

House Human Services Committee

Adult Protective Services Reform

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Deputy Executive Commissioner
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APS Reform

- 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
 - Review of statutes



Scope of APS Review

- 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
 - > Recommend corrective actions
- Case reviews conducted by the Office of Inspector General - over 2,100 cases



APS Review Findings

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 existed with guardianship and investigations within the same agency



APS Reform Components

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



Caseload Reduction:

- Infusion of 120 additional staff over a 3 year period
 - > Reduces average monthly caseload from 60 to 49
 - > Reduces the 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
- Conducting a telemedicine pilot in Houston area rollout statewide if successful
- Utilizing 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:

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



Increase Efficiencies

Deploy mobile technology

- ➤ Tablet PC to be used in the field to conduct risk assessments, collateral interviews, and documentation
- Provides immediate access to policy and procedures, case records, stores digital photos and allows for immediate access to supervisor

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

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
 - Revised 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