



HCBS Conference 2021

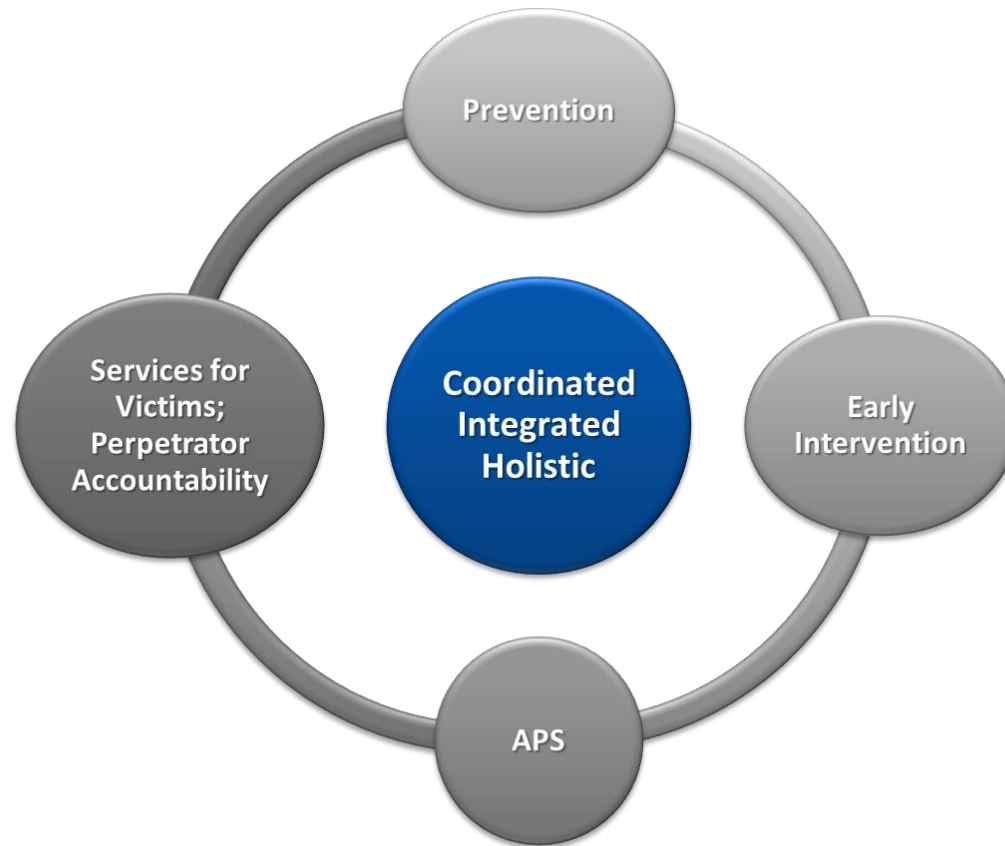
Advancing with Data

Stephanie Whittier Eliason and Beverley Laubert

Administration for Community Living
Office of Elder Justice and Adult Protective Services
Office of Long-Term Care Ombudsman Programs

December 10, 2021

ACL's Vision for Elder Justice



How ACL Uses Data to Improve APS Systems

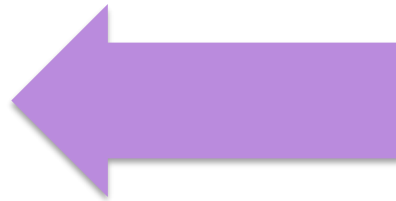
Use data, evaluation, and research to:

- 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

**National
Adult
Maltreatment
Reporting
System**



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**

and

**2. Measuring
staff performance**

Using Data to Improve Practice

1

Report to external and/or internal stakeholders.

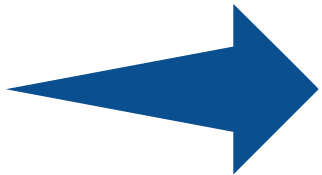
2

“What gets measured gets ...moved, done, managed, changed, rewarded, improved...whatever, it makes a difference.”

Using Data to Improve Practice (2)

2 What gets measured gets ... moved, done, managed, changed, rewarded, improved”

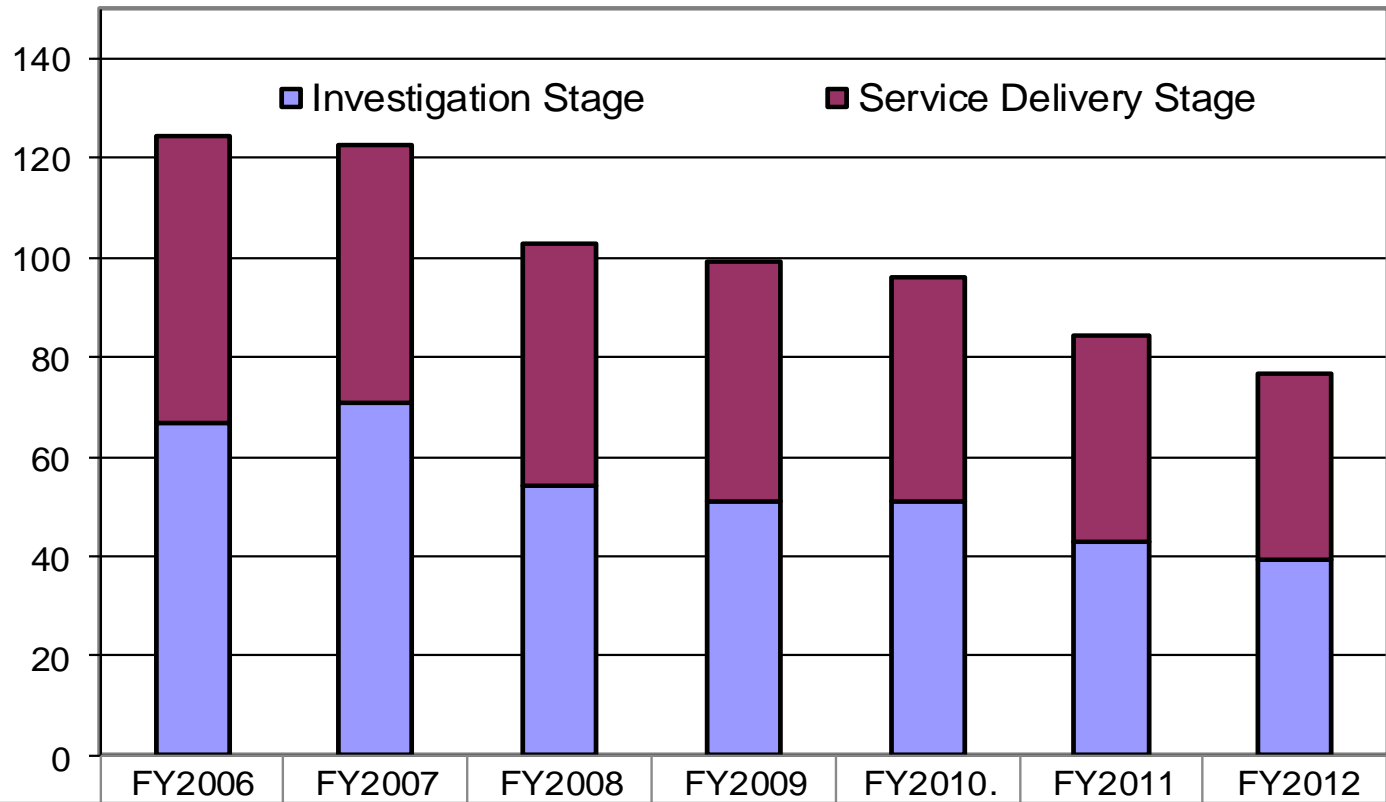
The management idea is fairly ubiquitous and simple:



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



	FY2006	FY2007	FY2008	FY2009	FY2010.	FY2011	FY2012
Total Duration	124.6	122.5	102.9	99.0	95.9	84.3	76.9
Service Delivery Stage	57.8	51.8	48.9	48.0	45.0	41.4	37.7
Investigation Stage	66.8	70.7	54.0	51.0	50.9	42.9	39.2

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

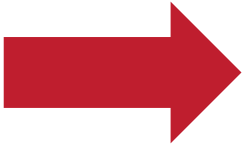
Improving APS Performance

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

Managing with Data



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

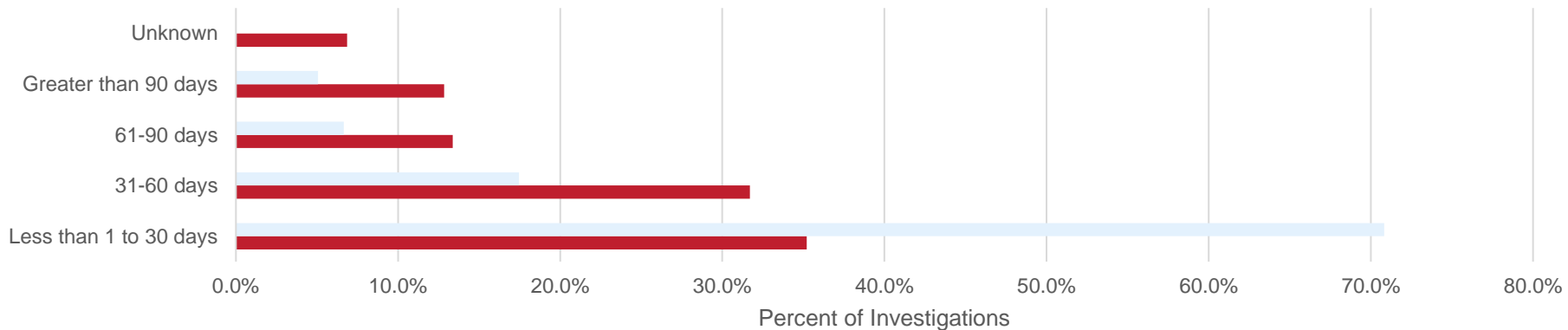


Data helps you to ask the right questions, but rarely provides definitive answers on how to improve performance



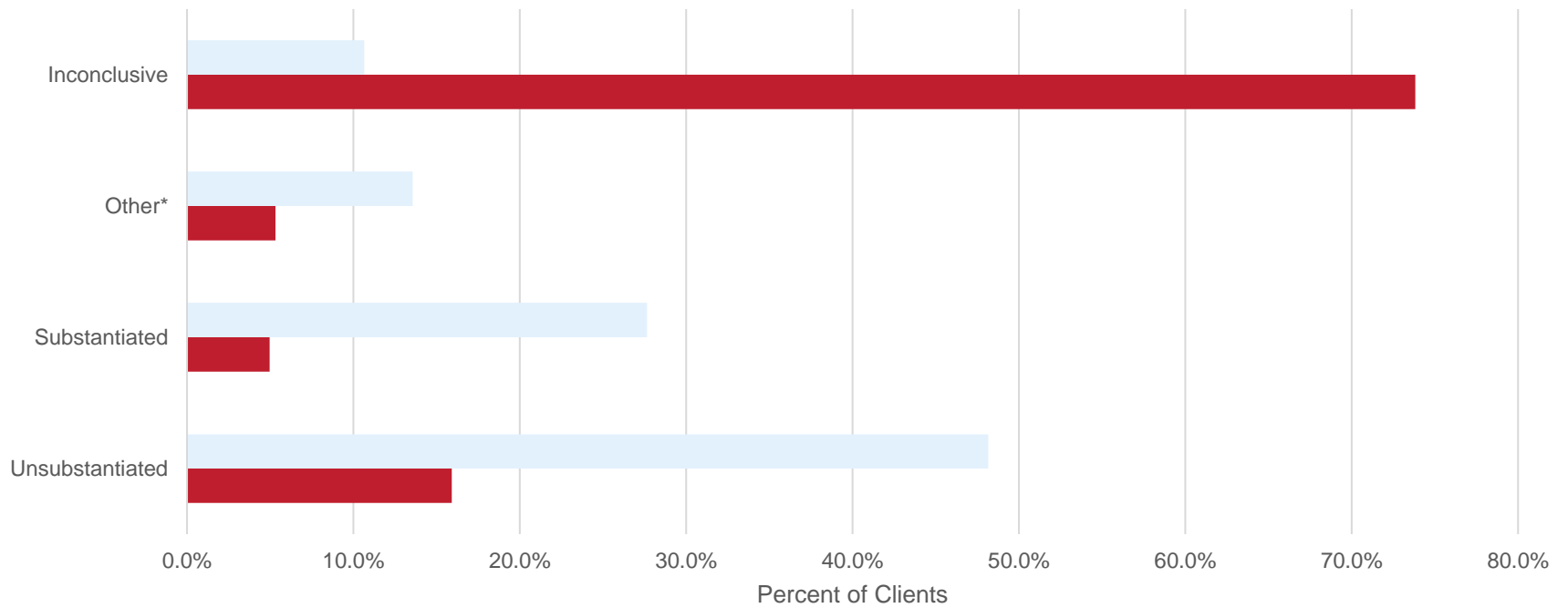
The rewards are worth the effort, but pay attention to potential unintended consequences

State – National Comparison Length of Investigation Duration

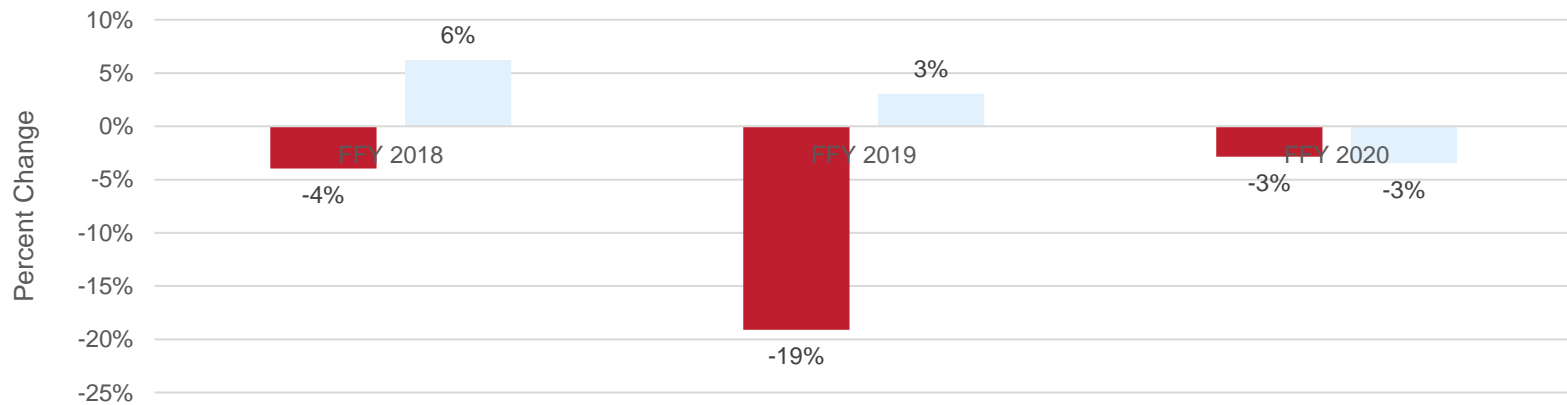


State average is 32 days; national is 54.6

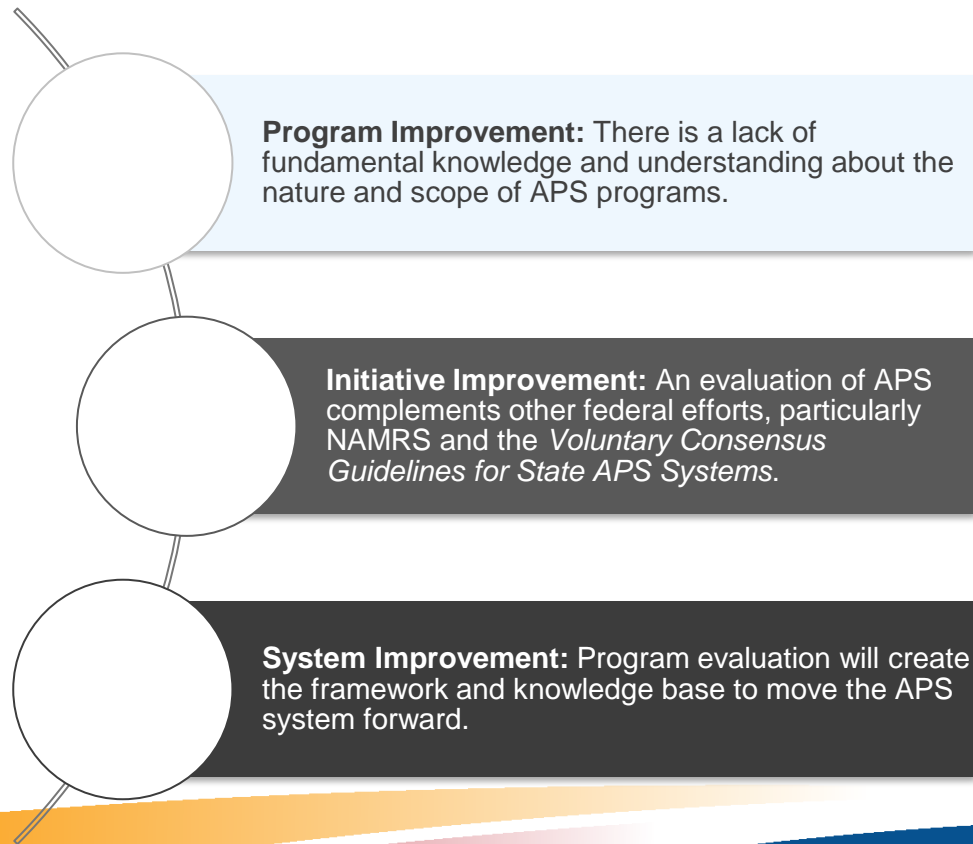
State – National Comparison Disposition by Type



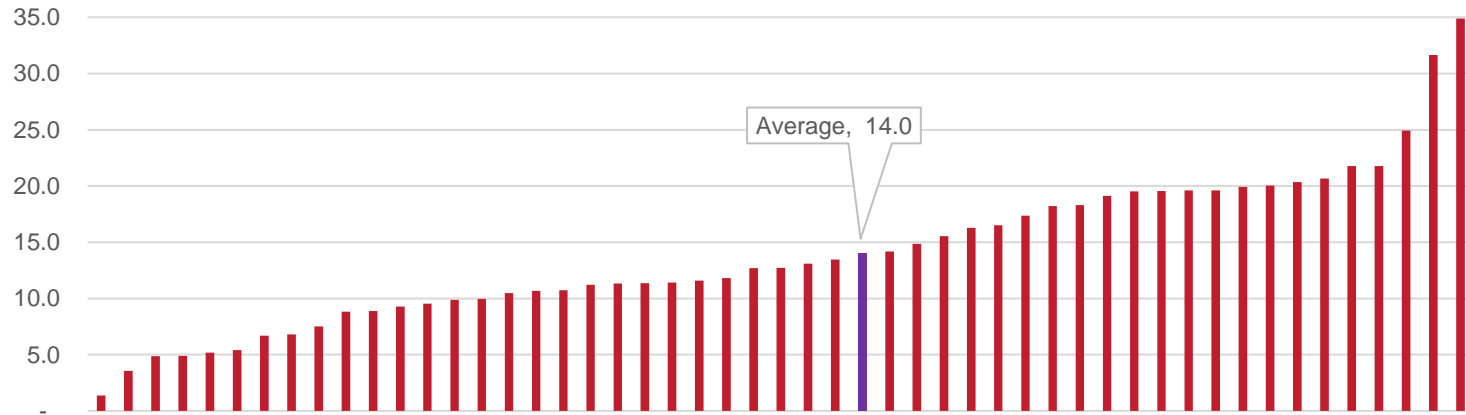
State – National Comparison Percentage Change in Investigations from Previous Year



APS Process Evaluation Using NAMRS Data: Why Evaluate APS?

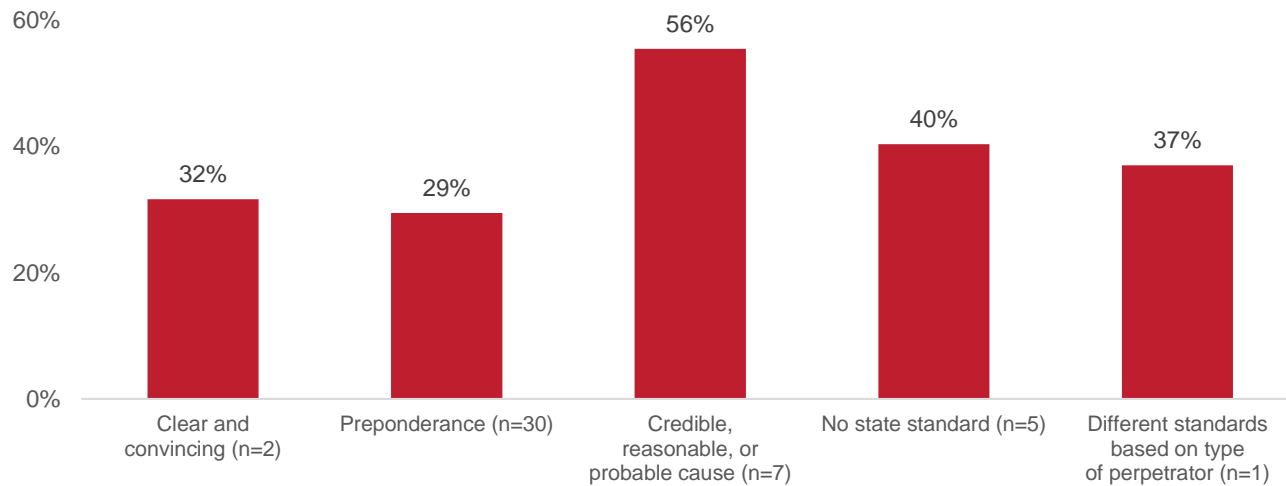


The rate of reports to APS per 1,000 eligible adults in the population ranged from 1.4 to 34.9 reports, with a mean of 14.



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

Exhibit X. Percent of Victims Receiving Services by Maximum Response Time Policy

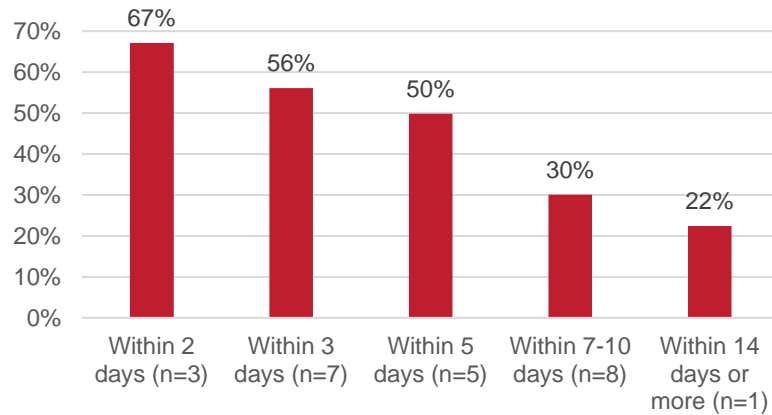
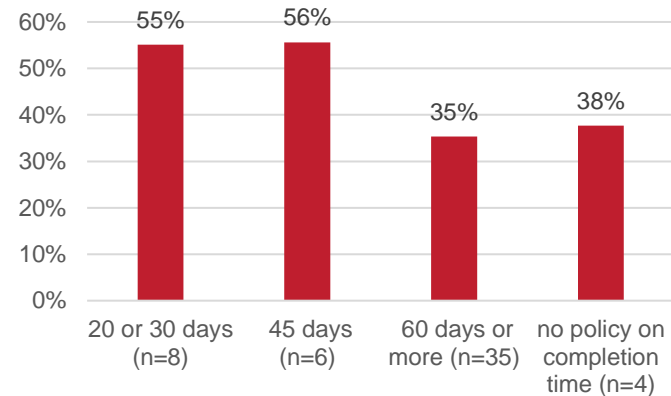


Exhibit Y. Percent of Victims Receiving Services by Investigation Completion Time Policy



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

Phase 1

(09/2019 – 09/2020)

- Goals:
 - Understand prior and current use of predictive analytics, machine learning, and AI in similar fields
 - Identify risk and protective factors associated with adult maltreatment and identify data sources that contain these features
 - Experiment with developing machine learning models to predict risk of adult maltreatment at the **county level**.

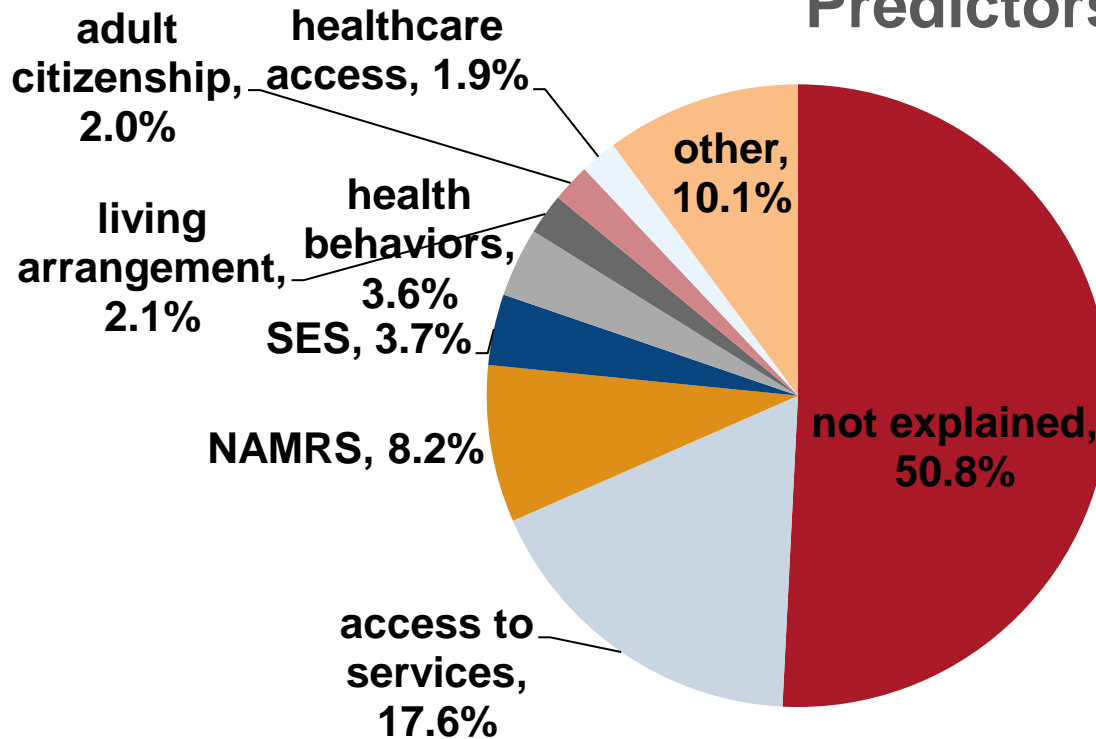
Phase 2

(09/2020 – current)

- Goals:
 - Develop predictive analytic models (and/or tools) and algorithms that could be used as a protocol to identify **individual-level** risk factors of adult maltreatment.
 - Specifically testing performance metrics association with prediction of the likelihood an APS case is to be substantiated and/or recur in the APS system.
 - Develop models with additional data sources.

Model Target: Self-Neglect

Predictors of Self-Neglect



Use Case Scenarios

PRAM has identified two potential initial use case scenarios.

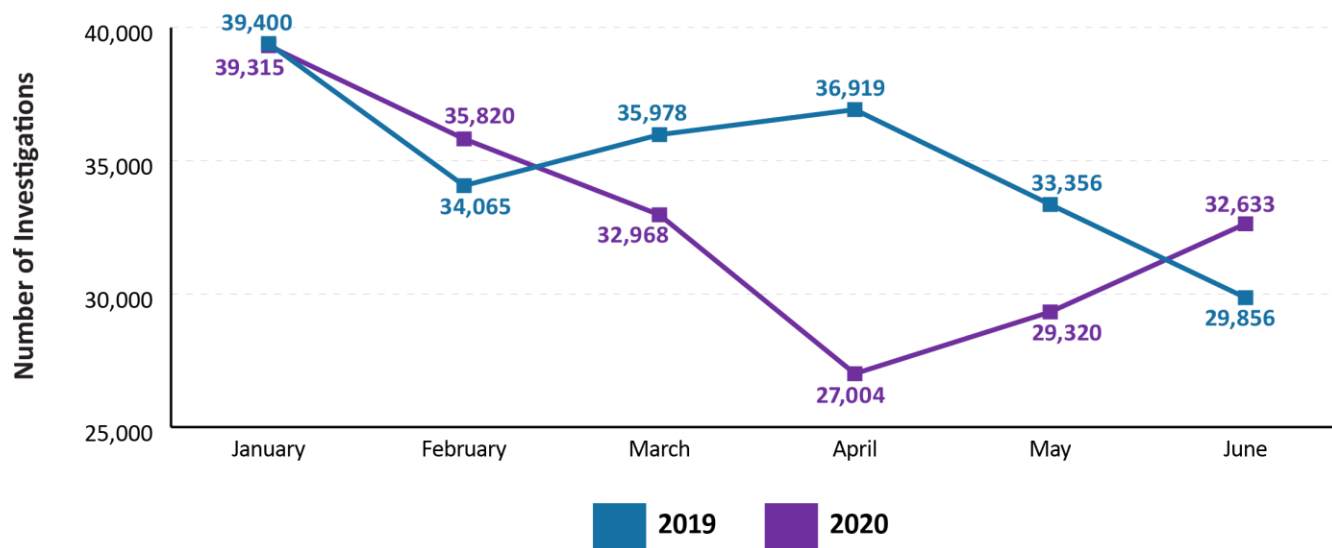
Research Question (or problem we want to address)	Example of potential findings	Use case
For cases referred to APS, can substantiation be predicted?	Identify predictors of an APS referral becoming a substantiated case	Develop an algorithm to predict likelihood of prediction or substantiation that can assist with decision-making or quality assurance existing APS practice.
For cases referred to APS, can recurrence be predicted?	Identify predictors of recurrence as an APS case after previous case resolution.	Develop an algorithm to predict likelihood of prediction or recurrence that can assist with decision-making or quality assurance existing APS practice.

NAMRS Data Used to Assess Preliminary Impact of COVID on APS

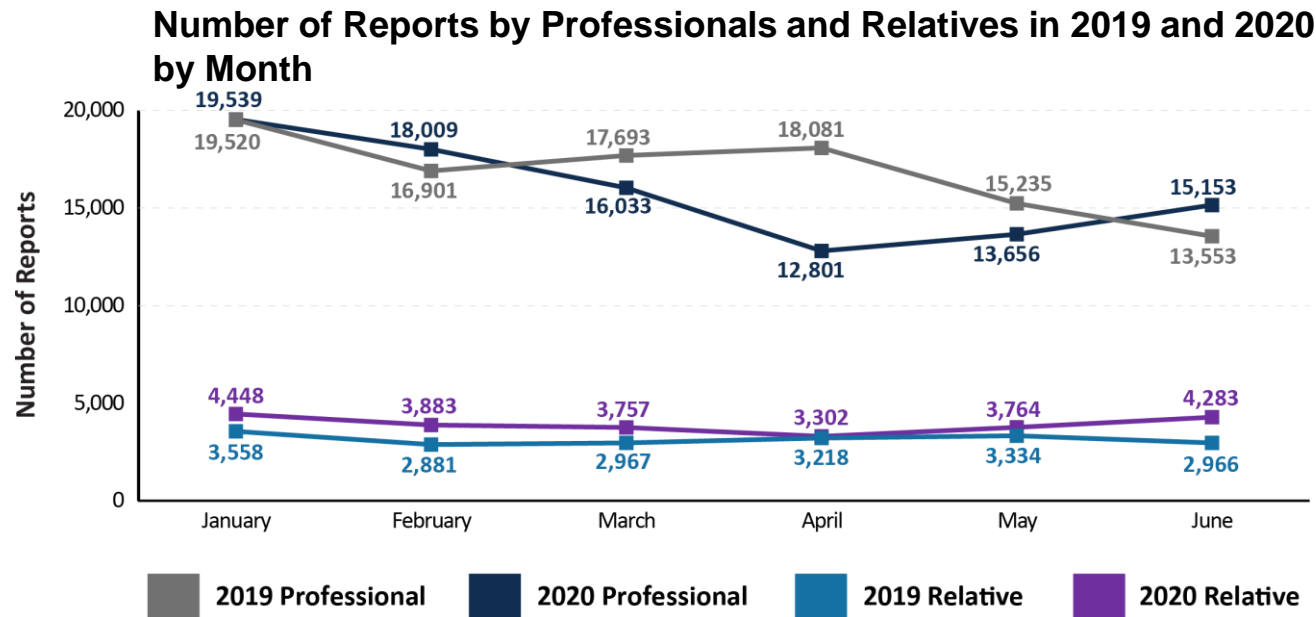
FFY Year	Category	Number of Reports	Percentage of Reports	Number of Investigations
2019	Accepted	820,000	62.3%	
	Not Accepted	495,992	37.7%	
	Total	1,315,992		793,592
2020	Accepted	773,053	58.3%	
	Not Accepted	552,123	41.7%	
	Total	1,325,176		767,119
Change	Accepted	-46,947	-4%	
	Not Accepted	56,131	4%	
	Total	9,184		-26,743

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

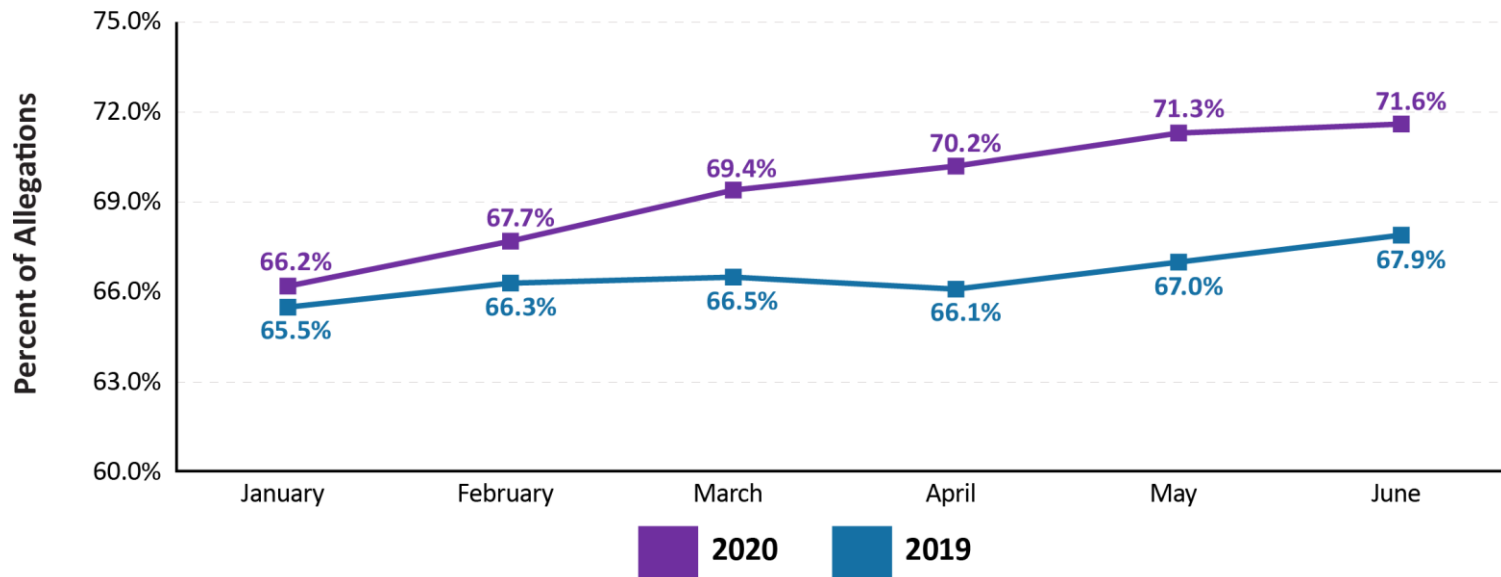


Reports from professionals decreased during the pandemic both as a percentage and in absolute numbers, while reports from relatives decreased in absolute numbers but increased as a percentage.



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



LONG-TERM CARE OMBUDSMAN

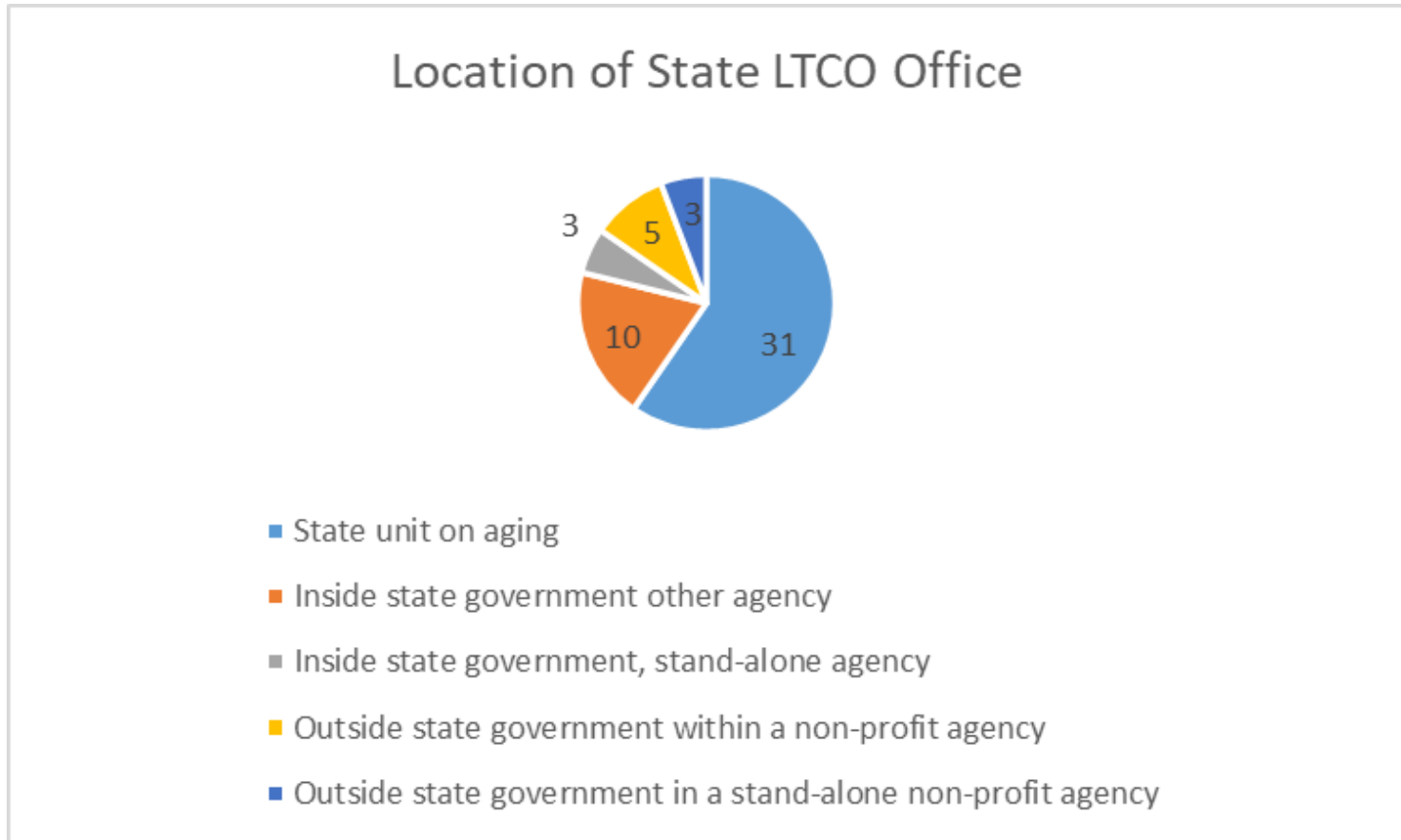
Ombudsman Overview

- 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

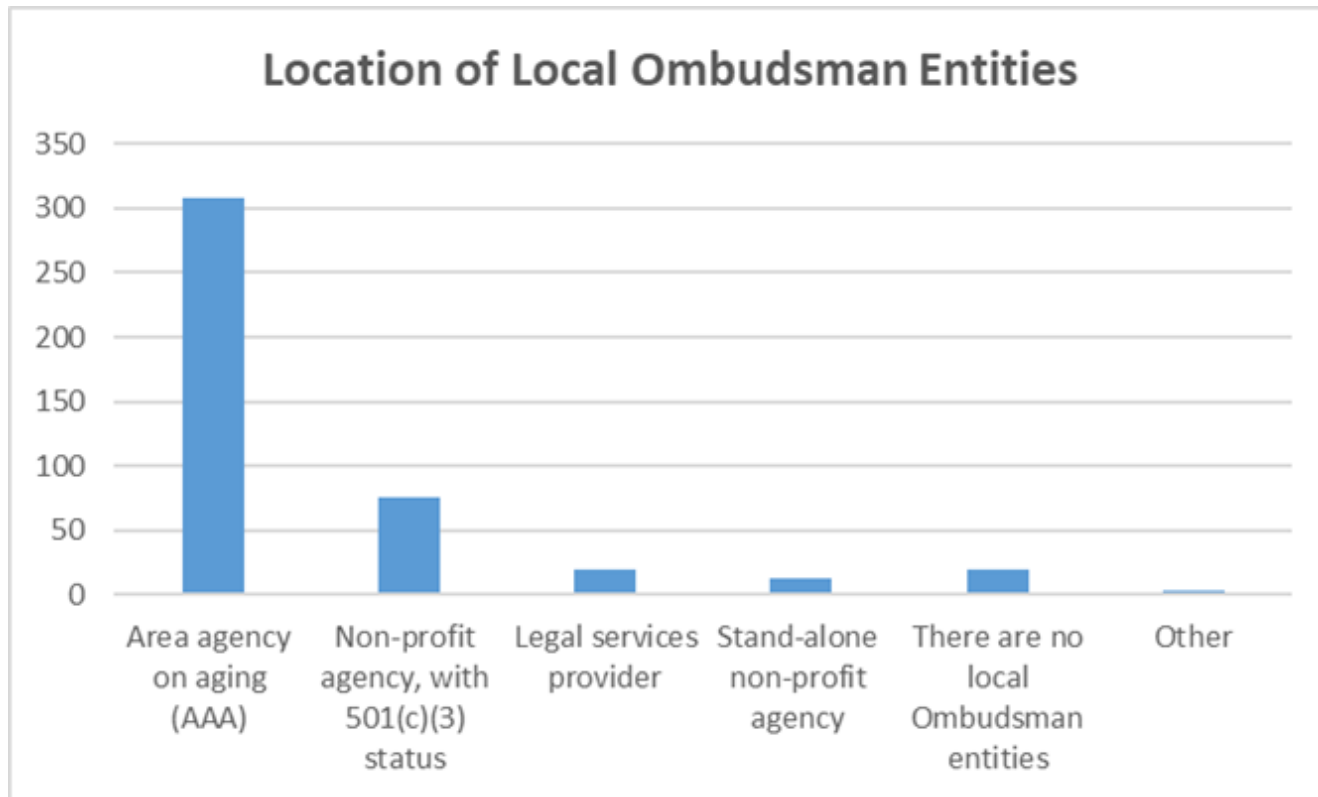
Program Requirements

- 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



Ombudsman Overview: Local



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

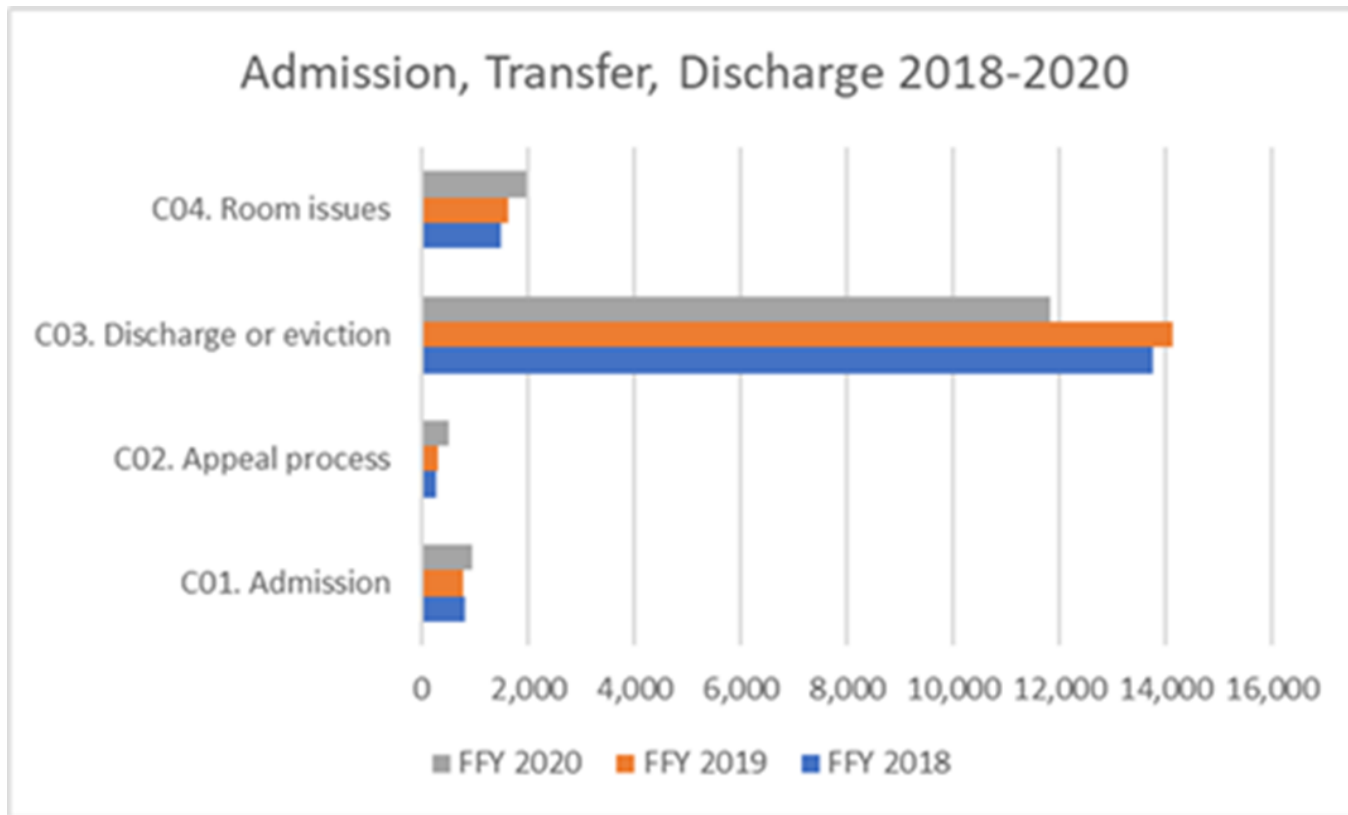
Data Available through NORs

- Total counts of:
 - Cases opened and closed
 - Complainants
 - Facilities and beds (nursing facilities and residential care communities)
 - Facilities visited and visits
- Program information:
 - Organizational structure
 - Staff
 - Funding
 - Volunteers & hours
 - Conflicts of interest
- Complaint details:
 - Category and type
 - Source (i.e., resident, relative/friend, ombudsman, facility staff)
 - Setting
 - Verification
 - Disposition
- Narratives:
 - System issues
 - Case examples
- Other Activities

Using NORRS Data

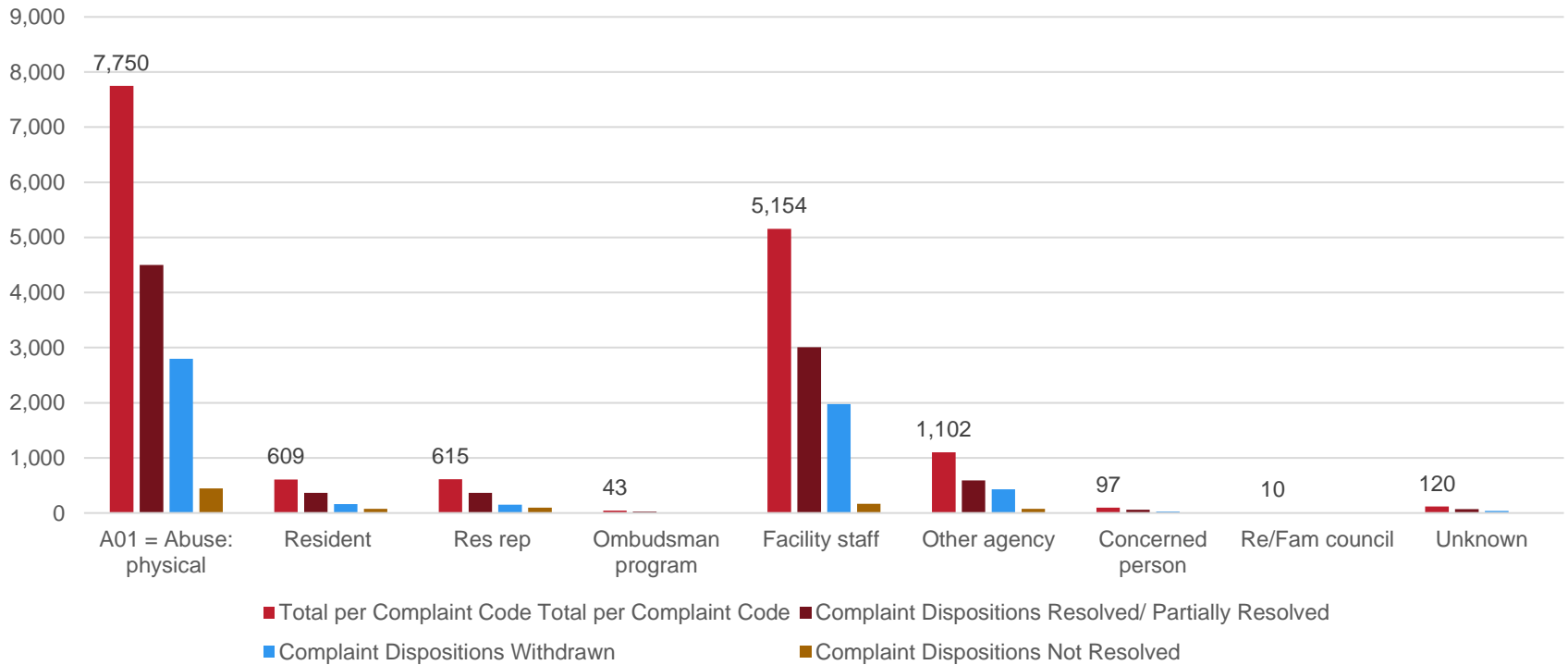
- Assist consumers
 - Justify budgets
 - Inform policy
 - Respond to media requests
 - Program planning
 - Quality assurance
- 

Data Examples



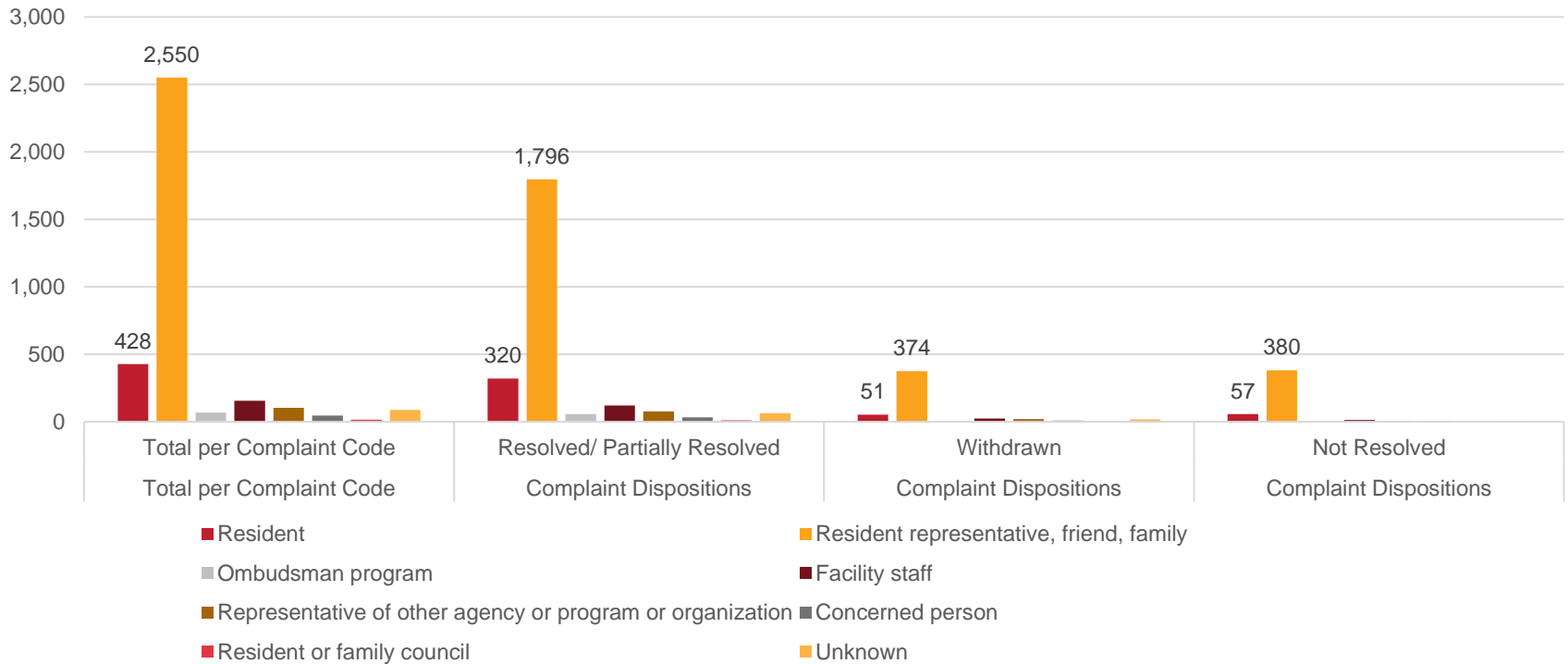
Complainant Analysis

Abuse: Physical All Settings



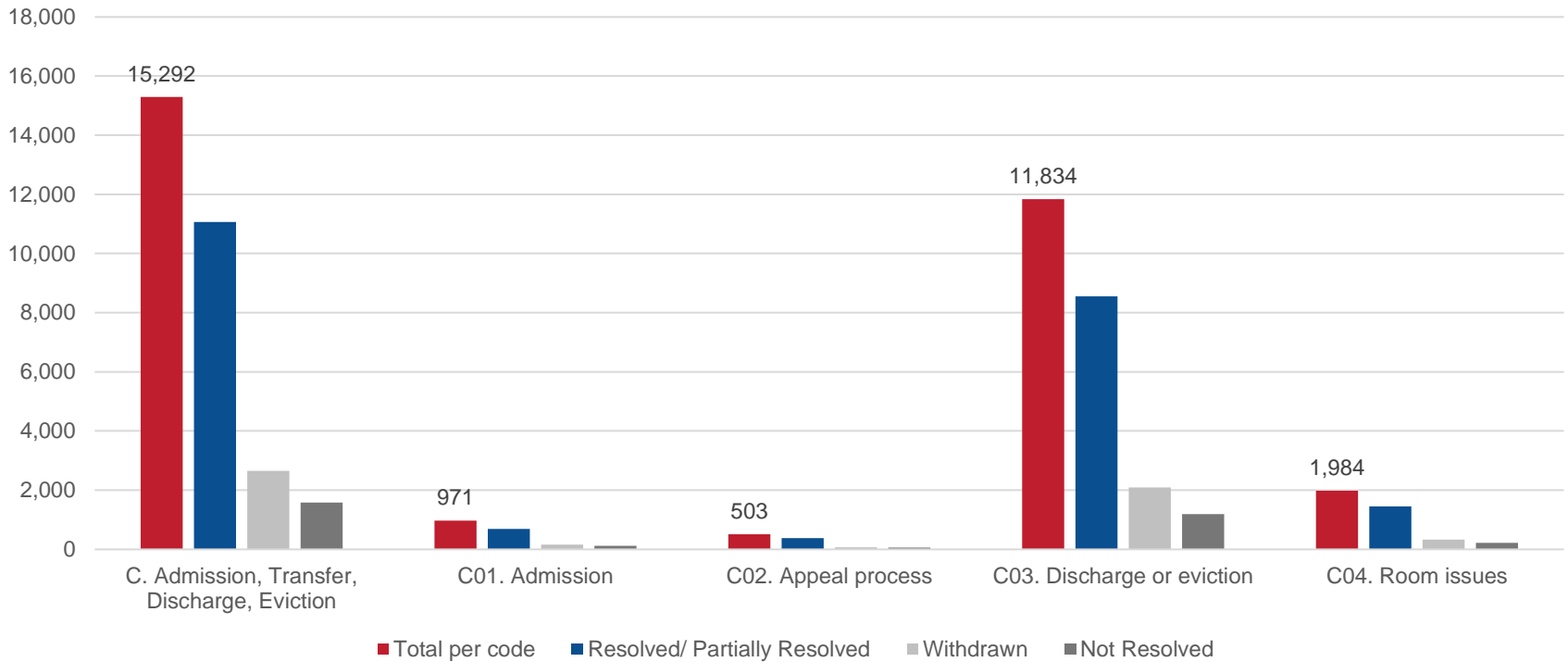
Complainant Analysis (2)

Visitors



Complaint Analysis

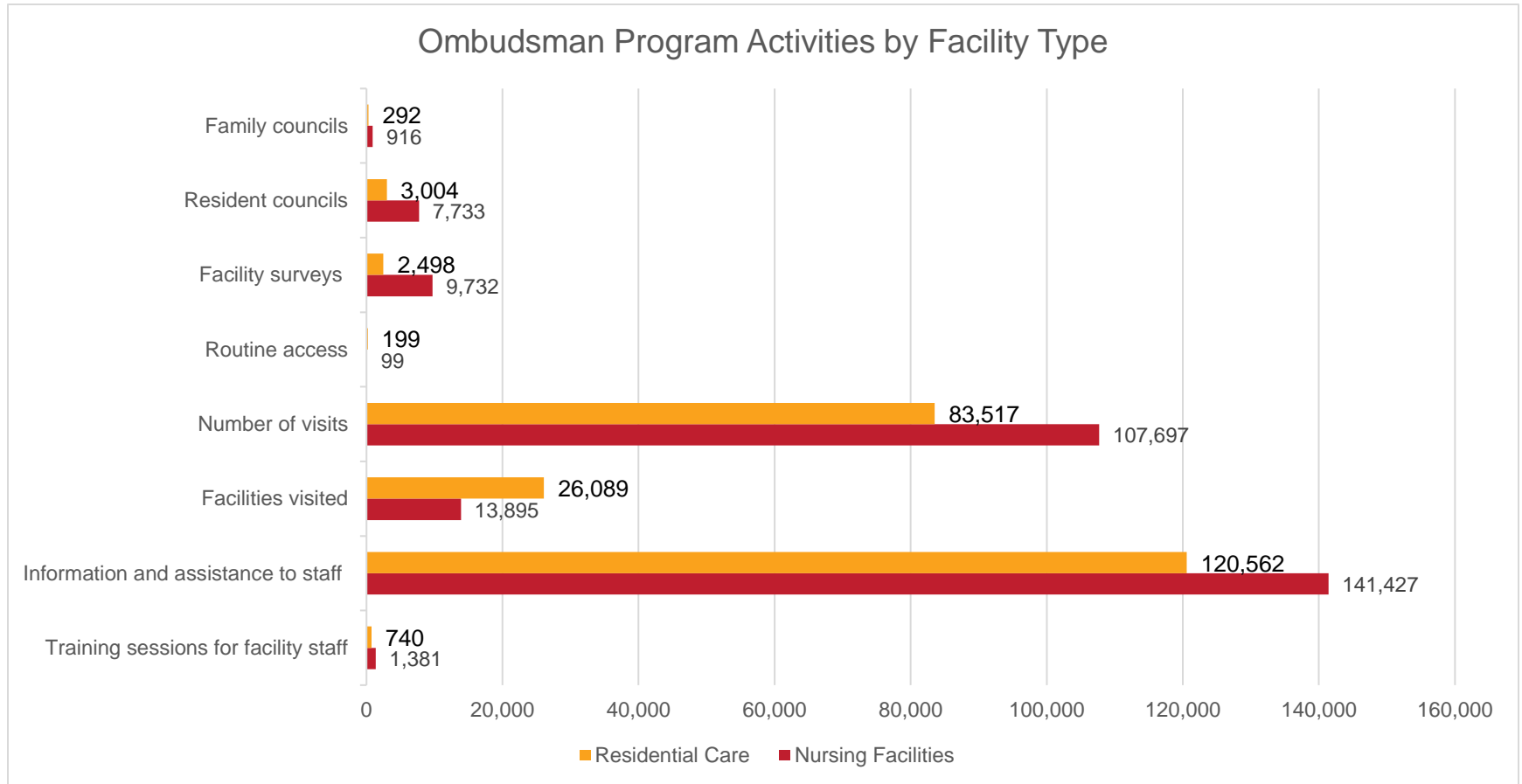
Admission Transfer/Discharge



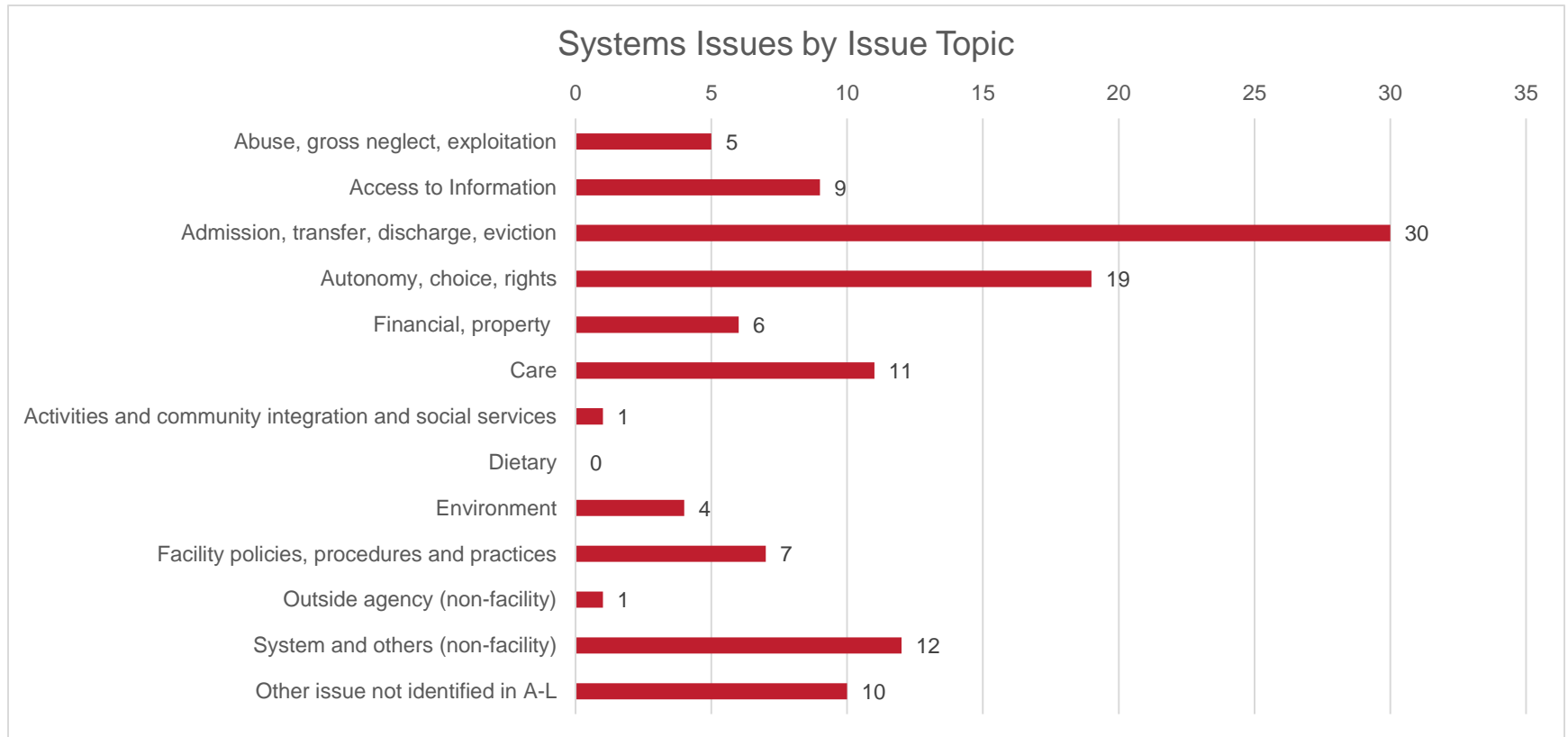
Complaint Analysis (2)

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

Program Activities



Systems Issues



Using Data to Inform



Long-term Care Ombudsman Program: Supporting Transitions

To celebrate the 2021 Residents' Rights Month theme, "Reclaiming 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 move back to their home or to another setting in the community. 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.

ACL is an operating division of the U.S. Department of Health and Human Services.



Helping Mary move to the community

When family arguments about where Mary (not her real name) "should" live began to cause her stress, an Ombudsman representative intervened to help. With the representative's help, Mary was able to move out of assisted living and return to her home. The Ombudsman representative also provided referrals to ensure that services and supports were in place, paving the way for Mary to be able to live according to her preferences.



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

aps@acl.hhs.gov

Beverley.Laubert@acl.hhs.gov