

An Overview of Intrastate Variation in APS Practice

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Table of Contents

Table of Contents	1
Background	2
Introduction	2
Does APS Practice Variation Matter?	2
Methods	4
Findings	5
Variation by APS Program	5
Variation by Practice	10
Administration	15
Investigation Practices	15
QA Practices	15
Services	15
Discussion	16

Background

Introduction

The Adult Protective Services Technical Assistance Resource Center (APS TARC) implemented the [*National Process Evaluation of the Adult Protective Services System*](#) (*National Evaluation*) to describe the current landscape of APS program structure and operations across the United States. The unit of analysis for the *National Evaluation* was state APS programs; for each program we sought to understand the policies and practices that comprised the program’s administrative and legal framework, eligibility requirements and key resources, and methods for accepting referrals, conducting investigations, delivering services, and ensuring high-quality casework.

One of the key components of the *National Evaluation* was a practice survey administered to state-level APS program administrators. In the survey, the APS TARC evaluation team recognized that APS practice varies **within** state APS programs and collected data on this variation. Until this brief, we have only released data with the state/territory program as the unit of analysis, focusing on variation among (not within) state APS programs.

This brief analyzes the intrastate APS practice variation (“practice variation” hereafter) data to answer three questions:

1. Does APS practice vary within states?
2. If so, how much does APS practice vary within states?
3. What are the patterns in APS practice variation?

Does APS Practice Variation Matter?

One of the primary findings of the *National Evaluation* was that APS administrators are concerned with consistency and quality of casework. Exhibit A is a graphic from the report on the *National Evaluation* that provides a sample of responses on the practice survey from APS administrators to questions about significant barriers or obstacles in APS practice or of comments on other questions. The quotes illustrate the concern with inconsistency in practice, including concerns with variation in practice.

Exhibit A – Sample Quotes of Concern with Quality and Inconsistency in Practice from the *National Evaluation*

"Various interpretations of cultural protocols"

"Equal adherence to policy with nearly 30 supervisors covering 159 counties; local customs and 'the way we do things' sometimes trumps state policy"

"Differences in urban, suburban, and rural local offices"

"Entrenched practices and attitudes of long-term staff are sometimes difficult to change"

"When new positions are allocated to local offices for APS investigations, a proportionate amount of Central Office positions for statewide training, policy development, quality assurance, and technical support are rarely allocated"

"Inconsistent application of policy among the 120 local departments can result in programmatic confusion and data issues"

These quotes also provide a good explanation of some of the reasons practice variation may occur: differences in culture, supervisor perspective, training, attitudes, and application of policy.

Typically, policy establishes the minimum standards and practice addresses how to specifically meet client needs. Recognizing inconsistencies and areas where standardization of practice can be enhanced is necessary for program improvement.

Ultimately, the concern with inconsistency in practice is a concern with the quality of outcomes for clients. Inconsistency in practice can also affect staff morale and performance and impacts community and governing authority perception of APS.

Conversely, diversity of practice may be an indication that the program is responsive to local needs, culture, and resources. Local agencies/staff can adapt their services to address the specific needs of their communities. Local variation can be an incubator of innovations for others to replicate. Variation allows for experimentation with new approaches. Successful local initiatives can then be scaled up for statewide adoption.

Methods

To analyze practice variation as part of the evaluation, many (but not all) of the questions in the practice survey asked about **“the extent to which a practice varies in a state or territory”** by using the following categories of responses:

- All local offices
- A majority of local offices
- Few local offices
- No local offices
- Don’t know

The survey instructions stated: “Throughout the survey, ‘statewide’ refers to practice across the state or territory.” And “If a statewide policy guides a practice for a particular response, then select ‘All local offices.’ If there is no statewide policy [governing the practice], then answer based on the best of your knowledge about geographic variability.”

In the *National Evaluation* report, we reported data as a binary: either a state had a practice or it did not. We considered the state to have a practice if it selected All or A Majority of Local Offices.

For this brief, we analyzed the practice variation data from the perspective of both the individual programs and the individual practice variables — that is, how much practice variation is there **in each individual program across practices** and how much variation is there **in each individual practice across programs**.

State APS program administrators completed the practice survey in the spring of 2021, so some data may be out of date. For this brief, the number of potential responses is 54 based on responses from the three states with “bifurcated” programs and the District of Columbia.¹ Each administrator answered the questions about practice variation based on their subjective judgment and the information available to them — they were not asked to do any formal analysis to determine the degree of practice variation. Different administrators had various levels of information and subjective perspectives on practice variation.

¹ A “bifurcated” state — Massachusetts, Louisiana, and Pennsylvania — has separate APS programs for older adults and younger adults with disabilities. While they responded to the practice survey, U.S. territories are not included in this analysis for two reasons: we would not expect much if any practice variation because of their small size; and 2) they were not included the *National Evaluation* report and we wanted to keep the number of programs consistent for this brief.

Findings

Variation by APS Program

To determine how much practice variation there was in an APS program, we developed a percentage score for each program for the administration, investigation, services, and quality assurance domains. Within each domain, for each program, we calculated the percentage of practices with geographic variation as the number of practices that varied by local office divided by the total number of practices done by the program at all. We also calculated this percentage across all domains. This percentage calculation was unique to each program, considering both the number of practices done in the program and the number of practices with geographic variation across the program. A program with 40% geographic variation may have variation in 21 of 52 practices across the domains or in 8 of 20. Exhibit B provides the percentage score for each domain and an overall percentage score by program. Programs with 0% geographic variation are implementing all APS practices statewide.

Exhibit B – Percentage of Practices with Geographic Variation by APS Program by Domain and Overall

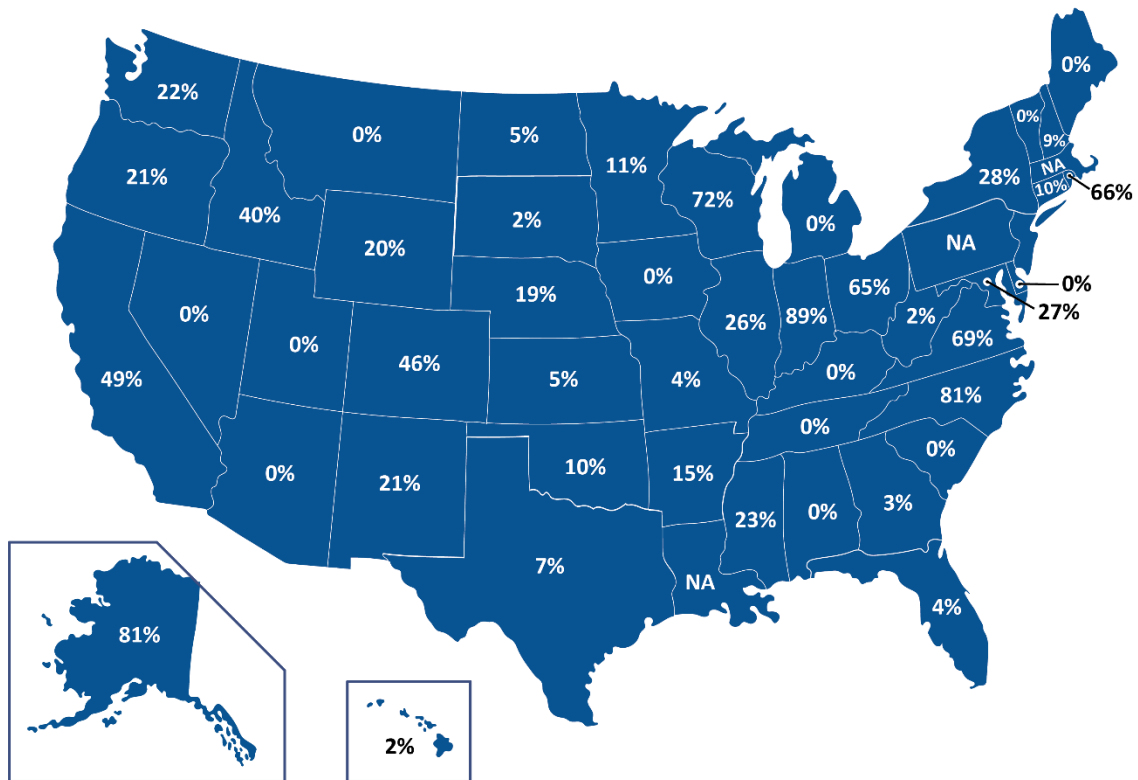
	Administration	Investigation	Quality Assurance	Services	All Domains
Alabama	0%	0%	0%	0%	0%
Arizona	0%	0%	0%	0%	0%
Delaware	0%	0%	0%	0%	0%
District of Columbia	0%	0%	0%	0%	0%
Iowa	0%	0%	0%	0%	0%
Kentucky	0%	0%	0%	0%	0%
Louisiana-Disability	0%	0%	0%	0%	0%
Maine	0%	0%	0%	0%	0%
Massachusetts-Disability	0%	0%	0%	0%	0%
Michigan	0%	0%	0%	0%	0%
Montana	0%	0%	0%	0%	0%
Nevada	0%	0%	0%	0%	0%
South Carolina	0%	0%	0%	0%	0%
Tennessee	0%	0%	0%	0%	0%
Utah	0%	0%	0%	0%	0%
Vermont	0%	0%	0%	0%	0%
West Virginia	0%	6%	0%	0%	2%
South Dakota	0%	9%	0%	0%	2%
Hawaii	0%	6%	0%	0%	2%
Georgia	0%	0%	0%	11%	3%
Florida	20%	0%	0%	0%	4%
Louisiana-Elder	14%	7%	0%	0%	4%
Missouri	20%	0%	0%	0%	4%
North Dakota	14%	7%	0%	0%	5%
Kansas	0%	0%	8%	10%	5%

	Administration	Investigation	Quality Assurance	Services	All Domains
Pennsylvania-Disability	0%	8%	11%	0%	6%
Texas	0%	18%	0%	0%	7%
New Hampshire	50%	8%	0%	0%	9%
Oklahoma	0%	20%	0%	18%	10%
Connecticut	0%	28%	0%	0%	10%
Minnesota	0%	0%	33%	0%	11%
Arkansas	11%	0%	19%	27%	15%
Nebraska	50%	17%	6%	14%	19%
Wyoming	0%	47%	6%	9%	20%
Massachusetts-Elder	25%	33%	17%	0%	20%
New Mexico	25%	50%	11%	0%	21%
Washington	0%	25%	35%	0%	22%
Mississippi	50%	25%	6%	27%	23%
Pennsylvania-Elder	40%	38%	6%	10%	24%
Illinois	60%	30%	0%	36%	26%
Maryland	44%	50%	0%	0%	27%
New York	56%	42%	11%	8%	28%
Oregon	33%	21%	75%	25%	38%
Idaho	43%	0%	56%	0%	40%
New Jersey	75%	56%	21%	14%	40%
Colorado	90%	55%	33%	0%	46%
California	70%	55%	33%	46%	49%
Ohio	38%	63%	67%	83%	65%
Rhode Island	67%	63%	78%	54%	66%
Virginia	70%	67%	94%	40%	69%
Wisconsin	43%	88%	71%	70%	72%
North Carolina	100%	56%	89%	87%	81%
Alaska	25%	100%	100%	100%	81%
Indiana	78%	89%	100%	82%	89%
Average	22%	22%	18%	14%	20%

A simple average of the scores for each domain shows that there is not much difference in practice variation between the domains. Administration and investigation have the most variation and services has the least. Programs that have variation in one domain usually have it across most or all domains. Few programs have practice variation in only one domain.

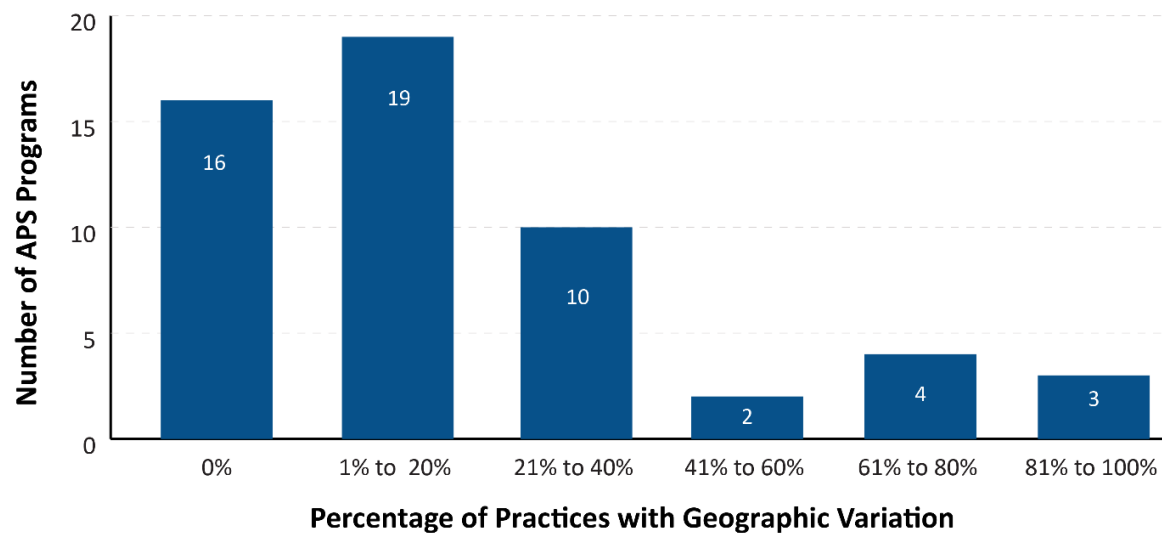
Exhibit C is a map that shows the amount of variation by APS program across all domains.

Exhibit C – Percentage of Practices with Geographic Variation by APS Program for All Domains



Notes: Louisiana, Pennsylvania, and Massachusetts are excluded from the map since they have two APS programs, and each program answered the practice survey individually (see footnote above).

Exhibit D is a histogram (or frequency distribution) for all domains that shows the distribution of programs based on the amount of practice variation. It shows that there are many more programs that have little to no practice variation compared to those with a lot of practice variation. For example, 16 programs had no practice variation, while 12 more programs had less than 10% practice variation. Indiana, Alaska, and North Carolina had the most practice variation — all above 80%. Only 11 programs had more than 40% variation.

Exhibit D – Number of APS Programs by Percentage of Practices with Geographic Variation

To determine what factors are associated with practice variation, we examined the association of the amount of practice variation across all domains with three other variables from the practice survey: amount of state control (Exhibit E), whether the programs was administered by state or local employees (Exhibit F), and the co-location in state government (Exhibit G) with other agencies. Not surprisingly, higher practice variation is associated with less state control and with administration by local employees. Co-location with aging agencies has the most practice variation with child welfare agencies the least.

Exhibit E – Percentage of Practices by Whether the Program Is State or Locally Administered

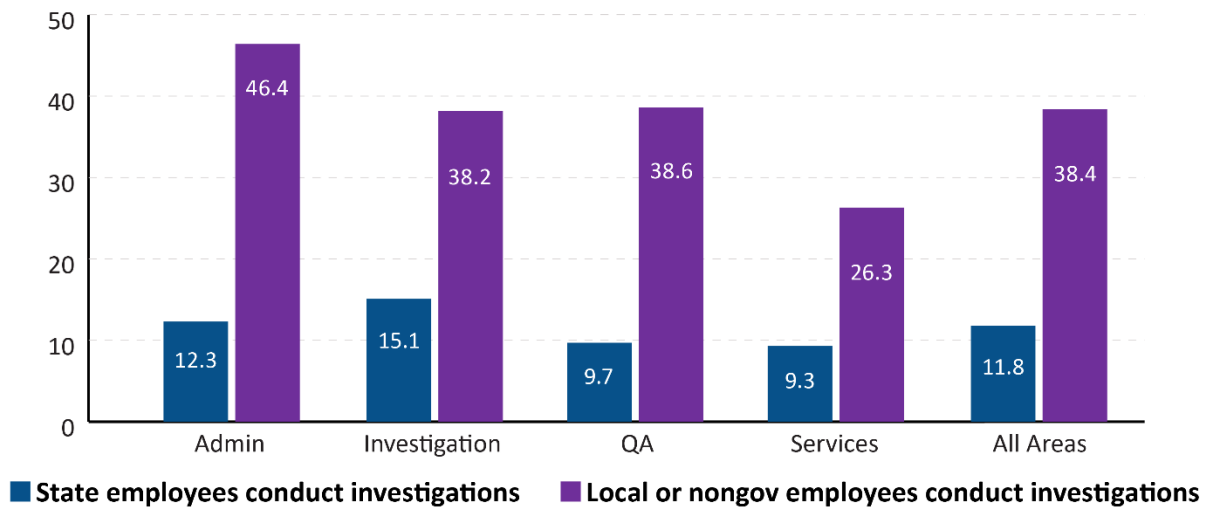


Exhibit F – Percentage of Practices by Level of State Control

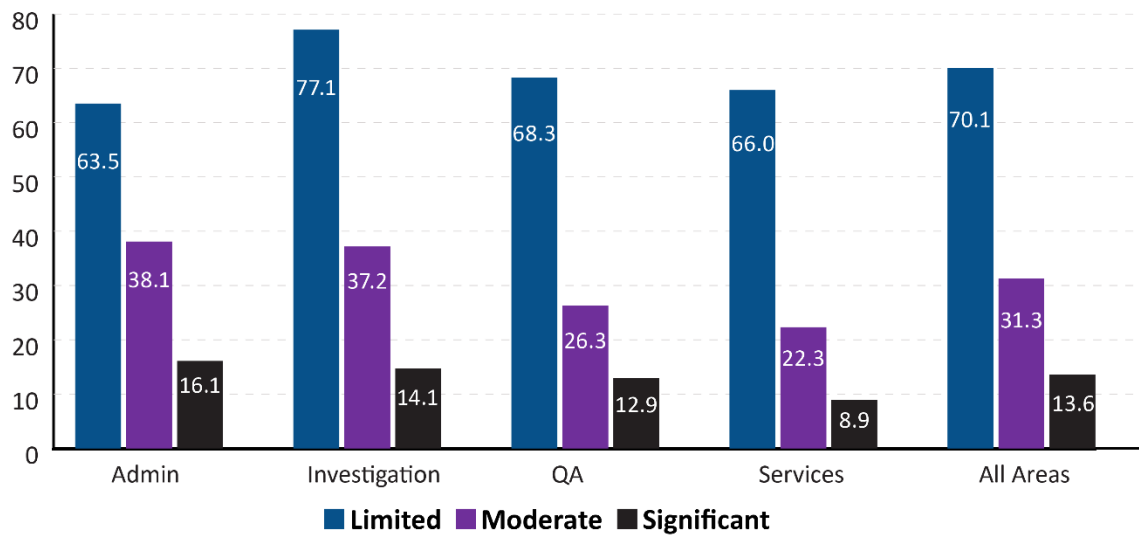
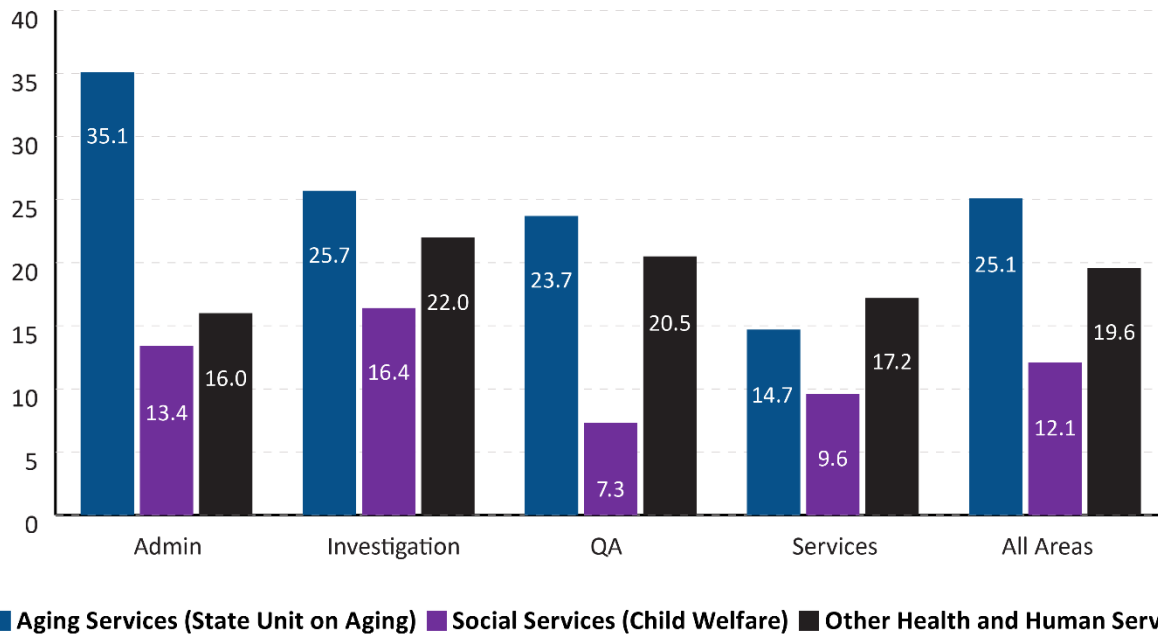


Exhibit G – Percentage of Practices by Location of Program Administration in State Government

In summary, APS practice varies at the program level, but not very much for almost half of APS programs. Programs that have variation tend to have it across all domains. All domains have roughly the same amount of practice variation. Not surprisingly, programs administered at the local level (e.g., North Carolina and Indiana) have more practice variation; programs co-located with aging agencies, whose programs tend to be administered at the local level, have more practice variation. Even a state-administered program such as Texas identified notable practice variation in investigation. Alaska, the largest (in geographic terms) program of all, identified a large amount of practice variation.

Variation by Practice

This section analyzes the data by practice instead of by program. Exhibits H, I, J, and K show the amount of variation across all states for individual practices. For the exhibits, we grouped the practices by domain (administration, investigation, services, and quality assurance). The data is presented as a binary of in what percentage of programs is a practice statewide and in what percentage of programs is there variation? Statewide is defined as responses of “all local offices” and geographic variation is defined as responses of “majority” or “some” local offices.² Since not all programs answered every question or may have responded in “no” local offices, the graphs also show what percentage of programs answered “did not respond” to the question or answered “no.” The practices are sorted by the amount of practice variation.

² Note that this is different than the analysis in the published *National Evaluation* report in which a report was considered statewide if the response was “all” or “majority” of local offices.

Exhibit H – Geographic Variation of APS Administrative Practices (n=54)

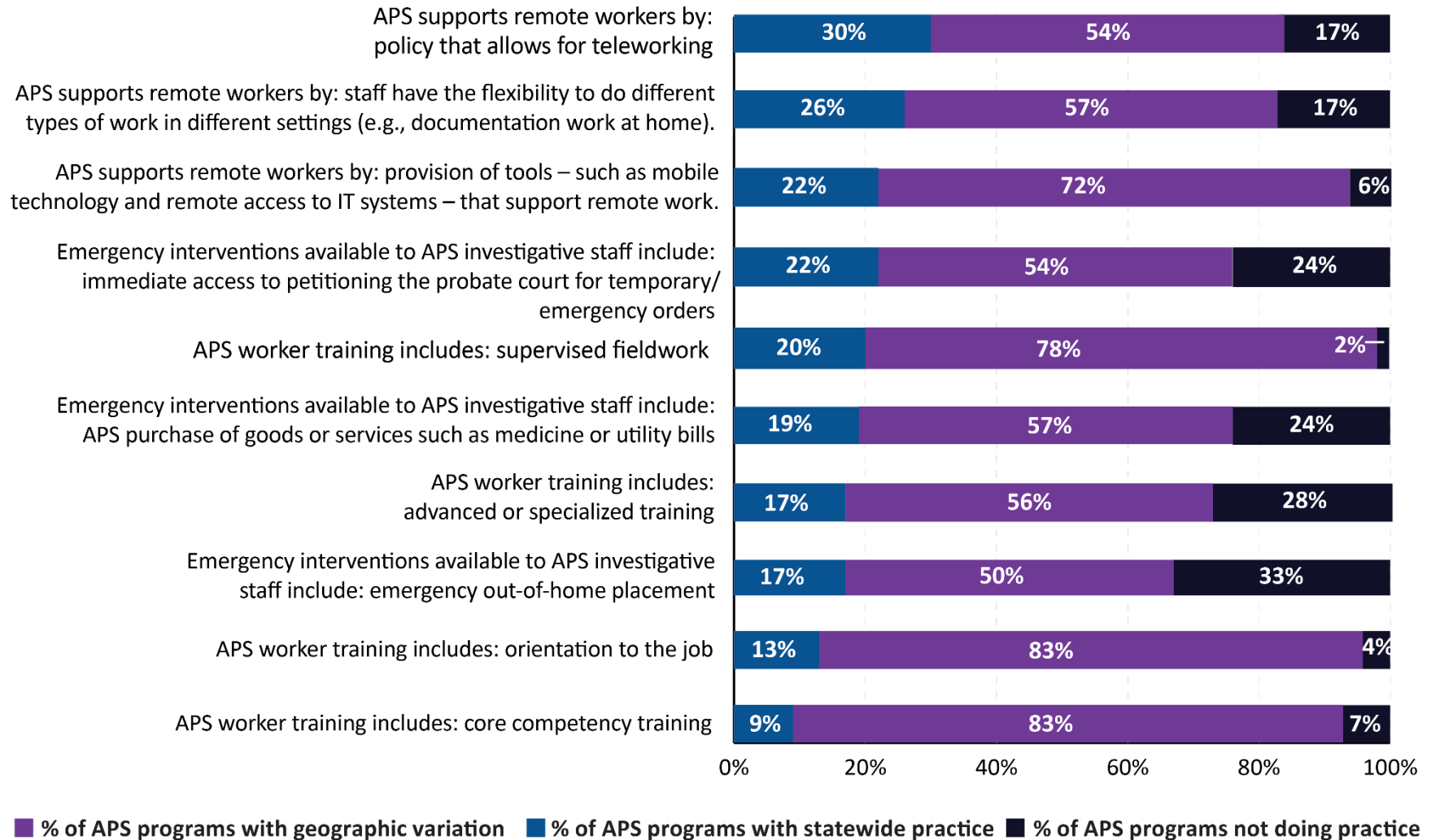


Exhibit I – Geographic Variation of Investigation Practices

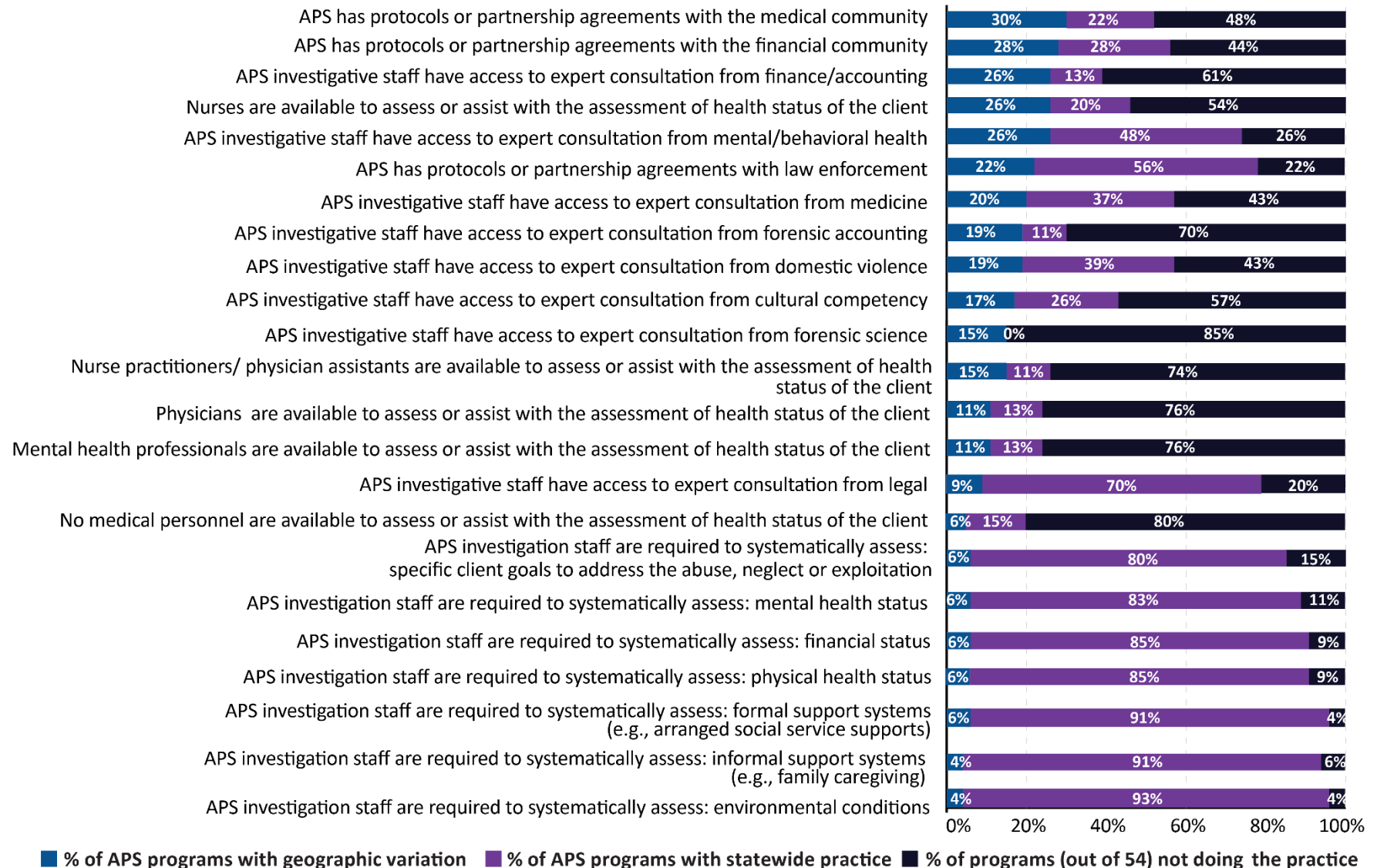


Exhibit J – Geographic Variation of QA Practices

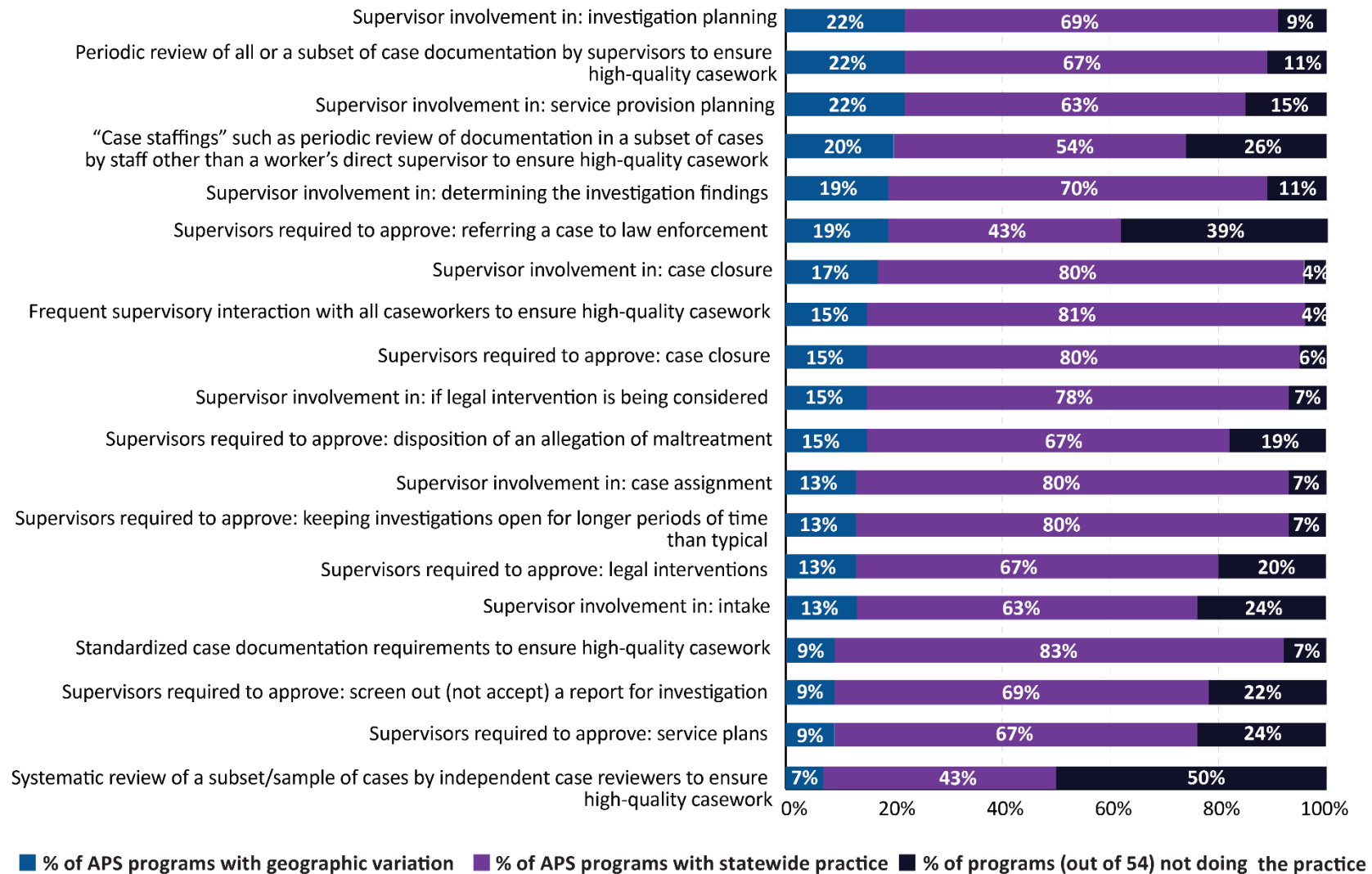
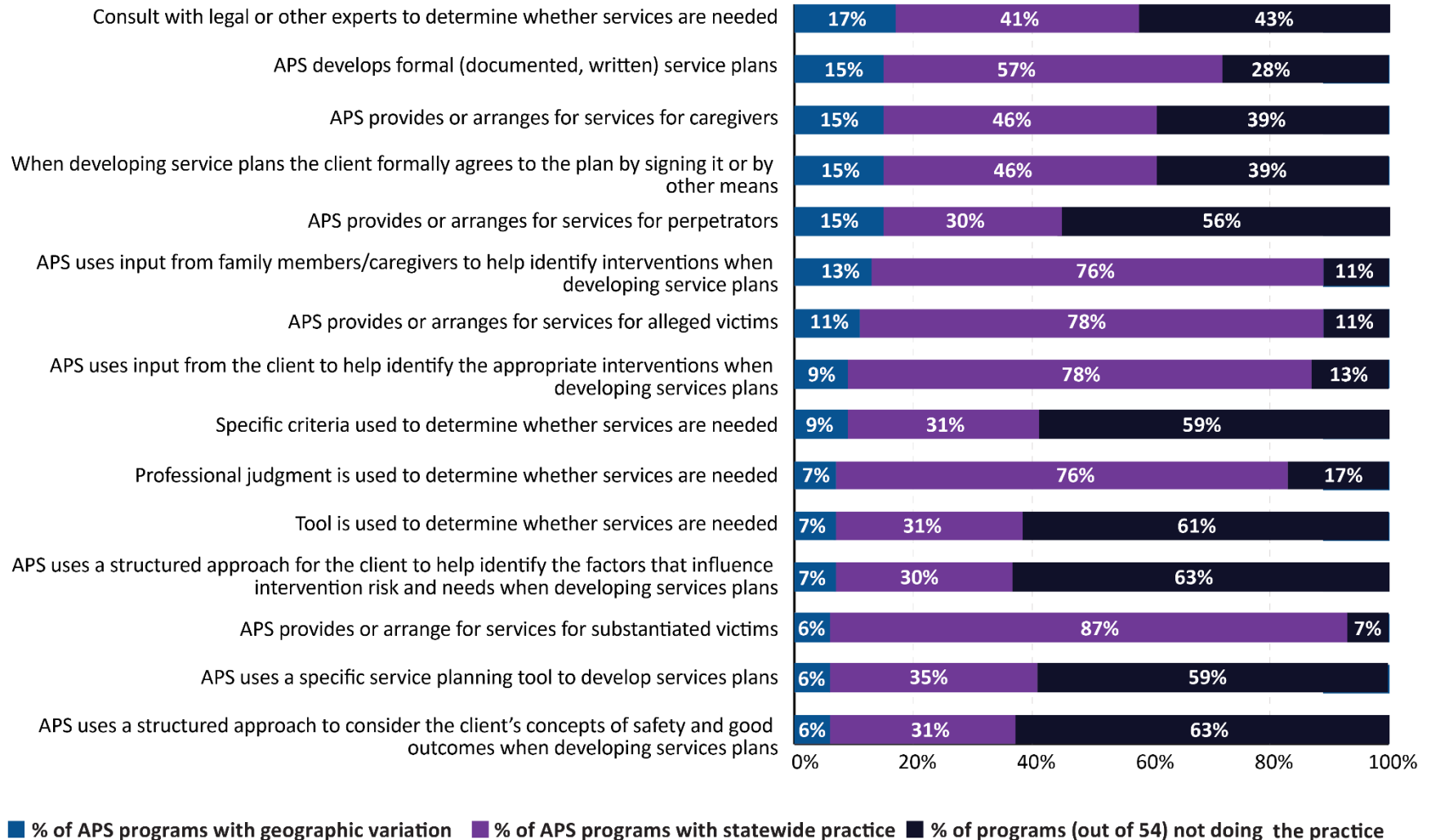


Exhibit K – Service Practices with Geographic Variation



Administration

The administration domain, Exhibit H, consists of several questions about how the program is administered, including training practice, use of emergency interventions, and work flexibility. Overall, practice variation ranges from 9% to 30%. There is less variation in training practices than in use of emergency interventions and in worker flexibility. As would be expected, there is minimal variation, at 9%, for core competency training for APS workers. Of the training practices, supervised fieldwork is the most likely to have variation at 20% of the programs. Use of emergency interventions ranges from 19% variation for purchase of goods or services to 22% for petitioning probate courts for emergency orders. Supporting worker flexibility ranges from 22% for provision of tools to 30% for having a policy that supports telework.

Investigation Practices

As shown in Exhibit I, the practice survey asked about variation in many investigation practices. The range of practice variation was from a low of 4% (assessing client environments) to a high of 30% (protocols or partnerships with medical community). There was very little practice variation in client assessments. Variation increased slightly for the availability of resources to assist with assessments and increased more for the availability of consultative resources to help with casework. The greatest amount of variation was for explicit partnerships to assist with investigations. It should be noted that the number of programs not engaging in a practice was high in resources to assist with assessments.

QA Practices

Quality assurance, Exhibit J, practice variation ranged from 7% to 22% of programs. Questions framed as “supervisor approval” had less variation than questions framed as “supervisor involvement in.” For example, supervisor approval of services plans had a low percentage of practice variation while supervisor involvement in investigation planning had high practice variation. Case review by independent case reviews had low variation while case staffing by peers had a large variation. Documentation requirements had the most statewide implementation.

Services

Exhibit K shows the practice variation for services. It should be noted that overall, many programs do not have many service practices. Of those, few practices have a lot of variation. Most programs indicated that they provide or arrange for services for substantiated victims on a statewide basis with only minimal statewide variation. In terms of how services are provided, 57% of programs use formal (documented, written) service plans statewide, with 15% indicating practice variation. Most programs do not use a tool or structured approach for client assessment and service planning; those that do have little practice variation. Conversely, over 75% of programs have a statewide practice of input from family members and clients into service planning, with some practice variation (9% to 11%).

Discussion

This APS TARC brief used data from a practice survey conducted in the spring of 2021 to explore three questions:

1. Does APS practice vary within states?
2. If so, how much does APS practice vary within states?
3. What are the patterns in APS practice variation?

There are two additional related questions that this brief does not directly answer but are important considerations:

4. What causes APS practice variation?
5. Does APS practice variation matter?

The answer to the question of does APS practice vary is clearly yes. Administrators in over half of the APS programs identified at least some practice variation. Only 11 administrators did not identify any practice variation.

The question of how much variation is more difficult to answer since there is not any objective standard by which to measure it. At the program level across all practices, practice variation ranged from none to 89%. The average range across the domains was from 14% for quality assurance to 22% for administration and investigation. There were no practices with no variation, although many of them did not have much variation. The practice variables with the most variation — teleworking and partnerships with the medical community — were at 30% of programs.

The response to the question of patterns in practice variation were not surprising for the variables we examined³: states that indicated they exhibited more control over practice and state-administered programs had less variation.

While this brief does not directly explore the cause of practice variation, ideally APS practice variation is consistent with state-established policy but is responsive to the need for innovation and attunement to community or cultural needs. Both needs and resources vary by community. The needs of a rural community will differ from those of an urban community. Resources include the level of staffing and experience of staff as well as consultative staff to assist with casework. Some areas may have a harder time finding more educated and trained professionals.

Finally, for the last question about does practice variation matter, this brief does not explore its impact. However, given the percentage of programs that have practice variation, and the percentage of practices that are not statewide, it clearly matters even if we do not know its impact. The goal of APS programs should be to ensure that when it occurs it is focused on positive impacts for both clients and staff.

³ If readers have suggestions for other variables that may have a relationship, please suggest them to the APS TARC for analysis.