| **Adult Protective Services (APS)** | ADSD/CSCB | Jo-Ann Leitch, x1740<br>Omotayo Daniels, x1738 |
|---|---|---|
| Program Purpose | Adult Protective Services (APS) help to prevent, reduce and stop abuse, neglect and exploitation of adults (age 60 years and older) and adults ages 18-59 with a permanent disability. | |
| Program Information | <ul><li>The Adult Protective Services (APS) Program is mandated by Virginia State Law and services are provided by local jurisdictions to receive and investigate reports of alleged abuse, neglect and exploitation of adults and provide the least intrusive intervention possible to protect and stabilize the individual as needed.</li><li>Adults who are their own decision maker and with capacity to make their own decisions have the right to accept or refuse services.</li><li>Investigations and services are conducted in the community (homes, private residences, long-term care residences like nursing homes and assisted living facilities, and group homes).</li><li>APS also provides case management or related services to establish and strengthen family and social support systems to protect adults at risk of abuse, neglect or exploitation.</li><li>Short-term intensive case management services can be provided to clients who are unstable or whose needs are acute.</li><li>APS staff receive reports primarily by phone from the APS hotline and state hotline; via email from EMS, the Fire Department and Police; and via in-person consultations. Reports may come from mandated reporters, private citizens and from anonymous sources.</li><li>APS cases are assigned on the day the report is received by the respective APS duty worker based on a rotation, that is also dependent on situational needs, acuity and equity of workload.</li><li>If a report meets the validity criteria to warrant an APS investigation, the duty worker who accepted the report is assigned to investigate the allegation. An investigation must be initiated within 24 hours, a face-to-face visit must occur within 7 days, and a disposition must occur within 45 days.</li><li>If a case does not meet validity, it is often assigned to another program within the Community Supports and Coordination Bureau (CSCB) of Aging and Disability (ADSD) or referred to alternate services.</li><li>APS staff are also responsible for accepting reports and making validity determinations after-hours on weekday evenings, weekends and on holidays. The APS and AS staff share after-hour rotation duty.</li><li>Individuals who accept services are often transferred to Adult Services (AS) to prevent ongoing or recurrent abuse, neglect, and exploitation. For all dispositions that are needs and accepts, a service plan and Uniform Assessment Instrument (UAI) must be completed.</li><li>APS collaborates with local partners (i.e., Arlington Police, Arlington Fire/EMT, Emergency Mental Health Services, Public Health Department, Code Enforcement, Housing/Shelters, Economic Independence Division) to address emergency needs including personal care, housing/shelter, food, medications, mental health and legal services.  Referrals can come from these partners as well as other entities, including Virginia Hospital Center, law firms, property managers, schools, families, friends, financial institutions, etc.</li></ul> | |

| | |
|---|---|
| | • In FY 2023, direct services were funded 52.5% locally and 47.5% State and Federal funds. |
| Service Delivery Model | • Per Code of Virginia mandates, staff receive APS reports, determine validity within 24 hours, then conduct a face-to-face contact within seven days. Visits occur most frequently in the home but may also occur in a long-term care setting or the community. |

## PM1: How much did we do?

| | |
|---|---|
| Staff | 4.5 FTEs<br>• 0.5 Supervisor<br>• 3.0 Human Services Clinicians<br>• 1.0 Human Service Clinician III (Team Lead) added Q2 of FY 2023 |

| Customers and Service Data | | FY 2020 | FY 2021 | FY 2022 | FY 2023 | |
|---|---|---|---|---|---|---|
| | Total Adults Served | 274 | 392 | 411 | 533* | * In FY 2023, the |
| | Adults ages 18 to 59 | 29 | 56 | 49 | 86 | |
| | Adults age 60+ | 245 | 336 | 286 | 447 | |
| | New Investigations | 231 | 226 | 335 | 633 | |
| | Valid Reports | 201 | 144 | 315 | 324 | |
| | Number substantiated | 69 | 64 | 86 | 166 | |
| | Number accepting services | 104 | 81 | 35** | 36 | |
| | Intensive Case Management cases | 43 | 11 | 8 | 36 | |
| | Outreach Visits | - | - | 27*** | 47 | |
| | Consultations | - | - | - | 346**** | |

program closed out inactive cases that had remained
open in the data system, and had contact with a total of 813
individuals as a result of this process
** Data capture methodology was revised in FY 2022
*** Began tracking in January 2022
****Began tracking in September 2022

| | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|---|---|---|---|---|
| Substantiated cases | 69 | 66 | 86 | 166 |
|   Self-Neglect | 56% | 81% | 44% | 43% |
|   Financial Exploitation | 24% | 11% | 34% | 40% |
|   Neglect | 13% | 6% | 10% | 11% |
|   Abuse (physical, mental, sexual) | 7% | 2% | 11% | 6% |

| **PM2: How well did we do it?** | |
|---|---|
| 2.1 | Timeliness and quality of documentation |
| 2.2 | Workload ratio |

| **PM3: Is anyone better off?** | |
|---|---|
| 3.1 | Clients with reduced risk factors after three months of intervention or at case closure |
| 3.2 | Recidivism |

| | | |
|---|---|---|
| **Adult Protective Services** | | |
| Measure | 1 | Total Adults Served |

**Data**

### APS Clients Served



| FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|---|---|---|---|
| 274 | 392 | 411 | 533 |
| ↓ 3.2% | ↑ 43% | ↑ 5% | ↑ 30% |

### Demographics of APS Clients



| | White | Black/African American | Asian | Other | Hispanic (duplicated) |
|---|---|---|---|---|---|
| Arlington Residents age 65+ | 75% | 9% | 9% | 7% | 10% |
| APS Clients | 67% | 24% | 8% | 1% | 11% |
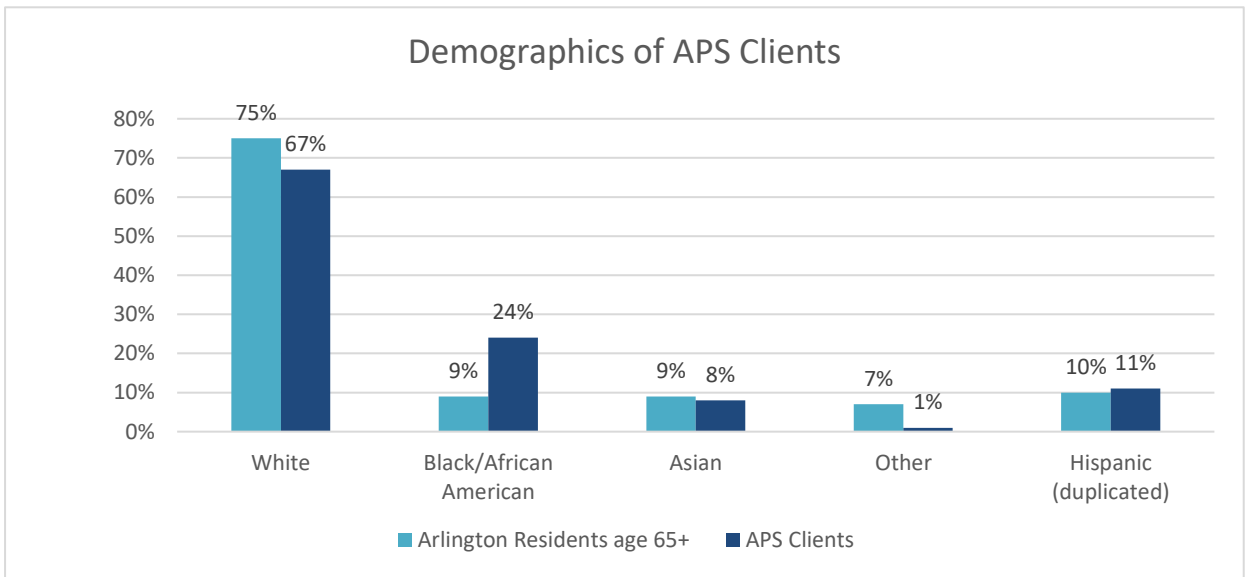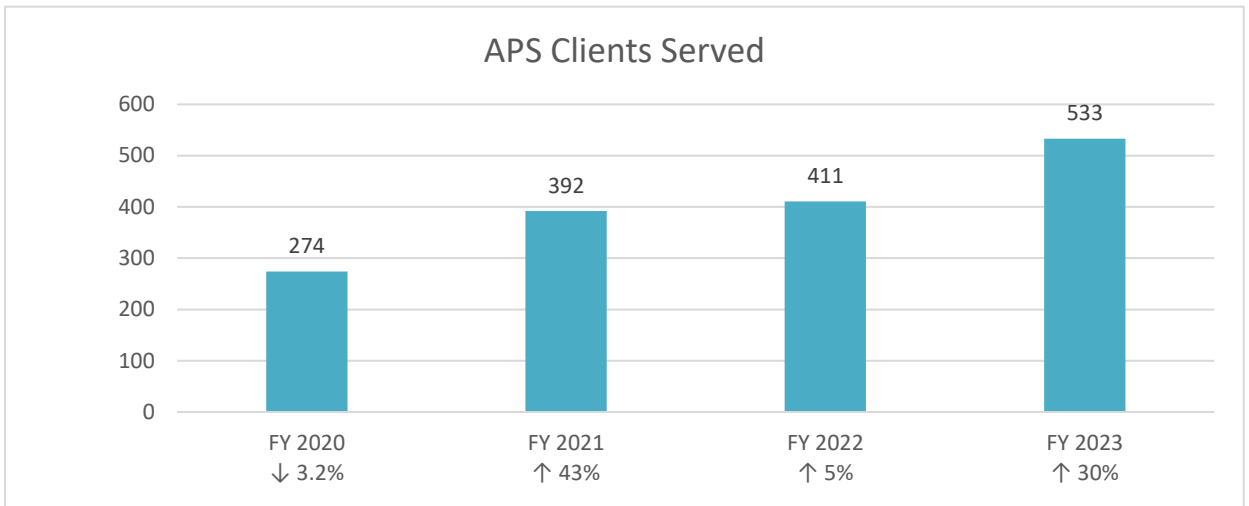
**Data Summary**

- In FY 2023, the program served 533 unique individuals, a 30% increase from the previous year.
- APS served a higher rate of individuals who identify as Black/African American, approximately double the proportion of adults 65+ in Arlington who identify as Black/African American.
- For the race and ethnicity information that was captured, most of the clients served identify as White (68%). The remainder of the clients served are 23% Black/African American, 8% Asian, and 11% Hispanic (duplicated)

### What is the story behind the data?

- For the past three years, the number served remained higher than pre-pandemic totals. This increase can be attributed to an increase in the growth of the older adult population and

- an increase in referrals from BHD/Emergency Services, the Fire Department/EMS, and the Sherriff's office for those facing evictions and homelessness.
- The team continued to maintain a higher carry-over of ongoing cases, and sometimes needed to have longer involvement to ensure resolution of issues (i.e., hoarding; guardianships; financial exploitation cases). To help meet the demand and acuity of services, the Adult Services team provided coverage and support with investigations; and a temporary worker has helped provide part-time support.
- In FY 2023, APS clients were 53% female and 47% male.  71% were ages 60+ years. 45% live alone. 60% of APS reports occurred in the home, with 18% in a long-term care residence (an increase from 14% in the previous year), and 8% in a DBHDS Group Home.
- English is the most served language, followed by Spanish, then Russian, Korean and Chinese
- The poverty rate among older adults of color is higher, and lack of resources can be a factor in conditions such as self-neglect.
- The data is retrieved from PeerPlace and not all information captured is a mandated field. As more information is required to be recorded in PeerPlace to ensure state compliance, this information will be retrieved from PeerPlace reports. Information not recorded may require additional training and strong quality assurance to ensure information is captured and reflected in PeerPlace.
- Demographic information may be missing from reports that are received via the State APS hotline or the State staff may enter a new or duplicate client record in PeerPlace without information being captured.
- In FY 2023, the APS staff began tracking, in PeerPlace, all reports received, which requires additional time and documentation. The method of tracking more accurately captures the volume of work and helps to proactively address needs and refer individuals to other services; thereby, reducing risk. Examples include cases that may involve evictions, Code enforcement issues, discharge planning, and hoarding conditions.
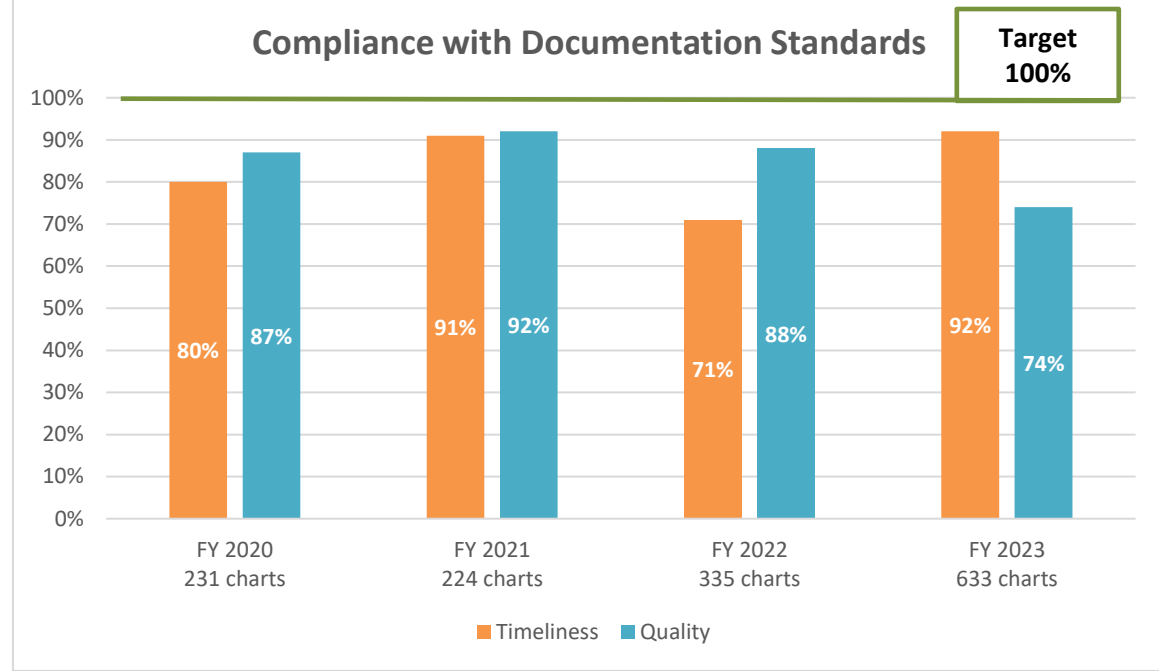
| Recommendations | Target Dates |
|---|---|
| • Continue to offer training for new and existing staff on data entry and documentation to ensure continuity and consistency across programs. Add a component to include follow up and ongoing supports. | • Ongoing |
| • Continue to Utilize the Community Supports and Coordination Bureau tool to accept and track new referrals and provide training and outreach to County staff and community partners on appropriate referrals to AS. | • Ongoing |
| • Continue to promote more outreach regarding DHS programs/resources in underserved communities. | • Ongoing |
| • Offer training and education to County staff and community partners about APS – what services may be offered, what is not offered, and other potential, more appropriate resources. | • FY 2024 Q3 |
| • Explore seeking funding for additional APS worker to assist with the skyrocketing demand and to focus on financial exploitation and fostering long-term care relationships. | • FY 2025 |

| Forecast |
|---|
| • For FY 2024, APS anticipates serving 586 unique individuals. |

| Adult Protective Services | | |
|---|---|---|
| Measure | 2.1 | Timeliness and quality of documentation |

| Data | |
|---|---|

**Compliance with Documentation Standards**

Target 100%



| | | Timeliness | Quality |
|---|---|---|---|
| FY 2020 231 charts | | 80% | 87% |
| FY 2021 224 charts | | 91% | 92% |
| FY 2022 335 charts | | 71% | 88% |
| FY 2023 633 charts | | 92% | 74% |

| Data Summary | • DARS requires that APS staff are 100% compliant with documentation standards that include initiation of investigations, face-to-face contacts and documented dispositions. Timeliness is comprised of the initiation of the investigation within 24 hours of report validation, initiation of the face-to-face interview within 7 calendar days and disposing of the case within 45 days. |
|---|---|

• DARS requires that APS staff are 100% compliant with documentation standards that include initiation of investigations, face-to-face contacts and documented dispositions. Timeliness is comprised of the initiation of the investigation within 24 hours of report validation, initiation of the face-to-face interview within 7 calendar days and disposing of the case within 45 days.

• 633 records from all new investigations were reviewed in PeerPlace; an average of 92% met "timeliness" standard:
  o 95% of cases met the standard for "initiation of investigation" (within 24 hrs. of receiving a valid report)
  o 95% of cases met the standard for "initiation of face-to-face interview" (within 7 days of valid report)
  o 85% of cases met the standard for "disposing within 45 days" (within 45 days of valid report)

• 74% of the charts reviewed met the "quality" standard. Quality comprises: a narrative assessment of 6 investigative areas (i.e., environment, functional ability, physical health, mental/psychosocial health, social supports, financial); and narrative contacts (i.e. with client, with alleged perpetrator, law enforcement, etc.). Staff are rated on the existence of a narrative for each investigative area, and their level of description.

## What is the story behind the curve?

• In FY 2023, with the hiring of an APS Team Lead and the release of a PeerPlace APS Compliance report and State dashboard, the APS team improved timeliness to 92%.

• Arlington received federal funds and was able to hire temporary staff to assist with initial face-to-face contacts and outreach visits, which helped to support the team with such a high volume of reports and maintain compliance with timeliness and quality standards of care.

- In FY 2023, APS did not meet the DARS documentation (timeliness) standard of 100%, due to the increase in volume, staff turnover, and the challenges involving APS cases that impact compliance, such as hospitalizations that prevent face-to-face contacts, awaiting documents from banks for financial exploitation or a lack of an identified guardian which prevents disposition determination.
- Ongoing challenges with after-hours reports and acknowledgement in PeerPlace, especially those received over the weekend and on holidays, may impact timeliness standards. The APS and Adult Services team have been cross-trained, and the team is providing coverage on evenings, weekends and holidays.
- For the quality measure, it is expected that each investigative area is thoroughly explored to extract the most information. In FY 2023, the onboarding of new staff and the volume of investigations had a direct impact on quality and thoroughness of investigation documentation, resulting in some investigative areas not sufficiently documented.
- There is room for improvement and additional training is needed to best utilize the PeerPlace system for data entry, compliance and reporting.

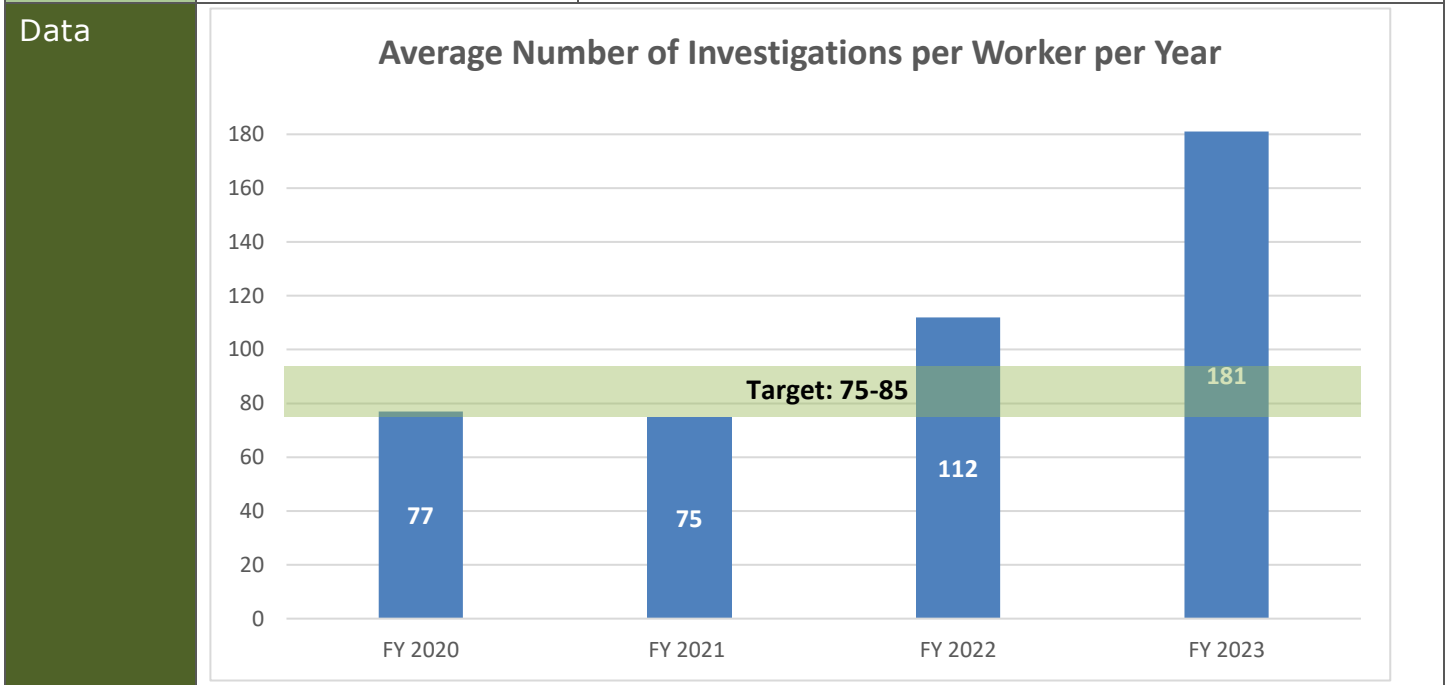| Recommendations | Target Dates |
|---|---|
| • Utilize PeerPlace for compliance metrics that include timeliness and quality of case investigation. Use PeerPlace for data tracking and reporting. Ensure program manager, Team Lead, and QA staff are trained and skilled at running reports and ensure quality assurance measures. | • FY 2024 Q2 |
| • Offer training to new and existing staff on compliance with required contracts. | • FY 2024 Q3 |
| • The program manager, with support from Team Lead, will continue to provide substantial supervisory oversight to ensure the target is achieved and will continue to monitor monthly timeliness by running and tracking reports in PeerPlace and using individual and team supervision to ensure compliance with program and documentation standards. | • Ongoing |
| • The program manager will continue to perform documentation quality measures utilizing the DARS chart auditing tools to ensure compliance in preparation for ongoing monitoring from the regional consultant. | • Ongoing |
| • The Team Lead will continue to review a random sample of APS investigation charts each month and implement peer reviews to help ensure compliance, promote consistency and foster collaboration. | • Ongoing |
| • Explore new options for measuring and tracking quality to ensure the right and most accurate measurements. | • FY 2024, Q3 |
| • To ensure compliance with state mandates, ADSD leadership will explore opportunities to support the team, reduce the risk of burnout and minimize the burden of on-call worker rotation to respond to after-hours reports that occur outside business hours. | • FY 2024, Q1 |
| **Forecast** | |

In FY 2024, it is expected that 90% of charts reviewed will meet the compliance standard for timely documentation and 90% of charts reviewed will meet the compliance standard for quality documentation.

| Adult Protective Services | | |
|---|---|---|
| Measure | 2.2 | Workload |
| Data |  | |

**Average Number of Investigations per Worker per Year**

Target: 75-85

| | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|---|---|---|---|---|
| | 77 | 75 | 112 | 181 |

| Data Summary | • APS cases are assigned to each worker based on a rotation. The worker then initiates an investigation, and conducts a face-to-face visit as part of an investigation.<br>• The Team Lead is assigned cases every other rotation. The total number of staff in the rotation should be 3.5, but with the team down staff for more than half the year, the rotation in FY 2023 is factored at 3 FTEs.<br>• In FY 2023, APS caseloads exceeded the targeted range, with an average of 181 investigations per worker per year.<br>• Data is derived from the PeerPlace. |
|---|---|

**What is the story behind the curve?**

- The APS team is working above its capacity. The new program manager was onboarded in November 2022 and the prior program manager retired in January 2023 with a small overlap to assist with the transition. A new APS staff member was hired in November 2022, and another left in Spring 2023. There was a significant amount of time when the team was short-staffed. The team continues to experience a growing demand for services.
- APS staff continue to focus on acute and emergent cases and have effectively diverted non-abuse/neglect/exploitation cases to other units within the Bureau, such as the Aging and Disability Resource Center (ADRC) or Adult Services. This is often true for referrals from ACFD and Virginia Hospital Center.
- In FY 2023, the highest number of valid reports received by APS were for self-neglect (43%); followed by financial exploitation (40%). Financial exploitation (FE) investigations are significantly more difficult cases because there is additional resistance to engaging with services on behalf of both the clients as well as the financial institutions that are not mandated reporters. These investigations require significant time to thoroughly investigate

and require collaborations with law enforcement and financial institutions. Financial exploitation investigations are typically initiated by financial institutions and banks, or family members and close contacts. Due to General Assembly legislation, additional outreach, and training and collaboration, institutions have set up specialized fraud units geared specifically to the protection of older adults.

- In FY 2023, the reported amount of money lost as a result of FE was over $10,717,319, up from $864,900 in FY 2022 – and the amount recovered was reported at $54,483.
- With the APS Team Lead onboard, APS plans to conduct outreach presentations to law enforcement and financial institutions that typically report less financial exploitation.

| Recommendations | Target Dates |
|---|---|
| • With the addition of a 4th APS worker, aim for the targeted average number of investigations per worker so that staff can spend time completing thorough investigations and offering supportive and person-centered plans of care that reduce risk and the likelihood of recidivism. | • Ongoing |
| • Continue to transfer appropriate self-neglect cases to Adult Services (AS) to reduce APS caseloads and increase time available for investigations. | • Ongoing |
| • Continue to explore partnering with Fairfax County APS Financial Exploitation task force and explore conducting outreach presentations to financial institutions to educate about APS resources and enhance awareness on identifying signs of financial risk and exploitation. | • FY 2024, Q4 |
| • Explore options for training on updated guidelines and procedures for APS Ongoing cases, case management and continuity of service delivery. | • FY 2024 Q4 |
| • With the high volume of ongoing cases and average number of investigations per worker per year, explore the options to expand staff to include an additional Clinician and a Human Services Specialist to reduce risk and afford staff additional time to spend supporting clients and their caregivers. | • FY 2024, Q1 |
| • Explore funding and potential partnership with the Arlington County Police Department to add an FTE to focus on Financial Exploitation cases – investigations, coordination with the banks and financial institutions and focus on outreach and prevention. | • FY 2024, Q1 |

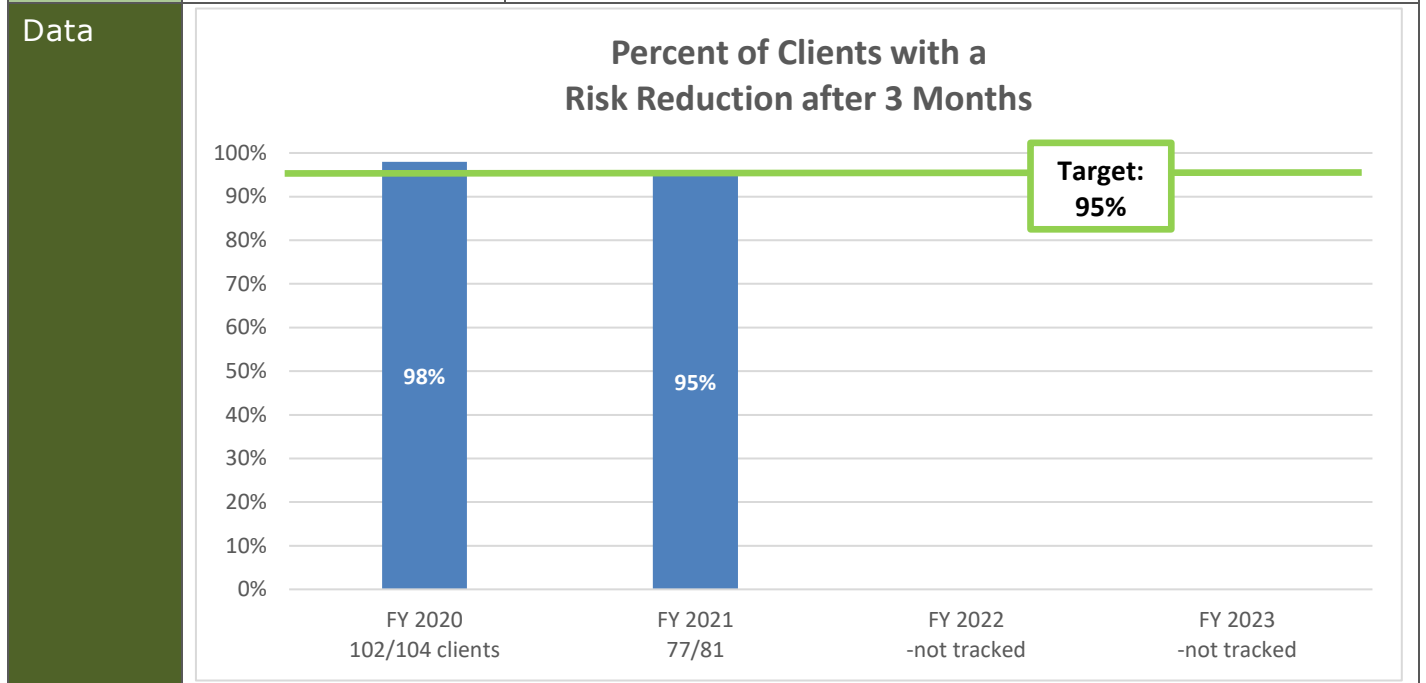| Forecast |
|---|
| In FY 2024, anticipate 180 due to the high volume of reports and the current staffing levels. |

| Adult Protective Services | | |
|---|---|---|
| Measure | 3.1 | Clients with reduced risk factors after three months of intervention or at case closure |
| Data | | |

**Percent of Clients with a Risk Reduction after 3 Months**



| FY 2020 102/104 clients | FY 2021 77/81 | FY 2022 -not tracked | FY 2023 -not tracked |
|---|---|---|---|
| 98% | 95% | | |

Target: 95%

| Data Summary | • In FY 2022 and 2023, this metric was not tracked or recorded as it had been in the previous year, due to the staff shortages and changes.<br>• In previous years, each worker completes the assessment tool on their clients at the beginning of the investigation, and at the 3-month mark and/or case closure.<br>• APS uses an assessment tool that was implemented in FY 2016 to identify areas of risk focused on housing stability/environment, economic stability/resources, mental/behavioral health, physical health, and social supports. |
|---|---|

**What is the story behind the curve?**

- In every situation, APS strives to reduce risk for those involved. APS works closely with a wide variety of allied professionals such as physicians, nurses, paramedics, firefighters and law enforcement officers and uses several individualized interventions to reduce risk factors.
- These interventions range from less to more intensive, depending upon the degree of risk and complexity to ensure an individual's safety.  The least intensive interventions include home and community-based services such as the Community Living Program, CCC+ waivers services, Meals on Wheels and strengthening social support. More intensive interventions may include capacity evaluations, appointments of guardians and/or conservators, and TDOs.
- In FY 2023, from information recorded in PeerPlace, 13 cases required legal interventions such as the appointment of a guardian and/or conservator. This is compared to 16 in the

previous FY. Challenges persist with obtaining guardians and conservators especially for complex situations that involved SA and mental health.

| Recommendations | Target Dates |
|---|---|
| • Explore new options for measuring and tracking risk reduction to ensure the most accurate measurements. | • FY 2024 Q2 |

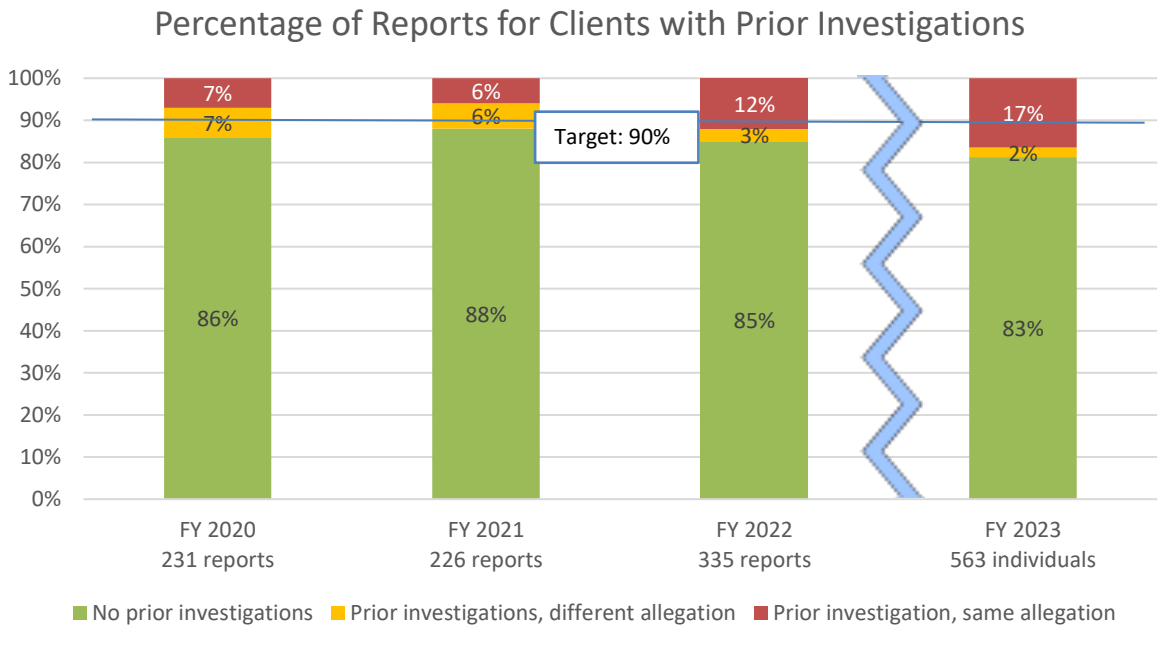| Forecast |
|---|
| Anticipate at least 95% of individuals receiving services will have a reduction in risk factors in FY 2024. |

| | | |
|---|---|---|
| **Adult Protective Services** | | |
| Measure | 3.2 | Recidivism |

**Data**

### Percentage of Reports for Clients with Prior Investigations



Target: 90%

- FY 2020 — 231 reports: 86%, 7%, 7%
- FY 2021 — 226 reports: 88%, 6%, 6%
- FY 2022 — 335 reports: 85%, 3%, 12%
- FY 2023 — 563 individuals: 83%, 2%, 17%

Legend: ■ No prior investigations ■ Prior investigations, different allegation ■ Prior investigation, same allegation

**Data Summary**

- In FY 2023, of 563 individuals with new investigations, 83% of clients had no further APS allegations in Arlington County during the fiscal year, 2% of clients returned with different allegations and 17% of clients returned with the same allegation as their previous APS report.
- For the 95 clients who returned to APS in FY 2023, 19% (32) had a substantiated disposition of Needs Protective Services – yet refused services.
- There was a disposition of "unfounded" for 43% of the reports for clients who returned in FY 2023.

**What is the story behind the curve?**

- In FY 2023, recidivism contains any APS Investigations where a new report was made during the fiscal year for the same client.
- In FY 2023, self-neglect was the primary allegation for persons who were re-referred to APS. Self-neglect continues to be the most frequently reported risk factor, a metric that is consistent with local and state trends.
- Reports are frequently filed by the same reporter, with concern about an individual's right to self-determination, that includes the right to refuse services.
- Recidivism may be exacerbated by additional factors outside of APS control that contribute to repeated reports for the same individual with the same concern. For example, the same individual may not be satisfied with the outcome of the investigation and continue to make reports. Several providers may also make a reports for capacitated individuals who refuse interventions to decrease risk. APS will offer the least restrictive alternative to individuals with capacity to be their own decision maker while also respecting a person's right to refuse services.

- Self-neglect reports may include refusal to engage in medical treatment or compliance with medical care/medications, threats of evictions/foreclosure, home safety and hoarding conditions, and concerns regarding ADLs/IADLs.
- Success factors among individuals who were stabilized included connections to mental health services, Nursing case management, housing providers and strengthening of social supports who helped to facilitate engagement and sustain positive outcomes.

| Recommendations | Target Dates |
|---|---|
| • Continue to practice using least restrictive/intrusive interventions, utilize natural support systems, and make efficient use of County resources.<br>• Utilize PeerPlace for tracking recidivism.<br>• Offer staff training on APS intake to encourage repeat reporters to engage with current APS staff rather than filing additional and duplicative reports.<br>• Explore analyzing data by race and ethnicity. | • Ongoing<br><br>• Ongoing<br><br>• FY 2024 Q4<br><br>• FY 2024 Q4 |
| **Forecast** | |
| It is anticipated that 80% of clients will have no previous APS investigations in FY 2024. | |