



## November 2025 APS TARC Podcast Transcript

# APS TARC Best Practices Wrap-Up

## Introduction

**Andrew Capehart:** Welcome to the Adult Protective Services Technical Assistance Resource Center podcast. We come to you with the goal of sharing promising practices and innovations from the adult protective services field, and to highlight what is achievable with new ideas and partnerships to help you envision what may be replicated in your program. Let's join our host, Jennifer Spoeri, APS TARC subject matter expert, and guests in conversation.

## Discussion

**Jennifer Spoeri:** Welcome to the APS TARC podcast. Today, we're going to speak with Karl Urban, a senior research manager at the TARC. We're going to do a year-end wrap-up of promising work in the APS field. But before we dig in, Karl, can you share with our listeners a little background on your career and work in APS?

**Karl Urban:** Sure. I have worked for the Adult Protective Services Technical Assistance Resource Center for 10 years now. I have been here from the beginning. Before that, I had a 25-year career in state government in Texas, in public policy, data, working with the legislature, doing all kinds of different things, culminating in working in the adult protective services program the last five or six years as a director and then as the assistant commissioner for APS.

**Jennifer Spoeri:** Okay, so a lot of, lot of knowledge about APS there.

**Karl Urban:** Yes.

**Jennifer Spoeri:** And what year did the TARC start? Just for my information.

**Karl Urban:** So it would have been 10 years ago. So this is 2025 so it would have been 2015 I guess.

**Jennifer Spoeri:** Okay, wow, there should be a big anniversary party or something.

**Karl Urban:** Had not thought about that.

**Jennifer Spoeri:** 10 years.

**Karl Urban:** It doesn't take much for me to party, though, so that's okay.



**Jennifer Spoeri:** There we go. So what are the best practices, innovations, tasks that ACL, the Administration for Community Living, gives the TARC each year?

**Karl Urban:** So if you've been to any of our webinars, you see that little diagram we do that says that we have three basic tasks. We provide direct technical assistance to APS programs, we support NAMRS, and then there is this more nebulous one called best practices innovations. And what ACL has asked us to do is to try to stay on the forefront of what is going on in terms of innovations and best practices in APS. So every year, we give them a list of topics, and we work with them to choose a couple of topics to do a deeper dive into. And so what we try to do is look at the literature in the field, from the research that may exist on a particular topic, and that would include both the published, peer-reviewed literature, and is often the case and is necessary in APS it would include kind of the gray literature, program reports and stuff like that to assess and analyze the best practice or innovation according to some criteria in terms of how it fits in terms of a best practices continuum. So we will decide, yeah, this meets criteria for best practices, or this meets criteria for promising practices along this continuum, and then to look at issues of replicability and translation. So we pick the topics, we do the analysis, and then the final part of it is to translate what we have discovered in our research into some sort of product for the APS TARC, which primarily translates into technical assistance briefs that we write.

**Jennifer Spoeri:** Gotcha. It's interesting the gray literature, meaning it's not evidence-based or trials, things like that. It's project reports, because APS, you know, we've really been playing some catch-up on getting data together right?

**Karl Urban:** Yeah, that's exactly right. And when we look at the peer-reviewed literature even then we even assess it for what type of research design did it use? Did it do use a more rigorous research design which pushes it more and more into that best practices category or was it more qualitative or other types of methods that were not as rigorous in terms of establishing along those very defined lines of what is and is not best practice. And then, with the gray literature, ACL, through their Elder Justice Innovation Grants, require states to do reports for them, semiannual reports and final reports. And so those are not published peer-reviewed literature. They're, they're basically great literature, but they're very informative in terms of trying to help us assess what is going on with the best practice or innovation.

**Jennifer Spoeri:** Probably easier to read for somebody like me.

**Karl Urban:** There's a whole lot less footnotes in those.

**Jennifer Spoeri:** There you go. So what were the specific projects that were done in the past year under the best practices innovations task?



**Karl Urban:** So there were two official ones and one unofficial one, and I'll explain what I mean by that. The two official ones that we decided on with ACL upfront was one, to look at partnerships with the Aging Network, and we kind of expanded that to looking at community action agencies and other community-based agencies. And then the second one was to look at the issue of forensics in APS. That ended up primarily focusing on issues related to forensic centers, although that we did a broad scoping on all issues related to forensics. And then the third topic, which was just a topic that we had decided on for a technical assistance brief, was in the area of behavioral health and APS. And even though it wasn't one of our official best practice topics, we ended up approaching that brief much like we did the other two in terms of looking at the literature and assessing where things are and making some recommendations for APS programs in that area as well.

**Jennifer Spoeri:** Gotcha. So it's interesting, the partnerships with Aging Network, you expanded it to community because it's not just the Aging Network. Only half of APS programs are embedded in the Aging Network, and APS clients can be 18 to 59 years old. So is that why?

**Karl Urban:** Yeah, in a couple of the projects that we looked at that were funded by Elder Justice Innovation Grants worked with community agencies beyond the Aging Network. There were some very specific projects, particularly funded with the ARPA/CRRSA money with the Aging Network that we were interested in, but when we looked at the broad scope those Elder Justice Innovation Grants with Stanislaus County, Rochester, they had expanded the scope beyond Aging Network to working with the community agencies. And so, you know, the community agencies are a nice parallel with the Aging Network in terms of resources that are available in the community for APS programs.

**Jennifer Spoeri:** Got it. Yeah, I remember the Missouri program, the warm handoff, as they call it, payment for wraparound services to local triple A's. I remember Tim Jackson speaking at one of the Elder Justice Coordinating Council meetings, and that's, it's such a simple concept, but it was really important, but it needed the funding, and that's probably something you saw. And we'll talk about the themes later. That you know, a lot of these programs just need a coordinator or somebody to actually handle these.

**Karl Urban:** Well, and so as we were looking at the Elder Justice Innovation Grants, we found that, I think this was talking to Paul Caccamise as a Rochester, I mean, it's the same language, it's the warm handoff language, except in their case, it wasn't to the Aging Network, it was to the community agencies. And so you get these themes across the different types of projects.

**Jennifer Spoeri:** Yeah, yeah. Lifespan's got a pretty strong program up there with Paul Caccamise. Alright. So let's talk about each of the briefs then. In the APS partnerships to improve service delivery brief, there's a clear tie with the APS Final Rule, the coordination with other entities. Can you talk a little bit about this?



**Karl Urban:** Sure, the final rule does require coordination with other entities. It outlines some basic goals for that. It talks about the importance of that. And then, as you mentioned, many, many APS programs are already co-located with Aging Network programs. And then we saw specific grant projects that were trying to build those relationships. We saw specific projects that came with the ARPA/CRRSA money that we're trying to build those relationships. And so we just tried to look at all of those at a whole. So we've already mentioned what was going on out in Stanislaus County, California. Lifespan of Rochester had a project you mentioned. Missouri already had the project, a very explicit project with the Aging Network, and then the state of Minnesota piggybacked on what Missouri had done in terms of a project with the Aging Network. And so there were a lot of projects that were trying to build better relationships. This usually took the form of some sort of case management services for clients that the APS programs themselves were not really able to provide.

**Jennifer Spoeri:** To also add the other project in that brief was the Utah APS and Benjamin Rose Institute. And I found that particularly intriguing because they looked at inconclusive cases of caregiver neglect, and similar to Stanislaus County, I can't say that it's looking at those cases that have the potential to come back in, you know?

**Karl Urban:** Yeah, their focus was on reducing recidivism, or, I should say, reducing recurrence, not recidivism. Zach, if you're listening, I got it right. So, yeah, they were focused on reducing recurrence for a very specific sub-population, and the results of that project were very good. Focused on caretakers and inconclusive findings of what do we do with those folks, because we know the need is there, but yet they don't quite meet our criteria for substantiation, or we can't quite get to substantiation for whatever reason. And so they came up with a very innovative way of trying to address that particular need, and it's one of the projects that has continued. They found the funding for it through Medicaid admin claiming to continue the project, so.

**Jennifer Spoeri:** Nice, nice. Okay, so what lessons learned out of that brief? What things would you like to highlight from those?

**Karl Urban:** So the Aging Network's a natural, if at times uncomfortable or ill-fitting partner for APS programs. So natural in the sense that the population is the same, the needs that they're trying to address are the same. Uncomfortable or ill-fitting, and I think this is one of the things I discovered in Missouri and Minnesota, is that APS is a protective services agency focused on immediate safety needs, so they have a little bit of a more narrow focus than the focus that the Aging Network has, which is at times, much more holistic and much more long term and focused, and so sometimes you would get a little rub or a little tension there. It wasn't anything that prevented the relationship from being productive, it was just something that they would have to work through.



**Jennifer Spoeri:** And I would venture they're both protective of their caseloads.

**Karl Urban:** Yes, and everybody is protective of their caseloads. It was clear that long-term case management services are needed by APS clients, and whatever form of relationship that an APS program can create to do that is to the benefit of APS clients. Wraparound services really help meet needs. They really improve the outcomes of APS programs. That said, it takes relationships, and relationships require nurturing, and they just, it doesn't happen necessarily naturally. It's something that you're going to have to have some sort of grant mechanism. You're going to have to have some sort of communication mechanism in place to nurture those relationships. Partnerships can be built, but they're built on nurturing the relationships and formalizing things and making them work.

**Jennifer Spoeri:** And I would even venture to say, to go outside of the, you know, natural Aging Network or community network and APS, and even look at civil legal service providers, because another relationship is the client, and the client sometimes is the one saying, No, I don't want those services because there's Medicaid estate recovery, you know, or I just don't want somebody in my home. So that's another relationship you have to nurture, even outside of the networks that you're trying to get to work together. And sometimes those civil legal service providers can really help with explaining the things that are associated with having those ongoing services in your home.

**Karl Urban:** You know civil legal service providers, criminal justice system, and one of the things that I think we discovered in looking at the Community Action agencies was, and this is a like a "no duh" in APS, but Older Americans Act programs have limited funding. It is really important to connect APS clients with Medicaid, because Medicaid as an entitlement program is a much more rich and robust set of services, particularly through home and community-based services for APS clients, and having that case management in place to be able to get you to connect to Medicaid is really important for long-term outcomes for APS clients.

**Jennifer Spoeri:** Yes, and definitely more on that will come in 2026 for those of you listening with bated breath.

**Karl Urban:** Yes.

**Jennifer Spoeri:** Alright, so let's go to the, the next brief on the use of forensics and APS. What are forensics and APS basic? Let's start at the foundation.

**Karl Urban:** So forensics is where you try to establish a scientific basis for evidence and criminal investigations and legal proceedings. And so you say, well, but APS is not criminal. No, it's not criminal, but the type of investigating that APS does takes on legal aspects, and so another definition of it is incorporation of medical and legal evidence through a legal framework into an APS case. And I think we



can all see and understand how when you're trying to reach a disposition in a case, that type of evidence is really important.

**Jennifer Spoeri:** Yeah, and I'm also thinking of the different types of forensics, but, you know, medical forensics, accounting, forensic accountants, but this brief really highlighted forensic centers. They do it all.

**Karl Urban:** So this is an area where there is actually a lot of literature, I mean, so you can go back to, to talk to Laura Mosqueda's groundbreaking research on identifying injury patterns. That's, that's incorporating forensics. You have got forensic accounting services that have been pulled into APS. But we ended up deciding that we wanted to focus most clearly around forensic centers, and so we ended up looking at two different types of forensic centers. There are geographically based forensic centers in a local community and then the state of Texas had developed a virtual statewide network forensic centers using communication technology. There was a lot of literature on both of those. These were very directly applicable to APS programs and so we ended up focusing on those.

**Jennifer Spoeri:** Interesting, and so it's definitely a promising practice. I just keep on thinking, how do you get a start if you're a county or even a state APS organization? Back in my infancy days in APS, I remember we had a retired accountant who came and volunteered in APS, and he analyzed bank statements. That, that was a seedling to having an actual staff person that would do forensic accountant reviews.

**Karl Urban:** Yeah.

**Jennifer Spoeri:** And then the, the grandpa would be the forensic center.

**Karl Urban:** Yeah. And the thing about a forensic center is the term sounds real fancy. In a sense, really what we're talking about is a multidisciplinary team approach helping to resolve APS cases that involves professionals from the legal or the medical community to help with the processing, evidence collection, and decision-making related to those types of quote, unquote, forensic issues. And so you've had these multi, you've had these forensic centers, which are really just, I think they call them enhanced multidisciplinary teams in New York, for example. I mean, that's maybe a simpler way of thinking about it. It's just as an enhanced MDT. So how do you establish it? Well, how are MDTs established in any community? It's really a question of how you are incorporating those forensic practices into the MDTs that you have in your community.

**Jennifer Spoeri:** Yeah. And back to building those relationships and learning the experts in your area. So.



**Karl Urban:** Yeah. And so the paper provides, California had developed this network of forensic centers, and there's been, I don't know, half a dozen articles at least published on those forensic centers talking about their efficacy and giving lots of information on how they can be replicated. And so the TA brief that we wrote walks through a lot of that literature, and it provides that guidance on how you can think about developing it, who your partners need to be. The Texas model is an interesting model because it was a partnership between the Texas APS program and the UT Health Science Center in Houston. So Jason Barnett was the lead researcher down there, the lead person that kind of helped put this together and has done a lot of the research on it. It was funded in part by the Texas APS program, and it's interesting because they have used communication technology to establish this network to help with legal and medical kinds of issues. So the APS staff in the field have a communication portal that they use to work with the folks in Houston to access the types of medical assistance that they need to help them with their cases. It is primarily used for capacity determination, but it can be used for other things as well, and so you've established a network to help you with forensic issues, to draw on experts, to get it out to the staff in the field that would not otherwise have ready access to those experts. It's really an interesting project.

**Jennifer Spoeri:** And it's secure. That's probably the key there. All that information is very protected.

**Karl Urban:** It is very secure through the portal that they have established, and the paper goes into explaining kind of how all that works.

**Jennifer Spoeri:** We're gonna have to make sure these papers are linked into the, the podcast announcement so others.

**Karl Urban:** When they, not all of them have been published yet, but when we get them published, we will certainly do that. The, the other thing that we've done on the forensic one is that one of the early persons that had written a long article on this was Candace Heisler, who many of you know. And so we ended up getting Candace and Jason together on a webinar. And so we talked through kind of the history in the details of how all of these things are working. So we will be publishing that webinar at some point as well. So I don't want to be redundant with that at this point.

**Jennifer Spoeri:** Gotcha, yeah, there'll be a lot of good information coming in the future. So lastly, let's talk about behavioral health and APS, because that's the third and final area that you really dug into as far as a promising practice.

**Karl Urban:** What we tried to do in the brief was to take a look at the behavioral health system, define how it actually operates in terms of both mental health and substance abuse, and look at some promising practices as it relates to how APS programs are working with them. You know, there was one very specific project called the Protect Project that has been going on in the city of New York that was very successful



in terms of some of its outcomes, in terms of the relationship with APS clients, that model has actually been picked up by our friends at Lifespan in Rochester. And so that's an ongoing project. The state of Kansas had used their ARPA/CRRSA funds, I don't remember which specifically, to do some mental health pilot projects, working with their local mental health authorities. One of those projects was pretty successful. One of those projects was not as successful. And so we detail some of that, what seemed to be the factors for success or not success. ACL has had some various Elder Justice Initiative projects, and we've all heard of the RISE project that has a component to it. They've got one at UT Health Science Center in Houston. And so we talk about those projects as well.

**Jennifer Spoeri:** Right. And going back to Protect. NAPSA just recently sent out some information from Protect because they're really looking to have APS answer a survey. I know surveys are everywhere, but they're trying to learn more about how it could be offered at other APS agencies because it is, it's virtual, it's online. It had success in the city, that doesn't mean it can't be replicated elsewhere, hopefully, if there's Wi-Fi. But you know the.

**Karl Urban:** Exactly, that was one of the yeah, that was one of the interesting crossovers between the two projects is that they actually had a paper they wrote out of the Protect Project in New York that said, when we did this virtually, it worked as well as in person. One of the takeaways from the Teams project in Texas is that it works, it's a project that works virtually. And so virtual is a real opportunity for APS, I think, to improve their programs in both these areas.

**Jennifer Spoeri:** Absolutely, and again, with the recurrence, I mean, in behavioral health and substance use concerns in cases, if we can help connect the clients with services there, hopefully they'll stop recurring as much so.

**Karl Urban:** Yeah, the big takeaway in the behavioral health paper was that there are no best practices at this point. You've got the Protect project, which has established some evidence, and you've got these Elder Justice Initiative projects, none of which have been formally or rigorously evaluated. And our main suggestion there was, yeah, we need to revisit this in two or three years and see if we've made any progress on the evidence-based front in terms of APS. Because, you know, as we've said at the start of this, it's a critical issue for APS frontline staff is to try to figure out how to make this partnership work better on a case-by-case basis, on a client-by-client basis at the front line.

**Jennifer Spoeri:** Yeah, absolutely. So to close, what were the themes that came out of all these projects? Because from what I understand, there were definitely some overarching principles here that we could take away.

**Karl Urban:** So we identified about five or six things that we thought really matter, and some of which we've already touched upon. And so I'll be a little redundant here, but I think it's good discussion. The



first one is that partnerships matter. APS programs have limited resources to really meet the holistic long-term needs of clients, and the only way they can do that is through collaboration with partners. The second theme was that systems matter. Behavioral health is its own system. APS is its own system. Community Action Agencies are their own system. Forensics are based on bringing different systems together. And so understanding how systems work is really important for APS, and I think there's a lot of work that could be done in that area. Third theme is that professional relationships matter. If you're going to make the systems work, you're going to have to establish those relationships across the systems with those professional relationships, and emphasize the relationships, nurture the relationships and, and make them work. This leads to the fact that communication really matters. We saw establishment of communication portals in the Aging Network projects. The Texas forensic network depends on the communication portal having some sort of formalized system to ensure communication. Confidentiality is really important to make these projects work, the communication then facilitates better case management. Case management is crucial for meeting the long-term care needs of APS clients, developing those partnerships to make case management work is important for accessing benefits, whether they're through the Aging Network or, perhaps more importantly, through Medicaid. And then that's the last thing is that Medicaid is really important in the world of APS. Developing the case management systems to access Medicaid is going to take APS clients a long ways in terms of getting to better outcomes. And the last thing is that money matters. Some of these projects ended up being sustained, and some of these projects did not end up being sustained because the money went away with ARPA and CRRSA and so finding the ability to generate money to support your case management is really important for APS.

**Jennifer Spoeri:** Yes, I couldn't agree more with that. So Karl, thank you for taking the time today to speak with me and highlighting so many solid areas of promising APS practices. And I look forward to seeing what the TARC produces in 2026.

**Karl Urban:** Well, we're meeting with ACL next week on our topics, so here we go again.

**Jennifer Spoeri:** All right.

**Andrew Capehart:** Thanks so much for listening. To give us feedback on this podcast or reach out to us, please visit our website at [APSTARC.acl.gov](http://APSTARC.acl.gov). This podcast was created by the Adult Protective Services Technical Assistance Resource Center, administered by WRMA, Inc. under contract number 140D0424F1178, from the U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging. Special acknowledgement to the National Adult Protective Services Association, who contributed to this podcast. The views expressed in this podcast do not necessarily reflect the views or policies of the Administration for Community Living or the U.S. Department of Health and Human Services.