

FY 2022 PERFORMANCE PLAN

Adult Protective Services (APS)		ADSD/CSCB	Reginald Lawson x1708
Program Purpose	Adult Protective Services (APS) help to prevent, reduce and stop abuse, neglect and exploitation of adults (age 60 years and older) and adults ages 18-59 with a permanent disability.		
Program Information	<ul style="list-style-type: none"> • The Adult Protective Services (APS) Program is mandated by Virginia State Law and services are provided by local jurisdictions to receive and investigate reports of alleged abuse, neglect and exploitation of adults and provide the least intrusive intervention possible to protect and stabilize the individual as needed. • Adults who are their own decision maker and with capacity to make their own decisions have the right to accept or refuse services. • Investigations and services are conducted in the community (homes, private residences, long-term care residences like nursing homes and assisted living facilities, and group homes). • APS also provides case management or related services to establish and strengthen family and social support systems to protect adults at risk of abuse, neglect or exploitation. • Short-term intensive case management services can be provided to clients who are unstable or whose needs are acute. • APS staff receive reports primarily by phone from the APS hotline and state hotline; via email from EMS, the Fire Department and Police; and via in-person consultations. Reports may come from mandated reporters, private citizens and from anonymous sources. • APS cases are assigned on the day the report is received and to the respective APS duty worker of that day based on a rotation, that is also dependent on situational needs, acuity and equity of workload. • If a report meets the validity criteria to warrant an APS investigation, the duty worker who accepted the report is assigned to investigate the allegation. An investigation must be initiated within 24 hours, a face-to-face visit must occur within 7 days, and a disposition must occur within 45 days. • If a case does not meet validity, it is often assigned to another program within the Community Supports and Coordination Bureau (CSCB) of Aging and Disability (ADSD) or referred to alternate services. • Individuals who accept services are often transferred to Adult Services (AS) to prevent ongoing or recurrent abuse, neglect, and exploitation. For all dispositions that are needs and accepts, a service plan and Uniform Assessment Instrument (UAI) must be completed. • APS collaborates with local partners (i.e., Arlington Police, Arlington Fire/EMT, Emergency Mental Health Services, Public Health Department, Code Enforcement, Housing/Shelters, Economic Independence Division) to address emergency needs including personal care, housing/shelter, food, medications, mental health and legal services. Referrals can come from these partners as well as other entities, including Virginia Hospital Center, law firms, property managers, schools, families, friends, financial institutions, etc. • In FY 2022, direct services were funded 51.3% locally and 48.7% State and Federal funds. 		
Service Delivery Model	<ul style="list-style-type: none"> • During the COVID-19 pandemic, the APS team continued to conduct face to face visits as well as virtual or telehealth visits for facility investigations. In FY 2021 and 2022, this practice continued, but as facilities "loosened" their restrictions, 		

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in-person visits were allowed. Investigations in long-term care residences were suspended during outbreak status. As a result, staff used telephone calls for active cases.

PM1: How much did we do?

Staff	4.5 FTEs <ul style="list-style-type: none"> • 3.0 Human Services Clinicians • 0.5 Supervisor • 1.0 Human Service Clinician III (Team Lead) added Q4 of FY 2022
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Customers and Service Data	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Total Adults Served	290	283	274	392	411
Adults ages 18 to 59	49	40	29	56	49
Adults age 60+	241	243	245	336	286
New Investigations	225	250	231	226	335
Number substantiated	94	81	69	64	86
Number accepting services	135	117	104	81	35*
Intensive Case Management cases	65	33	43	11	8
Outreach Visits**	-	-	-	-	27

* Data not captured consistently in FY 2022

** Began tracking in January 2022

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Substantiated cases	94	81	69	66	86
Self-Neglect	42%	61%	56%	81%	44%
Financial Exploitation	27%	20%	24%	11%	34%
Neglect	14%	15%	13%	6%	10%
Abuse (physical, mental, sexual)	17%	5%	7%	2%	11%

PM2: How well did we do it?

2.1	Timeliness and quality of documentation
2.2	Workload ratio

PM3: Is anyone better off?

3.1	Clients with reduced risk factors after three months of intervention or at case closure
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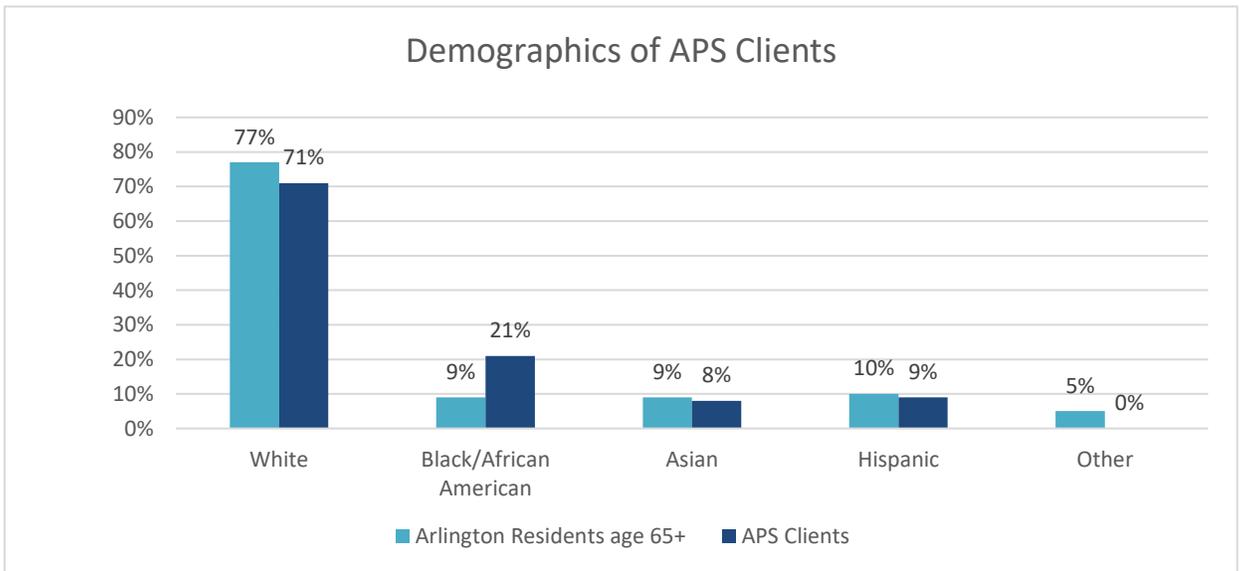
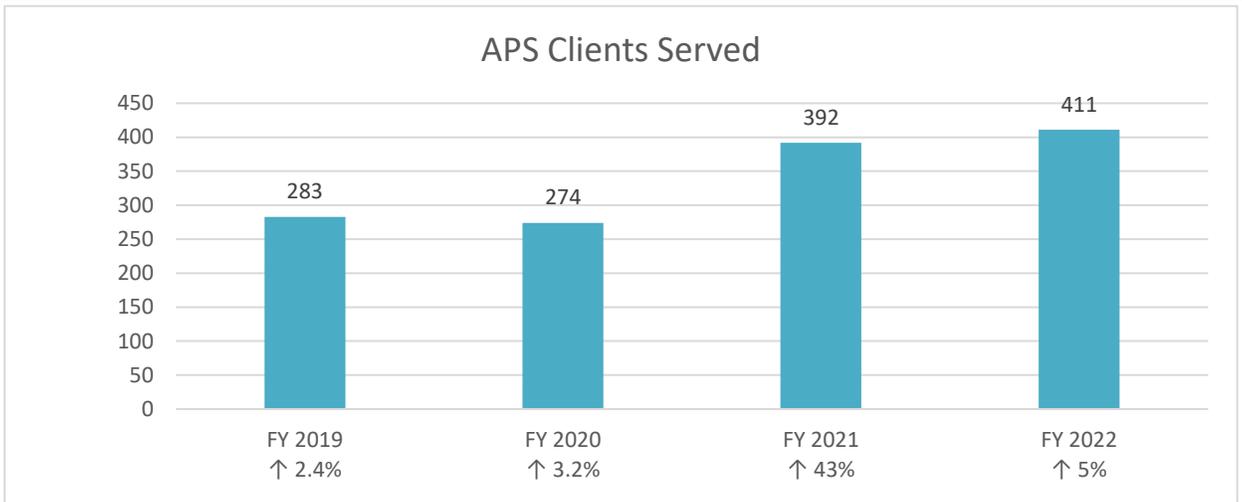
3.2	Recidivism
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Adult Protective Services

Measure 1 Total Adults Served

Data



Data Summary

- In FY 2022, the program served 411 unique individuals, a 5% increase from the previous year.
- The demographics of the clients served are somewhat proportional to the 65+ population in Arlington. APS served a higher rate of individuals who identify as Black/African American, more than double the proportion of adults 65+ in Arlington who identify as Black/African American.
- For the race and ethnicity information that was captured, many clients served identify as White (71%). The remainder of the clients served are 21% Black/African American, 8% Asian, and 9% Hispanic (duplicated)

What is the story behind the data?

- In FY 2021 and FY 2022, the number served remained higher than pre-pandemic totals. This increase can be attributed to an increase in the growth of the older adult population, an

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increase in referrals from BHD/Emergency Services, the Fire Department/EMS, and the Sherriff’s office for those facing evictions and homelessness.

- The team continued to maintain a higher carry-over of ongoing cases; and (2) a need to have longer involvement to ensure resolution of issues (i.e., hoarding; guardianships; financial exploitation cases). To help meet the demand and acuity of services, the Adult Services team has provided coverage and support with investigations and a temporary worker has helped provide part-time support.
- In FY 2022, APS clients were 65% female and 35% male. 83% were ages 60+ years. 79% live alone. 66% of APS reports occurred in the home, with 14% in a long-term care residence, and 6% in a DBHDS Group Home.
- English is the most served language, followed by Spanish.
- The poverty rate among older adults of color is higher, and lack of resources can be a factor in conditions such as self-neglect.
- The data is retrieved from PeerPlace and not all information captured is a mandated field. As more information is required to be recorded in PeerPlace to ensure state compliance, this information will be retrieved from PeerPlace reports. Information not recorded may require additional training and strong quality assurance to ensure information is captured and reflected in PeerPlace.

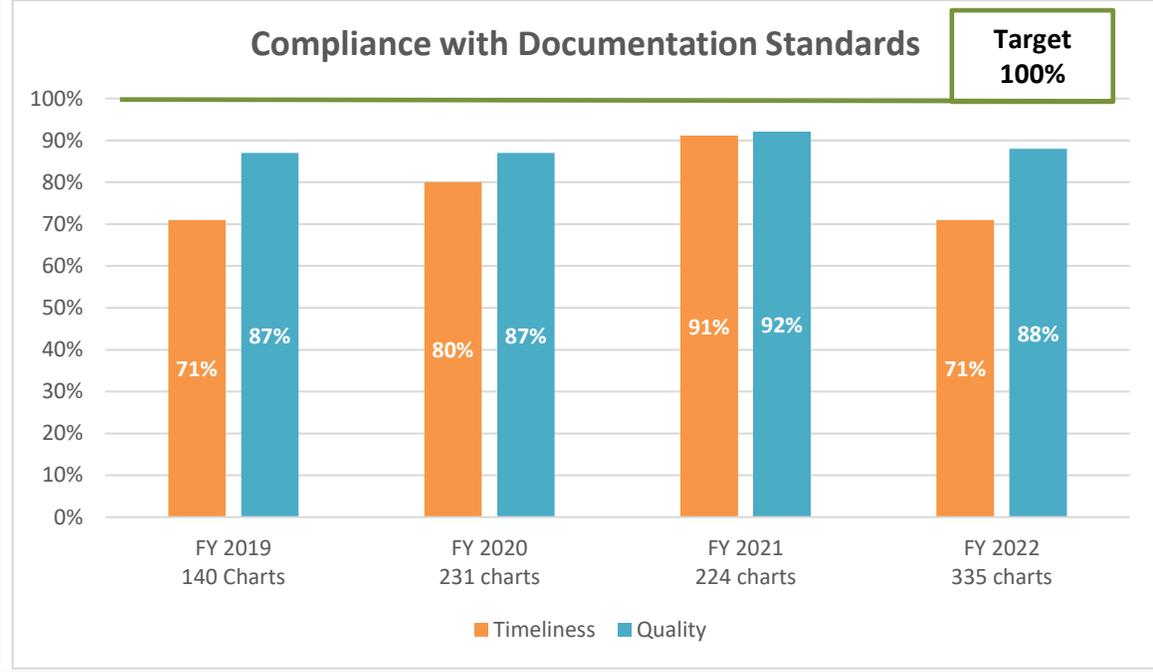
Recommendations	Target Dates
<ul style="list-style-type: none"> • Use PeerPlace for data tracking and reporting. When new program manager is hired, ensure both program manager and Team Lead are trained and skilled at running reports and ensure quality assurance measures. • Offer training for new and existing staff on data entry and documentation to ensure continuity and consistency across programs. • Utilize the Community Supports and Coordination Bureau tool to accept and track new referrals and provide training and outreach to County staff and community partners on appropriate referrals to AS. • Continue to promote more outreach regarding DHS programs/resources in underserved communities. 	<ul style="list-style-type: none"> • FY 2023 Q2 • FY 2023 Q2 • FY 2023 Q4 • Ongoing
Forecast	
<ul style="list-style-type: none"> • For FY 2023, with the onboarding of a 4th worker and the hiring of a new program manager, APS anticipates serving 350 unique individuals. 	

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Adult Protective Services

Measure 2.1 Timeliness and quality of documentation

Data



Data Summary

- DARS requires that APS staff are 100% compliant with documentation standards that include initiation of investigations, face-to-face contacts and documented dispositions. Timeliness is comprised of the initiation of the investigation within 24 hours of report validation, initiation of the face-to-face interview within 7 calendar days and disposing of the case within 45 days.
- 335 records were reviewed in PeerPlace; an average of 71% met “timeliness” standard:
 - 82% of cases met the standard for “initiation of investigation” (within 24 hrs. of receiving a valid report)
 - 73% of cases met the standard for “initiation of face-to-face interview” (within 5 days of valid report)
 - 58% of cases met the standard for “disposing within 45 days” (within 45 days of valid report)
- 88% of the charts reviewed met the “quality” standard. Quality comprises: a narrative assessment of 6 investigative areas (i.e., environment, functional ability, physical health, mental/psychosocial health, social supports, financial); and narrative contacts (i.e. with client, with alleged perpetrator, law enforcement, etc.). Staff are rated on the existence of a narrative for each investigative area, and their level of description.

What is the story behind the curve?

- In FY 2022, APS did not meet the DARS documentation (timeliness) standard of 100%. In FY 2022, the program experienced staff turnover, which resulted in higher caseloads for remaining staff and the program manager. In addition, because Financial Exploitation investigations require substantial research, many of these cases could not be disposed within 45 days.

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- Ongoing challenges with after-hours reports and acknowledgement in PeerPlace, especially those received over the weekend and on holidays, may impact timeliness standards.
- For the quality measure, it is expected that each investigative area is thoroughly explored to extract the most information. In FY 2022, some investigative areas were not sufficiently documented.
- There is room for improvement and additional training to best utilize the PeerPlace system for data entry, compliance and reporting.

Recommendations

Target Dates

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| <ul style="list-style-type: none"> • Utilize PeerPlace for compliance metrics that include timeliness and quality of case investigation. Use PeerPlace for data tracking and reporting. Ensure both program manager and Team Lead are trained and skilled at running reports and ensure quality assurance measures. • Offer training to new and existing staff on compliance with required contracts. • The program manager with support from Team Lead will provide substantial supervisory oversight to ensure the target is achieved and will continue to monitor monthly timeliness by running and tracking reports in PeerPlace and using individual and team supervision to ensure compliance with program and documentation standards. • The program manager will implement a new documentation quality measure utilizing the DARS chart auditing tools to ensure compliance in preparation for ongoing monitoring from the regional consultant. • The Team Lead will continue to review a random sample of 25% of APS investigation charts each month and implement peer reviews to help ensure compliance, promote consistency and foster collaboration. • To ensure compliance with timeliness standards, ADSD leadership will work with HR to finalize C-14 policy to implement an on-call worker rotation to respond to after-hours reports that occur outside business hours. | <ul style="list-style-type: none"> • FY 2023 Q2 • FY 2023 Q3 • Ongoing • FY 2023, Q4 • FY 2023, Q2 • FY 2023, Q2 |
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Forecast

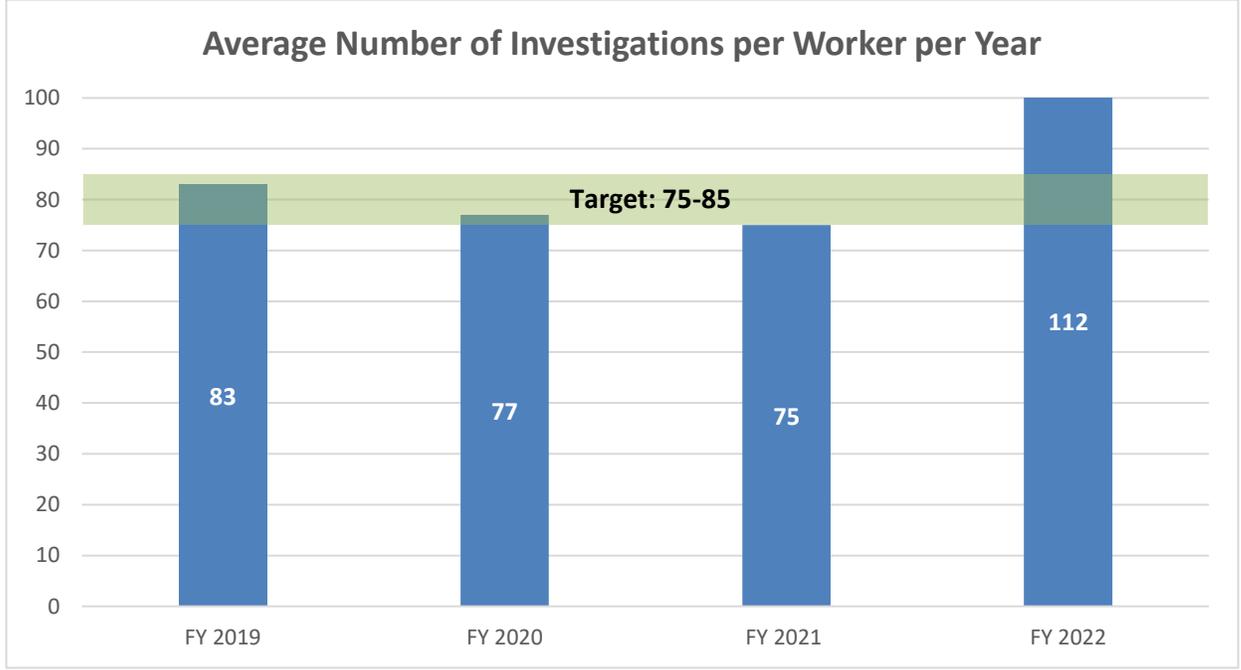
In FY 2023, it is expected that 90% of charts reviewed will meet the compliance standard for timely documentation and 90% of charts reviewed will meet the compliance standard for quality documentation.

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Adult Protective Services

Measure 2.2 Workload

Data



Data Summary

- APS cases are assigned to each worker based on a rotation, then initiates an investigation, and conducts a face-to-face visit as part of an investigation.
- In FY 2022, APS caseloads exceeded the targeted range, with an average of 112 investigations per worker per year.
- Data is derived from the PeerPlace.

What is the story behind the curve?

- The APS team is working above its capacity. A long-term APS staff retired in Dec. 2021 and the current program manager announced plans to retire. The team is experiencing significant transitions with a growing demand for services.
- A 4th APS worker was approved by the County Board in FY 2023 and recruitment is underway with onboarding expected in November 2022.
- APS staff continue to focus on acute and emergent cases and have effectively diverted non-abuse/neglect/exploitation cases to other units within the CSCB of ADSD, such as the Aging and Disability Resource Center (ADRC) or Adult Services. This is often true for referrals from ACFD and Virginia Hospital Center.
- Beginning in 2021, to ensure equity with investigation assignments, APS distributes cases to each staff in rotation, rather than distributing three cases to the duty worker.
- In FY 2022, the highest number of valid reports received by APS were for self-neglect (42%); followed by financial exploitation (34%). Financial exploitation (FE) investigations require significant time to thoroughly investigate and require collaborations with law enforcement and financial institutions. Financial exploitation investigations are, typically, initiated by financial institutions and banks, or family members and close contacts. Due to updated General Assembly legislation, additional outreach and training and collaboration, institutions have set up specialized fraud units geared specifically to the protection of older adults.

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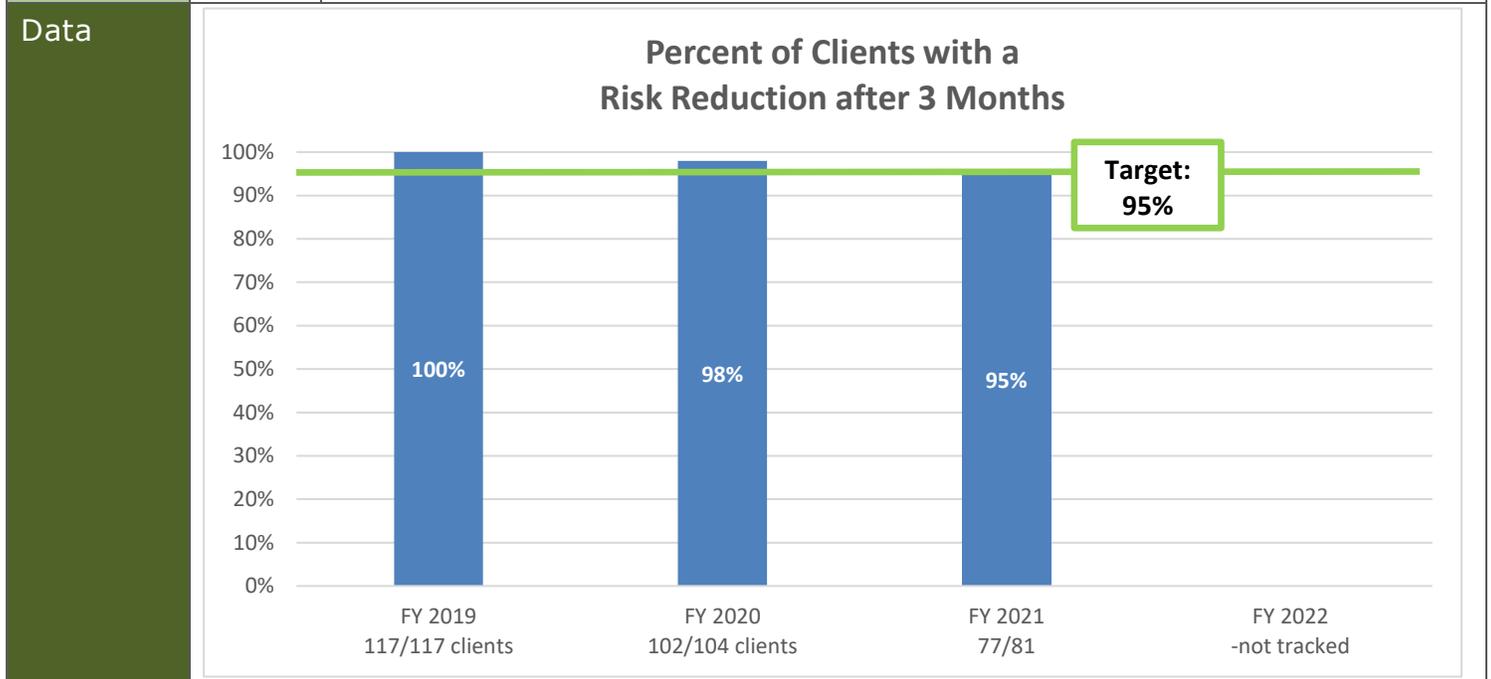
- In FY 2022, the reported amount of money lost as a result of FE was over \$864,900 – and the amount recovered was reported at \$60,000.
- With the APS Team Lead onboard, APS plans to conduct outreach presentations to financial institutions that typically report less financial exploitation were also postponed during the COVID pandemic.

Recommendations	Target Dates
<ul style="list-style-type: none"> • With the addition of a 4th APS worker, aim for the targeted average number of investigations per worker so that staff can spend time completing thorough investigations and offering supportive, person-centered plans of care that reduces risk and likelihood of recidivism. • Continue to transfer appropriate self-neglect cases within 90 days to Adult Services (AS) to reduce APS caseloads and increase time available for investigations. • Partner with Fairfax County APS Financial Exploitation task force and explore conducting outreach presentations to financial institutions to educate about APS resources and enhance awareness on identifying signs of financial risk and exploitation. • The Team Lead will discuss reporting trends, case acuity and monthly average caseloads during monthly team meetings. 	<ul style="list-style-type: none"> • Ongoing • Ongoing • FY 2023, Q4 • FY 2023, Q2
Forecast	
In FY 2023, anticipate 75-85 due to an additional APS worker.	

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Adult Protective Services

Measure	3.1	Clients with reduced risk factors after three months of intervention or at case closure
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Data Summary	<ul style="list-style-type: none"> • In FY 2022, this metric was not tracked or recorded as it had been in the previous year, due to the staff shortages and changes. • In previous years, each worker completes the assessment tool on their clients at the beginning of the investigation, and at the 3-month mark and/or case closure. • APS uses an assessment tool that was implemented in FY 2016 to identify areas of risk focused on housing stability/environment, economic stability/resources, mental/behavioral health, physical health, and social supports.
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What is the story behind the curve?

- In every situation, APS strives to reduce risk for those involved. APS works closely with a wide variety of allied professionals such as physicians, nurses, paramedics, firefighters and law enforcement officers and uses several individualized interventions to reduce risk factors.
- These interventions range from less to more intensive, depending upon the degree of risk and complexity to ensure an individual’s safety. The least intensive interventions include home and community-based services such as the Community Living Program, CCC+ waivers services, Meals on Wheels and strengthening social support. More intensive interventions may include capacity evaluations, appointments of guardians and/or conservators, and TDOs.
- In FY 2022, from information recorded in PeerPlace, 16 cases required legal interventions through the appointment of a guardian and/or conservator.
- Team collaboration has been essential in consistent usage and evaluation of the risk assessment tool. In previous years, a sample of pre and post assessment results were reviewed to determine the specific areas in which clients were most vulnerable, and the areas that showed the most improvement after services were delivered. Substantial improvement was seen in Housing/Environment, and Economic Stability and Resources. In these areas,

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initial scores averaged in the marginal range, and final scores improved within the range of good to optimal. Mental and Physical Health generally remained marginal to adequate on both pre and post assessments, as those services, particularly mental health, are voluntary, and are often not accepted. However, these results continue to reflect the effectiveness of the APS program and the resources at its disposal.

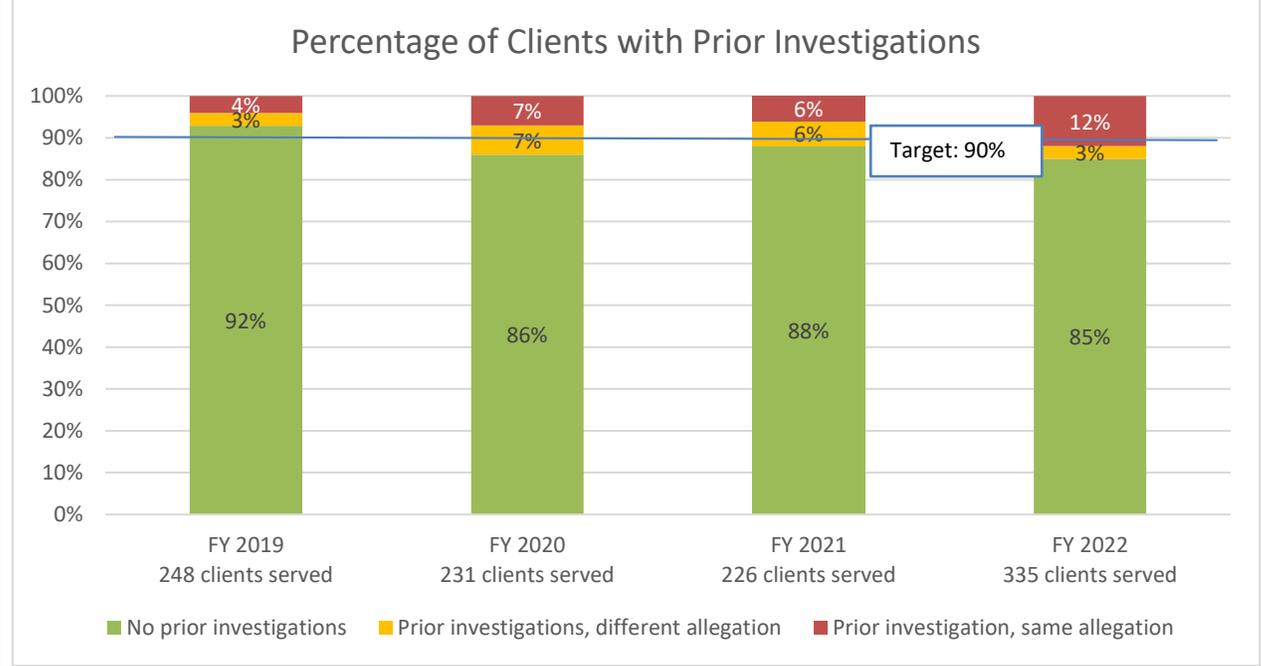
Recommendations	Target Dates
<ul style="list-style-type: none">• The program manager and Team Lead will explore how to capture risk reduction from the extensive information required to be recorded in PeerPlace for each APS investigation.• Evaluate if APS staff should continue to use the risk assessment tool and monitor trends in FY 2023.• The program manager will continue to monitor PeerPlace records to ensure consistency and inter-rater reliability.	<ul style="list-style-type: none">• FY 2023 Q2• FY 2023 Q2• Ongoing
Forecast	
Anticipate at least 95% of individuals receiving services will have a reduction in risk factors in FY 2023.	

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Adult Protective Services

Measure 3.2 Recidivism

Data



Data Summary

- In FY 2022, there were 335 new investigations. Of these reports, 85% of clients had no prior APS history in Arlington County, 3% of clients returned with different allegations and 12% of clients returned with the same allegation.
- For the 53 clients who returned to APS in FY 2022, 32% (17) had a substantiated disposition of Needs Protective Services – yet refused services.
- There was a disposition of “unfounded” for 45% (24) of the reports for clients who returned in FY 2022.

What is the story behind the curve?

- Recidivism contains any APS Investigations where a new report was made within 5 years of the Investigation Initiation Date for the same client.
- In FY 2022, self-neglect was the primary allegation for persons who were re-referred to APS. Self-neglect continues to be the most frequently reported risk factor, a metric that is consistent with local and state trends.
- Reports are frequently filed by the same reporter, with concern about an individual’s right to self-determination, that includes the right to refuse services.
- Self-neglect reports may include refusal to engage in medical treatment or compliance with medical care/medications, threats of evictions/foreclosure, home safety and hoarding conditions, and concerns regarding ADLs/IADLs.
- Success factors among individuals who were stabilized included connections to mental health services, Nursing case management, housing providers and strengthening of social supports who helped to facilitate engagement and sustain positive outcomes.

Recommendations

Target Dates

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| <ul style="list-style-type: none">• Continue to practice using least restrictive/intrusive interventions, utilize natural support systems, and make efficient use of County resources.• Utilize PeerPlace for tracking recidivism. | <ul style="list-style-type: none">• Ongoing• FY 2023 Q1 |
|---|--|

Forecast

It is anticipated that 90% of clients will have no previous APS investigations in FY 2023.