APS Process Logic Model

Context	Inputs/Resources →	Response Activities →	Activity Metrics →	Expected Results
		↓	↓	↓
		Intake		
		↓	↓	↓
		Assessment and Investigation		
		↓	↓	↓
		Service Delivery/Provision		
		Quality Assurance		

APS TARC
Adult Protective Services Technical Assistance Resource Center
enhancing effectiveness of APS programs

APS Process Logic Model

Context	Inputs/Resources	Response Activities	Activity Metrics	Expected Results
Under federal regulation and state law, APS programs investigate reports of abuse, neglect, and exploitation (ANE) of older adults and adults with disabilities to provide protection from harm and address causes of ANE, maximizing client engagement while respecting the values of of person-directed and trauma-informed service planning and use of least restrictive appropriate setting for services.	APS Staff Consultative Experts Coordination with Partners Operational Supports Funding for Services Legal and Ethical Process	**Intake**		
		• Obtain and provide information to reporter • Make referrals • Accept intake and determine priority	• # of reports (intakes) referred for services • # of reports (intakes) screened out • # of reports (intakes) screened in	• Informed reporter • Reports referred for services • Reports accepted for investigation
		Assessment and Investigation		
		• Initiate case • Assess client • Conduct interviews • Document/collect evidence • Case review • Determine findings and service needs	• of investigations • of client assessments • of interviews • of case consultations • of persons receiving emergency services	• Address immediate safety needs and risk from perpetrator harm • Collect information for service plan and disposition • Make referrals, reports, and communicate result to required parties
		Service Delivery/Provision (If Needed and Accepted)		
		• Create, implement, and monitor service plan • Engage partners for services • Monitor victim and services • Close the case	• # of persons receiving ongoing services • # of referrals for services • # of service monitoring contacts	• Ensure client/victim is safe and reduce long-term risk for ANE • APS involvement complete
		Quality Assurance		
		• During case: document, peer case review, and approve findings • Post case: case review and data analysis	• % of cases documented timely • # of open case peer reviews • # of closed case QA reviews	• Improve quality and consistency of investigations • Identify of training needs and policy changes

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Context

Older adults and adults with disabilities are subject to abuse neglect and exploitation (ANE), which includes maltreatment by others and self-neglect. Statutory definitions of eligible population and maltreatment types vary by state.

Allegations of ANE are reported by family members, professionals (e.g., bank or doctor) and the general public, some of whom are mandatory reporters.

Under state law and federal regulation, investigate/assess ANE, provide protection from harm, and may address causes of ANE.

Programs are located at the state level with "aging," child welfare, or other health and human service agencies.

Programs are mostly state-administered, some are county-administered, and a few use private contractors.

Programs maximize client engagement while respecting the values of person-directed and trauma-informed service planning and use of least restrictive appropriate setting for services.

Inputs/Resources

APS Staff
- Intake (in some programs)
- Investigation and/or service
- Supervisor and management
- Quality assurance
- Specialized (e.g., exploitation)

Consultative Experts
- Physical and mental health
- Forensic (accounting, investigation)
- Multi-disciplinary teams
- Legal

Coordination with partners
- State Medicaid agency
- Emergency management
- Banking and financial
- Licensing and certification
- Aging and disability networks
- Law enforcement/DA
- Guardianship programs
- LTC Ombudsman
- Tribal communities
- Courts
- Domestic violence programs

Operational Supports
- Policies and procedures
- Case management system
- Recruiting, hiring, and training
- Standardized tools for intake, assessment, decision-making, and service planning
- Technology

Funding for service provision

Legal and ethical process:
- Protect client's rights
- Meet standard of evidence
- Institute program values

Response Activities → Activity Metrics → Expected Results

Intake

Response Activities
- **Obtain** information from and provide information to reporter
- **Make** referrals to other agencies or
- **Accept** intake report and determine response priority

Activity Metrics
- # of reports (intakes) referred
- # of reports (intakes) screened out
- # of reports (intakes) screened in

Expected Results
- Informed reporter
- Reports referred for services
- Reports accepted for investigation

Assessment and Investigation

Response Activities
- **Initiate:** contact client, assess and address emergency needs/ risks, and take emergency protective action if appropriate.
- **Assess client:** ability; disability status; decision capability; formal and informal support systems; functional, social, and health needs; physical environment; and financial status.
- **Interview:** client, perpetrator, collaterals.
- **Document or collect** evidence (medical, financial, etc.)
- **Review** case with supervisor and consultative teams.
- **Determine** ANE finding, ongoing service needs.

Activity Metrics
- # of initial alleged victim contacts
- % of case initiations on time
- # of legal protective actions
- # of alleged victims receiving emergency services
- # timeliness of investigations
- # of cases/investigator
- # of formal assessments
- #/timeliness of interviews
- # of referrals of alleged victim for assessment or services
- # of MDT referrals
- # of investigations by closure reason
- # of referrals of alleged perpetrators for legal remedy
- # of caregivers receiving services
- # of confirmed: allegations, perpetrators, cases
- Average length of time per investigation

Expected Results
- Address client's immediate safety needs and risk from perpetrator harm
- Collect information on risks and long-term needs to determine findings and inform service plan
- Make referrals/reports to other investigatory entities (e.g., provider regulatory programs, law enforcement), Medicaid agency, and perpetrator registry
- Communicate results to required parties

Service Delivery/Provision (If Needed and Accepted)

Response Activities
- **Obtain** agreement on and implement service plan
- **Engage** partners through referrals or purchase of services and/or
- **Monitor** status of victim and services
- **Close** the case

Activity Metrics
- # of alleged victims accepting services, refusing services
- Amount of purchased services and community resources accessed
- # of referrals for services
- # of placements
- # of client monitoring contacts

Expected Results
- Ensure client/victim safety and reduce long-term risk for ANE through services
- APS involvement complete

Quality Assurance

Response Activities
- **During the case:** Complete documentation, conduct peer case reviews, and review/approve findings
- **Post case:** case review, training, and data analysis

Activity Metrics
- % cases documented timely
- # and % of supervisor approvals
- # of open case peer reviews
- # of fatality reviews
- # of closed case QA reviews
- # of changes to training curriculum and policy

Expected Results
- Improve quality and consistency of investigations and services
- Identify training needs and policy changes