2022 NAPSA R2P Webinar

The Impact of Adult Protective Services on Client Outcomes: Findings from a Multi-State Study

February 21, 2023

Disclaimer

This study was conducted for the Office of Elder Justice and Adult Protective Services (OEJAPS), Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS), by New Editions Consulting, Inc., under contract number HHSP233201500113I/HHSP23337002T.

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Acknowledgements

Welcome

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# Study Team Members

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INTRODUCTION AND FOUNDATIONAL ACTIVITIES

Why conduct an APS client outcomes study?

- Limited research since Blenkner, Bloom, and Nielsen (1971) published their seminal study
- Lack of consensus about what constitutes successful APS client outcomes
- Eagerness to hear the client voice and examine the value of APS programs
- Continue building the foundation for APS at the national level
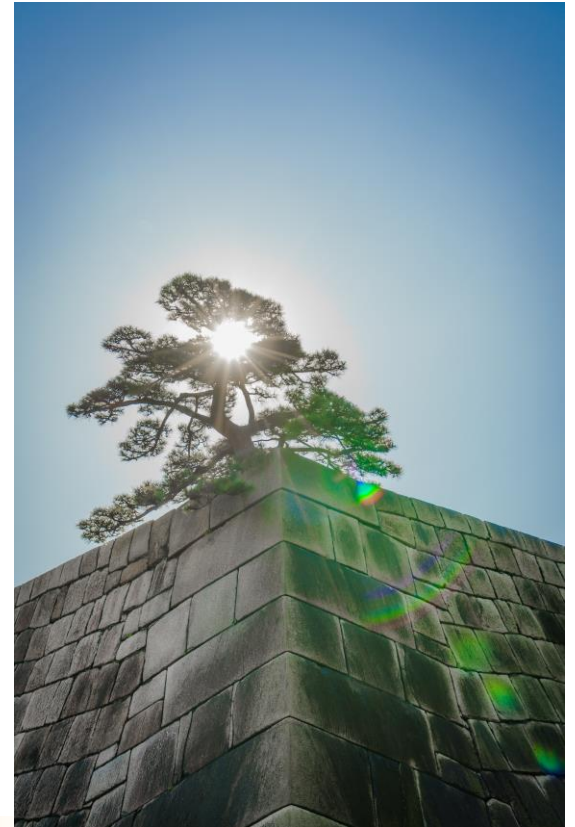
What are outcomes?

- Outcomes are the **intended impact of a program**
  - Intended impact can vary by *who benefits from the program* (e.g., client, perpetrator, community)
  - Intended impact can vary by *time after the program activities are complete* (e.g., short-term: immediate; mid-term: months; long-term: years)

What does the literature say about APS client outcomes?

- Most studies examined risk of subsequent maltreatment or recurrence of maltreatment
- Other APS "outcomes" that have been studied:
    - Satisfaction with APS
    - Guardianship
    - Placement in alternative living situations
    - Health services use
    - Institutionalization
    - Mortality
- Existing studies mostly limited in size and scope
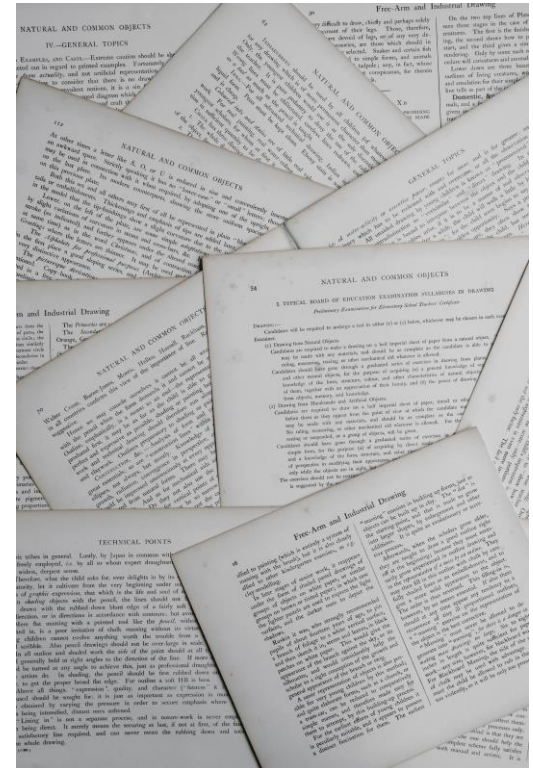
Are there national data to study APS client outcomes?

- We found that NAMRS was the only national dataset that captured information on both elder maltreatment and APS.

Photo by Markus Spiske on Unsplash.com

What guidance did ACL and the TEP provide for the APS Client Outcomes Study design?

- This is "a" client outcomes study, not necessarily "the" client outcomes study
- Must include the client voice
- APS programs are different but have a common focus on promoting safety while respecting self-determination
- Focus on APS services and outcomes that APS directly affects (not referral services)
- Client outcomes may vary by location and availability of resources; include multiple states, mix of rural and urban
- Include information at multiple levels of influence on client outcomes (i.e., environment, family/perpetrator, client)

Client outcomes from the Comprehensive APS Logic Model

	Short-Term	Mid-Term	Long-Term
Satisfaction • Involvement in case planning/decision-making • Progress toward goals • Type of services • Amount of services • Quality/effectiveness of services	✓		
Safety/Risk • Risk of maltreatment • Recurrence of maltreatment	✓	✓	✓
Well-Being • Quality of life • Financial • Physical and mental health • Cognitive status • Functional ability • Lifespan	✓	✓	✓

STUDY DESIGN

What was the purpose of the study?

- To examine if and how APS programs make a difference in the lives of clients with regard to their **satisfaction, safety/risk, and well-being**.
  - Do APS programs affect these outcomes?
  - How do APS programs affect these outcomes?
  - What factors help or hinder APS efforts?
  - What are important patterns and predictors of recurrence?

What methods did the study use to address these research questions?
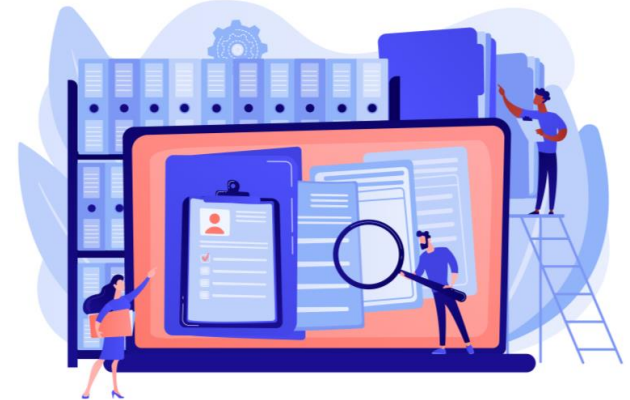
Surveys

- Client Questionnaire
- Client Data Form
- Monthly COVID Pulse

Virtual Site Visits

- Interviews with Clients
- Focus Groups with Workers
- Interviews with State & County Leaders

NAMRS Analysis

- NAMRS
- APS Program Data
- ACS 5-Year Estimates
- Decennial Census

Who was included in the study?

- Surveys
  - Sample drawn from national sampling frame
    - Administration (state/county), agency (aging/other), rurality (low/mid/high)
  - 9 states, 27 counties (3 counties per state)
  - All clients with at least an APS investigation and case closed between 3/1/21 and 9/30/21

- Virtual Site Visits
  - Sub-sample of 4 states, 12 counties participating in survey data collection

- NAMRS Analysis
  - NAMRS Case Component data from FFY16-19
  - 19 states (after exclusion criteria)

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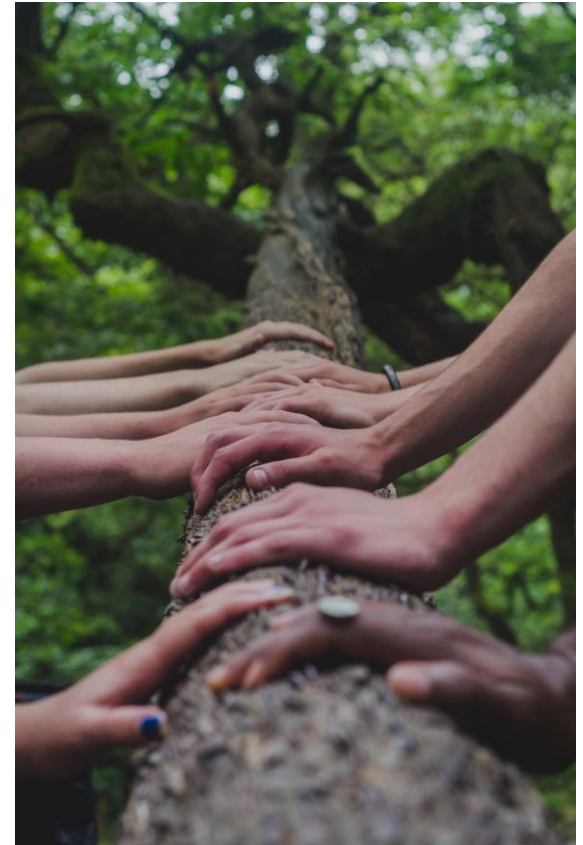
RESULTS: SURVEYS

What was the purpose of the surveys?

- **Get the numbers**…brief questionnaire data about many clients and cases

- Combine Client Questionnaire, Client Data Form, and Monthly COVID Pulse data to assess difference APS makes with regard to clients' safety, satisfaction, and well-being

- Identify factors that predict client satisfaction, feeling safer, well-being as a result of APS

Who was in the survey sample?

Survey Responses

- Number of Client Data Forms=2,669
- Number of Client Questionnaires=299
    - Overall response rate=11.2%
- Respondent type:
    - 69.5% clients
    - 30.5% proxies
- Analytic sample of 272 clients with data from both surveys

Client Data at a Glance

- Mostly female (62%)
- Mostly non-Hispanic White (87%)
- Average age of 71
- 47% qualified for APS due to disability/vulnerability only
- 26% had previous APS investigation in the past year
- Most often fully engaged with the APS investigation (79%) and APS services (75%)

What were the most common types of maltreatment?

Bar chart comparing Alleged and Substantiated maltreatment types:

Type	Alleged	Substantiated
Self-Neglect	36.7%	16.7%
Financial Exploitation	27.4%	8.5%
Neglect	17.8%	3.0%
Emotional Abuse	14.4%	1.9%
Physical Abuse	8.5%	1.1%
Other	4.1%	0.7%
Sexual Abuse	1.1%	0.0%
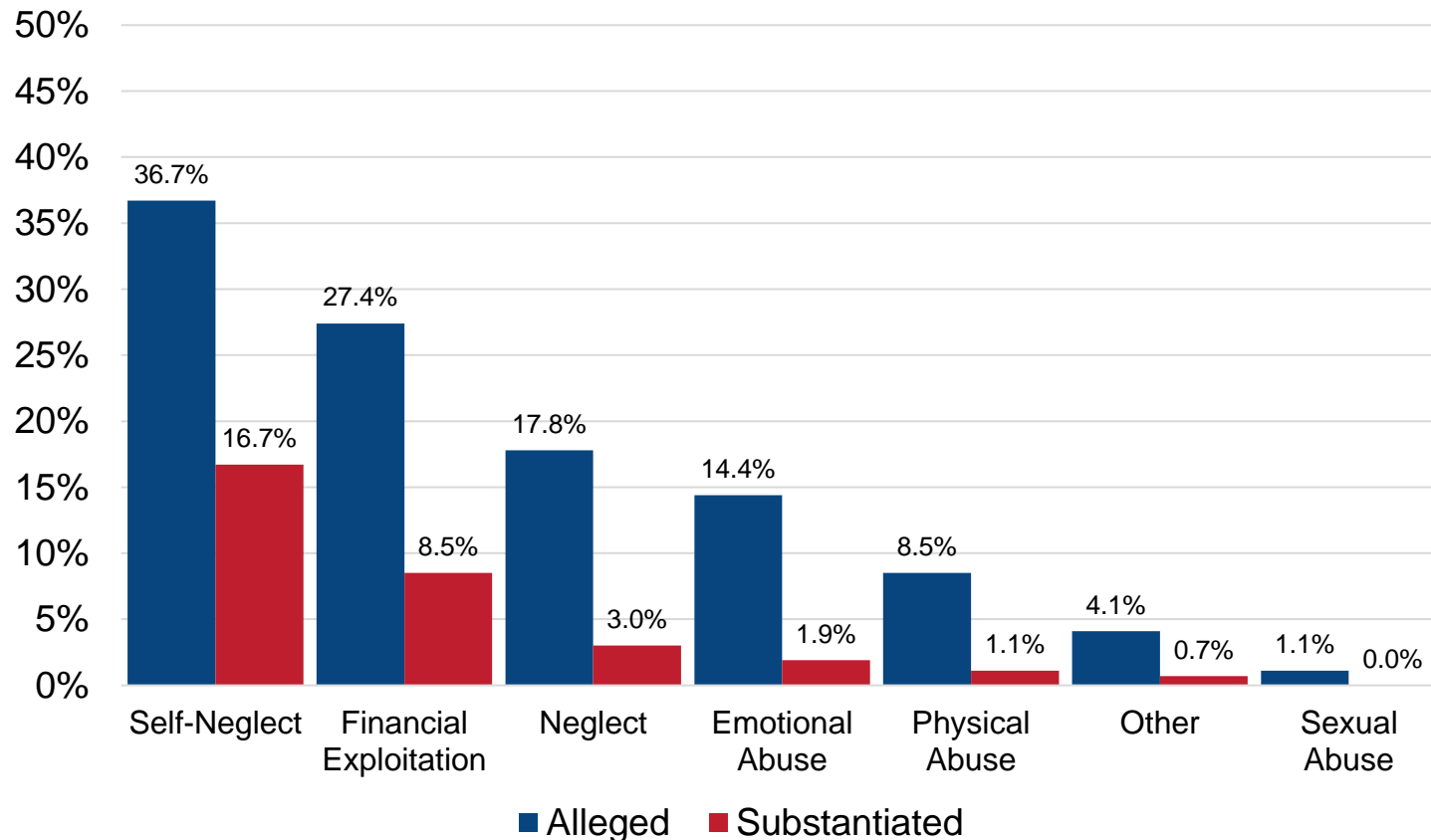
How did clients rate their experience with APS?

The worker respected my wishes: Strongly Agree 43, Agree 37, Neutral 12, Disagree 2, Strongly Disagree 5 — **80%**

I received all the services I needed: Strongly Agree 29, Agree 34, Neutral 20, Disagree 8, Strongly Disagree 8 — **63%**

I helped decide what type of help I received: Strongly Agree 24, Agree 35, Neutral 25, Disagree 9, Strongly Disagree 7 — **59%**

When I first met the worker from APS, I thought I needed their help: Strongly Agree 29, Agree 23, Neutral 19, Disagree 13, Strongly Disagree 16 — **52%**

Legend: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

Did clients report that APS makes a difference in their lives?

I'm satisfied with the help I received from APS
- Strongly Agree: 36
- Agree: 35
- Neutral: 17
- Disagree: 5
- Strongly Disagree: 7
- **71%**

I feel like my life is better because of the help I received from APS
- Strongly Agree: 31
- Agree: 26
- Neutral: 28
- Disagree: 6
- Strongly Disagree: 9
- **57%**

I feel safer because of the help I received from APS
- Strongly Agree: 29
- Agree: 27
- Neutral: 29
- Disagree: 7
- Strongly Disagree: 8
- **56%**

Legend: ■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree

What factors predict clients reporting satisfaction, greater safety and well-being?

Chart data:

I received all the services I needed (CQ)
- Satisfaction: 1.36
- Safety: 0.73
- Well-Being: 0.77

The worker respected my wishes (CQ)
- Satisfaction: 0.78
- Safety: 0.23

When I first met the worker from APS, I thought I needed their help (CQ)
- Satisfaction: 0.15
- Safety: 0.18
- Well-Being: 0.18

I helped decide what type of help I received (CQ)
- Safety: 0.36
- Well-Being: 0.19

County % of clients who received in-person visits pre-COVID (MCP)
- Satisfaction: -0.75
- Safety: -0.67
- Well-Being: -0.45

Financial exploitation (CDF)
- Satisfaction: -0.63
- Safety: -0.60
- Well-Being: -0.54

Self-neglect (CDF)
- Safety: -0.51

Legend: Satisfaction, Safety, Well-Being

X-axis: -1.00, -0.50, 0.00, 0.50, 1.00, 1.50

What are the key takeaways from the survey data?

- The vast majority of clients were satisfied with APS. Most clients felt that APS improved their safety and life (well-being)

- **Four key client factors** predicted better client outcomes:

  1. Recognizes they need help
  2. Feels included in the APS process
  3. Feels the worker respects their wishes
  4. Feels they received needed services

RESULTS: VIRTUAL SITE VISITS

What was the purpose of virtual site visits?

- **To get the color-commentary**…in-depth conversations with a small number of APS stakeholders

- To capture the views and opinions of various APS stakeholders to better understand key characteristics of APS program design and operations and to explore and explain the impact of APS programs on client safety, satisfaction, and well-being

Who was in the virtual site visit sample?

- Number of APS leader interviews=15
  - 60 min. per interview
- Number of APS worker focus groups=12
  - 90 min. per focus group
  - Total of 36 APS workers
- Number of APS client interviews=10
  - 45 min. per interview

Client Interviewee Characteristics

- 60 years old and older (80%)
- Female (60%)
- Experienced self-neglect (70%)
- Had at least one substantiated maltreatment type (70%)
- Half received an APS investigation only, with limited or no additional services. The other half received an APS investigation with additional services

Do APS stakeholders think APS improves client safety?

- Yes, it's the **main goal** of APS

- *But*...sometimes APS can't improve client safety (e.g., behavior change among clients who experience self-neglect, presence of APS as trigger for maltreatment by the perpetrator)

> I am very impressed with the APS worker. At the time I went in to see APS I was told that my then husband was looking for a way to kill me. Since then we have divorced and I no longer have any contact with him or his family. My neighbors look out for me. My case worker is very good and great information/tips on safety. Finally, my ex-husband has no right to abuse me any longer. Now it's time to heal and move on. Thank you. – *APS Client*

> I myself feel uncomfortable when I step into a hornet's nest when there's something violent and we just made it worse basically. Because there's a report. And now potentially they're going to get another good beating and worse. So that's very few and far between, but those are times I feel very miserable myself. I'm like, so what did I accomplish? – *APS worker*

Do APS stakeholders think APS improves client well-being?

- APS stakeholders were **most confident** that APS improves client well-being, or "quality of life"

- When clients aren't willing to address their safety issues, APS workers still try to provide some help that may make the client's life better

  - Link to resources (e.g., transportation, meals)

  - Enroll in benefits programs (e.g., Medicaid)

  - Tangible support (e.g., furniture, kitchen appliances)

Do APS stakeholders think clients are satisfied with APS?

- APS stakeholders were **most hesitant** about whether or not clients are satisfied with APS

- Satisfaction might not be an appropriate outcome for APS. After all, "nobody is satisfied with APS, because what makes them come here in the first place is something bad." – *APS Leader*

APS clients that are **most satisfied** tend to:
- Take part in goal setting and service planning
- Get access to services (near their home)
- Know that the APS worker is there to help
- Build a positive relationship with the APS worker

APS clients that are **least satisfied** tend to:
- Decline to cooperate with APS
- Decline services, not qualify for services, or want services/benefits sooner than possible
- Disagree with their case determination
- Deal with self-neglect issues

What are the key takeaways from the virtual site visit data?

- APS program leaders and workers overwhelmingly reported that APS makes a positive difference in the lives of clients

- Safety is the priority, well-being can become the primary focus when clients aren't willing to address safety issues, and satisfaction may not be an appropriate outcome

- Achieving positive client outcomes hinges on the client's willingness to participate in APS

- A key barrier is APS worker burden due to high caseload sizes

RESULTS: NAMRS ANALYSIS

What was the purpose of the NAMRS analysis?

- To identify predictors of recurrence, which occurs when a client returns to APS after their case closes

- To our knowledge, this analysis represents the first study of its kind to use NAMRS data

- Used data from 19 states that met inclusion/exclusion criteria
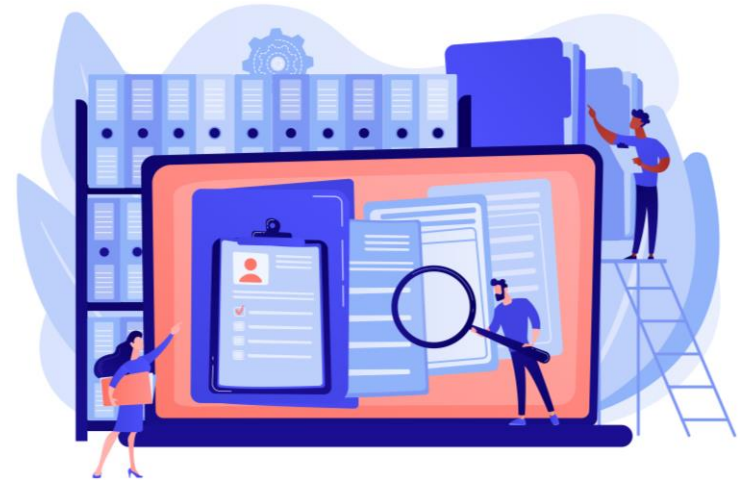
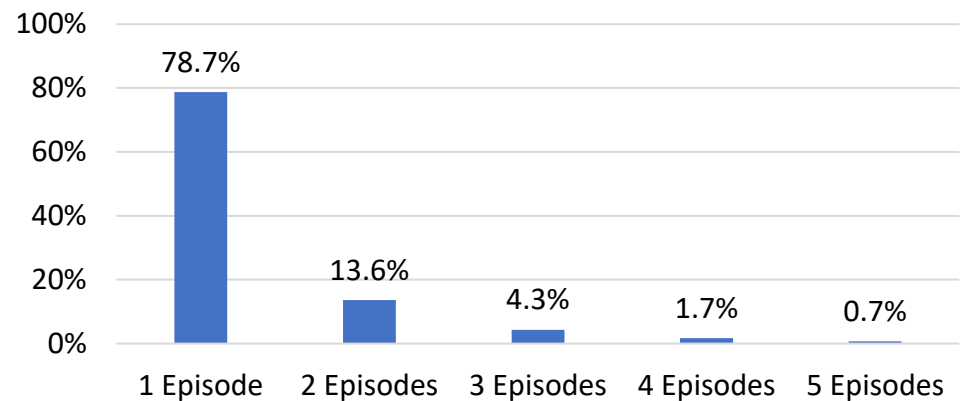# How did the study define recurrence?
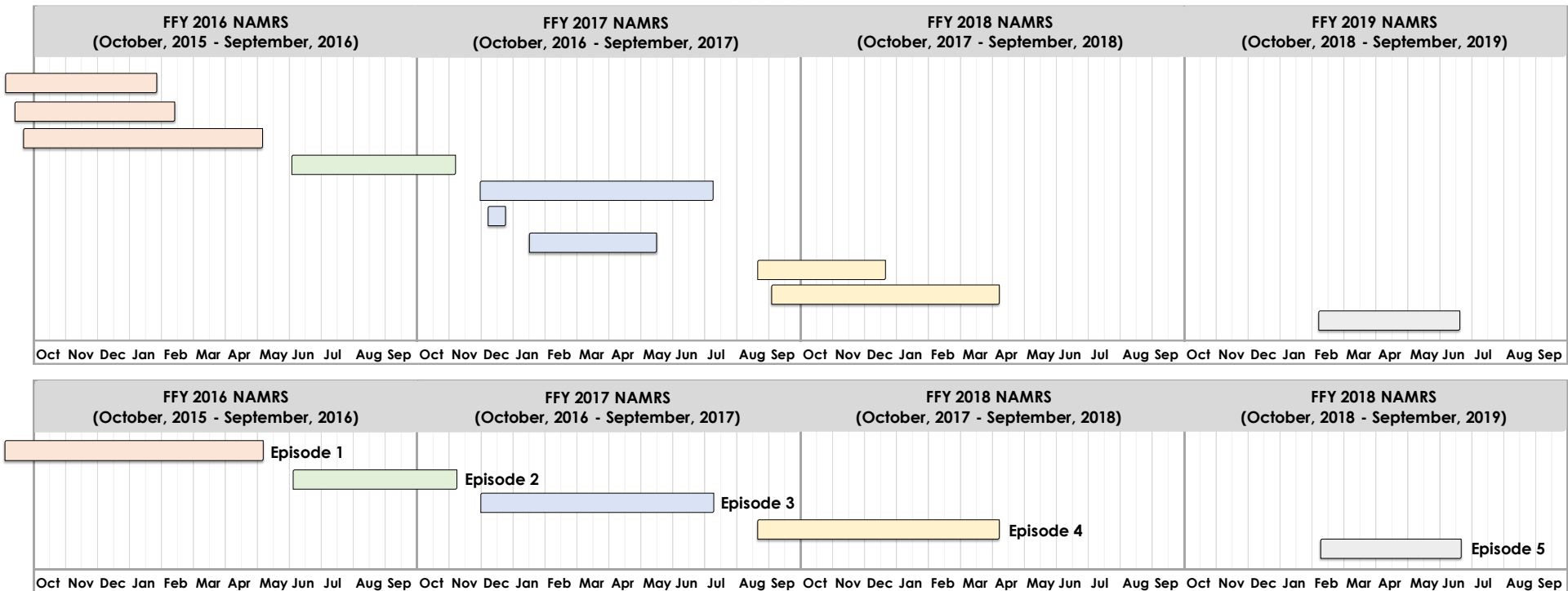
Who was in the NAMRS analytic sample?

- Years of Data: FY 2016-19
- States: 19
- Investigations: 1,374,122
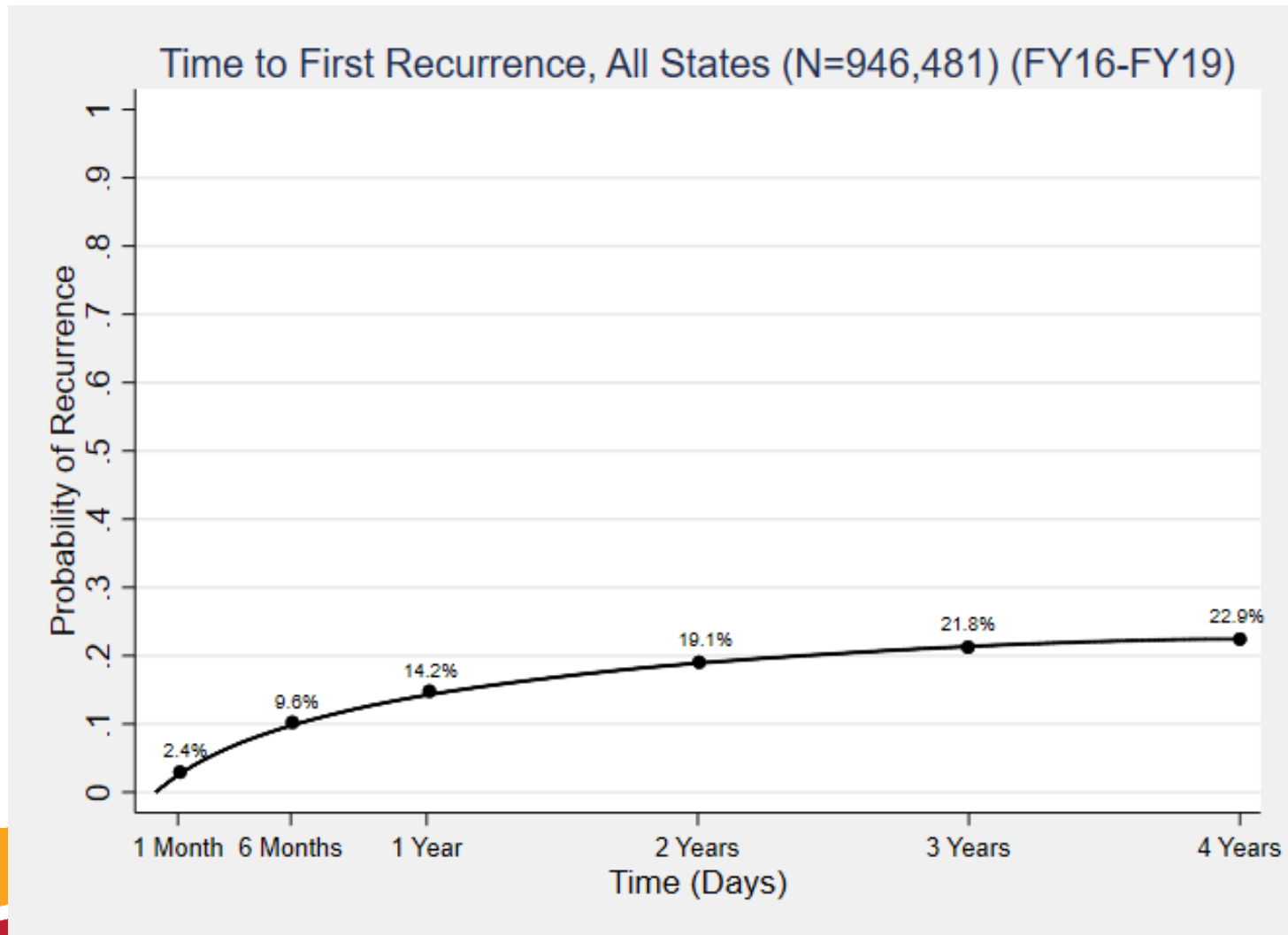- Episodes: 1,211,360
- Clients: 946,477
- Perpetrators: 100,119

Recurrence
- About **1 in 5 of all clients** in this analysis experienced at least one episode of recurrence
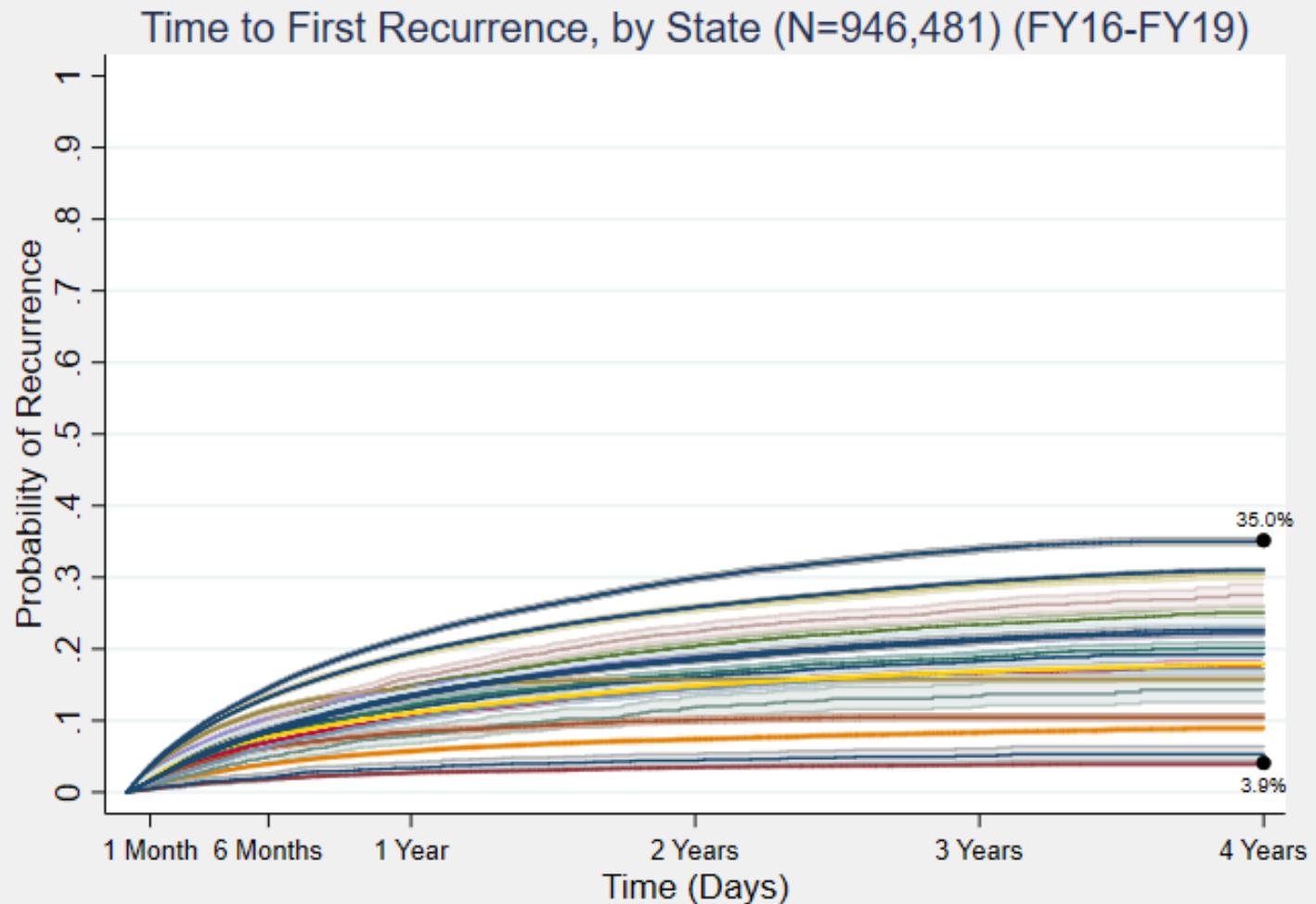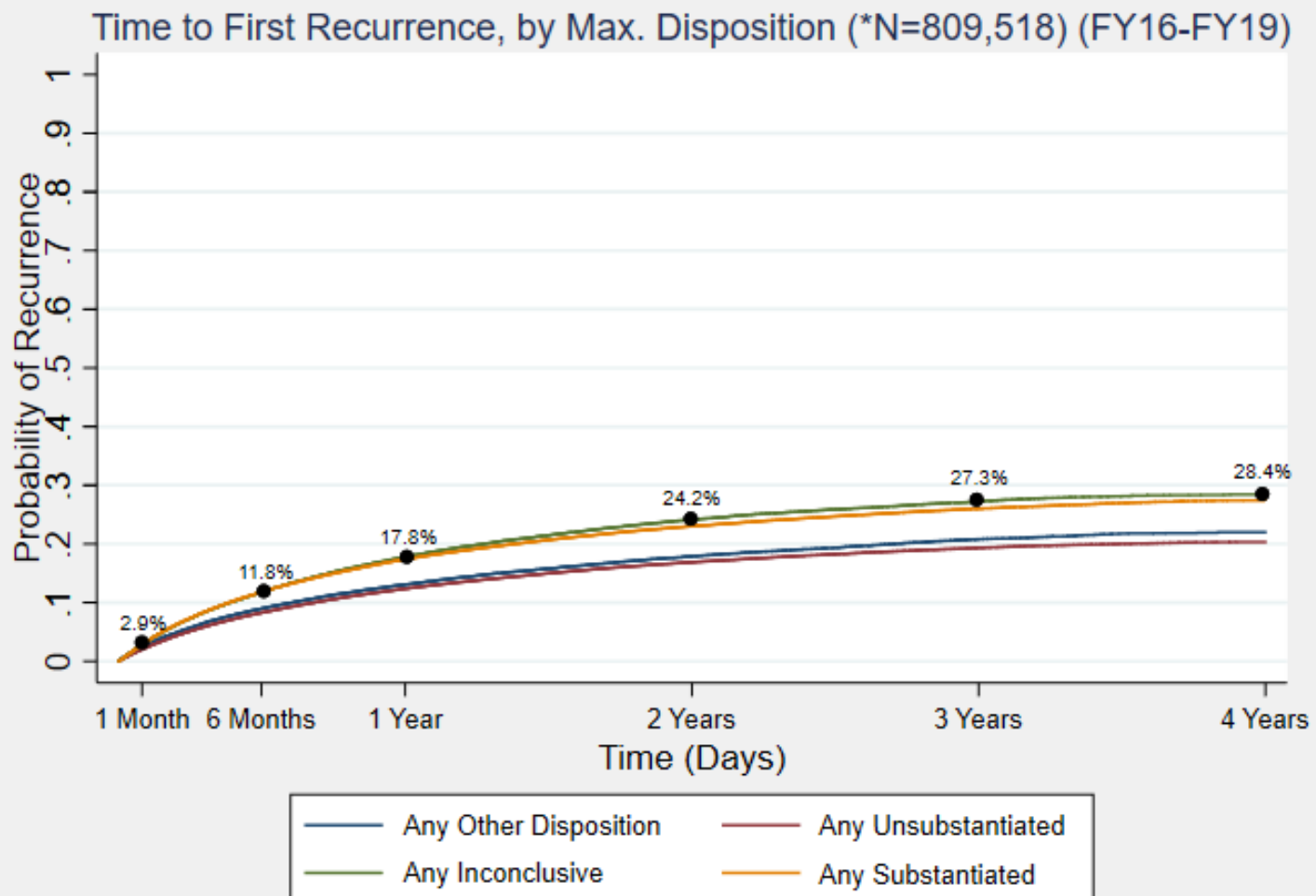- 99 percent of clients had 5 or fewer episodes (Average=1.27; Range: 1-66)

Episodes

1 Episode	78.7%
2 Episodes	13.6%
3 Episodes	4.3%
4 Episodes	1.7%
5 Episodes	0.7%

What was the overall risk of recurrence over time?

Time to First Recurrence, All States (N=946,481) (FY16-FY19)

Did the risk of recurrence vary by State?

Time to First Recurrence, by State (N=946,481) (FY16-FY19)

Did the risk of recurrence vary by maximum disposition?

Time to First Recurrence, by Max. Disposition (*N=809,518) (FY16-FY19)

*Excludes data from states that do not substantiate

What client and maltreatment factors predict 12-month recurrence?

- **Client factors**
  - Female (2% more likely)

- **Maltreatment factors**
  - Self-neglect (13% more likely)
  - Any substantiation (3% more likely)

What investigation and state factors predict 12-month recurrence?

- **Investigation factors**
  - Case closed due to investigation completed and protective services case completed (10% more likely)
  - Case closed for other reason (e.g., client refusal) (9% more likely)
 - 1 month additional episode duration associated with 1% decrease in likelihood of recurrence
- **State factors**
  - 10 percentage point increase in cases accepted for investigation associated with a 1% decrease in the chance of a client experiencing recurrence

What are the key takeaways from the NAMRS analysis?

- Unique considerations of self-neglect cases may drive greater risk of recurrence.

- Substantiation may be a marker of higher need, associated with greater risk of recurrence.

- Recurrence among clients who decline to participate in their initial case could mean a second opportunity for APS to engage.

- Recurrence among clients whose investigation and services were completed could indicate higher needs/complex cases, and need for longer-term help.
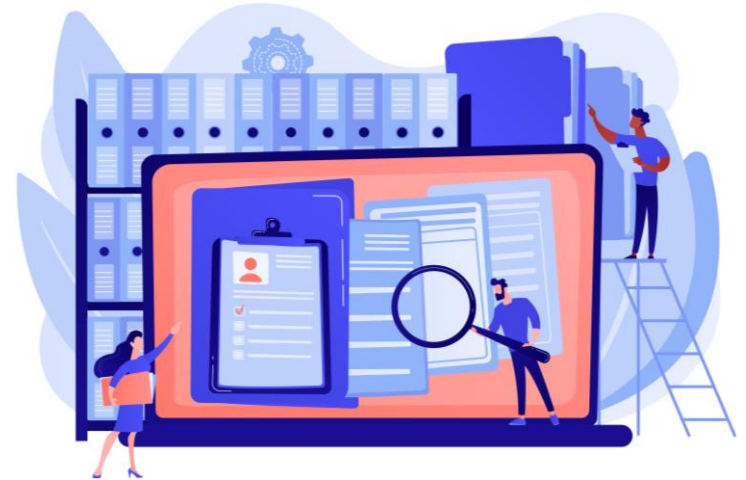
DISCUSSION OF FINDINGS: KEY FINDINGS ACROSS STUDY METHODS

Key Finding: Recurrence

- Recurrence can occur for different reasons and is not necessarily a bad thing

Key Finding: COVID-19

- APS responded to the COVID-19 pandemic by adapting policies and procedures to reduce contagion; some evidence suggests this made it more difficult for APS programs to achieve positive client outcomes

Key Finding: Self-neglect

- Self-neglect poses unique challenges to achieving positive client outcomes

Key Finding: Positive client outcomes

- Most APS clients in this study were satisfied with APS and reported feeling safer and/or that their life was better because of the help they received from APS

Key Finding: Key predictors

- Positive APS client outcomes were driven primarily by client's recognizing they need help, a strong client-worker relationship, and client's feeling like they received all the services they needed
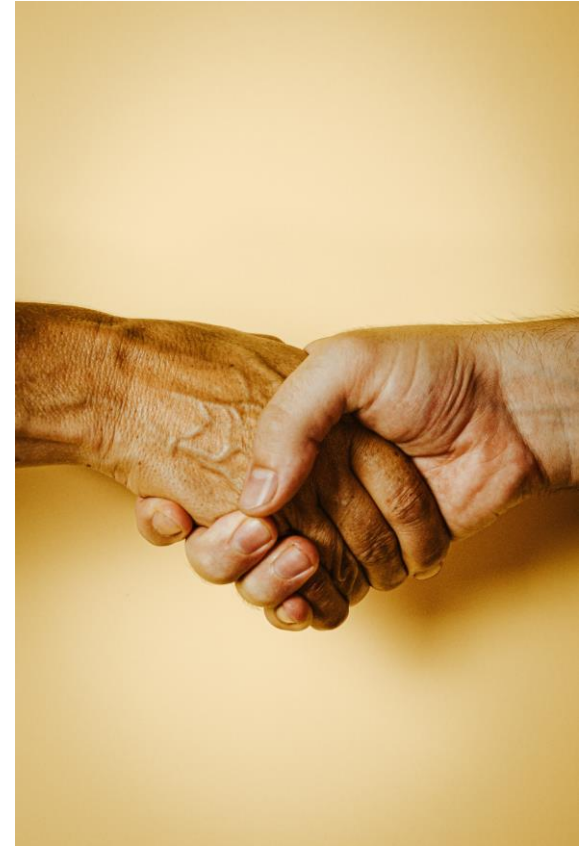
FUTURE RESEARCH

What topics emerged from the study for future APS research?

- Identifying effective approaches that address the four factors that predict positive APS client outcomes

- Working with self-neglect clients

- Taking a deeper look at recurrence

- Examining APS procedures in the COVID/post-COVID era

- Understanding more about caseload sizes and their impact on client outcomes

- Improving data in NAMRS

QUESTIONS? REACTIONS?

THANK YOU!

Contact us!

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