ACL’s Vision for Elder Justice

Coordinated Integrated Holistic

Prevention

Early Intervention

APS

Services for Victims; Perpetrator Accountability
How ACL Uses Data to Improve APS Systems

Use data, evaluation, and research to:
• Determine service innovations.
• Implement best practices.

Have resources and processes to systemically:
• Meet the needs of state and local APS programs.
• Move the APS system forward.
Data Empowers
Challenges in Understanding APS Systems

- Wide variability across and within state and local APS programs

- Historically, no national performance data and inconsistent state data

- No prior comprehensive evaluation on a national scale about state systems

- Lack of theoretical frameworks for analyzing APS

- Efficacy and outcomes are difficult to define and measure
Data allow us to:

- identify what matters
- focus on performance and results
- determine and justify the need for appropriate resources to achieve results

Data help us know:

- **who** [worker/unit] is successful
- **what** [practice] works
- **where** [county] we are successful
- **when** we are successful
The goal of NAMRS is to collect consistent, accurate national data on the exploitation and abuse of older adults and adults with disabilities, as reported to state APS agencies.
Why ACL Implemented NAMRS

Data is the key to unlocking many doors to improving APS services.

- Broader understanding of what APS does
- Advocacy for resources and improvement
- Research and evaluation
- Best practice and service innovation
How NAMRS Benefits States

• Provides a framework, based on national experts, of what data is important to APS programs

• Process of providing data creates opportunities to self-examine and improve
  – The detailed data reports from their NAMRS portal provides program insight.
  – Creates opportunities for states to refine and enhance APS data collection systems
  – Beginning next year, data will probably be available for cross-state comparisons to identify opportunities for program improvement
Data for Performance Improvement

- APS system – NAMRS
- APS program
  - State
  - County/Region
- APS unit/supervisor
- APS worker
Three-Step Process for Using Data

**Accountability** – Is performance at all program levels meeting defined (or undefined) expectations?

**Practice improvement** – Is the quality of individual aspects of casework meeting defined (or undefined) expectations?

**Program improvement** – How can management improve performance based on systemic analysis of performance?
Using Data to Improve Accountability

Determine if performance is meeting defined (or undefined) expectations by…

1. Measuring casework practice
   2. Measuring staff performance

and
Using Data to Improve Practice

1. Report to external and/or internal stakeholders.

2. “What gets measured gets …moved, done, managed, changed, rewarded, improved…whatever, it makes a difference.”
The management idea is fairly ubiquitous and simple:

What gets measured gets … moved, done, managed, changed, rewarded, improved”

The attention or focus resulting from measurement of a process will change behavior in that process.

So ask yourself: What process do you want to improve (behavior you want to change) and can you measure it?
### APS Durations

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Duration</th>
<th>Investigation Stage</th>
<th>Service Delivery Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2006</td>
<td>124.6</td>
<td>66.8</td>
<td>57.8</td>
</tr>
<tr>
<td>FY2007</td>
<td>122.5</td>
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<td>51.8</td>
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<td>FY2008</td>
<td>102.9</td>
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<tr>
<td>FY2010</td>
<td>95.9</td>
<td>50.9</td>
<td>45.0</td>
</tr>
<tr>
<td>FY2011</td>
<td>84.3</td>
<td>42.9</td>
<td>41.4</td>
</tr>
<tr>
<td>FY2012</td>
<td>76.9</td>
<td>39.2</td>
<td>37.7</td>
</tr>
</tbody>
</table>
Using Data to Improve Performance

1. Review program performance holistically and systemically across the organization using tools
   - Dashboards
   - Benchmarking
   - Tracking and trending

2. Measure effectiveness of policy and practice changes

3. Use data as part of ongoing quality assurance process

4. Measure compliance with program requirements

5. Assess what makes a difference
## Improving APS Performance

<table>
<thead>
<tr>
<th>Unit</th>
<th>Investigation Duration</th>
<th>Service Duration</th>
<th>Total Duration</th>
<th>% Investigation Substantiation Rate</th>
<th>% Investigation Progressed Service</th>
<th>Rapid Closure Rate</th>
<th>Recidivism Rate</th>
<th>Supervisor Rejection Rate</th>
<th>Average Daily Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25</td>
<td>27</td>
<td>52</td>
<td>80%</td>
<td>58%</td>
<td>11%</td>
<td>23%</td>
<td>7%</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>37</td>
<td>35</td>
<td>72</td>
<td>75%</td>
<td>44%</td>
<td>18%</td>
<td>16%</td>
<td>4%</td>
<td>23</td>
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<tr>
<td>3</td>
<td>35</td>
<td>39</td>
<td>74</td>
<td>63%</td>
<td>39%</td>
<td>27%</td>
<td>18%</td>
<td>9%</td>
<td>24</td>
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<td>4</td>
<td>32</td>
<td>35</td>
<td>67</td>
<td>78%</td>
<td>65%</td>
<td>44%</td>
<td>22%</td>
<td>12%</td>
<td>22</td>
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<tr>
<td>5</td>
<td>30</td>
<td>43</td>
<td>73</td>
<td>78%</td>
<td>59%</td>
<td>11%</td>
<td>21%</td>
<td>7%</td>
<td>22</td>
</tr>
<tr>
<td>2018 Total</td>
<td>31.8</td>
<td>35.8</td>
<td>67.6</td>
<td>75%</td>
<td>53%</td>
<td>22%</td>
<td>20%</td>
<td>8%</td>
<td>22.2</td>
</tr>
<tr>
<td>2017</td>
<td>40</td>
<td>39</td>
<td>79</td>
<td>70%</td>
<td>49%</td>
<td>13%</td>
<td>18%</td>
<td>8%</td>
<td>31</td>
</tr>
<tr>
<td>2016</td>
<td>41</td>
<td>43</td>
<td>84</td>
<td>69%</td>
<td>47%</td>
<td>13%</td>
<td>17%</td>
<td>9%</td>
<td>31</td>
</tr>
<tr>
<td>2015</td>
<td>45</td>
<td>51</td>
<td>96</td>
<td>70%</td>
<td>49%</td>
<td>12%</td>
<td>15%</td>
<td>9%</td>
<td>33</td>
</tr>
<tr>
<td>2014</td>
<td>48</td>
<td>51</td>
<td>99</td>
<td>73%</td>
<td>52%</td>
<td>12%</td>
<td>16%</td>
<td>11%</td>
<td>30</td>
</tr>
<tr>
<td>2013</td>
<td>49</td>
<td>54</td>
<td>103</td>
<td>73%</td>
<td>51%</td>
<td>12%</td>
<td>13%</td>
<td>11%</td>
<td>36</td>
</tr>
<tr>
<td>2012</td>
<td>52</td>
<td>71</td>
<td>123</td>
<td>74%</td>
<td>51%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
<td>51</td>
</tr>
<tr>
<td>2011</td>
<td>58</td>
<td>67</td>
<td>125</td>
<td>75%</td>
<td>52%</td>
<td>12%</td>
<td>13%</td>
<td>12%</td>
<td>53</td>
</tr>
</tbody>
</table>
Managing with Data

Data is a means, not the ends, to improving outcomes for clients

Data helps you to ask the right questions, but rarely provides definitive answers on how to improve performance

The rewards are worth the effort, but pay attention to potential unintended consequences
State – National Comparison
Length of Investigation
Duration

State average is 32 days; national is 54.6
State – National Comparison Disposition by Type

Inconclusive

Other*

Substantiated

Unsubstantiated

Percent of Clients
State – National Comparison Percentage Change in Investigations from Previous Year
APS Process Evaluation Using NAMRS Data: Why Evaluate APS?

**Program Improvement:** There is a lack of fundamental knowledge and understanding about the nature and scope of APS programs.

**Initiative Improvement:** An evaluation of APS complements other federal efforts, particularly NAMRS and the *Voluntary Consensus Guidelines for State APS Systems*.

**System Improvement:** Program evaluation will create the framework and knowledge base to move the APS system forward.
The rate of reports to APS per 1,000 eligible adults in the population ranged from 1.4 to 34.9 reports, with a mean of 14.

Source: NAMRS Agency Component and US Census
States with less stringent standards of evidence associated with a higher percentage of reports substantiated.
Shorter maximum response time, shorter investigation completion time, and use of standardized assessment tools associated with a higher percentage of victims receiving services.
APS Data Is Being Used in Predictive Analytics

**Purpose**
Using the National Adult Maltreatment Reporting System (NAMRS) data and other publicly available data sources, experiment with machine learning approaches to better understand the nature of risk among APS clients.

**Approach**
- Contract with data scientists to develop machine learning tools
- Use APS TARC (WRMA) to provide research and support
- Convene a Technical Expert Panel to provide insight and guidance
## PRAM Phases and Goals

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goals:</td>
<td>• Goals:</td>
</tr>
<tr>
<td>• Understand prior and current use of predictive analytics, machine learning, and AI in similar fields</td>
<td>• Develop predictive analytic models (and/or tools) and algorithms that could be used as a protocol to identify <strong>individual-level</strong> risk factors of adult maltreatment.</td>
</tr>
<tr>
<td>• Identify risk and protective factors associated with adult maltreatment and identify data sources that contain these features</td>
<td>• Specifically testing performance metrics association with prediction of the likelihood an APS case is to be substantiated and/or recur in the APS system.</td>
</tr>
<tr>
<td>• Experiment with developing machine learning models to predict risk of adult maltreatment at the <strong>county level</strong>.</td>
<td>• Develop models with additional data sources.</td>
</tr>
</tbody>
</table>
Predictors of Self-Neglect

- not explained, 50.8%
- access to services, 17.6%
- healthcare access, 1.9%
- health behaviors, 3.6%
- SES, 3.7%
- NAMRS, 8.2%
- living arrangement, 2.1%
- adult citizenship, 2.0%
- other, 10.1%

Model Target: Self-Neglect
PRAM has identified two potential initial use case scenarios.

<table>
<thead>
<tr>
<th>Research Question (or problem we want to address)</th>
<th>Example of potential findings</th>
<th>Use case</th>
</tr>
</thead>
<tbody>
<tr>
<td>For cases referred to APS, can <strong>substantiation</strong> be predicted?</td>
<td>Identify predictors of an APS referral becoming a substantiated case</td>
<td>Develop an algorithm to predict likelihood of prediction or substantiation that can assist with decision-making or quality assurance existing APS practice.</td>
</tr>
<tr>
<td>For cases referred to APS, can <strong>recurrence</strong> be predicted?</td>
<td>Identify predictors of recurrence as an APS case after previous case resolution.</td>
<td>Develop an algorithm to predict likelihood of prediction or recurrence that can assist with decision-making or quality assurance existing APS practice.</td>
</tr>
</tbody>
</table>
NAMRS Data Used to Assess Preliminary Impact of COVID on APS

<table>
<thead>
<tr>
<th>FFY Year</th>
<th>Category</th>
<th>Number of Reports</th>
<th>Percentage of Reports</th>
<th>Number of Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Accepted</td>
<td>820,000</td>
<td>62.3%</td>
<td>793,592</td>
</tr>
<tr>
<td></td>
<td>Not Accepted</td>
<td>495,992</td>
<td>37.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,315,992</td>
<td></td>
<td>793,592</td>
</tr>
<tr>
<td>2020</td>
<td>Accepted</td>
<td>773,053</td>
<td>58.3%</td>
<td>767,119</td>
</tr>
<tr>
<td></td>
<td>Not Accepted</td>
<td>552,123</td>
<td>41.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,325,176</td>
<td></td>
<td>767,119</td>
</tr>
<tr>
<td>Change</td>
<td>Accepted</td>
<td>-46,947</td>
<td>-4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Accepted</td>
<td>56,131</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>9,184</td>
<td>-26,743</td>
<td></td>
</tr>
</tbody>
</table>
For FFY 2020 overall, the total number of APS investigations decreased slightly. The number of investigations decreased in the early stage of the pandemic compared to the previous year.

Number of APS Investigations in 2019 and 2020 by Month
Reports from professionals decreased during the pandemic both as a percentage and in absolute numbers, while reports from relatives decreased in absolute numbers but increased as a percentage.
The percentage of self-neglect cases increased during the early months of the pandemic.

Percent of Self-Neglect Allegations in 2019 and 2020 by Month

- January 2019: 65.5%
- February 2019: 66.3%
- March 2019: 66.5%
- April 2019: 66.1%
- May 2019: 67.0%
- June 2019: 67.9%
- January 2020: 66.2%
- February 2020: 67.7%
- March 2020: 69.4%
- April 2020: 70.2%
- May 2020: 71.3%
- June 2020: 71.6%
LONG-TERM CARE OMBUDSMAN
Ombudsman Overview

- Older Americans Act Title VII
- Ombudsman Rule
  - Functions & responsibilities of the State Ombudsman
  - State agency responsibilities related to Ombudsman program
  - Responsibilities of local host agencies
  - Duties of representatives
Program Requirements

- Identify, investigate, and resolve complaints made by or on behalf of LTC facility residents
- Provide information to residents about LTSS
- Ensure that residents have regular and timely access to ombudsman services
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents
- Analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents
Ombudsman Overview: State

Location of State LTCO Office

- State unit on aging
- Inside state government other agency
- Inside state government, stand-alone agency
- Outside state government within a non-profit agency
- Outside state government in a stand-alone non-profit agency
Ombudsman Overview: Local

Location of Local Ombudsman Entities

- Area agency on aging (AAA)
- Non-profit agency, with 501(c)(3) status
- Legal services provider
- Stand-alone non-profit agency
- There are no local Ombudsman entities
- Other

Bar chart showing the distribution of local ombudsman entities.
National Ombudsman Reporting System

- Older Americans Act Performance System (OAAPS)
- Annual
- Federal Fiscal Year 2020 Updates
NORS Goals

• Enhance ACL’s ability to understand and report
  ▪ LTCO program operations
  ▪ Experience of long-term care facility residents

• Updated to reflect changes
  ▪ LTC Ombudsman program operations
  ▪ Long-term services & supports policies, research, and practices
NORS Simplified

• Complaint Categories
  ▪ Reduced number of complaint types
• Complaint Disposition
  ▪ Reduced number of options
• Activities
• Structured Narrative
• Conflicts of Interest
Data Collection & Access

• Ombudsman representatives use information systems to
  ▪ Document cases and complaints received and investigated
  ▪ Track other program activities
    ○ Visits to facilities, information and assistance, participation in resident and family councils, etc.

• Data available on ACL’s AGID website
Data Available through NORS

• **Total counts of:**
  - Cases opened and closed
  - Complainants
  - Facilities and beds (nursing facilities and residential care communities)
  - Facilities visited and visits

• **Complaint details:**
  - Category and type
  - Source (i.e., resident, relative/friend, ombudsman, facility staff)
  - Setting
  - Verification
  - Disposition

• **Program information:**
  - Organizational structure
  - Staff
  - Funding
  - Volunteers & hours
  - Conflicts of interest

• **Narratives:**
  - System issues
  - Case examples

• **Other Activities**
Using NORS Data

- Assist consumers
- Justify budgets
- Inform policy
- Respond to media requests
- Program planning
- Quality assurance
Data Examples
Complainant Analysis

Abuse: Physical All Settings

- Total per Complaint Code
- Total per Complaint Code
- Complaint Dispositions Resolved/Partially Resolved
- Complaint Dispositions Withdrawn
- Complaint Dispositions Not Resolved

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A01 = Abuse: physical</td>
<td>7,750</td>
</tr>
<tr>
<td>Resident</td>
<td>609</td>
</tr>
<tr>
<td>Res rep</td>
<td>615</td>
</tr>
<tr>
<td>Ombudsman program</td>
<td>43</td>
</tr>
<tr>
<td>Facility staff</td>
<td>5,154</td>
</tr>
<tr>
<td>Other agency</td>
<td>1,102</td>
</tr>
<tr>
<td>Concerned person</td>
<td>97</td>
</tr>
<tr>
<td>Re/Fam council</td>
<td>10</td>
</tr>
<tr>
<td>Unknown</td>
<td>120</td>
</tr>
</tbody>
</table>
Complainant Analysis (2)

**Visitors**

- **Total per Complaint Code**
  - Resident: 428
  - Ombudsman program: 320
  - Facility staff: 51
  - Concerned person: 57
  - Unknown: 380

- **Resolved/Partially Resolved Complaint Dispositions**
  - Resident: 2,550
  - Ombudsman program: 1,796
  - Facility staff: 51
  - Concerned person: 57
  - Unknown: 380

- **Withdrawn Complaint Dispositions**
  - Resident: 1,796
  - Ombudsman program: 374
  - Facility staff: 51
  - Concerned person: 57
  - Unknown: 380

- **Not Resolved Complaint Dispositions**
  - Resident: 1,796
  - Ombudsman program: 374
  - Facility staff: 51
  - Concerned person: 57
  - Unknown: 380
Complaint Analysis

Admission Transfer/Discharge

- C. Admission, Transfer, Discharge, Eviction: 15,292
- C01. Admission: 971
- C02. Appeal process: 503
- C03. Discharge or eviction: 11,834
- C04. Room issues: 1,984

Legend:
- Red: Total per code
- Blue: Resolved/Partially Resolved
- Gray: Withdrawn
- Black: Not Resolved
Complaint Analysis (2)

• Referrals for transfer, discharge, eviction:
  – Licensing & Certification 7% (1095)
  – Legal Services 3% (492)
  – Other 3% (460)
  – APS 2% (230)
Program Activities

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Residential Care</th>
<th>Nursing Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family councils</td>
<td>292</td>
<td>916</td>
</tr>
<tr>
<td>Resident councils</td>
<td>3,004</td>
<td>7,733</td>
</tr>
<tr>
<td>Facility surveys</td>
<td>2,498</td>
<td>9,732</td>
</tr>
<tr>
<td>Routine access</td>
<td>199</td>
<td>99</td>
</tr>
<tr>
<td>Number of visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities visited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information and assistance to staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training sessions for facility staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ombudsman Program Activities by Facility Type

- Family councils
- Resident councils
- Facility surveys
- Routine access
- Number of visits
- Facilities visited
- Information and assistance to staff
- Training sessions for facility staff

Legend:
- Orange: Residential Care
- Red: Nursing Facilities
Systems Issues

Systems Issues by Issue Topic

- Abuse, gross neglect, exploitation: 5
- Access to Information: 9
- Admission, transfer, discharge, eviction: 30
- Autonomy, choice, rights: 19
- Financial, property: 6
- Care: 11
- Activities and community integration and social services: 1
- Dietary: 0
- Environment: 4
- Facility policies, procedures and practices: 7
- Outside agency (non-facility): 1
- System and others (non-facility): 12
- Other issue not identified in A-L: 10
Using Data to Inform

Long-term Care Ombudsman Program: Supporting Transitions

To celebrate the 2011 Residents’ Rights Month theme, “Respecting My Rights, My Home, My Life,” the Administration for Community Living is highlighting the work of the Long-Term Care Ombudsman Program to help older adults and people with disabilities living in long-term care facilities return to the community.

The Ombudsman program is often known primarily for their work to help people who live in long-term care facilities resolve disputes and improve their quality of care. However, the Ombudsman program is also a resource for people who want to leave their facility and return to their home or to another setting in order to live independently. In fact, in fiscal year 2020, in the midst of the pandemic, the Ombudsman program provided over 4,000 direct complaint resolutions and advocacy services to help people transition to a setting of their choice.

There are two primary barriers to transitions that LTC Ombudsman help residents overcome:
- Lack of support from facility staff to help them move to a less restrictive setting account for 69% of the complaints addressed by the program.
- Trouble accessing the services and supports they need to live independently in the community account for 31% of the complaints.

In 2020, the Ombudsman program fully or partially resolved 67% of all transition complaints.

(18% were withdrawn and 15% were not resolved satisfactorily.)

Bob (not his real name) was stuck in a nursing home; he repeatedly asked the social worker to help him to move to a group home where his friends lived, but there was no action. The Ombudsman program intervened, advocating for his right to leave the nursing home and live elsewhere. Bob successfully moved and reports that his new home “feels like heaven.”

Collaboration with Aging and Disability Networks

The Ombudsman program may call on other agencies to assist in resolving problems or making referrals. Of all the program’s transition-related complaints, 12% were referred to other agencies, including:
- Area Agencies on Aging
- Aging & Disability Resource Centers
- Protection and Advocacy programs
- Centers for Independent Living.
Program Research

• Process Evaluation
• Outcome Evaluation
Outcome Evaluation

Pre-COVID Design
• Focus Groups of 6-8 individuals each (in-person)
  – Residents
  – Family Members
  – Facility Staff
• Interviews (phone)
  – Stakeholders
• Survey (online)
  – SUA Directors
  – Facility Administrators

COVID-Impacted Design
• Focus Groups of 2-4 individuals each or single interviews (video, phone)
  – Residents
  – Family Members
  – Facility Staff
• Interviews (video, phone, or written)
  – Stakeholders
• Survey (online)
  – SUA Directors
  – Facility Administrators
Implications of Design Change

- Flexibility
- Number of participants reduced
- Greater coordination to schedule video focus groups
- More time needed to address technological challenges
- Video & group calls supported resident participation
- Privacy challenges
Topics for Interviews & Surveys

• Relationships
• Awareness
• Experience with Ombudsman Services
  ▪ Individual complaint handling
  ▪ Systemic advocacy
  ▪ Education
• Benefits of Ombudsman Services
• Challenges/Areas for Improvement
Looking Forward
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