

APSTARC

Adult Protective Services Technical Assistance Resource Center

enhancing
effectiveness of
APS programs

APS Study on the Impact of COVID-19: Findings from State Administrator Survey and Interviews with Local APS Staff

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Disclaimer

The National Adult Maltreatment Reporting System (NAMRS) and the Adult Protective Services Technical Assistance Resource Center (APS TARC) are a project of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor's findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.

About the APS TARC

The mission of the APS TARC is to enhance the effectiveness of state APS programs by:

- Supporting federal, state, and local partners' use of data and analytics,
- Applying research and evaluation to practice, and
- Encouraging the use of innovative practices and strategies.

Peer to Peer Calls

Have you ever wished that you could tap into the expertise of other APS workers, supervisors or state administrators who are struggling with the same issues and concerns that you deal with daily? The APS TARC provides Peer to Peer calls for workers, supervisors and managers/state administrators.

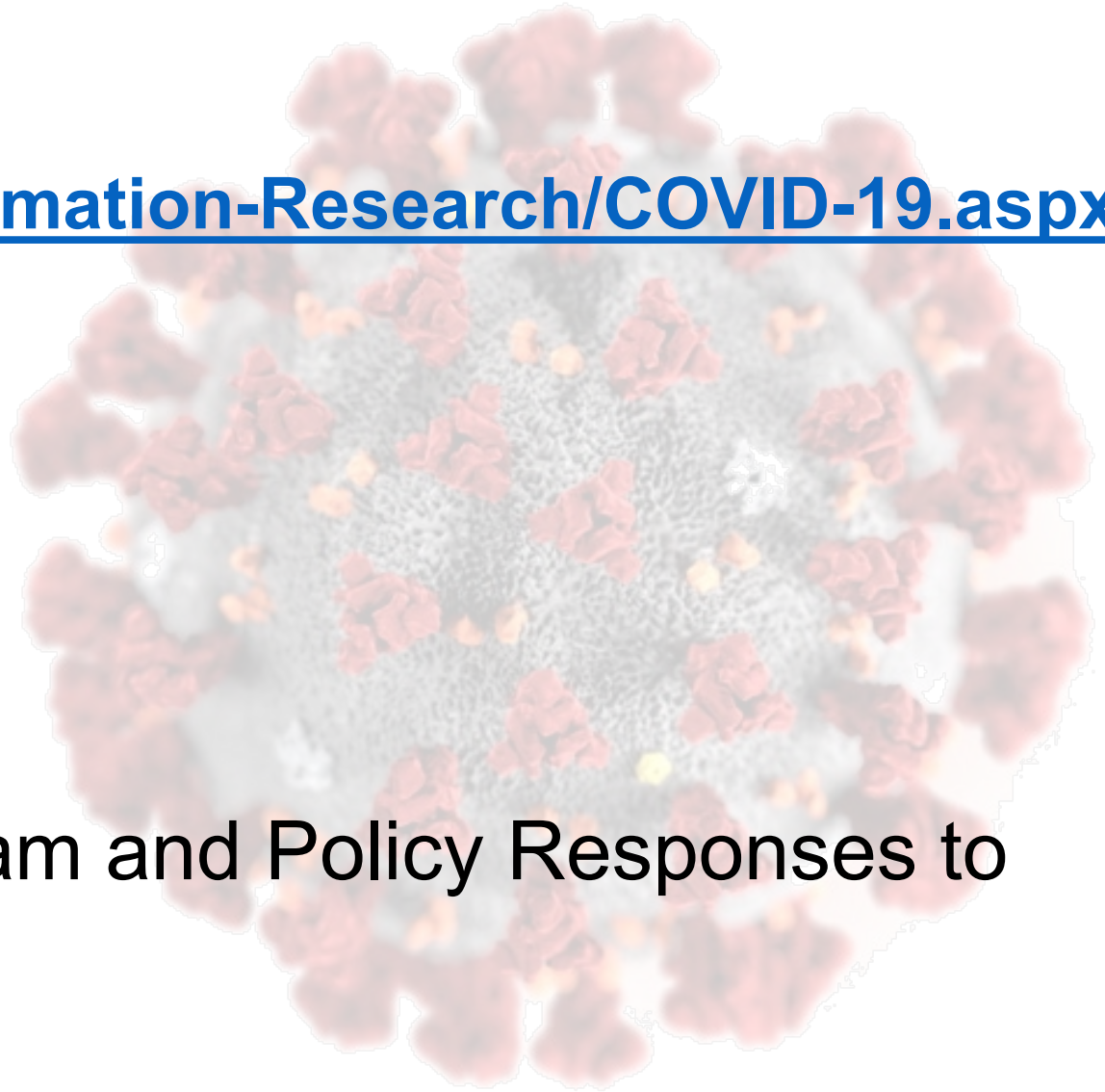
- **Workers' Call:** The 2nd Wednesday of each month
- **Supervisors' Call:** The 3rd Wednesday of each month
- **Administrators'/Managers' Call:** The 4th Wednesday of each month

Register via the link sent out at the end of each month by the APS TARC or email us in order to receive the registration link!

APS & COVID-19

<https://apstarc.acl.gov/Information-Research/COVID-19.aspx>

- Resource Information
- Federal brief addressing:
 - Personal Safety
 - Continuity of Operations
- Summary of State Program and Policy Responses to COVID-19



Housekeeping

- Handouts/Slides are available for download in the "Handouts" section of your webinar control panel. You may download them at any time.
- Please use your computer speakers to access audio for this webinar. Please make sure the speaker volume is adjusted to your desired volume.
- If you experience audio problems due to internet connection speeds or hardware issues, we recommend exiting the webinar and re-entering.

Housekeeping

- You may ask questions of our presenter at any time by typing them in the "Questions" box. We will relay as many as we can to the speaker when we pause for questions.
- This webinar is being recorded and all registrants will receive an email when the recording is made available on the APS TARC website.
- All attendees will receive an automatically generated email approximately 24 hours after the webinar ends with a link to a certificate of attendance.

Quick Attendee Poll

With which of the following do you identify the most?

- Adult Protective Services Professional
- Other Social Services Professional
- Medical Professional
- Legal Professional
- Other

Our Speaker



Pamela B. Teaster, PhD

Professor

Director, Center for Gerontology

Virginia Tech



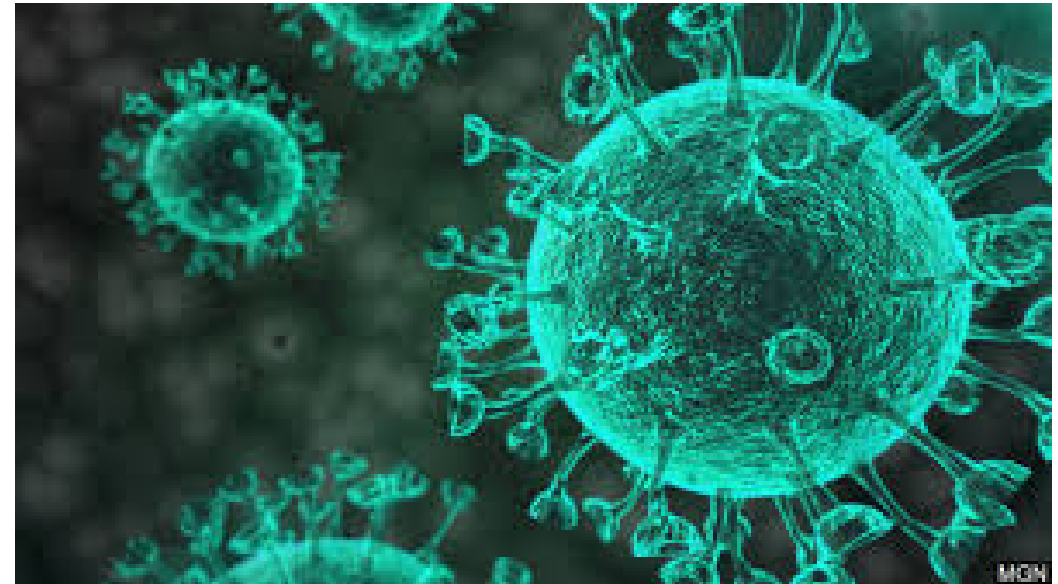
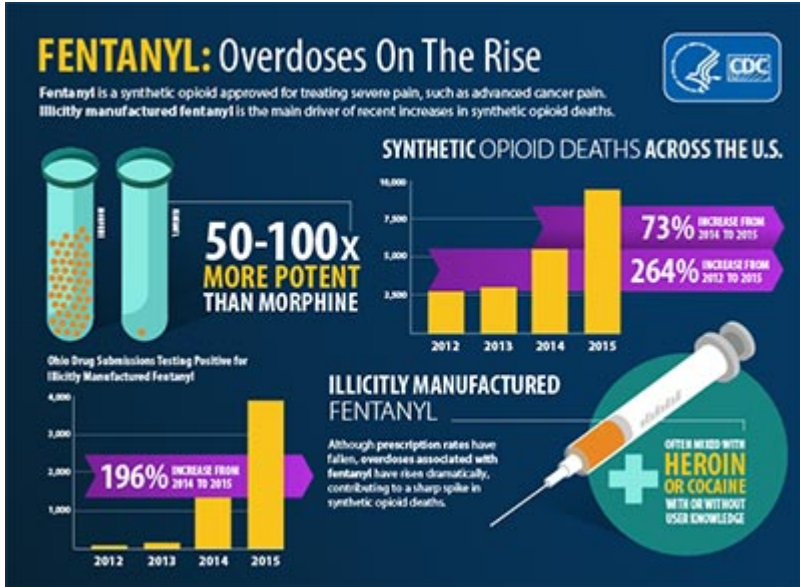
Karl Urban, MPA

Senior Research Manager

APS TARC

WRMA Inc, a TriMetrix Company

From Opioids to COVID-19



Back to Opioids

Objectives and Overview

Objectives

1. Learn about the impact of COVID-19 on APS programs
2. Learn how APS programs responded to COVID-19
3. Learn how to improve APS program response to COVID-19 and other emergency disasters

Overview

- Background
- Methods
- Limitations
- Findings
- Discussion


How this is going to work

- Lots to cover, so moving fast
- Review five categories of findings
- For each category:
 - Poll to start
 - Review findings
 - Discussion based on chat

Purpose of the Study

Explore changes implemented to APS programs across the country in response to the COVID-19 pandemic and the effect of these changes on programs.

Research Questions – The Five Ps



**What
impact did
COVID-19
have on:**

- Performance
- Policy and Practice
- Personnel
- Partnerships
- Preparedness

Methods

The research used a three-step (Phases 1-3) funnel process:

- **Phase I:** telephone interviews with eight state-level APS administrators from states considered to be “hot-spots” at the time of the interviews.
 - The findings from the interviews were then used to inform questions for next phases.
- **Phase II:** national survey of state APS programs
- **Phase III:** individual and small group interviews with local APS staff

Limitations

- The national survey assumed that all APS programs follow state mandates, policies and procedures. However, several county-administered states expressed frustration that their general answers to the survey were not reflective of some counties in their state.
- Due to the constraints of the study timeline and limitations of field staff, the study team was also not able to interview as many staff or states as originally planned.
- The study was conducted in a window in time of a very fluid situation.

The Big Takeaways

- Reinforced the idea that APS programs have a unique role and provide a unique resource to communities, with staff as valuable “frontline” staff vulnerable adults
- Created clear struggles for programs as to how to:
 - respond to an un-planned for emergency
 - protect workers and clients (where to get PPE!)
 - conduct assessments and collected evidence without F2F visits
 - support community partners who need front-line resources
 - implement remote work remotely without having equipment or management processes in place to support it.

Performance

Determine the short-term impact of COVID-19 on program work and workload as measured by the impact on the number and types of cases and workload.

What Has Been Your Experience?

What has been the **long-term** effect of COVID-19 on your workload?

- No Impact
- Slight decrease
- Significant decrease
- Slight increase
- Significant increase

Performance – Part 1

More than half (66%) of respondents had fewer reports of adult maltreatment and 15% had many fewer reports (total 81%) while 9% had more reports. Eleven percent (11%) experienced no change in the number of reports.

Slightly over half (52%) of respondents indicated that the level of client need had increased, while 42% saw no change in client need.

Nearly half of respondents (48%) indicated that, on average, there was no change in client willingness to engage with APS as a result of COVID-19, while nearly the same percent (46%) indicated that clients were less willing to engage with APS.

Performance – Part 2

The vast majority (80%) of respondents indicated that there was no change in the level of client involvement in planning and decision-making concerning the help and services they needed or received as a result of COVID-19.

Half of APS respondents (50%) indicated that there was less investigation of cases and for 7% much less investigation as a result of COVID-19, while nearly a third (30%) experienced no change.

Just over half of APS respondents (52%) indicated that they were limited to providing fewer services to clients, while 24% had no change, and 20% were providing even more services as a result of COVID-19.

Change in Reports of Maltreatment

| | Large Decrease | Small Decrease | No Change | Small Increase | Large Increase | Don't Know |
|------------------------|----------------|----------------|-----------|----------------|----------------|------------|
| Physical Abuse | 5% | 16% | 39% | 14% | 2% | 25% |
| Sexual Abuse | 5% | 18% | 46% | 0% | 2% | 30% |
| Neglect | 5% | 16% | 37% | 19% | 0% | 23% |
| Self-Neglect | 2% | 16% | 23% | 30% | 23% | 2% |
| Financial Exploitation | 5% | 20% | 18% | 23% | 9% | 25% |

Personnel

Identify the impact on staff in areas such as job satisfaction, job readiness, and safety and determine how to reduce the negative impacts during future emergencies.

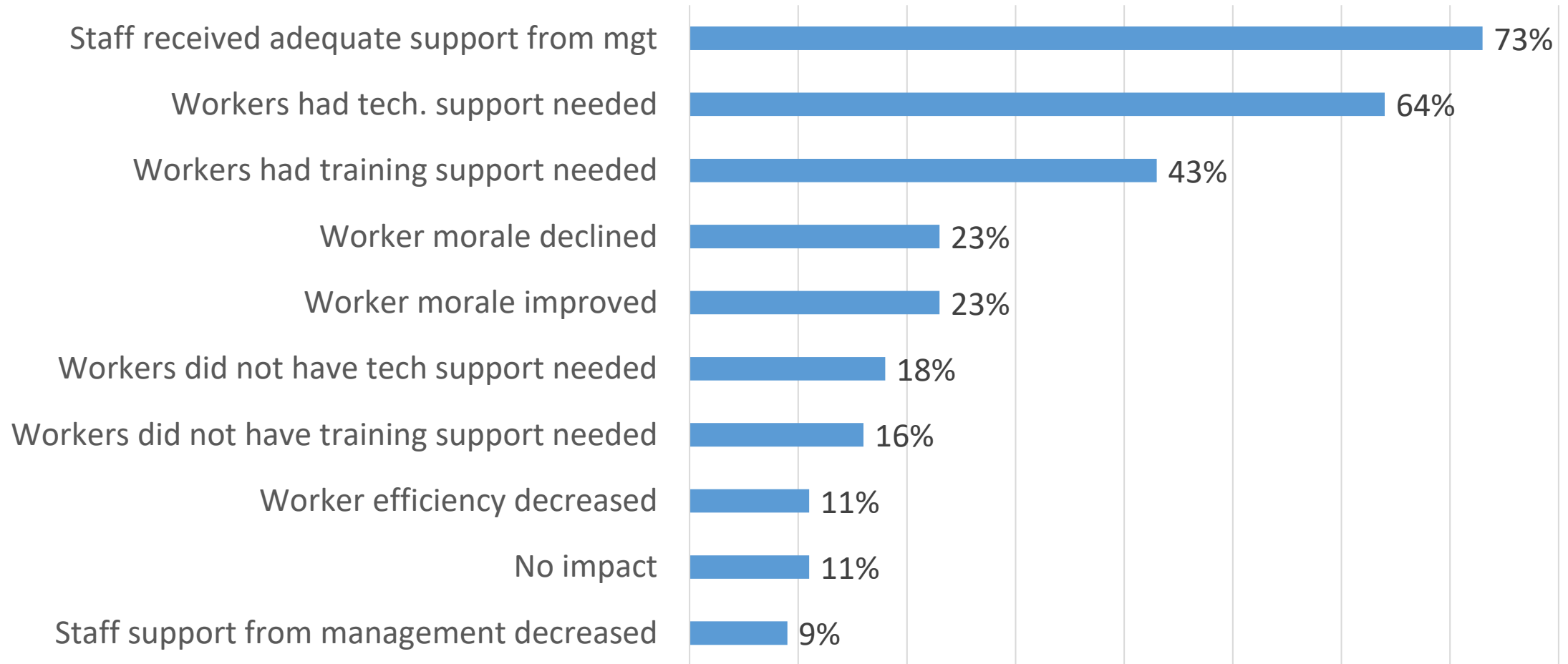
What Has Been Your Experience?

What has been the effect of COVID-19 on staff (e.g., job satisfaction, job readiness, and safety)

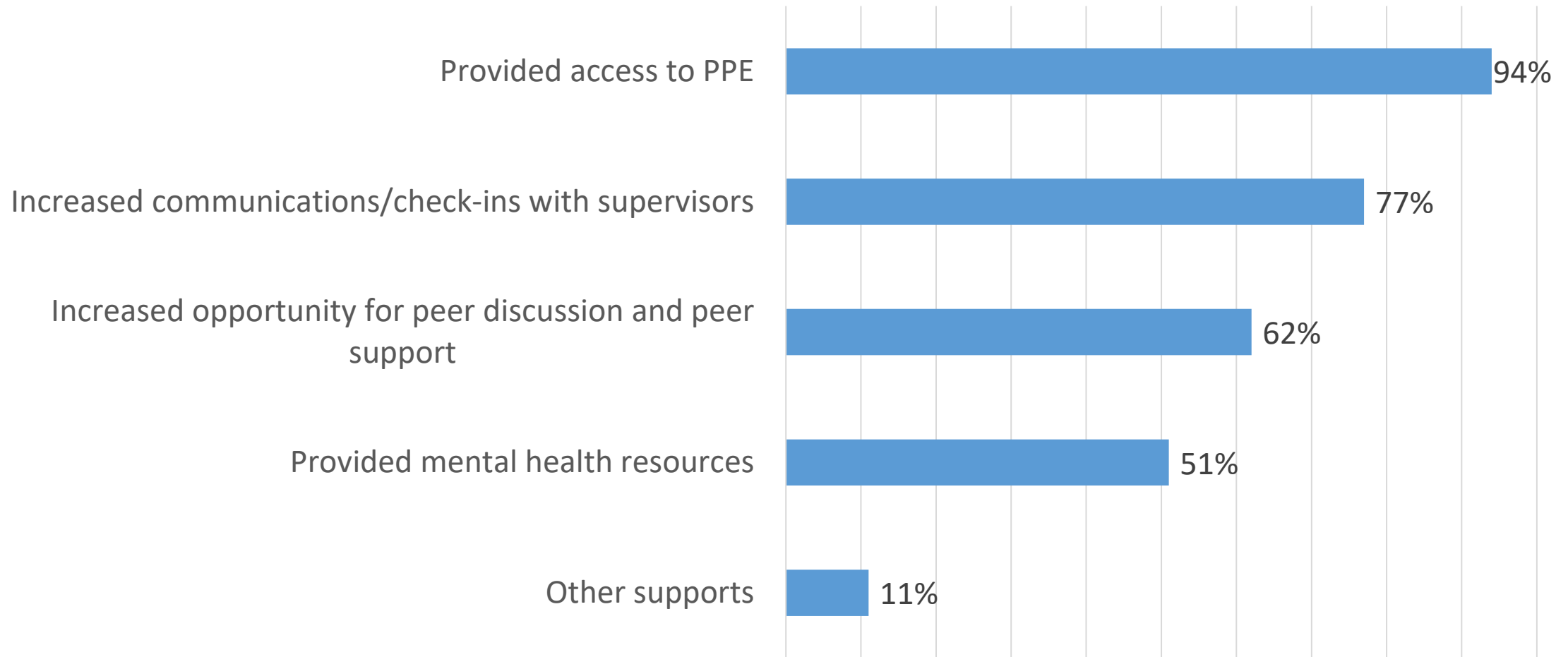
- No Impact
- Slight impact
- Significant impact

Put some of the more notable impacts in the chat box.

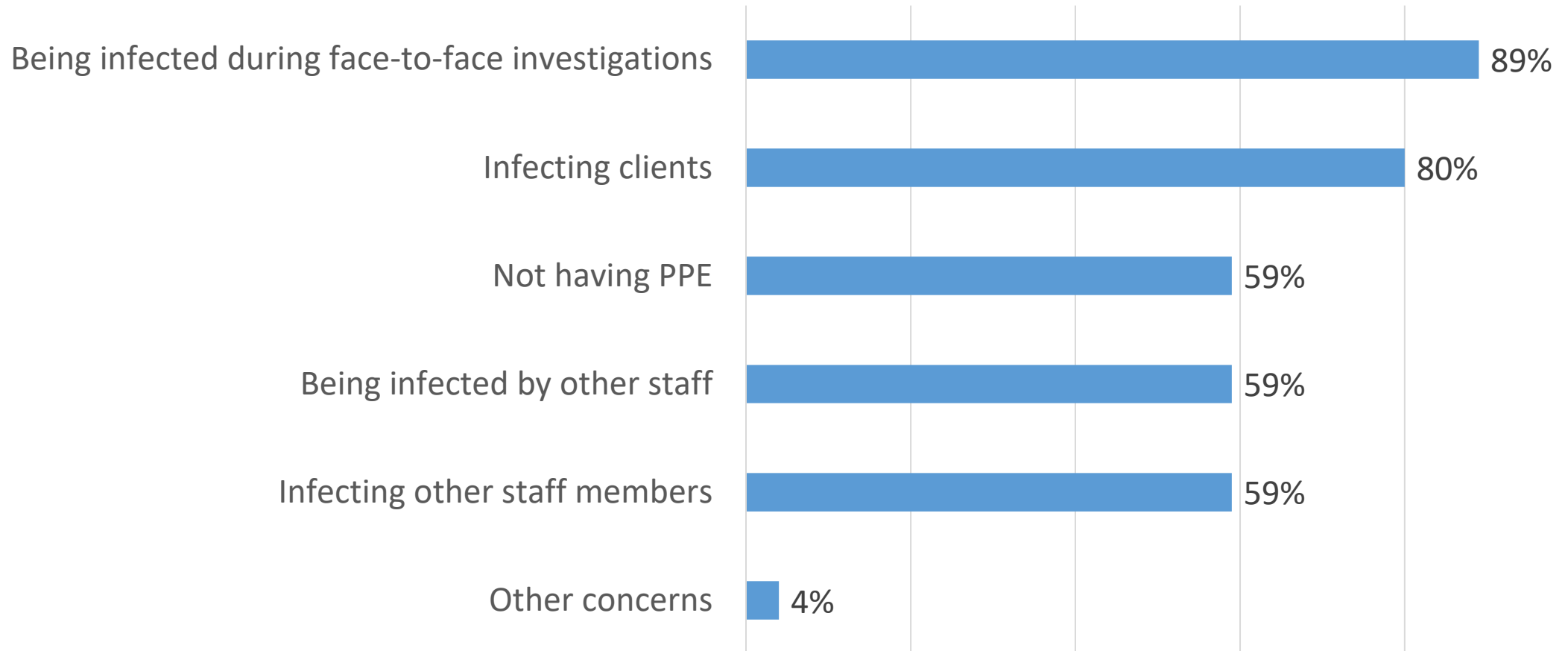
Overall impact of remote work *(multiple responses)*



Supports provided to APS workers as a result of COVID-19 *(multiple responses)*



Safety Concerns that Staff Raised *(multiple responses)*



Policy and Practice

Identify, categorize and analyze the impact of policy and practice changes implemented as a result of COVID-19 and document what changes were considered successful and not successful. Specifically, identify the issues that are arising from the policy and practice changes and document how APS staff have addressed them.

What Has Been Your Experience?

What has been the **long-term** effect of COVID-19 on your policy and practice?

- No Impact
- Slight impact
- Significant impact

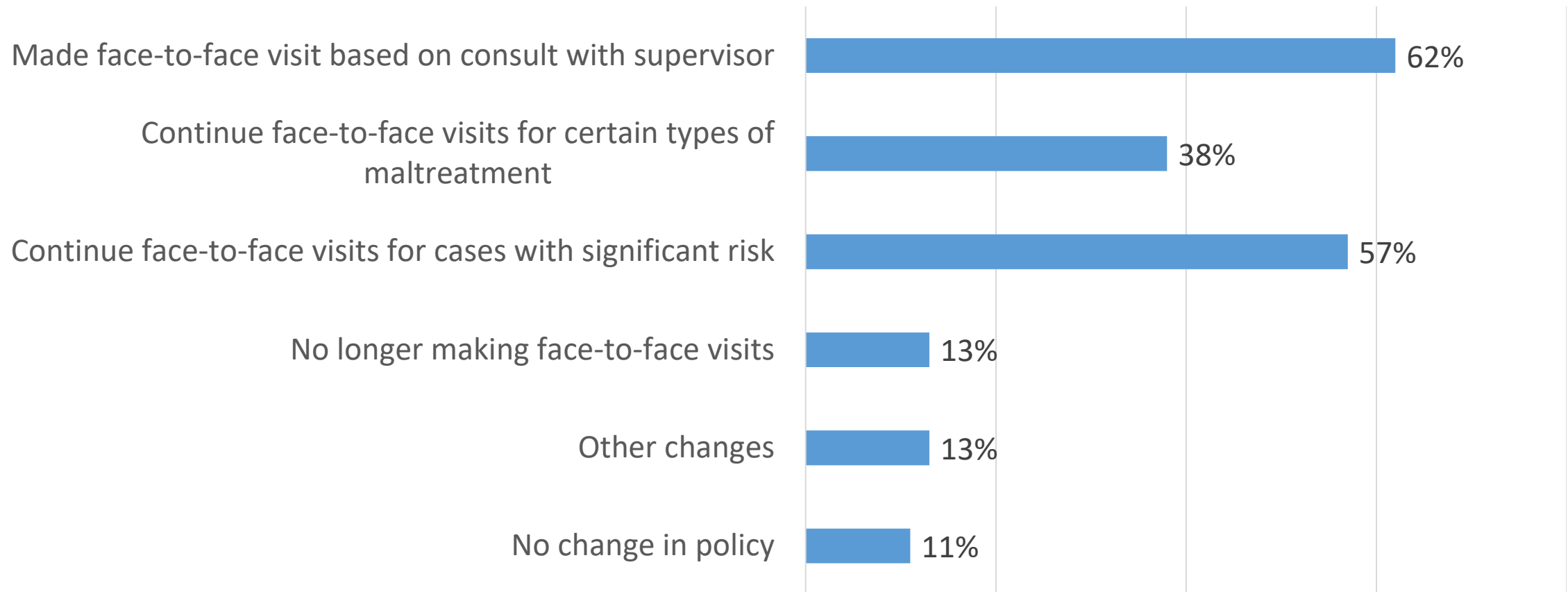
Put some of the more notable impacts in the chat box.

Policy and Practice

Policy Changes for In-Person Visits

- Eighty-nine percent (89%) of states made at least one change in their policies regarding face-to-face visits with clients and other parties in the allegation.

Policy changes for in-person visits with clients and other parties involved in the allegation because of COVID-19 (multiple responses)



Adjustments to timeline requirements because of COVID-19

| | No Change in Policy | Increased Allowable Time | Removed Time Requirement |
|---------------------------------|---------------------|--------------------------|--------------------------|
| Case Initiation | 87% | 9% | 4% |
| Completion of the Investigation | 94% | 4% | 2% |

Partnerships

Identify the impact of COVID-19 on relationships between APS and its community partners (e.g., law enforcement, healthcare, mental health) and determine how those relationships can be improved in an ongoing basis and in preparation for the next emergency. In addition, identify any new or pronounced partnerships, such as social services, and how these relationships can be better prepared or established during times of emergency.

What Has Been Your Experience?

What has been the effect of COVID-19 on your community partnerships?

- No Impact
- Slight impact
- Significant impact

Put some of the more notable impacts in the chat box.

Interaction with critical APS partners and referral services because of COVID-19

| | Much Less Interaction | Less Interaction | No Change in Amount of Interaction | More Frequent Interaction | Much More Frequent Interaction |
|------------------------|-----------------------|------------------|------------------------------------|---------------------------|--------------------------------|
| Law Enforcement | 2% | 21% | 36% | 30% | 11% |
| Health Care | --- | 13% | 45% | 34% | 9% |
| Mental Health Services | --- | 13% | 60% | 21% | 6% |
| Food Bank Referrals | --- | 4% | 57% | 35% | 4% |
| Other Referrals | --- | 9% | 75% | 11% | 6% |

Preparedness Plans

Identify the impact of COVID-19 on the emergency preparedness plans of APS programs and determine how those plans can be improved, particularly in preparation for the next emergency.

What Has Been Your Experience?

Was your agency/program prepared for a pandemic?

- **Not prepared:** it caught us by surprise
- **Somewhat prepared:** we had some plans and supports in place that helped us adjust
- **Significantly prepared:** we had plans and supports that allowed us to quickly adjust

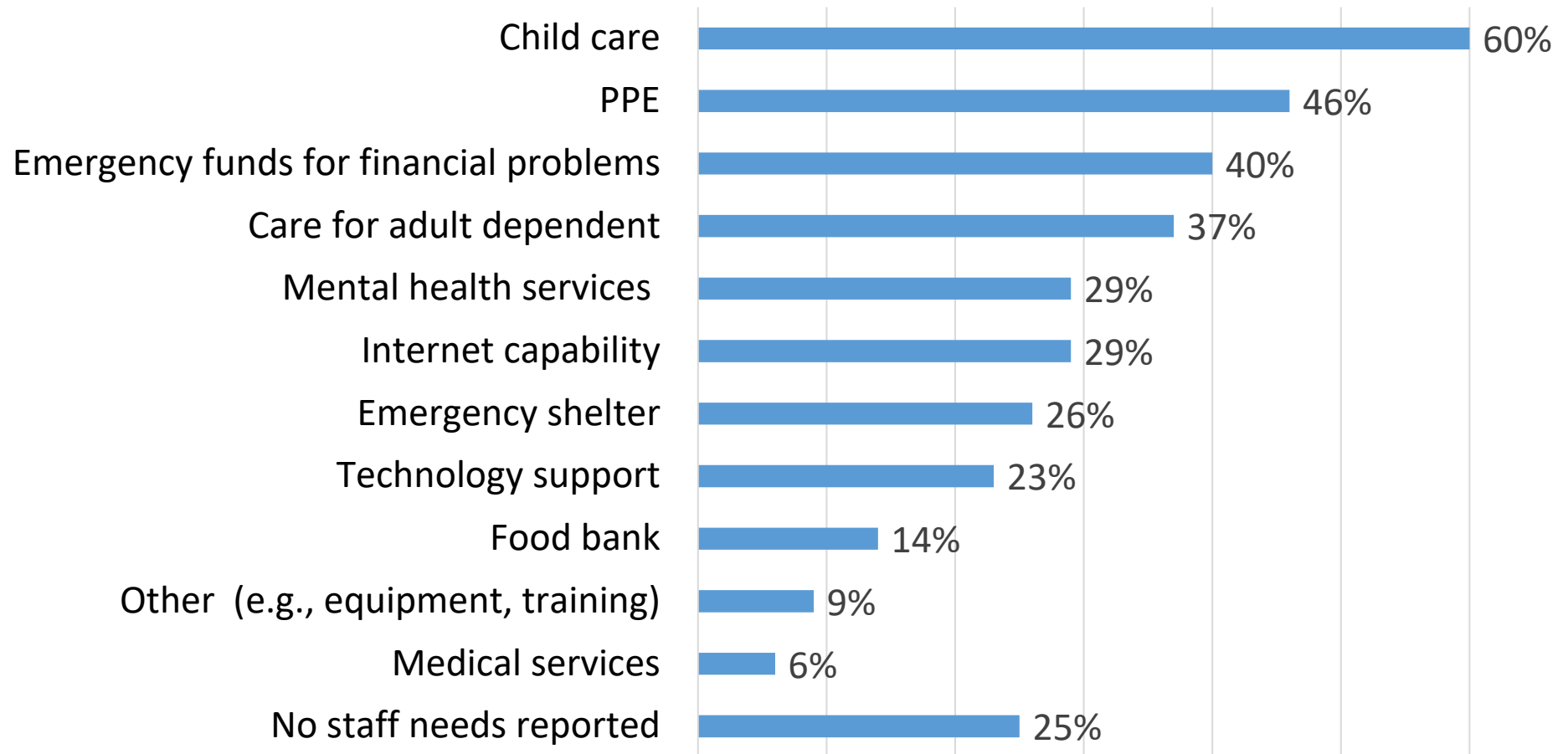
Put some of the more notable impacts in the chat box.

Preparedness Plans

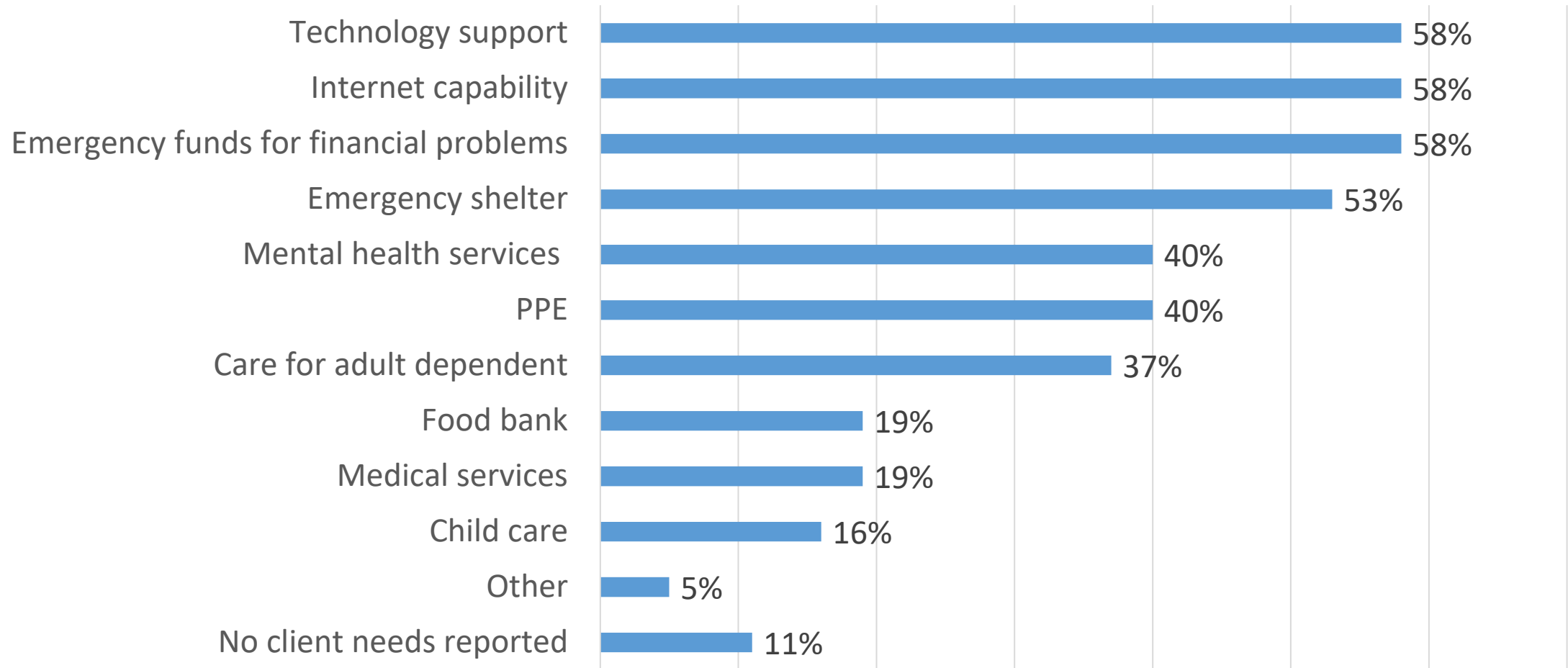
Sixty-three percent (63%) of states reported having APS emergency preparedness plans in place before COVID-19. Even so, only twenty-five percent (25%) of APS supervisors noted no unmet and under met staff needs. Eleven percent (11%) of states reported that their clients had unmet or under met needs.

“Most of what our preparedness was geared for was hurricanes, tropical storms, natural disasters, but as a program, we didn't have a plan [for a pandemic]. Now, at the state level, I know there's a state-level pandemic plan that is in place.”

Current needs for staff that states do not have at all or do not have enough of (*multiple responses*)



Current needs for clients that states do not have at all or do not have enough (*multiple responses*)

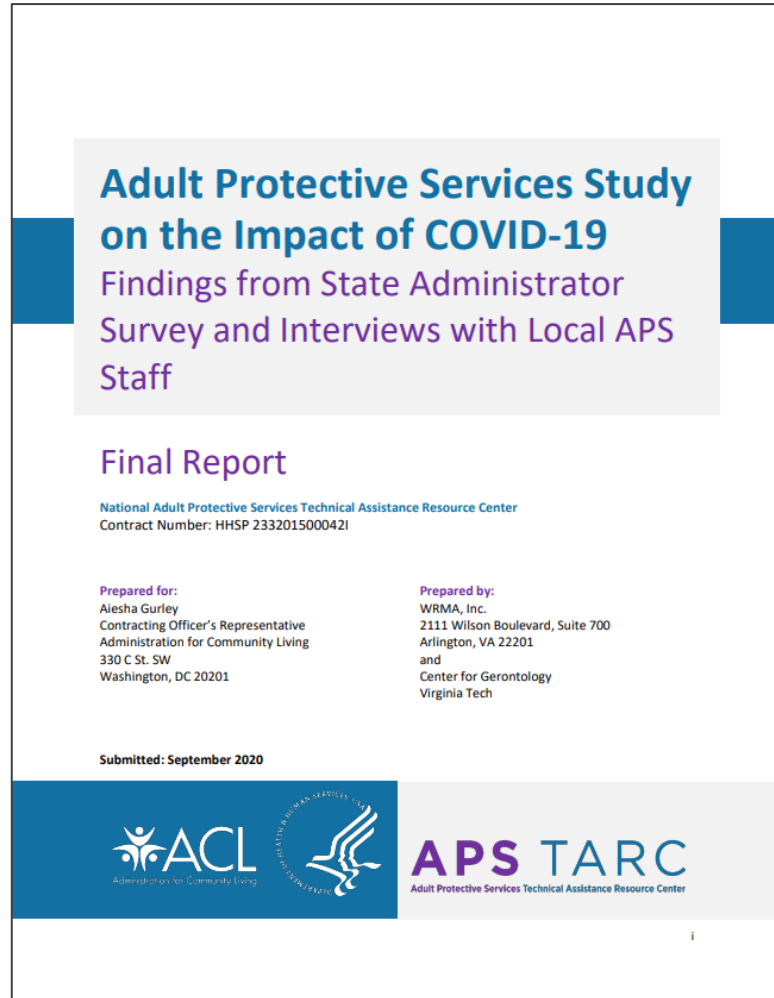


QUESTIONS?

Final Word Goes to Local APS Staff

Just one last thing that I wrote down that my staff talked about and it's that they know that they're often the only one that can protect and care for some of our most abused and neglected elders. And without them, my staff, going out there, I mean it's the only thing that stands between them and harm and that's not a minor thing and my staff takes that very seriously and I love my staff for it. I have mad respect for them and how much they care about our endangered adults. So I just wanted to mention that because I thought it was important that they mentioned it to me.

View the Full Report



Full report available at:
<https://apstarc.acl.gov/COVID>



Contact Us

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