

Department of Family and Protective Services Adult Protective Services Program Performance Report

1st Quarter FY 2007 February 1, 2007

The Governor's Office issued Executive Order RP 33 on April 14, 2004 instructing the Health and Human Services Commission to oversee a systemic reform of the Adult Protective Services (APS) program. The Governor's Office published a report in November 2004 recommending 252 corrective actions intended to bring about system-wide program reform. The recommendations were comprehensive and client-focused in nature. Senate Bill 6, passed into law after the 79th Texas Legislative Session, reinforced the reform agenda set forth by Governor Rick Perry.

As of September 1, 2006, 100 percent of the 252 corrective actions were complete. The corrective actions touched every aspect of APS casework and resulted in unprecedented reform. Programmatic change of this magnitude necessitates examining how changes have impacted the quality of services to the clients and communities we serve.

APS has outlined a plan to accomplish this critical examination. The process of evaluating APS Reform will occur in phases. The first phase will focus on mobile technology. This phase is underway with a target completion in April 2007. The next phases will examine areas such as quality assurance, community satisfaction, training, and risk assessment. The initial evaluation project is targeted for completion in FY 2008.

At the completion of each phase, an evaluation report will be prepared to include the following sections: 1) purpose and goals of the evaluation; 2) data analysis; 3) key findings of the evaluation; and, 4) plans for identifying best practices and integrating process improvements and lessons learned.

This report provides an overview of APS performance for the first quarter of FY 2007. A summary of APS major accomplishments in FY 2006 is included at the end of this report.

Significant Accomplishments for the Reporting Period 1st Quarter

Client Outcomes

Outcomes for clients are enhanced as a result of the systemic reform of the APS program. New assessment tools, clinical expertise, and quality assurance provisions help ensure client safety and well-being.

- Caseworkers were surveyed in October 2006 to elicit feedback regarding the use of the risk assessment instrument, called Client Assessment and Risk Evaluation, and known as the CARE tool. Updates to the CARE tool will be completed later this fiscal year based on the survey responses.

Performance Management

APS has developed a Performance Management System to monitor case quality. Performance data will be used to inform policy and training in order to improve case outcomes for clients.

- Performance management training plan developed for all supervisors and managers on the newly automated Access HR evaluation functions and the improved portal to Data Warehouse Reports.
- Targeted quality assurance trainings conducted with Mental Health (MH) and Mental Retardation (MR) Investigations Program Supervisors focusing on consistency in scoring of standards and upgrades to the automated data system.
- Videoconferencing technology implemented to conduct regional case analysis meetings, reducing travel and enhancing communication and support with regions.

Community Engagement

APS community engagement efforts are necessary to enhance public awareness and participation in an attempt to improve client's safety and well-being.

- Special Task Units met on a regular basis in 17 of the 19 designated communities. Units are mandated by law in counties with a population of 250,000 or more. Units are engaged to review complex cases referred by APS supervisors and subject matter experts.
- The third in a series of public awareness topics was released focusing on financial exploitation of vulnerable adults. The APS public awareness campaign is called "*It's Everyone's Business*" and is designed to help enhance public awareness about the problems of adult abuse, neglect, and exploitation.

Training

The goal is to improve caseworkers' knowledge and skills resulting in better case decisions and enhanced outcomes for clients.

- A revised training curriculum addressing mental illness, self-neglect and community resources was piloted during Advanced Skills Development for newly hired caseworkers. This curriculum reflected updates to meet additional identified needs of new caseworkers.
- A training plan was developed for the MH and MR Investigations Program patterned after the current system used by the In-home Program. The plan includes web-based training modules and on-the-job training activities designed to expose new employees to actual field work under the supervision of a tenured caseworker.
- Initiated development of web-based training modules. The modules will be used in the MH and MR Investigations training program.

Technological Innovation

Increases caseworker efficiency and improves client outcomes through effective assessment, consultation and documentation.

- Statewide implementation of Virtual Private Network (VPN) services was completed in October 2006 providing caseworkers with access to the DFPS network from home. VPN enabled caseworkers to connect wirelessly from home to obtain intakes while on-call during the evening hours and on weekends.
- Mobile technology enabled caseworkers to document case activities outside their office, closer to the time of client contact, resulting in a 35% reduction in time lapsing between case initiation and documentation and a 38% reduction in time lapsing between face-to-face client contact and documentation.

Staffing

Additional resources allocated to the APS program in order to facilitate manageable caseloads and enhance client outcomes.

- Hiring plan was implemented to phase-in additional worker and supervisor positions allocated for FY 2007. These positions will be phased-in between September and April 2007 allowing for closer supervision and guidance of the new staff.
- Smaller training cohorts enhances the training experience, improves case quality and leads to higher retention rates.

APS Performance During This Quarter

The following chart provides an overview of the APS program statewide performance indicators and benchmarks for this quarter. Intakes have decreased for this quarter to 17,983, as compared to 21,095 in the first quarter of FY 2006. However, the average number of confirmed cases has increased from 69.7% in 1st quarter FY 2006 to 72.7% in 1st quarter FY 2007. The actual data for FY 2006 are also included for reference purposes.

Performance Indicators	FY 2006 Actual	Performance Benchmarks for FY 2007	FY 2007				YTD
			1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	
Average Hold Time Statewide Intake Phone Calls (English) **	7.1	7.9	7.1				7.1
Number of APS Reports of adult abuse/neglect/exploitation	82,014	87,546*	17,983				17,983
Number of Completed APS Investigations	74,755	76,494	15,522				15,522
Number of Confirmed APS Investigations	51,213 (68.5%)	53,047 (69.3%)	11,290 (72.7%)				11,290 (72.7%)
Average Days per Investigation Stage	61	50	57.2				57.2
Average Days per Service Delivery Stage	66.9	50	71.8				71.8
Average Daily Caseload per Worker ***	51.3	42.3	48.2				48.2

* Number based on projected forecast submitted in the 08-09 LAR.

**LBB Measure calculated on the 7th day of the first month following the end of the quarter. English and Spanish calls can no longer be separated due to a modification in the phone system as of September 2006.

***FY 2007 daily caseloads have been recalculated based on the FY 08-09 Caseload Performance Measure Methodology.

Client-Centered Performance Measures

The following chart provides an overview of employee performance indicators and benchmarks for this quarter. The actual data for FY 2006 are also included for reference purposes. Performance on APS indicators remained fairly constant except scores for the Investigation Rating Scale, which includes the Risk Assessment indicators, which were lower. These scores reflect a more stringent quality assurance review and analysis of cases and increased consistency in scoring of standards. Support and training were provided to employees to enhance investigation skills, service delivery, and client assessment efforts to improve performance.

Performance Indicators	FY 2006 Actual	Performance Benchmarks for FY 2007	FY 2007				YTD
			1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	
STATEWIDE INTAKE *							
Appropriateness of worker interaction with caller.	94.0%	90-92%	96.1%				96.1%
Prioritizes reports of abuse and neglect accurately.	95.1%	90-92%	96.3%				96.3%
Documentation of intake information is accurate and complete.	94.1%	89-91%	94.9%				94.9%
Appropriateness of decision to accept an intake for investigation.	98.1%	92-94%	98.8%				98.8%
INVESTIGATION							
Percentage of cases initiated within 24 hours.	94.8%	94-95%	94.4%				94.4%
Percentage of cases in which the initial client face-to-face visit occurred within the appropriate timeframe.	84.3%	89-91%	85.0%				85.0%
Investigation Rating Scale	90.0%	80-86%	89.6%				89.6%
RISK ASSESSMENT							
Thoroughness of problem identification	86.6%	80-86%	76.4%				76.4%
Adequacy of supporting documentation	93.6%	80-86%	92.9%				92.9%
DELIVERY OF PROTECTIVE SERVICES							
Client Intervention Scale	90.0%	80-86%	87.8%				87.8%
* Statewide Intake performance indicators may be revised due to new system upgrades.							

Staffing

The following chart provides current and historical information on the average number of filled FTEs, and vacancies and turnover rates. These indicators provide regional and state office management additional information that can be used to explain variations in performance. It is important to note that vacancy rate calculations and turnover calculations are cumulative for FY 2007.

Performance Indicators	FY 2006 Actual	FY 2007				YTD
		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	
In-Home Caseworkers						
Year-to-Date Average Filled FTEs	405.9	462.1				462.1
Turnover**	19.9%	6.7%				6.7%
In-Home Supervisors						
Year-to-Date Average Filled FTEs	59.2	71.9				71.9
Turnover**	5.1%	1.3%				1.3%
All In-Home Program						
Total FTEs Appropriated *	650.6	681.6				681.6
Emergency FTEs (Phasing-in) *	—	69.7				69.7
Total Funded FTEs	—	751.3				751.3
YTD Average FTEs Filled	642.5	719.6				719.6
Turnover **	15.9%	5.4%				5.4%
Vacancy Rate	1.3%	4.2%				4.2%
<p>* Total FTEs reflects positions included in the fiscal year 2006-07 biennium appropriation. In response to a significant increase in intakes and to reduce case loads, emergency funding for additional APS positions was made available in FY 2007.</p> <p>** Turnover for the quarter indicates the results for that quarter only, whereas YTD turnover indicates the cumulative status for all completed quarters. The average of active employees changes very little from quarter to quarter but the number of terminated employees cumulates.</p>						

APS Major Accomplishments in FY 2006

As of September 1, 2006, 100 percent of the 252 APS reform corrective actions were completed. The following section provides a high level overview of the completed APS reform initiatives.

Client Outcomes

- ✓ Risk Assessment tool developed to assess five domains related to client safety and well-being.
- ✓ Six full-time case analysts employed to evaluate case quality.
- ✓ Exploitation and self-neglect Experts employed in each region.
- ✓ Mandatory supervisory review established for all cases before closure.
- ✓ Special task units developed to monitor complex investigations in counties with a population greater than 250,000.

Performance Management

- ✓ Employee performance standards developed for all APS employees.
- ✓ Comprehensive performance management reporting system devised to provide managers and caseworkers with timely performance updates.
- ✓ Quarterly performance reports submitted to the Governor's Office and Legislature.
- ✓ Training on the new performance management system provided for all managers.

Community Engagement

- ✓ Community Initiative Specialists and Resource and External Relations Specialists employed in each region.
- ✓ Community action plans developed to address community education and resource development.
- ✓ Public awareness campaign produced in collaboration with public and private partnerships.
- ✓ Community stakeholders surveyed in FY 2004 and again in FY 2006 in order to solicit input regarding APS services.

Technological Innovation

- ✓ Tablet PCs distributed to all direct-delivery staff in the APS in-home and APS facility programs.
- ✓ Mobile Protective Services software developed enabling caseworkers to document case activities outside of their office.
- ✓ Digital cameras provided to all field staff.
- ✓ Plan developed to evaluate tablet PC usage in a mobile office environment.
- ✓ Plan developed to measure the impact tablet PCs have had on program performance.

Guardianship

- ✓ Guardianship program transferred to Department of Aging and Disability Services (DADS).
- ✓ Memorandum of Understanding developed between DFPS and DADS.
- ✓ DFPS and DADS formed Guardianship Executive Steering Committee.

Staffing

- ✓ Additional FTEs allocated for FYs 2005-2006.
- ✓ Pre-screening instituted during the hiring process.
- ✓ Interview process standardized for direct-delivery staff.
- ✓ Education stipend made available to all APS staff.
- ✓ Higher Education Coordinating Board collaboration improved degree programs aimed at adult protection.
- ✓ Recruitment efforts developed targeting individuals educated in fields related to adult protection.
- ✓ Enhanced retention efforts aimed at APS field staff.
- ✓ Plan established to hire additional staff allocated for FY 2007.

Caseload Management

- ✓ Increase in client intakes monitored and a caseload reduction plan developed for addressing excessive workloads.
- ✓ Best practice initiatives researched and plan implemented to address pending cases.

Training

- ✓ 11-week training program expanded from previous three-week program.
- ✓ 29 web-based training modules used in conjunction with supervised on-the-job training.
- ✓ Nine field trainers employed to supervise new employees during on-the-job training.
- ✓ Three weeks of advanced classroom training offered.
- ✓ 18 hours of continuing education training developed for all direct-delivery staff and supervisors.
- ✓ Comprehensive training on risk assessment and mobile technology provided.
- ✓ Annual training implemented for all field staff.