

## Partnerships: The Lifeblood of APS

September 2023



### Introduction

As shown in the APS process evaluation, partnerships are critical to APS success. As described in our previous brief, use of APS specialized staff and units is not widespread across programs, so programs rely on partners for assistance.

The practice survey in a recently published [APS process evaluation report](#) contained several questions about the nature of APS partnerships. The report summarized the importance of partners as follows: “APS programs rely on partnerships, but they tend to be more local than statewide in support of reporting and assisting with investigations. Law enforcement and the financial community are the most highly utilized partners. APS programs use or participate in multidisciplinary teams, but they remain non-mandatory in about half the states (Adult Protective Services Technical Assistance Resource Center, 2023).” This brief further considers the role of partnerships in APS

programs and summarizes data from the evaluation on partnerships, supplemented with National Adult Maltreatment Reporting System (NAMRS) data. The practice survey was conducted in the spring of 2021 and reflects practice at that point in time.

### Why Partnerships Matter in APS

The APS process evaluation used the APS logic model framework, based on the typical APS case flow of intake, investigation, and post-investigation services. The survey included questions about the use of key partnerships in each of these areas. The logic model points to areas in which partnerships are critical to APS success. Exhibit 1 outlines some of the critical partners by sections of the model.

Social service organizations need partnerships to address the complexities of modern challenges that require collaborative efforts that extend beyond the capabilities of a single organization. For APS, as Exhibit 1 shows, the nature of APS mission to serve a variety of clients necessitates the need to have a range of strong community partners. The relation is mutual or a two-way street: community partners reach out to APS by making referrals for clients whose needs they cannot meet; APS reaches out to partners for assistance with the investigation and to comprehensively address client needs with services. APS is often the “safety net for the safety net” – that is, the role of APS is to find solutions to problems that others cannot or do not have the resources to solve. Through partnerships, APS seeks to prevent recurrence of referrals from the community partners.

**Exhibit 1 - Critical APS Partners Based on the APS Logic Model**

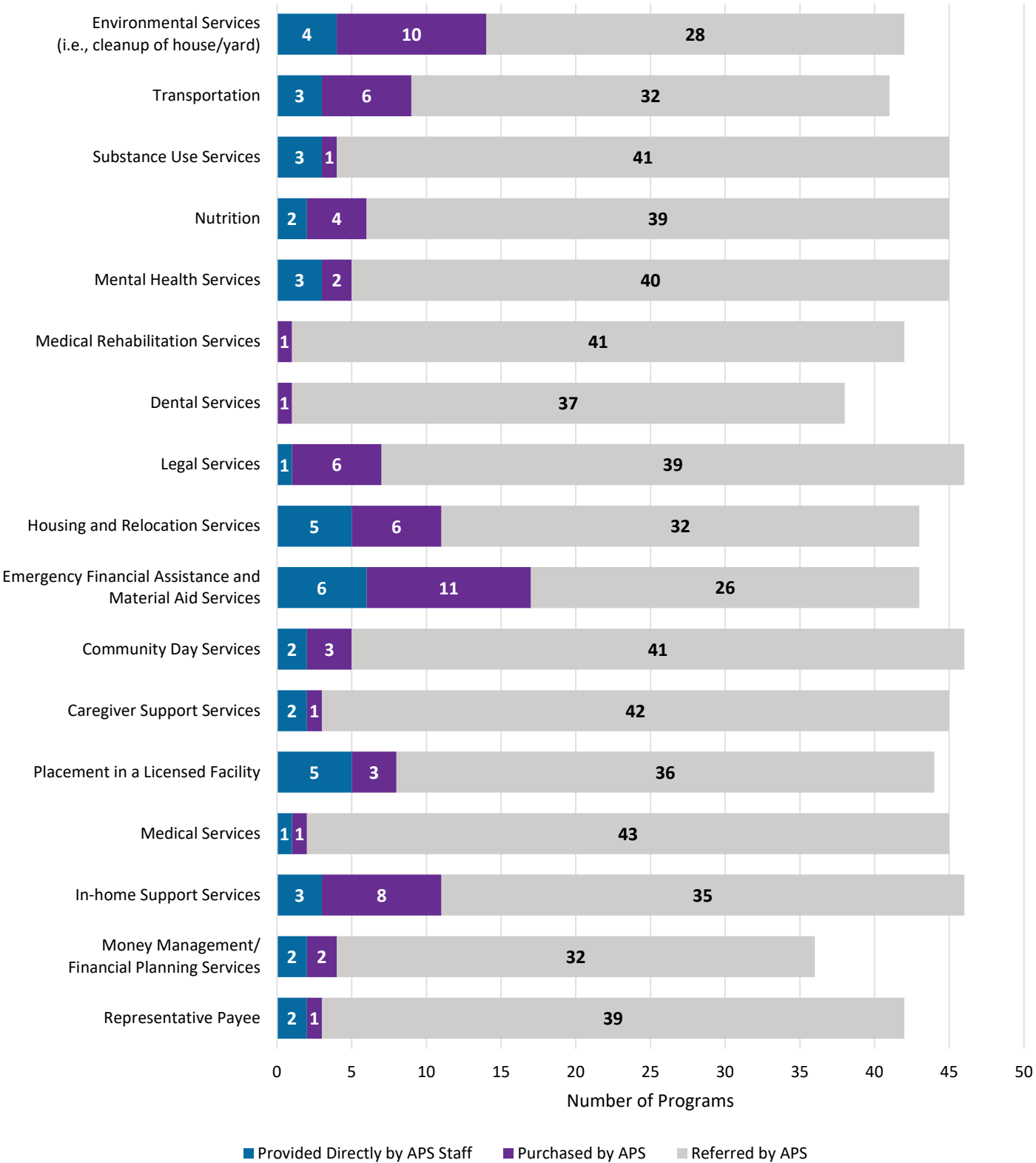
Context	Inputs/Resources	Activities
<p>Organizations representing eligible populations.</p> <p>Organizations representing mandatory reporters</p> <p>Community-based organizations providing social services</p> <p>Administration for Community Living</p> <p>State-level health and human services programs/agencies</p> <p>County human services programs (in states with county-based programs)</p>	<p><b>Consultative experts</b></p> <ul style="list-style-type: none"> <li>• Physical and mental health</li> <li>• Forensic (accounting, investigation)</li> <li>• Multidisciplinary teams (MDT)</li> <li>• Legal staff</li> </ul> <p><b>Community partners</b></p> <ul style="list-style-type: none"> <li>• Aging and disability networks</li> <li>• Law enforcement/DA</li> <li>• Guardianship programs</li> <li>• LTC ombudsman</li> <li>• Tribal communities</li> <li>• Courts</li> <li>• Domestic violence programs</li> <li>• Nonprofit agencies</li> </ul> <p><b>Operational supports</b></p> <ul style="list-style-type: none"> <li>• Agency program support staff for policy manuals, IT, legal, workforce, and fiscal</li> <li>• Intake staff (programs with centralized intake)</li> <li>• IT system developers</li> </ul>	<p><b>Intake</b></p> <ul style="list-style-type: none"> <li>• Whoever conducts intakes that are not program staff</li> <li>• Whoever develops intake tools</li> </ul> <p><b>Investigation</b></p> <p><b>Initiate:</b> Law enforcement may assist in cases of risk</p> <p><b>Assess client:</b> Mental health professionals, physical health professionals, organizations that develop assessment tools</p> <p><b>Interview:</b> family members, clients</p> <p><b>Document or collect physical evidence:</b> Law enforcement, banks, health professionals, others</p> <p><b>Review with supervisor and consultative teams:</b> MDTs, law enforcement, mental and physical health professionals</p>

Exhibit 2 provides a general overview of the benefits of partnerships to APS organizations with a specific application to APS. The categories and generic description were generated by a question to an artificial intelligence powered language model about the benefits of partnerships for social service organizations and the specific application was drafted by the APS TARC. It provides a useful framework for thinking about the value of partnerships.

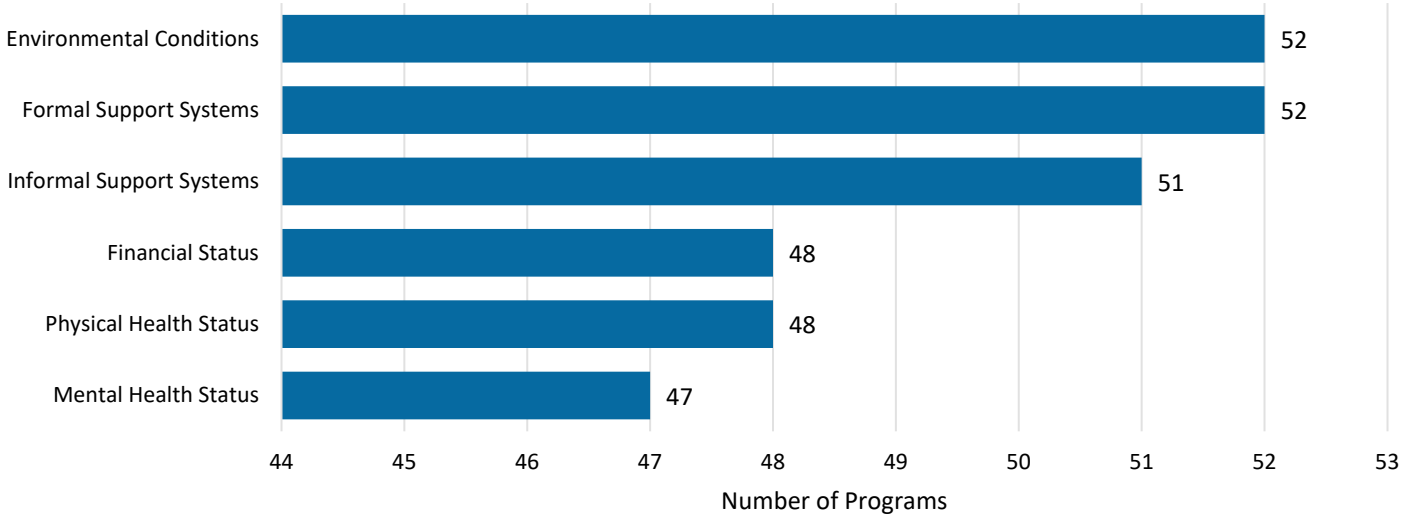
**Exhibit 2 - Benefits of Partnerships to Social Service Organizations**

Benefit	Generic Description	Application to APS
<b>Enhanced Service Delivery</b>	Partnerships facilitate the exchange of expertise, resources, and best practices among organizations. This synergy leads to improved service quality and coverage, as organizations can pool their strengths to address various aspects of complex problems. (OpenAI, 2023)	APS clients have complex needs. Often, they are referred to APS because of this complexity, with individual organizations in the community unable to meet their needs, making APS the de facto community resource to meet their needs. Even with the best possible training, APS workers often lack the expertise to address these needs. Consequently, they work with multidisciplinary teams (MDTs) and partners to determine the best way to enhance service delivery.
<b>Resource Optimization</b>	Limited resources are a common challenge for social services and health organizations. Collaborative partnerships allow for the pooling of resources, reducing duplication of efforts and maximizing the utilization of available funding, human capital, and infrastructure. (OpenAI, 2023)	As shown in Exhibit 3, APS meets the needs of clients for most services primarily through referrals to community partners. Most APS programs do not have extensive funding for services, so referrals are essential for addressing immediate safety needs and, especially, addressing the root causes of maltreatment. Community organizations may lack resources that APS can provide; working together, they can optimize resources to meet individual client and overall community needs.
<b>Holistic Approaches</b>	Many social and health issues are multifaceted and require holistic interventions. Partnerships enable organizations with diverse skill sets to work together, addressing various dimensions of a problem simultaneously. (OpenAI, 2023)	The APS process evaluation revealed (Exhibit 4) that APS programs take holistic approaches to assessing client needs and that service planning considers client preferences, relies on the holistic assessment of the client's needs, and may take into account community partner input through MDTs and other mechanisms.
<b>Community Engagement</b>	Partnerships foster community involvement by involving multiple stakeholders, including community members, in the decision-making process. This engagement ensures that solutions are culturally sensitive and aligned with the needs of the target population. (OpenAI, 2023)	One of the few evidence-based practices (strictly defined) in APS is the use of MDTs. The process evaluation found that only eight programs at that time did <u>not</u> participate in MDTs. The evaluation found that almost all APS programs also work in partnership with family members in planning and meeting client needs.
<b>Innovation</b>	Collaboration encourages the exchange of ideas and innovative approaches. When organizations with different perspectives come together, they often generate novel solutions that would be challenging to develop in isolation. (OpenAI, 2023)	Most APS workers are skilled generalists. (See previous brief on specialization, which describes exceptions to this.) MDTs and other collaborative mechanisms allow APS to pull together ideas and resources from numerous sources to create innovative responses to addressing maltreatment.

**Exhibit 3 – Mechanism by Which Services Are Primarily Available** (Source: APS Practice Survey)



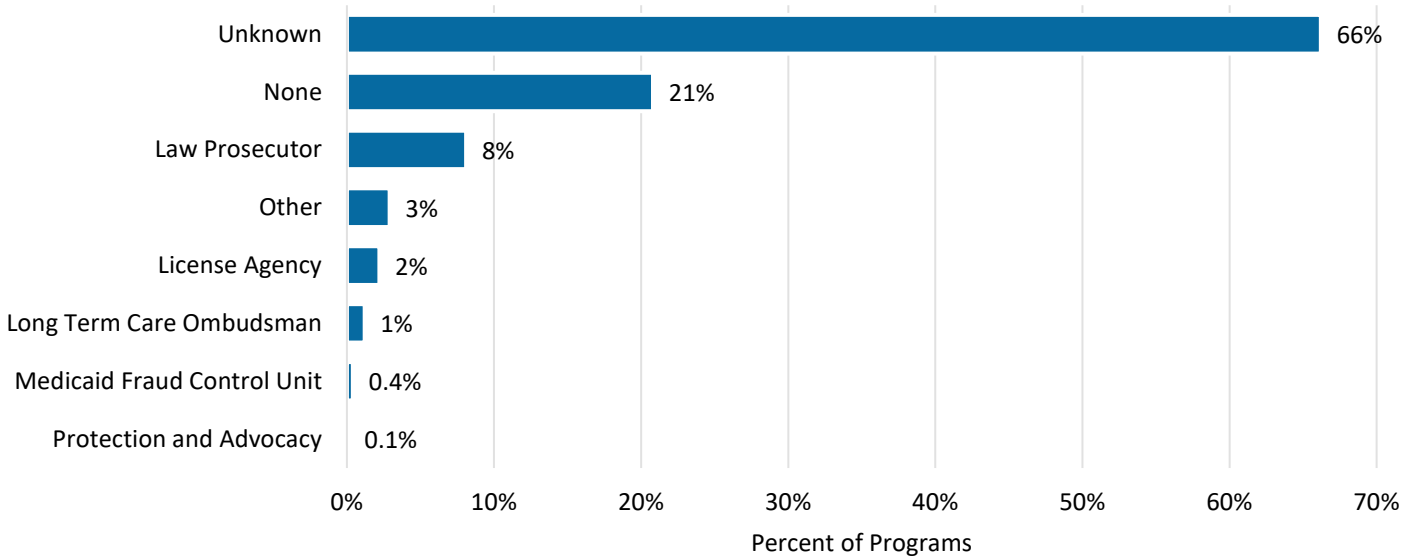
**Exhibit 4 - Domains of Client’s Health and Well-being Systematically Assessed** (Source: APS Practice Survey)



NAMRS collects data on interagency coordination. The data, shown in Exhibit 5, provide some general sense of the overall importance of different types of partnerships. The first conclusion, based on the high Unknown percentage and limited number of states submitting this data element, is that many APS programs do not capture this information. Exhibit 5 shows that there is no interagency coordination in

21% of cases (plus whatever amount there is from the Unknown data). Of the data partners captured, the criminal justice system is the partner with the highest number of referrals (at 8.1%), followed by licensing agencies. The data reflects what is captured by various state tracking systems and should not be considered nationally representative.

**Exhibit 5 - APS Programs Interagency Coordination** (Source: National Adult Maltreatment Reporting System)



### Survey Findings

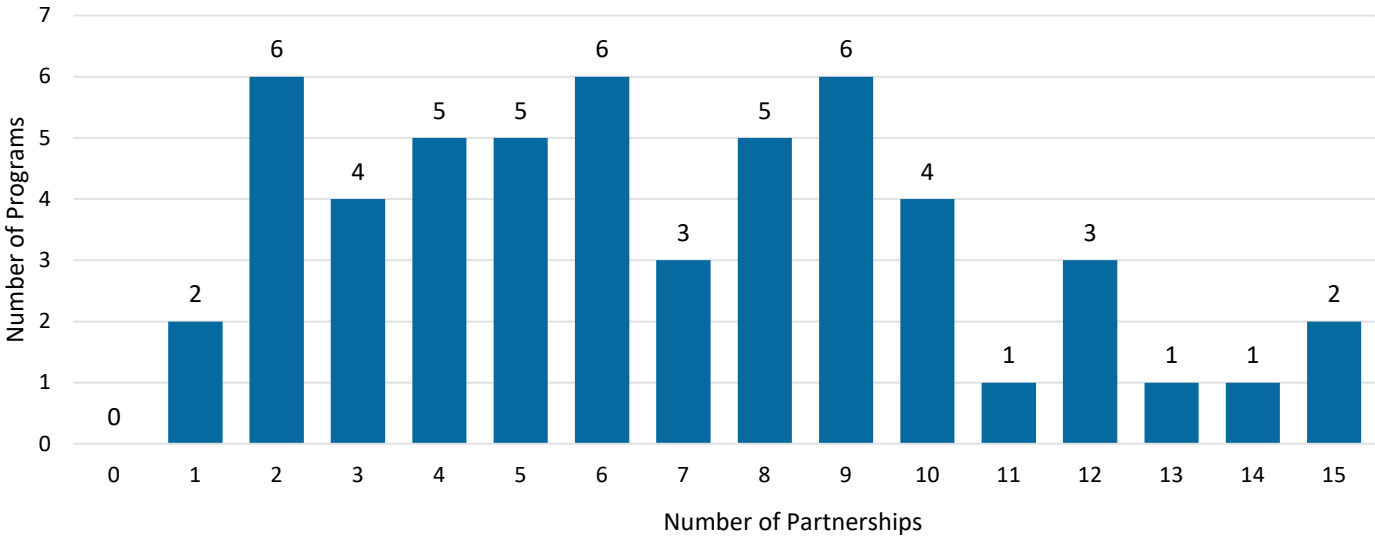
The APS Practice Survey asked questions about the use of partnerships related to various intake and investigation activities. Most of the questions asked whether the practice was statewide, in the majority of areas of the state, or in some of the state. The data is presented below in terms of how many programs had partnerships at the statewide level or had partnerships statewide and in a majority of the state (this is how the data is counted in the published evaluation report.)

### Overall

The APS Practice Survey asked seven questions about partnerships, with two questions having multiple responses, for a total of 20 potential partnerships. A total of 54 programs answered the survey.

Exhibit 6 shows the distribution of the number of programs by the number of partnerships. Overall, across all the questions, every APS program indicated they have at least two partnerships. The most common number of partnerships was six, and few programs had more than 10 partnerships.

Exhibit 6 - Number of Partnerships by Number of Programs (Source: APS Practice Survey)

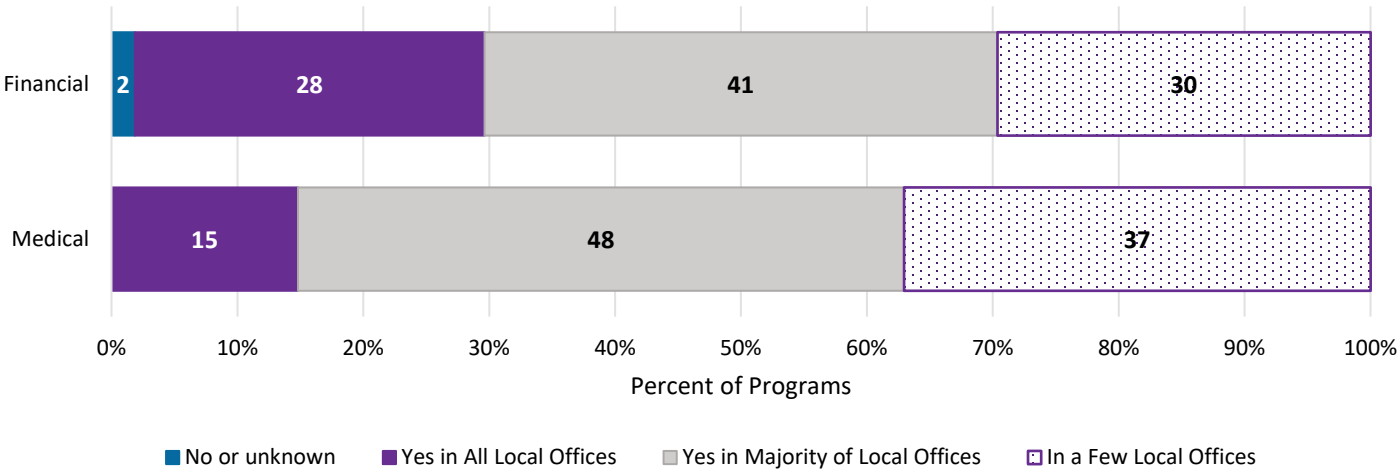


### Ensure Reporting

Two questions asked about partnerships with the medical and financial communities to help ensure reporting. As shown in Exhibit 7, almost all

programs, either at the state or local level, have such agreements. Most of the agreements are not statewide. Thirty programs had agreements with both communities in all or the majority of offices.

**Exhibit 7 - Programs with Partnership Arrangements (Including Formal Agreements or Projects) to Help Ensure Reporting of Maltreatment** (Source: APS Practice Survey)

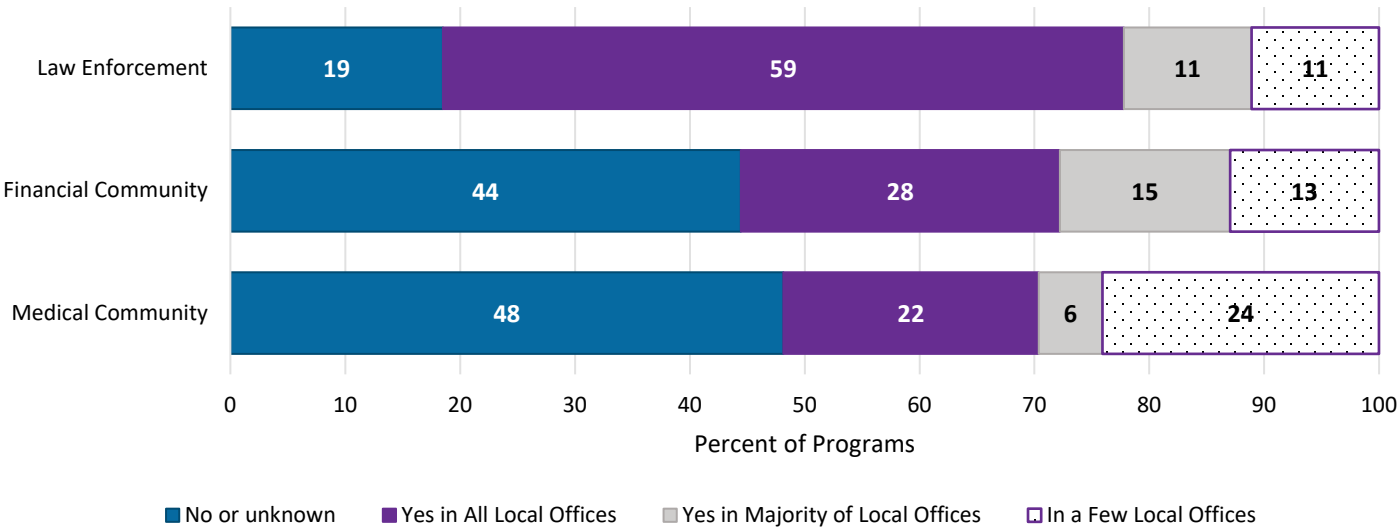


**Access to Records**

In the investigation section of the survey, a question asked about protocols or partnership agreements with the medical community, financial community, or law enforcement to improve investigations through coordination and access to records. Fifteen programs had agreements with all three of these

communities, and 15 programs do not have any agreements for access to records. As shown in Exhibit 8, most programs have agreements with law enforcement on a statewide basis. Slightly more than half of programs have agreements with medical and financial communities. Unlike intake, many of the agreements were statewide rather than regional.

**Exhibit 8 - Programs with Protocols or Partnership Agreements to Improve Investigations Through Coordination and Access to Records** (Source: APS Practice Survey)



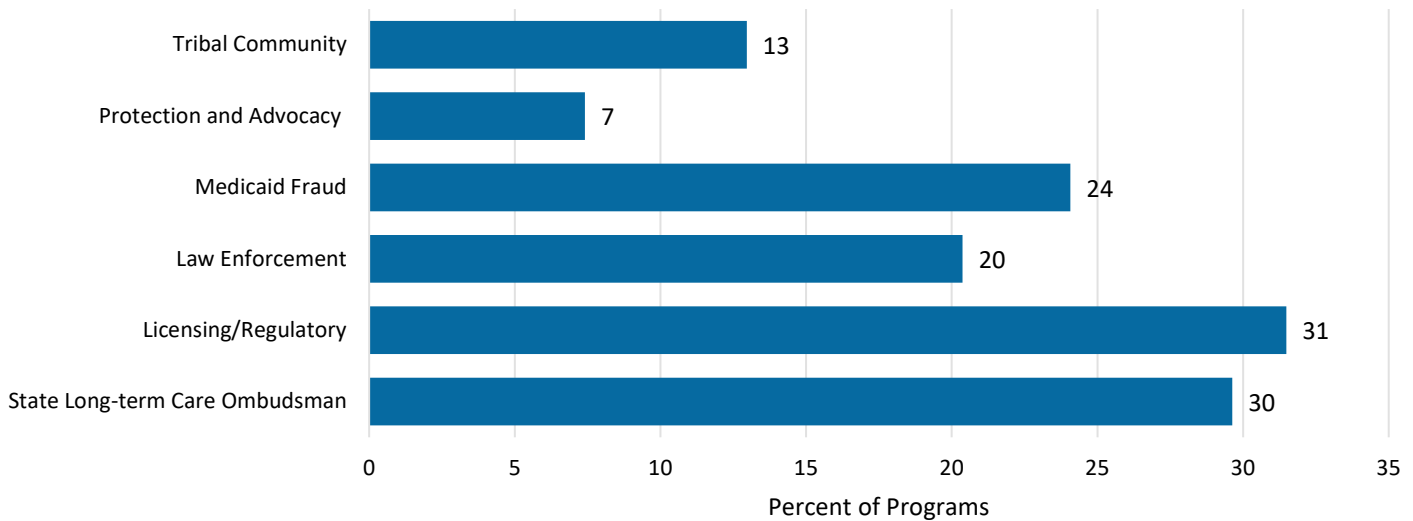
## Congregate/Provider Investigations

The survey also asked about partnership agreements for investigations in congregate/provider settings. About half of APS programs conduct investigations in these settings. (The question did not ask about regional variation.) By far, the most common response, by 28 programs, was they did not have an agreement. Only one program had an agreement with all six organizations. Seven programs had an agreement with three of the entities. As shown in Exhibit 9, the most frequent partners are fellow state agencies — State Long-term Ombudsman, Regulatory/Licensing, and Medicaid Fraud Control Unit, in that order.

Several programs noted in comments that they “coordinate/work/have policy” with these organizations but do not have formal agreements. One program put this succinctly as: “We investigate in all areas, just no agreement written it is what we do.”

“Other partnership” agreements identified were Veterans Administration, State Hospital, Department of Aging, Department of Health, Rape Crisis Centers, Department of Corrections, Regional Centers for Persons with IDD (State Agency), and Community Centered Board (case management agency for persons with IDD that has authority to conduct mistreatment investigations).

**Exhibit 9 - Written Agreements (Such as a Memorandum of Understanding) Related to Investigations in Congregate/Provider Settings** (Source: APS Practice Survey)



## Expert Consultation

The survey asked two questions if APS investigative staff have access to expert consultation resources/professionals. One question asked generically about expert consultation (see Exhibit 10), and one asked specifically about client assessments (see Exhibit 11). (Note that the client assessment question asked about availability from

staff or consulting basis; we suspect, but don’t know, that most of these are going to be on a consulting basis.)

Exhibit 10 indicates, not surprisingly, that legal resources are the most frequent expert consultation partner, with partners in forensic science and accounting the least important. Mental health is the next most frequent partner, followed by domestic



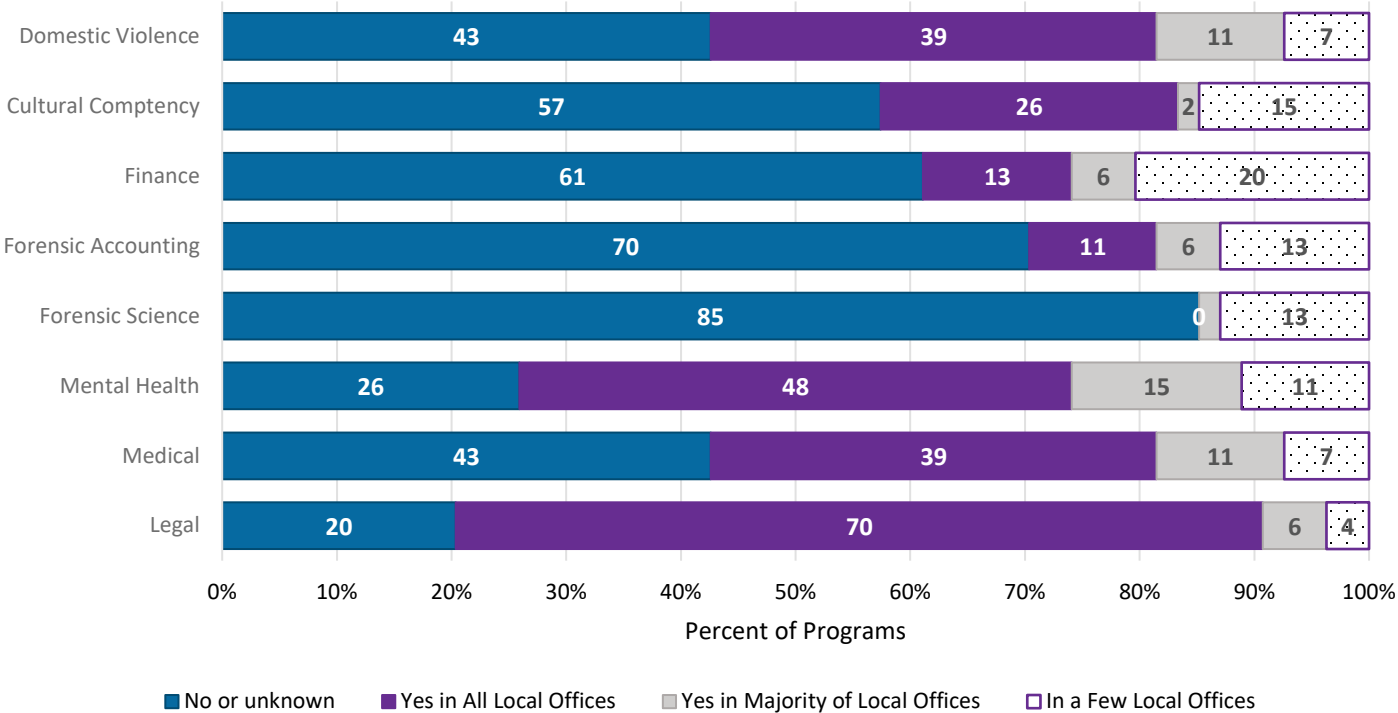
violence and medical. Most partnerships are statewide. In comparison, as shown in Exhibit 11, there is more regional variation in partnerships for client assessments. Overall, most programs do not rely on physicians or nurse practitioners, and about half rely on nurses either statewide or in some parts of the state. Similarly, about half the programs – statewide or at the local level – rely on mental health professionals.

“Others” identified that assist generically include the Office of Attorney General, Center for End of

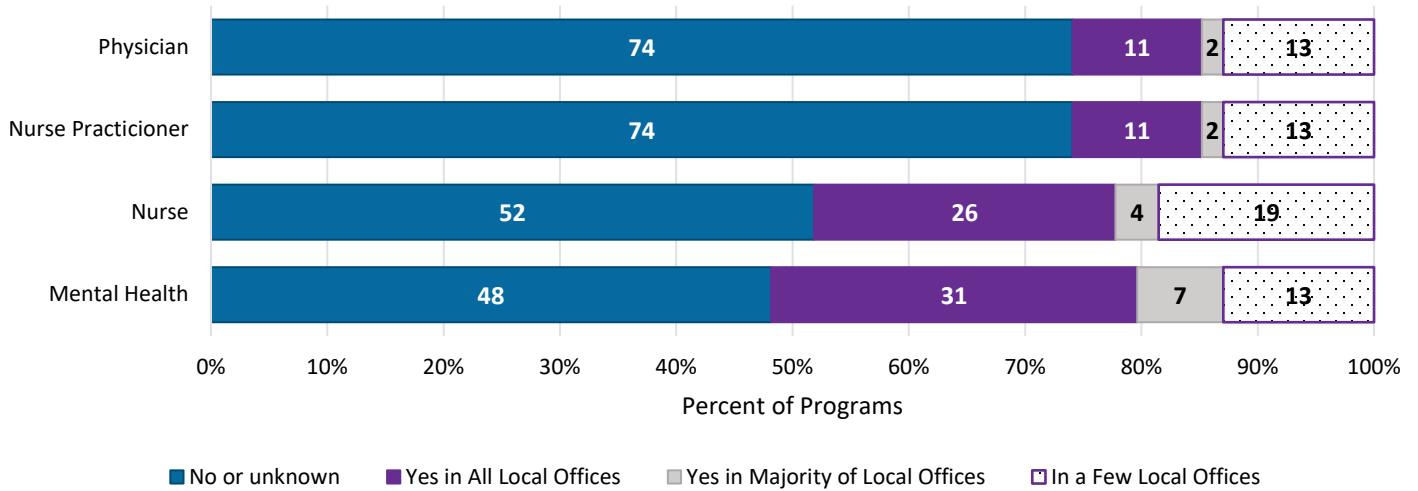
Life (for ethical consultations), local mental/behavioral health providers (not statewide), Chief Medical Officer from Department of Health, veterans’ services, and law enforcement.

“Others” identified that assist with client assessments include home health, EMTs, hospital social workers, law enforcement, and licensed social workers. A couple of programs noted that they will consult with the clients’ personal medical personnel to assist them.

**Exhibit 10 - Access to Expert Consultation Resources/Professionals from Outside the APS Program** (Source: APS Practice Survey)



**Exhibit 11 - Medical Personnel Are Available, Either on Staff or Consulting Basis, to Assess or Assist with the Assessment of Client Health Status** (Source: APS Practice Survey)

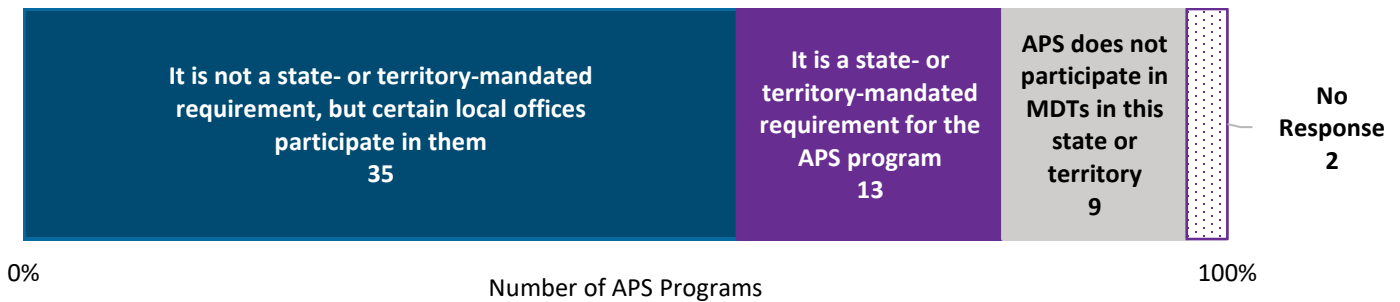


**Multidisciplinary Teams**

The survey asked about whether participation in MDTs was a state (territory)-mandated requirement or a regional decision. Participation in MDTs is

predominantly a regional practice. As shown in Exhibit 12, most of the programs (35) indicated that it is not a state-mandated requirement but that local offices participate in them. Nine programs indicated that they do not participate in MDTs at all.

**Exhibit 12 - APS Participation with Multidisciplinary Teams that Include Non-APS Members** (Source: APS Practice Survey)



**Conclusion**

The nature of APS casework and clients makes APS programs dependent upon a wide range of partnerships. The APS Logic Model provides a useful framework for identifying these partnerships and the APS Practice Survey asked about several of them. Law enforcement is identified as the most

frequent partner. Many partnerships across the different areas are developed at the local level instead of statewide.

The APS TARC will continue to support the enhanced use of partnerships by APS programs.

## Bibliography

Adult Protective Services Technical Assistance Resource Center. (2023). *National Process Evaluation of the Adult Protective Services System*. Washington: Administration for Community Living. Retrieved from <https://pstrapiubntstorage.blob.core.windows.net/strapi/assets/APSTARCEvaluationLong.pdf>

OpenAI. (2023, August 16). *ChatGPT*. Retrieved from ChatGPT: <https://chat.openai.com/>