Implementation Plan

Executive Order RP 33
Relating to Reforming the
Adult Protective Services Program

Health and Human Services Commission
July 12, 2004

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Executive Summary

Under Executive Order RP 33, issued April 14, 2004, the Health and Human Services Commission (HHSC) is directed to oversee the systemic reform of the Adult Protective Services (APS) program of the Department of Family and Protective Services (DFPS). The executive order was motivated by reports that indicated serious fundamental and systemic problems within the APS program.

HHSC began an intensive review of the APS program and issued a preliminary report on May 19, 2004, that included findings from case readings from the El Paso area. The report also included preliminary findings on program performance, functional review, and policy assessment of the APS program, including the Guardianship program. The preliminary investigation confirmed deficiencies, identified key issues, and listed performance outcome goals for each area. Immediate corrective actions were identified and the oversight process was described.

Executive Order RP 33 requires HHSC to submit an implementation plan that outlines the specific actions taken and to submit this report to the Governor no later than 90 days from the issuance of the order. This implementation plan will outline additional key deficiencies and corrective actions to reform the APS program to meet the protective needs to the elderly and adults with disabilities.

The APS program has been reviewed to:

- Ensure clearly defined outcomes at each step of the APS involvement with clients (the APS process), including partnering with community organizations to define and maintain ongoing services;

- Define management structure and support systems that are clearly aligned with the outcomes defined for the APS process; and

- Identify the current problems that prevent APS staff from achieving these outcomes.

Though APS investigates reported allegations in a variety of settings, this report focuses primarily on non-facility based investigations. Based on these parameters, a clear and definitive implementation plan has been developed. The implementation plan consists of actions that address issues identified for each key deficiency in the APS process, the management structure, and support systems.

From information obtained through the work sessions and groups, charts were developed that illustrate the APS process, desired outcomes, deficiencies, and corrective actions. These charts are included in Appendix A.

The implementation plan will require additional resources. HHSC is working to identify the funding needs to implement this plan for consideration by the Governor and legislative leaders. HHSC will ensure strict accountability for funding provided to programs.

Since the release of the preliminary report, 13 workgroups have been formed to examine all aspects of the APS program, identify deficiencies, and recommend corrective actions. Three underlying themes emerged during the workgroup process.

- The goals of APS are not well defined;
- There is not a clear delineation of the APS process steps; and
- There are few performance standards for the APS program.

This report describes corrective actions to be taken in each area of the APS program. The general timeline for implementation is in three phases.

First, policy must be developed, clarified, or revised to align with the desired outcomes for the APS program. Of particular concern are the policy issues related to the:

- Balance between self-determination and the agency's mandate for the protection of individuals at risk of abuse, neglect, and exploitation;
- Distinction between investigation and service delivery; and
- Responsibilities of the Guardianship program.

It is anticipated that these policy issues will be resolved by the fall of 2004.

Second, procedures must be developed to ensure established policy is effectively implemented. This will be accomplished by the following methods:

- Performance standards must be defined and adopted;
- Organizational structure must be uniformly defined;
- Mobile technology to streamline procedures must be deployed;
- Current APS in-home investigations handbook must be modified;
- New and effective training curriculum and processes must be implemented; and
- Community and judicial relationships reestablished and maintained.

These procedures will be fully developed by the spring of 2005.

Finally, the administrative structure and supporting technology must be implemented to ensure that:

- Staffing positions are filled;
- APS technology is modified to align with established policies and procedures; and
- Staff are retrained on new policies and procedures and APS support technology.

The administrative structure and supporting technology will be fully implemented by the summer of 2005.

HHSC is committed to implementing the corrective actions in this plan as quickly as possible within the timeframes indicated. Three critical areas are receiving the highest priority. One area

is ensuring sufficient staff in critical areas of the state. HHSC is working with APS to identify needs and deploy necessary staff as quickly as possible. Another critical area is the development and deployment of a new risk assessment tool to replace the current capacity tool. Field-testing of this tool should begin this fall. Lastly, HHSC is working closely with state leaders to secure funding to expand the capacity of local Guardianship programs.

A full accounting of progress will be provided in the final report required by Executive Order RP 33 due November 1, 2004.

Background

Under the Governor's Executive Order RP 33, issued April 14, 2004, the Health and Human Services Commission (HHSC) is directed to oversee the systemic reform of the Adult Protective Services (APS) program of the Department of Family and Protective Services (DFPS). DFPS is charged with protecting children and adults who are elderly or have disabilities living in their home. APS is responsible for investigating abuse, neglect, and exploitation of adults who are elderly or have disabilities. The executive order was motivated by reports that indicated serious fundamental and systemic problems within the APS program.

HHSC began an intensive review of the APS program and issued a preliminary report on May 19, 2004, that included findings from case readings from the El Paso area. The report also included preliminary findings on program performance, functional review, and policy assessment of the APS program, including the Guardianship program. The preliminary investigation confirmed deficiencies, identified key issues, and listed performance outcome goals for each area. Immediate corrective actions were identified and the oversight process was described.

Executive Order RP 33 requires HHSC to submit an implementation plan that outlines the specific actions taken and to submit this report to the Governor no later than 90 days from the issuance of the order. This implementation plan outlines additional key deficiencies and corrective actions to reform the APS program to meet the protective needs of elderly and disabled persons.

Overview of the Reform Effort

The goal of the APS reform effort is to ensure the Texas Department of Family and Protective Services meets its legislative mandate to provide protective services to Texans with disabilities and the elderly who are at risk of abuse, neglect, and exploitation. The goal is guided by the principle that protective services represents only one aspect of the full array of services that individuals with disabilities and the elderly may need to ensure a high quality of life. An important component of meeting the needs of the clients is to identify the best resources, which may include services provided by local community groups.

The APS program has been reviewed to:

- Ensure clearly defined outcomes at each step of the APS involvement with clients (the APS process), including partnering with community organizations to define and maintain ongoing services;

- Define management structure and support systems that are clearly aligned with the outcomes defined for the APS process; and

- Identify the current problems that prevent APS staff from achieving these outcomes.

Though APS investigates reported allegations in a variety of settings, this report focuses primarily on non-facility based investigations in accordance with the Governor's Executive Order.

Based on these parameters, a clear and definitive implementation plan has been developed. The implementation plan consists of actions that address issues identified for each key deficiency in the APS process, the management structure, and support systems.

The implementation plan will require additional resources. HHSC is working to identify the funding needs to implement this plan for consideration by the state leadership. HHSC will ensure strict accountability for funding provided to programs.

Findings of Fort Worth Case Reviews

Using the same case reading strategy employed in El Paso in developing the preliminary findings, the Office of Inspector General (OIG) case review team continued their investigation with case readings from the Fort Worth area (Region 3). Their findings support the systemic nature of the problems within the APS program.

- In El Paso it was found that the investigation did not fully address all allegations of abuse, neglect, or exploitation in 35 percent of the cases read. That figure was 57 percent in Forth Worth.
- In El Paso it was found that in 30 percent of the cases read the actions (service plan) taken did not address all findings of abuse, neglect, or exploitation. In Fort Worth the comparable statistic was 47 percent.
- In El Paso it was found that in 41 percent of the cases appropriate action to prevent further abuse, neglect, or exploitation of the client was not taken. Case readings in Fort Worth revealed this outcome in 53 percent of cases.

The OIG review also indicates that each area of the state will vary in the quality of APS services. In El Paso, for example, community relations were weak and non-supportive. Fort Worth, in contrast, has a relatively strong community network to support APS efforts.

Overall, the Fort Worth case readings support the general finding of the preliminary report that APS does not establish accountability for positive outcomes.

Current HHSC Efforts

Since the release of the preliminary report, 13 workgroups have been formed to examine all aspects of the APS program, identify deficiencies, and recommend corrective actions. Three underlying themes emerged during the workgroup process.

The goals of APS are not well defined. Ill-defined goals result in various interpretations of the scope of APS activities and inconsistent application of policies and procedures. Internally, staff in one region may focus on determining capacity, while in other regions staff may focus on providing non-protective service delivery to clients (i.e., services which do not relate directly to the reduction of risk). Externally, this lack of clarity results in variations regarding how, and when, APS interacts with local community organizations.

There is not a clear delineation of the APS process steps. While each case referred to APS is different, the basic APS process should be the same for every case. The handbook offers minimal guidance for key decision points and even less for direction regarding the criteria and decision processes. Without such specificity in the decision making process, there is great variation in how decisions are reached and the appropriateness of these decisions. Clear, well-reasoned, and uniform decision-making criteria needs to be incorporated in each stage of the APS process and outlined in the APS handbook and training curriculum.

There are few performance standards for the APS process. Appropriate performance criteria for what constitutes a good investigation or a good service delivery plan are lacking in the APS process. Current criteria appear to be subjective; therefore, it is difficult to measure staff performance. When management does have performance indicators, such as number of days an investigation is open, there are no clear standards for staff to follow. This lack of standards impairs the ability to effectively manage time and resources, to ensure quality investigations, and maintain accountability.

These three fundamental issues underlie virtually all deficiencies identified with the APS program. It is critical that deficiencies are remedied to ensure that the mission and goals of the program to protect the elderly and adults with disabilities is accomplished.

Establishing Desired Outcomes

To ensure an outcome driven process, HHSC convened a work session of stakeholders to help define successful outcomes in the investigative process. Stakeholders were invited from across the state, representing a broad array of groups. The participants in attendance represented various organizations dealing with issues on aging and disability, including judicial, legal, aging and disability advocates, and guardianship. Over 45 groups were contacted to send a representative to the work session.

Work session participants began by defining positive outcomes for individuals found to be at risk. These included such items as better access to services, working utilities, and ability to manage medication. Next, work session participants defined the critical elements of the investigation process, including desirable outcomes and best practices.

Guiding Principles

A number of guiding principles emerged from the desirable outcomes session and correspondence received by HHSC related to the APS reform efforts. The guiding principles identified were:

- Do no harm
- Maintain client dignity
- Maintain client's civil rights
- Perform tasks from a person-centered philosophy
- Preserve balance of personal rights and self-determination with mitigation of risk
- Maintain commitment to work with stakeholders

Mapping Outcomes to Process

A workgroup of business process engineers and policy specialists from HHSC reviewed the APS handbooks, work session outcomes, interviewed APS staff, and accompanied investigators on a number of investigations and site visits to collect process information. From the data collected, the APS process was mapped from start to finish. This map provides vital information for a comprehensive assessment of the APS process to ensure all aspects are analyzed during the development of corrective actions.

Identifying Deficiencies and Corrective Actions in the APS Program

Each workgroup researched the current APS process and compared it with the desired outcomes. The workgroups identified deficiencies and made recommendations for corrective actions.

While the majority of the deficiencies were connected to the various APS stages, a few were not. Several of the issues identified were overarching of the APS program or were tied to multiple steps in the APS process, such as administrative, organization, or support. For example, administrative organization of staff—the deployment of APS professionals, management, and support staff—will depend in large part on improvements in the APS process that clearly define the steps in investigation and service delivery. Once those steps are defined, the appropriate staff can be deployed to ensure successful outcomes.

From all the information obtained through the work sessions and groups, charts were developed that illustrate the APS process, desired outcomes, deficiencies, and corrective actions. These charts are shown in Appendix A.

Actions Related to the APS Policy and Processes

This section describes the actions in the implementation plan associated with each step in the APS process. The APS process includes these steps:

- Intake
- Investigation
- Risk Assessment
- Service Delivery
- Guardianship

For each step, a narrative provides an overview of the issues followed by a table that relates specific outcomes, issues, and actions.

Intake

Intake is a critical function for APS and plays several key roles. First, it is how the public accesses and provides information to the APS system. The intake process assures that all information necessary to initiate a case is received. The amount and type of information obtained are vital because they are used to classify, prioritize, and route cases to the field. To be effective, APS must help ensure that the public understands what constitutes abuse, neglect, and exploitation, and how to report it.

The number of calls that statewide intake can process effectively has been the subject of scrutiny in the recent past, in particular with regard to hold time. The wait time for callers has been reduced through the deployment of call center technology.

Each call is unique, and staff is trained to elicit information relevant to each allegation. There may be efficiencies gained by formally reviewing closed cases to determine whether certain information turns out to be more relevant than others and what additional information should be obtained to aid in investigations. The review would also be informative in assessing whether the appropriate notifications have gone to law enforcement, any special issues or requirements are identified, and if cases are being appropriately classified and prioritized.

While intake is responsible for routing cases, a routing protocol is followed to ensure appropriate staff is deployed to initiate the APS investigation. Issues concerning routing are covered in the investigation section of this report.

Corrective actions for improving the intake process include finalizing the roll-out of the public reporting website and reviewing closed cases to identify the importance of key variables to further enhance the intake, prioritizing, and routing of calls.

Investigation

The in-home investigation is the primary function of the APS caseworker in handling cases of abuse, neglect, and exploitation of elderly and disabled adults. Investigations must be conducted in a thorough and efficient manner to identify all issues that need corrective services. The purpose of investigations is to gain further knowledge of a situation, determine the priority of actions to be taken, and initiate any immediate intervention that may be required. Numerous deficiencies have been noted in the investigative process.

First, there is a clear need to improve the process for assigning and prioritizing cases to improve responses to reports and to minimize administrative costs. APS can utilize information from past cases to better estimate priorities and staffing needs for future cases. In addition, a lack of adequate administrative personnel exists to handle issues of routing, maintaining call lists, and appropriately assigning cases. Supervisors are performing administrative tasks in addition to their regular case management duties.

Second, reports of abuse, neglect, and exploitation have not been fully or appropriately investigated and documented. The current assessment tool focuses exclusively on capacity and does not identify and document potential physical and psychological harm, medical issues, environmental conditions, personal relationships, and the client's risk to self or others. The current practice is to identify these areas of need in the service delivery phase and not the investigative phase, blurring the critical distinction between validating the allegation(s) and assessing the potential for risk through investigation, and reducing risk through service delivery. The client must agree to accept services for this assessment to be completed. Creating a new assessment tool to replace the current capacity tool is dealt with in a separate section of this report. Currently, under-utilization of legal and judicial avenues for gathering supporting evidence limits staff ability to assess risk.

Third, the investigative phase is specifically designed to support subsequent actions, many of which may require legal decision-making. Legal decisions require well-documented facts. There are clear deficiencies in documentation and variation in staff understanding of what documentation is required.

Finally, processes and standards for APS in-home investigations need to be expanded and clarified. Caseworkers are faced with situations for which no clear guidance is provided in the handbook. Without clear guidelines, practices vary widely by region.

Corrective actions for improving the investigative process are to review and enhance current guidelines on prioritization and appropriate routing to trained caseworkers, delineate and separate the investigative phase from the service delivery phase of the process, and more effectively allocate administrative personnel to relieve supervisors and allow them to focus on case management. Perhaps the most important corrective action is the replacement of the current capacity questions with a more comprehensive risk assessment tool and the retraining of caseworkers to properly utilize that tool.

Risk Assessment Tool

The law simultaneously gives APS the mandate to provide for the protection of individuals with disabilities and the elderly and provides the client the option to refuse the investigation or any services. The capacity assessment used by APS is a limited decision-making tool that does not take into account the complexities in cases in which appropriate balance must be found.

The current assessment tool focuses solely on mental and functional capacity without regard to environmental issues or concerns. Caseworkers must focus too narrowly on how the client answers the capacity questions without consideration of factors that may indicate continued or further exposure to risk. In many cases, caseworkers will skip the capacity assessment if they determine that capacity is not an issue related to the primary reported allegations, thus prematurely closing the investigation.

APS must develop a comprehensive risk assessment tool to replace the current capability questions. This tool should cover all areas of risk, including an assessment of environmental, social, medical, mental health, and financial conditions found. It should provide for ways to assess risk in the absence of the client's cooperation and should ensure that clear criteria for referrals are made when warranted. Most importantly, this tool should reveal the client's capacities as they are evidenced in various aspects of their life.

This comprehensive risk assessment tool should appropriately refer clients to professionals for assessment of capacity, ensure that complex cases have extended but rapid review, and direct the investigator to initiate and appropriately document removal proceedings.

A particular deficiency was noted in the ability of APS staff to detect financial exploitation. APS must work to develop explicit guidelines for staff to follow to detect financial exploitation and train staff accordingly. A multidisciplinary team should be formed to help develop these guidelines and review the more complex and difficult cases.

Corrective actions include implementation of a new assessment tool, establishing clear rules for the acquisition of medical or mental health determinations of capacity and internal quality assurance teams to review cases of questionable risk and establish guidelines for scheduled supervisor case reviews. HHSC considers the development of the risk assessment tool a high priority and expects to pilot the tool in the fall of 2004.

Service Delivery

The scope of APS is that it *shall* conduct investigations of abuse, neglect, and exploitation and *may* provide protective services to minimize further risk. APS caseworkers provide protective services to an elderly or disabled person who has been determined by APS to be in a state of abuse, neglect, or exploitation. These services may include case management, arranging for psychiatric evaluations, home care, adult day care, social services, health care, and other services. These services differ from

guardianship activities in that the client retains legal control over his/her situation but is assisted in these efforts by APS caseworkers.

A major issue is the lack of distinction between the investigative stage and the service delivery stage. In life-threatening or emergency situations service delivery must begin immediately and concurrently with the investigative process. Although, in the majority of cases, the primary allegations do not necessarily warrant immediate action, and service delivery activity should not commence until the investigative stage is complete. Since provision of services is a major factor of the funding allocation, there appears to be an undue emphasis on service delivery at the expense of a thorough investigation.

Another issue is the lack of clarity around what constitutes protective services. Protective services are those services that remove a client from risk of abuse, neglect, or exploitation. Protective services are only one of an entire array of life-enhancing services available to individuals with disabilities and the elderly. Without this clarity, service plans may include services that more appropriately belong to other public or private social service organizations, such as the Area Agencies on Aging. APS' collaboration with local community groups may not result in attaining appropriate resources, and service delivery may extend far past the assurance of protection. Further, there may be confusion about whether and what types of guardianship services are needed. Also, as with the investigation process, there is a lack of clear guidelines for service delivery resulting in plans differing for similar risks and indefinite service delivery for multi-needs or multi-handicapped individuals.

There appear to be issues surrounding the identification of client resources. Clear standards do not exist for ensuring that staff have identified client resources that need to be utilized prior to any outside funding. This includes whether or not clients are currently enrolled in state and federal programs.

Finally, there seems to be inadequate coordination and referral with other state agencies that provide non-protective services. This is due, in part, to unclear cooperative agreements between APS and other health and human services agencies.

Corrective actions include evaluation of the need to separate investigative staff from service delivery staff and identify those workers as social services aides, decision criteria to determine when to initiate guardianship proceedings, and improved inter-agency cooperation.

Guardianship

Guardianship is pursued when a client is deemed to be at continued risk of abuse, neglect, and/or exploitation, and the client has been shown to lack capacity and a less-restrictive alternative is not available. APS staff ensure the case record provides the information a judge will need to

make this determination, including the identification of an appropriate guardian for consideration.

APS makes every effort to find an appropriate guardian. APS policy requires staff to consider family members or other trusted individuals for primary consideration. If such an individual cannot be identified, APS considers attorneys, financial institutions, private professional guardians, or Guardianship programs. If no other entity can be identified, a referral is made to a contracted guardianship provider if available in the area. The court may also identify an appropriate guardian. APS provides case information and support to the proposed guardian, the attorney, and the court as needed during the guardianship proceedings.

If no other appropriate guardian can be found for the client, APS may be directed by the court to take temporary guardianship while efforts are made to continue to identify a guardian or, ultimately, take guardianship responsibility for the client. Guardianship is determined by a judge.

Since the 1995 repeal of a statute that designated APS as "guardian of last resort" in Texas, there is presently no "guardian of last resort" in Texas. There is, in some areas of the state, a difference between APS guardianship policies and the judges' interpretation of the law. This issue needs clarification and may need legislative remedy.

Several issues are identified with the Guardianship program. First, the problems identified with determining capacity contribute to the Guardianship program being underutilized. The department's emphasis on self-determination and deficiencies found in the capacity tool are leaving some clients at continued risk to health and safety. These clients cannot adequately protect themselves from risk and should more appropriately be in a Guardianship program. Development of a risk assessment tool in place of the current capacity tool and appropriate training will help resolve this issue.

Second, there is a lack of contractors offering guardianship services. In some areas the capacity of existing local Guardianship programs is limited, while in other areas there are no local programs. Additional funding provided to ensure guardianship services would help build a more solid infrastructure of guardian support. HHSC will work with state leadership to identify and provide seed money as quickly as possible to help build capacity for local Guardianship programs across the state.

The issue is further compounded due to the fact that some contractors may lose money providing guardianship services. Guardianship programs may collect money from estates for private-pay clients. Some programs also have other funding sources such as Area Agencies on Aging, United Way, county funds, and other sources that pay for services to their wards. Programs contracting with DFPS cannot use money from the client's estate. Guardianship programs are less motivated to accept private-pay wards with relatively small estates. This inadvertently results in APS retaining clients that are more resource intensive.

Third, the Guardianship program is located within APS, creating a conflict of interest. Clients in the Guardianship program who are reported at risk would be the subject of an investigation

carried out by the same program. HHSC will examine the appropriateness of moving the Guardianship program in fiscal year 2005.

Finally, guardianship duties and responsibilities for incapacitated adults are carried out by two health and human services agencies, DFPS and HHSC. The DFPS guardianship-related statutes are contained in Chapter 48 of the Human Resources Code, and the HHSC guardianship-related duties are contained in Chapter 531 of the Government Code. The HHSC Guardianship program administers the local Guardianship program grants. HHSC also receives recommendations for program improvement from the HHSC Guardianship Advisory Board.

Corrective actions include providing additional resources to build the guardianship infrastructure at the local level, transferring the Guardianship program, and strengthening the training of APS staff on the appropriate use of guardianship. HHSC has placed a high priority on strengthening the Guardianship program as quickly as possible.

Actions Related to APS Organization and Administration

This section describes the actions in the implementation plan associated with the organization and administration of the APS program, including:

- Staffing
- Funding
- Performance Management
- Technology
- Mobile Technology
- Records Retention
- Training

For each area, a narrative provides an overview of the issues, followed by a table that relates specific outcomes, issues, and actions.

Staffing

The effective and efficient deployment of staff is critical in maximizing the limited resources available to the program. APS is not deploying staff to best meet the needs of clients.

Of immediate concern is ensuring that staff are deployed to areas in the state to alleviate chronic staff shortages that are having a negative impact on clients. HHSC is working with APS to immediately identify these areas and develop staffing remedies. HHSC considers this a high priority and is acting quickly to implement this corrective action.

The basic APS caseworker is, at the same time, service delivery planner, service provider, community relations specialist, records retention staff, and legal support rolled into one. Critical

distinction must be made between the roles of investigator and service delivery staff. In prior times when there were fewer complexities associated with investigation and service delivery, an individual may have been able to do a competent job for both functions. Today, each function is so specialized and complicated that each requires particular skills.

Financial exploitation and self-neglect require highly specialized skills beyond what can be expected of all APS caseworkers. The array of medical conditions present also requires specialized consultation and efficient procedures for acquiring that consultation.

Additionally, supervisors must be able to provide guidance to workers on those cases that are complex and present unique problems. This is a key responsibility for supervisors that is not consistently applied in the field.

More efficiency may be gained by separating the development of a service plan from routine administrative tasks of arranging for and delivering those services. In a similar manner, the community relations, judicial relations, and other support functions are likely best provided by designated staff rather than incorporated into a general APS caseworker position.

Finally, the frustration of staff in having to do all these functions may contribute to the high turnover rates in this program. It is important that a realistic job preview for applicants shows how they can succeed and thereby provide incentive to participate in this important work.

Corrective actions to staffing include examining the need for creating positions designed specifically to identify service needs of clients and allow caseworkers and supervisors to focus their efforts of conducting thorough investigations. These "social service aides" will improve overall program efficiency and assist in managing excessive caseloads. Additional corrective actions are to redesign selection and training criteria to improve retention rates.

Funding

Funding for field operations in APS is based on the equity of service statement (ESS), a model that attempts to equalize funding for services across regions. Based on indicators of workload, the goal of ESS is to provide each region an equitable distribution of available funds. The cost of providing services is primarily a function of the number of staff that can be afforded. The ESS formula, therefore, in effect determines the number of staff for each region.

The APS ESS formula has four components: intake, investigation, service delivery and guardianship. A workload study is performed to identify the average time for each component. Then the number of intake, investigation, service delivery and guardianship cases are computed for each region. Finally, the number of staff hours for each component is computed and totaled by region. The ratio of regional staff hours to the total statewide hours is the percentage of funding allocated.

Weakness or flaws in the indicators upon which the ESS is based cause distortions in the distribution of funding.

One weakness is the lack of definition of what constitutes a case. The distinction between cases investigated and those in service delivery is blurred by the lack of clarity in policy and, as a result, the lack of clarity in IMPACT.

The level of effort involved in each phase of investigation and service delivery cannot be determined at the regional level and is not part of the work measurement study. Moreover, without some system of profiling cases, it cannot be determined which cases are complex and require more time and which are relatively simple and do not.

DFPS conducts work measurement studies to determine how much time is spent on cases. Currently the work measurement study for APS focuses on the statewide average of time to complete a case. Complex cases take more time and there are indications that regions may differ such that some regions have a higher rate of these cases than others. The use of a statewide average in the formula for determining regional funding allocations may be inappropriate if regions differ in their ratio of complex cases.

Current average caseloads vary widely by region. This may be the result of differing caseload demands between regions. The lack of regional time information prevents informed decision making regarding how similar caseload sizes should be. There is no way to determine if the observed variation in caseloads is equitable or not.

The target population of APS services is relatively well defined, yet demographic information is not used in the ESS to anticipate future caseload trends.

Finally, the lack of clarity on what constitutes protective services results in a misallocation of resources into non-protective services. This lowers the funding available for protective services and shifts the cost for non-protective services to DFPS.

Corrective actions are to redesign funding allocations to more accurately consider regional geographic and demographic needs, analyze current workloads after modifying the work measurement study (WMS), and assess more appropriate resource allocations in terms of funding and staff.

Performance Management

Many, if not most, of the problems identified in the APS reform occurred due to a lack of established performance management tools and processes. First, there are few, if any, performance standards. Staff do not have clear, program-wide standards to guide them in handling particular cases or to manage their caseload. The lack of available policies and procedures in handling cases also contributes to this problem. Staff do have performance standards associated with their annual performance review, but the reviews are not always done in a timely manner.

This lack of clear program-wide performance standards makes it difficult to appropriately monitor and supervise staff. Performance standards vary by supervisor, making it difficult to consistently monitor program performance.

Second, and as a result of the first, the current management reporting system is inadequate and underutilized. The absence of clearly stated performance measures makes it difficult to identify problems and tailor solutions to address issues in a timely manner. As a result, problems arise in the form of high profile cases that are brought to the attention of management from outside the agency. These types of cases generate specific solutions that may not address the underlying problems that created them. The ability to resolve these high profile cases does not address the underlying fundamental problem.

Development of performance standards tied to clear policies and procedures is just one of the corrective actions required for the APS program. Consistent with H.B. 2292 and the vision for health and human service delivery, APS must develop and implement a quality assurance program to identify current issues, anticipate potential problems, and design corrective action plans to correct those problems immediately.

Technology (IMPACT)

The technology supporting the APS program is the Information Management Protecting Adults and Children in Texas (IMPACT) system. IMPACT is a case tracking and reporting system that also supports the Child Protective Services and Child Care Licensing programs at DFPS. Three problem areas were identified during evaluation of the system.

The first issue occurs in developing caseload reports. Standard caseload reports are currently generated from summary tables. These tables are built using rules for classifying and sorting service delivery data. On the other hand, when service delivery data is accessed directly, rather than through the summary tables, conflicting reports are generated.

This issue seems to be based on rules for coding and summarizing data that lack clarity regarding specific decision-making points in the intake, investigative, and service delivery phases of the APS process. An information systems audit is planned to assess the scope of this problem.

The second issue relates to compliance with records retention policy. Records retention policy is tied to the date a case is closed. Records are being kept longer than necessary due to a lack of clarity in policies and procedures for closing cases. Additionally, a lack of staff resources has resulted in a backlog of case records that need to be merged or purged. This corrective action will require extra staff effort and resources to implement. Once the retention policy has been clarified, IMPACT will be modified.

APS supervisors should more fully utilize existing IMPACT data warehouse reports and ad-hoc reports that provide detailed information on caseloads at regional, unit, and worker level for quality assurance and performance management. Existing reports should include drill-down

capability to more readily identify outlying cases to create the development of key performance indicator (KPI) reports that record the performance of workers.

Finally, it was reported that IMPACT was "dropping" cases that had been entered into the system. Further research indicated the identified cases had not actually been entered into the system, due in large part, to staff error in the data entry process. The Department of Family and Protective Services identified the staff error and implemented an adjustment to the system to disallow inappropriate data entry. HHSC found no evidence to support that IMPACT has dropped cases.

Corrective actions include performing an information systems audit regarding the rules for coding and summarizing data, modifying IMPACT according to new records retention policies and procedures, and retraining staff in advanced uses of IMPACT.

Mobile Technology

Technology is critical in the overall operation of the APS program. When used to its full potential, it can provide staff with efficient and effective tools to carry out their jobs. It can also provide supervisors and management with the tools necessary to create and implement revised performance standards and quality assurance measures.

A complete and through review of all current technology being used by APS was conducted. Technology was identified that can be more consistently and efficiently employed, such as the use of digital cameras by caseworkers. Computer based training is not fully utilized but could be to provide information and training to staff in the field.

The lack of real time access to policies and key APS tools and forms was also identified as an issue. The delay of inputting case notes into IMPACT results in misreporting and loss of data. Mobile technology will address this issue.

APS should deploy wireless technologies and handheld devices with electronic reporting capabilities to caseworkers. A case wizard prototype that integrates policies, procedures and application tasks to guide a user should be developed. For example, wizards for the step-by-step performance of critical tasks, such as Chapter 48 removals and risk assessments, would expedite reporting and improve caseworker efficiency. Supporting evidence should also be scanned into the case file. These improvements will require an increase in storage capabilities of field office computer systems.

In all, the deployment of wireless technologies, tablet PCs, and digital recording media would greatly enhance the documentation, efficiency, and thoroughness of investigations. The availability of these devices would also facilitate the implementation of telemedicine consultations should this pilot prove successful. With such technologies, upgrades to IMPACT and increased training would be necessary.

Records Retention

Records retention is a vital support component of the investigative and service delivery phases of the APS process. Proper records retention provides justification and substantiates the decisions made through the duration of the case. It is critical to the success of a case if referred to the courts.

Several areas of concern have been identified within the APS records retention processes that need corrective actions. One area of concern is that records retention practices are not consistent with or supportive of the investigative and/or judicial processes.

APS case files are not retained in accordance with state approved policies, and the DFPS records management program has no standard electronic tracking system for monitoring records management activities and agency compliance. According to the records retention policies, DFPS is behind schedule on destruction of case files, creating a legal liability for the agency. At the current destruction rate, DFPS will not be in compliance with records retention policy for several years.

Agency policies regarding merging of case files within IMPACT are unclear and inconsistently applied throughout the state. If the case is not merged correctly, the information may appear to be lost due to the difficulty of maneuvering through multiple electronic cases. Quality assurance measures are not in place to ensure that retention policies are consistently applied throughout the state.

Training regarding records retention is not regularly provided to APS staff. Understaffing in the field also creates a problem with performing records management activities.

Corrective actions include developing a uniform case file merging policy, implementing a system of organized automated records (SOAR), and purging the backlog of electronic files.

Training

Training provides the tools for APS staff to efficiently carry out the investigative mandates of APS. It is critical to every aspect of program operations.

APS training is deficient. One reason for this is the lack of specific policies and procedures in investigation, service delivery, and community and judicial relations. Changes in policies and procedures will improve training dramatically. A complete overhaul of the APS curriculum will then be necessary.

Current training practices do not ensure all staff have the skills necessary to perform their jobs. The training is too brief for the amount of material that must be mastered by the new worker. Pre- and post-tests are not used to evaluate staff learning. There is no requirement for annual training for caseworkers. A certification process is available but voluntary for staff. Although

this practice has been discontinued, new APS caseworkers were allowed to investigate cases without formal training.

A number of areas in training must be improved. Better training on building and maintaining community relations is needed, as well as training on the law enforcement and judicial aspects of investigations and casework.

APS must provide specialized training in complex areas, such as financial exploitation, mental health, and self-neglect. Basic training should include significant coverage of these topics, including criteria for when to consult with subject matter experts.

Supervisor training should focus more in-depth on decision-making regarding complex cases to ensure supervisors are able to provide appropriate guidance to staff.

Finally, training needs to be more readily available to staff. This includes access to the standard training curriculum via computer-based training and to ongoing refresher training.

Corrective actions include a complete revision of the basic service delivery curricula, developing performance standards for learning, and developing computer-based training for easy access by field staff.

Actions Related to Working with Community Partners

To ensure community involvement and establish best practices in building and maintaining relationships with community partners, HHSC convened a work session of stakeholders. Stakeholders were invited from across the state representing a broad array of groups. The participants in attendance represented various organizations dealing with issues on aging and disability, including judicial, legal, aging, and disability advocates and guardianship. Over 100 groups were contacted to send a representative to the work session.

Work session participants began by defining positive community relationships that would assist APS in meeting its goals. These included such items as better access to services, improving communication, and steps to successfully building relationships in each region.

This section describes the actions in the implementation plan associated with the collaborations needed to ensure the success of the APS program.

- Community Relations
- Judicial Relations

For each area, a narrative provides an overview of the issues followed by a table that relates specific outcomes, issues, and actions.

Community Relations

Community relationship building is a significant part of the APS program. A collaborative working relationship with local community groups ensures that client needs identified in APS investigations can be effectively met.

APS should play a critical role in developing and maintaining local community networks. There is a large variation in the quality of such networks across the state. Staff should receive clear direction from management about the essential components necessary to support community networks. Staff should also be provided the tools, in the form of a handbook, to be successful in their efforts. Additionally, the APS basic training should include a section on building and maintaining strong community relations.

APS should strategically and consistently develop and maintain community resources to ensure services are available for clients. Local community resource books should be created and maintained. APS staff should be dedicated to ensure they are current.

Community networks should be the vehicles for a coordinated, comprehensive public awareness campaign. Community partners can help effectively translate the message in terms of their respective community cultures.

The engagement of volunteer coordinators varies significantly across the state. Volunteer services are an important piece of the APS service model, and dedicated staff should be deployed to ensure effective volunteer programs in all areas of the state.

APS needs to develop better communication and cooperation with other state health and human services agencies. In many areas APS is unable to successfully engage other health and human services agencies and programs, such as mental health and family services, in appropriate interventions. APS should engage other state health and human services agencies in collaborative working relationships to meet the needs of Texans.

APS can benefit from working collaboratively with community groups that currently provide health and human services. A number of successful partnership programs have identified best practices and APS could profit by engaging with them to provide services to clients of APS. In particular, the faith-based community has several well-regarded service delivery programs, most notably with Child Protective Services, from which APS may benefit.

Corrective actions include formalizing the process for building and maintaining community relations, engaging other state and local entities in collaborative service delivery, and developing local resource lists.

Judicial Relations

Judicial relations are important to the successful operation of the APS program. Deficiencies in current policies and procedures have resulted in a reduction of the number of referrals to probate

courts, leaving APS clients at risk. These deficiencies reflect the need to develop policies, procedures, and training that will provide staff with the guidance and direction needed to effectively work with local judicial systems.

The varied quality of APS investigations, case documentation, and understaffing has impaired the relationships with local prosecutors and judges not only in El Paso, but also in other areas of the state. APS must act decisively to reestablish these relationships. Supervisors must engage the judicial community to build an effective working relationship based on mutual trust.

In building this trust, APS must ensure caseworkers are trained in the legal avenues available to protect clients, including emergency removals and guardianship. APS must also ensure caseworkers are trained in the appropriate documentation requirements to support legal action.

Guardianship should be used more effectively as a tool for ensuring client safety. Referrals should be made in a timely manner consistent with court requirements. Reform efforts related to guardianship are described in a previous section of this report.

Corrective actions include plans to mitigate strained relations with the judiciary, establishing uniform guidelines for relating with local law enforcement and the judicial system, and uniform criteria for emergency removals.

Timelines

The general timeline for implementation is in three phases.

First, policy must be developed, clarified, or altered to align with the desired outcomes for the APS program. Of particular concern are the policy issues related to the:

- Balance between self-determination and the agency's mandate for the protection of individuals at risk of abuse, neglect, and exploitation;
- Distinction between investigation and service delivery;
- Boundaries of protective services and non-protective services; and
- Responsibilities of the Guardianship program.

It is anticipated that these policy issues will be resolved by the fall of 2004.

Second, procedures must be developed to ensure established policy is effectively carried out. This will be accomplished by the following methods:

- Performance standards must be defined and adopted;
- Organizational structure must be uniformly defined;
- Mobile technology to streamline procedures must be defined;
- Current APS in-home investigations handbook must be modified;
- New and effective training curriculum and processes must be implemented; and
- Community and judicial relationships reestablished and maintained.

These procedures will be fully developed by the spring of 2005.

Finally, the administrative structure and supporting technology must be implemented until:

- Staffing positions are filled;
- IMPACT is modified to align with established policies and procedures; and
- Staff are retrained on new policies and procedures and IMPACT.

The administrative structure and supporting technology will be fully implemented by the summer of 2005.

Priority Corrective Actions

HHSC is committed to implementing the corrective actions in this plan as quickly as possible within the timeframes indicated. Three critical areas are receiving the highest priority. One area is ensuring sufficient staff in critical areas of the state. HHSC is working with APS to identify needs and deploy necessary staff as quickly as possible. Another critical area is the development and deployment of a new risk assessment tool to replace the current capacity tool. Field-testing of this tool should begin this fall. Lastly, HHSC will work closely with state leaders to secure funding to expand the capacity of local Guardianship programs.

A full accounting of progress will be provided in the final report required by Executive Order RP 33 due November 1, 2004.

Appendix A   Combined Action Tables

APS Intake		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Public is aware of APS program and services	• Public is not aware of what constitutes abuse/neglect/exploitation • Information and referral functions do not understand criteria for reporting abuse, neglect, and exploitation	• Work with local community groups to ensure public is informed regarding abuse/neglect/exploitation of adults with disabilities and the elderly • Work with HHS information and referral functions to ensure appropriate referrals to statewide intake
• Public has multiple points of access	• Web-based application available to professionals and only to hot line callers that have been on hold for 3 minutes	• Allow wider access to web-based referrals from public
• Obtain information to ensure case appropriately prioritized	• No formal review to determine if cases have been appropriately prioritized • Information received by staff from statewide intake may be inaccurate or insufficient • Priority levels assigned by statewide intake (SWI) may at times be inaccurate	• Conduct a review of prioritization criteria and ensure APS staff provide input • Implement a process for periodically reviewing cases to determine if improvements in information collection and prioritization can be made at the point of intake • Examine professional literature to identify information that is likely to indicate abuse, neglect, and exploitation and modify intake interview process as necessary
• Intake specialist screens for any special issues/requirements	• No formal review to determine quality of intake screening protocol	• Implement a process for periodically reviewing cases to determine if improvements in information collection and prioritization can be made at the point of intake

APS Investigations		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Case appropriately routed	• Cases routed to inexperienced or untrained staff • Cases not geographically assigned within counties to build and maintain community relations, and minimize travel • Lack of administrative staff to handle routing to appropriate investigator • Supervisors performing routing administrative tasks in addition to case management duties	• Develop a case profile system to differentiate cases on the basis of complexity • Review professional literature for information to help develop case profile system • Clarify training and readiness level of new caseworkers in relation to assignment of cases • Redesign case routing system • Determine staffing levels to provide sufficient administrative support to handle routing issues and assignment logs and better enable case managers to supervise casework
• Appropriate priority will be assigned to the case	• Priority assigned by statewide intake can be changed by investigator • Improve process for assuring quality of changed case priorities	• Develop guidelines for investigators to use in reassessing priority levels • Align priority levels with criminal standards of abuse and exploitation • Clarify exceptions to face-to-face initiation of investigations • Ensure face-to-face exception policy is reviewed by judicial and legal experts • Formalize priority change review by supervisor
• Clear guidelines for law enforcement referrals	• Investigators must rely on professional judgment in making law enforcement referrals • Possible illegal activity not reported to law enforcement until validated • Cases of abuse not being referred for prosecution	• Work with law enforcement agencies to develop clear guidelines for referrals
• Risk is thoroughly assessed	• Lack of appropriate assessment tool	• Develop and implement a risk assessment tool
• Relevant information already with APS is brought to bear on allegation(s)	• Current search and merge policy and IMPACT processes do not assure all known information is uncovered	• Review and revise search and merge policy to maximize information • Modify IMPACT accordingly
• Subject matter experts are readily available to help assess risk	• Delays in getting expert review of evidence may keep clients at risk	• Establish local support networks for quick response • Evaluate use of telemedicine technology • Develop APS staff with specialized skills for complex areas such as financial exploitation and self neglect

APS Investigations		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Allegations fully investigated	• Allegations not fully addressed • Cases closed prematurely • Inadequate follow up for individuals refusing services • Did not obtain sufficient evidence to reach a conclusion • Insufficient collateral documentation • Underutilization of court orders to allow investigations	• Create a decision tree for in home case disposition and tracking, and clarify APS in-home handbook accordingly • Review guidelines for collateral interviews • Reexamine policy on criminal history checks on collaterals • Clarify conditions for seeking court orders for investigations
• Assessment of risk is balanced appropriately with right of self-determination	• Clients refusing investigations remain at risk • Staff not consistently assessing risk with collaterals on refusal by client	• Create a multidisciplinary team to review investigative decision tree for appropriate balance and to ensure all efforts at assessing risk are exhausted • Where client is unable or unwilling to participate in the investigation, notify law enforcement, judiciary, and other community groups as appropriate
• Immediate risks are mitigated promptly	• Not all allegations are evaluated • Clients refusing investigations are still at risk	• Better utilize court orders to allow investigations
• Case decisions made appropriately	• Service delivery provided without substantial evidential support • Appropriate action not taken to address initial allegation and prevent further abuse, neglect, or exploitation	• Clear decision making criteria established and revise handbook accordingly • Improve criteria for independent verification of evidence
• Thoroughly document findings to support actions taken	• Lack of documentation may negatively impact future actions • Subsequent decisions may not address actual problems • Supervisors unable to determine if appropriate action was taken • Subsequent legal alternatives jeopardized • When and how to use digital technology to document conditions is not clear to staff	• Review documentation policies and procedures for clarity • Retrain staff on documentation issues • Implement employee performance measures to improve quality assurance • Work with judicial representatives to establish documentation standards that support legal decisions • Review policy and training on digital technology

APS Investigations		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Cases appropriately moved from investigation to service delivery or guardianship when needed	• Employee handbook not clear on how decisions are made with regard to case determination • Client does not always receive appropriate services • Appropriate legal action may not be taken	• Revise handbook accordingly • Work with judicial representatives to establish case closure standards that support legal decisions
• Clear performance standards for the investigative process established	• Expectations of employee performance vary by region and/or supervisor	• Define and implement clear investigative performance standards relating to both quality and time
• Case completion is based on documented compliance with established criteria	• Compliance with documentation is inadequate • Inconsistently addressing all reported allegations of abuse, neglect, or exploitation • Inconsistent independent verification of facts	• Establish standards for determining the investigation component of the case is complete • Ensure the investigative process is separated from the service delivery plan

APS Risk Assessment		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Consistent use of a comprehensive risk assessment survey	• Current capacity tool focuses solely on mental and functional capacity without regard for environmental issues or concerns • Caseworkers tended to focus too narrowly on capacity questions as opposed to assessing risk of client • Inadequate follow-through of assessment in cases of client refusal • All avenues of collateral assessment were not fully explored prior to determination of investigation • Underutilization of current APS assessment tools	• Develop and implement risk assessment tool to assess environmental, social, financial, physical, and mental health issues • Ensure tool is reviewed broadly by subject matter experts • Eliminate questions of capacity and replace with assessment of risk • Train field staff on thorough assessment of risk to include evaluation of environment, social, financial, physical, and mental health • Develop decision criteria for assessing risk of a non-compliant client • Align documentation of areas of concern with service plan development • Revise handbook and IMPACT • Take steps to ensure survey is reliable and valid
• Appropriately refer to professionals for assessment of capacity	• All avenues of collateral assessment were not fully explored prior to determination of investigation • Inconsistent use of professional evaluations to assess capacity	• Revise employee handbook to clearly define rules for acquisition of medical or mental health determinations of capacity • Ensure professional assessments are obtained when conditions exceed limits of APS training
• Complex cases have extended but rapid review	• Lack of clear guidelines on inclusion of supervisor on cases of questionable capacity • No formal, uniform process for evaluating complex cases	• Develop case profile system based on complexity • Establish formal quality review process for caseworkers and supervisors when assessing high risk conditions • Develop internal regional case management quality assurance team to review cases of questionable risk • Establish guidelines for scheduled supervisor case reviews for quality assurance
• Initiation of Chapter 48 (removal) action when necessary	• Standards on when to initiate Chapter 48 are unclear	• Work with judicial community to develop clear guidelines on documenting areas of concern to substantiate case for initiation of Chapter 48 proceedings

APS Service Delivery		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Commencement of service delivery stage is clearly defined	• Lack of distinction between investigative stage and service delivery stage • Two cases can be open on a single client and staffed by different APS field employees at the same time • Service delivery is initiated before completion of investigation • Inappropriate initiation of services	• Sharpen definition of APS functions • Realign IMPACT to allow for proper flow from investigative stage to service delivery stage • Clarify case assignment protocol • Clarify service delivery parameters for each stage
• Client resources identified and used appropriately	• No performance standards for ensuring staff have identified client resources	• Develop performance standards for identifying client resources
• Service plans address client needs	• Service plan tool (outcome matrix) does not allow for sufficient detail • Insufficient caseworker knowledge of available resources, local services, and entitlement programs • No criteria for evaluating service plans • Lack of appropriate referrals to Guardianship program • Service delivery driven by funding concerns • Service plan documentation inadequate • Service plan limited by staff expertise	• Redesign outcome matrix • Develop and maintain resource and service database • Implement performance standards and quality assurance guidelines to enhance employee performance • Improve guidelines for referring cases to Guardianship program • Augment training with regard to service delivery • Revise funding formulary to take away inappropriate incentives • Develop standards for service plan documentation
• Staff have access to information on shared cases	• Client's enrollment in current state and federal programs may not be known	• Improve access to information from other service program databases
• Service plan addresses protective services with clearly defined goals and timetable	• Variation in service plans due to lack of definition of protective services • Indefinite service delivery for multi-needs clients • Service delivery for clients extends past stabilization to meet ongoing non-protective needs	• Develop criteria for what constitutes protective services • Ensure coordination with other providers for needed post-stabilization services • APS service delivery disposition rules developed and employee handbook updated accordingly • Develop uniform criteria for service delivery and follow-up timelines
• Service delivery plans minimize possibility for future referrals to APS	• Repeat cases indicate service plan inadequacies	• Create a multidisciplinary team to review repeat cases and develop strategies in service plan development to reduce chance of recidivism

APS Service Delivery		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Staff decisions are appropriately documented	• Clients remain at risk	• Review documentation policies and procedures for clarity • Retrain staff on documentation • Develop and implement a quality assurance process to ensure compliance with documentation
• Staff decisions are appropriately reviewed	• Clients remain at risk	• Develop and implement a quality assurance process for reviewing staff decisions • Use long-term follow-up strategy in collaboration with community groups to reevaluate criteria for successful interventions
• Service delivery cases staffed by appropriate subject matter experts	• Lack of multi-disciplinary team review • Inappropriate utilization of APS caseworkers for development of service plans for post-institutionalized clients • Scope of APS unclear in servicing of clients with chronic needs	• Case profiles identify complex cases that need staffing by multi-disciplinary group • Establish intra-agency protocol for managing multi-needs clients • Include judicial review as appropriate • Explore the need for formal community review panels
• Cases appropriately referred to judicial system	• Lack of clarity in guidelines for judicial referrals • Staff do not always know when to refer to judicial system • Strained judicial/APS relationships in some areas of the state	• Provide criteria for case referral to judicial system • Retrain staff on procedures for cases requiring judicial involvement • Work to improve community relations with judiciary
• Appropriate contact with referral agency regarding service plans	• Inadequate coordination and referral with other state agencies that provide supportive services • No clear interaction between APS and other health and human services agency staff	• Use health and human services agencies' Center for Program Coordination to ensure seamless service delivery system
• Community resources utilized for long-term, non-protective services	• APS continues to provide services past protective phase	• Build and maintain local support networks to ensure clients receive ongoing services as needed
• There are clear criteria for service delivery phase closure	• Service delivery continues past protective service stage	• Create a decision tree for ending service delivery • Ensure appropriate documentation for closing case • Clarify APS handbook

APS Guardianship		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Seamless coordination of guardianship services throughout the HHS system	• No problem substantiated	• Bridge gaps to facilitate appropriate guardianship services • Increase the accountability and monitoring of guardianship service provision efforts • Evaluate whether APS Guardianship program should be mandated to serve as guardian for children aging out of the Child Protective Services program
• Guardianship efforts are enhanced through a network of community and stakeholder organizations and contracted entities	• Lack of coordination within HHS agencies and local community organizations regarding guardianship services	• Establish a collaborative network of HHS agencies and local community organizations and contractors • Consider state agency regulatory authority over local Guardianship programs • Support development of more local Guardianship programs
• Investigators make proper referrals to guardianship	• Lack of appropriate referrals to Guardianship program	• Improve guidelines for referring cases to Guardianship program
• Improved policies regarding decisions to refer cases to the judicial system	• APS policy of contesting the assignment of the guardian of last resort has resulted in judges being critical of APS • APS places great emphasis on self-determination, which has resulted in fewer Chapter 48 emergency removal petitions and/or guardianship court referrals	• Review statute regarding the role of guardian of last resort to ensure proper policies are in place to carry out this function • Review whether APS Guardianship program should be designated as "guardian of last resort" • Evaluate policies to ensure that APS takes appropriate actions to prevent abuse, neglect, or exploitation of the elderly and disabled adults
• Potential conflicts of interest are identified and resolved	• APS serves as the guardian and as the protective agency. APS investigators could be called upon to investigate allegations of abuse, neglect, or exploitation filed against the APS-appointed guardian	• Develop an organizational structure that will provide adequate separation of duties to clearly delineate the role of guardian from protection
• Regional case review teams review guardianship cases	• Insufficient case monitoring/case management	• Form case management teams that support the provision of guardianship services by Guardianship program staff

APS Staffing		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Staff skill sets match job functions	• Skill sets for investigations and service delivery functions are different in scope and level • Both investigations and service delivery functions are combined in single job position • Dual focus weakens effectiveness of each function • Unclear differentiation of functions contributes to lack of clarity on definition and requirements of each	• Clearly define investigative function and service delivery function • Identify appropriate skill sets for each function • Consider separate case technician function to administer routine services according to service plan • Realign staffing structure as appropriate • Revise handbook • Compare on a regular basis defined skill sets with those evidenced by successful performers of the position
• Staff hired into APS have appropriate qualifications	• Job descriptions do not adequately identify the required knowledge, skills, and abilities • Current job requirements may not effectively achieve program goals and objectives • Hiring practices are inconsistently applied across regions • Potential staff have unrealistic expectations about job duties • Staff promoted to supervisors do not always have the advanced skill sets necessary	• Develop job descriptions based on redesigned staffing structure with appropriate classification • Identify appropriate knowledge, skills, and abilities required for each position • Conduct a job analysis to identify key educational requirements and personal skills and qualities needed for each position • Design a survey based on program requirements to identify available degree plans that will effectively support program execution • Ensure hiring process includes demonstration of appropriate skills by applicants • Develop and implement standardized interview procedures statewide • Develop and implement job preview process for interested applicants • Develop and implement a recruitment program • Consider using eligibility staff to serve as case technicians/human services aides • Ensure supervisor job description is defined by advanced skill sets

APS Staffing		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Field staff have manageable caseloads	• Average caseload varies widely across state • No distinction between relatively simple and complex cases and the amount of effort required to resolve each • Investigators are engaged in service delivery activities that can be performed by case technicians • Large portion of investigator's time spent managing non-protective services	• Develop case profile using complexity as a component • Ensure equitable caseload distribution based on case profile • Minimize service delivery in investigative phase • Clarify non-protective from other services and work with local resources to collaborate delivery • Consider case technicians to administer routine services according to service plan
• Staff are available with specialized skill sets	• Complex cases, such as financial exploitation and self neglect, require specialized knowledge • Staff involved with clients are also engaged in general support activities for the program	• Consider utility of specialization and staff accordingly in the following areas • Nursing • Financial Exploitation • Community Relations • Mental Health • Self-Neglect
• Staff deployed to meet caseload demands	• Caseloads vary widely by region • Roles and responsibilities for staff support functions vary by region • Specialists are not always available	• Examine alternative staffing models for effective deployment of APS staff • Standardize management structure of field operations • Develop recommendations for APS organizational structure
• Turnover rates are minimal	• Employee turnovers cause disruptions in investigative and service delivery phases • Turnover rates vary widely by region	• Develop and implement a retention program • Ensure supervisor training addresses employee retention

APS Funding		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Workload expectations are accurate	• Workload measurements are not assessed by region • Average units of time from the work measurement study (WMS) do not accurately report time spent on individual casework	• Perform analysis of workload time requirements for use in the funding formulary
• Data on case activity is accurate and reliable	• Service delivery information in IMPACT may be counted different ways • Service delivery in the investigation phase creates confusion about whether case is open for investigation or service delivery • APS field staff may record any interaction with client as service delivery • Number of cases is not reliable because of duplication and pre-mature case closures	• Develop a standard for what constitutes delivery of services to client • Differentiate more clearly investigative and service delivery phases • Modify IMPACT accordingly
• Funding formulary represents accurate and reliable service delivery information	• Service delivery inappropriately driven by funding concerns	• Revise funding formulary to take away inappropriate incentives
• Differences in workload based on case complexity are factored into formulary funding	• Complex cases require more effort, use more resources, and take more time • It is unknown whether regions differ in the incidence of complex cases	• Develop case profiles based on complexity of case • Determine regional differences • Factor case profile into funding formulary if appropriate
• Funding is allocated with regard for demographic and socio-economic factors	• Funding allocation does not consider changing populations of interest	• Modify the current funding allocation to incorporate relevant demographic and socio-economic factors
• Regional differences are considered in the funding allocation	• Funding allocation does not consider regional differences	• Ensure regional differences in case profiles are factored into the funding formulary
• Demographic and socioeconomic levels are monitored at the regional level	• IMPACT does not currently allow for tracking of socioeconomic factors	• Modify IMPACT to record socioeconomic information reported at the regional level

APS Funding		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Funding is allocated equitably	• Funding allocation formula does not provide a clear equitable standard for service delivery • Inadequate documentation exists to support the current funding allocation process	• Revise the funding allocation formula to match scope of APS policy • Review and thoroughly document the funding formulary process • Revise fiscal year 2005 formulary to include available work measurement study and demographic information as appropriate

APS Performance Management		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Well defined staff performance standards are provided	• There are few, if any, formal performance standards for APS functions • Staff performance expectations, and their clarity, vary by supervisor • Lack of standards diminishes accountability	• For each APS function, develop relevant performance standards • Ensure performance standards are clearly defined in the handbook
• Staff performance is appropriately monitored	• There are no formal guidelines, criteria, or process for monitoring staff performance on a day-to-day basis • Staff are not receiving feedback on performance • Staff are not being held accountable for deficiencies	• Develop procedures for monitoring staff performance • Train supervisors and staff on procedures
• Program performance is continually tracked	• The current management reporting system is inadequate • Supervisors and leadership focus on high-profile cases and not on fixing underlying causes	• Develop an effective management reporting system • Secure and implement data management tools that provide daily reports of program and staff performance
• A quality assurance process ensures continuing improvements	• Identification of problem areas usually comes from high-profile cases which may not focus on root causes • Case review approach currently utilized does not address programmatic issues and concerns • Supervisors and leadership unaware of major problems in program	• Develop a comprehensive quality assurance process that reviews all aspects of the APS program systematically and periodically • Initiative improvements as warranted by review • Consider requiring DFPS Internal Audit to include a review of the Quality Assurance program in its yearly audit plan until the time at which the risk relative to the program is reduced

APS Technology (IMPACT)		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• IMPACT supports intake	• Changes in policies and procedures, as a result of reform efforts, may require changes to IMPACT	• Modify IMPACT according to approved changes in policies and procedures
• IMPACT supports investigative stage	• Changes in policies and procedures as a result of reform efforts may require changes to IMPACT	• Modify IMPACT according to approved changes in policies and procedures
• IMPACT supports service delivery stage	• Changes in policies and procedures as a result of reform efforts may require changes to IMPACT	• Modify IMPACT according to approved changes in policies and procedures
• IMPACT is consistent with records retention policy	• Changes in policies and procedures as a result of reform efforts may require changes to IMPACT	• Modify IMPACT according to approved changes in policies and procedures
• IMPACT supports reporting needs	• Differences in data reports from IMPACT indicate potential deviations from policies and procedures • Changes in policies and procedures as a result of reform efforts may require changes to IMPACT	• Conduct an information systems audit on IMPACT • Modify IMPACT according to approved changes in policies and procedures

APS Mobile Technology		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Field-based access to electronic technology to minimize travel and reduce time lag on documentation	• Lack of real time access to policies, key APS tools and forms • Delay of input of case notes into IMPACT results in delays in reporting and loss of data.	• Deploy wireless technologies and handheld devices to field staff with electronic reporting capability • APS handbook deployed with mobile technology
• Field staff utilize computer based decision-making tools	• Technology has not been fully utilized to document the investigative process	• Develop decision making "wizards" to guide staff decision making in the field • Upgrade IMPACT to support field-based technologies
• Digital camera technology is deployed to support case findings	• Insufficient photographic evidence of conditions • No capability for merging paper and photographic evidence into case file • Digital photographic evidence cannot be stored in IMPACT	• Supporting evidence is scanned into case file • Increase storage capabilities of field office computer systems • Redesign IMPACT to allow for importation of electronic photographs
• Medical experts are consulted in real time as needed	• Telemedicine intervention techniques have not been utilized	• Investigate the potential of telemedicine

APS Records Retention		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Timely compliance with records retention statutes	• Lack of rules in Title 40 TAC that address records retention • DFPS is behind on destruction of case files and not in compliance with records retention policy • Paper case files are not consistently purged in compliance with agency retention policies • DFPS Records Management program does not have a standard electronic tracking system to monitor records management • Understaffed offices creates a problem for timely compliance with records management policies	• Implement system of organized automated records (SOAR) in APS • Develop consistent case file merging policy • Remove backlog of electronic files needing purging to comply with records retention policy • Review and align DFPS records retention policies and procedures with state and federal laws regarding records retention and destruction • Reassess human resource allocations to ensure compliance with records retention policies
• Proper utilization of paper and electronic documentation for records access and case review	• Inconsistent records management training provided to APS staff • Merging policy is unclear and not followed consistently throughout agency	• Develop and implement regularly scheduled training on records management • Modify IMPACT to support search and merge policies
• Stakeholders have appropriate access to case records	• Current practices are inconsistent with and not supportive of the investigative or judicial processes	• Provide training to APS staff regarding HIPAA standards and statutes on sharing of personal medical information • Improve relationships with medical/mental health professionals and associations regarding HIPAA cooperative agreements

APS Training		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Staff are well trained	• New staff are investigating cases without formal classroom training • Current training curriculum is inadequate • Tests for staff who attend training are not used by training staff to address employee deficiencies • There are no annual training requirements • Certification process is optional and not time limited • Opportunities for specialized training are limited • IMPACT training inadequate	• Strengthen training requirements for new field staff • Develop specific outcome measures for staff training that ensure staff have appropriate skills • Require completion of formal classroom training before staff can independently investigate or do casework • Use pre- and post-tests to document learning and enhance accountability • Employ an additional post-test after skills have been applied on the job • Develop and implement a standardized continuing education program • Consider merging certification process and annual training process • Identify and make available specialized training as appropriate • Improve IMPACT training
• Training is high quality	• Training time is insufficient for needed training • Curriculum varies in quality • Basic curriculum is weak in some areas of specialized training • On-the-job training (OJT) is not well defined and clearly linked to formal training • Advanced training in specialized areas is weak and inconsistently utilized	• Review and improve APS training curriculum • Ensure training curriculum is aligned with desirable outcomes as defined in policy • Ensure that draft curriculum is reviewed by subject matter experts • Define and formalize an OJT program that is linked to formal training • Have training curriculum reviewed yearly by multidisciplinary review team

APS Training		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• New investigators receive training quickly	• Human resources is not notifying and coordinating with the training department regarding new employee hires • Caseworkers receive basic skills development (BSD) training at varying times after being hired • Caseworkers are not provided adequate training prior to being assigned cases • Need for a training program that includes classroom instruction and experiential exposure • Lack of sufficient awareness on more graphic aspects of APS investigations	• Establish a referral link between human resources and the training department to identify and coordinate timing of training for new employees • Create a mandatory schedule of basic skills development training • Define clear guidelines for assignment of cases ensure staff with appropriate skills are assigned • Include time and experienced staff availability for on-the-job training and mentoring for new workers • Ensure staff understand and can manage the broad array of cases assigned
• Caseworkers well trained on timely and accurate documentation	• Inconsistent quality in documenting cases	• Ensure staff have appropriate documentation skills
• Experienced workers receive ongoing advanced training	• Need to differentiate training between new workers and experienced workers	• Develop basic training protocols and a different set of advanced training protocols to focus on more specialized issues
• Training is essential to career advancement	• Lack of expectations for continuing education or advanced training	• Tie training and certification expectations to career ladder
• Training is readily available to all field staff	• Training not readily available or consistently scheduled for all field staff	• Develop web-based, video, and teleconference training modules to allow for flexibility and greater access • Develop refresher training to meet immediate needs of reformation
• Caseworkers maintain community relations and support networks	• Training does not fully address the need to build community relations	• Include module on building community relations in the basic service training
• Supervisors have adequate training and skill sets	• Supervisors are not receiving necessary training in judgment and decision-making relative to complex cases • Supervisors need more training in evaluating case documentation for completion	• Develop training more specific to supervisor role of evaluation staff judgments and reviewing case for completion • Train supervisors to review quality and quantity of staff work

APS Training		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Performance measures are tied to appropriate case management	• Supervisors are deficient in use of IMPACT to track performance measures	• Create supervisor training on advanced uses of IMPACT for research
• Caseworkers are consistently trained	• Levels of competency vary by caseworker and within regional areas	• Develop training modules to address specialized topics of abuse, self-neglect, and exploitation • Review of basic documentation • Provide refresher training to all current field staff
• Caseworkers are sufficiently trained in financial exploitation and self-neglect	• Identified lack of training on issues of financial exploitation and self neglect of clients	• Work with the Attorney General's Office and other subject matter experts to develop more focused and specific training on financial exploitation, with attention on developing a pattern of exploitation • Consider creating staff specialists in financial exploitation and self-neglect • Expand financial exploitation training in basic skills development • Improve training on self-neglect
• Caseworkers are trained on mental health commitment	• APS provides ongoing assistance to clients who may need mental health commitment	• Improve training curriculum related to mental health commitment • Ensure mental health experts review training module
• Caseworkers are prepared for judicial proceedings	• Insufficient understanding of judicial involvement for Chapter 48 actions	• Coordinate with judicial experts on the creation of a training module for Chapter 48 proceedings
• Clear and thorough training standards exist	• Employee handbook insufficient on training requirements	• Update employee handbook to reflect new training schedules, modules, and records management

APS Community Relations		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• APS strategically and consistently develops and maintains community support	• Community support efforts vary across regions • Lack of engagement with community limits common understanding of community standards and expectations	• Engage community collaboration efforts • Develop and implement a community relations model for building and maintaining support networks to provide ongoing needed services to clients • Develop and implement a Guide to Community Resources Development (handbook) • Evaluate the APS-sponsored annual conference in supporting these efforts and make appropriate adjustments • Ensure continuing interaction with community groups with periodic meetings • Work with local groups to develop collaborative follow-up strategies for clients as appropriate
• Local community support networks are established and thriving	• Varying levels of community involvement and activities across the state • Job roles and responsibilities for this function are not defined • A common understanding of community standards and expectations does not exist • Community groups change over time	• Develop and implement a quality, comprehensive public awareness campaign • Establish a clear community relations function and ensure appropriate staffing • Recruit subject matter experts to volunteer for consultation on an as-needed basis • Develop and implement a strong community relations module in the basic skills development training program • Develop and maintain community resource books • Dedicate staff to keep resource community list up to date
• There is a strong volunteer program	• Engagement of volunteer coordinators varies across the state	• Ensure dedicated staff assigned to work with communities to strengthen volunteer programs
• Ongoing and productive resource development in the community	• Community resource development efforts vary by region	• Evaluate the feasibility of a mandated APS community partners program similar to CPS partners • Engage with faith-based and other non-profit organizations to deliver needed services

APS Community Relations		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• Good communications among health and human services agencies regarding APS program operations and requirements	• Inability to successfully engage other health and human services agencies for appropriate interventions	• Establish policies and/or standard operating procedures to facilitate APS in effectively performing its duties • Work to ensure full HHS participation in local community support network

APS Judicial Relations		
Desired Outcomes	**Issues Identified**	**Corrective Actions**
• APS has positive working relationships with local law enforcement	• Protocols vary by locality	• Assess current relationships and develop plans to mitigate areas of stress • Dedicate staff to build and maintain local relations • Establish uniform guidelines and procedures for relating with local law enforcement
• APS has positive working relationships with local courts	• Protocols vary by locality • Emergency removals underutilized	• Assess current relationships and develop plans to mitigate areas of stress • Dedicate staff to build and maintain local relations • Establish uniform guidelines and procedures for relating with local courts • Work with courts to establish uniform criteria for emergency removals
• APS has positive working relationship with local code enforcement officials	Protocols vary by locality	• Work with local code enforcement officials to develop criteria for referrals
• APS casework supports legal actions	• Field staff untrained on legal issues • Varying levels of quality of documentation found • Legal training provided by courts and law enforcement not utilized	• Retrain staff on case documentation • Establish a quality control process for case documentation • Train staff on local legal and judicial reporting requirements
• Guardianship cases are referred timely and appropriately	• Cases not appropriately assessed for guardianship • Confusion over criteria for initiation of guardianship services	• Reexamine guardianship policies and procedures • Retrain staff on guardianship policies and procedures • Work with courts and Guardianship program to ensure smooth transition to guardianship

Appendix B   Glossary of Terms

Adult Protective Services (APS): The program under the purview of DFPS which is mandated to protect older adults and persons with disabilities from abuse, neglect, and exploitation by investigating and providing or arranging for services as necessary to alleviate or prevent further maltreatment.

Basic Skills Development (BSD): The term used by the DFPS Professional Development Division (PDD) that describes classroom training provided to employees.

Case Documentation: The information collected by APS investigative staff or caseworker staff that is included in the case record. This information lists client contacts, collateral contacts, perpetrator contacts, and other information obtained during the course of an investigation or in providing services to clients.

Caseworker: The APS staff that provides direct delivery or contracted services to clients after an investigation has been completed.

Certification Process: A voluntary process designed to recognize professional development beyond the basic job skills required for DFPS specialists and supervisors.

Community Involvement: A process that ensures effective and deliberative methods of participation in local communities with the purpose of providing information on the APS program and being visible in the community as a partner in addressing needs of the community.

Community Organization: The process of organizing activities with various groups or organizations within a community for a specific purpose of meeting the needs of elderly or disabled clients served by APS.

Community Resources: Services or items provided by groups or organizations within a community that meet the immediate or long-term needs of a client.

Comprehensive Risk Assessment Tool: The process by which a caseworker or investigator completes a thorough analysis of the environment, financial circumstances, physical and medical condition, social interaction and support, and the mental and problem-solving abilities of the individual to assess risk factors associated with the client remaining in the home.

Community Relations: The effort to establish two-way communication with the public to create understanding of APS programs and related actions and to ensure public participation into decision-making processes related to the delivery of services in the community.

Corrective Action: The administrative remedy imposed on an agency or section of an agency that defines the scope of change that must occur.

Department of Family and Protective Services (DFPS): The APS and CPS oversight agency that is mandated to protect the unprotected children, elderly, and people with disabilities from abuse, neglect, and exploitation.

Emergency Removals: A process through which the court may authorize that an elderly or disabled person be moved to safer surroundings based on an assessment that the person suffers from abuse, neglect, or exploitation that presents a threat to life or physical safety and lacks the mental or physical ability to consent to services.

Environment Issues: Refers to client's current living situations including an assessment of working utilities, health hazards, adequate food in the home, appropriate seasonal dress, and other factors associated with the client remaining in a suitable living situation.

Equity of Service Statement (ESS): This is an allocation formula tool that is used by DFPS to allocate funds for the APS program.

Forcible Entry: The process through which law enforcement is contacted to gain entrance into a home for the purpose of gaining access to the individual to conduct the investigation.

Guardianship: The power and duty of taking care of another person and managing the property and rights of another person who, because of age, understanding or self-control, is considered incapable of administering his or her own affairs.

Health and Human Services Commission (HHSC): The oversight agency responsibilities for designated health and human services agencies, which includes DFPS, and administers certain health and human services programs including the Texas Medicaid Program, Children's Health Insurance Program (CHIP), and Medicaid waste, fraud, and abuse investigations.

Information Management Protecting Adults and Children in Texas (IMPACT): IMPACT is a case tracking and reporting system that is used by APS staff to document case activities. It also supports the Child Protective Services and Child Care Licensing programs at DFPS.

Intake Specialist: APS staff responsible for obtaining information on potential abuse, neglect, or exploitation referrals.

Intake: The process of obtaining information from a complainant on the possible abuse, neglect, or exploitation of an elderly or disabled individual.

Investigative Stage: Part of the APS process in which the investigator initiates contact with the client, collateral contacts and contacts with the alleged perpetrator to determine if there is abuse, neglect, or exploitation of the elderly or disabled individual.

Investigator: The APS staff designated to conduct the investigation regarding allegations of abuse, neglect, or exploitation.

Multi-Disciplinary Team (MDT): A group of subject matter experts who work together in a coordinated and collaborative manner to review and suggest corrected actions to address areas of concerns. Members of the MDT are comprised of agency staff, stakeholders, and/or private practitioners who have an interest in the way services are provided to clients.

Performance Management: The systematic process of monitoring the results of activities; collecting and analyzing performance information to track progress toward planning results; using performance information to inform program decision-making and resource allocation; and communicating results achieved, or not attained.

Performance Standard: An established level of achievement, quality of performance, or degree of proficiency.

Refresher Training: Training provided to APS staff to update them on changes that are made to existing policies and procedures.

Service Delivery: The process of providing direct or contracted services to clients to address client's immediate or long-term needs.

Service Delivery Plan: The types of services that will be provided to the client and documented in the IMPACT system.

Service Delivery Stage: The part of the investigation that begins when the investigator has determined that abuse, neglect, or exploitation exists and services need to be provided to the client.

Skill Sets: The abilities needed by an individual in performing the duties of an Adult Protective Services caseworker or supervisor.

Subcommittee: A subgroup of the APS Reform Team that was established by HHSC to review and identify issues in specific areas of the APS program.

Volunteer Programs: Groups established using volunteers to provide services to individuals. Meals on Wheels is an example of a program that utilizes volunteers to deliver meals.

Workgroup: A subgroup of the APS Task Force established to work on a specific issue.