Final Report

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

Health and Human Services Commission
November 15, 2004

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Executive Summary

Governor Rick Perry issued Executive Order RP 33 on April 14, 2004, directing the Health and Human Services Commission (HHSC) to oversee the systemic reform of the Adult Protective Services (APS) program within the Department of Family and Protective Services (DFPS). The executive order was motivated by reports of serious problems within the APS program.

HHSC immediately began an intensive review of the APS program and issued a preliminary report on May 19, 2004, with findings from case readings from the El Paso area. HHSC submitted a plan to reform APS to Governor Perry on July 12, 2004, that recommended corrective actions across all aspects of the program.

This final report, required by the executive order, documents the improvements that are being made as a result of the executive order to strengthen APS policies and procedures, improve program organization and administration, and build and enhance strong community relations. The report also describes the next steps for each area.

The estimated cost of the APS reform plan is $34.1 million over the next three years, with 38 percent of this amount to be expended during the current state fiscal year. The plan provides for adding 144 casework staff to the agency's current total of 446 for a 32 percent increase by fiscal year 2007.

Under the plan, the state guardianship program will transfer to the Department of Aging and Disability Services (DADS). Because DADS would absorb these responsibilities within current authorized levels, this move frees up 57 positions at DFPS that will be used to add 50 caseworkers and seven supervisors to the APS program. The additional staff will lower average daily caseloads in the current year from 35 to 30 per caseworker. The reform plan recommends adding an additional 63 caseworkers through fiscal year 2007 to reduce caseloads to 28 per worker.

The plan also calls for adding 24 specialized staff to DFPS this fiscal year to provide expertise in financial exploitation, self neglect, judicial affairs and community network building.

The APS reform plan also calls for investing $4.6 million this year to deploy mobile technology to support caseworkers in the field. Access to Tablet PCs, telemedicine, and digital cameras will allow APS investigators to more efficiently assess a client's situation and determine what services are needed. State support for local guardianship programs would increase under the plan, growing to $250,000 this fiscal year and to $500,000 a year in the 2006-2007 biennium.

HHSC already has taken several key actions that will enhance the protection of the elderly and those with disabilities:

- The five-question tool used by APS to gauge a client's mental capacity will be replaced with a more comprehensive client assessment tool that examines a client's living conditions, financial status, medical status, mental status, and social interaction and support. The new assessment tool, which includes 57 items, is being field tested and will be implemented statewide next year.

- Key management changes have been implemented, and DFPS is moving from a five-district structure to an organization with nine regions. This will strengthen oversight and support of local APS offices. Directors for each region are being hired and new positions have been allocated to the nine regions based on an improved resource allocation formula.

- A new set of guiding principles and a decision tree tool now provide caseworkers with clear decision points and a process for determining when to seek additional help from supervisors or subject matter experts.

- The guardianship process has been redesigned to improve screening. In addition, moving the program to DADS will prevent conflicts of interest in determining which clients need guardianship services.

- Training has been enhanced through $1.5 million provided by Governor Perry through the Texas Workforce Commission. The training blends supervised field experience with computer-based and classroom training.

The APS reform plan also calls for implementation of a performance management system focused on accountability and outcomes, and technology and policy improvements to ensure that caseworkers are able to effectively use information about prior cases.

A great deal of work already has taken place to strengthen the APS program, but there is much more to be done. APS must rebuild and improve community relations, retain trained and experienced staff, and fully implement the new management structure. HHSC will continue to actively monitor the APS reform efforts.

High quality casework, driven by strong policies and performance standards, must be the foundation of the state's APS program. The APS reform plan will help ensure that the state's policies, procedures, and resources are used effectively to support caseworkers' effort to protect the elderly and people with disabilities in Texas.

Background

Governor Perry's Executive Order RP 33, issued April 14, 2004, directed the Health and Human Services Commission (HHSC) 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 issued in response to reports that substantiated serious fundamental and systemic problems within the APS program. DFPS is the agency charged with protecting children and adults who are elderly or have disabilities. The APS division within DFPS is responsible for investigating allegations of abuse, neglect, and exploitation of adults who are elderly or have disabilities and for serving as guardian as specified in chapter 48 of the Human Resources Code.

In response to the executive order, HHSC issued a preliminary report on May 19, 2004, that included findings from a review of case files conducted in the El Paso area. The report included an overview of program operations and structure, preliminary findings on program performance, and a 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 put in place.

On July 12, 2004, HHSC submitted a 90-day implementation plan to the Governor as required by the executive order. The plan identified additional deficiencies and corrective actions to reform the APS program to better protect Texans who are elderly or have disabilities.

HHSC and DFPS are committed to implementing all the corrective actions as quickly as possible. This final report documents the improvements that are being made in policies and procedures, organization and administration, and community and judicial relations. For each area, actions taken to date and next steps are included.

Office of Inspector General Findings

To begin the review process, the Governor directed the Office of Inspector General (OIG) to review case files. As detailed below, the OIG cited 12 primary APS issues:

Mission
Investigation and service delivery are distinct roles that are the responsibility of an individual caseworker in the APS program. The OIG noted that each role requires a different focus and skill set. To assist staff in carrying out this dual responsibility, a comprehensive risk assessment tool and enhanced training will be implemented. In addition, the investigative and service delivery processes have been redesigned to more clearly delineate these roles and avoid confusion concerning a caseworker's priorities at any phase of an investigation.

Accountability
Accountability was a primary deficiency in the APS program. A strengthened performance management system will ensure accountability at all levels of staff. Performance standards will be geared to client outcomes. Performance will be monitored and reported on a regular and continuing basis, ensuring the program is accountable to clients, the public, and state leadership.

Management
Before September 2003, the APS culture and management structure were ineffective. APS is now under new leadership and work is underway to ensure adherence to policies and procedures and achievement of performance standards.

Training
Inadequate training for APS caseworkers was another problem cited by the OIG. As outlined in the implementation plan submitted July 12, 2004, HHSC is working with APS to restructure training. At the initiative of Governor Perry, an additional $1.5 million has been identified through the Texas Workforce Commission's Workforce Investment Act to enhance training over the next three years. This funding will provide major training improvements, including enhanced classroom and computer-based curriculum, structured field experience, specialized regional training staff to work one-on-one with new caseworkers, and 18 hours of mandatory continuing education annually.

Statutes
Striking an appropriate balance between client self-determination, individual civil rights, and APS intervention is a delicate process. Current state statutes provide sufficient guidance to APS staff and the courts; however, an expansion in the number of health professionals who can assess the mental capacity of APS clients is needed. The OIG recommends the use of licensed psychologists to fill this gap.

Criminal conduct
APS offices were inconsistent in reporting allegations of criminal conduct to law enforcement. To address this, APS staff have been directed to immediately report suspicions of criminal conduct to law enforcement.

Policy
While APS policies appear sound, they are applied inconsistently. HHSC has focused much of its reform effort on establishing a program that ensures the consistent, timely, and professional application of policy. This includes improved training, stronger accountability, and enhanced casework supports and tools such as mobile technology and improved assessment criteria.

Workload
Increasing workloads and inequitable staff distribution among regions is another major issue identified. Improvements in the investigation and service delivery processes, including more efficient assignment of tasks between professional and support staff and the use of mobile technology are underway to deal with increasing workloads. A better system for allocating funding and staffing will more equitably distribute resources to effectively address workload issues in the regions. Finally, a strengthened performance management system will improve casework quality and ensure the consistent application of policy across the state.

Capacity Test
Until recently, caseworkers used a five-question instrument to assess client mental capacity. This tool failed to provide a comprehensive assessment. In addition, it was sometimes misapplied. Both of these factors resulted in the premature closure of cases. A comprehensive risk assessment tool that more thoroughly assesses the client's total environment, as well as their mental capacity, will replace the existing instrument. The new assessment tool includes an evaluation of living conditions, physical and medical status, mental health, financial status, social interaction, and support systems. The tool will provide clear guidelines on when clients should be referred for a capacity determination by a health professional. The new tool will assist in making accurate determinations by providing comprehensive information to those professionals.

Quality Assurance Program
The APS quality assurance program had several significant deficiencies, including a lack of meaningful outcome-based measures, low performance goals, and the absence of corrective action plans – all of which led to a system that had little accountability. HHSC has established a performance management system that focuses on clear client outcomes, strengthens performance standards, and enhances accountability at all levels in the agency.

Personnel
The OIG concluded that low salaries are hampering the ability to hire and retain good staff. Increasing salaries should be a priority, and HHSC also will take additional steps to help foster a high quality workforce. Providing staff strong and supportive supervision, professional level training, and the technological tools to do a good job will help attract and retain employees who are committed to serving vulnerable Texans.

Courts
While it was not the focus of their investigation, the OIG noted an issue with the courts and court-appointed attorneys and guardians. Specifically, the OIG received complaints regarding the depletion of client estates by court appointed attorneys and guardians ad-litem. OIG attributed these problems to excessive fees and a lack of oversight by judges in certain cases.

Conclusion
HHSC will continue to draw upon the information provided by the OIG review in its efforts to reform the APS program. HHSC has already taken significant steps to remedy the deficiencies noted in the OIG report and continues to implement and enforce program improvements to better protect Texans with disabilities and our seniors.

Overview of the Reform Effort

The goal of the APS reform effort is to ensure DFPS meets its legislative mandate to protect Texans with disabilities and the elderly who are at risk of abuse, neglect, and exploitation. Though APS investigates allegations of abuse, neglect and exploitation in a variety of settings, this report focuses on non-facility based investigations in accordance with the Governor's executive order.

The executive order requires HHSC to:

- Develop and implement an effective and efficient investigation and service delivery process with clearly defined outcomes at each step, including partnering with community organizations to define and maintain ongoing services.

- Construct a sound management structure and strong support systems that are clearly aligned with good client outcomes.

- Remedy problems that prevent APS staff from achieving these outcomes.

This reform effort has three phases:

- First, by the fall of 2004, policies will be developed, clarified, or revised to promote the desired program outcomes.

- By next spring, procedures will be in place and training underway to ensure compliance with the new policies.

- Finally, the administrative structure and supporting technology will be implemented by the summer of 2005.

Completion of the above tasks will result in full implementation of the APS reform effort. However, numerous interim corrective actions will continue. Along these lines, HHSC has identified three critical areas requiring immediate attention: (1) ensuring sufficient staff in critical areas of the state; (2) developing and deploying a new risk assessment tool to replace the current capacity tool; and (3) expanding the capacity of local guardianship programs.

Funding needed to implement these changes is itemized in Appendix D. Amounts needed for FY 2005 are available from current appropriations. Amounts needed for the 2006-2007 biennium will be requested from the 79th Legislature. HHSC will ensure strict accountability for all funding provided to the APS program.

Implementation of Corrective Actions

HHSC has worked closely with DFPS to make significant improvements in the APS program. These changes address immediate needs and corrective actions and lay the foundation for a much improved Adult Protective Services program for Texas. The improvements for each functional area are described in the following sections:

- Actions Related to APS Policy and Processes
    - Investigations
    - Risk Assessment
    - Service Delivery
    - Guardianship

- Actions Related to APS Organization and Administration
    - Staffing
    - Funding
    - Performance Management
    - Automation and Records Retention
    - Mobile Technology
    - Training

- Actions Related to Working with Community Partners
    - Community Relations
    - Judicial Relations

Also noted for each functional area are the accomplishments to date and next steps.

Actions Related to Policy and Procedures

HHSC has greatly enhanced policy and procedures related to investigations in a client's home and service delivery, including the development of a comprehensive risk assessment tool and mandatory supervisor consultation at key steps in the casework process. Together, these improvements address the three underlying problems identified through the reform effort:

- The goals of APS are not well defined.
- APS casework steps are not clearly defined and delineated.
- There are too few performance standards, leading to a lack of accountability.

In particular, clear definition and delineation of APS casework steps will focus the program on client outcomes and will provide the basis for strong, measurable performance standards.

High quality casework, driven by strong policies, procedures, and performance standards, must be the foundation of all stages of service. These stages include: investigation, risk assessment, service delivery, and guardianship. Each stage and corrective actions to shore up casework are discussed below.

Investigation

APS staff conduct investigations to determine the validity of referrals made regarding abuse, neglect, and exploitation of the elderly or those with disabilities. The results of the investigation determine what actions, if any, APS should take to reduce risk.

A thorough review of APS investigation policies and procedures was performed by a workgroup composed of representatives from APS field staff, DFPS state office staff, HHSC, OIG, and the Department of Aging and Disability Services (DADS).

A good investigation provides useful and accurate information that leads to sound decision making at each point in the casework process. The APS investigation process was thoroughly examined, beginning at the point an allegation of abuse or neglect is received. A set of principles has been established to guide the caseworker in effectively using available information. These principles also help the worker determine when they should consult with their supervisor and subject matter experts.

The investigation process is mapped in A. A number of improvements have been identified for the investigation stage of service:

Aspect of Investigative Process	Past Process	New Process
Investigation procedures	Fragmented in the APS handbook; many steps not clearly articulated	Succinctly articulated in a workflow, decision tree diagram with clearly defines decision points and appropriate guidance. See Appendix A
Assignment of priority	Gather information related to alleged abuse, neglect or exploitation based on information provided by reporter	Structured information gathered from reporter and compared to information from previous cases as applicable to better prioritize and classify intakes for type and severity

Aspect of Investigative Process	Past Process	New Process
Information from previous related cases	Policy for merging cases unclear; process for merging cases complex; staff not always able to examine all relevant past cases due to time constraints; Similar person matching process, but no guidance on its use with or without the case merge process	Eliminate case merge process; enhance person matching process to quickly provide relevant information found in previous cases to caseworker (see section on IMPACT and Case Records)
Case assignments	Assigned to on call staff in rotation	Referred to supervisors for assignment to caseworkers based on experience of worker and geographic location
Risk Assessment	Based on five question instrument for assessing mental capacity	Based on comprehensive survey of five key risk domains (see section on Risk Assessment)
Supervisor involvement	Minimal, even at critical decision making steps	Clearly articulated at specific steps in the investigation process
Subject matter expert involvement	No specific policy; no systemic identification of subject matter experts, difficulty in locating experts in timely manner	Clearly articulated at specific steps in the investigation process; specialized subject matter experts appropriately deployed to support process
Referrals to law enforcement	Varied, based on caseworker or supervisor relationship with local law enforcement; supervisor involvement not necessary; referrals of potential criminal conduct usually occur after case closed	Uniform decision making guidelines; uniform guidelines for relationships with law enforcement personnel (see section on Community and Judicial Relations); supervisor approval needed unless emergency situation; referral made to law enforcement upon suspicion of criminal activity

Aspect of Investigative Process	Past Process	New Process
Referrals to mental health professionals	Varied, based on caseworker or supervisor relationship with local mental health staff and availability of services in the local area; supervisor involvement not necessary	Uniform decision making guidelines; supervisor approval needed unless emergency situation
Referrals to guardianship	Caseworkers referred cases to APS guardianship staff for determination as to whether to bring to judiciary	Supervisor approval before referral to guardianship staff who must accept referral
Complex cases	No formal process for identification or review of complex cases	Criteria established for referring complex cases to special review teams
Documentation	Varied based on inconsistency in investigation processes across the state and limited supervisor involvement	Tied to clear risk assessment criteria and specific decision points in the investigative process; reviewed by the supervisor before case closure
Casework quality	No clear, objective performance standards and not tied to individual employee job performance	Clear outcome oriented performance standards for casework quality; clear supervisor standards for caseworker performance (see section on Performance Management)
Case closure	Caseworker decision based on fragmented practices	Clear criteria of necessary elements of the investigation phase that must be complete before closure; requires supervisor review
Transition to service delivery	No uniform guidance for caseworker transfer decision	Clear criteria for ending the investigation phase and beginning service delivery phase
Completion of investigation	No formal policy but expectation that supervisors review investigative cases open more than 60 days	Cases that require more than 45 days to complete will require supervisors' review and approval to extend past the limit.

Accomplishments to date

- Defined the investigative process in a step-by-step sequence.
- Identified decision points during the casework process and established guidelines for risk-based case decision making.
- Developed a thorough client risk assessment tool.
- Mandated supervisor consultation at critical points during the case.

Next steps

- Issue guidelines on when and how to seek professional consultation for clients.
- Complete the testing of the investigation process steps along with new risk assessment tool and make necessary adjustments.
- Modify automated case tool to reflect new investigative process.
- Develop training for current staff.
- Revise basic skills curriculum for new staff.
- Implement new investigative process statewide.

Risk Assessment

The cornerstone of an APS investigation is assessing client risk. While a primary focus of the investigation is to determine the validity of a specific allegation of abuse, neglect or exploitation, APS also is responsible for identifying and working to mitigate any risk that may be observed in the course of the investigation. Indeed, risks beyond those identified in the initial allegation may be identified by the caseworker. A good assessment will ensure that all potential sources of risk are examined.

A multidisciplinary workgroup was formed to develop a comprehensive risk assessment instrument. The workgroup included legal and program experts from APS, specialists in mental health (State Hospital), geriatrics (Long Term Care Medical Quality Assurance), services to the aged (DADS), health (Department of State Health Services), as well as several Ph.D. level planning and evaluation professionals (HHSC). The workgroup also included a medical doctor who specializes in geriatrics and an attorney skilled in the interpretation and application of protective services laws.

The new instrument – the Client Assessment and Risk Evaluation, or “CARE” – covers five areas: living conditions, financial status, physical/medical status, mental status, and social interaction and support. The tool, shown in Appendix B, is currently being tested. A decision tree showing how information is utilized at each decision point in the investigative process is attached as Appendix C. The deployment of these tools will provide a number of improvements for APS investigators:

Aspect of Risk Assessment	Past Process	New Process
Coverage	Five question survey assessing mental and functional capacity	A survey composed of 57 items that assesses environmental, social, financial, physical, and mental health risk
Utilization	Used in select cases where individuals appear incapable of making decision	All five areas of survey completed for each investigation
Accuracy	No guidelines to identify and quantify risk	Guidelines provide examples of levels of risk for each factor examined, paired with a decision tree to further direct the caseworker; these steps increase the reliability of the system
Decision making	Tool provided limited information to help assess different types and levels of client risk resulting in inconsistent and inappropriate decisions	Tool provides information necessary to determine type and level of risk, resulting in more informed and appropriate decision making
Documentation	All potential risk factors not evaluated and documented	Clear documentation of all risk factors integrated with the APS automation system
Referrals	Limited focus of tool on mental and functional capacity limited the number of referrals	Clear guidelines under which APS workers will be directed to contact a professional to adequately assess a client's capacity
Consistency	Tool requires subjective interpretation of responses	Tool is more objective in identifying risk factors and each worker will investigate all factors

Accomplishments to date

- Reviewed risk assessment tools used by other states.
- Developed, conducted caseworker pre-testing, and modified the new risk assessment instrument.
- Developed the research protocols for an independent, longitudinal evaluation of this instrument.

Next steps

- Perform second pre-test of the revised tool.
- Test the updated risk assessment tool in selected areas of the state and modify as needed.
- Secure an independent evaluation of tool.
- Modify automation to reflect information obtained by use of the tool.
- Develop training for current staff.
- Adjust basic skills curriculum for new staff.
- Implement tool statewide.

Service Delivery

For those APS clients determined to have been abused, neglected or exploited, services may be provided. These services are specifically designed to be short term and to reduce the risks identified in the investigation. However, the client often needs on-going assistance. APS caseworkers are frustrated that they lack the resources to provide these long-term services. Repeated referrals are frequently an indication that the individual is unable to reduce risk on their own or with short term assistance and requires on-going, long-term services.

A plan is developed to meet service needs identified during the investigation phase. Plans include services provided by other community organizations. Effective service delivery requires a well thought out plan that identifies available community resources and ensures that APS caseworkers follow up to determine the effectiveness of the intervention.

A number of improvements have been made in the service delivery process:

Aspect of Service Delivery	Past Process	New Process
Relation to risk	Services provided based on perceived need	Services are related directly to risk identified in the investigation as identified through the risk assessment
Term of service	Services provided for an indefinitely period; APS services discontinued when case closed	APS services are short term and focused on reducing risk; referrals made when the need for long term services is identified

Aspect of Service Delivery	Past Process	New Process
Service referrals	No uniform guidance for caseworkers on when and how to make referrals	Uniform guidelines on when and how to make referrals implemented as a part of the new investigation process
Service Plan	Developed with little support from subject matter experts	Subject matter experts and the supervisor consulted in plan development as needed
Coordination and integration of HHS services	Difficulty in coordinating with other HHS agencies in the provision of services	Active collaboration between agencies with written agreements to ensure clients receive needed services

Accomplishments to date

- Defined the service delivery process in a step-by-step sequence.
- Identified decision points in the casework process and established guidelines for risk-based decision-making.

Next steps

- Mandate supervisor consultation at critical points during the service delivery process to ensure good casework.
- Establish guidelines for when to seek professional consultation.
- Test service delivery process along with revised investigation process and make necessary adjustments.
- Modify automated case tool to reflect new service delivery process.
- Develop and implement training for current staff.
- Revise basic skills curriculum for new staff.
- Implement good practice casework standards statewide.

Guardianship

Currently, guardianship is pursued by APS in two situations. First, when the results of an APS investigation indicate that an elderly person or an adult with a disability who is being abused, neglected, or exploited lacks the capacity to create or maintain conditions of basic safety and health and has no family or friends available to be appointed as his or her guardian. Second, when a guardian cannot be found for a child aging out of Child Protective Services conservatorship at age 18 who meets the Texas Probate Code's definition of lacking capacity.

To determine whether guardianship is an appropriate option, the court is provided with the results of the APS investigation, including a physician's statement indicating the client's lack of sufficient mental capacity. The judge may appoint as guardian any of several qualified provider organizations, including the state. When available, the state may in turn contract with an independent local guardianship program for services.

A number of improvements have been made in providing guardianship services to APS clients:

Aspect of Guardianship	Past Process	New Process
Screening	Guardianship staff who would ultimately receive the case made the decision on whether to seek guardianship based on an assessment performed by the APS guardianship specialist and APS information	Decision on whether to seek guardianship is based on information from the investigation, medical consultation, and APS supervisor review
Risk to client	Allegations of abuse, neglect, or exploitation of wards of APS or state contracted providers are investigated by staff in the same program	Guardianship program will operate under DADS
Lack of local guardianship program availability and capacity	Locally administered guardianship services not available in all areas of the state	Statewide plan for distributing grants to maximize coverage; additional funding provided to increase service capacity and monitoring of local guardianship programs provider network
Roles and responsibilities	No clear legislative delineation of roles and responsibilities for guardianship services	Recommended legislation for seamless coordination of service delivery of state and local guardianship services

Accomplishments to date

- Redesigned process for seeking guardianship by the state's guardianship program.
- Developed a plan to move APS guardianship service operations to DADS while retaining legal responsibility in DFPS.
- Identified and requested funding to increase and improve services provided by local guardianship programs.

Next steps

- Provide guardianship service through DADS, by interagency contract.
- Seek statutory authority to formally transfer guardianship service operations from DFPS to DADS.
- Implement the plan to increase the capacity and quality of local guardianship programs.

Actions Related to Organization and Administration

Increasing the number of staff statewide and improving the methods for determining regional budget and staffing allocations will help improve APS operations across the state. Improvements in performance management will focus on client outcomes that are based on solid, well-documented casework and will hold all levels of staff accountable.

Improvements in technology will support the APS investigation and service delivery casework and will ensure the availability of timely and accurate outcome-based performance data.

Additionally, improvements in records management will help ensure caseworkers have access to timely and accurate historical data on new referrals. And a complete overhaul of the APS training program will lead to better staff development and stronger program performance.

Staffing

APS casework is labor intensive. It requires not only a great deal of staff time, but also a wide variety of skills—investigative, service planning, records management, legal support, and community and judicial relations. The effective and efficient deployment of staff is critical in maximizing the limited resources available to the program.

A well-designed staffing plan will help ensure that investigations and service plans are conducted by a sufficient number of skilled investigators who are supported by other qualified staff. These other staff include specialized staff who can handle complex cases such as financial exploitation and self-neglect, community relations specialists who can provide casework support by engaging local service providers to meet client needs, and field trainers who can provide accessible training for staff. A sound staffing plan will identify potential applicants with the qualifications necessary to successfully perform each job. Finally, casework staff must be given strong, supportive supervision and access to professional consultation when needed.

With proper staffing levels, program support, and professional supervision, good staff can be recruited and retained. Employees who have the training, skills, supervisory guidance and support to do their jobs well can perform their duties with greater confidence and less stress. This in turn leads to a more stable, experienced workforce.

The plan provides for adding 144 casework staff to the agency's current total of 446 for a 32 percent increase by fiscal year 2007.

Under the plan, the state guardianship program will transfer to the Department of Aging and Disability Services (DADS). Because DADS would absorb these responsibilities within current authorized levels, this move frees up 57 positions at DFPS that will be used to add 50 caseworkers and seven supervisors to the APS program. The additional staff will lower average daily caseloads[1] in the current year from 35 to 30 per caseworker. The reform plan recommends adding an additional 63 caseworkers through fiscal year 2007 to reduce caseloads to 28 per worker.

The plan also calls for adding 24 specialized staff to DFPS this fiscal year to provide expertise in financial exploitation, self neglect, judicial affairs and community network building.

APS is also considering providing tuition waivers for APS staff who enroll in an accredited, relevant bachelor's or master's degree program that would enhance their knowledge and skills and help ensure an experienced investigative workforce.

Other improvements to staffing in APS are listed below. Special attention has been given to the El Paso region due to the severity of the problems identified in this region.

Aspect of Staffing	Past Process	New Process
Staff recruitment	Varied by need as determined by regional director and human resources	Realistic job preview provides potential applicants a consistent and accurate means to assess working conditions
Staff qualifications	Focus on four year degree; differing hiring process across regions	Considers alternative experience including law enforcement background; standard hiring process includes demonstration of appropriate skills by applicants
Distribution of tasks	Varied by need as determined by regional directors and program administrators	Appropriately skilled staff provides support to caseworkers who conduct investigations and develop service delivery plans.

[1] DFPS is adopting average daily caseload as its standard for both adult protective services and child protective services programs. It is a direct measure of the average number of cases open per caseworker on any given day. As such, it represents the daily workload of caseworkers.

Aspect of Staffing	Past Process	New Process
Specialized casework staff	No formal specialized staff in financial exploitation or self neglect	Specialized staff in financial exploitation and self neglect located in all regions
Specialized community relations staff	No formal specialized staff in community relations dedicated to APS	Specialized APS staff in community relations located in regions to build community relations and resources for clients
Management and supervision	Regionally structured in five districts	Regionally structured in nine regions to provide appropriate support and oversight
Staff retention	Encouraged to participate in professional certification program	Realistic job preview provides potential applicants a consistent and accurate assessment of working conditions. Expanded training for staff and regionally based technical support. Consultation through new subject matter experts

Accomplishments to date

- Implemented a realistic job preview.
- Completed new regional director job descriptions.
- Allocated new APS positions to the regions.
- Initiated regional administrative hiring process.
- Initiated additional caseworker staff hiring process.
- Met critical staffing needs:
  - Provided temporary casework support to El Paso from other regions.
  - Hired a limited number of temporary workers and supervisors to support the program in El Paso.
  - Completed selection process for permanent supervisor positions in El Paso.
  - Established a new unit in El Paso.
  - Conducted a thorough review of all cases identified by OIG as needing additional intervention.

Next steps

- Hire Regional Director and Program Administrator positions where needed.
- Transition from a five district administrative structure to a nine region structure.
- Hire and deploy specialized staff in all regions.

Performance Management

The quality and consistency of investigations and service delivery can only be assured through a strong performance management system that is carefully monitored and enforced. HHSC and DFPS have thoroughly reviewed the current performance management system to identify areas for improvement.

A performance management system for APS needs to focus on casework processes that result in quality client outcomes. Staff performance evaluations at all levels should be directly tied to compliance with quality casework standards. A well-designed performance management system should track performance in real time so that deficiencies can be readily identified and corrected.

The improved performance management system must be supported with modifications to the Information Management Protecting Adults and Children in Texas (IMPACT) system. This system collects casework information during the investigation and service delivery stages. Data reported by the performance management system should be validated by a quality assurance case reading process. Finally, annual personnel evaluations should be tied to performance as assessed and tracked through the performance management system.

HHSC is working on defining outcomes associated with high quality casework. A number of improvements have been identified:

Aspect of Performance Management	Past Process	New Process
Measures	Focused more on process measures	Primary focus is on quality outcomes related to casework, supplemented by workload measures
Monitoring staff performance	Little direct relation to casework outcomes; annual performance evaluations frequently not performed agency wide	Directly related to casework outcome performance measures; annual performance measures tied directly to day-to-day performance
Supervisor performance	Inconsistent standards	Relevant program wide standards based on staff performance on casework measures, community duties, and supplementary management tasks

Aspect of Performance Management	Past Process	New Process
Caseworker feedback	Little feedback on casework or staff performance; feedback not timely	Regular, consistent and "real time" feedback on process measures and client outcomes
Accountability	Few standards tied to accountability; no policy related to accountability	Policy clearly describes expectations and processes for ensuring accountability of caseworkers
Program reporting	Reports generated with little guidance on their use and no related processes for improvement	Clear and timely reporting protocols focused on casework and client outcomes
Case reviews	Review closed cases for overarching issues that emerge; no required action to correct issues identified	Review closed cases to ensure real time performance monitoring data is accurate and identify improvements in measurement; corrective action is taken based on reviews
Caseload	Insufficient information to maintain equalized caseloads across the state	Distribution of caseload included as an essential management function supported by performance monitoring and reporting

Accomplishments to date

- Reviewed current performance management processes.
- Increased case readings per region to a statistically valid number.

Next steps

- Identify outcome measures of high quality casework.
- Develop sound program policies and standards to measure success.
- Modify IMPACT to collect and report the defined measures.
- Train staff and supervisors.
- Implement quality assurance case readings and corrective action reports.

IMPACT and Case Records

To have a complete case profile of an individual with previous involvement with APS, staff must perform accurate person/case merge functions. A caseworker's thorough knowledge of a client's behaviors, problems, and prior interventions leads to better decision-making.

APS' policy on merging and IMPACT changes were analyzed by a workgroup composed of APS field and state office staff, APS and HHSC policy analysts, and information technology experts from HHSC and DFPS. Merge policies and processes were reviewed to determine where changes could be made to better support casework staff.

Aspect of Process	Past Process	New Process
Clarification of policy	Policy did not clearly communicate expectations for locating and using historical information	Policy clearly states expectations for staff performance in locating and using historical information
Streamlining process	Staff relied on cumbersome process for merging cases for the same client which did not always result in full historical data	A person match process for staff that identifies in a report all cases involving the same individual with key information; the case merge process will continue to be available for open cases
Ensuring accuracy	Case merging based on name match requiring caseworker to identify if matches were actually the same person	The person matching process will be performed by trained technical staff to ensure thoroughness and accuracy
Automation support	IMPACT provided report with matching names and case numbers	IMPACT modified to provide report on matching names with critical pieces of information from previous reports such as allegations and findings

Accomplishments to date

- Reviewed the merge process and person matching process.

Next steps

- Finalize person matching process with supporting tools.

- Revise policy to reflect expectations for locating and utilizing historical data.
- Train staff on revised policy and procedure.

Mobile Technology

Through the use of mobile technology, APS investigators can more efficiently assess a client's situation and determine what services, if any, the client needs.

APS' potential use of mobile technology, including Tablet PCs, telemedicine, and digital cameras, were analyzed by a workgroup composed of APS field and DFPS state office staff, information technology and policy experts from HHSC and DFPS. HHSC used this input to determine that mobile technologies should be a major component of the APS reform effort.

Deployment of Tablet PCs, digital cameras, and telemedicine options to field investigators will provide useful and accurate information and aid sound decision-making at each step in the casework process. The Tablet PC will provide staff in the field with access to forms, policy and procedure manuals, and the APS resource directory. This tool will also prompt caseworkers to seek supervisor consultation or subject matter expertise. Client assessments will improve through the use of telemedicine technology and digital camera photography. Data collection from these tools can be used to monitor casework performance and inform policy decisions.

As an outcome of this technology review, a number of improvements have been identified:

Aspect of Mobile Technology	Past Process	New Process
Investigation procedures	Limited access to supervisors by caseworkers from the field	Tablet PC with messaging capability and wireless access (where service is available) would facilitate an additional method for caseworkers to contact supervisors other than by phone; this may allow workers to supply supervisors with additional case information through digital pictures or other documentation

Aspect of Mobile Technology	Past Process	New Process
Access to policies and procedures	No access to policies and procedures while out in the field	Tablet PC with electronic versions of policy and procedure documentation will provide for quick review while in the field; this feature does not rely on wireless service, so workers would have constant access to this information
Case documentation for decision making	Limited use of photography to document client situations and no technology to support the sharing of these images from the field	Digital cameras made available to all investigators to assist in documenting client circumstances when appropriate; the use of wireless service would increase the ease and speed in which photos can be shared with supervisors and experts while caseworkers remain in the field
Information from previous related cases	No access in the field to review previous history of client	The Mobile Caseworker application available on the Tablet PC will provide immediate access to client history to allow for more thorough case decision making; this does not rely on wireless service, so workers would have constant access to this information
Supervisor involvement	Access to supervisors limited to in-office contacts and phone conversations as time allowed	Tablet PC with messaging capability and wireless access (when service is available) would facilitate an additional method for caseworkers to contact supervisors other than by phone; may allow workers to supply supervisors with additional case information through digital pictures or other documentation

Aspect of Mobile Technology	Past Process	New Process
Subject matter expert involvement	No specific policy; no availability of subject matter experts in the field	Alignment of new policies and specialized staff with technology resources will provide the field with additional expertise through telemedicine videophones and Tablet PCs
Referrals to mental health	No subject matter experts available to assist in making appropriate determination	Access to subject matter experts while in the field through telemedicine videophones and Tablet PCs
Complex cases	No formal process for supervisor input or review of complex cases while in the field	Tablet PC with messaging capability and wireless access (where service is available) would facilitate an additional method for caseworkers to contact supervisors other than the phone; this may allow workers to supply supervisors with additional case information through digital pictures or other documentation
Documentation accuracies and efficiencies	No ability to input client information while in the field	Use of mobile technology in the field allows for immediate entry of client information that may decrease the likelihood of lost information or inconsistent note transfer; use of voice and handwriting recognition resources reduces the time spent on the documentation effort
Casework quality	Varied based on inconsistency in investigative processes across the state and limited supervisor involvement	The use of “wizards” provides assistance with the investigative process and ensures consistency in caseworker methodology

Aspect of Mobile Technology	Past Process	New Process
Caseworker travel efficiencies	Reliance on city maps and other paper resources to locate clients and plan routes as well as time spent documenting travel for reimbursement	Use of map routing software that could reduce time in planning and documenting travel effort and expenses

Accomplishments to date

- Identified costs to implement enhancements.
- Defined investigative process in chronological sequence steps.
- Determined high-level requirements for mobile caseworker system which will include:
    - Access to supervisor for consultation purposes using digital photography and electronic messaging.
    - Access to electronic version of policies and procedures.
- Determined high-level requirements for wireless access.
- Determined high-level requirements for telemedicine pilot.

Next steps

- Secure software and hardware upon funding approval.
- Test and determine model of Tablet PC that meets performance expectations.
- Develop basic image for Tablet PC for initial test (a full image will be developed at a later date so the Tablet PC can be used whether in the field or the office in place of a desktop).
- Test and determine scope of wireless connectivity on Tablet PC (a wide variety of options exist that should be explored).
- Design/develop/test custom application components of the mobile caseworker system.
- Acquire mobile technology, train staff, and rollout statewide.
- Implement wireless connectivity on Tablet PC.
- Purchase videophones and videoconferencing equipment once funding is secured.
- Contract with provider that performs telemedicine assessment services.
- Implement teleconferencing statewide.

Records retention

APS interactions with clients are documented in the case file. Case files, electronic and paper, must be kept in accordance with policies established in the DFPS retention schedule. APS is improving the system as described below:

Aspect of Records Retention	Past Process	New Process
Managing records	Various systems across state for managing records	Implementing, as part of HHS enterprise records management, the System of Automated and Organized Records (SOAR) as a tool to assist in tracking records activities and compliance; designation of APS record coordinators and training regarding DFPS/APS records management policies and procedures
Definitions	Policy for merging cases creates confusion related to record retention	Policy for merging cases provides clear guidance on official closure of previous cases to ensure compliance with record retention statutes
Destruction of records	Compliance with statutory destruction of records not consistent across state	System in place to ensure compliance with statutes regarding destruction of cases

Accomplishments to date

- Adopted new records tracking system.

Next steps

- Finalize policy on merging cases to include case closure dates to ensure compliance with agency record retention policies and procedures.
- Update APS handbook regarding records management to ensure compliance with record retention periods.
- Train staff on agency records management policies and procedures.
- Hire temporary staff to handle backlog of case merging facilitating case file destruction in compliance with retention time periods.
- Implement new system to track record activities and monitor compliance.

Training

APS caseworkers face complex social, economic, ethical, and legal situations and must make sound, reliable judgments that result in good outcomes for clients within the parameters of program policy and law. For new APS workers, there is a vast amount of

information to comprehend and master. In addition, to remain effective, APS caseworkers must keep abreast of changing social, economic, and legal conditions.

A good training program prepares staff to apply policies and procedures appropriately. It also prepares caseworkers through experiential learning – assisting them as they confront real cases that reflect the variety and breadth of issues caseworkers will face. Additionally, it makes training readily accessible with computer based training where appropriate and face-to-face training when necessary. Training should support staff with specialized instruction in complex topics such as self-neglect and financial exploitation. Finally, continuing education should be required annually to keep pace with changing conditions.

Governor Perry has provided APS a three-year training grant totaling $1.5 million under the Workforce Investment Act administered by the Texas Workforce Commission (TWC). The APS training program will see a number of improvements:

Aspect of Training	**Past Process**	**New Process**
Computer based training	Very limited computer based training	Computer based training option which will cover dimensions of the APS program providing ready and flexible access for caseworkers
Field training	No consistent formal field training	Comprehensive and systematic field training supported by 10 computer based training modules and guided by hands on trainers in the field
Accountability	No formal training plans for staff	Individual training plan for each caseworker identified and monitored centrally
Specialized training	Little specialized training with no formal policy on who receives it	Clearly identified specialized training in self neglect, financial exploitation, community relations and other special topics as needed; training requirements for staff specified in policy
Continuing education	None required; voluntary certification process provides continuing education	Policy states that each caseworker and supervisor will have 18 hours of relevant continuing education training annually

Aspect of Training	Past Process	New Process
Supervisor training	Five day basic skills development; voluntary certification process	Superior basic skills development training redesigned to focus on performance management and community relations
Accessibility	Training facilities in Austin; occasional training in field when cost effective	Nine regional trainers available for training to supplement computer based training

Accomplishments to date

- Revised the training process.
- Received a $1.5 million grant from TWC's Workforce Investment Act fund to implement the new training program.

Next steps

- Post job announcements and hire nine regional trainers.
- Develop and deliver training based on revised policy and procedures for investigation and service delivery, including the use of the new risk assessment tool.
- Develop and provide specialty training in self-neglect and financial exploitation.
- Provide training to new guardianship staff in DADS.
- Develop and provide training on building and supporting community and judicial relations.
- Increase the number of advanced training workshops to be delivered at regional locations providing a minimum of 18 hours of continuing education for APS staff.
- Provide advanced training to APS specialists in financial exploitation, self-neglect, investigations, and community development and secure appropriate national certification for these positions.

Actions Related to Working with Community Partners

Protective services represent only one aspect of the full array of services that adults with disabilities and the elderly may need for quality of life. An important component of meeting the needs of clients is to identify the resources, which include services provided at the local level by community groups, churches, cities, counties, etc. HHSC is implementing a number of improvements to ensure better working relationships with these community partners. Best practice tools have been developed for APS staff to strengthen ties with community groups. A comprehensive communication plan will be implemented to ensure that community partners and the public receive information on the

issues of abuse, neglect and exploitation, and services available to Texans who are elderly or have disabilities.

HHSC has worked diligently to ensure positive working relationships with court systems across the state. Improvements include the development of best practice tools for building and maintaining these relationships and APS policy for caseworkers and management while engaged in the judicial process.

Community Relations

APS relies on local providers and other health and human service programs for services to its clients. For APS clients who are already receiving long-term services from other entities, it is important that protective services are appropriately coordinated. The volume and wide variety of client services needed require APS to build, maintain, and support community groups to ensure ready access to the services.

APS cannot be entirely responsible for the actions of other community groups in building and maintaining good relationships. However, expectations for APS staff involvement in building community relations can be established, and tools can be provided to assist in meeting those expectations.

Community groups have been involved in APS reform from the beginning as described in the implementation plan of July 12, 2004. HHSC has worked with APS to ensure that the program builds and maintains positive and productive community relations across the state:

Aspect of Community Relations	Past Process	New Process
Building networks	Well developed networks in some areas but not consistent across the state; local training of APS staff of inconsistent quality	Uniform guidelines for building community networks and enhanced training in all regions of the state
Resource development	Inconsistent level of resources across the state; no training on resource building	Uniform guidelines for resource development and enhanced training provided
Communication	No standard for communications	Comprehensive communication plan ensures ongoing, consistent messages about APS services

Aspect of Community Relations	Past Process	New Process
Accountability	No standard practice for community relations	Policy defines role of staff, managers, and subject matter experts in building and maintaining community relations
Expertise	Expertise on community relations not readily available to all staff	Specialized subject matter experts on community relations located in the regions available to support supervisors and staff
Assessment	No formal assessment of quality	Clear performance standards for staff, managers, and subject matter experts; corrective action plans required where deficiencies are noted
Monitoring	No formal system	Community groups surveyed every two years

Accomplishments to date

- Completed community relations development guide.
- Completed guide on building community resources.

Next steps

- Complete communication plan.
- Complete the first community relations survey to gather baseline data.
- Complete development of policy on community relations including staff roles and responsibilities.
- Define appropriate performance measures and standards.
- Hire community relations specialists around the state.
- Develop and implement training on community relations guidelines.
- Develop and implement training guide for building resources.
- Develop and implement training on the staff and community communication plan.
- Complete baseline survey and implement corrective action as needed.

Judicial and Law Enforcement Relations

APS casework involves significant interaction with the judiciary and law enforcement when legal intervention is sought for investigations or guardianship services. APS staff

must provide accurate information to support the legal action requested. APS should strive to promote and improve these relationships statewide.

HHSC has worked with APS, along with members from the judiciary and law enforcement from around the state, to identify problems and propose solutions. The following improvements to the APS program are underway:

Aspect of Judicial or Law Enforcement Relations	Past Process	New Process
Policy	No standard practice for relations with judiciary and law enforcement	Uniform guidelines for working with judiciary and law enforcement
Quality of information	Inconsistent quality of information provided to judiciary	Well documented casework with accurate information available to judiciary
Training	Limited training on judicial and law enforcement interactions	Training provided to all staff based on uniform guidelines; training on APS can be offered to law enforcement academy training programs
Accountability	No formal rules and responsibilities establishing who was responsible for judicial and law enforcement relations	Policy defines role of staff, supervisor, and subject matter experts in building and maintaining judicial and law enforcement relations
Expertise	Persons with expertise on judicial and law enforcement relations not readily available to all staff	Specialized subject matter experts on judicial and law enforcement relations support supervisors and staff across the state
Assessment	No formal assessment of quality of judicial relationships	Clear performance standards tied to supervisor and subject matter experts; corrective action plans required where deficiencies are noted
Monitoring	No formal system	Judiciary and law enforcement groups surveyed every two years

Accomplishments to date

- Completed uniform guidelines for APS staff on working with the court system and law enforcement.
- Incorporated training on APS services into every law enforcement academy training program in Texas.

Next steps

- Hire community relations specialists around the state.
- Develop and implement training for staff on uniform guidelines.
- Complete baseline survey and implement corrective action plans as needed.

Legislative Issues

Existing statutes sufficiently support the programmatic reforms to the APS program. However, several issues have been identified that may benefit from legislative actions. These issues are discussed in this section. HHSC will continue to work with legislative leadership on specific recommendations. Current issues include:

- Sharing information with community organizations.
- Administrative location of state guardianship program.
- Improvements to guardianship in Texas.
- Role of law enforcement in APS investigations.
- Emergency removal procedures.

Sharing information with community organizations

APS has been subject to scrutiny because clients found to be at risk, but not lacking capacity, have refused services. APS does not now make referrals in these cases because state law limits APS caseworkers' ability to share information with third parties outside of the investigative process unless the client expressly approves. This limitation may prevent APS from obtaining timely and meaningful assistance from community organizations for vulnerable persons whose conditions do not rise to a level that requires immediate intervention. The enhanced risk assessment process will likely identify more situations in which clients are at risk.

Expanding APS' authority to share information with community organizations and local governments for the specific purpose of addressing an elderly person's or disabled adult's medical, housing, or social service needs would address this issue. Regulating community organizations' and local governments' use of this information for these purposes may also be necessary.

Location of state guardianship program

The state guardianship program and the program charged with investigating abuse, neglect, or exploitation are by statute administered by DFPS. This presents at least two potential conflicts of interest. First, guardianship staff assigned responsibility for wards who may be the subject of an APS investigation are in the same program as the caseworkers investigating the allegation. This may result in investigations not being as independent and unbiased as is desirable.

Second, the decision to seek guardianship may be influenced by factors other than the client's need for guardianship services. The decision may be unintentionally influenced by staff perceptions of the availability of services or the burden of adding to their own workload. As a result, some cases that should be considered by the court for guardianship might not be referred appropriately.

HHSC has taken steps to address this issue by transferring, via interagency contract, the guardianship program operations from DFPS to DADS. However, DFPS will remain the legal entity responsible for the care of wards until legislation is enacted to transfer guardianship responsibility from DFPS to DADS.

Improvements to guardianship in Texas

Legislation addressing guardianship issues would be of assistance in the following areas:

- Clarity of court system role and responsibilities in guardianship.
- Clarity in the referral process for guardianship.
- Expand statewide availability of alternatives to guardianship.
- Determination of guardian of last resort.
- Oversight of private guardians and local guardianship programs.

Clarity of court system role and responsibilities in guardianships

Across Texas, a variety of attorneys represent the state in guardianship cases including district attorneys, county attorneys and specialized probate attorneys. Guardianship cases are heard in a variety of court settings including district, probate, county-court-at-law courts, or county courts. The current structure is confusing and challenging to navigate for caseworkers and the public.

Clarity in the referral process for guardianship

APS may refer individuals for guardianship as a result of a valid investigation of abuse, neglect or exploitation. The Probate Code allows any citizen to contact the probate court or county court with concerns about incapacitated individuals who may need guardianship services. Jurisdictional differences can result in inconsistent referrals and

guardianship appointments. This lack of clarity and the resultant confusion often has a negative impact on the incapacitated individual.

The statewide lack of uniformity in guardianship referrals and in the appointment and monitoring of guardians results in a wide variety of fee structures, complaint resolution options, quality of care, and financial relationships among those involved in guardianships. This can result in confusion of roles, duplication of effort, and gaps in appropriate oversight.

Expanding statewide availability of alternatives to guardianship

APS considers guardianship for clients who do not have the capacity to understand or control risk of abuse, neglect or exploitation in their lives. Traditionally, this capacity has been defined in medical terms as severe mental or functional disability. Experience indicates that a growing number of individuals seen by APS have more limited and focused capacity deficits that may not meet medical definitions but nevertheless result in high levels of risk for abuse, neglect and exploitation.

For many of these individuals, guardianship can be avoided by providing long term services directed specifically at reducing risk. This is a more effective, client sensitive approach than guardianship services.

Determination of guardian of last resort

Along with the variation in judicial responsibilities across Texas, there is wide variation in the provision of guardianship services. Guardianship providers include for-profit and non-profit entities, as well as the state. Options for judges vary across the state with less populated areas having fewer, if any, private service providers to appoint as guardians. Opportunities for individuals needing guardianship are also limited, as private entities may opt not to take responsibility for individuals with more resource intensive needs.

Currently, APS accepts guardianship only for those individuals who have been the victims of abuse, neglect or exploitation, or for children aging out of foster care who require a guardian. However, some judges appoint APS to serve as guardians to individuals who are not victims of abuse, neglect and exploitation or were not children in the state's care. The volume, complexity, and cost of these cases is increasing.

Oversight of private guardians and local guardianship programs

There is great variation in the availability and quality of care provided by private professional guardians or local guardianship programs. HHSC is required to develop statewide guardianship standards. However, state law does not require private, professional guardians to be licensed or certified. An appropriate entity with the requisite skills to perform legal oversight and regulation of private professional guardians should be considered.

Role of law enforcement in APS investigations

Law enforcement plays a critical role in assuring the health and safety of individuals who are the victims of or may be at risk of abuse, neglect, or exploitation. Under current statute, APS reports to law enforcement after a finding is reached. Early police involvement in cases where criminal conduct may have occurred would help ensure that appropriate evidence is collected and secured to effectively prosecute such cases. An early reporting requirement for APS cases where abuse, neglect, and exploitation of a criminal nature may have occurred with require increased law enforcement investment and involvement.

Emergency removal procedures

Emergency removals are used to protect individuals from immediate harm. Currently, emergency removals may be obtained from the court for a 72-hour period, with a 14-day extension if deemed necessary. During this time, the caseworker must fully assess the risk and develop an appropriate plan for reducing that risk. Caseworkers report that 14-day extensions are common but still do not provide enough time in many cases to ensure the risk has been reduced particularly in cases that involve exploitation. A 21 to 30 day extension would allow the necessary time to develop an appropriate plan for reducing risk to clients.

A medical doctor must sign petitions for emergency removals unless the incident occurs when the court is closed, such as nights or weekends. In some cases, caseworkers are unable to obtain the participation of a medical doctor in the assessment process because the petition may be requested at a time when a doctor is not available. Caseworkers cannot proceed without this approval during normal working hours. Allowing other designated medical health professionals to make a determination when a medical doctor is not available may help ensure medical consultation and concurrence is received in a timely manner and provide more safety to the individual being served.

Reform Cost Estimates

HHSC has developed cost estimates that total $34.1 million for corrective actions associated with the reform of APS. Cost estimates cluster into three categories:

- Staffing costs, including casework, specialty, and training staff.
- Program support costs including training and handbook edits.
- Technology costs including changes to IMPACT and the implementation of mobile technology.

About 38 percent of the proposed $34.1 million cost estimate is scheduled for fiscal state fiscal year 2005. Two-thirds of the cost in 2005 is related to improvements in technology, such as updating the DFPS casework management system, IMPACT, to

reflect new policies and procedures regarding investigation and service delivery and the implementation of mobile technology. For the 2006-2007 state fiscal biennium, costs primarily reflect maintenance of staffing and other programmatic improvements. These costs are detailed in Appendix D.

As previously noted, Governor Perry provided HHSC with $1.5 million from TWC's Texas Workforce Investment Act fund to improve training.

Conclusions

Short-term actions

Immediate staffing needs to address issues raised in HHSC's analysis of APS are being addressed. In El Paso, a new investigation unit has been added and APS is in the process of hiring a regional director to oversee operations. APS has worked quickly to address the casework concerns identified by the OIG in its review of cases.

HHSC has worked with APS to strengthen the policies and procedures for investigations and service delivery that are the backbone of this reform effort. These revisions are supported by the newly developed and tested client assessment and risk evaluation tool. APS is now adjusting training curricula and developing the technical changes in the IMPACT system to fully implement these changes. Full implementation is expected by spring 2005.

APS is strengthening program management, revising the administrative structure, and is strategically deploying specialized staff and training resources. This organizational structure is expected to be fully in place by spring 2005.

Long-term actions

HHSC will continue to work to develop and implement performance standards based on the revised investigation and service delivery processes. The process for collecting and reporting on these standards will be built into the IMPACT system changes to ensure data is timely and accurate. These changes should be in place by summer 2005.

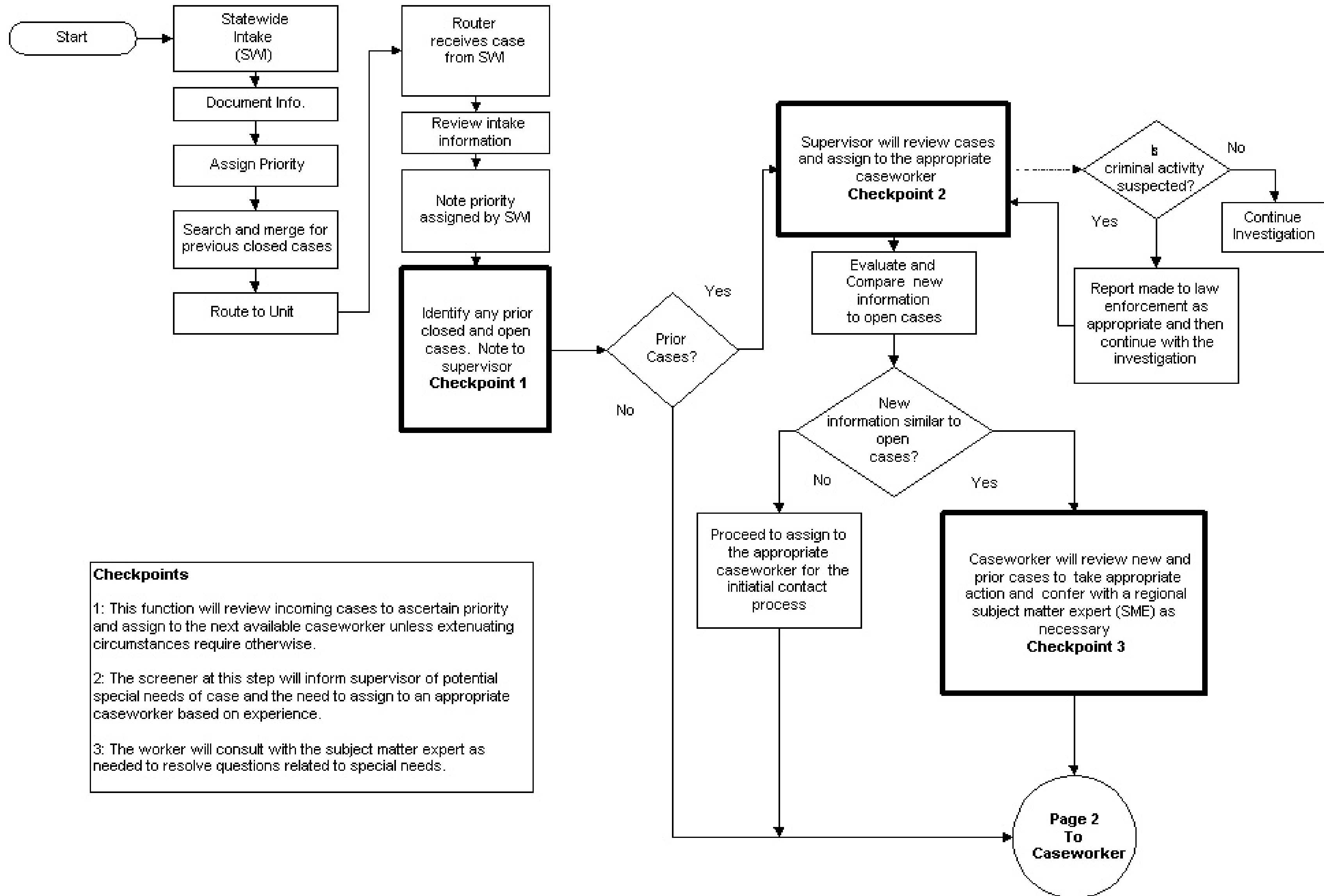
APS is laying the groundwork to implement mobile technology. Full rollout of these tools will occur shortly after the IMPACT modifications are completed next summer.

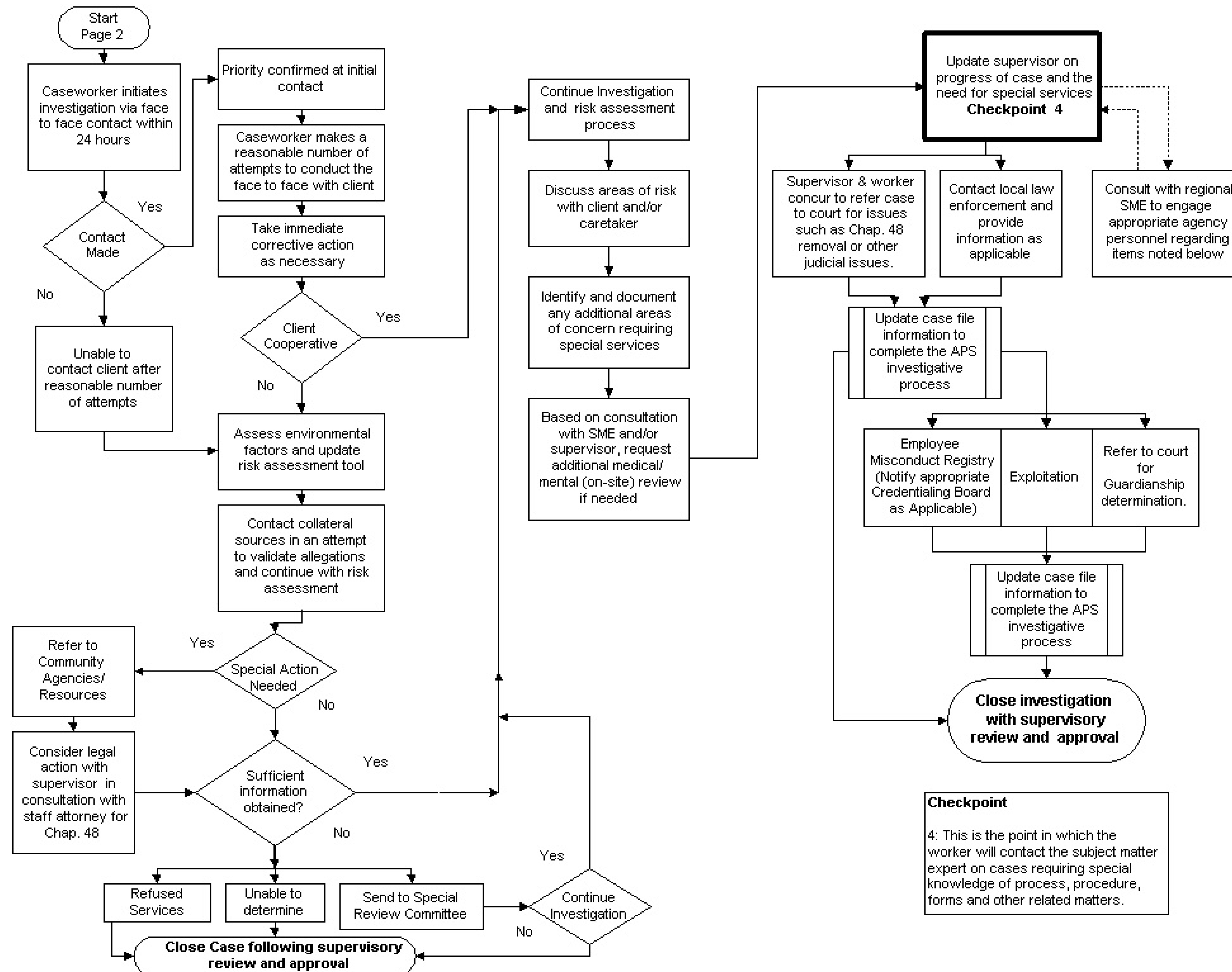
APS will continue to solidify its work to build and maintain community, judicial, and law enforcement relations. Specialized staff will have tools and the results of the local surveys will help staff develop strong and effective networks. Significant improvements are anticipated by summer 2005.

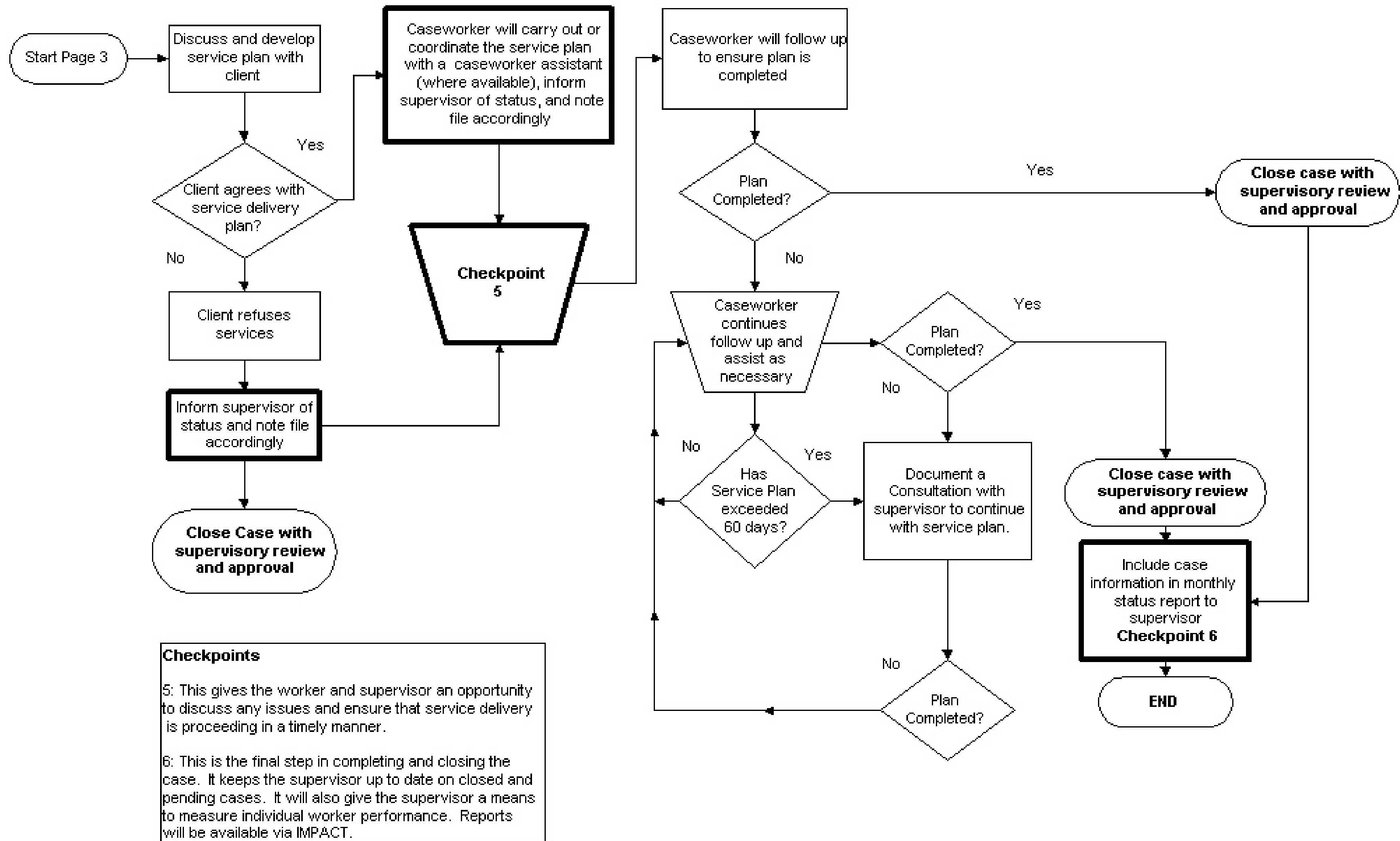
HHSC continues to oversee the APS reform effort and is directing the activity of several internal review workgroups developing and implementing the identified corrective actions.

APS will use its enhanced performance management system to assure that good casework continues to result in positive client outcomes that protect the elderly and people with disabilities in Texas.

Appendix A: APS Investigative Process




Start
Page 2
Caseworker initiates investigation via face to face contact within 24 hours
Contact Made
Yes
No
Unable to contact client after reasonable number of attempts
Priority confirmed at initial contact
Caseworker makes a reasonable number of attempts to conduct the face to face with client
Take immediate corrective action as necessary
Client Cooperative
Yes
No
Assess environmental factors and update risk assessment tool
Contact collateral sources in an attempt to validate allegations and continue with risk assessment
Special Action Needed
Yes
No
Refer to Community Agencies/ Resources
Consider legal action with supervisor in consultation with staff attorney for Chap. 48
Sufficient information obtained?
Yes
No
Refused Services
Unable to determine
Send to Special Review Committee
Continue Investigation
Yes
No
Close Case following supervisory review and approval
Continue Investigation and risk assessment process
Discuss areas of risk with client and/or caretaker
Identify and document any additional areas of concern requiring special services
Based on consultation with SME and/or supervisor, request additional medical/ mental (on-site) review if needed
Update supervisor on progress of case and the need for special services
Checkpoint 4
Supervisor & worker concur to refer case to court for issues such as Chap. 48 removal or other judicial issues.
Contact local law enforcement and provide information as applicable
Consult with regional SME to engage appropriate agency personnel regarding items noted below
Update case file information to complete the APS investigative process
Employee Misconduct Registry (Notify appropriate Credentialing Board as Applicable)
Exploitation
Refer to court for Guardianship determination.
Update case file information to complete the APS investigative process
Close investigation with supervisory review and approval
Checkpoint
4: This is the point in which the worker will contact the subject matter expert on cases requiring special knowledge of process, procedure, forms and other related matters.



Checkpoints

5: This gives the worker and supervisor an opportunity to discuss any issues and ensure that service delivery is proceeding in a timely manner.

6: This is the final step in completing and closing the case. It keeps the supervisor up to date on closed and pending cases. It will also give the supervisor a means to measure individual worker performance. Reports will be available via IMPACT.

Appendix B: Client Assessment and Risk Evaluation

Test Site ____ Code_____

TEXAS ADULT PROTECTIVE SERVICES
CLIENT ASSESSMENT & RISK EVALUATION

Client Name (last, first, middle)	
Case #	APS Caseworker Name

ASSESSMENT INSTRUCTIONS

Complete the "*Life or Health Threatening?*" section below and then assess all five domains: *Living Conditions, Financial Status, Physical/Medical Status, Mental Status, and Social Interaction and Support*. In each domain, items are organized into categories. Narrative comments are required for each domain, as follows:

For Summary Assessments:
- ✓ **Comment if all responses to item 2 are "no."**

For Detailed Assessments:
- ✓ **Comment on each M rating, each H rating, and each UTD rating.**
- ✓ **Comment on each L rating in the category of items related to the allegation(s).**

**** Life or Health Threatening? ****

Check box 1 OR box 2:

1. ☐ A life or health threatening condition exists. The situation is extremely serious, and 9-1-1, police, client's immediate removal, or other appropriate action is needed within 24 hours. **(Once the situation/client has been stabilized, complete all assessment domains.)**

COMMENTS: *(Required if box 1 is checked)*

ACTIONS: *(Required if box 1 is checked)*

2. ☐ A life or health threatening condition does not exist. **(Proceed with client assessment.)**

I. LIVING CONDITIONS

A. Summary Assessment

1. Is this domain a focus of the allegation?

☐ Yes (**Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Go to item 2.)**

2. Based on worker observation, the client's statements, and all other evidence, is there reason to believe there are problems in the following aspects of Living Conditions?

Availability of shelter

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Grounds/Structure of Home

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Hazards

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Sanitation of Home

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Necessary Resources

☐ Yes **(Go to Detailed Assessment.)**

☐ No

If all answers on item 2 are "no":

- **Provide documentation for item 2 decisions in *Comments* (section C).**
- **Do not complete Detailed Assessment.**

B. Detailed Assessment

Availability of Shelter	**L**	**M**	**H**	**NA**	**UTD**
01. Availability of a home					
02. Foreclosure, eviction, condemnation					
Grounds/Structure of Home	**L**	**M**	**H**	**NA**	**UTD**
03. Conditions attract, harbor pests					
04. Water, Sewage					
05. Structural Soundness of home					
Hazards	**L**	**M**	**H**	**NA**	**UTD**
06. Fire hazards					
07. Weapons					
08. Drugs					
09. Animals					

10. Risk of falling					
Sanitation of Home	**L**	**M**	**H**	**NA**	**UTD**
11. Odors					
12. Garbage					
13. Pest, rodent infestation					
14. Clutter					
15. Food storage					
16. Kitchen, bathroom					
Necessary Resources	**L**	**M**	**H**	**NA**	**UTD**
17. Utilities					
18. Transportation					
19. Food					

SEVERITY OF PROBLEMS:
Low (L) — No problem or minimal problem.
Medium (M) — Problem exists.
High (H) — Severe problem exists.
NA — Not applicable.
UTD — Unable to determine.

C. Comments *(Required)*

II. Financial Status

A. Summary Assessment

1. Is this domain a focus of the allegation?

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Go to item 2.)**

2. Based on worker observation, the client's statements, and all other evidence, is there reason to believe there are problems in the following aspects of Financial Status?

Income/Benefits

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Financial Management

☐ Yes **(Go to Detailed Assessment.)**

☐ No

If all answers on item 2 are "no":

- **Provide documentation for item 2 decisions in *Comments (*section C).**
- **Do not complete Detailed Assessment.**

B. Detailed Assessment

Income/Benefits	**L**	**M**	**H**	**NA**	**UTD**
20. Income, expenses					
21. Benefits, resource					
Financial Management	**L**	**M**	**H**	**NA**	**UTD**
22. Client's management of own finances					
23. Caregiver's management of client's finances					
24. Use of client's income or assets by others					
25. Unusual financial activity					

SEVERITY OF PROBLEMS
Low (L) — No problem or minimal problem.
Medium (M) — Problem exists.
High (H) — Severe problem exists.
NA — Not applicable.
UTD — Unable to determine.

C. Comments *(Required)*

III. Physical/Medical Status

A. Summary Assessment

1. Is this domain a focus of the allegation?

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Go to item 2.)**

2. Based on worker observation, the client's statements, and all other evidence, is there reason to believe there are problems in the following aspects of Physical/Medical Status?

Physical Condition/Disability

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Illness/Medication

☐ Yes **(Go to Detailed Assessment.)**

☐ No

If all answers on item 2 are "no":

- **Provide documentation for item 2 decisions in *Comments (*section C).**
- **Do not complete Detailed Assessment.**

B. Detailed Assessment

Physical Condition/Disability	**L**	**M**	**H**	**NA**	**UTD**
26. Apparent injuries					
27. Skin condition					
28. Nourishment, hydration					
29. Sleep, rest					
30. Grooming, hygiene, cleanliness					
31. Activities of Daily Living (ADLs)					
Illness/Medication	**L**	**M**	**H**	**NA**	**UTD**
32. Health					
33. Self-administration of medication					
34. Medical supplies, medications					
35. Danger to others					

SEVERITY OF PROBLEMS:
Low (L) — No problem or minimal problem.
Medium (M) — Problem exists.
High (H) — Severe problem exists.
NA — Not applicable.
UTD — Unable to determine.

C. Comments *(Required)*

IV. Mental Status

A. Summary Assessment

1. Is this domain a focus of the allegation?

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Go to item 2.)**

2. Based on worker observation, the client's statements, and all other evidence, is there reason to believe there are problems in the following aspects of Mental Status?

Cognitive/Mental Status and Functioning

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Problem Solving

☐ Yes **(Go to Detailed Assessment.)**

☐ No

If all answers on item 2 are "no":

- **Provide documentation for item 2 decisions in *Comments (*section C).**
- **Do not complete Detailed Assessment.**

B. Detailed Assessment

Cognitive/Mental Status and Functioning	**L**	**M**	**H**	**NA**	**UTD**
36. Orientation					
37. Thought process					
38. Affect, mood					
39. Thoughts of suicide, homicide, self-injury					
40. Bizarre behavior					
41. Recall of recent events					
42. Mental illness, dementia					
43. Alcohol or substance abuse by client					
44. Mental retardation					
Problem Solving	**L**	**M**	**H**	**NA**	**UTD**
45. Understanding, identifying and solving problems					

SEVERITY OF PROBLEMS:
Low (L) — No problem or minimal problem.
Medium (M) — Problem exists.
High (H) — Severe problem exists.
NA — Not applicable.
UTD — Unable to determine.

C. Comments *(Required)*

V. SOCIAL INTERACTION AND SUPPORT

A. Summary Assessment

1. Is this domain a focus of the allegation?

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Go to item 2.)**

2. Based on worker observation, the client's statements, and all other evidence, is there reason to believe there are problems in the following aspects of Social Interaction and Support?

Isolation/Connectedness

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Relationship with Others

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Response to Care/Abuse

☐ Yes **(Do not complete item 2. Go to Detailed Assessment.)**

☐ No **(Continue with item 2.)**

Caregiver Characteristics

☐ Yes **(Go to Detailed Assessment.)**

☐ No

If all answers on item 2 are "no":

- **Provide documentation for item 2 decisions in *Comments* (section C).**
- **Do not complete Detailed Assessment.**

B. Detailed Assessment

Isolation/Connectedness	**L**	**M**	**H**	**NA**	**UTD**
46. Involvement with family, community					
47. Feelings of loneliness, isolation					
48. Community resources					
49. Access to emergency help					
50. Autonomy					

Relationship with Others	**L**	**M**	**H**	**NA**	**UTD**
51. Ongoing relationships					
52. Effects of others' actions					
Response to Care / Abuse	**L**	**M**	**H**	**NA**	**UTD**
53. Responsiveness to care					
54. Responses to abuse, neglect by others, exploitation					
Caregiver Characteristics	**L**	**M**	**H**	**NA**	**UTD**
55. Caregiver alcohol or drug abuse					
56. Caregiver stress, burnout					
57. Ability, knowledge, willingness to care for client					
58. History of violence, criminal conviction					

SEVERITY OF PROBLEMS:
Low (L) — No problem or minimal problem.
Medium (M) — Problem exists.
High (H) — Severe problem exists.
NA — Not applicable.
UTD — Unable to determine

C. Comments *(Required)*

RATING EXAMPLES

I. Living Conditions

AVAILABILITY OF SHELTER

01. Availability of a home
L – Habitable shelter available.
M – Temporary shelter available.
H – Homeless with no access to shelter, or living in vehicle.
NA – (Do not use)

02. Foreclosure, eviction, condemnation
L – No notice received.
M – Notice received, but foreclosure, eviction, or condemnation not imminent.
H – Notice received and foreclosure, eviction, or condemnation is imminent.
NA – Homeless.

GROUNDS/STRUCTURE OF THE HOME

03. Conditions attract, harbor pests
L – Grounds contain no stagnant water, high weeds or grass, abandoned furniture, non-working appliances, discarded tires, etc.
M – Potential attraction or harborage of disease-carrying pests, but no infestation.
H – Observable conditions such as stagnant water, high weeds or grass, abandoned furniture, non-working appliances, discarded tires, etc., that are attracting mosquitoes or vermin such as rodents.
NA – Homeless.

04. Water, sewage
L – Adequate drinking/washing water and sewage disposal.
M – Malfunctioning plumbing or unreliable availability of drinking/washing water or sewage disposal.
H – Lack of access to drinking/ washing water, or no effective sewage disposal.
NA – Homeless.

05. Structural soundness of home
L – Structure adequate and sound.
M – Structure needs improvement but poses no immediate safety hazard. Generally adequate for client needs.
H – Home is unsound. Major structural problems. Home repair resources unavailable.
NA – Homeless.

06. Fire hazards
L – No fire hazards, working smoke detectors observed, and client has feasible escape plan.
M – Presence of fire hazards (e.g., frayed wiring and electrical cords, overloaded outlets, extension cords under rugs, flammable debris or objects close to heat sources, flammable materials improperly stored, poorly placed heaters, client smoking in bed). Client has feasible escape plan or working smoke detectors observed.
H – Presence of fire hazards (e.g., frayed wiring and electrical cords, overloaded outlets, extension cords under rugs, flammable debris or objects close to heat sources, flammable materials improperly stored, poorly placed heaters, client smoking in bed). Client does not have feasible escape plan, **and** there are no working smoke detectors.
NA – Homeless.

07. Weapons
L – No weapons present (observed or reported) or, if there are weapons, they are properly secured with no apparent potential for misuse.
M – Weapons present with potential for misuse against client or others.
H – Weapons present with a high potential for misuse against client or others (e.g., easy access by children, history of violence in home).
NA – (Do not use)

08. Drugs
L – No illegal drugs or drug paraphernalia present (observed or reported).
M – No illegal drugs present, but drug paraphernalia (e.g., bongs, roach clips, crack pipes) present.
H – Presence of illegal drugs or hazardous drug paraphernalia (e.g., needles, burners) presenting an imminent danger to the client, or evidence of drug distribution.
NA – (Do not use)

09. Animals
L – No animals present, or presence does not impair use of the home or prevent self-care.
M – Presence, condition or behavior of animals is threatening to impair use of the home or threatening to prevent self-care.
H – Presence, condition or behavior of animals impairs use of the home or prevents self-care.
NA – (Do not use)

10. Risk of falling
L – No apparent conditions likely to cause a client to trip or fall.
M – Conditions exist that may cause a fall, such as debris or protrusions in walkways, slippery or uneven floors; and, client has difficulty with ambulation.
H – Conditions exist that present imminent risk of falling, client is frail and has history of falling; fall may result in serious injury to client.
NA – (Do not use)

SANITATION OF THE HOME

11. Odors
L – No or minimal odors.
M – Mild odor indicating inadequate sanitation.
H – Strong odors indicating sewage, natural gas or decaying organic matter.
NA – Homeless.

12. Garbage
L – Appropriate management of household garbage.
M – Some garbage or conditions indicating inadequate sanitation.
H – Large quantities of garbage or organic waste accumulation creating a sanitation hazard.
NA – Homeless.

13. Pest, rodent infestation
L – No evidence of pest/rodent infestation.
M – Some evidence of pest/rodents indicating mild infestation; potential sanitation hazard.
H – Visible pest/rodent infestation creating a sanitation hazard.
NA – Homeless.

14. Clutter
L – No or minimal clutter.
M – Accumulating clutter that may impair use of the home or may prevent self-care; impairs mobility.
H –Substantial clutter that seriously impairs use of the home or prevents self-care; impairs mobility.
NA – Homeless.

15. Food storage

L – Proper storage of food.

M – Evidence of inadequate food storage (e.g., decaying food stored in refrigerator).

H – Exposed, decaying food that creates a health risk (e.g., rodents, food poisoning).

NA – (Do not use)

16. Kitchen, bathroom

L – Adequate cleanliness.

M – Lack of cleanliness, but not unsanitary or health hazard.

H – Lack of cleanliness that presents health hazard.

NA – Homeless.

NECESSARY RESOURCES

17. Utilities

L – Operational utilities (e.g., electricity, water, gas, heat/air conditioning, telephone), and temperature and ventilation are appropriate to climate and client's health.

M – Utilities not operable, but do not present an immediate risk to the client's health (e.g., A/C is not functional, but there is adequate ventilation).

H – Utilities not operable or disconnection is imminent, temperature and ventilation not appropriate for client's health.

NA – Homeless.

18. Transportation

L – Access to affordable and reliable method of transportation to make necessary trips to purchase food or obtain medical care.

M – Method of transportation unreliable or too expensive to use consistently, or otherwise unacceptable to client.

H – No access to routine transportation to access food and medical care.

NA – Food and medical care reliably delivered to client (no need for routine transportation).

19. Food

L – Adequate supply of food appropriate for the client's diet with ability to replenish.

M – Inadequate supply of food or food supply is inappropriate for the client's diet.

H – No food and no way to obtain food.

NA – (Do not use)

II. Financial Status

INCOME/BENEFITS

20. Income, expenses

L – Monthly income is adequate to meet all expenses.

M – Occasional or temporary difficulty meeting some expenses **OR** monthly income erratic.

H – Expenses for basic necessities routinely exceed income. Client unable to afford all necessities.

NA – (Do not use)

21. Benefits, resources

L – Client is enrolled in and is receiving all benefits available.

M – Client is not enrolled in all benefits available.

H – Client is not enrolled in any benefits available, is refusing needed benefits, or is at risk of losing current benefits.

NA – Client does not need benefits.

FINANCIAL MANAGEMENT

22. Client's management of own finances

L – Able to manage finances.

M – Manages money fairly well with occasional errors or needs help occasionally.

H – Financial mismanagement results in serious financial problems (e.g., excessive gambling, overspending) and deprivation of basic needs.

NA – Someone else is managing client's money.

23. Caregiver's management of client's finances

L – Caregiver able to manage finances.

M – Caregiver's financial management is adequate with minor problems.

H – Caregiver's financial management results in significant financial problems for the client.

NA – Client is managing own money.

24. Use of client's income, assets by others

L – No use of client's income/assets by others, or there is reasonable, approved use.

M – Others are dependent on client's income/assets with client's consent. The burden on client is moderate.

H – Others are making use of client's income/assets without informed consent or beyond the client's means. Or there is conflict within family regarding client's financial competence.

NA – (Do not use)

25. Unusual financial activity

L – There is no unusual financial activity.

M – (Do not use)

H – There is unusual financial activity that warrants additional investigation (e.g., clear evidence of fraud, unusual transactions such as unusual credit card activity, unexpected name changes on accounts, or missing assets); client's assets are being rapidly depleted, resulting in imminent impoverishment or deprivation of basic needs.

NA – (Do not use)

III. Physical/Medical Status

PHYSICAL CONDITION/DISABILITY

26. Apparent injuries

L – No apparent injuries or only very minor injuries.

M – Injuries on extremities (e.g., skin tears, burns, or minor bruises) that cause minimal pain and result in no or minimal impairment of activities; no signs of infection.

H – Injuries indicative of physical abuse (e.g., bruises in the shape of objects, bilateral bruising suggestive of restraints, multiple injuries in different stages of healing, broken bones, spiral fractures, cuts, punctures, wounds burns, including those in the shape of objects), black eye or signs of facial injury. Signs of infection. Needs medical intervention.

NA – (Do not use)

27. Skin condition

L – Skin is intact with no observable rash, skin problems, pressure sores, bruises, etc.

M – Skin tears, burns, or minor bruises, small cuts, sunburn on distal extremities.

H – Bruising that covers large area (over 3 inches); wounds with signs of infection (e.g., malodorous, pus, redness); wounds filled with insects; gaping wounds; blistered skin from burns.

NA – (Do not use)

28. Nourishment, hydration

L – Adequate muscle mass and skin fat on upper arms, face, buttocks. Moist mouth, normal perspiration.

M – Adequate muscle mass but little skin fat. Underweight or thin.

H – Small muscle mass. Flat or concave abdomen. No obvious skin fat, very thin, weak. Sunken eyes, dry mouth and tongue, absence of normal perspiration, tenting of skin.

NA – (Do not use)

29. Sleep, rest
L – Client is obtaining adequate amount and quality of sleep with no reports of wandering behaviors.
M – Falls asleep in the interview, yawns excessively, and/or take sleeping medications chronically; some minimal complaints of daytime tiredness.
H – Third party reports nocturnal wandering and there is no caregiver or the caregiver cannot create a safe environment for the client.
NA – (Do not use)

30. Grooming, hygiene, cleanliness
L – Appearance and body odor appropriate to setting.
M – Less attention to personal grooming and attire than average person without obvious explanation such as recent intense activity. Minimally soiled.
H – Disheveled. Unkempt. Filthy clothing. Has an unpleasant odor such as urine. Attire entirely inappropriate to the climate. Matted hair.
NA – (Do not use)

31. Activities of daily living (ADLs)
L – Bathes, dresses, grooms, eats, uses the toilet, and ambulates all without assistance **OR** needs help with one or more ADLs and consistently receives it.
M – Needs help with one or more ADLs (e.g., incontinence, inability to transfer) and does not always have it. Needed adaptive equipment or home modification not consistently available.
H – Needs help with one or more ADLs (e.g., incontinence, inability to transfer) and never has it. Needed adaptive equipment or home modification not available.
NA – (Do not use)

ILLNESS/MEDICATION

32. Health
L – Has no health problems that require ongoing intervention or is able to access and manage required interventions independently **OR** has health problems that require ongoing intervention and needs help to access and manage the required interventions. Consistently receives the help needed.
M – Has health problems that require ongoing intervention and needs help to access and manage the required interventions. Does not always receive the help needed, and misses treatments, clinic visits, etc.
H – Has health problems that require ongoing intervention. Never receives the help needed or obtains treatment, resulting in actual or potentially serious harm.
NA – (Do not use)

33. Self-administration of medication
L – Knows medications and their schedules and takes these reliably, or needs help to take medications and consistently receives it.
M – Needs help to take medications and occasionally does not receive it. On rare occasions may miss some doses or take wrong doses.
H – Needs help to take medications and never receives it, resulting in actual or potentially serious harm. Frequently misses some does or takes wrong doses with serious consequences. Client is taking a large number of medications prescribed by different doctors with little or no medication management.
NA – Does not have medications that require self-administration.

34. Medical supplies, medications
L – Has sufficient supplies and medications on hand to cover the duration of the condition or to last until the next doctor/clinic visit, or needs help obtaining supplies and medications and consistently receives it.
M – Needs help to obtain supplies and medications and occasionally does not receive it. Some supplies and medications may be missing.
H – Needs help obtaining supplies and medications, and frequently does not receive it. Out of supplies or medications vital to client's health or has some, but insufficient refills until next doctor/clinic visit or has no scheduled doctor/clinic visit.
NA – Does not need medical supplies or medications.

35. Danger to others
L – Client is not a threat to others (housemates, neighbors, visitors).
M – Some evidence of threat to others but unable to verify, or client makes but does not carry out threats.
H – Client presents a safety risk to others (threat of physical harm, client drives but is unable to do so safely, or client has a dangerous communicable disease).
NA – (Do not use)

IV. Mental Status

COGNITIVE/MENTAL STATUS AND FUNCTIONING

36. Orientation
L – Client can accurately tell date, time, location, and event.
M – Able to name only one or two of the four orientation factors, and client occasionally has a caregiver who can manage client's behavior.
H – Client is totally disoriented; cannot name any orientation factors and/or has tendency to wander from environment; and client does not have a stable caregiver who can manage client's behavior.
NA – (Do not use)

37. Thought processes
L – No noticeable paranoia, suspiciousness or delusional content. Able to answer questions clearly and coherently without prompts.
M – Able to answer questions only with help or prompting. Does not act on delusions or hallucinations.
H – Either needs help to answer questions and doesn't receive it, or answers independently but with responses that reveal paranoia, delusions, or grandiosity.
NA – (Do not use)

38. Affect, mood
L – Client's mood appears appropriate to current circumstances. No unprovoked angry outbursts, laughter, or tearfulness.
M – Unprovoked emotional outbursts that are not directed toward anyone. Some unexplained laughter/tearfulness.
H – Unprovoked emotional outbursts that are directed to specific individuals or groups. Withdrawn with refusal to talk to others.
NA – (Do not use)

39. Thoughts of suicide, homicide, self-injury
L – Client denies thoughts of suicide, homicide, or self-injury.
M – Client or informants report that the client has verbalized feelings of depression and thoughts of suicide, self-injury or homicide. There is no expressed plan for suicide/homicide.
H – Client or informants report that the client has verbalized both thoughts of and a feasible plan to carry out suicide or homicide. May show evidence of self-injury or attempted self-injury or deliberate injury to others. Expresses no remorse or concern for self or others. Weapons readily available or are sought.
NA – (Do not use)

40. Bizarre behavior
L – No evidence of bizarre behavior.
M – Exhibits behaviors that seem bizarre (e.g., rocking, picking at clothes), but are neither verbally nor physically aggressive/violent.

H – Exhibits behaviors that seem bizarre (e.g., cannot sit still, moves constantly, repetitive action to complete task) and is either verbally or physically aggressive/violent.
NA (Do not use)

41. Recall of recent events
L – Can recall recent events, or can report at least one recent newsworthy story.
M – Has difficulty recalling recent events (e.g., breakfast or the reason for APS worker's visit after being told what worker is there for), or the most recent newsworthy story that can be recalled is a couple years old.
H – Cannot recall recent events, cannot report a newsworthy story, reports a story that is decades old, or makes up a false story.
NA – (Do not use)

42. Mental illness, dementia
L – Client has no diagnosis of mental illness or dementia.
M – Has diagnosis of mental illness or dementia that is under effective treatment or management.
H – Diagnosis of mental illness or dementia that is untreated, and client's behavior is harmful to self and others
NA – (Do not use)

43. Alcohol, substance abuse by client
L – No evidence of abuse of alcohol or substances by client (e.g., illicit or prescription drugs).
M – Evidence of occasional abuse of alcohol or substances by client (e.g., illicit or prescription drugs).
H – Evidence of active or chronic abuse of alcohol or substances by client (e.g., illicit or prescription drugs). For example, client has slurred speech, a staggering gait, or bloodshot eyes; or smells of alcohol or drinks during interview; or has fresh needle track marks or other clear evidence of recent drug use.
NA – (Do not use)

44. Mental retardation
L – Client has no diagnosis of mental retardation.
M – Client has diagnosis of mental retardation and has adequate support for daily living.
H – Client has diagnosis of mental retardation but has inadequate support for daily living.
NA – (Do not use)

PROBLEM SOLVING

45. Understanding problems
L – Able to understand, identify and solve current life problems.
M – Understands that there are problems, but cannot articulate scope, extent, or severity, or cannot identify or implement solutions.
H – Does not understand or denies current life problems.
NA – (Do not use)

V. Social Interaction/Support

ISOLATION/CONNECTEDNESS

46. Involvement with family, community
L – Social contacts are varied and frequent.
M – Client sees people with some regularity, but the contacts are either infrequent or limited mainly to people inside the home.
H – Client has little or no contact with others.
NA – (Do not use)

47. Feelings of loneliness, isolation
L – Client expresses no feelings of loneliness or isolation.
M – Client gives passing, mild expression to feelings of loneliness or isolation.
H – Client gives frequent, strong expression to feelings of loneliness or isolation.
NA – (Do not use)

48. Community resources
L – Client or caregiver knows about and is willing to use appropriate community resources.
M – Client or caregiver knows about some appropriate community resources but not others, or has some reluctance to use them.
H – Client or caregiver either has no knowledge of appropriate community resources, or cannot be persuaded to use them.
NA – (Do not use)

49. Access to emergency help
L – Client or caregiver knows how to get help in an emergency. Is willing to do it and has the physical and mental ability to do it. Has the means to do it. Help is close by.
M – Client's or caregiver's abilities, means of communication, or the proximity of help could slow down asking for or receiving help in an emergency.
H – Client's or caregiver's abilities, means of communication, or willingness to call may prevent asking for or receiving help in an emergency.
NA – (Do not use)

50. Autonomy
L – Client has freedom of movement, and there is no undue influence, enforced isolation, or unreasonable confinement.
M – Someone is inappropriately attempting to restrict the client's freedom of movement or trying to control his/her behavior, but client is able to maintain autonomy.
H – Someone is inappropriately attempting to restrict the client's freedom of movement or trying to control his/her behavior, and client is unable to maintain autonomy. Impact is severe.
NA – (Do not use)

RELATIONSHIP WITH OTHERS

51. Ongoing relationships
L – Client has congenial relationships with others in the home and/or those with whom s/he is in frequent contact. Conflict is minimal.
M – Client has occasional or mild conflict with others in the home and/or those with whom s/he is in frequent contact.
H – Client has frequent, severe conflict with others in the home and/or those with whom s/he is in frequent contact, or self-isolates.
NA – There are no others in the home or those with whom s/he is in frequent contact.

52. Effects of others' actions
L – Client suffers no ill effects from the actions or inaction of others in the home and/or those with whom s/he is in frequent contact.
M – Client is mildly or occasionally bothered or inconvenienced by the actions or inaction of others in the home and/or those with whom s/he is in frequent contact.
H – Client suffers anguish, significant deprivation, or physical harm (e.g., violence, sexual abuse) from the actions or inaction of others in the home and/or those with whom s/he is in frequent contact.
NA – There are no others in the home or those with whom s/he is in frequent contact.

RESPONSE TO CARE, ABUSE

53. Responsiveness to care

L – Client welcomes needed care **OR** client mildly or occasionally resists or complains about needed care or care provider.
M – Client frequently or strongly resists or complains about needed care or care provider.
H – Client consistently resists or refuses essential care. Agencies refuse to send care provider to client's home because of client's behavior.
NA – Client needs no care.

54. Response to abuse, neglect by others, exploitation
L – Client has quickly reported and shown unwillingness to tolerate previous validated instances of a/n/e.
M – Client has delayed reporting or minimized previous validated instances of a/n/e.
H – Client did not report previous validated instances of a/n/e or denied that it had happened.
NA – No validated cases of client a/n/e.

CAREGIVER CHARACTERISTICS

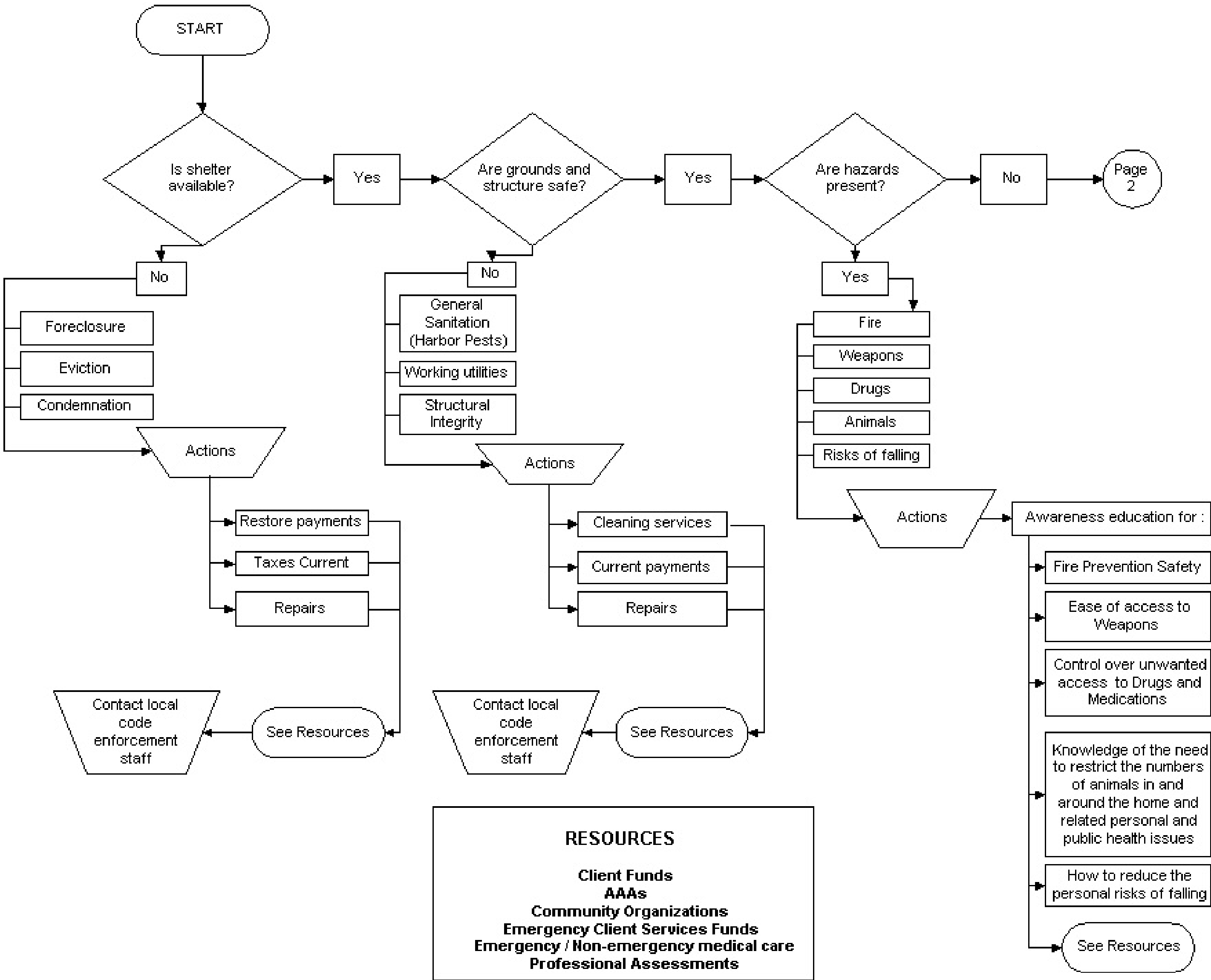
55. Caregiver alcohol, drug abuse
L – No evidence of alcohol or substance abuse by caregiver (e.g., illicit or prescription drugs).
M – Evidence of occasional alcohol or substance abuse by caregiver (e.g., illicit or prescription drugs).
H – Evidence of active or chronic abuse of alcohol or substances by caregiver (e.g., illicit or prescription drugs). For example, caregiver has slurred speech, a staggering gait, or bloodshot eyes; or smells of alcohol or drinks during interview; or has fresh needle track marks or other clear evidence of recent drug use.
NA – There is no caregiver.

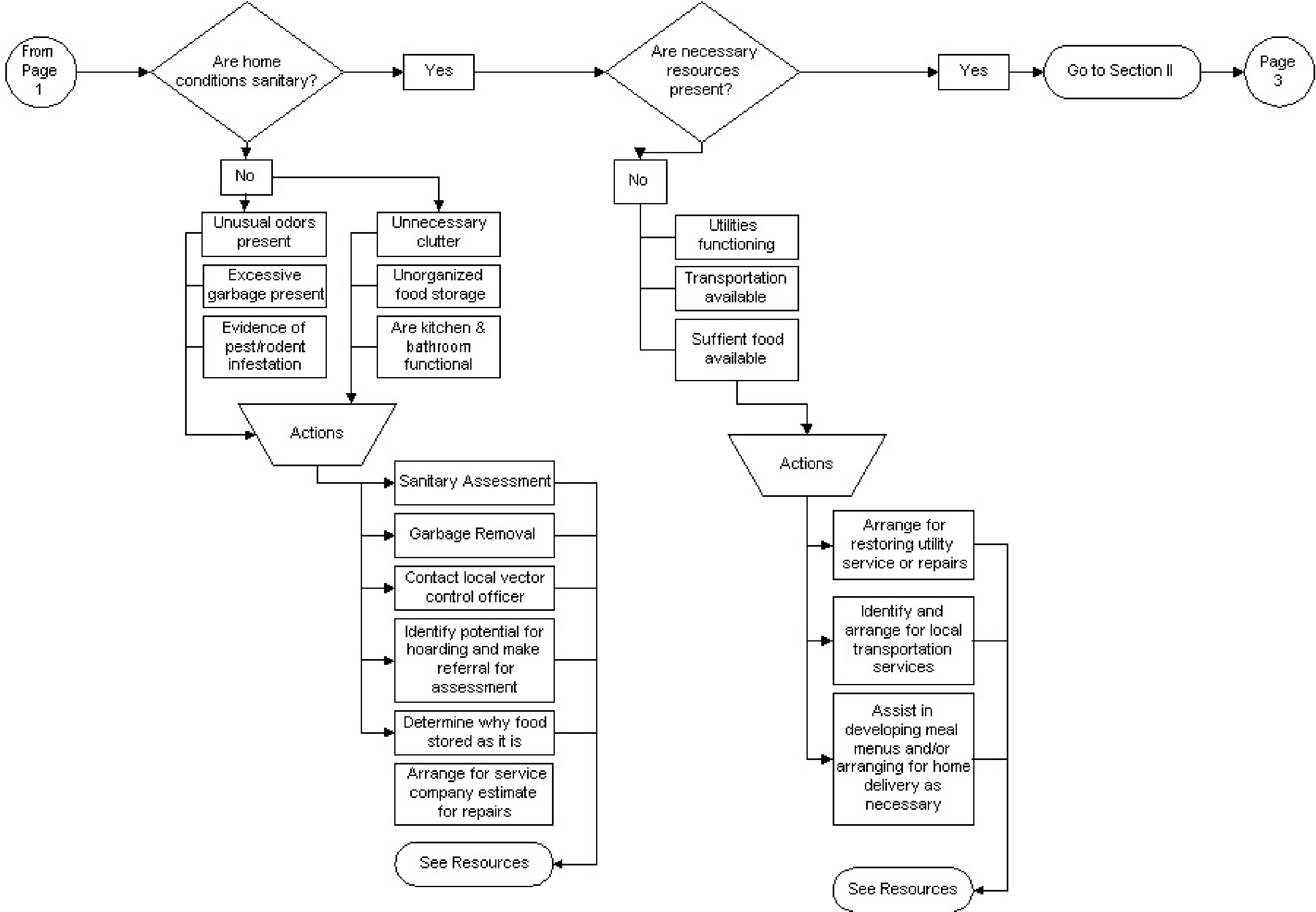
56. Caregiver stress, burnout
L – No evidence of caregiver stress or burnout (e.g., caregiver has social support; other obligations such as marital, parental, or work do not compete with client care).
M – Some evidence of caregiver stress or burnout (e.g., caregiver has some physical, financial or psychological strain but has some social support; other obligations such as marital, parental, or work sometimes compete with client care).
H – Clear evidence of caregiver stress or burnout (e.g., caregiver has physical, financial or psychological strain as well as marital, parental and work obligations that compete with client care; is easily frustrated, irritated, or angered by client; potential depression or has exaggerated emotional outbursts; caregiver has no social support).
NA – There is no caregiver.

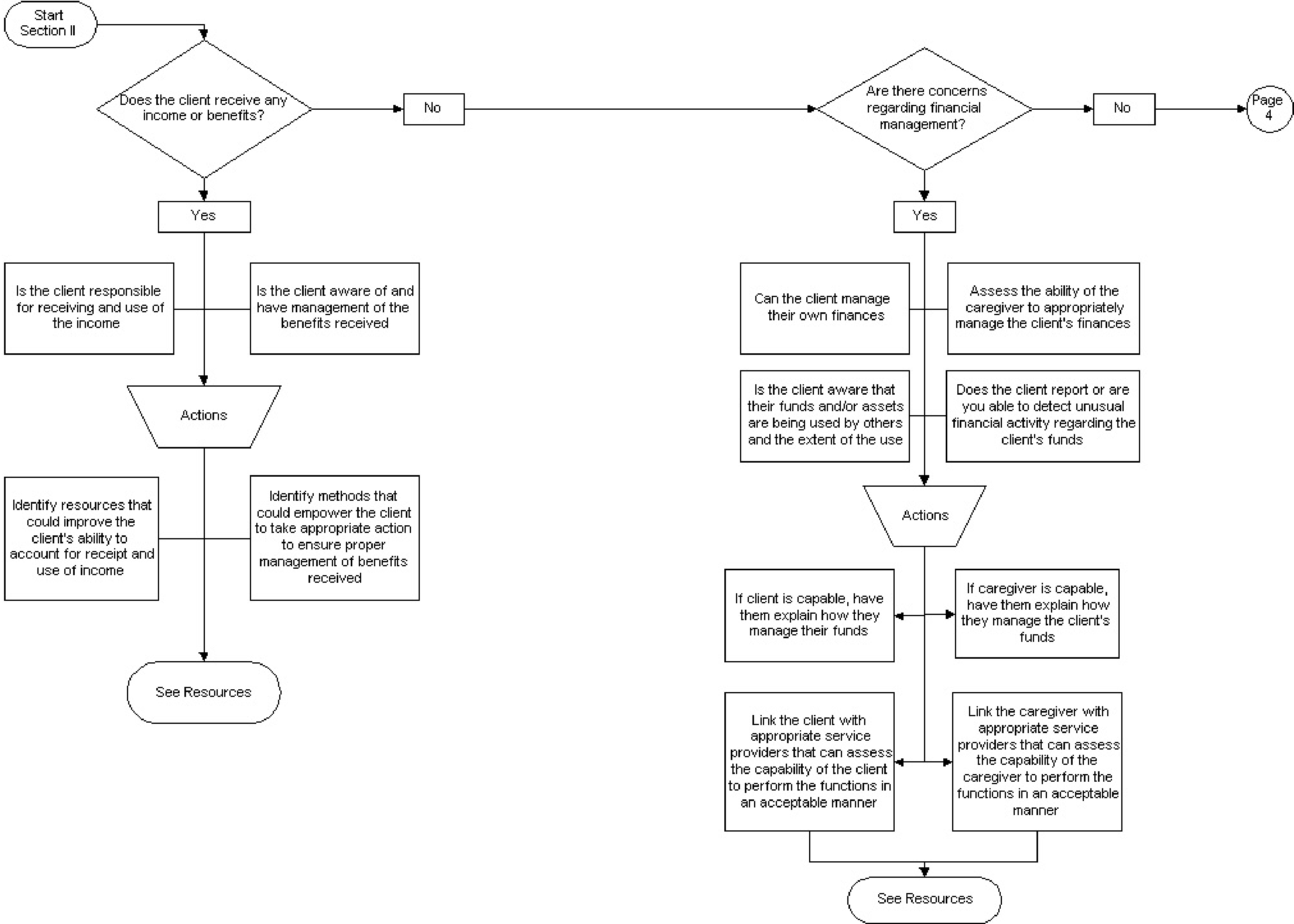
57. Ability, knowledge, willingness to care for client
L – Caregiver is able to care for client, is knowledgeable about client's condition, and is willing to care for client.
M – Caregiver has limited or declining ability, knowledge, or willingness to care for client.
H – Caregiver is not able to care for client, does not know how to care for client, or not willing to care for client.
NA –There is no caregiver.

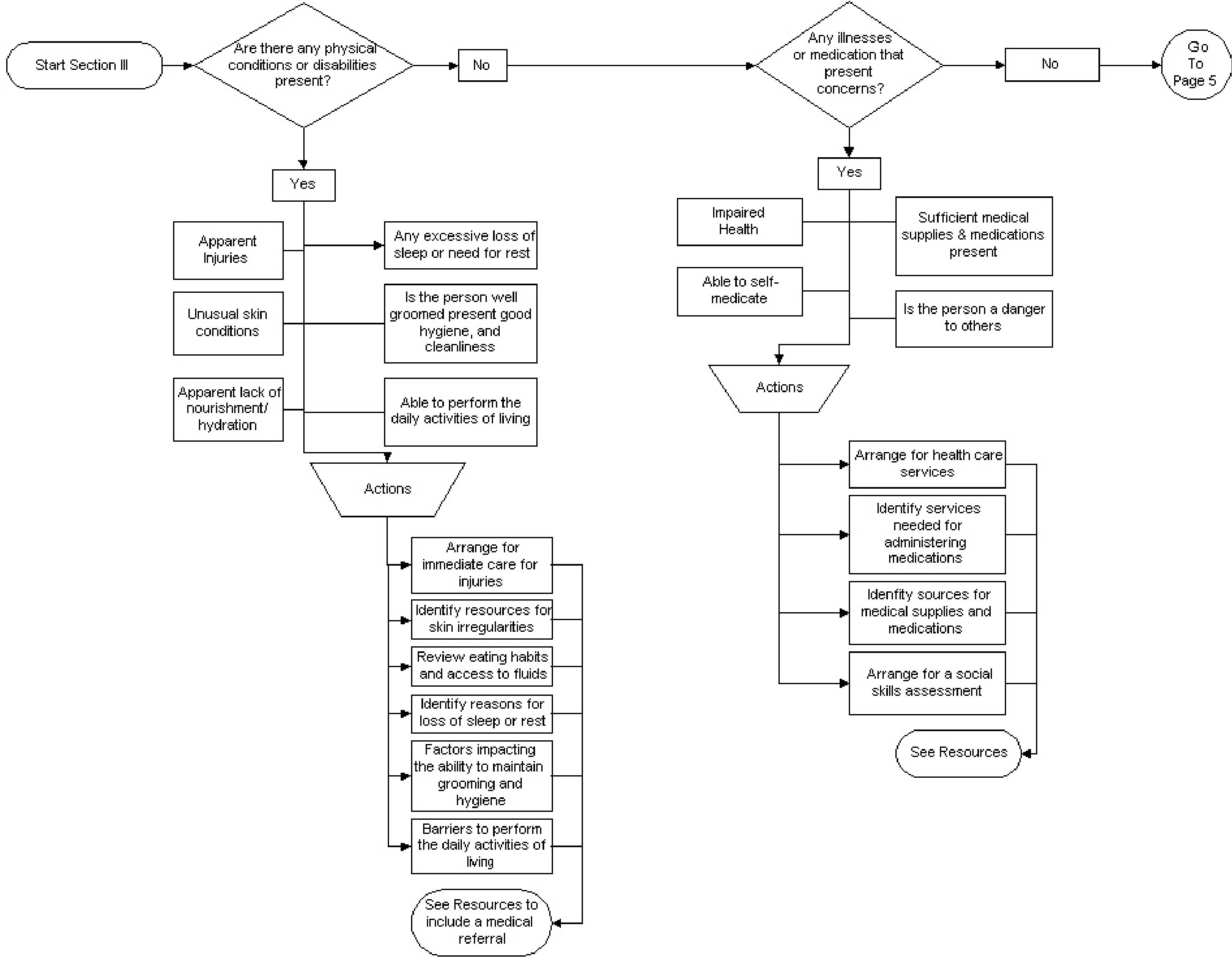
58. History of violence, criminal conviction
L – Caregiver does not have a history of violence and does not have a felony criminal conviction.
M – Caregiver has displayed minor acts of aggression toward client or has threatened client on rare occasions. No substantive incidents have occurred, and there is no apparent current threat to client. Does not have a history or conviction of crimes against persons or financial crimes.
H – Caregiver has history of violence; psychologically, verbally, or physically abuses client; or has a history or conviction of crimes against persons or financial crimes.
NA – There is no caregiver.

Appendix C: Risk Assessment Decision Tree

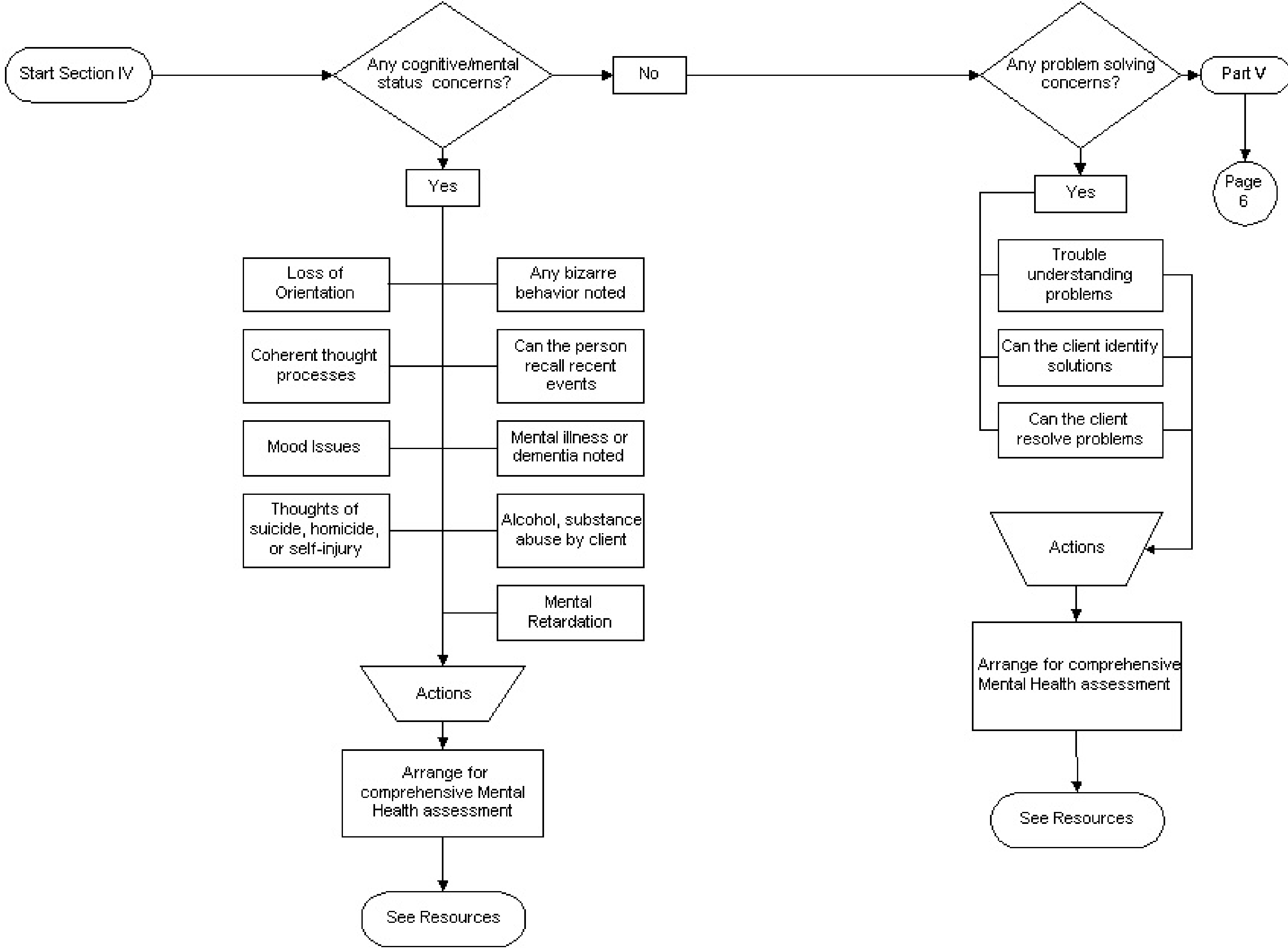


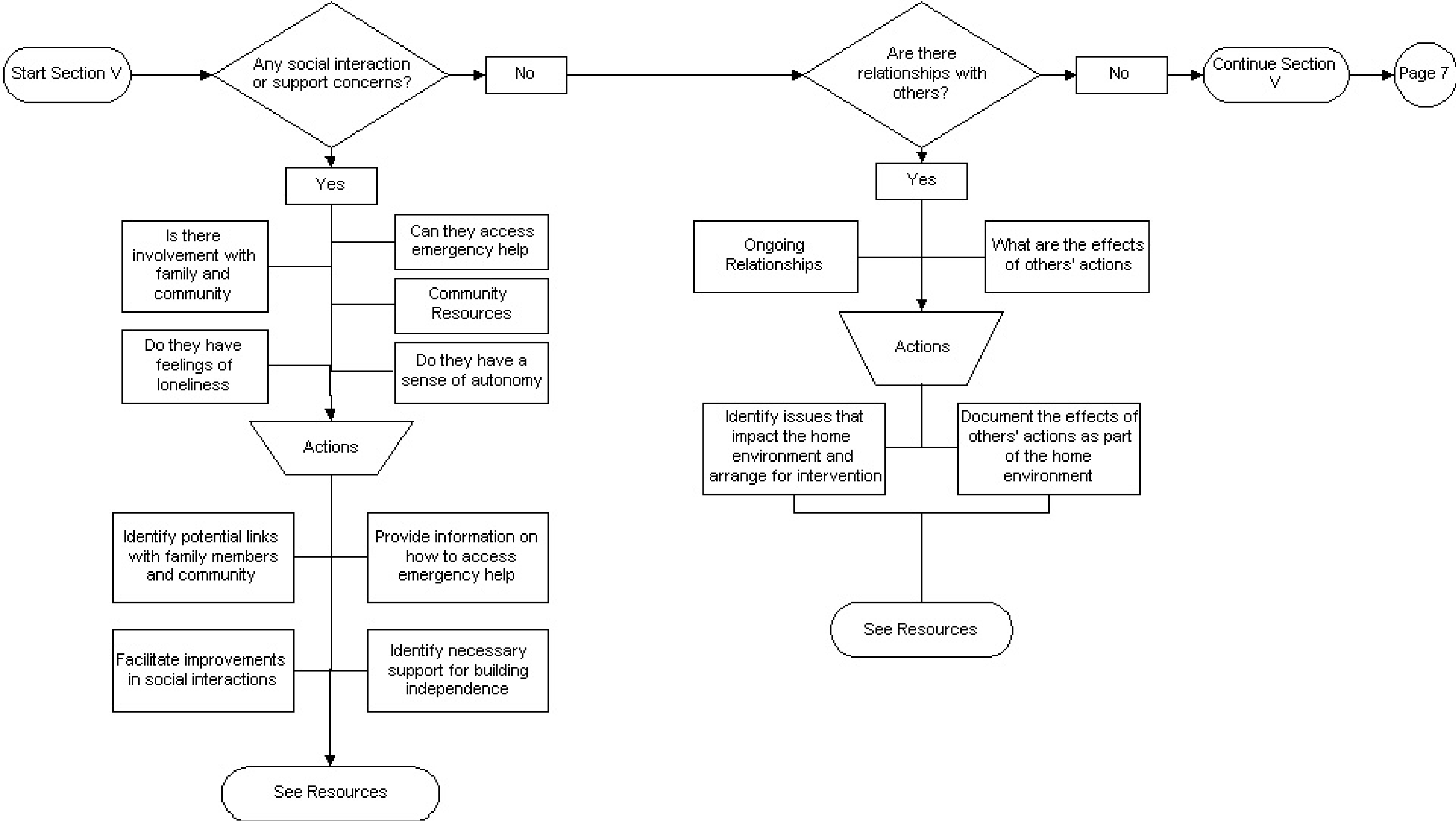

From Page 1
Are home conditions sanitary?
Yes
No
Unusual odors present
Excessive garbage present
Evidence of pest/rodent infestation
Unnecessary clutter
Unorganized food storage
Are kitchen & bathroom functional
Actions
Sanitary Assessment
Garbage Removal
Contact local vector control officer
Identify potential for hoarding and make referral for assessment
Determine why food stored as it is
Arrange for service company estimate for repairs
See Resources
Are necessary resources present?
Yes
Go to Section II
Page 3
No
Utilities functioning
Transportation available
Suffient food available
Actions
Arrange for restoring utility service or repairs
Identify and arrange for local transportation services
Assist in developing meal menus and/or arranging for home delivery as necessary
See Resources


Start Section II
Does the client receive any income or benefits?
No
Are there concerns regarding financial management?
No
Page 4
Yes
Is the client responsible for receiving and use of the income
Is the client aware of and have management of the benefits received
Actions
Identify resources that could improve the client's ability to account for receipt and use of income
Identify methods that could empower the client to take appropriate action to ensure proper management of benefits received
See Resources
Yes
Can the client manage their own finances
Assess the ability of the caregiver to appropriately manage the client's finances
Is the client aware that their funds and/or assets are being used by others and the extent of the use
Does the client report or are you able to detect unusual financial activity regarding the client's funds
Actions
If client is capable, have them explain how they manage their funds
If caregiver is capable, have them explain how they manage the client's funds
Link the client with appropriate service providers that can assess the capability of the client to perform the functions in an acceptable manner
Link the caregiver with appropriate service providers that can assess the capability of the caregiver to perform the functions in an acceptable manner
See Resources

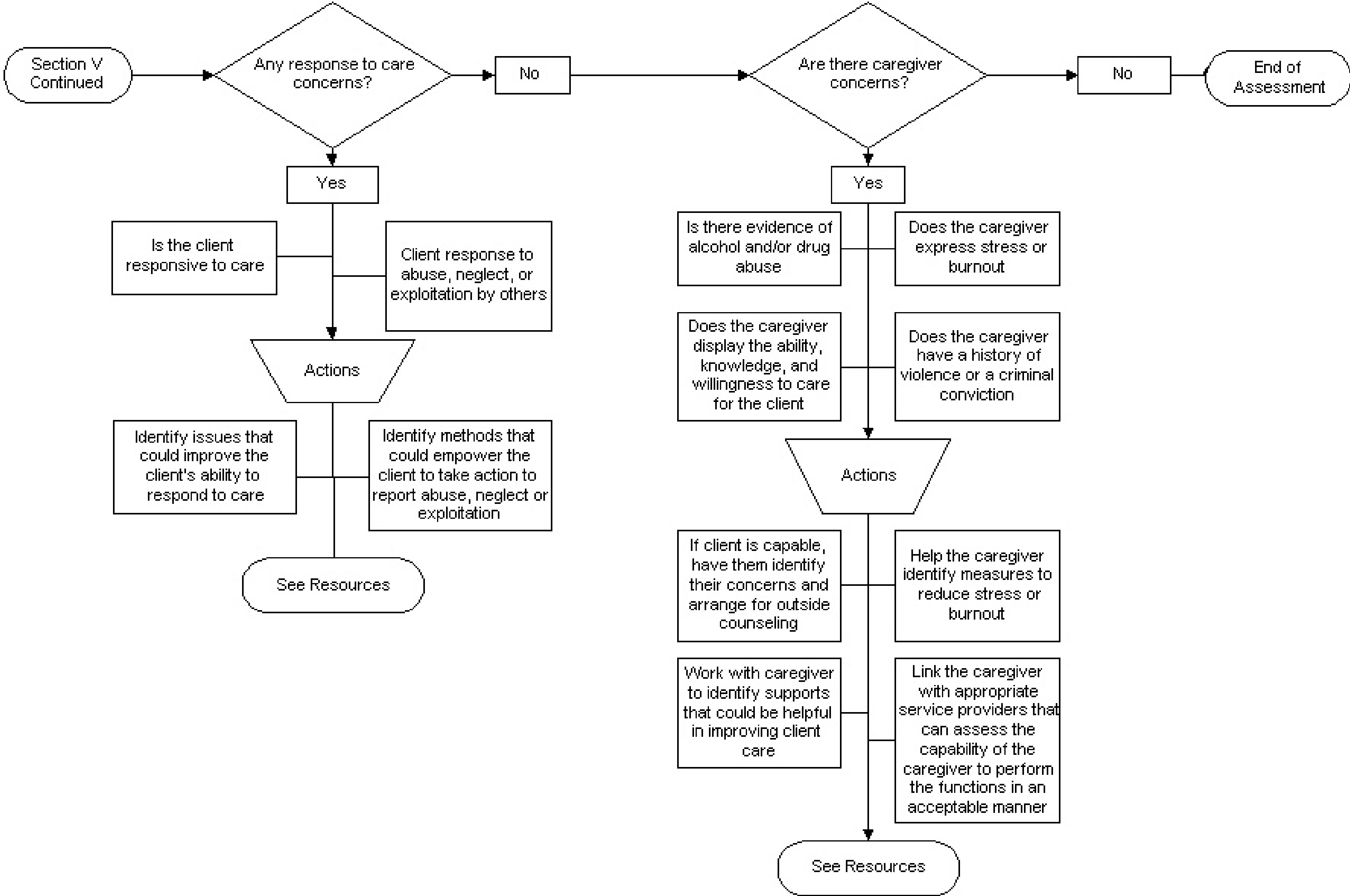


Start Section III
Are there any physical conditions or disabilities present?
No
Yes
Apparent Injuries
Any excessive loss of sleep or need for rest
Unusual skin conditions
Is the person well groomed present good hygiene, and cleanliness
Apparent lack of nourishment/ hydration
Able to perform the daily activities of living
Actions
Arrange for immediate care for injuries
Identify resources for skin irregularities
Review eating habits and access to fluids
Identify reasons for loss of sleep or rest
Factors impacting the ability to maintain grooming and hygiene
Barriers to perform the daily activities of living
See Resources to include a medical referral
Any illnesses or medication that present concerns?
No
Go To Page 5
Yes
Impaired Health
Sufficient medical supplies & medications present
Able to self-medicate
Is the person a danger to others
Actions
Arrange for health care services
Identify services needed for administering medications
Idenfity sources for medical supplies and medications
Arrange for a social skills assessment
See Resources


Start Section IV
Any cognitive/mental status concerns?
No
Any problem solving concerns?
Part V
Page 6
Yes
Loss of Orientation
Any bizarre behavior noted
Coherent thought processes
Can the person recall recent events
Mood Issues
Mental illness or dementia noted
Thoughts of suicide, homicide, or self-injury
Alcohol, substance abuse by client
Mental Retardation
Actions
Arrange for comprehensive Mental Health assessment
See Resources
Yes
Trouble understanding problems
Can the client identify solutions
Can the client resolve problems
Actions
Arrange for comprehensive Mental Health assessment
See Resources



Start Section V
Any social interaction or support concerns?
No
Yes
Is there involvement with family and community
Can they access emergency help
Community Resources
Do they have feelings of loneliness
Do they have a sense of autonomy
Actions
Identify potential links with family members and community
Provide information on how to access emergency help
Facilitate improvements in social interactions
Identify necessary support for building independence
See Resources
Are there relationships with others?
No
Continue Section V
Page 7
Yes
Ongoing Relationships
What are the effects of others' actions
Actions
Identify issues that impact the home environment and arrange for intervention
Document the effects of others' actions as part of the home environment
See Resources


Section V Continued
Any response to care concerns?
No
Are there caregiver concerns?
No
End of Assessment
Yes
Is the client responsive to care
Client response to abuse, neglect, or exploitation by others
Actions
Identify issues that could improve the client's ability to respond to care
Identify methods that could empower the client to take action to report abuse, neglect or exploitation
See Resources
Yes
Is there evidence of alcohol and/or drug abuse
Does the caregiver express stress or burnout
Does the caregiver display the ability, knowledge, and willingness to care for the client
Does the caregiver have a history of violence or a criminal conviction
Actions
If client is capable, have them identify their concerns and arrange for outside counseling
Help the caregiver identify measures to reduce stress or burnout
Work with caregiver to identify supports that could be helpful in improving client care
Link the caregiver with appropriate service providers that can assess the capability of the caregiver to perform the functions in an acceptable manner
See Resources

Appendix D: APS Reform Cost Estimates

Adult Protective Services Reform Cost Estimates

APS Funding Strategies:	**FY 2005**	**FTE**	**FY 2006**	**FTE**	**FY 2007**	**FTE**
Provide Additional Staff to Impact Workload and Increase Efficiency						
Guardianship-convert 57 Guardianship FTEs to APS In Home (50 additional workers and 7 supervisors). Reduces caseload per worker from 34.9 to 30.2. (based on transferring function to other agency)						
Additional Caseload Reduction-add field staff to further reduce caseload per worker from 30.2 to 28.0 through FY2007.	$ -	-	$ 1,407,958	32.0	$ 2,637,324	63.0
Specialized staff-add subject matter experts in financial exploitation, self-neglect, community network building, and judicial affairs.	$ 966,979	24.0	$ 1,280,844	24.0	$ 1,247,802	24.0
Training- add additional training staff for the regions.	$ 431,968	10.0	$ 390,158	10.0	$ 390,158	10.0
Case Records Compliance-To integrate individual and case records to enhance decision making and increase caseworker efficiency. (contract 18 staff for 6 months to perform search and merge functions)	$ 247,860					
Case Records Compliance-reduce backlog of cases to be purged/destroyed to ensure compliance with state regulation. (contracted temporary staff)	$ 76,800					
APS Professional Social Worker Program-provide reimbursement for tuition/fees/books for staff who enroll in accredited Social Work programs.			$ 75,000		$ 105,000	
Total Staffing Cost	**$ 1,723,607**	34.0	**$ 3,153,960**	66.0	**$ 4,380,284**	97.0

Adult Protective Services Reform Cost Estimates

APS Funding Strategies:	FY 2005	FTE	FY 2006	FTE	FY 2007	FTE
Deploy Technology to Improve Investigations						
Mobile Caseworker:						
Phase I, (In-home Investigations, 54 seats) El Paso	$ 1,582,409		$ 115,095	54.0	$ 115,095	54.0
Phase II, Statewide deployment to all current APS In-home	$ 937,439		$ 703,987	360.0	$ 703,987	360.0
Hardware/software for additional staff in FY 2006 & 2007			$ 70,038	25.0	$ 116,124	24.0
Phase III, MHMR Investigations Functionality	$ 1,213,396		$ 131,020	67.0	$ 131,020	67.0
Hardware/Support/Maintenance required for secure access to network	$ 50,000		$ 25,000		$ 25,000	
Network Infrastructure Upgrades - Digital Storage	$ 300,000					
Contractor Application Support	$ 345,600		$ 345,600		$ 345,600	
Telemedicine Project:						
Telemedicine Pilot (hardware)	$ 19,900					
Telemedicine - statewide expansion (hardware)			$ 51,000			
Videoconferencing Equipment	$ 150,000					
Telemedicine Assessments	$ 13,350		$ 213,600		$ 213,600	
Total Technology Cost	**$ 4,612,093**		**$ 1,655,340**		**$ 1,650,426**	
Modify IMPACT to Reflect Reformation Efforts						
The APS implementation plan anticipates significant changes in policies and procedures which will require modification of the IMPACT system. (DFPS information management system)						
Total IMPACT Modification Cost for APS	**$ 1,800,000**		**$ 237,600**			

Adult Protective Services Reform Cost Estimates

APS Funding Strategies:	FY 2005	FTE	FY 2006	FTE	FY 2007	FTE
Enhance Program Infrastructure to Improve Quality of Services						
Increase funding to build capacity for local guardianship programs. (HHSC)	$ 150,000		$ 400,000		$ 400,000	
Train new APS/guardianship staff based on guardianship program transfer to other agency.	$ 250,000					
Expand the APS training curriculum and train all current APS staff.	$ 570,052		$ 289,250		$ 284,050	
Build risk assessment tool and conduct independent external validation.	$ 158,690	1.0	$ 54,511	1.0	$ 54,511	1.0
Improve the APS handbook. (FY2005 includes one contracted temporary staff)	$ 84,801	1.0	$ 34,627	1.0	$ 34,627	1.0
Conduct regionally valid work measurement studies to determine regional resource needs and distribution.	$ 178,897	3.0	$ 131,080	3.0	$ 131,080	3.0
Improve oversight and accountability of client services. (deploy regional administrative structure)	$ 840,483	18.0	$ 901,737	18.0	$ 885,570	18.0
Total Infrastructure Cost and FTEs	**$ 2,232,923**	**23.0**	**$ 1,811,205**	**23.0**	**$ 1,789,838**	**23.0**
Additional Funding for Emergency Client Services						
As the new Client Risk Evaluation process is phased in, it is anticipated that the demand for Emergency Client Services (ECS) funds will also dramatically increase.	**$ 2,471,250**		**$ 3,295,000**		**$ 3,295,000**	
Grand Total Cost and FTEs	**$ 12,839,873**	**57.0**	**$ 10,153,105**	**89.0**	**$ 11,115,548**	**120.0**

Adult Protective Services Reform Cost Estimates

APS Funding Strategies:	FY 2005	FTE	FY 2006	FTE	FY 2007	FTE
Method of Finance						
General Revenue - DFPS	$ 5,651,936		$ 7,042,499		$ 7,777,401	
General Revenue - HHSC	$ 150,000		$ 400,000		$ 400,000	
General Revenue Match - DFPS	$ 1,463,876		$ 866,666		$ 1,010,892	
Subtotal, General Revenue	**$ 7,265,812**		**$ 8,309,165**		**$ 9,188,293**	
Title XX - DFPS	$ 2,466,609		$ -		$ -	
WIA - DFPS ($1.5 million from TWC)	$ 1,136,498		$ 363,502			
Other Federal Funds - DFPS	$ 1,970,954		$ 1,480,438		$ 1,927,255	
Grand Total, Method of Finance	**$ 12,839,873**		**$ 10,153,105**		**$ 11,115,548**	