



# **Senate Health and Human Services Committee**

## **Adult Protective Services Reform**

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Deputy Executive Commissioner  
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# APS Reform

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- Executive Order RP 33 issued April 14, 2004 directed HHSC to oversee the systemic reform of the APS program.
  - HHSC began an examination of operational, policy, and other aspects of the APS program
  - Specific actions and outcomes required under the executive order:
    - Systemic reform;
    - Administrative & organizational reform
    - Review of case files;
    - Increased use of technology;
    - Partnering with law enforcement & local communities; and
    - Review of statutes

# Scope of APS Review

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- HHSC held work sessions with outside stakeholders
  - APS Investigative Outcomes Work Session
  - Community and Judicial Relations Work Session
- HHSC developed cross-agency workgroups to:
  - Examine all aspects of the APS Program;
  - Identify deficiencies; and
  - Recommend corrective actions
- Case reviews conducted by the Office of Inspector General - over 2,100 cases

# APS Review Findings

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## Findings indicated serious deficiencies existed in most aspects of the APS program:

- Case readings indicated poorly performed assessments, inadequate documentation, and lack of appropriate follow-up
- Current capacity tool is ineffective and statistically weak
- Inconsistent application of policy and procedure
- Technology does not support the investigative process
- Poor compliance with documentation requirements
- Staff training inadequate and inconsistent
- High staff turnover
- Lack of partnerships with local and community stakeholders
- Conflict- guardianship and investigations within the same agency

# APS Reform Components

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The APS reform efforts identified three key areas for systemic and organizational change:

- Improve Delivery of Services
- Increase Efficiencies
- Enhance Accountability

## New Risk Assessment Tool

- Client Assessment and Risk Evaluation (CARE) tool developed by multidisciplinary workgroup
- Assesses living conditions, financial status, physical/medical status, mental status, and social interaction and support
- 1<sup>st</sup> pilot completed fall 2004 – instrument reviewed for completeness, accuracy, and ease of use
- 2<sup>nd</sup> (statewide) pilot underway – automated instrument reviewed for deployment
- Contract with University of Texas for external review
- Full rollout expected summer 2005

## **Caseload Reduction:**

**Infusion of 120 additional staff over a 3 year period reduces average daily caseloads from 35 to 28.**

### **FY 2005:**

- Converted 57 guardianship staff positions to 50 caseworker and 7 supervisor positions

### **FY 2006:**

- Addition of 32 field staff (25 caseworkers/7support staff)

### **FY 2007:**

- Addition of 31 field staff (24 workers/7support staff)

## **Support Quality Casework**

- Hired 16 specialized staff in financial exploitation, self neglect, community relation building and judicial affairs
- Telemedicine pilot in Houston area – rollout statewide if successful
- Utilize temporary staff to merge cases and reduce backlog of cases that need to be purged



## **Guardianship Improvements:**

- Guardianship duties transferred to DADS (Dec 1, 2004)
- DFPS retains legal authority for all wards in care
- Pending legislative action – transfer of program responsibility

## **Enhance funding for local guardianship programs:**

- Provides \$500,000 grants to local guardianship programs each year of 2006-2007 biennium

# Increase Efficiencies

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## Deploy mobile technology

- Capital authority from LBB received
- RFP for tablet PCs issued – responses currently under evaluation
- Table PC software design specifications drafted

## Automation changes (IMPACT)

- Changes necessary to support mobile technology
- Modifications as a result of new policy and procedures

## Records management

- Clarified case merging policy
- Temporary staff hired to merge and purge case records appropriately

# Enhance Accountability

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## Strengthen investigative and service delivery processes

- Key decision points identified
- Supervisor review necessary
- Organizational oversight
  - Restructured from 5 districts to 9 regions
  - Hired regional directors and program administrators for new structure
- Training
  - Revise and extended curriculum
    - Implemented competency based model
    - Extended training (was 3 weeks now between 4-8 weeks)
    - Enhanced modules on mental health and financial exploitation
    - Guided field experience
  - Hired 10 training staff in regions to facilitate access