



Department of Family and Protective Services

NCCD

National Council on  
Crime & Delinquency

# Improving Efficiency of Adult Protective Services in Texas

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# Agenda



# Mission and Context Setting

The mission of Texas Adult Protective Services (APS) is to protect older adults and people with disabilities from abuse, neglect, and exploitation.

The National Council on Crime and Delinquency (NCCD) promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice.

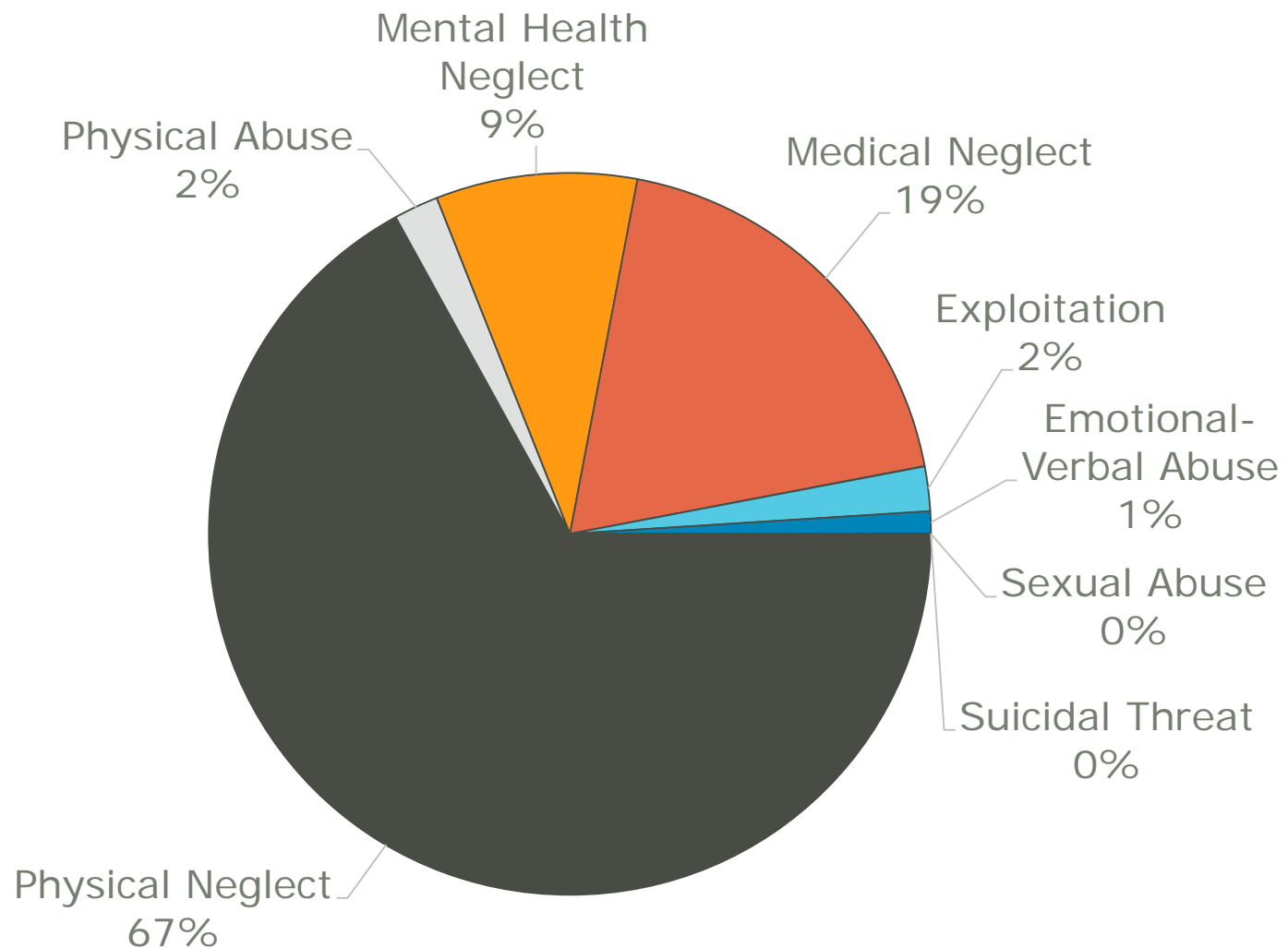
# In-Home Investigations and Services

In-home investigations are conducted in private residences, room and board homes not subject to licensure, and/or adult foster care homes with three or fewer residents.

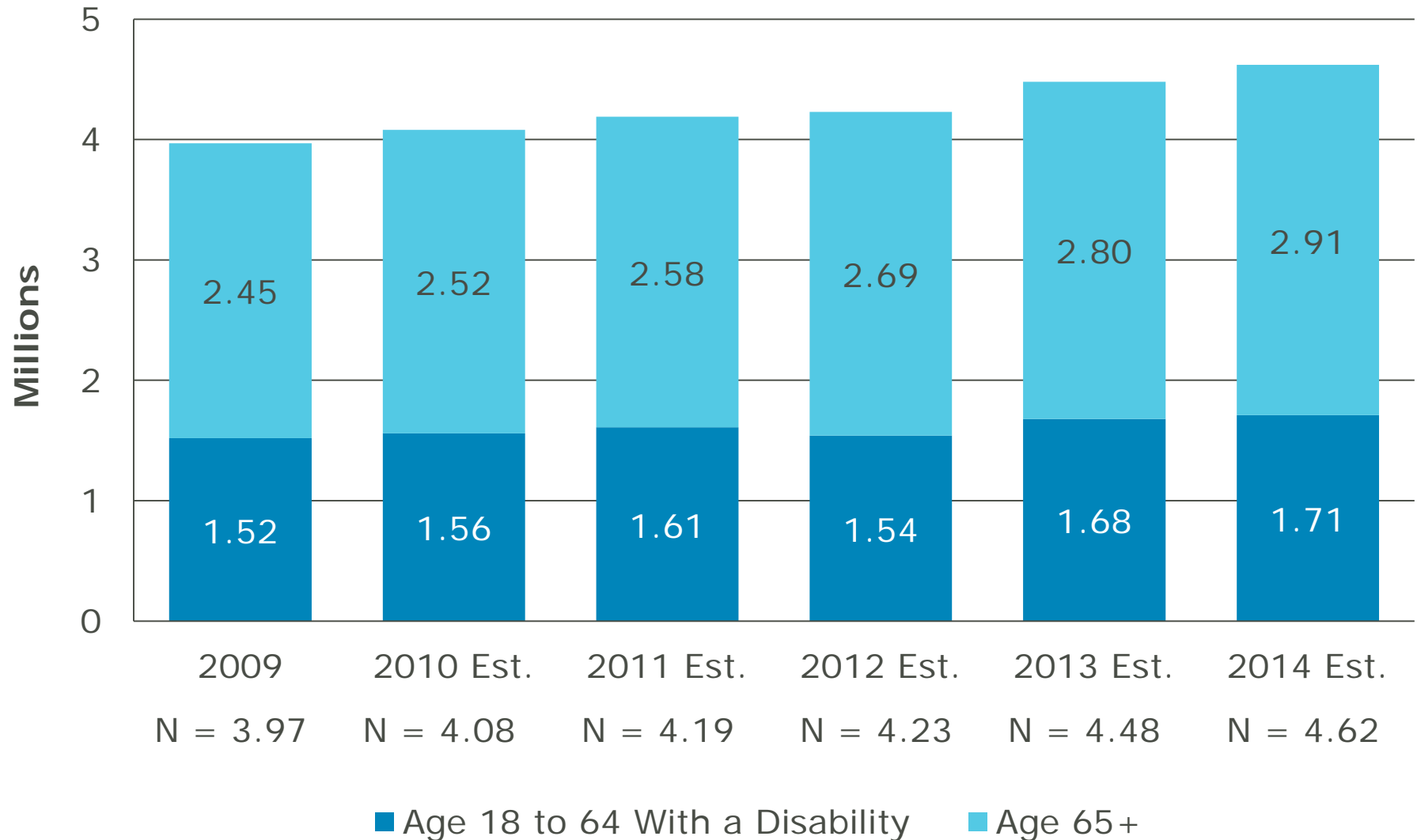
APS may arrange for or provide the following services:

- Emergency financial assistance for rent and utility restoration
- Social services
- Emergency shelter
- Health services
- Referral to or collaboration with other community services, including guardianship

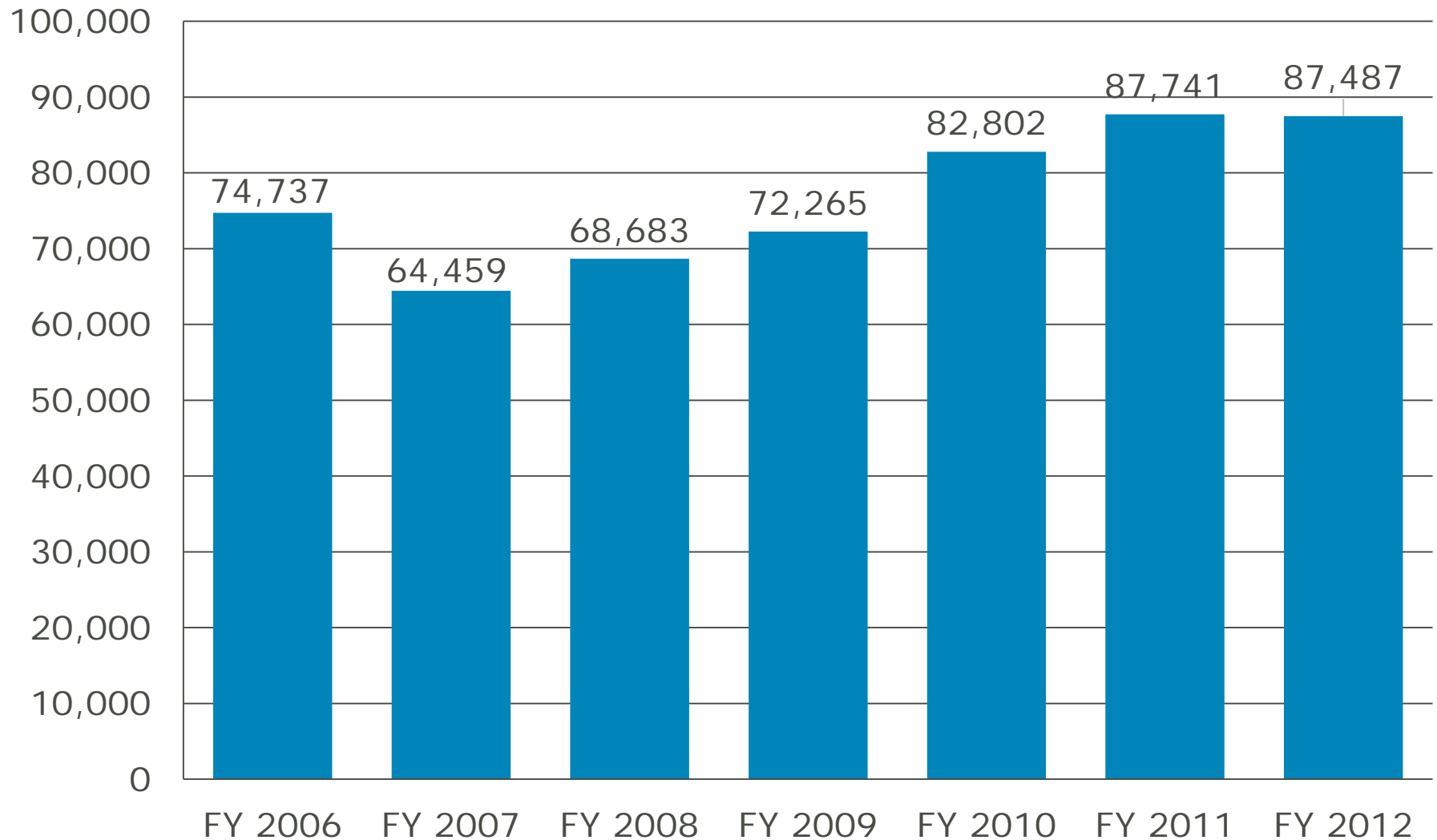
# FY 2013 Validated APS In-Home Allegations by Type



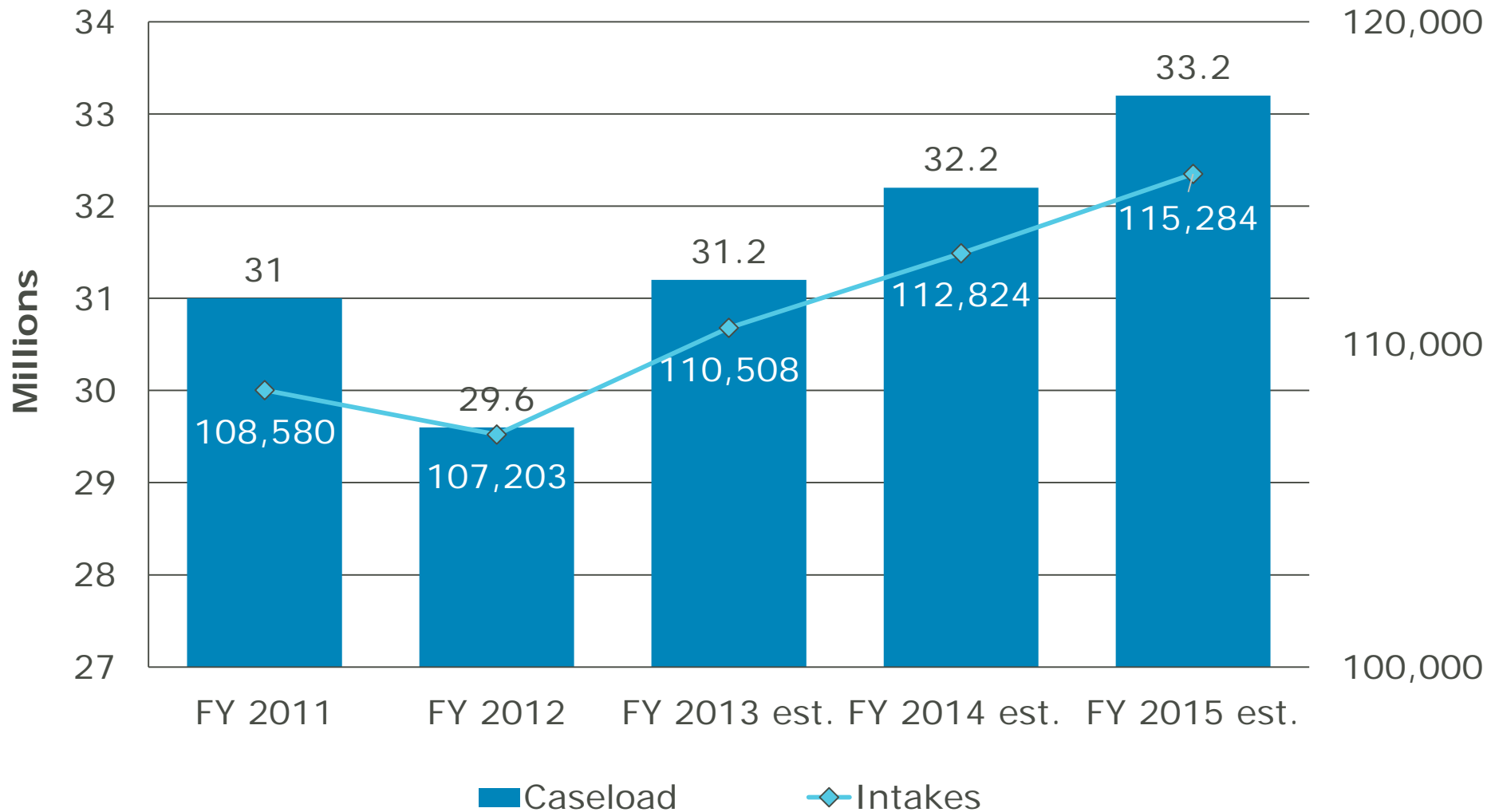
# Texas Population Age 65 and Over and Population Ages 18 to 64 With a Disability



# APS In-Home Completed Investigations, FY 2006–2012



# HHSC Forecast of APS In-Home Intakes and Caseloads, FY 2011 to FY 2015





# Key Practice Trends Affecting Need to Change

- Increasingly difficult-to-serve populations
- Service gaps in some communities
- “One-size-fits-all” and “fear-of-the-one-bad-case” practice approach
- Casework practice improvement => shrinking durations => declining caseloads
- Caseworker stress/frustration => turnover => inexperienced staff

# What to do?

- Better target who APS serves
- Serve them more effectively and efficiently

# Changing Who We Serve

- Target individuals as defined in statute/rule/policy
- Screen out more intakes at statewide intake through better guidelines
- Inform and educate (staff and community stakeholders)
- Staff training and culture change

# What changed?

- Eliminate cases
  - » When APS investigation will not alleviate the root cause
  - » When other entities have clearer responsibility and resources
- Make distinction between paid and unpaid caretakers
- Tighten up policy on what it means to be an adult with a “substantial impairment”

# Intakes Initially Dropped by 25%

This scared us and caused us to:

- Review intakes and rapidly close cases to make sure we were not missing anyone
- Tweak intake guidelines and policy, particularly substantial impairment
- Stay plugged into feedback from staff and stakeholders

# Changing Case Practice Through Use of the Structured Decision Making® System



Texas Adult Protective Services

**SHIELD**

*Strategies that Help  
Intervention & Evaluation  
Leading to Decisions*

# Why change our practice model?

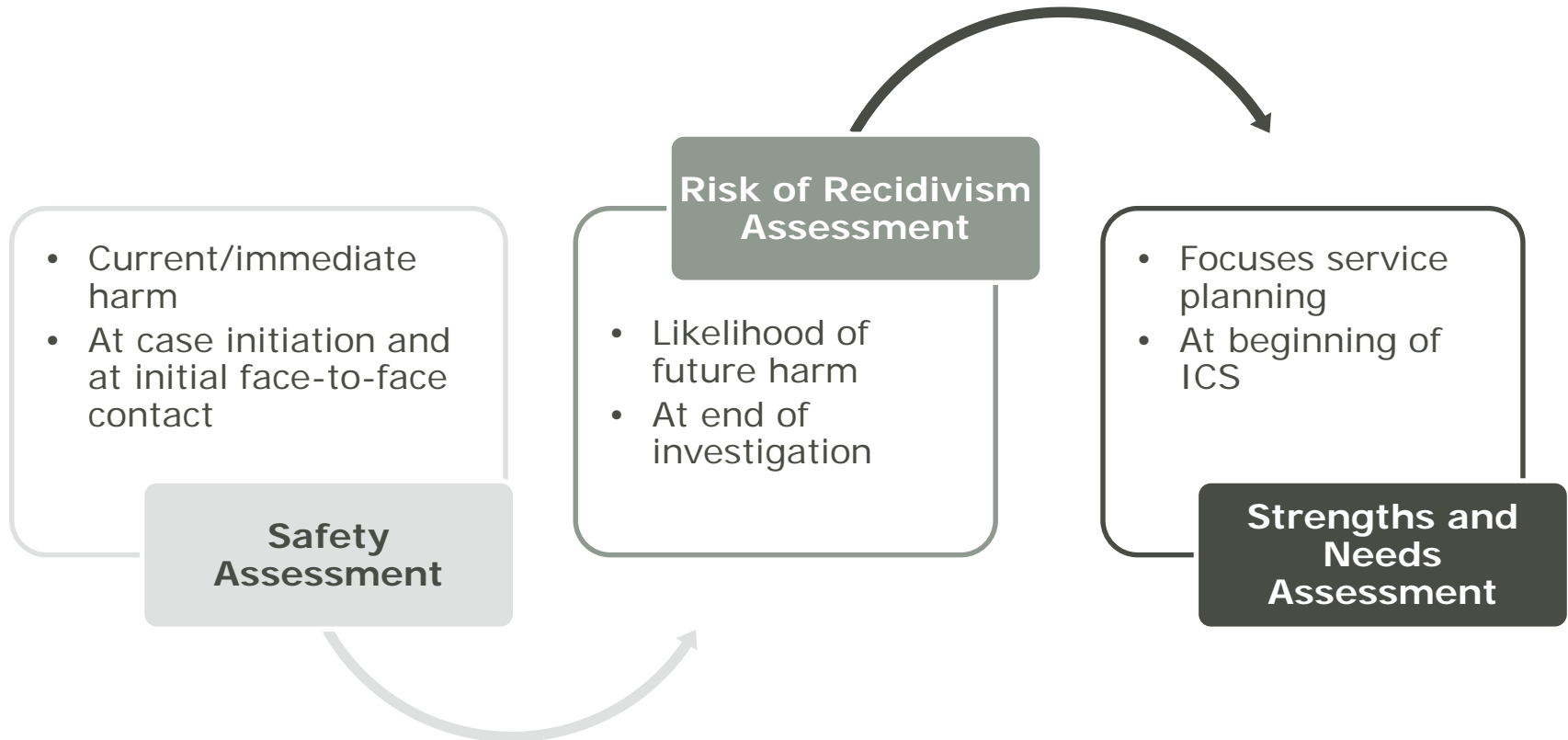
## Challenges

- APS target populations are growing
- The CARE tool does not evaluate safety and risk of recidivism, and it is not an assessment tool specific to the needs of protective services clients
- APS specialists have to make incredibly difficult decisions in a work environment that encourages independence

## Opportunities

- SDM will help target services to those most in need
- SDM is a risk assessment system that is based on research and insight specific to protective services
- SDM will provide a response based on safety, risk of recidivism, and strengths-based practice
- SDM provides decision-making tools that further empower staff
- Empowered specialists are the APS program's greatest resource

# The Assessments



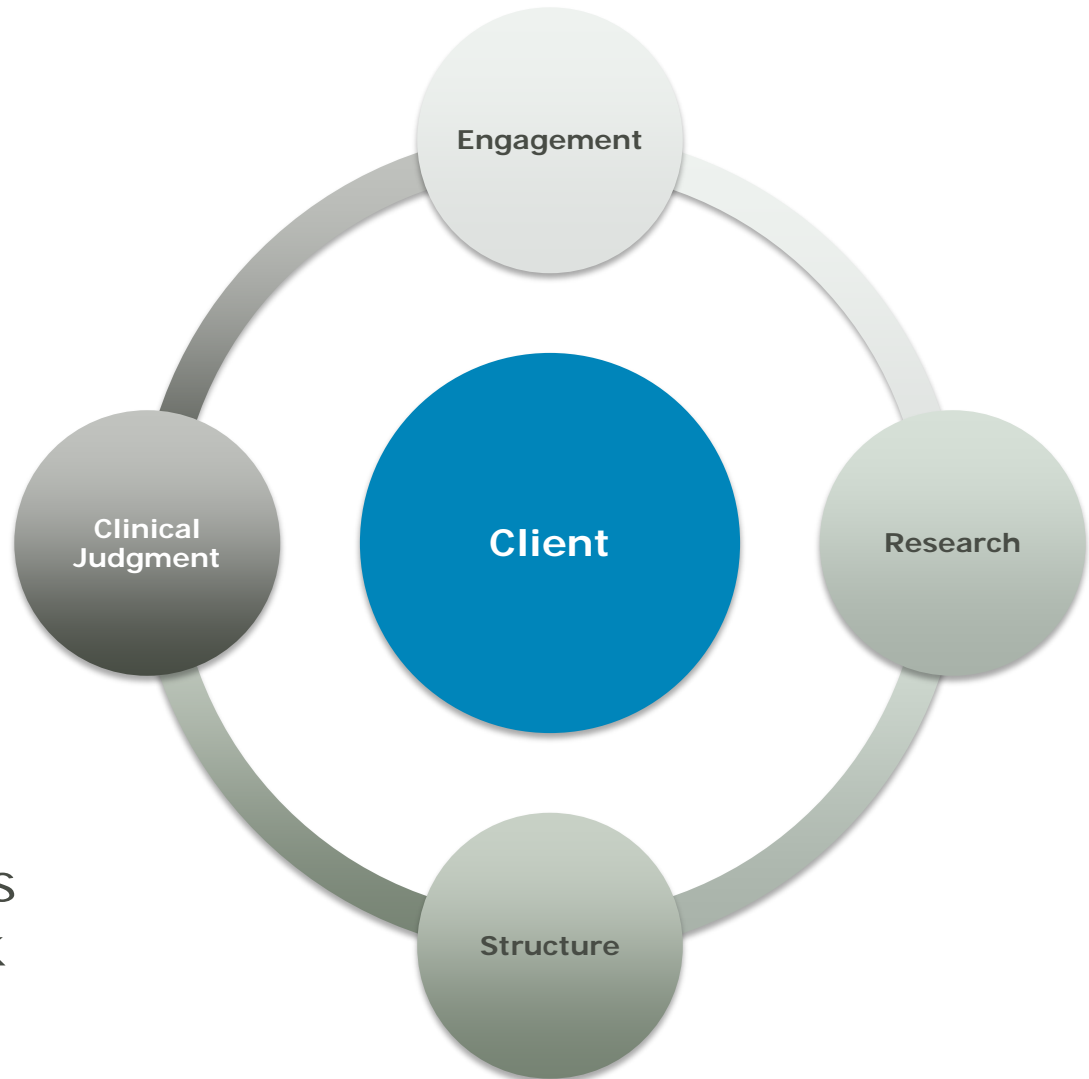


# Prediction Versus Classification

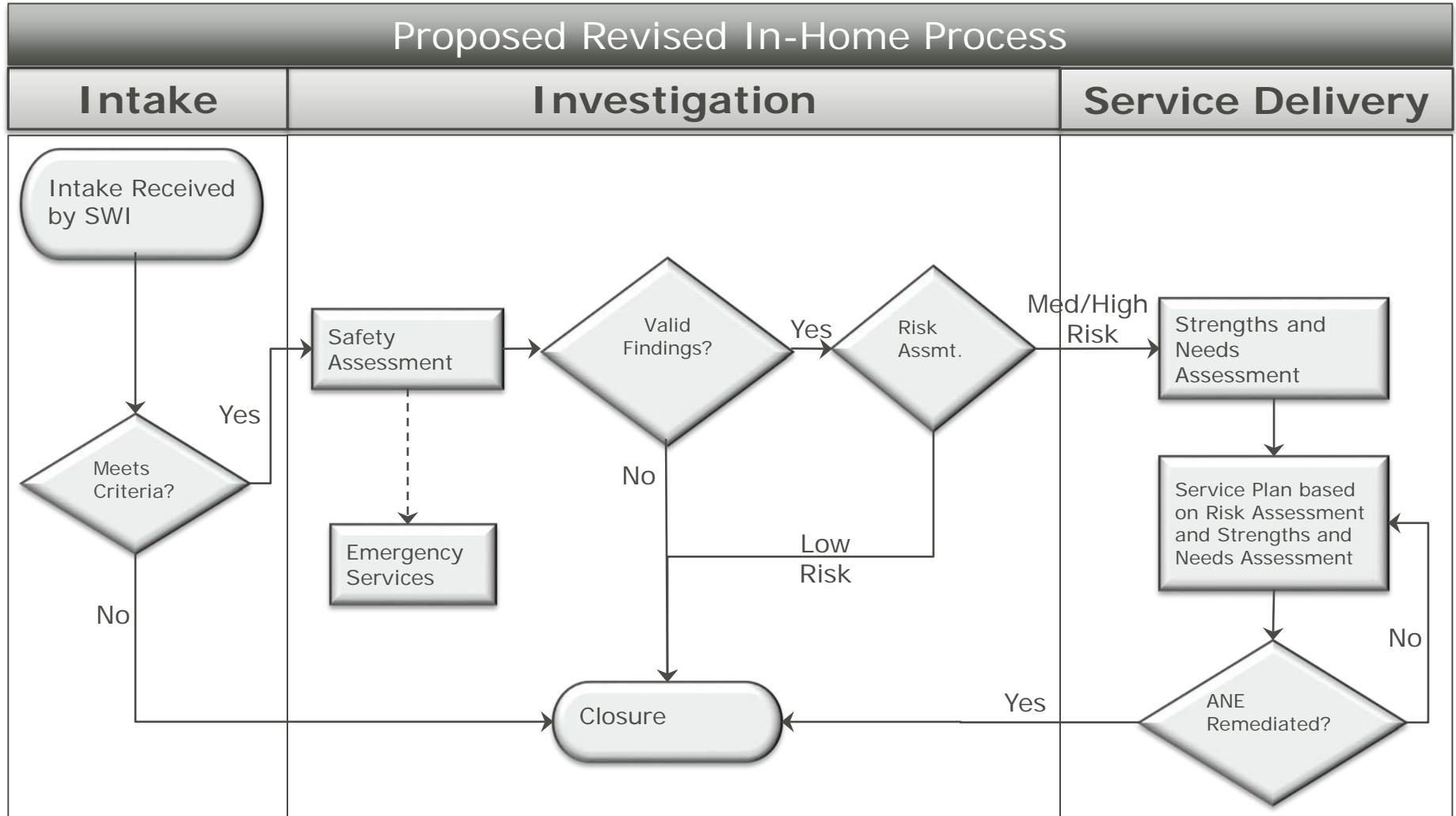


# SHIELD as Part of a Broader, Client-Centered Practice Framework

- Tools do not make decisions—people do.
- Research and structured tools can help guide and support decision making to improve outcomes.
- Tools should be integrated within a context of client engagement strategies and strong social work practice approaches.



# Current In-Home Process



# What Are Implications for Casework Practice?

- Focus on recidivism and root cause
- Safety vs. risk – a change in perspectives
- Actuarial scored risk
- Informed decisions reinforcing intuition
- “Real” service planning
- Moving beyond Band-Aid approach

# What does it mean for an APS caseworker?

Current Practice Model	SHIELD
<b>One</b> amorphous assessment tool	<b>Three tools</b> , as needed, targeted to case decisions
<b>Duplicate documentation</b> in Faceplates + CARE narrative	<b>Documentation</b> in tools <b>or</b> contact narrative
<b>"Risk"</b> is about safety	<b>"Risk"</b> is recidivism Safety is immediate harm
<b>Contacts</b> same for all	<b>Contacts</b> vary
<b>Workload</b> = caseload	<b>Workload</b> = workload

# Ensuring Change Happens



## Phase I: Design Assessment Processes (FY 2013)

- Business Requirements
- Risk Fit Data Analysis
- Design Assessments, Policy and Procedures



## Phase II: Build in IMPACT/MPS (FY 2014)

- System Design
- Build/Code
- System and UAT Testing
- Training



## Phase III: Implement, Monitor, Recalibrate (FY 2015)

- Statewide Deployment
- Support
- Recalibrate (if needed)



What  
happened?



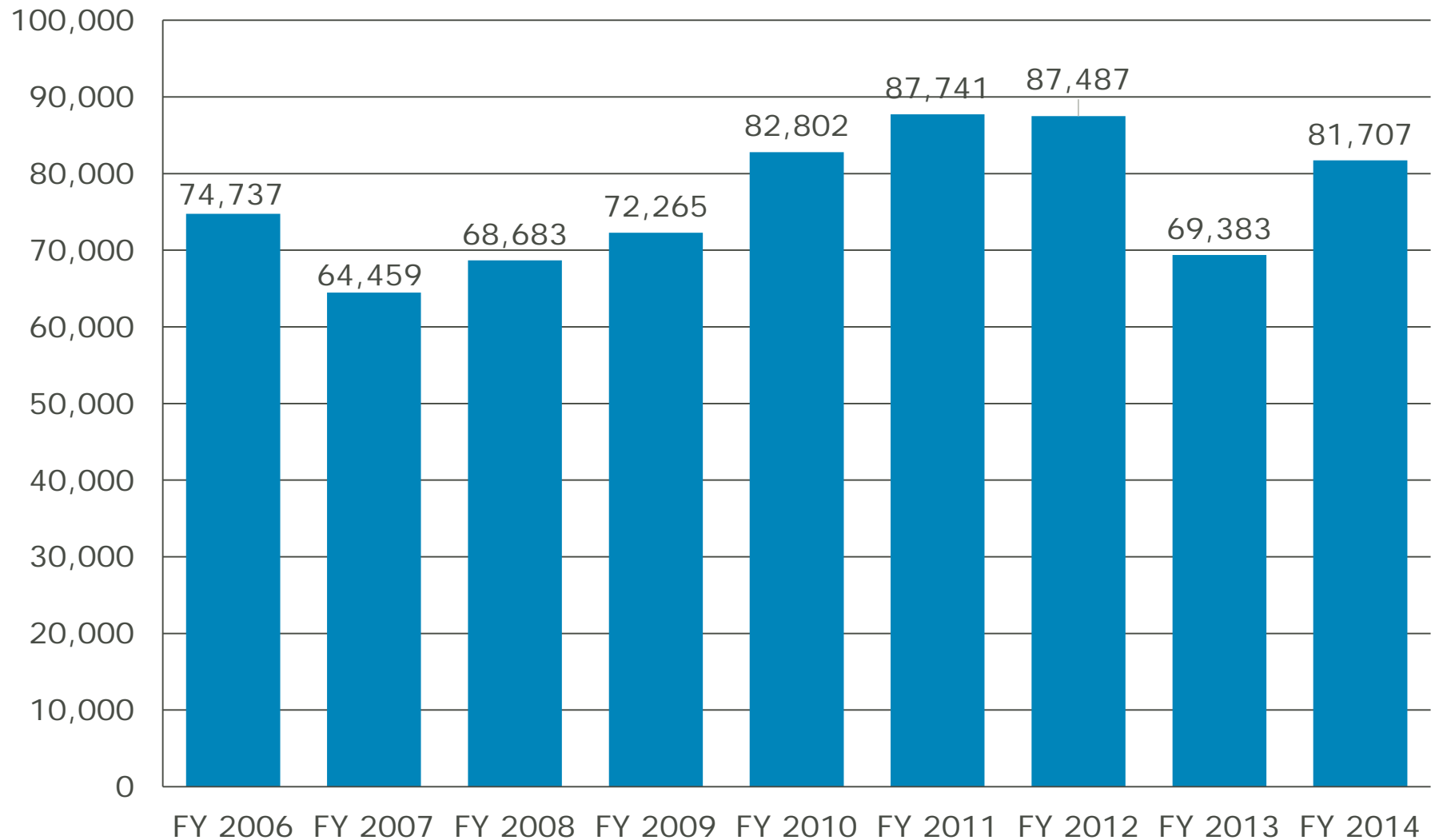
# Consequences of the Change in Target Populations in FY 2013

- Small drop in older Texas; much bigger drop in adults with disabilities
- Staff report being happier
- Caseloads dropped; durations slightly increased

But in FY 2014...



# APS In-Home Completed Investigations, FY 2006–2014



# Changing Casework Practice in 2014 and Beyond

- SHIELD went live on September 1, 2014
- So far we are meeting the mission but we are often not using the system correctly
  - » Documentation is inconsistent and wrong
  - » Risk versus safety is difficult change to effectuate
  - » Some of us are not good case managers (yet)

# Moving Forward, APS is ...

- Answering many day-to-day questions
- Fixing technical glitches
- Revamping communication plan
- Planning new and ongoing training/staff supports

# Ensuring Further Change

- Closely monitor implementation through short-term, ad hoc case reading; weekly scan calls; and ridealongs
- Adjust long-term, quality improvement processes:
  - » Revise case reading standards
  - » Revise staff performance plans
  - » Create new management reports

# What are the implications for the aging network and other community partners?

- Closure of low-risk client cases
- More intensive APS involvement with high-risk client cases
- Community supports as strengths in service planning

# Take-Home Points

- Using data-driven decision making and field input to proactively get ahead of the challenges
- Finding best practice, then
  - » Study, assess, plan, do, re-assess
- Measuring and achieving change
- Implementing for sustainability

QUESTIONS,  
comments?



# Contact Information and Further Discussion

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For further discussion about structured decision making, join us ...