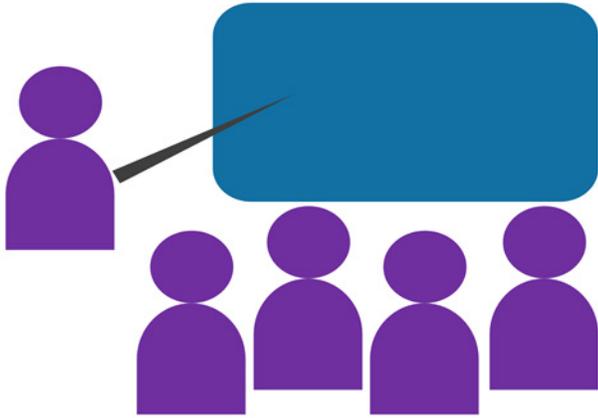


Quality Assurance in Adult Protective Services



Introduction

Adult protective services (APS) casework is inherently complex and imperfect. It generally requires a balance of following rules (policies and procedures) while doing the best thing for clients based on education, training, instincts, and ethics. There is always room for improvement in the decisions made by individual caseworkers, in the direction provided by supervisors, in the standards developed by management, and in training. APS programs need processes to define, measure, and monitor expectations. Absent such processes it is difficult to know what to do to improve the quality of the program.

Albert Einstein had a famous adage that said: “Not everything that can be counted counts and not everything that counts can be counted”. Conversely, there is a ubiquitous management principle, often (wrongly) attributed to Peter Drucker, that goes: “What gets measured gets managed.” So, who is right? How important is it to measure things if we want to improve them? And if we do measure aspects of our APS programs, what is the right way to do so, without creating unintended consequences?

This brief discusses quality assurance (QA) processes in APS. As a field, there is no defined, best-practice, right or wrong way to do QA. Some APS programs have inherited practices from child protective services and related fields. But there has been minimal research into what APS programs actually do to improve their quality. The Administration for Community Living’s [2020 Updated National Voluntary Consensus Guidelines for State APS Systems](#) (“APS Guidelines”) does not address QA as a topic unto itself. It discusses the importance of data and program evaluation and references, as indicated in various places in this brief, how individual guidelines affect quality.

The National Adult Protective Services Association (NAPSA) identifies QA as a requirement in their [Recommended Minimum Program Standards](#), and recommends the following *minimum* standards for a QA program:

- Staff has access to knowledgeable case supervision.
- Staff has access to subject matter experts, current research, and best practices.
- Staff to case ratios are established.
- Case assignments are adjusted based on case complexity and staff ‘s education and training.
- Data is collected, analyzed, and reported.
- QA data is used for program and service improvements.
- The QA process is standardized and applied consistently.

This brief defines QA, discusses approaches to QA, describes the benefits of QA, and discusses considerations in developing a QA program. In putting together this brief, we consulted with states

that have QA programs in place and provide examples from their programs. We appreciate the input of these states.

Definition of Quality Assurance

The Encyclopedia of Social Work defines QA as “a widely accepted management function that is intended to ensure that services provided to consumers meet agreed upon standards. Standards come from professional organizations, evidence-based practices, and public policies that specify outcomes for consumers (Poertner, 2013).”

This definition points out several key aspects of QA.

- First, it is a management function: QA requires oversight, direction, and use by management to be effective.
- Second, it is consumer focused: ultimately, the purpose is to improve the quality and outcomes of services.
- Finally, it is focused on defined expectations for performance: expectations should be derived from program policy.

QA is necessary because training is sometimes insufficient to ensure compliance with policy and achievement of positive client outcomes. A good QA system provides an opportunity for constructive reinforcement for improved compliance with policy and improved client outcomes. QA is about more than just staff accountability; it is about gathering and using information to improve policy, training, and client outcomes. QA programs should have feedback loops to improve management of the program.

Quality Assurance Process

Resources vary significantly across APS program to conduct QA activities. Not every program is going to be able to conduct the same level of review or types of approaches. Therefore, it is helpful to think about

your potential QA program as a Hierarchy of QA Needs (approaches) – a Maslow’s Hierarchy for QA. Figure 1 shows this hierarchy. Each level up the pyramid increases the amount of resources and level of dedication needed for QA processes. The lowest level of the pyramid includes approaches that are foundational to a good QA program: documentation and supervisor review and approval. The middle level includes approaches that involve research into performance through one of two mechanisms involving creation and use of data: performance management and case reading/review. The final level, program evaluation, requires one-time research projects that dive deeper into specific QA questions. Each approach to QA is explained in more detail below.

Base Level – Documentation

QA is impossible without good case documentation; it is necessary for all the subsequent levels in the hierarchy. The APS Guidelines recognize the importance of documentation in several guidelines. For example, a supervisor cannot do an adequate review of a poorly documented case. Similarly, performance management and program evaluation rely on data obtained through documentation. Because of its importance, most QA processes examine the quality of case documentation. Based on research by the APS TARC, 40 states require some type of case documentation.

Supervisory Reviews

Within this base level, the second approach to QA is supervisor review. Good APS supervisors empower and enable caseworkers to make good decisions. To do this they have to review casework, provide feedback on it, and usually approve the case before it can be closed. The *APS Guidelines* recognized the

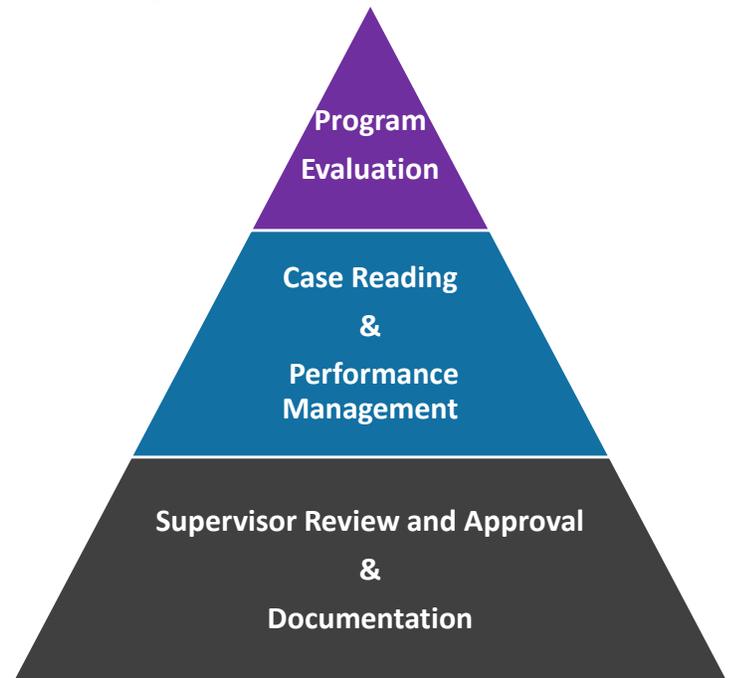
importance of this function and recommended that “There should be a limit on the number of APS workers assigned to each supervisor in order to ensure consistency in casework, quality assurance, and sufficient worker support.” Research by the APS TARC found that many (20) programs require supervisor review of cases at critical junctures and 28 require some degree of supervisor review and approval of a case before it is closed.

Supervisor review may be an informal process or a sign-off on cases by supervisors stating that the case meets standards. Supervisor review can involve both process and outcome review. The outcome review is most important – the supervisor is ensuring that cases are not closed until the client’s needs are met to the greatest extent possible. The process review ensures, for example, that visits were done on time, that needed forms were included, that agency standards were met, and that appropriate interventions were used.

To maximize the use of supervisor review as QA, the information learned through their review of cases must be synthesized and translated into constructive feedback for caseworkers. The state of Nevada, for example, has a specific process for turning supervisor review into data for program improvement. The method of supervisor review and approval varies from a loose, no criteria review to use of a formalized checklist. The more structured the review, the more likely the information gleaned can be used in a QA process. Supervisor approval can be verbal or a sign-off within the case management system.

APS programs should consider quantifying the results of supervisor review to translate the information gained from the review into data for more formalized feedback. (See feedback loop discussion later in this brief for further information.)

Figure 1 – Hierarchy of QA Needs



Performance Management

Data is the key to successful QA. As such, it resides in the middle level of the QA Hierarchy as the link between the lower and higher levels of QA approaches. (Ironically, there is currently no data on the use of data in APS QA programs.) The APS Guidelines acknowledge the importance of data by stating “APS programs are encouraged to keep program data long enough to ensure their availability for quality assurance needs (e.g., tracking client recidivism rates over time, identifying trends in maltreatment types, etc.), and for research purposes.” Further, the APS Guidelines state that “APS program performance measures should assess programmatic aspects and service areas, to determine whether interventions were executed timely and services met clients’ needs, as well as client-centered outcomes, to determine whether clients were satisfied with the services and whether goals specific to the clients were attained. Innovative measurement strategies that allow for client

variability and that are capable of tracking change on an individualized set of outcome indicators....”

Data is the means – not the ends – to a successful QA program. Data is by nature objective, while supervisor review of cases (unless a very detailed checklist is used and recorded) is subjective. The combination of objective and subjective information can provide a powerful resource to improve casework.

Data is not useful unless there is a process for capturing and communicating it, which means programs need a performance management system.

Data is information that has been translated into a form that supports efficient movement or processing. **Performance data** is information to make management decisions about changing a current system. Performance data is used as part of **performance management** systems: the periodic monitoring and reporting of program accomplishments, particularly progress towards pre-established goals by measuring activities (process), products (outputs), and results (outcomes). Use of data in a performance management system allows programs to do the following:

- Identify what matters
- Focus on performance and results
- Determine and justify the need for appropriate resources to achieve results
- Determine who - what worker, unit, region - is successful
- Determine what practice is successful
- Determine when a program is successful

A good performance management system may use the following types of tools to accomplish QA analysis:

- Dashboards: consolidate and arrange numbers, metrics and sometimes performance scorecards on a single screen

- Benchmarking: comparing business processes and performance metrics to industry bests and best practices from like entities
- Tracking and trending: comparing and analyzing performance metrics over time to determine changes in performance

A performance management system allows programs to measure casework practice. To do so, programs must first identify critical aspects of practice and determine if they can be measured, then establish program goals or benchmarks in quantitative terms at each organizational level.

Similarly, a performance management system allows programs to measure staff performance. It is tempting to say that due to its nature social work is not measurable, but this is not true. Performance data can be a valuable resource for conversations between supervisors and employees about an employee’s development and, in programs with sophisticated data and experience in using it, can even be used as metrics in staff performance plans.

Why does measuring caseworker’s performance and casework practice matter? Because the attention or focus resulting from measurement of a process will change behavior in that process. As noted in the introduction “what gets measured gets managed.” Because changed behavior can have unintended consequences, it is important for programs to consider carefully what they are measuring and the impact it will have on staff and their performance and monitor it on a continuous basis.

Case Reading

Every APS case is different. This means that data used in performance management can only tell you so much. Consequently, a good QA system should use case reading as a complement to performance management. Indeed, if cases are scored as part of

case reading, then they can become part of the data used in performance management.

Perhaps no words strike more fear in the heart of a caseworker – APS, CPS, or any other – than “We were reading your cases and....” Anecdotally, we know the reading of case narratives is a common practice for many social service programs – often it is the key (or only) QA process for many APS programs. There is no information on how many APS programs use this approach to QA. Case reading is a powerful tool when used constructively.

Case reading can range from relatively informal or ad hoc gatherings to read and discuss cases to formalized systems in which cases are scored by independent auditors according to criteria and the results quantified for each level of the program (worker, unit, region, program). There are two primary approaches to case reading. The first is peer review. As the name implies, it is the reading of cases by peers. The second is independent review by audit teams specially dedicated to case reading.

Peer Review

Andrew Capehart (Capehart, nd) recently published an APS TARC blog post on peer review, [Quality Assurance Spotlight: Peer Review Blog](#), from which much of the following is drawn.

Peer review is defined as “the process of someone reading, checking, and giving his or her opinion about something that has been written by another scientist or expert working in the same subject area, or a piece of work in which this is done. (Cambridge Dictionary, n.d.)” The phrase is often associated with journal articles or published research studies, but it also refers to a process where professionals evaluate each other’s work product. In social services circles, it often involves a committee or group of individuals who review and discuss each other’s work and its use as a quality assurance mechanism may be undervalued.

The value of peer review is in the use of peers because they have a similar perspective to the caseworker. For example, the services available in rural areas are often quite different than those in an urban one. Is the person reviewing the case familiar with those available services? For these types of reviews, it is important that true peers -- those who really understand the challenges, resources, and dynamics in an area – are used.

The APS TARC posted a query to the APS TARC listserv for information on APS programs who are utilizing peer review and we received several responses. A common thread among all the processes observed was the use of a tool to guide the review. The tool, in the form of a checklist, includes compliance with policy requirements.

Each of these checklists typically contained four options for each area identified: Yes, No, Not Applicable, and Comments. When a peer reviewer looks to see if financial documents were gathered and reviewed, they can check the “Not Applicable” box for cases where financial exploitation was not alleged or discovered. Use of such a checklist ensures consistency and efficiency in the process of review.

When selecting cases for peer review, APS agencies reported random sampling of both open and closed cases. One state requires that eight cases, one from each member on a team, be selected for review. Half of these cases must be open, and half closed at the time of review, ensuring an even split of active and inactive cases. Another state requires a selection of cases among open and closed, substantiated and unsubstantiated cases, all of which must come from a 12-month period. Another state carries out their peer review process monthly, and another does so on an annual basis.

There is variation among who comprises the membership of the review team, though most incorporated both caseworkers and supervisors. Some require the participation of each caseworker

for a round of peer review per year. Anonymity is incorporated into the process of at least one program, which de-identifies the reviewer whose comments are reviewed by a colleague.

Peer review is one of those processes in which there can be as much value in the process as in the product; it can serve as an instructive process for investigators/caseworkers that participate in it. Peer review provides caseworkers multiple learning opportunities. The first is to see how other caseworkers document cases. This can be particularly helpful for case notes, where the style, clarity and level of conciseness can vary considerably. The second opportunity is exposure to new types of cases and to see how problems and issues were dealt with by other workers. Finally, if peer review involves discussing cases as a unit or team, the opportunity to brainstorm and think together with peers can increase caseworker critical thinking skills, improve “soft skills,” and improve the culture of the program. Peer review provides an opportunity to look for patterns and for more experienced workers to pass on insights from their experience.

Independent Case Reading

A few APS programs use independent case reading. Independent case reading requires the resources to hire independent cases readers and establish a system for documenting and constructively using the results of the case reviews. For example, for the past 14 years, the Texas APS program has had independent case reviewers that review closed cases by all workers. The Massachusetts Disabled Persons Protection Commission is a QA agency for all investigations involving individuals with disabilities and reviews all cases for four agencies before they are closed. The state of Nevada recently established independent case review that reviews a sample of open cases and researches targeted issues through case review. As is true in most other aspects of APS programs, each state has developed a system that is

unique to its mandate, resources, organizational structure, and culture.

Dedicated Outside Auditors: Example from the Field

The Disabled Persons Protection Commission (DPPC) is an independent state agency that provides oversight of all investigations of abuse of adults with disabilities in the Commonwealth of Massachusetts. Investigations are conducted by four state agencies: Disabled Persons Protection Commission, Department of Developmental Services, Department of Mental Health and the Massachusetts Rehabilitation Commission. DPPC has a dedicated Oversight Unit that reviews 100% of investigations before they are closed to ensure they meet all statutory and regulatory investigative requirements, including appropriate protective services recommendations to address and remediate risk. The Oversight Unit provides ongoing protective service follow up until safety of the person with a disability has been confirmed. Oversight Officers work closely with investigation supervisors and service providers in the field which allows DPPC’s oversight to track trends and identify areas where procedures can be improved or additional training is needed. DPPC conducts an annual statewide in service training for all four agencies to ensure adult protective service (APS) investigators are trained on policy changes and new initiatives. Recently, DPPC rebuilt its database, which went live July 2, 2020, significantly improving the overall system, communication and efficiency. Part of the rebuild included the creation of web based forms and enabling all four agencies access to the forms and applicable relational information. The forms were created by a workgroup from the leadership team of DPPC to ensure consistency and uniformity across all agencies, regardless of the population served. The leadership team currently meets weekly and discusses the recent enhancements and resultant data as well as provides ongoing training to all agencies on the usage of new forms and the streamlining processes. These quality improvements are already showing great promise in enhancing the protection of persons with disabilities.

Based on discussions with these agencies, the following describes the key principles to consider in establishing independent case review.

Establish Buy In

If the results are going to make a difference, it is important that the process have the support of field staff. You can establish this support through transparency and involvement of field staff in designing and improving the process and making the results useful to them.

Ensure Credibility of Reviews

It is essential that case review be conducted by qualified reviewers. For example, in Texas, QA analysts are experienced former APS caseworkers, supervisors, and trainers who have deep knowledge about casework policy and practice. Texas recommends when hiring for these roles to look for people who are “detail-oriented and have strong written communication skills.” The job is a particularly good fit for frontline supervisors who want to get out of management but don’t want to go back to working cases. QA analysts also need good communication skills for translating results of reviews into quality feedback for program improvement. If multiple analysts are used, the process should have a system of teamwork on complex issues and interrater reliability built in.

Create Structure

Independent case review should be built on a structured approach. Use structured assessment tools based on criteria that assess the most important aspects of program policy and philosophy. The criteria should be scored on a consistent basis as objectively as possible. The more structured the assessment, the more likely it can be converted into data to use for performance management purposes. The Appendix to this brief contains examples of states scoring criteria.

Make Results Useful

A good QA system will capture the results of case reading and convert them into useful feedback via reports that are available to workers and management. Structured reviews can generate data on performance at multiple program levels: caseworker, supervisor, region, and program. This data should a) be available at all these levels and b) be used to inform program improvements as described in the benefits section later in this brief.

What is Program Evaluation?

As defined in the Encyclopedia of Evaluation Mathison, S. program evaluation is an

applied inquiry process for collecting and synthesizing evidence that culminates in conclusions about the state of affairs, value, merit, worth, significance, or quality of a program, product, person, policy, proposals, or plan. Conclusions made in evaluations encompass both an empirical aspect (that something is the case) and a normative aspect (judgment about the value of something). It is the value feature that distinguishes evaluation from other types of inquiry, such as basic science research, clinical epidemiology, investigative journalism or public polling.

Program evaluation guru Michael Quinn Patton says that in simplest terms evaluation answers three questions:

1. **What?** What happens in programs?
2. **So what?** So what do the findings mean?
3. **Now what?** What recommendations flow from the findings?

Patton, M.Q. (2012)

Program Evaluation

The most advanced type of QA is program evaluation.

Conducting program evaluations is beyond the scope and resources of most APS programs. The text box on the preceding page provides a brief overview of program evaluation. At a minimum, APS programs may generate an annual report. The APS Guidelines recommend that “APS systems compile a written report on APS programs’ performance and make that report available to state and federal bodies and the public on a regular basis. APS program performance measures should assess programmatic aspects and service areas, to determine whether interventions were executed timely and services met clients’ needs, as well as client-centered outcomes, to determine whether clients were satisfied with the services and whether goals specific to the clients were attained. Innovative measurement strategies that allow for client variability and that are capable of tracking change on an individualized set of outcome indicators, such as goal attainment scaling, may be effective to assess client-centered APS intervention outcomes.”

Generally, a program evaluation is conducted by a research/evaluation shop within an agency or by a legislative or executive oversight entity. In recent years, the Administration for Community Living has supported the first-ever national program evaluations of APS including a “system evaluation” by the APS TARC and an “outcome evaluation” by New Editions Consulting. Overall, however, program evaluation is an area in which not much is known about current state practice.

As indicated by the ACL funded studies, there are different types of program evaluations. One broad type is a process evaluation in which a program assesses compliances with its requirements. The second broad type is an outcome evaluation. Basic program policy can define parameters for process evaluations, but this is more difficult for outcome studies (see text box on this page for discussion of outcome evaluation in APS).

Outcome Evaluations in APS

In APS, tools to measure client outcomes are still in their infancy as client outcomes are dependent on many variables, more than just the services provided by APS staff. Factors such as program funding levels, available community resources, and clients’ motivation to change are just a few of the factors that can affect client outcomes. Burns, Laches and Pillemer (2018) believe that to measure person-centered, harm reduction practices we need to move to a severity framework that measures a spectrum of change for clients rather than a bilateral measure (e.g., abuse stopped/abuse continues). We will not be able to reliably measure the effectiveness of APS interventions until we are able to do this. In the meantime, a recently funded ACL Elder Justice Innovation Grant (Pi-Ju Liu, 2019) pointed out that taking into account factors, such as client’s self-determination and service availability, is important in assessing APS client outcomes. There are proxy measures that can be used such as client recidivism rates and acceptance of service referrals to approximate client outcomes.

In conducting the evaluation of APS systems, the APS TARC developed a logic model that may be useful for states contemplating program evaluations. Logic models are used to provide a framework to understand system and process; they help to identify important aspects that should be considered in evaluations. The Appendix provides a very detailed version that is focused on process. In considering whether to use the model, remember that all models are useful but no model is perfect; you should consider how to modify the model for your purpose.

Benefits of Quality Assurance

As noted by Enola Proctor (Proctor, 2017), social work practice needs to be able to employ interventions that are reliably measured so that the field can “calibrate, calculate and communicate it’s impact.” Proctor notes that the National Task Force on Evidence-Based Practice in Social Work in 2016 recommended that social work organizations

develop quality measures. In addition, they charged social workers with promoting the implementation of quality measures in their practice settings. To this end, APS programs must deliver services that are evidence-based and have documented effectiveness. This becomes increasingly important as programs find that they need to justify both funding and staffing needs.

A formal QA process allows APS to hold staff accountable, to appropriately adjust their policies and procedures, to identify training needs and, in the end, to improve services to clients. Figure 2 illustrates that each of these benefits are interconnected. A particular QA review process may identify issues that will impact both training and policy and practice. Each benefit is described below.

Figure 2 – The Benefits of APS QA



Accountability for Staff and Program

One of the main reasons that programs implement a QA process is to determine whether staff are providing program services in the manner required by program policy. Other than program evaluation, which is generally not concerned with individual staff accountability, all QA approaches can provide insight

into staff accountability. Program evaluation will provide insight into program accountability.

Determining that an APS worker is missing deadlines (e.g., a high percentage of face-to-face interviews are completed late) or failing to complete documentation (e.g., missing forms or case narratives) can help a supervisor identify those staff who are struggling. Such APS workers may need additional case consultations. Or it is possible that their caseload may unintentionally include a high percentage of especially difficult cases such as hoarding or financial abuse cases and their workload needs to be adjusted. QA data can also identify high-performing staff who should be considered for increased responsibility such as mentoring new workers. The data generated by QA probably will not provide the definitive answer to how well individual staff are doing but it will guide supervisors and program management to the right questions to help determine how to improve staff performance.

While QA should be used constructively and not as a punitive measure, it can also identify APS workers who are not completing their work and are a liability to the program. For example, one program noted that early in the development of their QA program they uncovered a worker who, out of 120 cases reviewed, had not substantiated a single case. Their normal substantiation rate is 20%. This example points out the potential interrelated nature of the approaches in the Hierarchy of QA Needs. If performance management had been part of the program's QA process, then it would not have required the serendipity of case reading to catch such a serious problem.

Policy and Practice Improvements

To improve policy and practice, APS programs need to know how well staff are complying with policy and if they are not complying, why that is the case. A QA process, through performance management and case

reading, can provide data on compliance with policy. By looking at trends in data, programs may find that their current policy is not clear to staff, has established an impractical standard, or that practice in important areas is inconsistent.

For example, in one state staff thought they had 30 days from the date of the face-to-face interview to determine whether the abuse had occurred. However, the policy was not clear, and they were required to make a case determination within 30 days of opening the referral. A memo had to be provided to staff to clarify the policy.

The only way to know if policy and practice requirements are being met is if casework is adequately documented. Since many aspects of policy and practice can be measured, performance management can reveal on a systemic level the extent of compliance with them, from the caseworker to the program as a whole. Performance management will reveal objective patterns of non-compliance. Case reading will reveal more subjective assessments of non-compliance with policy and should provide an opportunity for constructive dialogue about problems with policy. When a program discovers concerns with a policy or practice area, then a program evaluation may help figure out the root causes of the problem and how to address it.

Identify Training Needs

Failure to follow program requirements may not reflect poor performance by individual staff or poor policy and procedure; it may be that staff have not been adequately trained in a particular area. QA feedback should inform training, including the informal training provided by supervisors to their caseworkers, the ad hoc training or communication provided by the program on areas of deficiency, and ultimately the curriculum of basic program training.

All training programs should address the importance of and methods to document casework. Any patterns in program non-compliance revealed through performance management should be addressed in training. Case reading is ultimately about providing feedback to case workers to identify their training needs. Finally, any program evaluation should gear some recommendation to the training needs of staff.

Improved Services for Clients

There are many reasons not explored here why it is difficult to measure outcomes for APS clients. Improvement in policy and training will (indirectly) result in improved outcomes for clients. This complexity means most QA approaches other than program evaluation do not directly evaluate client outcomes. Generally, it is easier to measure process or proxy measures for outcomes than true long-term outcomes. Even if true outcomes are difficult to measure, APS programs can determine whether APS workers are using processes that are expected to lead to improved outcomes. For example, a program can measure whether a client's rights to self-determination was honored (e.g., did they participate in the development of the service plan). Ultimately, improved program compliance should result in improved outcomes for clients. An exception is identification of individual cases in case reading in which a client may have been left in a state of maltreatment that may require follow-up action.

Considerations in Developing a QA Process

Once a program determines that they want to have a QA program, they should develop their process. You can read how Nevada developed their QA program in their [blog](#), Steps of Developing a QA Process. Texas has also written a [blog](#) on how their process works. Based on conversations with these and other states,

this section addresses a number of key questions programs should consider in implementing a QA process.

benefits and key considerations of each step of the QA Hierarchy. This will help programs decide what they should implement and how they should implement it.

Why Conduct a QA Process?

The program needs to determine its reasons for implementing a QA process. Table 1 outlines the

Table 1 – Benefits and Key Considerations in QA Approaches

	Purpose and Benefit	Considerations
Documentation	Provide essential information for all other approaches listed below.	Should be monitored as part of the QA process.
Supervisor Review	Ensure individual case quality for worker accountability and improve services for clients.	Should be documented in system to identify patterns.
Performance Management	Assess case quality across multiple cases to ensure worker accountability and identify needed areas of improvement in policy/practice and training.	Requires system to capture, report, and use data.
Case Reading	Assess case quality across multiple cases to ensure worker accountability, identify systemic areas of needed improvement in policy/practice and training, and provide “soft” feedback to caseworkers on opportunities for personal improvement.	Should review all workers but can target as needed. Can focus on special issues.
Program Evaluation	Assess case quality in program areas targeted for improvement through mixed methods research to identify needed improvement in policy/practice, training, and services for clients.	Use multiple and mixed methods (e.g., performance data, focus groups).

Who to Include in Establishing a QA Process?

Both Texas and Utah emphasized – and good management in general indicates -- that a QA system should be developed with maximum possible participation by all levels of the program. A QA program should meet management’s needs while also reflecting caseworker’s reality. It is helpful, as Utah noted, to work with a committee made up of various levels of staff so that everyone’s perspective is included. The selection of review criteria and levels

should reflect a consensus among program staff about what is important and what performance levels are realistic. A committee that consists of various staff levels also helps to develop buy-in among those various levels.

What Should Be Reviewed in a QA Process?

It is not possible to measure everything or everyone involved in an APS program; therefore, APS programs must decide what to measure in a QA process. In

making this decision, the following questions are important:

1. What are most important policies, practices, and outcomes (process or client) that we want to achieve?
2. What is most reflective of our values?
3. What is most practical or realistic (i.e., most feasible/least burdensome)?
4. What is most usable for the benefits outlined above?
5. What is most scientifically valid and reliable to the maximum extent possible (e.g., is your sample size sufficient)?

Programs generally measure compliance with timelines, documentation, and investigation policies (e.g., who was interviewed, what evidence was collected). They also measure completeness of the assessment, decision points (e.g., at intake, case disposition, case closure), appropriateness of the service plan, and program impacts. Measurement of these metrics allow program administrators to evaluate gaps in services and resources. For example, one state's metrics demonstrated higher than average out of home placements in a specific county. When evaluated, administration learned that the county did not have in-home services which, if available, could have kept clients in their own homes longer. This type of information, backed by the metrics, allows management to inform funding sources of these gaps.

Review criteria must be limited. Selecting them is inherently a process of prioritizing what you think are the most important policies and procedures and values. For example, is starting the investigation quickly more important than getting an accurate case finding? Is collecting the correct evidence less important than a complete assessment? Can you even do a complete assessment without all the evidence? Many of these elements are intertwined but those elements that programs decide to measure

will be more important to APS workers and will draw their focus.

Finally, programs need to keep abreast of the latest research to ensure that the measures they are using are scientifically valid. Research on adult abuse is accelerating and more information is available now than what we have had in the past.

Who to Review in a QA Process?

Ideally, a QA system will review the entire system and not a subset of caseworkers. However, the amount of resources dedicated to QA and the steps used will determine which caseworkers to review. While most QA programs prioritize reviewing the cases of new caseworkers, this is of limited usefulness for overall caseworker accountability and informing potential policy and practice and training changes. Additionally, as noted by one long-serving administrator, programs find that some of the more seasoned workers struggle because they “already know how to do APS” and do not keep up with new rules, are resistant to change, and may have suffered from burnout. Many programs review at least some portion of the cases for all workers. This decision may also change once the QA program is up and running if, for example, the program identifies a particular worker/unit/region that appears to be struggling or whose results are out of sync with the rest of the state.

How Much to Review (% of Cases) in a QA Process?

Once the decision is made as to which APS workers to review, the next questions to ask is how many cases to review. Again, this is a decision dependent upon resources. For example, the program might decide to review 100% of the cases of new workers but only 20% of cases of experienced workers. Peer review case readings, obviously, will only read a limited sample of cases. It may be helpful to target certain types of problematic cases for peer review,

Feedback Loops: Examples from The Field

The Texas Department of Family and Protective Service

The Texas APS program designated 2019 the Year of the Supervisor and conducted activities with supervisors to ensure that the Texas QA process results in improved practices. These activities included QA staff reading cases with supervisors to help them understand what QA staff are checking for during the case reviews. They met with the staff of each unit to provide training and games around the assessment process. They provided written unit analysis to supervisors about strengths and areas to improve, and, QA staff met with each Program Administrator and supervisor to improve performance and in some areas develop Program Improvement Action Plans.

In discussing these QA activities, Theresa Pena recommends that programs not “manage to the numbers.” It is important to keep communication very clear by focusing on the clients and the quality of the services. The numbers are a starting point, not an ending point.

Nevada Department of Health & Human Services, Aging and Disability Services Division

Nevada has a quarterly Case File Review (CFR) meeting with staff. During that meeting, QA staff introduce One “Shoutout” (e.g., areas that have shown improvement) and four “Questions to Think About” (e.g., areas where data raises questions). The QA team then provides a policy review for the issues in question by providing the relevant regulation sections. They also discuss best practices.

Next, they review the CFR instructions to ensure that questions are being interpreted and answered consistently statewide. They show meeting participants where the information is to be input into their case management system. Then they review the data. The findings chart they provide shows the monthly totals of cases reviewed, applicable cases, and cases that did not apply. They provide a slide with thresholds for each question and with a graph of monthly averages showing changes. They discuss the questions to think about and possible remedies. Based on this information, the QA team may provide staff with a training memo.

Over the period that they have been conducting quarterly CFR meetings, they have had to adapt the process to target just a few areas at each meeting. Trying to review all case data was found to dilute the resulting improvements.

such as those involving polyvictimization or those that have repeatedly been reported to APS. Conversely, review by independent case readers should focus on a sample of cases is that is as representative and statistically valid as possible given resources. Random sampling will improve the validity of results.

What Do We Do with the Information from a QA Process?

Any system thrives or dies based on the nature of its feedback loops. QA – either informally or formally – is a critical feedback loop in a social service program. QA can create either a constructive or destructive feedback loop. A constructive feedback loop is one that is focused on critical areas and provides information transparently derived to make positive change. A destructive feedback loop is one that uses information to negatively criticize random aspects of performance. The text box on this page provides two examples of how programs have created positive feedback loops.

Another practical consideration is what to do with critical errors made by staff that may pose a threat to the client’s safety and well-being. For example, a caseworker may have missed an important interview, allegation, or follow-up which might have changed the course of the investigation, assessment, or intervention and may have put a client at risk of further maltreatment. Programs must decide what actions are to be taken when critical errors are found. This includes having the primary worker complete additional activities under close supervision, assign the case to another worker from the supervisory unit or whether a worker in another region or county needs to be assigned to remediate the case.

Conclusion

This brief discussed various types of QA, the benefits of QA, questions to consider when developing a QA process or program. APS programs need to be able to demonstrate which policy and procedures, practices, and interventions lead to improved client outcomes. QA offers both a challenge and an opportunity for APS programs. The challenge is that each state must develop a QA program that measures the unique aspects of their program, based on their state's

regulations and funding. The opportunity provided by QA is that, with 56 different states, district and territories each practicing APS in different ways, we have essentially created a rich and incredibly nuanced experiment as to what are the best ways to address adult maltreatment. The APS TARC is committed to continuing to help states enhance their effectiveness through improved QA processes. Please contact us if you are interested in further discussion of this vital topic or may be interested in a state-specific workshop on the topic.

Follow the APS TARC on Social Media!



The National Adult Maltreatment Reporting System and the Adult Protective Services Technical Resource Center is a project (HHSP 2332015000421) 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

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Appendix - Quality Assurance in Adult Protective Services

Context	Inputs/Resources	Activities	Activity Metrics	Expected Results		
<ul style="list-style-type: none"> Older adults and adults with disabilities are subject to maltreatment—abuse, neglect and exploitation (ANE)—by others or through self-neglect. Allegations of ANE are reported to APS agencies by family members, professionals (e.g., bank or doctor) and the general public. Under state law, APS agencies, often in partnership with the community and experts, investigate ANE, provide protection from harm, and address causes of ANE, while respecting the values of person-centered/self-determined service planning and use of least restrictive appropriate setting for services. APS programs are usually part of an “aging” or social services/protective agency. Some are state-administered, and some are county-administered programs. 	<p>APS staff</p> <ul style="list-style-type: none"> Intake Investigative or service worker Supervisor Management <p>Consultative experts</p> <ul style="list-style-type: none"> Physical and mental health Forensic (accounting, investigation) Multi-disciplinary teams (MDT) Legal staff <p>Community partners</p> <ul style="list-style-type: none"> Aging network Protection and advocacy Law enforcement/DA Guardianship programs Non-profit agencies <p>Operational supports</p> <ul style="list-style-type: none"> Policies and procedures Case management, reporting, and accounting system(s) Hiring and training staff Standardized assessment tools Other technology supports Funding for services <p>Legal and ethical process to:</p> <ul style="list-style-type: none"> Protect alleged victim’s rights Provide alleged perpetrator due process Institute program values 	<p>Obtain information from reporter Provide information, refer to other agency, or accept intake</p>	<p>Intake</p> <p># of reports (intakes) screened in # of reports (intakes) screened out/referred</p>	<p>Information to reporter Appropriate intakes Appropriate referrals</p>		
		<p>Initiate: prioritize risk, contact AV, assess emergency needs, and take emergency protective action (if needed)</p> <p>Assess AVs: disability status, decision-making capacity (non-legal and/or legal), formal and informal support systems, social and health needs, physical environment, and financial status.</p> <p>Interview: AV, AP, collaterals</p> <p>Collect physical evidence (medical, financial, etc.)</p> <p>Consult with supervisor and appropriate experts and teams</p> <p>Determine finding and communicate results</p> <p>Make service recommendation</p>	<p>Investigation</p> <p># of initial alleged victim contacts # 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 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</p>	<p>AV is safe and no longer in state of ANE</p> <p>Risk from perpetrator addressed</p> <p>Referrals to other entities (e.g., regulatory programs, law enforcement)</p>		
		<p>Obtain agreement and implement service plan</p>	<p>Post Investigation Services</p> <p># of alleged victims accepting services, refusing services # of MDT referrals</p>	<p>AV: • Is safe • Has reduced long-term risk for ANE</p>		
		<p>Refer to community partners or purchase services</p>	<p>Amount of purchased services and community resources accessed # of referrals # of placements # of client contacts</p>			
		<p>Monitor status of victim and services</p>				
		<p>Quality Assurance</p>				
		<p>Document investigation/service Review/approve for closure Conduct QA process</p>	<p>% cases documented timely # of supervisor approvals # of fatality reviews # of cases reviewed for QA</p>	<p>Quality of investigations and services is maintained or improved</p>		