HCBS Conference 2021
A Preliminary Look at How APS is Using Formula-Funded Grants

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Agenda

• Background
• Process
• Themes and Ideas
BACKGROUND
ACL’s Vision for Elder Justice

A comprehensive, multidisciplinary approach that effectively supports older adults and adults with disabilities so they can exercise their right to live where they choose, with the people they choose, and fully participate in their communities without threat of abuse, neglect, or financial exploitation.
ACL’s Elder Justice Portfolio

Legal Services
- Title III-B
- National Center for Law & Elder Rights
- Legal Assistance Enhancement Program

Income Security
- Pension Counseling Projects
- National Pension Assistance Resource Center

APS
- State Grants to Enhance APS
- Voluntary Consensus Guidelines for APS
- NAMRS
- National APS Resource Center
- Formula Grants

LTCOP
- Office of the Nat’l LTC Ombudsman
- LTC Ombudsman Resource Center

Elder Abuse
- Title VII
- EJ Innovation Grants
- Late Life Domestic Violence
- Elder Abuse Prevention Grants
- NCEA
- World Elder Abuse Awareness Day
History - Elder Justice Act

• Elder Justice Act passed in 2010
  – Authorizes formula grants along with demos
  – No appropriation for formula funding
• Elder Justice State Grants begin in 2015
  – 11 awards in 2015
  – 13 awards in 2016
  – 14 awards in 2018
  – 10 awards in 2019
  – 2 awards (focused on opioids) in 2020
History - COVID-Related Legislation

• Coronavirus Relief and Response Supplemental Appropriations Act (CRRSA) passed in December 2020 ($93.88 mil)
• CRRSA funds were distributed in April 2021
• American Rescue Plan Act (ARPA) passed in March 2021 ($276 mil over two years)
• ARPA FFY21 funds were distributed in August 2021
Purpose of Funding

• For States to enhance and improve Adult Protective Services
Scale

- $93.88 mil to 56 APS programs in April (CRRSA)
- $85.14 mil to 55 APS programs in August (ARPA FFY21)
- $183.65 mil to APS programs in FFY22
- Total discretionary grants budget for OJEAPS without formula grants: $15 million
ACL’s Robust Support for State APS Programs - Distribution and Monitoring

- Federal Register Notice
  - Letter of Assurance
  - Initial Spend Plan
- Regular Project Officer Check Ins
- Operational Plans (ARPA)
- Technical Assistance via Project Offices and the APS TARC
- Fiscal and Programmatic Reporting
More about ACL Support for State APS Programs - 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.
Subject Matter Experts

- Ongoing support from recognized experts with experience in:
  - Working for APS programs
  - Targeted areas/themes
  - Technology
3-5 Year Operational Plans

• Specific plans that show the vision for APS and how programs plan to use the ARPA funds, both FFY21 and FFY22 to make progress towards the vision

• Technical Assistance
  – Webinars
  – Toolkit of templates and other resources
  – Hands on TA from SMEs
Webinars & Briefs

• Webinars for APS formula-funded grantees
  – Aligned with spend plan topics
  – Responsive to expressed needs
  – Sharing info on promising practices
  – Providing deep technical assistance on APS operational plans, as required for ARPA funding
Other Activities

• Huddle collaboration space
• Listening & networking sessions
  – Common themes identified from spend plans
  – Common issues
  – Organizational Structure
THEMES AND IDEAS
Themes from the Spend Plans

- Direct services to clients
- Emergency housing/shelter
- Training
- Technology
- Equipment
- Case management
- Public awareness
- Working with tribes
- Consultative experts
### APS Logic Model


<table>
<thead>
<tr>
<th>Context</th>
<th>Inputs/Resources</th>
<th>Activities</th>
<th>Activity Metrics</th>
<th>Expected Results</th>
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<tbody>
<tr>
<td>Older adults and adults with disabilities are subject to maltreatment—abuse, neglect and exploitation (ANE)—by others or through self-neglect.</td>
<td>APS staff: Intake, Investigative or service worker, Supervisor, Management</td>
<td>Obtain information from reporter Provide information, refer to other agency, or accept intake</td>
<td># of reports (intakes) screened</td>
<td>Information to reporter Appropriate intakes Appropriate referrals</td>
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<tr>
<td>Allegations of ANE are reported to APS agencies by family members, professionals (e.g., bank or doctor) and the general public.</td>
<td>Consultative experts: Physical and mental health, Forensic (accounting, investigation) Multi-disciplinary teams (MDT), Legal staff</td>
<td>Initiate; prioritize risk, contact AV, assess emergency needs, and take emergency protective action (if needed) Assess AV’s disability status, decision-making capacity (non-legal and/or legal), formal and informal support systems, social and health needs, physical environment, and financial status. Interview: AV, AP, collateral Collect physical evidence (medical, financial, etc.) Consult with supervisor and appropriate experts and teams Determine finding and communicate results Make service recommendation</td>
<td># of initial alleged victim contacts # of legal protective actions # of alleged victims receiving emergency 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</td>
<td>AV is safe and no longer in state of ANE Risk from perpetrator addressed Referrals to other entities (e.g., regulatory programs, law enforcement)</td>
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<td>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, person-determined service planning and use of least restrictive appropriate setting for services.</td>
<td>Community partners: Aging network, Protection and advocacy, Local mental health services, Non-profit agencies</td>
<td>Post-investigation Services</td>
<td>Obtain agreement and implement service plan Refer to community partners or purchase services Monitor status of victim and services</td>
<td>AV is safe. Has reduced long-term risk for ANE</td>
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<td>APS programs are usually part of an “aging” or social services/protective agency. Some are state administered, and some are county-administered programs.</td>
<td>Operational supports: Policies and procedures Case management, reporting, and accounting system(s) Hiring and training staff Standardized assessment tools Other technology supports</td>
<td>Quality Assurance</td>
<td>Document investigation/service Review/approve for closure Conduct QA process</td>
<td>Quality of investigations and services to maintained or improved</td>
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<td>Funding for services Legal and ethical process to: Protect alleged victim’s rights Provide alleged perpetrator due process Institute program values</td>
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Exciting Examples

- Direct sub-awards to Tribal governments to support their APS programs
- A “shared services network” of experts for counties to tap into as needs in a county administered state
- Expanding participation in multi-disciplinary teams
- Elder shelter model with wrap around services
- Partnerships to better respond to adults who have experienced or are at risk of experiencing abuse
Investment in Infrastructure

• Technology for staff for remote work
• Expanding/enhancing/creating case management systems and quality assurance data collection
• Training for staff and bringing on new staff
• Direct services to APS clients
More to Come

• First CRRSA fiscal reports came in at the end of October
• First CRRSA programmatic reports due next spring
• First FFY 21 ARPA fiscal and programmatic reports due next year
• ARPA FFY 22 distributions
• APS of the future envisioned in 3-5 year operational plans
Want to Talk more?  
Have Questions?  
Email us at aps@acl.hhs.gov
Thank you!