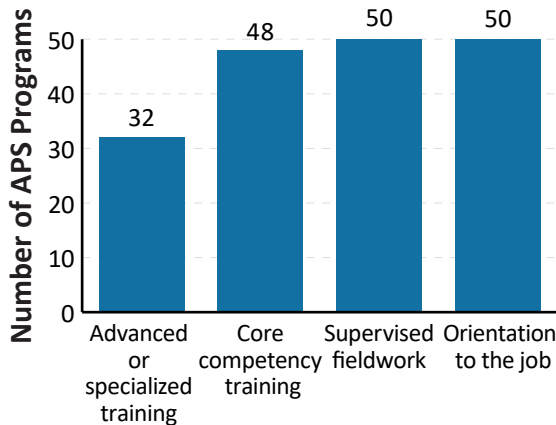


## Summary of Findings

**SYSTEMS ANALYSIS:**
Programs providing advanced or specialized training for caseworkers have a higher reporting rate and a higher percentage of victims who receive services.

Most (43) APS programs provide tools to support **remote work**, while 37 provide staff with flexibility to perform different types of work in different settings, and 35 have policy that allows for teleworking.

**SYSTEMS ANALYSIS:**
Forty-three APS programs require a bachelor's degree for all caseworkers statewide. In programs which require bachelor's degrees for all caseworkers, a higher percentage of victims receive services.

## Obstacles and Innovations

> **Workforce issues are a major challenge for APS programs.**

The multiple workforce issues cited as obstacles included:

- Lack of funding for positions, salaries, and services
- Recruitment and retention of staff
- Heavy caseloads
- Not enough time for training
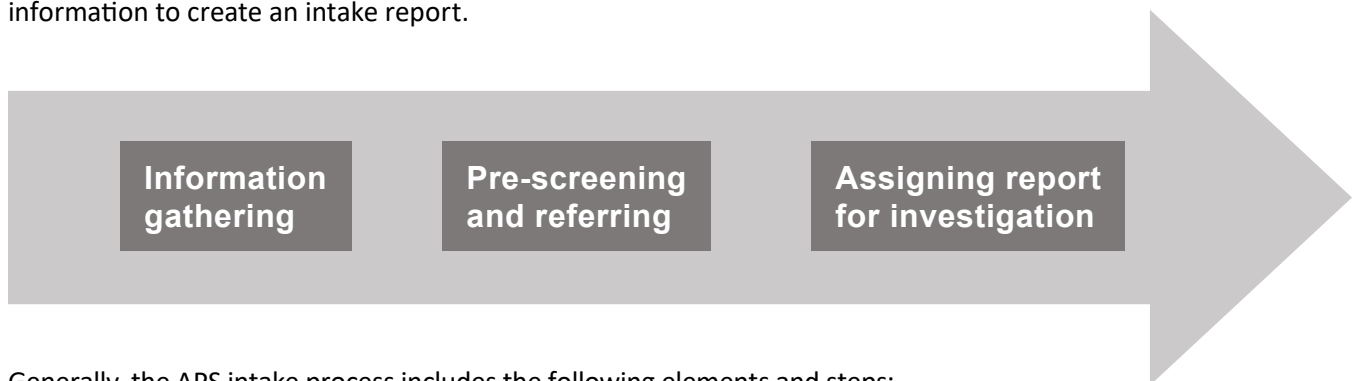
# Intake

## Overview

### Definition and Description

APS programs receive reports of maltreatment through the intake process. APS intake consists of gathering information from reporters, screening reports to determine if they are appropriate for investigation or referral to another agency for services, and assigning reports to staff for investigation. Programs receive reports via a variety of different methods including phone, online form submissions, in-person meetings (walk-ins), mail, or fax. Regardless of the means of receipt, APS programs collect basic information to create an intake report.

### Federal Guidelines

The APS *Consensus Guidelines* recommend "that APS systems have a systematic method, means, and ability to promptly receive reports of alleged maltreatment." Reports should be received through "multiple methods" 24/7 every day of the week by APS staff with a standardized process for documenting the report. Intake should include "standardized screening, triaging, and case assignment protocols."

| Information gathering | Pre-screening and referring | Assigning report for investigation |

Generally, the APS intake process includes the following elements and steps:

1. **Gather information to establish the initial case record**

2. **Gather information to help make initial case decisions:**
   - Do the allegations meet definitions of maltreatment?
   - Does the alleged victim meet program eligibility criteria?
   - What should be the priority level for case initiation?
   - Who should the case be assigned to (e.g., what staff or unit)?

# System Outcomes

## Reporting Rate Per 1,000 Adults

The data on this page reports on the "System Outcomes" for rate of reporting and percentage of reports accepted. The average rate of accepted reports per 1,000 adults in the population is 2.9, and ranges from a low of 0.2 to a high of 9.0 as shown in Exhibit 11.1. As shown in Exhibit 11.2, data for this system outcome are not normally distributed, with one extreme upper outlier.

## Percentage of Reports Accepted

The average percentage of reports accepted for investigation by APS programs is 55%, with a range from 5% to 97% as shown in Exhibit 12.1. Data for this system outcome are normally distributed as shown in Exhibit 12.2, with one extreme lower outlier.

**EXHIBIT 11.1 Reporting Rate Per 1,000 Adults 18+ by Program**

Average: 2.9

Reports per 1,000 adults / APS Program
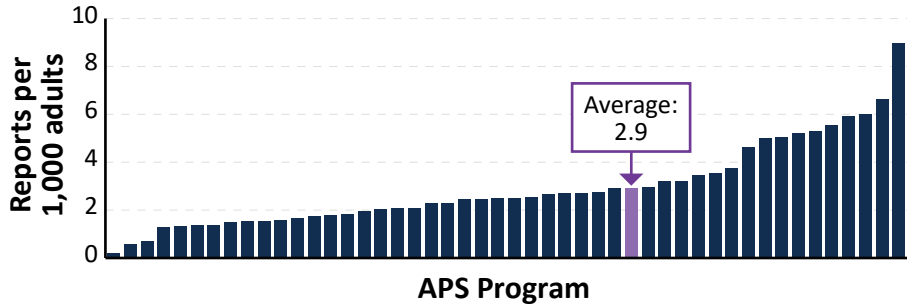
**EXHIBIT 11.2 Distribution of Reporting Rate Per 1,000 Adults 18+**

Normal Distribution · · · ·
Actual Frequency ■

Number of APS Programs / Reports per 1,000 adults

3, 13, 16, 5, 2, 6, 1, 0, 1
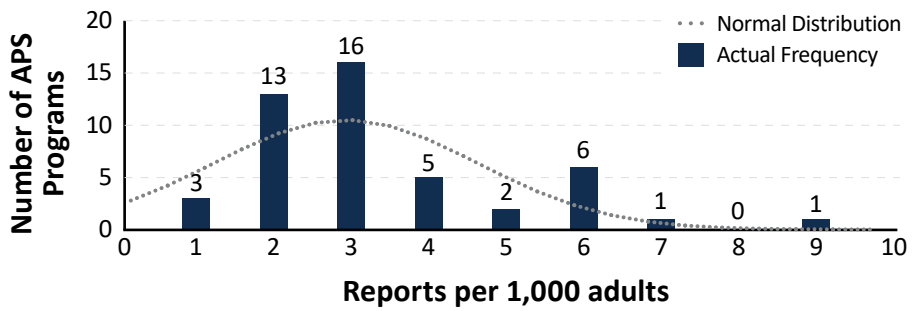
**EXHIBIT 12.1 Percentage of Reports Accepted for Investigation by Program**

Average: 55%

Percentage / APS Program
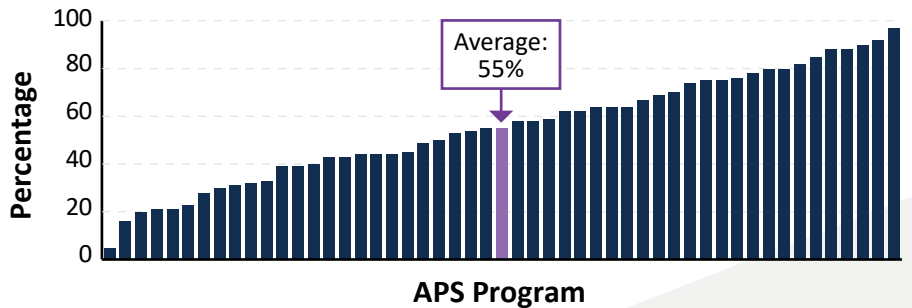
**EXHIBIT 12.2 Distribution of Percentage of Reports Accepted for Investigation**

Normal Distribution · · · ·
Actual Frequency ■

Number of APS Programs / Percentage of Reports Accepted
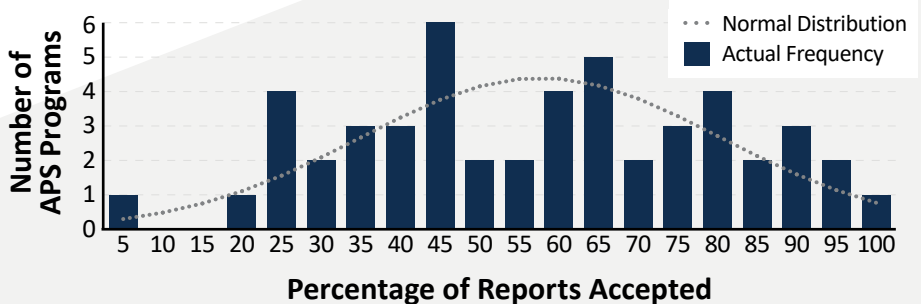
# Information Gathering

## Definition and Description

Depending on the APS program, intake processes are located in a wide range of systems in local and state governmental entities (or contract entities). The APS program may conduct the intakes or the process may also be combined with intakes for related programs, such as child protective services, in an intake center.

## Obstacles and Innovations

> **The most frequently identified obstacles were workload issues for intake staff, from increasing demand (call volume) to supply (a lack of staff) issues, resulting in increased call wait times or dropped calls. Another common obstacle was a lack of staff training.**

Nine states identified implementation of centralized intake as a recent key innovation; others reported improved online reporting, implementation of a new phone system, and adding after-hours reporting.

## Summary of Findings

Sixteen states require anyone suspecting maltreatment to report and most states mandate certain professional groups as reporters.

Most APS programs use multiple **methods** to receive intakes (see chart below). Twenty-nine programs receive intakes **24/7**.

The **intake process** is specific to the APS program in 24 states, is combined with other programs in 22 states, and varies by locality in 10 states.

In two-thirds of APS programs, intake is **centralized** at the state level, is at the local level in 26% of programs, and is a mix of state and local in 7% of programs.

**SYSTEMS ANALYSIS:**
The three programs in which intakes are conducted at both the state and local level accepted a very high percentage of reports (an average of 76%), compared with programs that **conduct intakes** only at the state level (55%), and programs that conduct intakes only at the local level (51%).

**EXHIBIT 13. Methods Used to Receive Intakes**

| Method | Number of APS Programs |
|---|---|
| Dedicated intake phone line with live personnel | 41 |
| Mail | 40 |
| Fax | 38 |
| Email | 36 |
| Intake office/walk-in | 32 |
| Online reporting form | 27 |
| Dedicated intake phone line with recorded message | 19 |
| General APS phone line for intake and other purposes | 17 |

**Number of APS Programs**
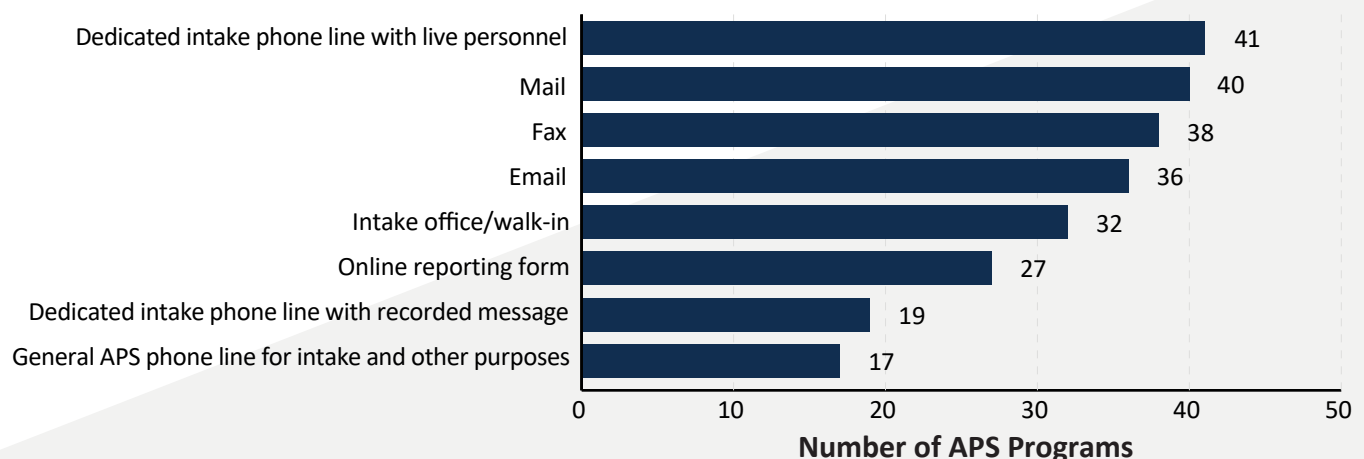
# Screening, Referring, and Assigning Reports for Investigation

## Definition and Description

The intake process collects information about the incident, client, and alleged perpetrator. Once the information regarding a maltreatment incident is captured, the intake center or program decides if the alleged victim and alleged maltreatment meets criteria for investigation, the agency responsible for investigation, and the priority response level.

## Summary of Findings

Almost all (46) APS programs have either two or three **priority levels** for intakes.

Most APS programs (83%) use **assessment tools** in the intake process to standardize the process of data collection.

**EXHIBIT 14.** Staffing and Decision-making in APS Intake Process

### Who conducts intake process?

Only APS staff:
**10 programs**

Non-APS staff:
**20 programs**

Both APS and non-APS staff:
**21 programs**

Unknown/missing:
**3 programs**

### Who makes initial determination to accept for investigation?

Only APS staff:
**17 programs**

Only non-APS staff:
**16 programs**

Both APS and non-APS staff:
**15 programs**

Only supervisors:
**16 programs**

Only workers:
**8 programs**

Supervisors and workers together:
**24 programs**

Unknown/missing:
**2 programs**

Varies by local office:
**4 programs**

### Who makes assignment to staff to investigate?

APS supervisor:
**34 programs**

Intake staff:
**3 programs**

Intake supervisors:
**5 programs**

Both intake staff and supervisors:
**11 programs**

Varies by local office:
**1 program**

# Investigations

## Overview

### Definition and Description

An APS investigation is the process of gathering information in the field to make a finding about an allegation of adult maltreatment and collecting information to plan services for the client. A successful investigation is largely dependent on the ability of the investigator to accurately gather, document, and synthesize the relevant information while effectively collaborating with program partners as needed to assess and address client needs.

Since APS program policies are state-specific, the investigative process varies by state. State laws and policies specify the types of maltreatment that can be investigated, the definitions of the maltreatment categories, timeframes for initiating and completing investigations, and the types of findings that can be made at the conclusion. The activities in the investigation process, shown in the flow chart, may overlap or occur simultaneously (e.g., all or part of the client assessment may occur during case initiation) and not necessarily linearly as shown.

### Federal Guidelines

The APS *Consensus Guidelines* recommend "that APS systems establish standardized practices to collect and analyze information when determining whether or not maltreatment has occurred." Use of systemic procedures is also recommended for conducting a client assessment and completing the investigation and finding.

Case Initiation → Client Assessment → Interviews / Collecting Evidence / Case Consultations → Determine Disposition → Service Planning

## Systems Outcomes

The average substantiation rate is 33% for all maltreatment types, 39% for self-neglect cases, and 28% for cases involving perpetrators. Exhibit 15.1 shows that a few APS programs have notably different models for substantiating cases and Exhibit 15.2 shows the distribution.

## Cluster Analysis

Two broad categories emerged from the cluster analysis that summarize APS investigative practices:

- Type 1: Implementation of Few Standard Investigation Practices (n=14)

- Type 2: Implementation of More Standard Investigation Practices (n=13)

Programs in the Implementation of More Standard Investigation Practices type have access to more resources to assist with investigations. Further research is needed to identify common characteristics of the programs implementing a wider array of standard investigation practices.

**EXHIBIT 15.1 Percentage of Clients Found to Be Victims**

Average: 33%

APS Program
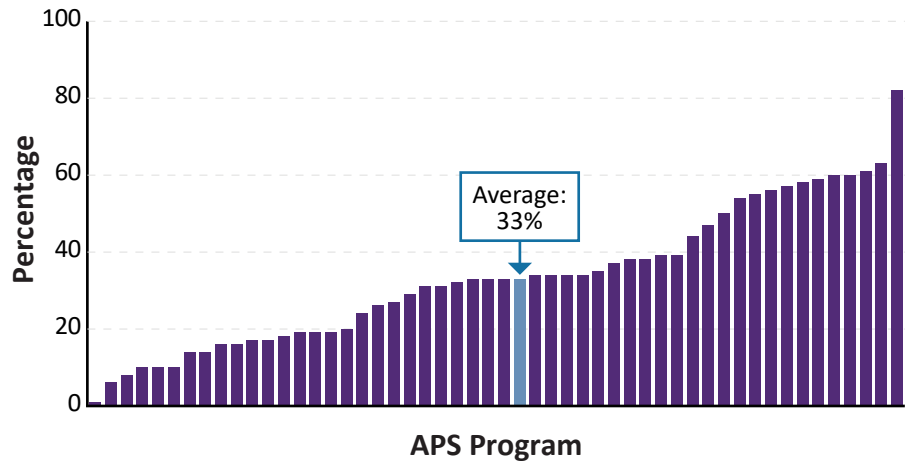
**EXHIBIT 15.2 Distribution of Percentage of Clients Found to Be Victims**

Normal Distribution
Actual Frequency

Percentage of Clients Found to Be Victims
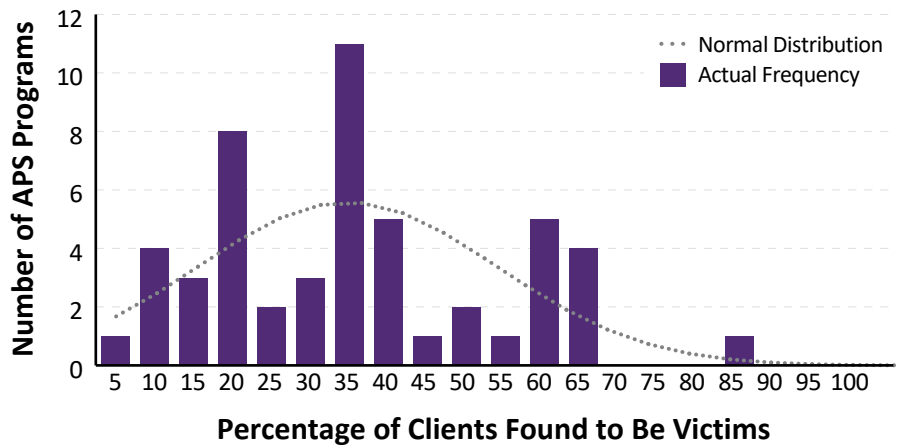
# Case Initiation and Case Completion

## Definition and Description

**APS investigations are governed by two key policy timeframes:** the length of time for case initiation (the time from intake to client contact) and how long it takes to complete the investigation. Case initiation is critical to meeting the immediate health and safety needs of clients and, in most programs, timeframes are based on priorities determined in the intake process. Most programs have multiple priority levels for case initiation that are defined in policy and/or state law. APS programs generally allow a longer initiation time for a very low-risk case, such as an allegation that happened in the more distant past.

## Summary of Findings

**SYSTEMS ANALYSIS:**
The chart below shows case initiation timeframes by priority level. APS programs with a policy requiring a response time within three days have a significantly lower rate of reporting (2.1 reports per 1,000 adults) than APS programs without that requirement (3.5 reports per 1,000 adults).

For **investigation completion**, a few programs do not specify duration in policy, but most require completion within 60 days. The policy for **case completion** is more than 60 days in six states, and 19 require completion within 30 days.

## Obstacles and Innovations

> **The most frequently cited obstacle to case initiation was lack of staff resources and workload.**

There were also practical concerns with geographic barriers or locating the client and client cooperation. Finally, a couple of programs noted a concern with compliance with policy, whether with inappropriately screening out potential cases or staff not meeting timeframes.

The two most frequent innovation responses were (1) making better use of data and (2) improving policy and standards to improve staff performance.

**EXHIBIT 16. Case Initiation Priorities and Timeframes**

# Client Assessment

## Definition and Description

At the first client contact, the investigator will begin assessing the client's safety, decision-making ability ("capacity"), and overall health and well-being. A client's legal status may be assessed by professionals to inform court determination of legal "competency" if involuntary intervention is required.

## Summary of Findings

Almost half (48%) of the APS programs use one of many available tools to make an initial **determination of client decision-making ability**.

Most APS programs conduct **holistic client assessments** (Exhibit 17) and about half the programs have medical professionals to assist them (Exhibit 18).

Almost all APS programs summarize **interviews in documentation**, with about half the states indicating exact quotes are used. Very few programs record interviews or require interview summaries to be signed.

To inform court determination of legal competency, 40 programs rely on non-contract community professionals, either alone (30 programs) or in addition to contracted licensed professionals (7 programs), or a tool (3 programs). Only two programs rely on employed licensed professionals.

**SYSTEMS ANALYSIS:**
About half of APS programs (25) use a **general assessment tool** and fewer (16) use a tool specifically designed for **emergency/safety assessment**. APS programs that use specific tools for assessing client safety or decision-making ability do not differ in average substantiation rates from programs that do not use tools.

## Obstacles and Innovations

> **The most frequently cited innovations were increased use of tools (12 times) and better training (seven times).**

The most frequent obstacles were inability to engage the client in the investigation and difficulty in assessing decision-making ability.

### EXHIBIT 17. Client's Domains Systematically Assessed

| Domain | Number of APS Programs |
|---|---|
| Formal support systems | 52 |
| Environmental conditions | 52 |
| Informal support systems | 51 |
| Physical health status | 48 |
| Financial status | 48 |
| Mental health status | 47 |

**Number of APS Programs**
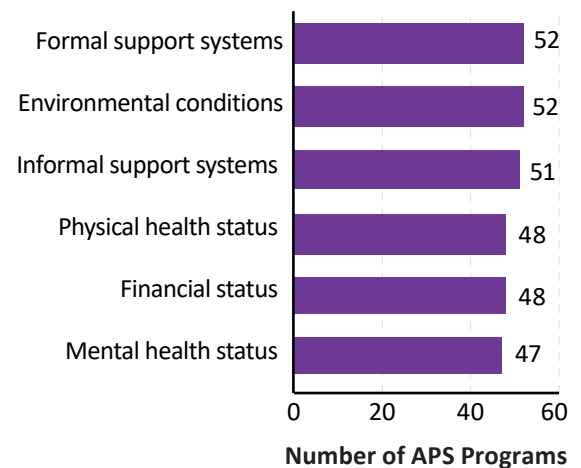
### EXHIBIT 18. Type of Medical Assistance with Health Assessments

| Type | Number of Programs |
|---|---|
| Any medical personnel | 26 |
| Mental health professionals | 21 |
| Nurses | 16 |
| Physicians | 10 |
| Nurse practitioners/ physician assistants | 7 |
| Personnel within forensic medical network | 5 |

**Number of Programs**
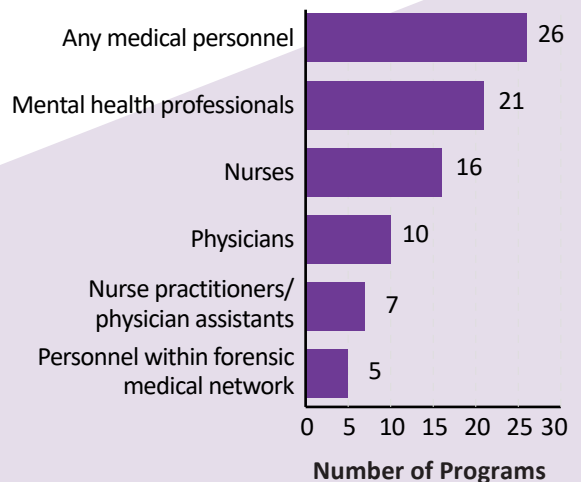
# Collecting Evidence

## Definition and Description

APS investigators collect and document information about the client for case planning and to determine a case disposition. Depending on the investigation, they may work with various community partners to assist with the investigation. Some programs also use specialized units.

**EXHIBIT 19. Access to Expert Consultation Resources**



Number of Programs

## Summary of Findings

Most APS programs document **physical evidence** instead of collecting and preserving evidence.

Key investigation **partners** are shown in Exhibit 20 on the next page. Almost all APS programs work with **multidisciplinary teams**, although only 13 programs indicated it is a statewide requirement.

**SYSTEMS ANALYSIS:**
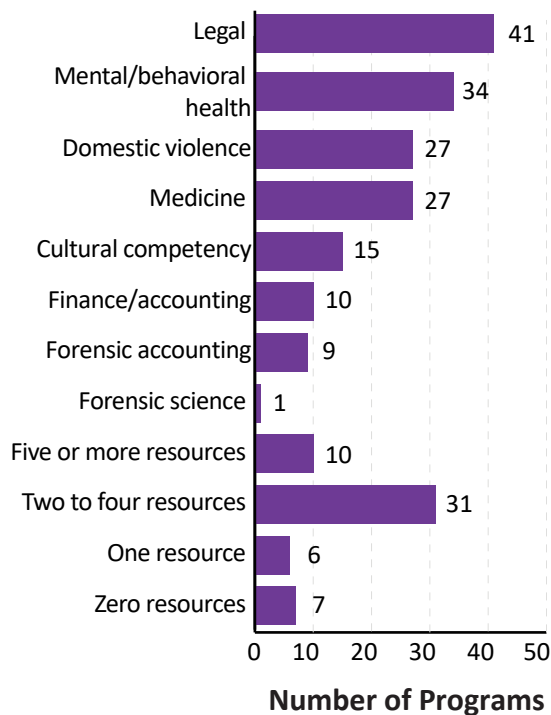The seven programs (Exhibit 19) without any access to the consultation resources have a lower average substantiation rate (23%) than programs with at least one resource (35%).

More than half of APS programs (Exhibit 21) use **specialized staff or units** to investigate specific types of reports (e.g., financial exploitation) or reports involving specific populations (e.g., residents of congregate care facilities).

## Obstacles and Innovations

> The most frequently cited obstacle to client interviews was inability to engage the client and other parties combined with issues of access to the client — for example, due to location, perpetrator interference, or COVID-19.

Multiple programs also cited inadequate staff training. The most commonly cited obstacle for consultations was lack of staff resources and access to experts.

Innovations were focused on better training and tools; use of multidisciplinary teams and better access to other community resources; and a variety of policy improvements, such as clarified expectations about interview requirements and acceptable reasons for deviations.

# Collecting Evidence (Continued)

**EXHIBIT 20. Partnerships and Protocols for Improved Coordination and Access to Records**

Law enforcement — 38
Financial community — 23
Medical community — 15
Any other community — 12

Number of Programs
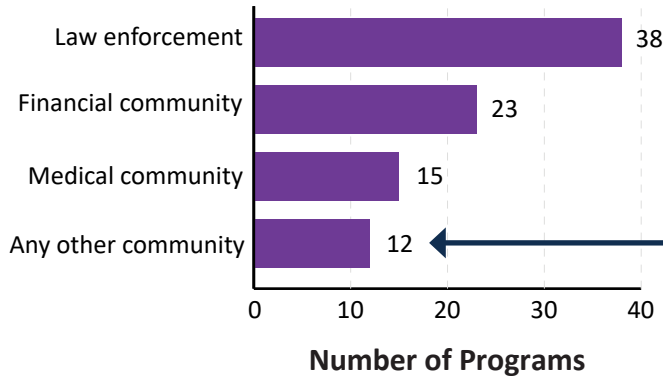
**"Other" community partners identified by APS programs:**

- Department on aging
- State law enforcement division and attorney general
- Other state agencies (e.g., disability services and advocates, health facilities administration and regulation, and long-term care ombudsman)
- District attorney
- Mental health providers
- Sexual Assault Nurse Examiner Program

**EXHIBIT 21. Specialized APS Units or Staff**

Any specialized units or staff — 33
Focused on financial exploitation — 15
Legal counsel — 13
Focused on congregate settings or other provider investigations — 9
Focused on other specific types of investigation — 13

Number of Programs
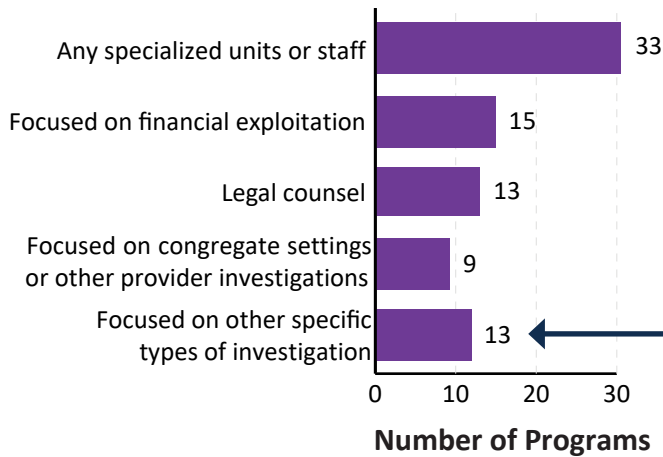
**Examples of Specialized Units:**

- Sexual assault response
- Facility investigations
- Self-neglect
- Guardianships and representative payee
- Evictions
- Allegations potentially involving criminal activity
- Initial contacts

# Determining Findings and Planning for Services

## Definition and Description

**After assessing the client and collecting evidence,** most APS programs determine findings, communicate them, and develop service plans (if needed).

## Obstacles and Innovations

> **For determining findings, obstacles are inconsistency and poor quality of casework as well as concerns with poor interpretation of policy (e.g., substantiation criteria) and "workers struggling to get to the conclusion of the case."**

For planning services, the most frequently mentioned obstacle was the lack of resources, services, and/or providers, followed by lack of k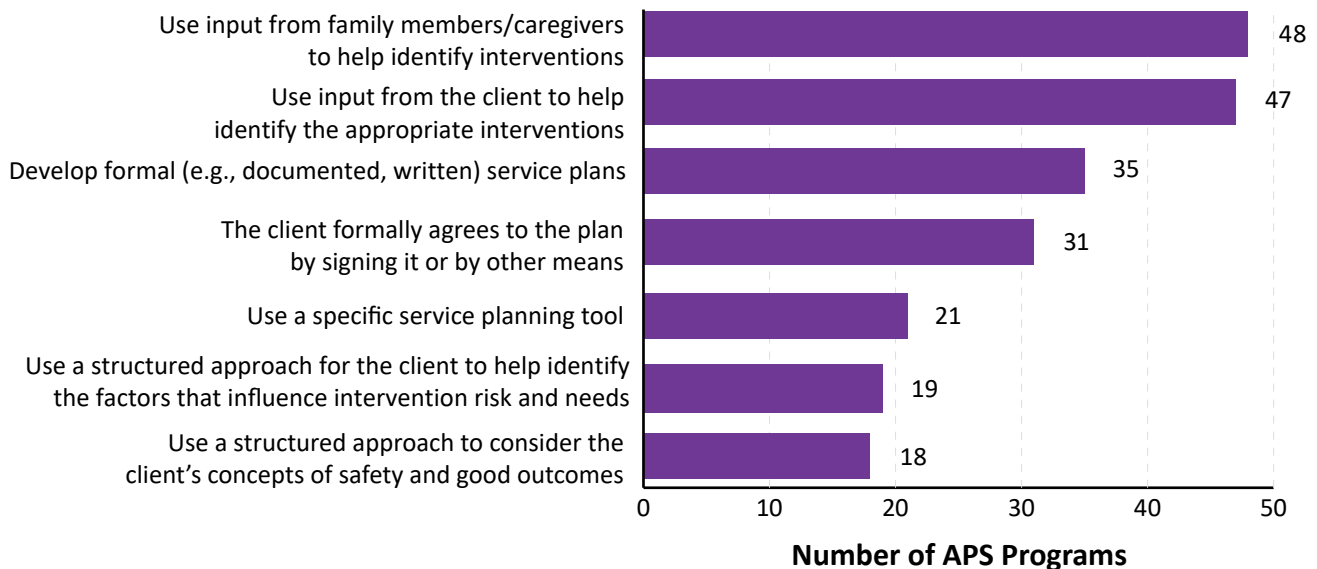nowledge of available resources and a lack of training. Innovations focused on improving process and data systems, training, and increased use of tools.

## Summary of Findings

Most APS programs do not use a formalized process or tool for **determining findings**.

Less than half of APS programs provide **notice or review to perpetrators**. Eleven programs make a distinction on whether they provide notice based on type of perpetrator.

Less than half of programs (20) use a tool to decide if services are needed, relying instead on professional judgment and expert consultants (25 programs).

Clients and family members are involved in service planning in most programs (Exhibit 22).

**EXHIBIT 22. Methods Used to Develop Services Plan**

| Method | Number of APS Programs |
|---|---|
| Use input from family members/caregivers to help identify interventions | 48 |
| Use input from the client to help identify the appropriate interventions | 47 |
| Develop formal (e.g., documented, written) service plans | 35 |
| The client formally agrees to the plan by signing it or by other means | 31 |
| Use a specific service planning tool | 21 |
| Use a structured approach for the client to help identify the factors that influence intervention risk and needs | 19 |
| Use a structured approach to consider the client's concepts of safety and good outcomes | 18 |

# Post-Investigation Services
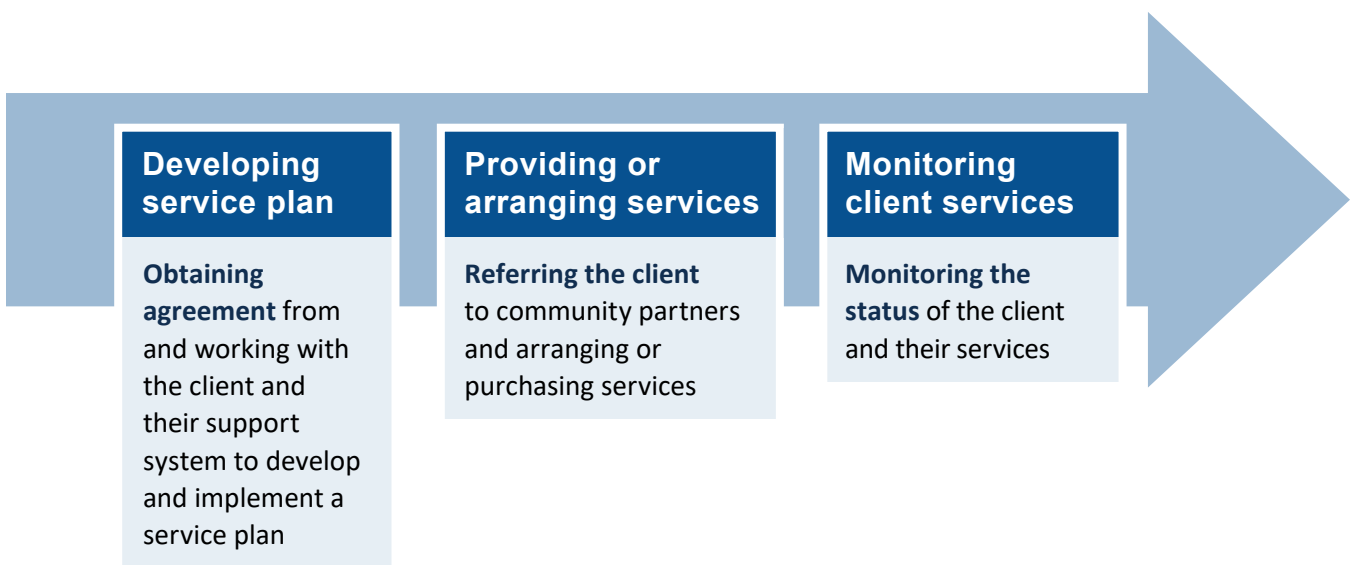
## Overview

### Definition and Description

Post-investigation services are defined as "APS provides or arranges for services to ameliorate maltreatment after an investigation is complete" and typically involves three main activities as shown below.

This evaluation made a distinction between investigation and services since programs often consider investigation and services as different phases or stages of a case; however, even in states with this model, services may begin during the investigation phase to address emergency or urgent needs. For this short report, we have included the planning of services in the investigation chapter even though the activity may occur during the investigation in some states.

### Federal Guidelines

APS *Consensus Guidelines* recommend 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. …" "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."

| **Developing service plan** | **Providing or arranging services** | **Monitoring client services** |
|---|---|---|
| **Obtaining agreement** from and working with the client and their support system to develop and implement a service plan | **Referring the client** to community partners and arranging or purchasing services | **Monitoring the status** of the client and their services |

# System Outcomes

## Percentage of Victims Who Receive Services

Exhibit 23.1 shows that the percentage of victims receiving services ranges from 0% to 97% across programs that provide these data, with an average of 53%. Exhibit 23.2 shows that data for this system outcome are not normally distributed.

**EXHIBIT 23.1 Percentage of Victims Receiving Services by Program**
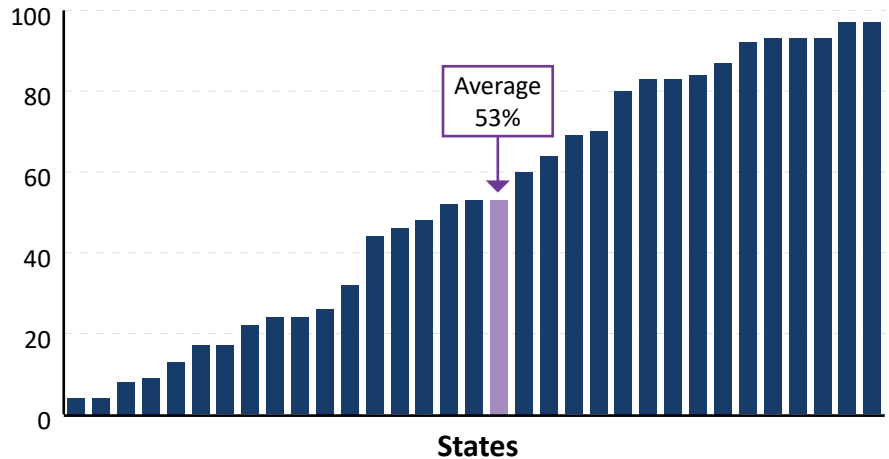


**EXHIBIT 23.2 Distribution of Percentage of Victims Receiving Services**
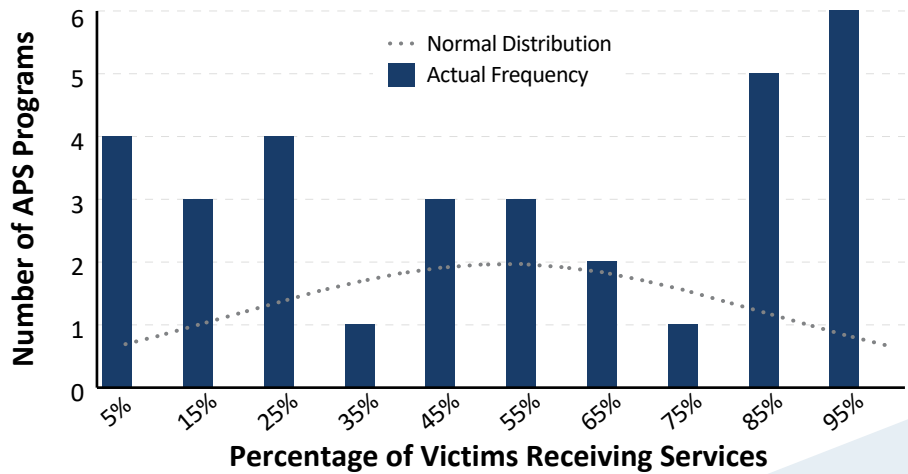
# Who Receives Services and How Are They Provided?

## Definition and Description

Most programs use a variety of methods to provide post-investigation services to clients, victims, and, to a much lesser extent, caregivers and perpetrators.

## Obstacles and Innovations

> **The most frequently cited obstacle was a lack of funding for services (9 programs); access to guardians and less restrictive alternatives (7 programs); and availability of services (15 programs).**

The frequently mentioned innovations were addition of federal funding (3 programs) and use of specialized services staff (4 programs).
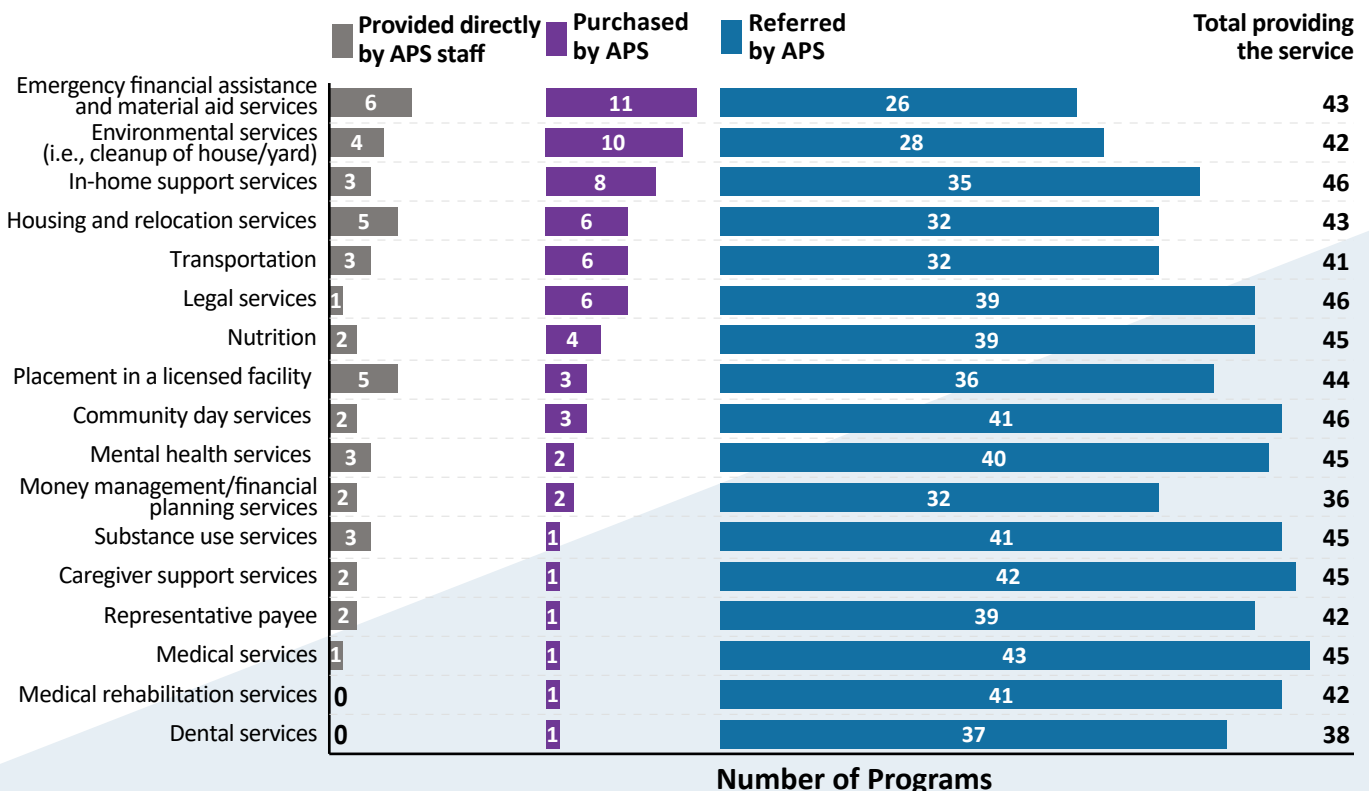
## Summary of Findings

**Who Receives:** Almost all (53) APS programs provide or arrange services to clients, 28 programs provide services to caregivers, while 22 provide services to perpetrators.

**How Provided:** Exhibit 24 shows the mechanisms used to provide services by the type of services. Referrals are used by more programs than direct service provision or purchase of services.

**Guardianship:** APS programs differ in their relationship to guardianship services: almost every APS program refers clients if they believe a guardian is needed, slightly over half of programs refer clients for guardianship, while only 12 programs directly serve as guardians.

## EXHIBIT 24. Mechanism by Which Services Are Primary Available

| Service | Provided directly by APS staff | Purchased by APS | Referred by APS | Total providing the service |
|---|---|---|---|---|
| Emergency financial assistance and material aid services | 6 | 11 | 26 | 43 |
| Environmental services (i.e., cleanup of house/yard) | 4 | 10 | 28 | 42 |
| In-home support services | 3 | 8 | 35 | 46 |
| Housing and relocation services | 5 | 6 | 32 | 43 |
| Transportation | 3 | 6 | 32 | 41 |
| Legal services | 1 | 6 | 39 | 46 |
| Nutrition | 2 | 4 | 39 | 45 |
| Placement in a licensed facility | 5 | 3 | 36 | 44 |
| Community day services | 2 | 3 | 41 | 46 |
| Mental health services | 3 | 2 | 40 | 45 |
| Money management/financial planning services | 2 | 2 | 32 | 36 |
| Substance use services | 3 | 1 | 41 | 45 |
| Caregiver support services | 2 | 1 | 42 | 45 |
| Representative payee | 2 | 1 | 39 | 42 |
| Medical services | 1 | 1 | 43 | 45 |
| Medical rehabilitation services | 0 | 1 | 41 | 42 |
| Dental services | 0 | 1 | 37 | 38 |

**Number of Programs**

# Developing and Monitoring Service Plans

## Definition and Description

Once investigations are completed, APS programs may develop service plans if services are needed to address the root case of maltreatment. Once service plans are implemented, APS programs may monitor the service provision.

**EXHIBIT 25. Mechanisms to Decide Whether Services Are Needed to Address Maltreatment**
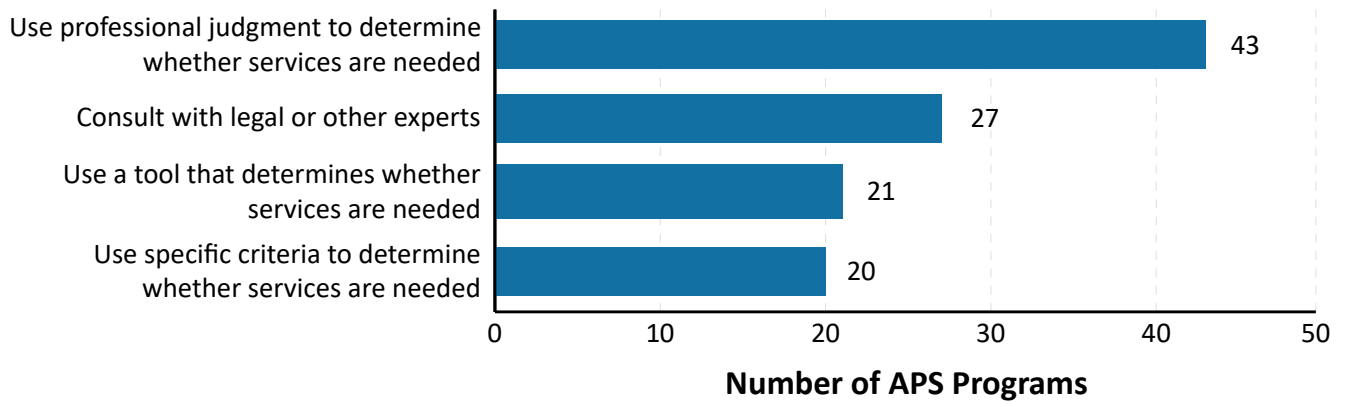


**EXHIBIT 26. Who Monitors Status of Clients Receiving Post-Investigation Services Provided Directly or Arranged by APS**
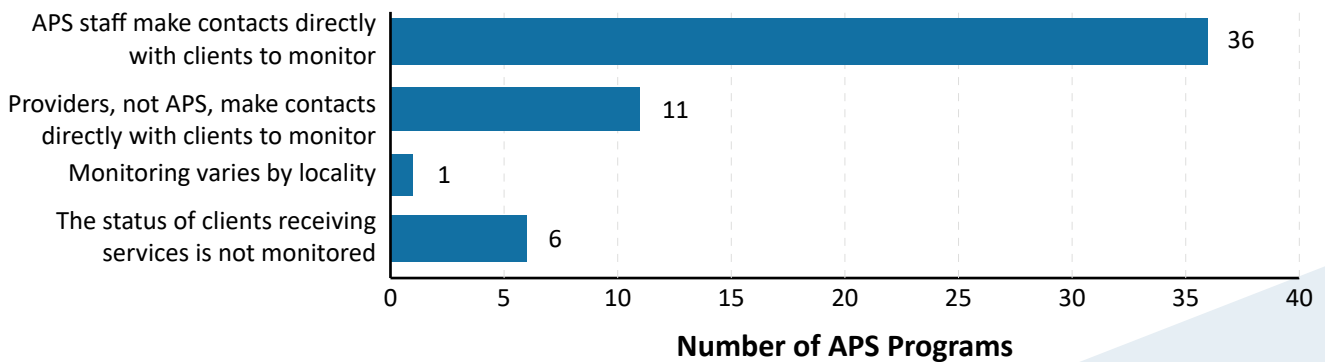
# Quality Assurance

## Definition and Description

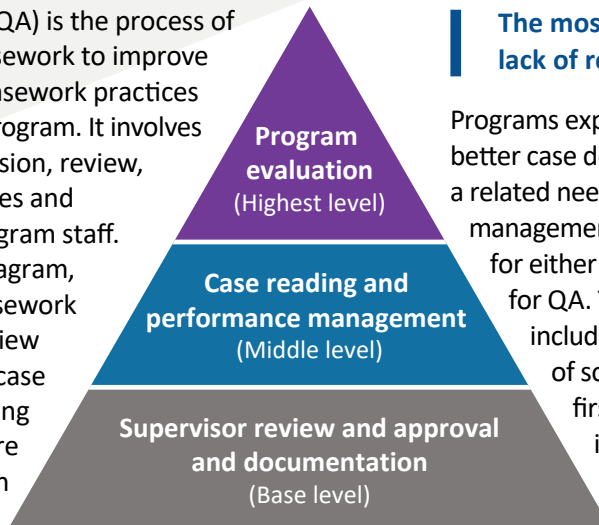For APS, quality assurance (QA) is the process of systematically reviewing casework to improve practice. QA ensures that casework practices meet standards set by the program. It involves the documentation, supervision, review, and improvement of activities and functions conducted by program staff. As outlined in the nearby diagram, QA may be built into the casework process (e.g., supervisor review of documentation), involve case reading and use of data during or after the case, or use more comprehensive reviews such as program evaluation.
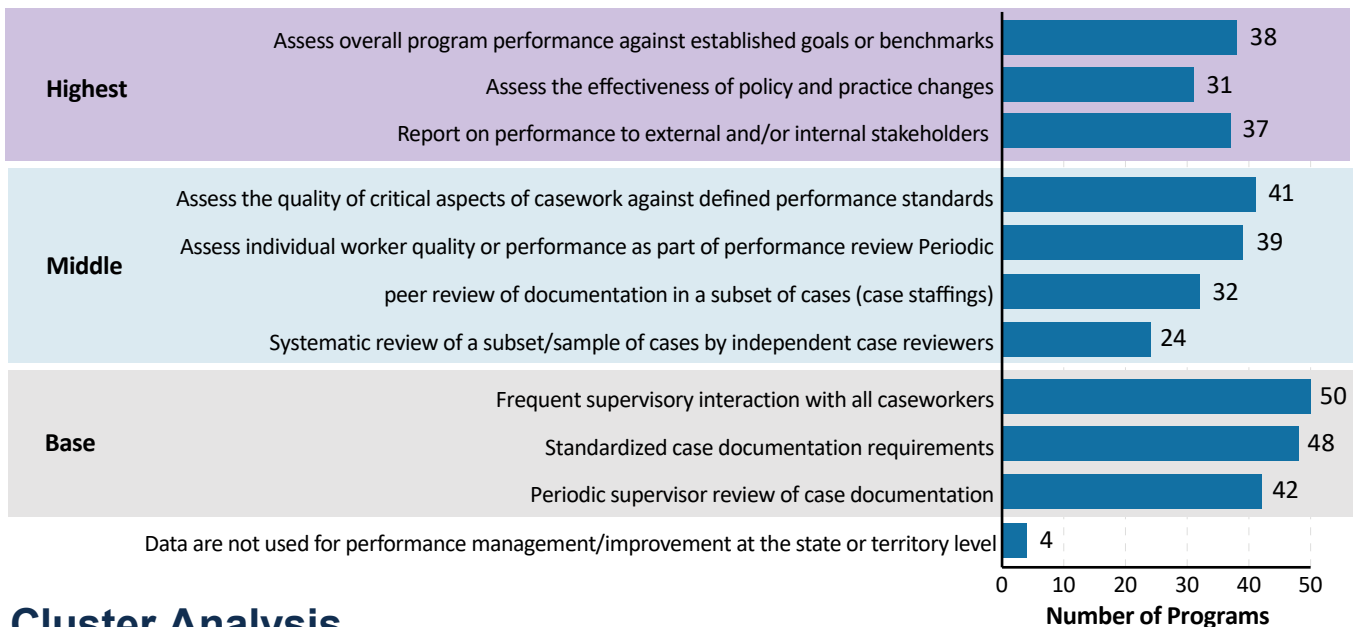
**Program evaluation**
(Highest level)

**Case reading and performance management**
(Middle level)

**Supervisor review and approval and documentation**
(Base level)

## Obstacles and Innovations

> **The most common obstacle to QA was lack of resources for QA activities.**

Programs expressed concern about the need for better case documentation. Programs indicated a related need to improve use of data for management. A few programs cited the need for either "authority" or management support for QA. The most common innovations include the recent implementation of some sort of QA process for the first time, implementing a new or improved case management system, and use of new QA tools or performance measures.

**EXHIBIT 27. Methods Used by APS to Ensure High-Quality Casework**

| Level | Method | Number of Programs |
|---|---|---|
| **Highest** | Assess overall program performance against established goals or benchmarks | 38 |
| | Assess the effectiveness of policy and practice changes | 31 |
| | Report on performance to external and/or internal stakeholders | 37 |
| **Middle** | Assess the quality of critical aspects of casework against defined performance standards | 41 |
| | Assess individual worker quality or performance as part of performance review Periodic | 39 |
| | peer review of documentation in a subset of cases (case staffings) | 32 |
| | Systematic review of a subset/sample of cases by independent case reviewers | 24 |
| **Base** | Frequent supervisory interaction with all caseworkers | 50 |
| | Standardized case documentation requirements | 48 |
| | Periodic supervisor review of case documentation | 42 |
| | Data are not used for performance management/improvement at the state or territory level | 4 |

## Cluster Analysis

The cluster analysis identified two distinct program types based on QA variables:

- Type 1. Implementation of Few Standard QA practices **(34 programs)**
- Type 2. Implementation of More Standard QA practices **(20 programs)**

Further research is needed to identify common characteristics of the more sophisticated programs. Many programs are using the availability of additional resources from new federal funding to improve their QA programs.

# Reflections

The Administration for Community Living (ACL) charged the APS TARC with conducting a process evaluation to better understand the APS system. This evaluation is the first to examine data and information from all APS programs across the nation.

The APS TARC had to address several limitations in determining how to approach the evaluation:

- **No prior comprehensive national evaluation** of state APS systems had been conducted; we didn't have research to draw on.
- **No theoretical framework** for analyzing APS existed; we had to create a logic model to guide our work.
- **No national performance data** existed and state data were inconsistent; we used the National Adult Maltreatment Reporting System (NAMRS), a newly available resource never previously used to document national performance data.
- **Efficacy and outcomes are difficult to define and measure in APS** and had not been developed; we had to develop a research methodology that defined system outcomes based our new theoretical framework.

This evaluation has documented a high degree of diversity and disparity within the APS system, a reflection of the "bottom-up" way programs developed. While this evaluation documents a core set of policy and practice areas, APS programs vary widely in the way these policies and practices are implemented and managed as measured by system outcomes.

# Key Findings

The following key findings highlight the diversity of the APS system and other issues the APS TARC team considered noteworthy; other reviewers may have different insights. Please see the full report for longer descriptions of these insights.

> **Overall, while many policies and practices are shared across a majority of programs, few are universal.**

There are a number of policies and practices that are roughly the same in 80% of the programs but are not the same across **all** programs.

> **APS programs face two significant legal/ethical tensions:**

- APS applies a legal framework (conducting "investigations") to address what is often a social service need.
- APS provides "protection" while ensuring individual rights are upheld, sometimes for individuals who may lack the ability to make decisions for themselves.

> **The eligible population for APS varies from state to state, yet APS practice is not population specific.**

APS programs base eligibility on various combinations of age and disability/vulnerability, and the definition of disability or vulnerability also varies across the programs. While the eligible populations vary, programs reported that practice does **not** vary by population.

> **APS is administratively located and operated in different ways within state government organization.**

APS programs' location in state health and human services agencies is either shared with child welfare programs, with state units on aging and other aging programs, or with other health and human services programs. Programs are mostly state-run, but several programs are locally administered with varying degrees of state operational oversight of counties or local subcontractors.

The wide variation in the system outcomes suggests that **states vary greatly in policy and practice for the key decision-making points in a case** — whether to report a suspected maltreatment, to accept the report, to substantiate the report, and to provide services.

**APS program staff believe there is a need for increased internal consistency in practice to ensure higher-quality casework.** This is the overriding theme from open-ended questions in the practice survey.

**The cluster analysis revealed patterns of programs with more and less robust investigation and quality assurance practices**, reflecting uneven development and resources across state programs.

**APS supervisors play a critical role in improving program quality and consistency in practice.** They are involved in every aspect of casework decision-making and are a key to quality assurance activities.

**APS programs depend on partnerships to be successful.** APS programs depend on partners in several areas of practice and tend to be more local than statewide.

# APS Improvement

Findings from this evaluation offer ACL, APS programs, and APS TARC several suggestions for continuing to support the development and improvement of APS systems across the country:

- **Address APS programs' specific concerns and needs for improved quality and consistency.** APS TARC technical assistance efforts should recognize and support APS programs in addressing the need for improved program consistency and quality.

- **Inform technical assistance offerings.** APS programs would benefit from technical assistance on themes that cut across policy and practice areas.

- **Assist with individual state program evaluation efforts,** using the framework and data in this evaluation.

# Future Research

While this evaluation describes the system and the relationship of various policies and practices to system outcomes, additional research is needed to understand the nature of these relationships. Potential topics for future research include:

- **Intra-state variation in APS practices.** While not presented in this report, the practice survey collected data on intra-state variation.

- **Refinement of cluster analysis** to incorporate additional policies, practices, or procedures that may yield different or more granular groupings.

- **Relationship between system outcomes, individual outcomes, and quality services.** APS programs consistently and systematically report data on system outcomes, yet there are no benchmarks or standards for these measures.

- **Identification of promising and/or evidence-based practices.** Future research should seek to establish an evidence-based for APS program operations that contribute to better (or optimal) outcomes.

- **Deeper exploration of APS program needs.** ACL should synthesize findings and qualitative information collected through this evaluation, the recent outcome evaluation, and other projects.

# Conclusion

Consistent with the mission of the APS TARC, this APS Process Evaluation will help "enhance the effectiveness of APS programs." Working with ACL, the APS TARC will present findings at conferences and webinars and will provide an opportunity for ongoing dialogue about the findings of this report. We look forward to working with others using the data for program improvement or additional research.