PERFORMANCE AUDIT

DEPARTMENT OF ECONOMIC SECURITY

Division of Aging and Community Services

Report to the Arizona Legislature
By the Auditor General
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DOUGLAS R. NORTON, CPA
AUDITOR GENERAL

STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL

DEBRA K. DAVENPORT, CPA
DEPUTY AUDITOR GENERAL

October 4, 1995

Members of the Arizona Legislature

The Honorable Fife Symington, Governor

Dr. Linda J. Blessing, Director
Department of Economic Security

Transmitted herewith is a report of the Auditor General, A Performance Audit of the Department of Economic Security, Division of Aging and Community Services. This report is in response to a May 5, 1993, resolution of the Joint Legislative Audit Committee. The performance audit was conducted as part of the sunset review set forth in A.R.S. §§41-2951 through 41-2957.

This audit addresses Adult Protective Services' (APS) ability to adequately protect Arizona's adults. Our review of case files revealed that APS generally appears to investigate all reports that warrant investigation, and does so in a timely manner. However, APS' decentralized intake process, with intake performed at 30 separate sites located throughout Arizona, fosters noncompliance with standards and inconsistent case handling throughout Arizona. We recommend centralizing the intake function, as other states have done, to eliminate these problems and improve APS' intake function. We also found APS staff lack sufficient training. We recommend the Division of Aging and Community Services adequately fund the development of a formal training curriculum designed to help staff master APS-specific skills.

My staff and I will be pleased to discuss or clarify items in the report.

This report will be released to the public on October 5, 1995.

Sincerely,

Douglas R. Norton
Auditor General

Enclosure

2910 NORTH 44TH STREET • SUITE 410 • PHOENIX, ARIZONA 85018 • (602) 553-0333 • FAX (602) 553-0051

SUMMARY

The Office of the Auditor General has conducted a performance audit of the Arizona Department of Economic Security (DES), Division of Aging and Community Services in response to a May 5, 1993, resolution of the Joint Legislative Audit Committee. This audit, the fifth in a series of six audits of DES, was conducted as part of the sunset review as set forth in Arizona Revised Statutes (A.R.S.) §§41-2951 through 41-2957.

The Aging and Adult Administration, within the Department of Economic Security's Division of Aging and Community Services, administers statewide programs of advocacy, information and referral, and long-term care for the elderly. Adult Protective Services (APS), within the Aging and Adult Administration, provides investigative and protective services to Arizona's vulnerable and incapacitated adults. APS' statistics suggest that it is adequately protecting Arizona's adults. Although only 73 percent of reports received alleging abuse, neglect, and exploitation are investigated, our review of case files revealed that the 27 percent of reports not investigated probably do not warrant an investigation. Further, APS staff initiated over 80 percent of investigations within 48 hours. In most of the remaining cases, the client could not be located within this time frame and subsequent attempts were made to locate the client. Finally, despite admirable efforts, APS staff often have difficulty removing clients from risk because of clients' resistance or because needed services are unavailable.

Adult Protective Services Should Centralize Its Intake Function (See pages 7 through 14)

APS currently performs intake at 30 separate sites located throughout Arizona. As a result of this fragmented intake process, workers do not always follow standard procedures in performing intake and handle cases with similar characteristics inconsistently. Case files lack necessary information regarding the extent of abuse, neglect, or exploitation, and/or lack sufficient documentation to support the decision to investigate a case. Additionally, supervisory reviews are untimely, sometimes coming 8 to almost 12 months after a case has been handled. As a result, not only is the potential for case mishandling high, there is little chance mistakes will be identified and corrected. While only a few cases appeared to be improperly handled, the potential exists for others.

Other states have implemented a centralized intake function after experiencing similar problems and report that one intake location creates a more efficient, consistent intake process.

APS Lacks Formal Training for Its Workers
(See pages 15 through 18)

New APS staff are required to handle cases without first receiving specific, job-related training. Further, APS' ongoing training efforts do not provide sufficient training in the skills necessary to conduct investigations, assess client needs, and find available services. As a result, APS workers may not be adequately prepared to handle their challenging caseload, placing workers and clients at risk.

In contrast, other states have developed or are currently developing training curricula, generally including both initial and ongoing components. These states, recognizing the benefits of adequate training, have formalized their processes by implementing training requirements for their workers. Further, several states contract with firms or universities to provide training, while also locating other effective training resources.

Arizona's Rapidly Growing Elderly Population Could Overwhelm Already Burdened Long-Term Care System
(See pages 19 through 22)

During the audit we also collected other pertinent information on the State's ability to meet the long-term care needs of its rapidly growing elderly population. Unmet client needs and growing budgets already burden Arizona's long-term care system. In fact, over 1,000 clients were waiting for DES long-term care services in February 1995. Expected dramatic increases in Arizona's elderly population, almost 75 percent in the 85-and-older population in just ten years, foreshadow increasing problems in meeting this population's needs. Arizona may be able to identify more cost-effective ways to provide long-term care services from other states. Washington, Oregon, and Wisconsin are able to serve more clients with available service dollars by maximizing the use of less expensive home- and community-based services.

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INTRODUCTION AND BACKGROUND

The Office of the Auditor General has conducted a performance audit of the Arizona Department of Economic Security (DES), Division of Aging and Community Services in response to a May 5, 1993, resolution of the Joint Legislative Audit Committee. This audit, the fifth in a series of six audits of DES, was conducted as part of the sunset review as set forth in A.R.S. §§41-2951 through 41-2957.

The Division of Aging and Community Services (Division) administers two types of programs. First, the Division, through its Community Services Administration, coordinates several social service programs designed to meet the short-term emergency needs of Arizona citizens such as homelessness and hunger. Second, the Division's Aging and Adult Administration administers the Adult Protective Service (APS) program and provides services to the elderly including advocacy, information and referral, and home- and community-based care.

Adult Protective Services

Adult Protective Services (APS) is responsible for protecting Arizona's vulnerable and incapacitated adult population. APS staff receive reports alleging abuse, neglect, and exploitation of adults at 30 offices located in 6 districts throughout the State. After an investigation, workers attempt to remove people from risk by offering services, seeking guardians or conservators, or, if necessary, involving law enforcement. However, unlike Child Protective Services (CPS), APS serves adults who, if they are mentally competent, have the right to live as they choose, even if personal harm may result.

Despite statistics suggesting otherwise, APS staff are able to investigate virtually all cases warranting an investigation. While APS staff also conduct timely investigations, they must often overcome significant barriers to removing their clients from the risk they find.

APS statistics do not tell the whole story — APS' investigation rate is actually better than its statistics suggest. As Table 1 (see page 2) illustrates, APS received 10,219 reports in fiscal year 1995 and investigated approximately 73 percent of them. However, during intake, workers evaluate all reports to determine if they require a field investigation. Reports that identify alternative sources of help, lack sufficient information to identify a client, or involve clients already known to APS may not be investigated. In these cases, APS staff may be able to provide sufficient assistance at the time the report is taken. Our review of APS cases confirms the 27 percent of cases not investigated probably did not warrant a field investigation.

Table 1

APS Reports Received and Investigation Rates, Fiscal Years 1991-92 through 1994-95

	Fiscal Year 1992	Fiscal Year 1993	Fiscal Year 1994	Fiscal Year 1995
Total Reports	8,979	9,205	8,974	10,219
Reports Investigated	6,660	6,531	6,331	7,417
Reports Not Investigated	2,319	2,674	2,643	2,802
Investigation Rate	74.17%	70.95%	70.55%	72.58%

Source: Statistical reports from APS' automated data system.

APS initiates the majority of its investigations within the required 48-hour time frame. In fact, APS staff initiated investigations within 48 hours in 80 percent of the cases we reviewed. In most of the remaining cases, the client could not be located within this time and subsequent attempts to locate the client were made. This time frame is quicker than that used in several other states, which allow up to ten days to contact certain clients.

APS staff often unable to help clients — After an investigation, workers often face barriers in removing clients from risk. In many cases, clients themselves present the greatest barrier to workers' efforts, as many are unwilling to accept APS' assistance. The majority of APS cases are neglect cases, involving clients who fail to take care of themselves. Many of these clients refuse to make the lifestyle changes necessary to alleviate their situation, despite the consequences. Even clients who have been abused or financially exploited by relatives and friends are sometimes reluctant to take action against the perpetrator. However, APS cannot coerce mentally competent clients into accepting assistance. An adult's right to live as he or she chooses is foremost, and is to be considered before safety and lifestyle.

Through our case review, we identified many cases involving uncooperative clients who were unresponsive to APS' assistance.[1] In over half of the cases reviewed clients refused any APS assistance. Some of these clients insisted they had no problems for APS to re-

[1] We randomly selected 150 APS cases open between July 1994 through February 1995. In each case the client was a female, 60 years of age or older, which is the typical APS client. Ninety cases involved allegations of neglect, with 30 each from Districts 1 and 2, covering Maricopa and Pima Counties respectively, and 30 additional cases from Districts 3 through 6, which cover the remainder of the State. We also reviewed 30 cases with allegations of abuse, and 30 with allegations of exploitation, from all 6 districts.

solve, even though the reporting source stated otherwise. Others flatly refused to consider the worker's suggestions, allowing themselves to physically deteriorate. For example:

- One client allegedly lived in her car and slept in her backyard, without water or electricity in her home. A worker twice attempted to visit the client, but was unable to contact her. To obtain additional information, the worker called the reporting source who stated that although the client was competent, she was a poor housekeeper. Later the client herself called APS and declined any APS assistance, explaining she was too busy for APS' help as she volunteered at five different agencies.

- APS investigated a reportedly bedbound client receiving home health services and improperly taking her medications. The referral source also alleged that although the client needed long-term care, her son refused to help her apply for it. When the worker determined that the client would benefit from more care and supervision, possibly from a nursing home, the client adamantly disagreed. After the worker made a second visit and again tried to convince the client to move, the client reiterated her opposition. The worker closed the case, since the client was competent and refused APS' recommendation.

Workers' dependence on other programs to provide services also hinders their ability to impact clients. Although APS is responsible, by statute, for offering services to its clients, APS is not funded to directly provide them. Workers have access to the APS emergency budget to meet immediate client needs such as emergency lodging or nursing services; however, funds are limited. On average, each of the 6 districts is allocated only $28,000 per year. In addition, workers must prove the funding needed is a "last resort." As a result, workers must rely on other programs to provide clients with services such as personal care and housekeeping. However, extensive waiting lists exist for these services, or they are simply unavailable. This is especially true in the rural areas of the State, where workers shared their frustrations with the lack of mental health, transportation, and other services for the elderly.

Budget and Personnel

The Department of Economic Security's Division of Aging and Community Services was appropriated $16.4 million in state dollars for fiscal year 1996. Over half of this, $9.0 million in state funds, along with $37.4 million in federal and local funds, will be used to provide services for the elderly and physically disabled adults, $3.6 million will be used for Division operating costs, and another $3.6 million is designated for the Community Services Administration's programs. Additionally, $176,100 in state funds are allocated to APS to provide emergency services.

Aging and Adult Administration is authorized 156 full-time equivalent positions in fiscal year 1996, 75.4 of which are state funded. The majority of staff, 104, are APS workers and administrators that are located in 6 districts throughout the State. The remaining 52 Aging and Adult Administration staff are located in the central office and perform a variety of functions. Staff oversee provider contracts, coordinate the State's Older Worker programs, develop and maintain policies and procedures, and handle the Division's business and information functions.

Scope and Methodology

Our audit focused on Adult Protective Services. We interviewed Aging and Adult Administration and APS management and elder advocates, spent time with numerous APS workers observing the intake and investigative process, conducted extensive case file reviews, and contacted nine states to draw comparisons with their adult protective service systems.[1]

During the preliminary phase of the audit, we interviewed several service providers, planning agencies, and people familiar with the Division's Community Services Administration's (CSA) practices, and determined that they were generally satisfied with CSA's performance. In addition, the majority of CSA's programs are federally funded. Further, this money is passed through CSA to local agencies for the actual provision of services. For these reasons, we chose not to concentrate on CSA's responsibilities during the audit, and instead focused our efforts on Adult Protective Services.

This audit contains findings and recommendations in two areas:

- the potential for case mishandling during the APS intake process due to workers not following standard procedures consistently, and
- the unmet training needs of APS workers.

Concerned about the growth in Arizona's elderly population, we also studied the State's elder service system and its ability to meet current and future client needs. We interviewed officials at agencies providing services to the elderly, reviewed literature, and studied long-term care systems in several other states, including Washington, Wisconsin,

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[1] We contacted Texas, Illinois, Virginia, Nebraska, Maine, Utah, Kansas, Missouri, and New Mexico. These states were mentioned during the audit as being innovative in at least one aspect of providing adult protective services.

and Oregon, recognized leaders in long-term care policy and service delivery. This audit also presents other pertinent information on Arizona's ability to meet the long-term needs of its rapidly growing elderly population.

This audit was conducted in accordance with government auditing standards.

The Auditor General and staff express appreciation to the Director of the Department of Economic Security, the Assistant Director of the Division of Aging and Community Services, and their staff for their cooperation and assistance throughout the audit.

FINDING I

ADULT PROTECTIVE SERVICES SHOULD CENTRALIZE ITS INTAKE FUNCTION

Adult Protective Services' (APS) decentralized intake system fosters noncompliance with standards and inconsistent case handling throughout the State. Furthermore, supervisory review of the intake process is not possible at all APS offices, and when possible, often is untimely. As a result, the potential for case mishandling is high and errors may go undetected, thereby exposing the State to liability. Centralizing the intake function, as other states have done, could eliminate these problems and improve APS' intake function. Additionally, APS could further improve its intake process by prioritizing reports for investigation.

The Intake Function

During intake, APS workers at 30 offices statewide receive reports of abuse, neglect, or exploitation of adults and provide information and referral services. APS classifies intake calls into two categories: 1) Reports and 2) Information and Referral (I&R). Of the 18,668 calls APS offices received in fiscal year 1995, 54.7 percent were Reports involving allegations of abuse, neglect, or exploitation of an adult and the remaining 45.3 percent were I&Rs. I&Rs represent calls from people needing only information or assistance in gaining access to various social services, such as the programs offered at the nearest senior center, or how to apply for social security.

APS Reports are further classified into reports accepted for investigation and reports not accepted for investigation, termed Assess and Review cases (A&Rs). Almost three-quarters of all Reports (72.6 percent) are investigated. Cases are not investigated when there is insufficient identifying information, other people or agencies are available to help the individual, or APS has already investigated the case and no new information is presented.

The intake function serves two purposes. First, intake permits the APS worker to screen out calls that do not meet the established criteria for abuse, neglect, or exploitation. Second, for those cases meeting the criteria, intake represents the first opportunity to obtain valuable information that can help determine how a particular case should be handled.

Intake Process Varies Throughout State

In performing intake, APS workers do not always follow standard procedures and may handle similar cases differently. This can lead to case mishandling, potentially placing clients at risk, and exposing the State to liability.

Standard procedures not followed — A review of A&R and Report case files revealed that the documentation within the case files is inadequate and not in compliance with the APS Policies and Procedures Manual (Manual).[1] According to APS management, the Manual provides workers direction in screening calls and verifying that APS clients meet statutory eligibility criteria. It contains specific guidelines for performing intake, including a list of questions intake workers should address, such as how long a problem has existed, the degree of urgency, the client's functional level, and if assistance is being provided by other agencies or individuals. Also, the worker is to elicit specific information regarding the allegation of abuse, neglect, or exploitation. Once obtained, the worker can use this information to determine if a report should be investigated.

Unfortunately, APS workers often disregard many of these requirements. Overall, 60 percent of the cases reviewed were not handled in accordance with the APS Manual during intake. For example:

- Approximately 40 percent of the cases lacked documentation explaining the extent of abuse, neglect, or exploitation, or the situation's urgency. One case involving a mentally retarded woman who was allegedly being exploited by her payee (person designated by the Social Security Administration to receive an individual's social security checks and pay his or her bills), lacked information on what led the caller to suspect exploitation. The file did not even include the alleged perpetrator's name. In another case, a caller feared for the safety of a client who was leaving a care center. The center would not provide follow-up services at the client's home because it was unsafe. However, the file did not include information on why the situation was deemed unsafe, possibly exposing the assigned investigator to unknown danger.

- Additionally, 47 percent of the cases lacked documentation detailing the worker's efforts in determining what, if any, services the client may be receiving from other agencies, groups, or individuals. This information is specifically needed to determine if a case should be investigated.

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(1) Sixty randomly selected cases, 30 A&Rs and 30 Reports, were selected for review. Cases selected were active between July 1994 and February 1995.

Timely supervisory review of cases could increase the likelihood that Manual policies are followed. According to the Manual, Reports are to be reviewed by a supervisor within one month of completion; however, there is no policy on supervisory review of A&R's. Yet supervisory review of A&R's, completed directly following intake, is critical to ensure a case warranting an investigation is not overlooked. One month, the policy for Reports, may be too late if a case should have been investigated. (APS recently changed its policies and now requires A&Rs be reviewed within 48 hours.) However, we noted that approximately 17 percent of A&Rs we examined were not reviewed by a supervisor even within 1 month. We found one A&R case that was still open over a year after it was resolved, waiting for supervisory review. Other cases were waiting for reviews from one and a-half months up to eight months. Also troublesome, nowhere in the case files were there supervisory review comments, notations, or questions regarding the cases, raising questions about the quality of the supervisory reviews.

Cases handled differently throughout State — Several inconsistencies also result from performing intake at many offices throughout the State. First, staff performing intake at each site have varying levels of experience. While Human Service Specialists III (investigators), the most experienced staff, usually perform intake, they are not always available. Many rural offices have only one investigator and when they visit a client or are in Phoenix for training, a less experienced staff member, a secretary, a DES employee from another division, or even an answering machine takes calls.

Second, similar intake calls, even when received by investigators, can be handled differently. This problem, raised by Aging and Adult Administration management and APS staff during the audit, was confirmed while monitoring the intake function at several APS offices. For example, the following case example was noted at one site:

- A client called APS two times with the same information, requesting assistance each time. The first call was handled by an APS worker who was new to the office, and was classified as an A&R. The second call was received by an APS worker with 13 years of related protective services experience, who classified the call as a Report and plans to conduct an investigation and offer services. She stated that she assessed the situation differently than her colleague because she has more experience and training.

Additional inconsistencies identified include:

- APS workers obtain and document information differently. For example, some workers take notes manually and enter the information onto the APS computer system at a later point in time, sometimes days or weeks after receiving the call. Such delays may prevent the worker from remembering key facts pertaining to a case that are not written down. On the other hand, some workers simultaneously receive calls and enter the information received into the APS computer system.

- APS offices operate with different levels of supervisory review. For example, urban offices have supervisors available to review all cases immediately after intake and assign those requiring an investigation to the appropriate staff. However, rural offices allow APS workers to assign cases for investigation (usually to themselves) without supervision, as a supervisor may have to cover APS offices in several counties and visit offices only once a month.

Weaknesses may result in case mishandling — For the most part APS staff accurately determine which cases require an investigation; however, weaknesses in the intake system have led to a few instances of apparent case mishandling. First, APS may have investigated cases not warranting one. In 37 percent of cases reviewed, there was insufficient documentation in the case files to determine whether an investigation was warranted.

More importantly, there were several cases that appeared serious enough to warrant an investigation, but none was conducted. These cases involved the physical abuse of an elderly woman by her son, a drug user; and exploitation of a mentally retarded woman by her payee (mentioned earlier). Further, one case involved a referral from a social service provider who called numerous times stating that a client's medical condition was getting increasingly worse. The APS worker decided during intake that the case should not be investigated, yet the individual was hospitalized a week later. After reviewing these specific cases, an APS official believed in one case, involving the woman abused by her son, that the worker appropriately referred the reporting source to community legal services, as the woman was deemed competent. However, he had difficulty determining if the remaining two cases should have been investigated due to the lack of documentation in the case files.

APS caseloads will probably increase due to Arizona's growing elderly population (see pages 19 through 21), thus it may only be a matter of time until serious tragedy such as permanent injury or even death results from case mishandling. Should this occur, the State may be held responsible. The State is usually liable for its negligence, defined as breaching a duty which proximately causes any injury or damage. Because APS holds a duty to provide adult protective services to eligible adults within a reasonable amount of time after notification, breaching that duty would place the State in a vulnerable position.

Centralization Could Improve the Intake Process

Centralizing the intake function could reduce noncompliance with standards and inconsistent case handling. States with a centralized APS intake system have been able to overcome these problems. Additionally, in Arizona, the new Centralized Intake Unit in DES' Child Protective Services Division provides significant benefits to the intake process.

Improvements result through centralization — A centralized system, by its nature, addresses the current problems in several ways:

- First, one location offers increased monitoring capabilities. Monitoring and supervisory review activities can be facilitated at one location, creating better opportunities to enforce compliance with the APS Manual.

- Second, centralization encourages specialization. As the staff in the centralized intake unit perform only one function, they ultimately become "resident experts" on intake.

- Finally, centralization limits the intake function's drain on resources, allowing APS workers to better meet clients' needs. One APS worker stated she spent more than 60 percent of her time handling phone calls unrelated to legitimate APS cases. The staff located throughout the State will no longer be burdened with the task of performing intake, significantly increasing the time available to address client needs.

In agreement, one APS supervisor stated the ideal intake function would have all intake personnel in one room, in one location where they could ask each other questions while receiving calls to ensure cases are classified and handled correctly. He believes the current system with many different people performing intake in separate offices limits staff's ability to solicit advice or information from fellow intake staff.

Other states realized benefits subsequent to centralizing intake — Several states, including Florida, Missouri, Texas, and Utah, have centralized or are in the process of centralizing their intake function.[1] For example, Missouri's APS operation, which received over 19,000 reports in fiscal year 1994, implemented its central intake unit in 1980. One Missouri official stated that centralization improved consistency and efficiency as staff performing intake become experts in this area and local staff can spend more time investigating cases and offering protective services.

Operationally, Missouri's central intake unit receives all calls, statewide, regarding allegations of abuse, neglect, and exploitation. A toll-free hotline is manned 24 hours a day by 16 staff. Intake forms are faxed to the local office where the client resides for investigation. However, the central intake does not prevent people from calling the local offices. Approximately 20 percent of their total calls still come into the local offices.

Utah's APS operation, considerably smaller than Arizona's (2,425 reports received in fiscal year 1994), consolidated intake into three intake sites in May of 1995 and recently proposed further centralizing their intake function into one state intake unit. In the old decentralized operation, where intake occurred in numerous cities throughout the State,

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[1] Maine has a centralized intake unit which operates during non-business hours. Local offices perform intake Monday through Friday from 8:00 am to 5:00 pm.

workers were not available 24 hours a day, or even during business hours while conducting investigations, leaving callers talking to answering machines. Utah officials argued that having one location would be more efficient, bring consistency to the intake process, and allow increased intake coverage.

CPS is experiencing benefits through centralization — Within DES, Child Protective Services (CPS) implemented its Centralized Intake Unit to improve consistency in report screening and prioritization. CPS determined its fragmented intake system led to a high number of callbacks, too many people performing duplicate functions, and misinterpretation of policies, procedures, statutes, and regulations. Calls that should have been investigated were not and others were needlessly assigned for investigation. Therefore, CPS centralized its intake function, and has reaped the following benefits:

- consistency in performing intake functions,
- limited and focused training requirements,
- simplified monitoring of compliance with policies, procedures, statutes, and regulations,
- more time for investigators to conduct investigations and meet client needs, and
- timely entry of data onto the system.

APS management recognize benefits of centralization — The Division of Aging and Community Services (Division) and APS management at the time of this audit agree that centralization could improve APS' intake function. These management officials echoed the sentiments registered by other states, citing consistency, more time for investigators in the field to handle their caseload, and increased intake coverage as benefits from such a system.

The primary concern with centralization registered by Division and APS officials centered on the information and referral function. Should intake become centralized, the rural offices will no longer provide information and referral services, leaving residents without a convenient source of information on local services. However, the information and referral responsibility may not appropriately belong with APS. Instead, the State's eight Area Agencies on Aging (Area Agencies) should provide these services.[1] Despite having fewer offices than APS, the Area Agencies are designated as regional elder planning and service centers and should be able to provide the same assistance currently

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[1] DES contracts with eight Area Agencies on Aging to coordinate providing the majority of services for the elderly.

provided by APS staff. In fact, when asked if they could assume this responsibility, several Area Agency representatives stated that, given additional resources, they would prefer to handle information and referral calls, maintaining that APS should be an emergency responder specifically addressing crisis situations. One Aging and Adult Administration official agreed with the transfer of APS' information and referral role; stating, however, that it will take additional resources for the Area Agencies to handle these calls and time before people get used to calling another agency for assistance.

Other states prioritize cases to further improve APS services — During the audit, we also collected information on report priority systems used in other states to identify cases needing immediate attention. Although APS is currently able to initiate most investigations within the established 48-hour time frame, given the probable future increase in its reports, APS may need to prioritize cases during intake in the future. Additionally, a priority system could allow complicated cases to receive more investigative resources.

Several states have systems in place to ensure that cases presenting the most risk are investigated first.[1] Moreover, workers can take more time to start investigations involving less risk. For example:

- Nebraska assigns each case during intake to one of three categories: Priority 1 are the highest risk cases and require the worker to contact the client within eight hours. Priority 2 cases involve less risk and require contact within five days. Priority 3 cases, involving the least risk, require contact within ten days.

- Missouri, similar to Nebraska, assigns reports to one of three classes. However, Missouri's Class 3 reports, which require no immediate protective services, may not involve the worker contacting the client.

- Kansas' APS also assigns priority levels to cases. In cases where clients are in imminent danger, workers must make the initial contact within 24 hours. However, if the client is allegedly abused and not in danger, the worker has three days to contact the client. Finally, the worker has five days to contact the client if neglect or exploitation is alleged and the client is not in danger.

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[1] Of the nine states we contacted, seven have priority systems: Nebraska, Maine, Kansas, Missouri, Illinois, New Mexico, and Texas prioritize cases.

RECOMMENDATIONS

1. The Division should consider centralizing the intake function to better enforce compliance with APS policies and to ultimately ensure appropriate decisions are made for each case.

2. APS should strengthen its supervisory review process, including enforcing more timely supervisory reviews.

3. APS should consider implementing a case prioritization system for investigated cases to ensure those needing immediate attention are investigated first.

FINDING II

APS LACKS FORMAL TRAINING FOR ITS WORKERS

Currently, Adult Protective Services (APS) staff are required to handle cases without first receiving specific, job-related training. As a result, APS workers may not be adequately prepared to handle their challenging caseload. To improve the preparedness of APS workers, the Division should follow other states' lead and adequately fund development and implementation of a formal training curriculum.

Background

Although many APS workers come to the Division with extensive social service experience, either through education and/or work with other organizations, the nature of some APS work requires specific training. In fact, several APS staff we interviewed commented that their formal education in social work proves deficient in certain situations, magnifying the importance of formal training specifically directed toward APS work. For example, they may not have the necessary knowledge of 1) accounting, bookkeeping, or legal practices to prepare them for exploitation cases, or 2) photography or physical indicators to assist in the substantiation of abuse and neglect cases. Additionally, workers may not be sufficiently trained in the unique needs and problems of the elderly, APS' primary client. Finally, certain rural offices have difficulty finding people with college degrees to hire.

APS Workers Lack Task-Related Training

Despite needing additional training once they are hired by APS, workers receive no formal, specific, job-related training prior to taking on a caseload. In addition, APS' ongoing training efforts do not sufficiently provide task-related information to its workers. In the absence of adequate training, learning these skills occurs on the job. As a result, inconsistencies have developed and APS clients are potentially at risk.

No formal initial staff training — Interviews with several workers revealed that the districts do not sufficiently train staff prior to assigning them cases and some do not provide any training at all. For example, on the first day of employment, a worker in one office went through an orientation covering basic office tasks such as preparing time sheets

and answering the phone. After the orientation, the worker was required to handle an actual case, because no other APS staff were available. The worker described her experience as "baptism by fire."

Staff also receive an APS Manual when starting, but the Manual alone does not adequately prepare workers to perform their jobs. Several APS worker commented that reading the Manual provides little help in dealing with the unique real-life situations APS workers encounter. For example, the Manual states the staff should evaluate the physical and mental condition of potential victims to substantiate abuse or neglect. However, the Manual lacks specific details regarding what types of injuries indicate abuse or neglect or what mental conditions lead to substantiated cases.

In-service training — In-service training is also inadequate. Currently, the Division limits ongoing training efforts to quarterly training conferences. These conferences, which generally last one or two days, are not mandatory, and do not occur prior to APS workers handling cases. Moreover, the training conferences often lack specific job-related or task-oriented instruction.

While attending one of these training conferences, we noted that the entire first day of the two-day conference was spent discussing the activities of the APS workers' committee, employee evaluations, and other administrative topics. In addition, a review of training agendas for several other conferences revealed that the topics did not often relate to daily APS activities. Examples of topics covered at these conferences include: Managing Life at Work, Advocacy for the Disabled, and Humor in the Workplace.

The APS Training Coordinator stated that skill-based training aimed at teaching APS workers how to properly perform their jobs is often neglected. APS workers agreed that specific training in APS related skill areas is needed most. For example, one APS worker commented:

> *"I hate exploitation cases because I have no experience, expertise, or power. Instead, the banks, attorneys, ... and perpetrators have all the knowledge, power, and control. Being at such a disadvantage puts me in a no-win situation because I lack the knowledge and confidence to deal with these parties and therefore cannot help my client. Only training specifically on accounting, banking, the law, and similar topics would improve how I handled these cases. Unfortunately, such training does not currently exist."*

Poor training potentially causes problems — The current method of placing employees in the field without training prevents consistency in following APS policies. One APS official stated that a training program teaching workers how to handle APS cases in accordance with APS policies could eliminate much of the inconsistency in classification and case handling as noted in Finding I. Further, on-the-job training also potentially results in workers not learning how to handle certain situations, such as dealing with alcoholic clients or those with serious mental illness, until they involve actual cases. Unprepared workers place both themselves and clients at risk. One worker related her experi-

ence conducting an investigation in a nursing facility, which involved reviewing client records. Not trained in interpreting medical records, nor the record-keeping requirements of licensed nursing facilities, the worker was unable to quickly understand the client's condition and help remove the client from risk.

DES Efforts Lag Behind Other States

While several other states utilize a formal training curriculum to train their adult protective service workers, Arizona's APS unit only recently acknowledged the importance of more formal training by hiring a training coordinator. However, inadequate funding still hampers progress in this area.

Other states — Unlike Arizona, six of the nine states we surveyed, including Texas, New Mexico, Virginia, Illinois, Nebraska, and Utah, have training curricula and the other three are currently developing them. The training curricula vary but most include both mandatory initial and in-service training components. Some training curriculum characteristics included:

- training topics such as how to conduct intake and investigations, develop case plans, and identify mental disorders and client exploitation,
- mandatory hourly training requirements for all APS workers,
- initial training components lasting from 1 week (40 hours) to 2 weeks (80 hours), and
- requirements for APS workers to pass an exam upon completion of the initial staff training.

These states effectively utilize a myriad of resources to provide sufficient training to their workers, including their own training units with specialized APS trainers, consulting firms, and local universities. Some states effectively use a training coordinator and committee to organize, arrange, and evaluate the training being offered and make changes when necessary. Others use "experts" such as lawyers, police officers, doctors, psychologists, nurses, university professors, and professional trainers to provide information and training.

Recent, limited improvements in APS training — APS has not emphasized or devoted resources to training in the past. In fact, APS has not designated training funds in many years, and still no funds have been set aside for fiscal year 1996. Instead, money needed for the training conferences, such as renting meeting space and hiring speakers, must come out of other areas of APS' operating budget.

Additionally, prior to fiscal year 1995, APS did not have a training coordinator to develop initial staff training and improve in-service training. While a new training coordinator was hired in the fall of 1994, her responsibilities have been expanded to include coordinating training for the entire Aging and Adult Administration. Despite having limited time for APS, the new training coordinator has taken several steps to improve its training. For example, she has

- worked with DOA to provide additional training to APS workers,
- corresponded with several other states regarding their training curricula,
- contacted the National Institute for Human Services in Ohio regarding its services to assist states in developing training curricula,[1] and
- requested APS conduct a training needs assessment to define workers' needs.

RECOMMENDATIONS

1. APS should develop and implement a formal training curriculum designed to help staff master APS specific skills such as conducting investigations and assessing client needs. The curriculum should include both a mandatory initial training component for all new APS staff and ongoing training sessions.

2. The Division of Aging and Community Services should adequately fund the development and implementation of a formal training curriculum.

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[1] The National Institute for Human Services developed DES' Administration for Children, Youth, and Families training curriculum.

Other Pertinent Information

During the audit, we developed other pertinent information on the State's ability to meet the long-term care needs of its rapidly growing elderly population.

Arizona's Rapidly Growing Elderly Population Could Overwhelm Already Burdened Long-Term Care System

Unmet client needs and growing budgets burden Arizona's long-term care system for the elderly and physically disabled. Expected dramatic increases in Arizona's number of elderly persons foreshadow increasing problems meeting this population's long-term care needs. Arizona can learn from three states leading the development of more cost-effective ways to serve this population.

Overwhelmed long-term care system — While both the Department of Economic Security (DES) and Arizona Health Care Cost Containment System (AHCCCS) provide long-term care services, AHCCCS' long-term care budget has grown dramatically in recent years, and DES cannot provide long-term care services to all eligible clients. AHCCCS provides nursing home and home- and community-based services such as adult day care, and homemaker and personal care services, to approximately 12,000 low-income elderly and physically disabled adults through the Arizona Long-Term Care System (ALTCS). ALTCS has experienced significant growth since its inception in 1988. In fact, its budget has more than doubled in the last seven years, and now totals over $370 million for fiscal year 1996.[1]

DES, through the Aging and Adult Administration's Non-medical Home and Community-Based Care System, serves individuals with fewer functional impairments and more resources than those eligible for ALTCS. DES' long-term care services include housekeeping, nurse, and home health aid visits, home-delivered meals, and adult day care. However, DES' program, spending over $20 million on services for approximately 18,000 clients in fiscal year 1995, has extensive waiting lists.[2] In February 1995, approximately 1,100 individuals were waiting for DES long-term care services. Although DES received additional funding for its home- and community-based program for fiscal year 1996, Aging and Adult Administration officials believe it will provide services for approximately one-fourth of the waiting list clients.

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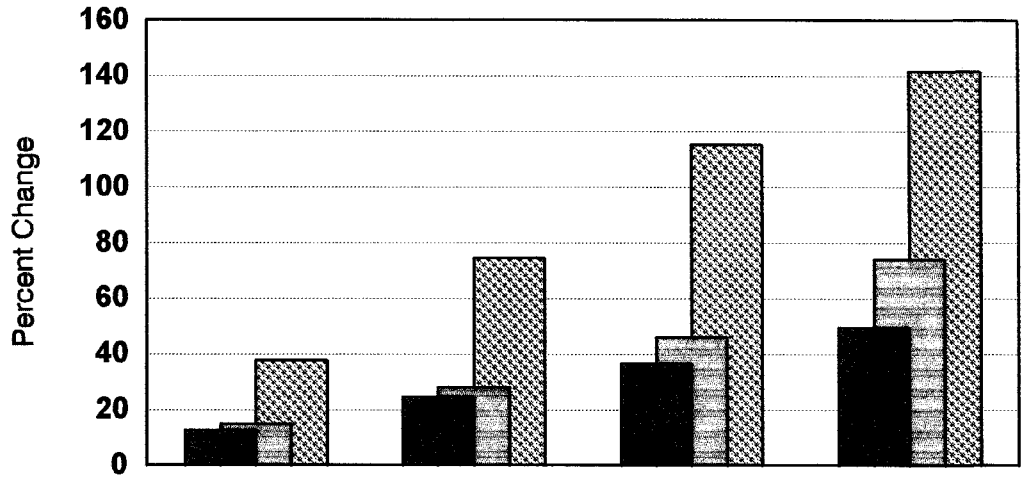
(1) ALTCS will receive $246.3 million in federal Medicaid in fiscal year 1996. The counties provide the entire state match of $126.2 million.

(2) The $20.4 million in service dollars used in fiscal year 1995 was comprised of $8.6 million in state appropriations and $11.8 million in Older American's Act funds.

Growing elderly population — Increases in Arizona's elderly population will further burden the long-term care system. Arizona currently ranks second in the nation, behind Hawaii, in the increase of the 65-and-older population between 1990 and 2000. This group currently represents 14 percent of Arizona's total population. Additionally, the 85-and-older segment of Arizona's elderly population is expected to grow by almost 38 percent in the next 5 years. This segment is significant as individuals over 85 are most likely to need long-term care. As Table 2 shows, the rapid growth in both groups continues 10, 15, and 20 years into the future. In fact, the 65-and-older segment is expected to represent over one-sixth of Arizona's total population by 2020.

Table 2

Percent Increase in Arizona's Population from Current Year 1995



Year	2000	2005	2010	2015
Total Pop.	+12.5%	+24.5%	+36.6%	+49.3%
Age 65+	+14.8%	+28.0%	+45.9%	+74.0%
Age 85+	+37.7%	+74.5%	+115.4%	+141.6%

Source: Auditor General analysis of DES' Arizona population projections 1995 to 2045.

Other states finding solutions — Florida also faces a rapidly growing elderly population. One former Florida senator sees long-term care for this population as the "black hole" of state government. A Department of Elder Affairs official stated:

> *"The challenge to states is to build a system that targets scarce state resources to the right mix of institutional, residential, and community long-term care. In an age of high demands, it is critical that we provide long-term care in the least expensive setting, which, at the same time, provides the level and quality of services that people need."*

Three states, Oregon, Washington, and Wisconsin, have already developed ways to serve more clients with the federal (Medicaid) and state dollars available by consolidating programs and maximizing the use of less expensive home- and community-based services. In Oregon, one agency administers both the Medicaid and state-funded programs. Officials believe consolidation has been instrumental in developing a comprehensive long-term care system. Additionally, all three states attempt to place as many people as possible in less expensive home- and community-based settings, while at the same time limiting the number of nursing home beds. Washington's overall priority is to aggressively battle nursing home growth; as one official stated, "a built bed is a filled bed." Further, Oregon actively promotes alternative living arrangements that are less expensive and restrictive than nursing homes, but provide more care than can be given at a client's home.

AREA FOR FURTHER AUDIT WORK

During the course of our audit, we identified an issue we were unable to fully pursue at this time.

Is duplication and overlap among agencies serving the elderly adversely impacting access to services? The Department of Economic Security's Aging and Adult Administration and the Arizona Health Care Cost Containment System's Arizona Long- Term Care Systems (ALTCS) have separate entry points for their services for the elderly; however, an individual may not know which program he or she qualifies for and therefore where to go first. The Aging and Adult Administration utilizes local case management agencies throughout the State to authorize services. ALTCS also has eligibility offices located in several cities throughout the State. Adding to the confusion, individuals can also enter the system through Adult Protective Services (APS), and then be referred to ALTCS or a case management agency.

Moreover, simply obtaining information may sometimes be difficult, requiring several phone calls, as information and referral services are also dispersed among many agencies. In fact, at least three separate places provide information and referral in Maricopa County. The Area Agency on Aging (Area Agency) sponsors a Senior Help Line, the local case management agency provides information and referral at its central intake line, and APS also currently provides this service. Despite so many sources of information, individuals may still not get the help they need. Several people interviewed during our audit stated that any single referral source lacks information on all available services. Transferring information and referral services from APS to the Area Agency as suggested in Finding I could allow the Area Agency to take the lead in providing information and referral services.

Perhaps further inconveniencing clients, each agency uses a separate assessment instrument to determine eligibility and client needs. Although Aging and Adult Administration and ALTCS' assessment instruments are similar, they are not used interchangeably. For example, ALTCS requires an assessment for eligibility and possibly another to identify service needs. The Aging and Adult Administration also conducts its own assessment. Unfortunately, both most likely reassess individuals referred from the other program. Additionally, APS assesses its clients for risk and if ongoing needs are identified, it refers them to ALTCS or an Aging and Adult Administration case management agency, and the cycle continues. The following case example illustrates how confusing this can be for the client:

- A one-hundred-year-old man who has been falling down and is mentally incapacitated was assessed by an APS worker who determined the client needed housekeeping and bathing services and home-delivered meals. Yet, the Aging and Adult Administration's locally contracted case manager had to reassess the client before au-

thorizing any of these services. The client also needed a guardian or conservator, so meanwhile the public fiduciary's office conducted its own assessment. The client was also assessed by ALTCS for financial eligibility. As a result of so many assessments, the client is frustrated and confused, and even fired the people who finally came to provide services.

Other states utilize a single entry point and uniform assessment instrument to improve access to services. In Wisconsin, counties are responsible for providing all long-term care services. County case managers assess client needs and authorize services from any funding source. Further, Washington utilizes a standard assessment instrument for its long-term care program. Despite having two agencies providing services, like Arizona, these agencies share assessment results and every effort is made to ensure a second assessment is never conducted.

Further audit work is needed to determine the extent of the problem and the possibility of developing a uniform assessment instrument.

Agency Response

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
1717 W. Jefferson - P. O. Box 6123 - Phoenix, AZ 85005

Fife Symington
Governor

Linda J. Blessing, DPA
Director

SEP 29 1995

The Honorable Douglas R. Norton
Auditor General
Office of the Auditor General
2910 N. 44th Street, Suite 410
Phoenix, AZ 85018

Dear Mr. Norton:

Thank you for providing the preliminary draft report of the performance audit of the Department of Economic Security, Division of Aging and Community Services. My staff and I are pleased to see that your findings are consistent with the direction we have taken to continually improve our ability to protect older and disabled adults and to plan for the future influx of older persons requiring our services.

DES concurs with your findings and recommendations and will work with the Division of Aging and Community Services to establish and implement, to the extent that our resources will allow, the functions and procedures listed below:

1) Centralize the intake function in order to:

* Ensure consistent intake procedures are followed throughout the state,

* Simplify the interpretation and monitoring of compliance with policies, procedures, rules and laws,

* Relieve field investigators of the intake function in order to increase time devoted to investigating reports and offering needed protection to vulnerable and incapacitated adults, and

* Ensure that consistently appropriate decisions are made regarding whether or not to investigate an incident report involving a vulnerable adult.

2) Enhance the supervisory review process to ensure that report decisions and case reviews are conducted in a thorough and timely manner.

3) Prioritize case investigations in order that APS can immediately respond to situations that are life threatening, or affect the health or safety of vulnerable adults.

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4) Provide core and ongoing training for all APS workers. We consider training to be the cornerstone of our improvement strategy. Toward that end, the Department has identified the need for funding to develop competency-based, core and on-going training.

5) Continue to work closely with the Governor's Office, the Legislature and affected state agencies to encourage needed coordination and/or integration of planning, programming and administration of Long-Term-Care (LTC) and other programs for the elderly. This cooperation is essential given the fact that Arizona's rapidly growing elderly population will continue to stress the already burdened LTC system.

This report is thorough and objective and will undoubtedly prove to be helpful in continuing to improve protective and community services for older and vulnerable adults.

Sincerely,

Linda J. Blessing

Linda J. Blessing

LJB:MA:js