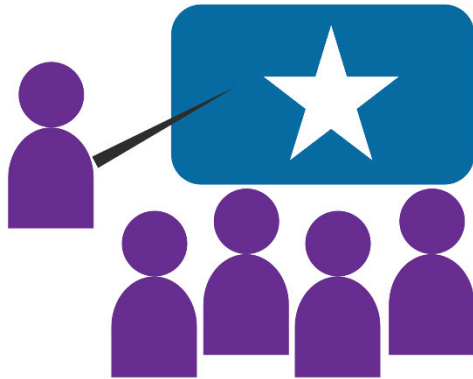


Overview of Use of Specialized Staff in APS Practice

June 2023



Introduction

This is the second of three APS TARC Briefs on priority topics that emerged from the APS process evaluation, but were not comprehensively addressed in the evaluation report. This brief is focused on the use of specialized staff and units by APS programs.

This brief is based on a one-time practice evaluation survey conducted in the spring of 2021. Included data reflects this specific point in time. Anecdotally, we believe that the use of specialized staff has increased since the survey as programs have used recent federal funding to experiment with new practices, including establishing specialized staff and units.

Definition of Specialization

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 specialized staff in each of these areas. Therefore, for this brief, we are focusing on

specialization of APS program staff with unique roles in conducting APS casework from intake to service delivery. This brief does not include quality assurance staff who do not conduct casework activities, or consulting staff such as forensic accountants or clinical professionals who conduct assessments of client decision-making ability.

Advantages of Specialization

APS investigates varied types of maltreatment allegations — from hoarding self-neglect cases to sexual abuse allegations — that require a wide range of knowledge, experience, and skills. This range creates the need to balance generalist social work and investigatory skills with the need for specialized knowledge and skills for specific types of allegations. Investigations range in complexity, at times requiring skills and experience beyond that provided to caseworkers. Some programs accomplish this by hiring specialized staff, whether in individual roles or specialized units.

The evaluation indicates that most programs require a BA degree and provide some general training for staff. However, direct experience and specialized training are most effective at teaching the complexity of certain situations and cases investigated by APS programs. Specialized staff often have unique professional backgrounds (e.g., nurses, law enforcement, accounting) and experience.

Use of specialized staff provides several advantages to APS programs:

- **It improves efficiency in investigations:** Staff are more productive when they focus on a specific aspect of a case (e.g., intakes) or one type of case instead of balancing a wider spectrum of cases. Repeated exposure to similar types or aspects of cases builds subject matter expertise and ultimately be more efficient in conducting investigations.
- **It improves effectiveness of investigations:** Staff who are specifically trained or have specific skills gained through experience can use promising and best practices. This improves consistency and quality of casework.
- **It creates attractive career paths focused on specialization:** For some staff, being able to focus on one area may reduce the stress of the job. Additionally, specialization may create promotional opportunities — and better pay — for staff who are not interested in management.

Summary

Exhibit 1, on the following page, summarizes the responses for all survey questions with counts of the number of programs implementing the practice statewide or in a majority of counties. **Overall use of specialized units and staff, at the time of the survey, was not widespread.** In each of the practice areas, less than half of APS programs reported that they used specialized staff. While 33 of 54 programs employed at least some specialized staff in investigations, the largest single practice areas with specialized staff in investigation was financial exploitation specialization with 15 programs. For both intake and services, less than half the programs had specialization.

Findings and Analysis

The practice survey asked a series of questions about the use of specialized staff and units. From the survey responses, we identified the programs that reported the use of each type of specialized staff or unit. In addition, it asked open-ended questions about challenges and innovations for each of the major domains of case (intake, investigation, post-investigation services). Appendix A provides the text of the questions.

For each group of programs implementing the various types of specialized staff or units, we also examined other characteristics of those programs, such as agency location (with aging agency, child welfare agency, or with other health and human services agency) and whether the program was state or locally administered.

Exhibit 1 - Number of APS Programs Using Different Types of Specialized Staff

Domain	Type of Specialized Staff	Number of Programs
Intake	Dedicated intake specialists (only) conduct intakes	19
Intake	Dedicated intake specialists (along with APS staff) conduct intakes	20
Intake	Dedicated intake specialists (only) make intake determinations	3
Intake	Dedicated intake specialists and their supervisors	11
Intake	Dedicated intake specialists and APS staff	9
Intake	Dedicated intake specialists, in any combination, make intake determinations	25
Investigation	Units/staff focused on allegations of financial exploitation	15
Investigation	Units/staff focused on allegations involving congregate settings or other provider investigations	9
Investigation	Legal counsel	13
Investigation	Units/staff focused on other specific types of investigations	13
Investigation	Any specialized units or staff	33
Services	APS has some specialized staff who are responsible for only post-investigation services and do not conduct investigations	4

Intake

The practice survey asked whether “dedicated intake specialists” conduct intakes and make determinations about accepting referrals, either alone or along with intake supervisors, or APS staff or supervisors.

Who Conducts Intakes?

APS programs use a mix of dedicated intake specialists and APS staff to conduct intakes. Overall, as shown in Exhibit 1 above, 19 programs use only dedicated intake specialists and 20 programs use both APS staff and dedicated intake specialists.

Exhibit 2 provides data on what type of staff conduct intakes by whether the program is state or locally administered. There is a notable difference in use of only dedicated intake specialists between programs that are state and locally administered. Locally administered APS programs do not use only dedicated intake specialists; they use a mixture of APS staff (five programs) and both dedicated intake specialists and APS staff (11 programs). For programs administered at the state level, intakes are conducted by only dedicated intake specialists in 19 programs and by a combination of only dedicated intake specialists and APS staff in nine more, with 10 programs using APS staff.

Exhibit 2 - What Type of Staff Conduct Intakes by Type of Program Administration (State or Local)

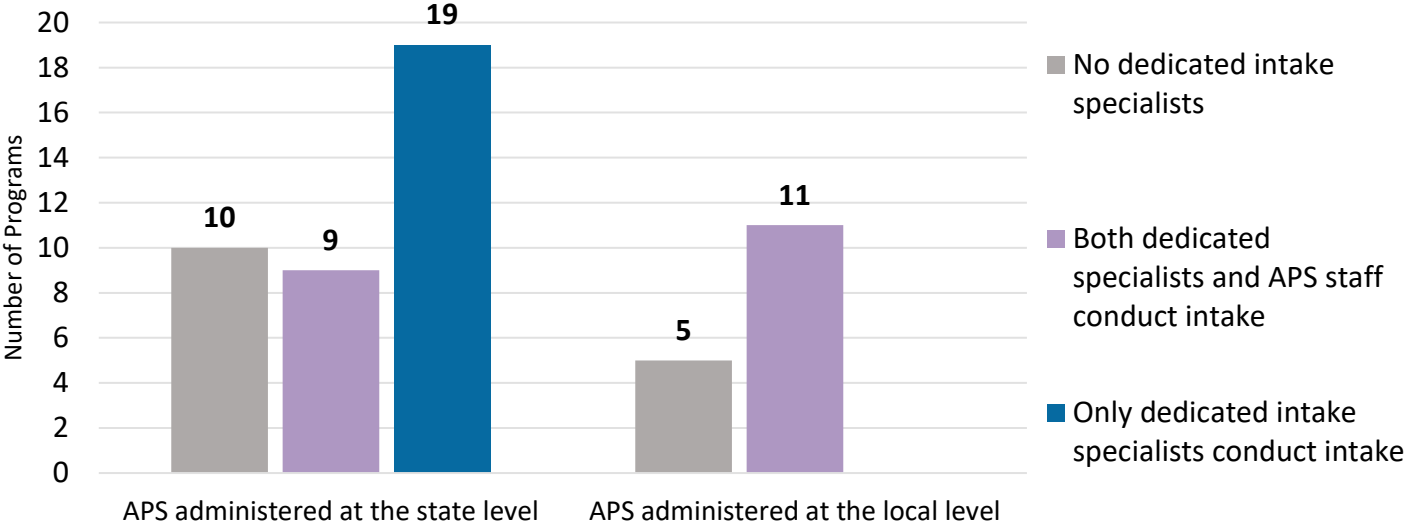
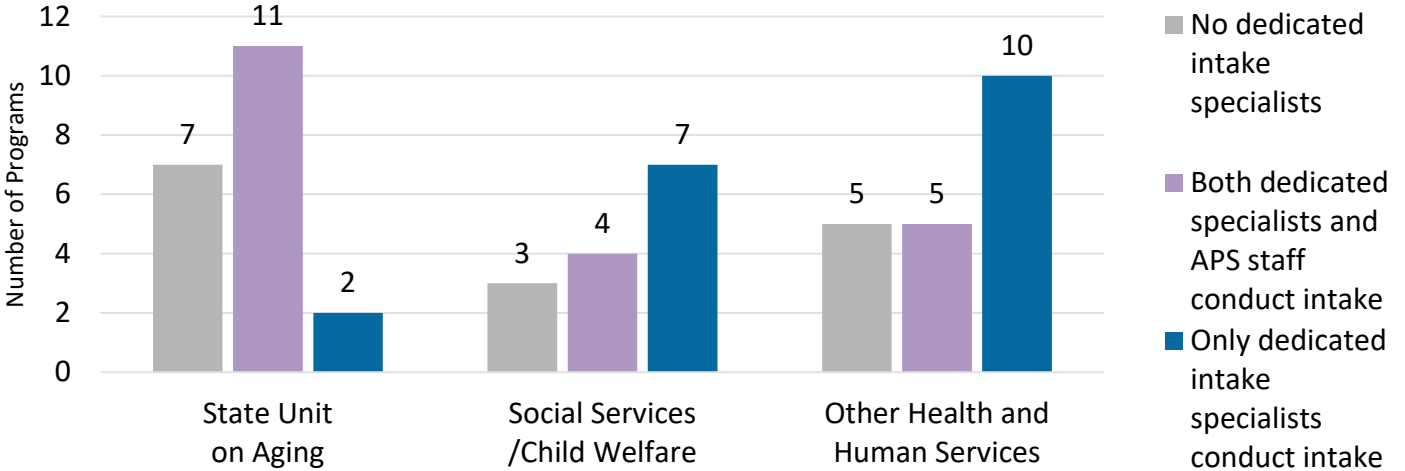


Exhibit 3 provides data on the type of staff that conduct intakes by where the APS program is located in state government, with the state unit on aging, child welfare programs, or other health and human services programs. In APS programs located with State Units on Aging, the largest number of programs (11) have dedicated staff conducting intakes along with APS staff, and only two programs

have only dedicated intake staff. Programs located with state units on aging rely on APS staff either in combination with dedicated intake specialists (11 programs) and APS staff alone (seven programs). The use of only dedicated intake specialist is the most frequent approach in for APS programs located with child welfare agencies (seven programs) or other health and human services programs (10 programs).

Exhibit 3 - What Type of Staff Conduct Intakes by Type of Agency Location



We also examined the types of intake systems that use dedicated intake specialists and use of intake tools. Exhibit 4 examines whether intakes are conducted at the state or local level or a combination of the two. Most programs conduct

intakes at the state level and the use of only dedicated intake specialists happens only at the state level. The 14 programs that conduct local intake use a mix of only dedicated intake specialists and APS staff.

Exhibit 4 - What Type of Staff Conduct Intakes by Location of Intake Process (State or Local)

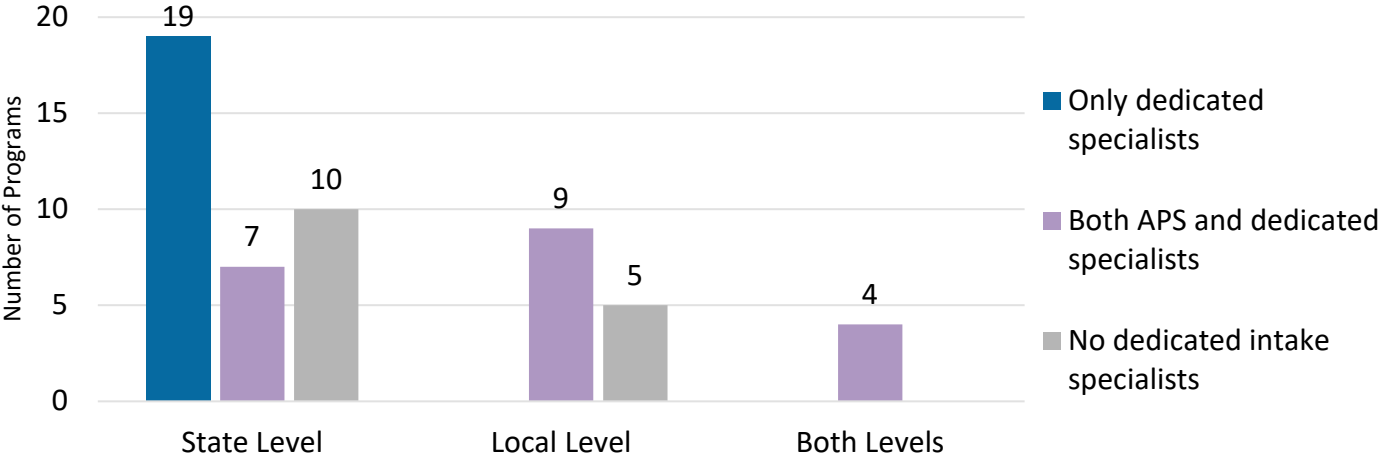


Exhibit 5 shows the use of dedicated intake specialists by whether the intake process is only for APS programs, includes other programs, or varies by local office. Slightly less than half of APS programs conduct intakes for only APS programs, and there is not much difference based on this factor. The use of only dedicated intake specialists occurs more

frequently in centers that conduct intakes for multiple programs (11 programs) than APS only (eight programs). The use of both dedicated intake specialists and APS staff happens more frequently in programs that conduct only APS intakes than for multiple programs.

Exhibit 5 - What Type of Staff Conduct Intakes by Programs Included in the Process

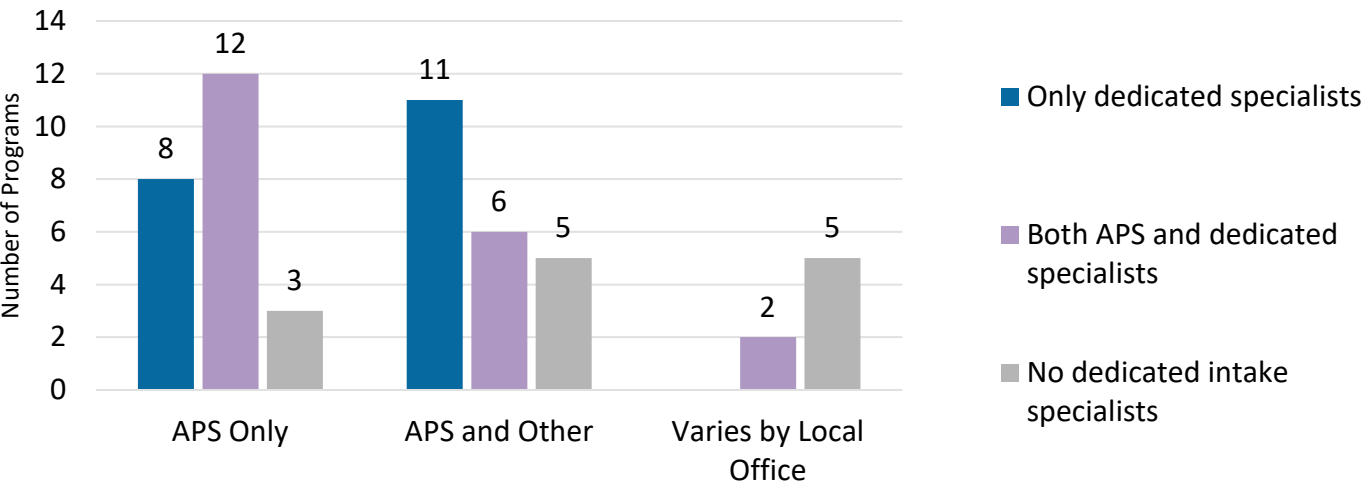
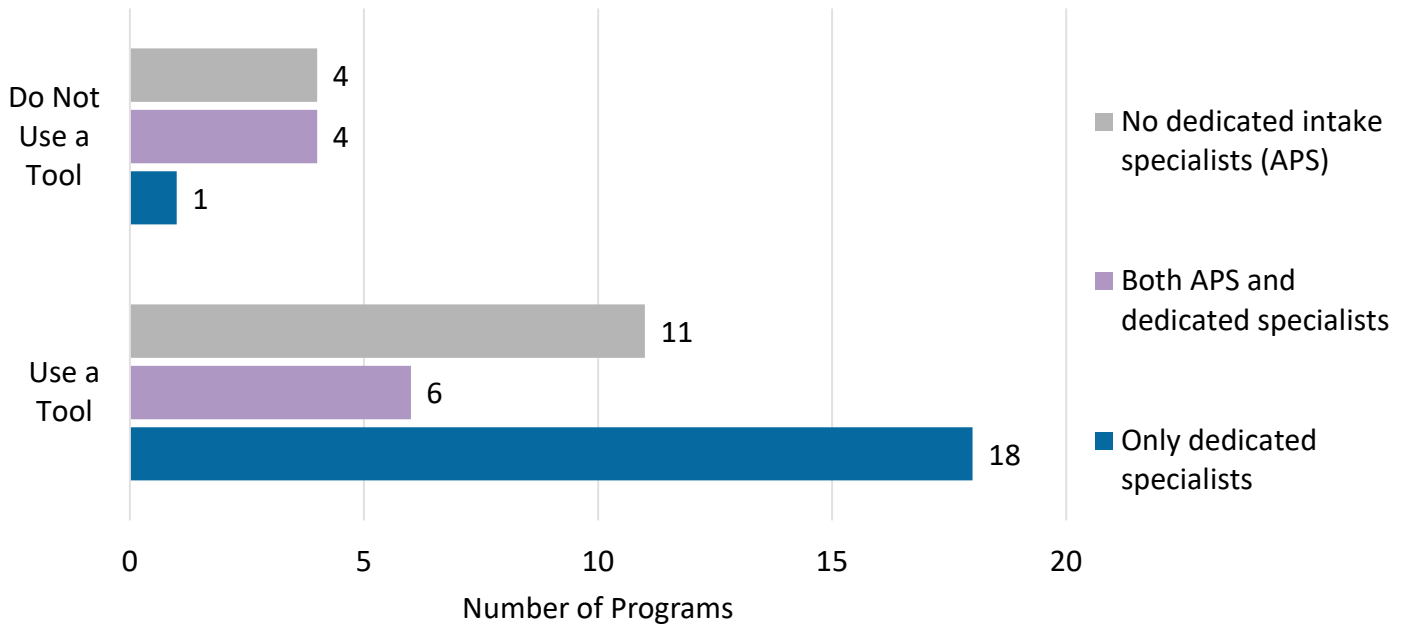


Exhibit 6 examines the difference in the type of staff conducting intakes by whether the program uses an intake tool. Most APS programs use a common intake tool. Except for one program, programs that

do not use tools do not have only dedicated intake specialists. Slightly over half the programs that use tools also have only dedicated specialists.

Exhibit 6 - What Type of Staff Conduct Intakes by Whether They Use an Intake Tool



Who Makes Intake Determination?

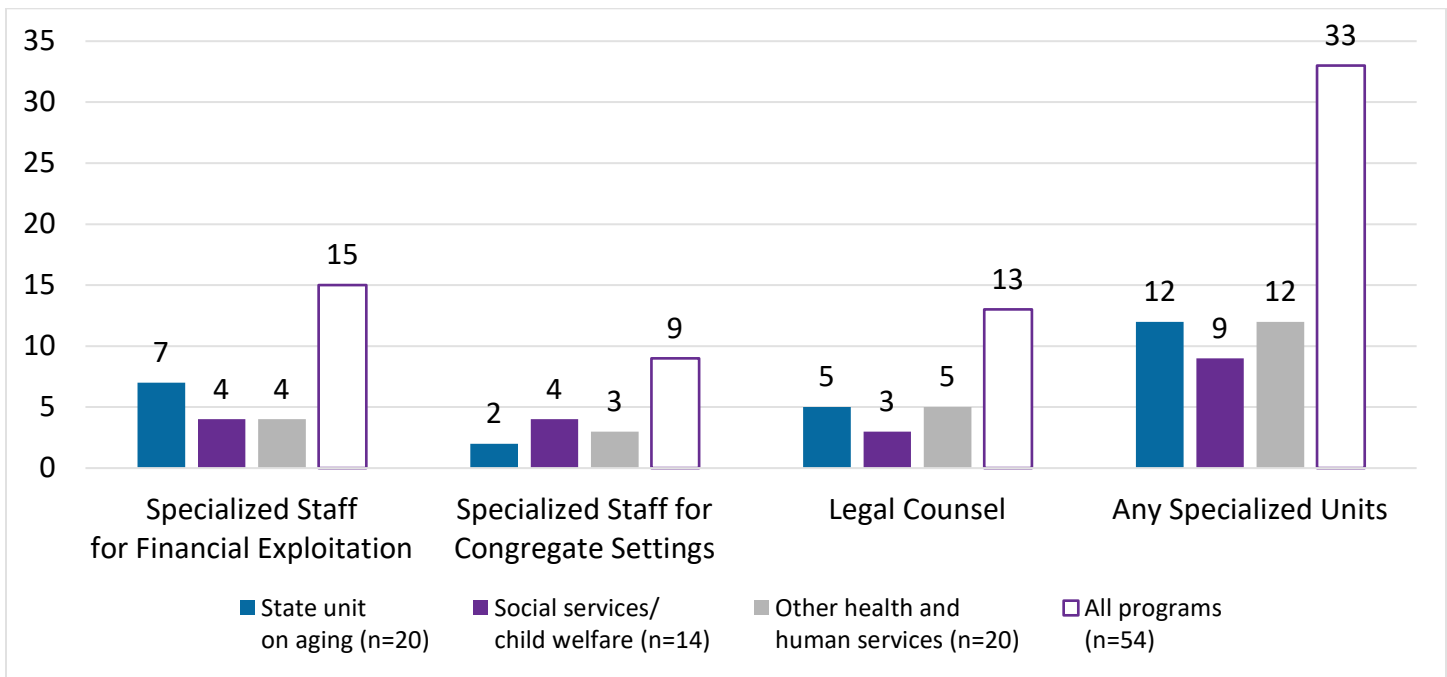
The majority of APS programs use APS staff to make the determination of whether to accept a referral. Exhibit 1 shows that dedicated intake specialists participate in this determination in 25 programs, but this is rarely the sole responsibility of the intake specialists. Dedicated intake specialists alone make this determination in only three programs, dedicated intake specialists and their supervisors make the determination decision in 11 programs,

and dedicated intake staff are sharing the decision with APS staff in the other nine programs.

Investigation

Respondents to the practice survey reported whether their APS programs included specialized APS units or staff focused on allegations of financial exploitation, allegations involving congregate settings, other specific types of investigations, or legal counsel. Exhibit 7 shows in which type of agency these specialized staff are located.

Exhibit 7 - Types of Specialized Staff or Units by Location in State Government



Overall, 33 different programs indicated that they use some form of specialized staff or units. There is not much difference in the overall use of specialized units by the location in state government — all three locations have specialized units or staff.

The most frequent type of specialized staff or units is for financial exploitation (15 programs), followed by congregate settings (nine programs). Programs with specialized staff or units focused on financial exploitation are more likely to be located in State Unit on Aging agencies (seven programs) but are located in all three types of locations.

Nine programs responded that they have specialized staff or units focused on allegations involving congregate settings or other provider investigations. There is minimal difference in terms of agency location between programs with and without legal counsel.

Thirteen programs have legal counsel on staff. There is minimal difference in terms of agency location between programs with and without legal counsel.

Only two programs have licensed professionals on their APS staff who help assess the decision-making capacity of clients.

Practice survey respondents identified other types of specialized staff and units, including:

- All county APS programs have access to legal counsel for matters relating to APS clients
- Dementia care specialists are available in most counties
- Sexual Assault Response Unit
- Facility and Programs Investigations
- Self-Neglect
- Some localities have units that handle only guardianships, evictions, or representative payee cases
- Special Investigations Unit focused on allegations involving crime against the reported adult
- Units/staff focused on self-neglect

- Strike Team which focuses on meeting the initial 24-hour and 72-hour contacts and then passes the assigned case to an ongoing APS staff for the rest of the investigation

post-investigation services and do not conduct investigations. An additional 18 programs responded that they use specialized staff in some parts of their state for services. These four programs provided additional details on the roles of these specialized staff, which are in Exhibit 8.

Post-Investigation Services

Four APS programs responded that statewide, they have specialized staff who are responsible for only

Exhibit 8 - Responsibilities of Specialized Staff in Post-Investigation Services

APS Program	State Description of Post-Investigation Staff Role
District of Columbia	If an investigation substantiates the allegations or additional investigation is needed, the Intake staff transfers the case to the Continuing Services Unit, a team that conducts post-investigation services such as placing a home health aide into the home, recommending psychological evaluations, initiating Medicaid Waiver services, going to court for the appointment of guardians or conservators, and exploring the need for other court intervention.
Montana	Social Services Workers (SSWs) provide a brief follow-up on investigations that are closed with a service plan. The SSW follows up at 30 days with the victim or perpetrator (depends on who the service plan was developed for) and finds out if services were established, and if not, why not. The SSW can then reconnect the victim/perpetrator to service providers or make new referrals to different providers if that is what is needed. The SSW also records whether services were obtained, refused, waitlisted, or unavailable. The SSWs also carry the state appointed guardianship cases.
Massachusetts (Disabled Persons Protection Commission)	DPPC has a dedicated Oversight Unit responsible for monitoring any risk during the investigatory process and conducting follow-up after the completion of an investigation. At the conclusion of an investigation, if any risk or protective service recommendations remain, the case remains open and DPPC’s specialized oversight staff collaborates with the protective service agency to ensure that protective service measures are offered and implemented, when possible, to address any outstanding risk.
Florida	Human Services Counselors (HSC) are strictly services/protective supervision oriented. Their sole involvement with investigations is to staff for impending placement or to prepare a mitigation response based on needed services. HSC staff know Medicaid in and out, are masters of the community resources in their areas, and often are involved with clients over a large span of their lives through two in-home programs.

The responses indicate that managing services involves tasks that often require unique knowledge or relationships, different than those required for investigation. Specialized staff/units can focus on

clients’ needs in terms of placement or monitoring risk. Of these four programs, three are located with other human services agencies and one is located

with a State Unit on Aging, while three are state administered and one is locally administered.

Conclusion

APS casework is complicated and requires diverse skill sets that general social work education and APS training may not provide. Consequently, APS programs rely on specialized staff and units for specific categories of responses and maltreatment situations. While 33 programs use specialized staff or units, no specific type of specialized staff or unit is used by most APS programs. Programs with statewide centralized intake have dedicated intake specialists to conduct intake and help make intake

decisions. For investigations, specialized staff are used most frequently for financial exploitation cases, which may be the most qualitatively different from other forms of maltreatment and require access to different kinds of resources and information. Few programs use specialized staff for the services phase of a case.

As APS programs expand the use of specialized staff, the APS TARC will continue to support their efforts by focusing on lessons learned and best practices.

Community partners, who can also support APS programs with specific expertise, will be the focus of our next brief.