



COLLEGE OF MEDICINE TUCSON

Sonoran Center for
Excellence in Disabilities

Implementation and Impact of Arizona's Abuse & Neglect Prevention Task Force Recommendations

An independent evaluation report prepared by:

**The University of Arizona
Sonoran Center for
Excellence in Disabilities (UCEDD)**

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We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

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The Sonoran Center for Excellence in Disabilities envisions a future where all community members participate fully, recognizing the strength of our diversity in abilities, culture, age, and lived experiences. Sonoran Center for Excellence in Disabilities endeavors to support people living with developmental disabilities through all stages of their lives, through interdisciplinary education, service development and dissemination, research, and impacting policy at the local, state, and national levels. Our programs are based on the principles of cultural respect, empowerment, and self-determination. Our governance, leadership, and programs are inclusive of diverse cultures, ages, geographies, and experiences.

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EXECUTIVE SUMMARY

Following a high profile incident of sexual abuse at a Hacienda Healthcare facility in Arizona in 2018, the State of Arizona took measures to prevent abuse and inform abuse monitoring, including an Executive Order (2019-03) issued by Governor Ducey which established an Abuse & Neglect Prevention Task Force to ensure the safety of persons with intellectual and developmental disabilities in Arizona. The Task Force generated 30 Recommendations that included actions across 12 domains directed at the betterment of abuse prevention across Arizona's social service system including Arizona Health Care Cost Containment System (AHCCCS), Arizona Department of Economic Security (DES), and Arizona Department of Health Services (ADHS). This report evaluates the implementation and impact of these recommendations.

Summary of Findings

- Overall, the Recommendations of the Prevention of Abuse and Neglect Task Force have been implemented as written, and the efforts of the Task Force in collaboration with Arizona state agencies have produced positive results in the effort to enhance the protection of vulnerable Arizonans.
- Coordination and collaboration across and within Arizona's state agencies have been enhanced. The new model of incident response will likely reduce duplicative contacts and other burdens including re-traumatization during investigations, while increasing time and other resource efficiencies.
- Substantial changes have been made to Minimum Subcontract Provisions, which have the potential to produce systemic benefits across systems of care: for members and families, provider staff, and the culture at long-term care provider organizations. Contracted providers are now required to enact these new provisions. It is critical that regular verification of compliance occur through MCO and agencies contract monitoring and physical inspection of sites.
- Provider Staff Survey respondents who provide direct care, and those who supervise them, report widespread confidence to (1) prevent abuse and/or neglect, to (2) correctly identify signs of abuse, (3) to know what to do, and (4) to be ready to take action to address potential abuse and neglect. 73% of members and families report they experience this workforce as trustworthy, suggesting that one goal should be to improve the communication of the agency's commitment to abuse prevention, specifically in communications from direct care professionals.
- Members and families remain less certain than Provider Staff about their own ability to make a report, and whether if they made a report, they would be believed. Few family members (35%) understand their legal duty to make a report of suspected abuse and or neglect, although 81% of them are confident they would make a report even if they only suspected the possibility of abuse or neglect and didn't know for sure.
- The Statewide Public Awareness Educational Toolkit is regarded as a high-quality product that can be a centerpiece of resource promotion and used by all long-term care stakeholders. The planned public awareness campaign can address promotion of the Toolkit, as well as enhance communication about protection of whistleblowers and family's legal duty to report.
- Planned changes are promising. This includes the Home and Community Based Services (HCBS) quality online dashboard, central employment repository, focused efforts on the continuation of workforce development, and case management and coordination systems and role enhancements.

Recommendations

- Proactively sustain regular inter-agency collaboration through the quarterly Arizona State Agency Collaboration (ASAC) by identifying projects that would benefit from coordinated action via the ASAC going forward.
- Incorporate enhanced messaging in toolkits, trainings, and any forthcoming public awareness campaign to increase provider/vendor staff awareness that: (1) Arizona is committed to protection of whistleblowers; (2) a Toolkit resource is available with tailored materials for provider and vendor staff.
- Incorporate enhanced messaging in toolkits, trainings, and any forthcoming public awareness campaign to increase member and family awareness that: (1) if members and families make a report, it would be taken seriously and believed; (2) training on prevention of abuse and neglect is available for vulnerable individuals and families (3) a Toolkit resource is available with tailored materials for members and family members (4) family members are Mandatory Reporters, people who are obligated to report potential abuse and or neglect and who could face criminal investigation if signs are ignored.
- Publicize State and MCO contract verification and physical site inspection. Determine and enforce provider and vendor compliance with respect to updated contract and policy, including requirements to:
 - implement signs.
 - train staff on trauma-informed care.
 - train vulnerable individuals and families on abuse and neglect prevention.
 - train professional/family caregivers on stress and burnout.
- Consider modifying MCO contract and/or policy to specifically identify a role (e.g. Case Managers/ Support Coordinators) as responsible for:
 - accomplishing in-home implementation of the above requirements among individuals in home-based care.
 - auditing and/or providing member and family training on prevention, identification, and mandatory reporting of abuse.
 - Identification of caregivers/ families who have limited support and/or who are or may soon be experiencing burnout and specifically providing timely information to those caregivers and families.
 - Ensuring survey distribution across both in-home and residential settings with remote device support.
- Repeat Long-Term Care Provider Staff Surveys and Member and Family Surveys annually for a minimum of 2-3 years to monitor progress toward intended impacts.
 - As relatively few Members and Families (n = 257) were surveyed, identify ways to enhance participation in Member and Family Survey.
 - Identify ways to engage more direct care professionals in survey completion.
- Future evaluation of impact should include continued qualitative feedback from Members and Families regarding their experience with services and trainings. Further, all training materials (Provider and Member-based) require evaluation through an external feedback process or additional research-based evaluation. This evaluation should include the universal accessibility of all materials, including sign postings, communications with members, and training resources.

BACKGROUND

The Abuse & Neglect Prevention Task Force convened in response to Executive Order 2019-03 to ensure the health and safety of Arizona’s most vulnerable citizens through activities intended to enhance prevention of abuse and neglect. The Task Force and associated Workgroups met monthly from March 2019 through November 2019, then met quarterly from January 2020 - April 2022. The meetings resulted in the production and subsequent effort to implement a total of 30 Recommendations. The Task Force requested an outside evaluation of implementation and impact of the Abuse & Neglect Task Force Recommendations. The Sonoran Center for Excellence in Developmental Disabilities was contracted by AHCCCS to complete the evaluation.

Evaluation Objectives & Approach

- Evaluate implementation of recommendations developed by Abuse & Neglect Task Force.
- To the extent feasible, evaluate impact/effectiveness of implementation.
- Engage stakeholders in the evaluation process.
- Assessment of Outcomes at Multiple Levels: Agencies, Health Plans / MCOs, Contracted Provider Organizations, Administrators, Direct Care Workers, Member and Families.

Evaluation Outputs

- Characterize the status of the implementation of Task Force Recommendations.
- Evaluate cooperation and coordination of activities among government agencies and providers.
- Assess changes (retrospectively) among provider/vendor organizations, provider staff, and members/families.
- Obtain feedback from provider/vendor organizations and families/members on strengths and opportunities for improvement in implementation of recommendations and prevention of abuse and neglect.
- Make recommendations for future directions, including establishment of target metrics.

Methods

Evaluation activities were initiated in consultation and engagement with stakeholders including the Task Force, advocacy groups, providers/vendors, and state agencies. Semi-structured interviews were conducted with each of 21 agency personnel identified during planning meetings in April and May 2021. Interviews lasted from 10 to 40 minutes depending on the number of recommendations staff were involved in. Interviews focused on implementation processes, implementation status, and assessment of implementation and/or related policy changes.

Following the initial interviews, each of the 30 recommendation themes were grouped into two broad categories: those concerning agency operations and without direct impacts on the public, and those focused on agency contracts and policies that directly impact the direct care workforce and/or vulnerable individuals and families. Focus group discussions (FGDs) were held with members of the Task Force and key personnel at AHCCCS and DES.

A group of stakeholders—including Task Force members and key personnel in state healthcare providers and non-profits--contacted the evaluation team. A listening session related to abuse and neglect was scheduled prior to finalization of the survey questions and metrics. The listening session helped evaluation staff to identify several key stakeholder perspectives that had not emerged during preliminary investigations with agency staff and Task Force members.

Table 1.0 Data Collection Summary

Activity	Details
Agency Interviews • Key Agency Personnel	21 interviews; agency response, planning and activities implementation for each recommendation
Preliminary Focus Group Discussion • Abuse & Neglect Task Force	2 events; facilitated topics: interagency coordination, task force process, predicted effectiveness of recommendations.
Focus Group Discussions • Abuse & Neglect Task Force • Agency Personnel • Providers	2 events; facilitated topics: organizational process, staff responsibilities, planning/implementation/organization, coordination and relations between agency and provider, interactions with families/members, perceived effectiveness of abuse/neglect prevention activities.
Surveys Provider and Staff Survey Member and Family Survey	2 events; 30-day distribution and data collection periods; questions developed to measure Task Force recommendations / respondents’ awareness, confidence, and actions taken to prevent and identify the possibility of abuse.

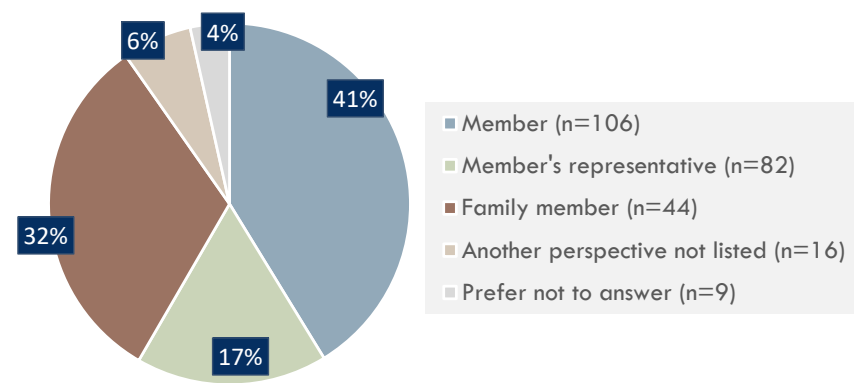
Provider Staff Survey: Design, Distribution, Response

Initial qualitative activities informed the creation of a survey that was sent to AHCCCS-contracted medical providers of long-term care services statewide. Direct care workers, supervisors of direct care workers, and administrators were the focus of the analysis. Survey metrics were designed to measure the intended service-level impacts of the recommendations. The survey was administered in English and Spanish. The distribution plan was developed through coordinated effort between AHCCCS, DES, and MCOs.

Forty percent of respondents worked for an employer contracted with Arizona Long Term Care Services (ALTCS) Division of Developmental Disabilities (DDD) only, 12% worked for an employer contracted with ALTCS Elderly and Physically Disabled (EPD) only, 18% of respondents worked for an employer that had both contracts, and 20% were unsure, while the remaining were excluded for ineligibility. There were 1395 eligible responses to this survey, with 1043 respondents who completed the entire survey. The types of services offered varied widely: in-home services, employment services, day treatment, specialized habilitation, residential services, home health services, therapy services, transportation services, and institutional services were represented in the response.

Member & Family Survey: Design, Distribution, Response

Initial qualitative activities informed the creation of a survey that was rolled out to members and families via AHCCCS, DES and the contracted MCOs. Members and family members were the focus of the survey analysis. Respondents were asked to indicate which of three perspectives they would be representing when taking the survey: member receiving long term care services, a person assisting a member to complete the survey and recording the member's perspective (member representative), or a family member of someone receiving long term care services. Survey metrics were designed to measure the intended member and family impacts of the recommendations. The survey was administered in English, Spanish and American Sign Language. The distribution plan was developed through coordinated effort between AHCCCS, DES, and MCOs. A total of 282 responses were received, with 25 screened out for eligibility reasons. 58% percent of respondents were members, and 32% were family. Of members, 27% were residential facilities, while 63% described perspectives from home-based care. Of family members, 37% were responding about a family member who lives in a long-term care setting, while 56.1% described home-based perspectives.



LIMITATIONS

Future surveys should aim to include a broader range of stakeholders. The provider survey included fewer direct care workers than is representative. Member and family survey numbers were lower than expected, race and ethnic status was less diverse, and rural perspectives were underrepresented in comparison with the state population. Participation in the survey was voluntary and there is a possibility that responses present extreme perspectives. Qualitative interviews with members and families would have added to the depth of the qualitative data, and future evaluative investigations should include this data source.



STATEWIDE PUBLIC AWARENESS CAMPAIGN

DES #22 and #23

Objective(s)

Initiate a public awareness campaign with the following key messages:

- Arizona values and protects vulnerable individuals.
- Arizona is committed to recognizing signs and symptoms of abuse, neglect, and exploitation
- Arizona encourages all parties to report concerns.
- Arizona supports the provision of information about how to make a report, whistleblower protections, and the process and timeline after a report is made.
- Arizona supports the provision of information about the principles and benefits of trauma-informed care and compassionate care.
- Arizona supports the provision of information about accessing trusted resources for information and support.

Data Source(s)

Interviews, Focus Groups, Document Review, Provider Staff Survey, Member and Family Survey.

Finding(s)

DES solicited six bids regarding launching a statewide public awareness campaign. It became clear that additional legislative appropriations or other funding would be required to fund a public relations effort at this scale. In response to this barrier, a workgroup—composed of Task Force members, advocacy and professional organizations, and agency personnel— collaborated to produce The Statewide Public Awareness Educational Toolkit (henceforth, Toolkit) for use by staff, members, and family. The Toolkit includes information that precisely defines abuse, neglect, and exploitation; outlines in plain language all the information needed to competently prevent, recognize, and report abuse, neglect, and exploitation, as well as a comprehensive hyperlinked list of resources specific to caregivers, members, and families. The Toolkit was posted for public comment in Spring 2021, before being published on the DES website. AHCCCS' Spending plan for implementation of the American Rescue Plan Act, ARPA, 9817, includes development of statewide abuse and neglect prevention campaign; the plan has been approved and activities are in process.

Strengths

Multiple participants on the Task Force identified that the Toolkit was one of the most important and impactful developments resulting from the efforts of the Task Force. Survey responses from both members and families are consistent with a recognition of Arizona's intended commitments to prevent and detect abuse and neglect. Regarding awareness levels currently: Eighty percent of provider staff survey respondents "strongly agree" or "agree" that Arizona encourages all parties to report concerns about abuse and/or neglect. The majority (60%) of provider staff survey respondents "strongly agree" or "agree" that Arizona is demonstrating increasing commitment to preventing abuse and/or neglect. A large majority of survey respondents, 74% of members and 76% of family members, respectively, reported "Yes" that their long-term care service provider values and protects people. 79% (members) and 69% (family) reported "Yes" that their service provider would believe them if told of a safety concern, and 73% (members) and 66% (family members) trusted their service provider to keep themselves or their family member safe.

Challenges

Survey responses suggest that awareness of Arizona's commitment is incomplete. Some provider staff, particularly direct service staff, are not confident that whistleblowers will be adequately protected. Over 15% of members and families answered "maybe" to questions about service providers'

commitment to protect vulnerable individuals, suggesting a lack of proactive service-level communication about abuse and neglect by service providers to members and families. The general public's awareness of both the Toolkit and Arizona's commitment to protect vulnerable individuals likely remains lower than intended by the Task Force, due to lack of initial funding for a public awareness campaign.

Next Steps

Consider incorporation of enhanced messaging in toolkits, trainings, and the forthcoming public awareness campaign, in order to: (1) meaningfully increase provider staff confidence that Arizona is committed to the protection of whistleblowers; (2) meaningfully increase Member and Family certainty that service providers are committed to ensure people's safety and that concerns will be taken seriously and believed; (3) promote the Toolkit and enhance awareness and engagement with this resource among staff, members, and families.

Provider Staff Awareness of Arizona's Commitment: Survey Results

Figure 1.1 "Arizona values and protects vulnerable individuals."

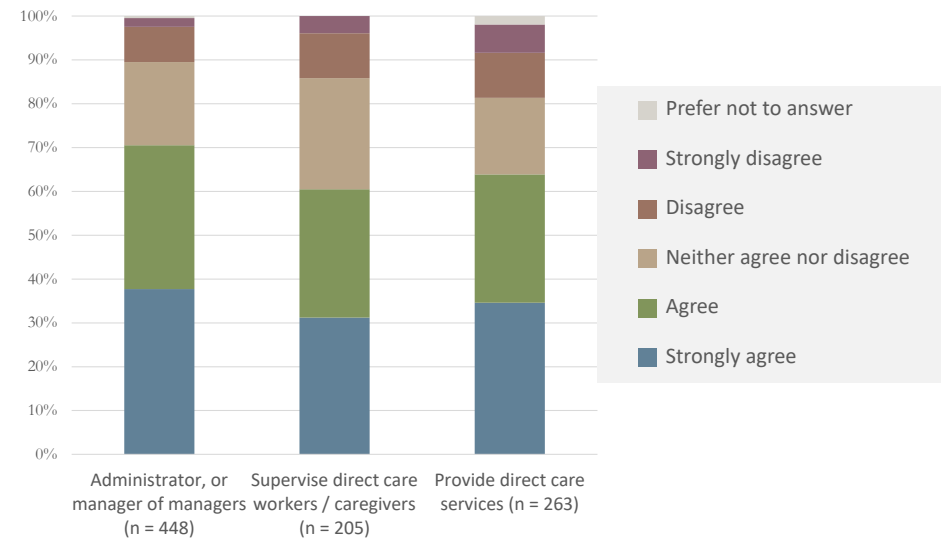


Figure 1.2 "Arizona is committed to recognizing signs and symptoms of abuse, neglect, and exploitation."

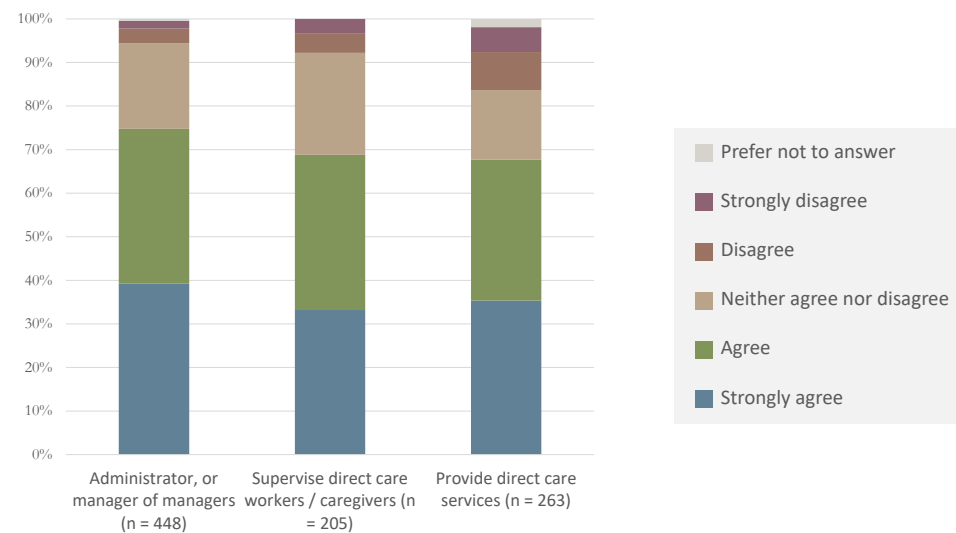


Figure 1.3 "Arizona encourages all parties to report concerns about abuse and/or neglect."

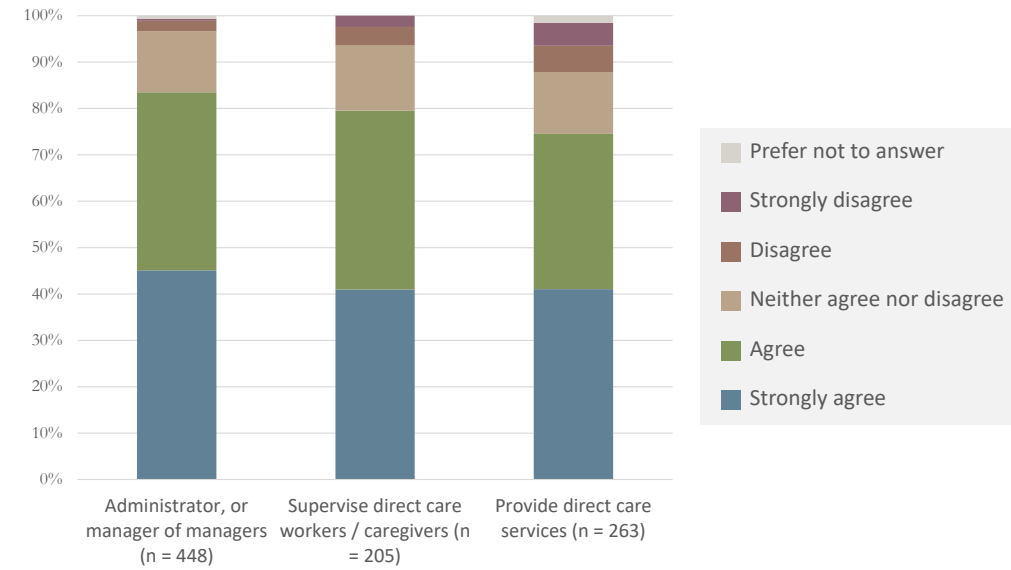


Figure 1.4 "Arizona has adequate whistleblower protections."

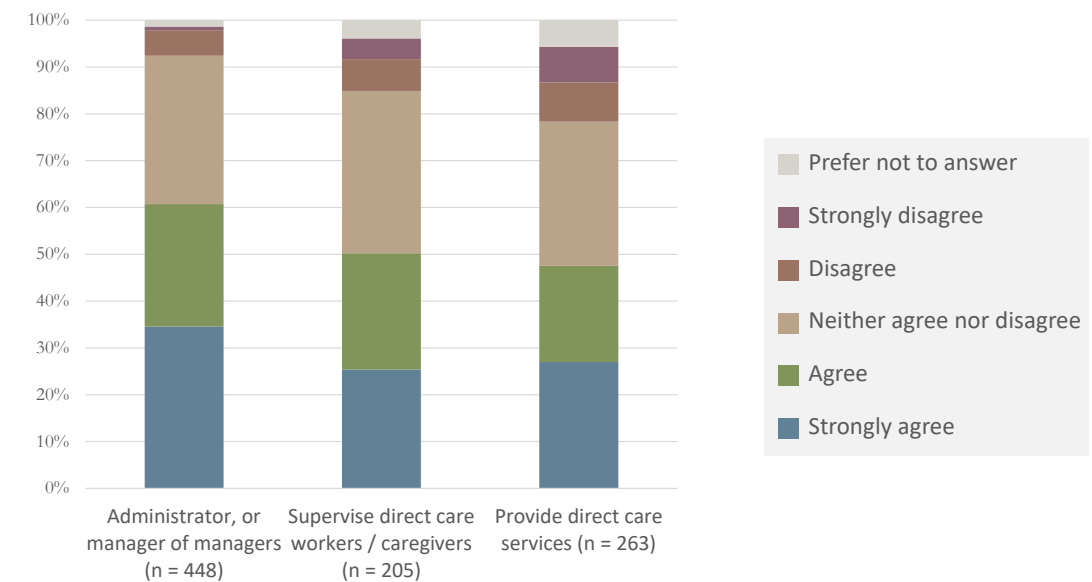
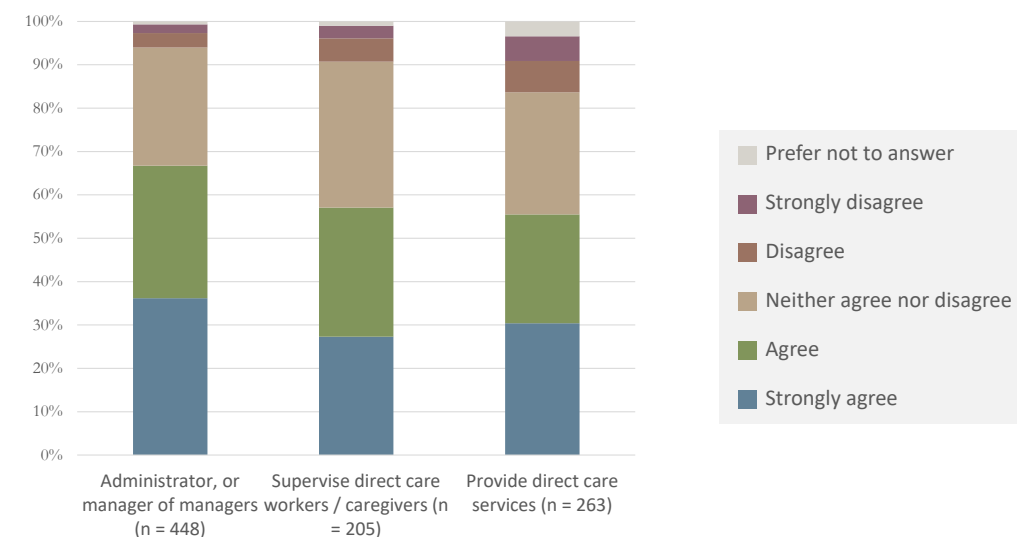


Figure 1.5 "Arizona is demonstrating increasing commitment to preventing abuse and/or neglect."



Member and Family Assessment of Commitment to Protect Vulnerable Individuals: Survey Results

Members and Member Representatives

Figure 1.6 “I trust my service provider to keep me safe.” (n=117)

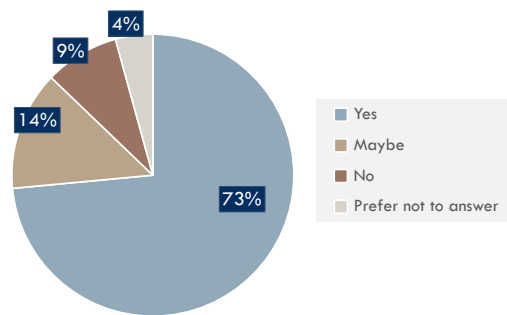


Figure 1.7 “My service provider values and protects people” (n=117)

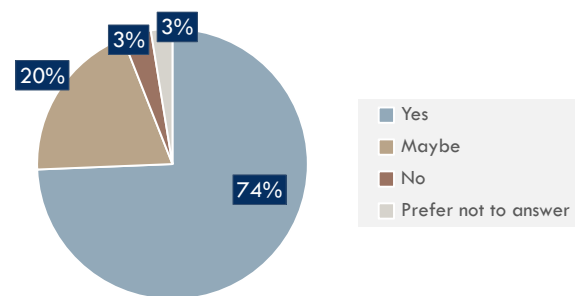
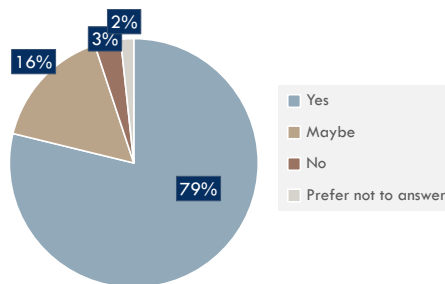


Figure 1.8 My service provider would believe me if I told them I wasn't safe.” (n=117)



Family Members

Figure 1.9 “I trust my family member's service provider to keep them safe.” (n=68).

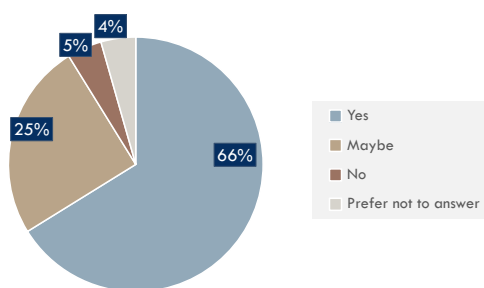


Figure 1.10 “My family member's service provider values and protects vulnerable individuals. (n=68)

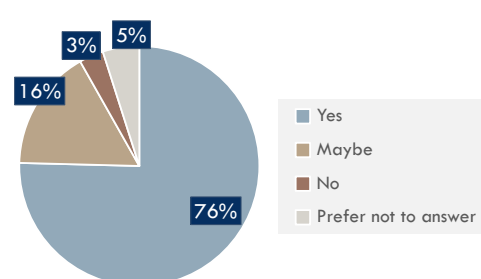
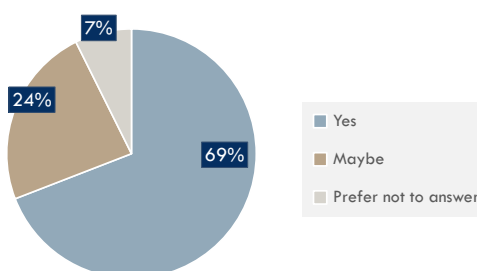


Figure 1.11 “My family member's service provider would believe me if I told them my family member wasn't safe. (n=68)



PREVENTION AND ACCOUNTABILITY

AHCCCS #1; #2

Objective(s)

Develop, disclose, implement and monitor policies that seek to:

- Prevent abuse, neglect, and exploitation
- Facilitate incident reporting and investigation
- Foster incident stabilization and recovery
- Post signage detailing the process for anonymous reporting and whistleblower protections and offer training on prevention of abuse, neglect, and exploitation
- Require that all AHCCCS and DES contracts develop and implement the above policies and practices no later than October 1, 2020

Data Source(s)

Interviews, Focus Groups, Review of Documents, Provider Staff Survey, Member and Family Survey

Finding(s)

AHCCCS and DES have implemented significant changes to boost accountability of vendors and services for the protection of vulnerable individuals. These changes were made to the minimum subcontract provisions the agency has established for all vendors. The requirements of these recommendations are straightforward; they appear in Quality Management policies and are easily verified. Please note that evaluation of signage appears in a separate report section titled as such.

Strengths

Interview and focus group data suggest that implementation was “spot on and quickly enacted”. Over 90% of Provider Staff Survey Respondents “Strongly Agreed” or “Agreed” that they were confident to do all of the following: (1) use strategies, methods, or techniques to prevent abuse and/or neglect; (2) identify the signs of abuse and/or neglect; (3) know what to do if I noticed the signs, (4) take action to effectively address signs of abuse and/or neglect. More than 70% of Provider Staff Survey respondents report that their ability to prevent abuse and/or neglect has increased over the past year. More than 80% percent of family members were confident they would make a report of potential abuse, neglect, or exploitation, even if they only suspected the possibility of abuse and/or neglect and didn't know for sure.

Challenges

Members and Families were twice as likely as staff to answer “No” or “Maybe” as to whether they could tell the service provider if they or a family member were being hurt; 16% of members and 11% of family members responded “Maybe” or “No” to this prompt. Twenty percent of members and 25% of family respondents answered “Maybe” or “No” to whether they would be believed if they did tell about a safety concern. Family members were largely unaware of their status as individuals with a legal duty to report abuse and/or neglect. Among provider staff, low reported confidence to prevent, detect, and report abuse and neglect was associated with low knowledge about stress and burnout and not having access to training about stress and burnout. Staff with low confidence were also less likely than other staff to have a support network of coworkers or outside of work. Among members and families, low confidence was associated with not having or with not having received training on prevention of abuse and neglect.

Next Steps

- Increase Member and Family confidence that they could make a report, and that if a report were made, it would be taken seriously, and believed.
- Increase Family Member awareness that they are Mandatory Reporters, people who are obligated to report and who could face criminal investigation if signs of abuse and/or neglect are ignored.
- Clearly emphasize reporting requirements with training and helpful strategies to assist interested persons with managing the challenges that are sometimes encountered when trying to complete the procedures for reporting.

Provider Staff Confidence to Prevent, Detect, and Report Abuse: Survey Results

Figure 2.1 "I am confident to use strategies, methods, or techniques that prevent abuse and/or neglect."

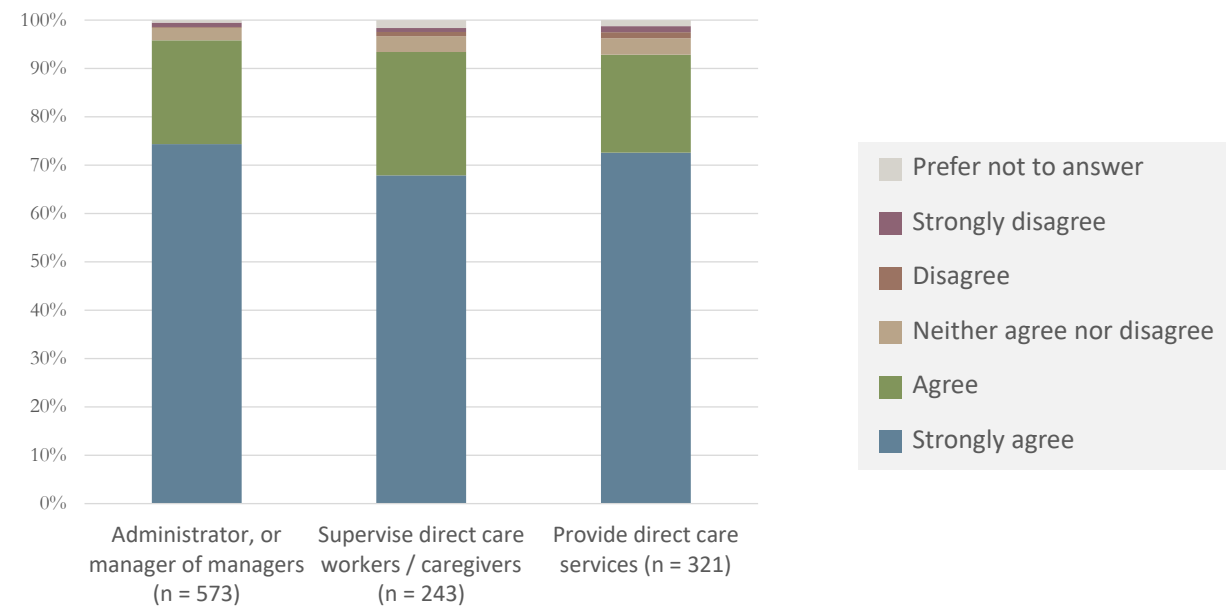


Figure 2.2 "I feel confident to identify the signs of abuse and/or neglect."

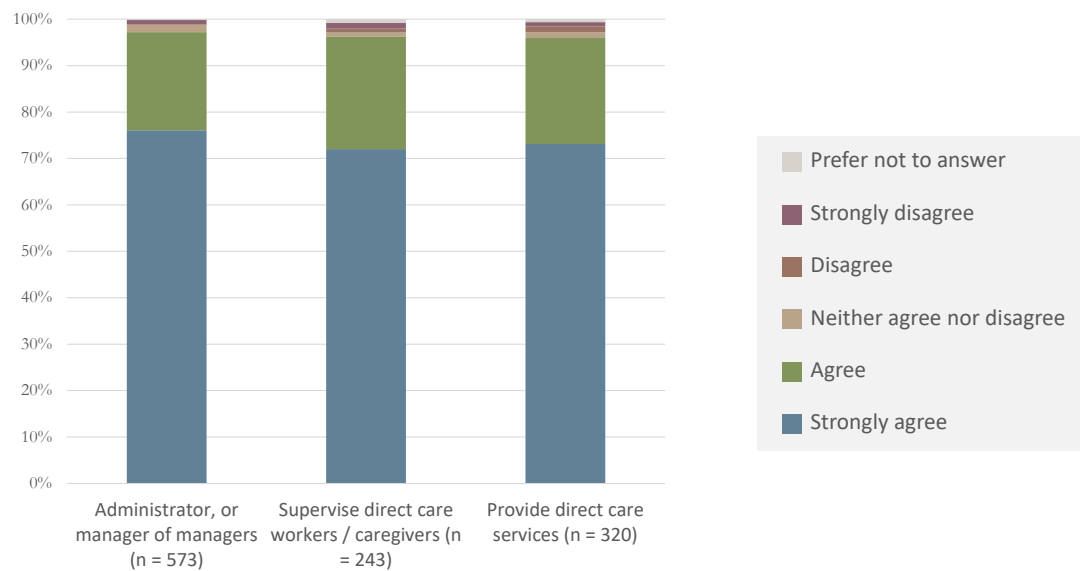


Figure 2.3 "I feel confident to know what to do if I noticed the signs of abuse and/or neglect."

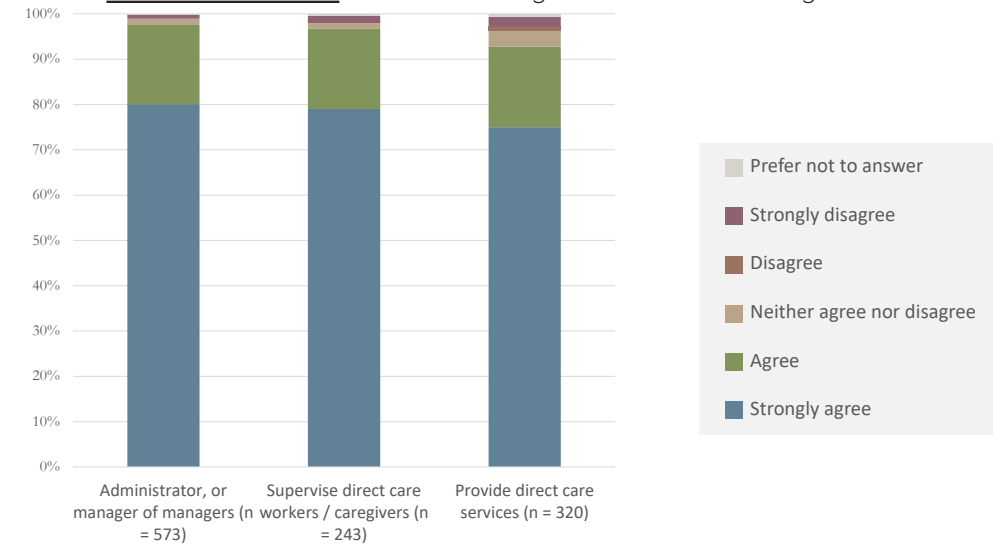


Figure 2.4 "I feel confident to take action to effectively address signs of abuse and/or neglect."

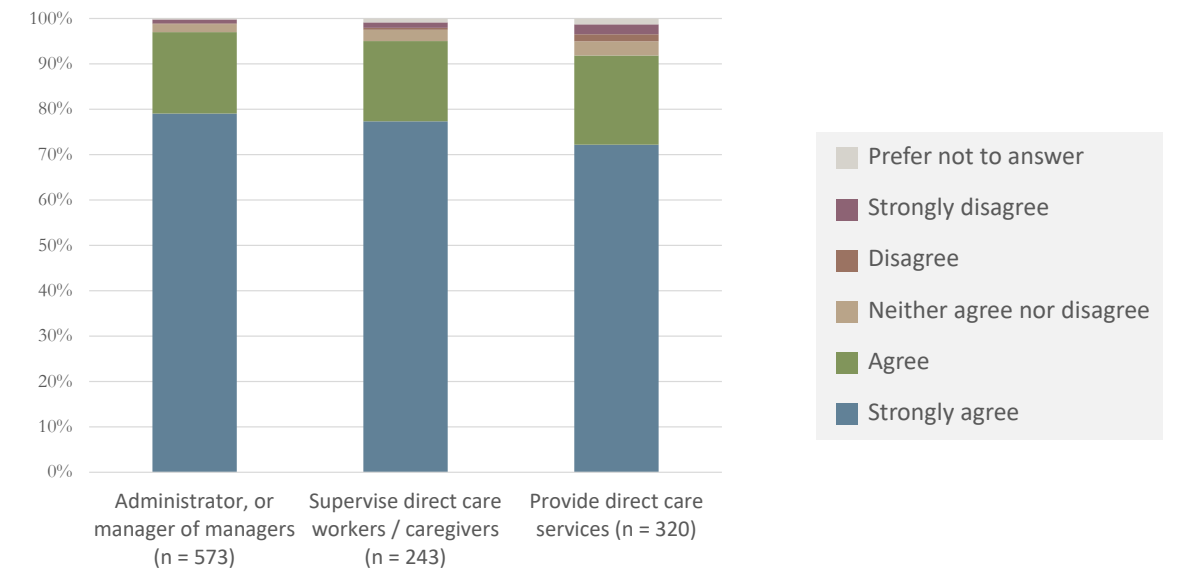
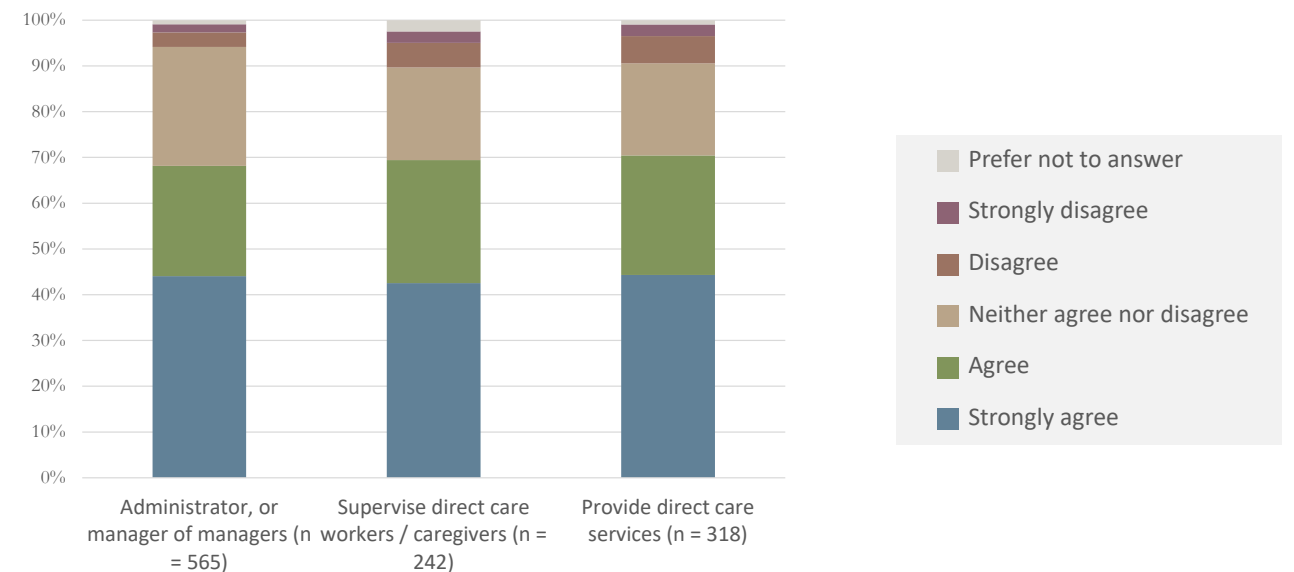


Figure 2.5 "In the past 12 months my ability to prevent abuse and neglect has increased."



Member and Family Confidence to Prevent, Detect, and Report Abuse: Survey Results

Members and Member Representatives

Figure 2.6 “I could tell my service provider if I were being hurt. (n=118)”

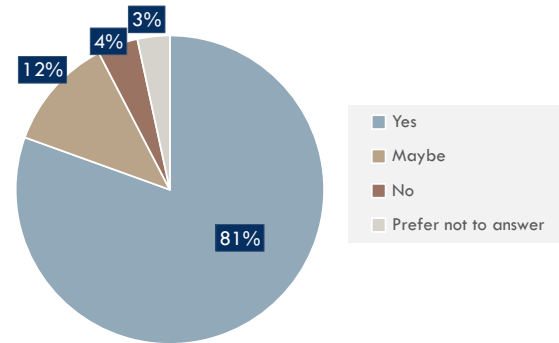


Figure 2.9 “I could tell my family member’s service provider if my family member were being hurt. (n=68)”

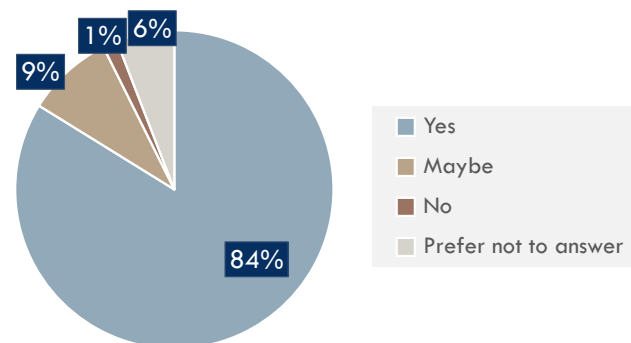


Figure 2.7 “My service provider would believe me if I told them I wasn’t safe.” (n=118)”

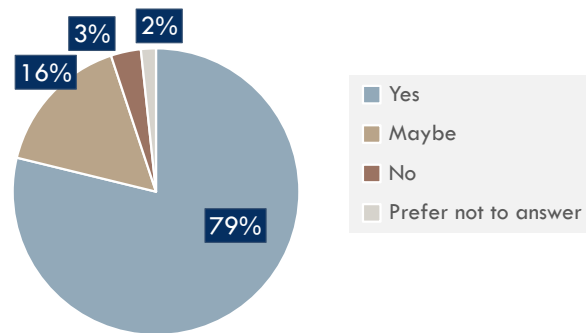


Figure 2.10 “I am a mandated reporter.” (n=68)”

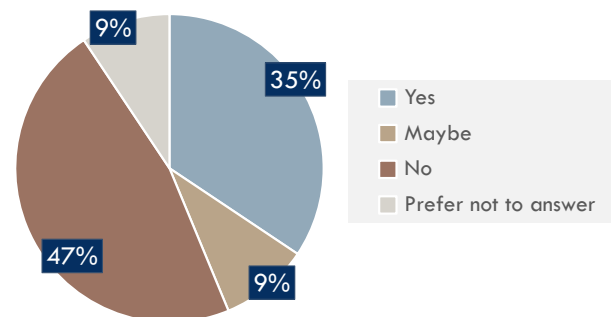


Figure 2.8 “I could tell someone who cares for me if I felt unsafe (n=118)”

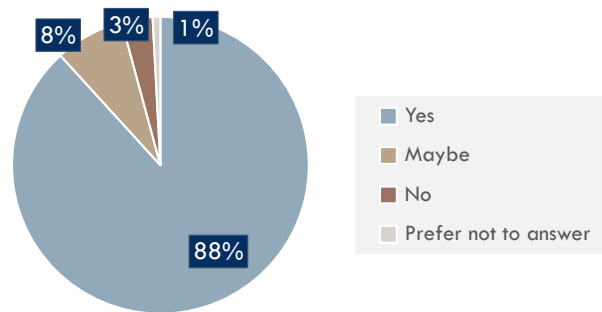
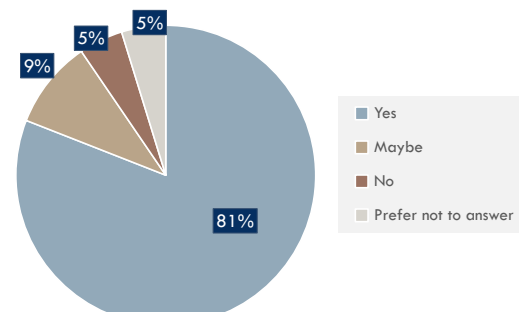


Figure 2.11 “I am confident I would make a report of potential abuse, neglect, or exploitation—even if I only suspected the possibility and I did not know for sure.” (n=68)”



MULTI-AGENCY COORDINATION

AHCCCS: #6

DES: #3; #4, #5; #7; #8

Objective(s)

- Develop and disseminate comprehensive flow charts detailing reporting and investigation processes and oversight mechanisms for all types of abuse, neglect, and exploitation.
- Review systems in which vulnerable individual maltreatment allegations are reported to government entities to reduce duplication and ensure the efficient use of resources.
- Employ a coordinated, multidisciplinary team approach in responding to incidents of abuse and neglect.
- Hold quarterly meetings to ensure an understanding of each entity’s role and responsibility about incident reporting and investigation and to support a collaborative approach when an incident occurs.
- Convene a workgroup of medical directors from AHCCCS and its contracted MCOs to review current standards of care in intermediate care facilities for individuals with intellectual disability (ICF/IIDs).
- Convene stakeholders to identify and implement ways to enhance coordination in the sharing of information, eliminate duplication of functions, and ensure proper community monitoring and oversight.

Data Source(s)

Interviews, Focus Group Discussion, Document Review

Finding(s)

Recommendations pertaining to Multi-agency Coordination were implemented as written. Coordination and collaboration across and within Arizona’s state agencies has been enhanced. A new model of incident response will likely substantially reduce duplicative contacts and other burdens including re-traumatization during investigations.

Strengths

The implementation represents significant advancement in interagency coordination of processes, including the development and dissemination of flow charts for incident reporting and investigation, convening interagency workgroups to review and amend duplicative interagency systems and/or reporting, increased efficiency and utilization of agency resources, and supporting a collaborative “team approach” in multi-agency response to incidents of abuse and neglect.

Challenges

None identified.

Next Steps

Identify additional arenas and projects that could benefit from inter-agency coordination. Sustain quarterly meetings of the Arizona State Agency Collaborative and DD level executive sponsors.

Provider Staff Awareness and Assessment of Flow Charts: Survey Results

Figure 3.1 "I have seen this AHCCCS Flow Chart before."

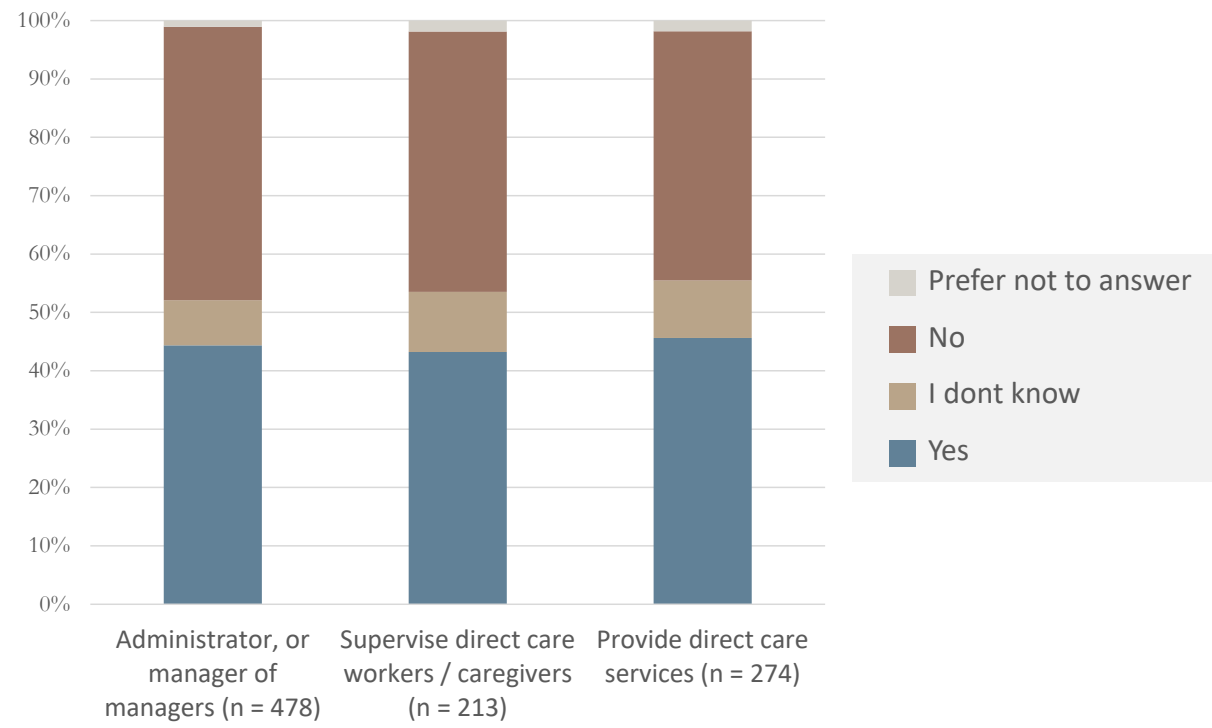


Figure 3.2 "This (AHCCCS) Flow Chart is useful and would support me in making a report."

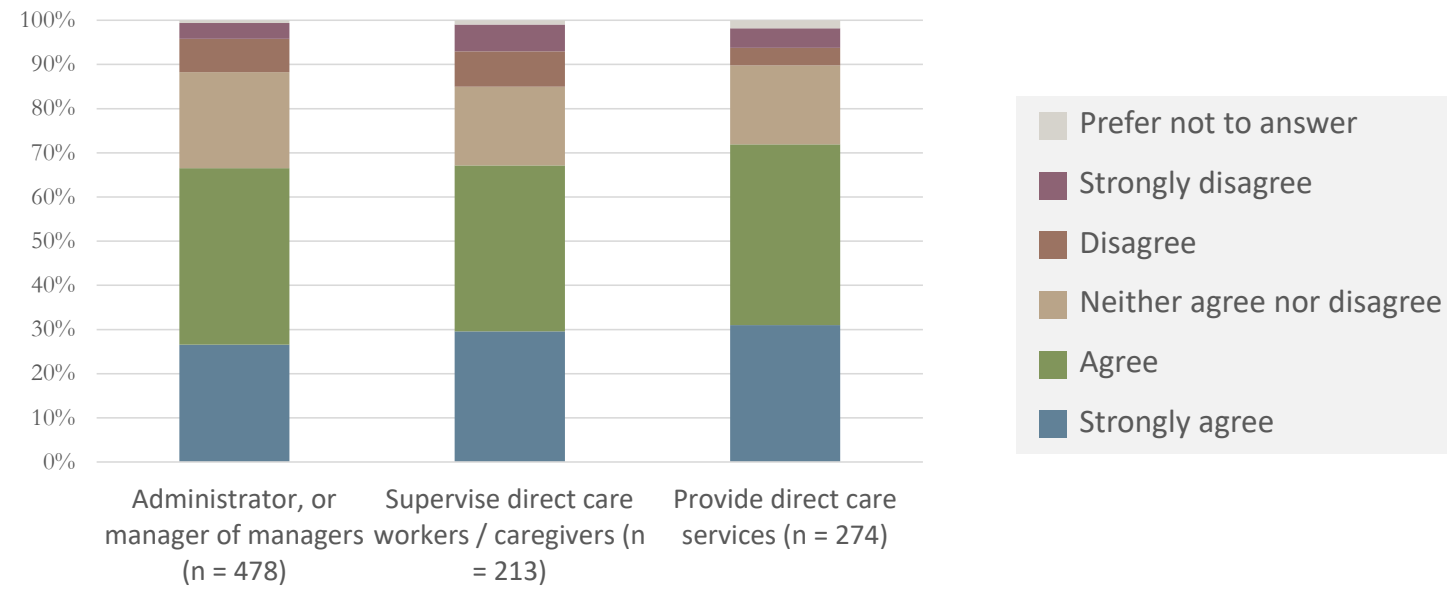


Figure 3.3 "I have seen this DDD ALTCS Flow Chart before."

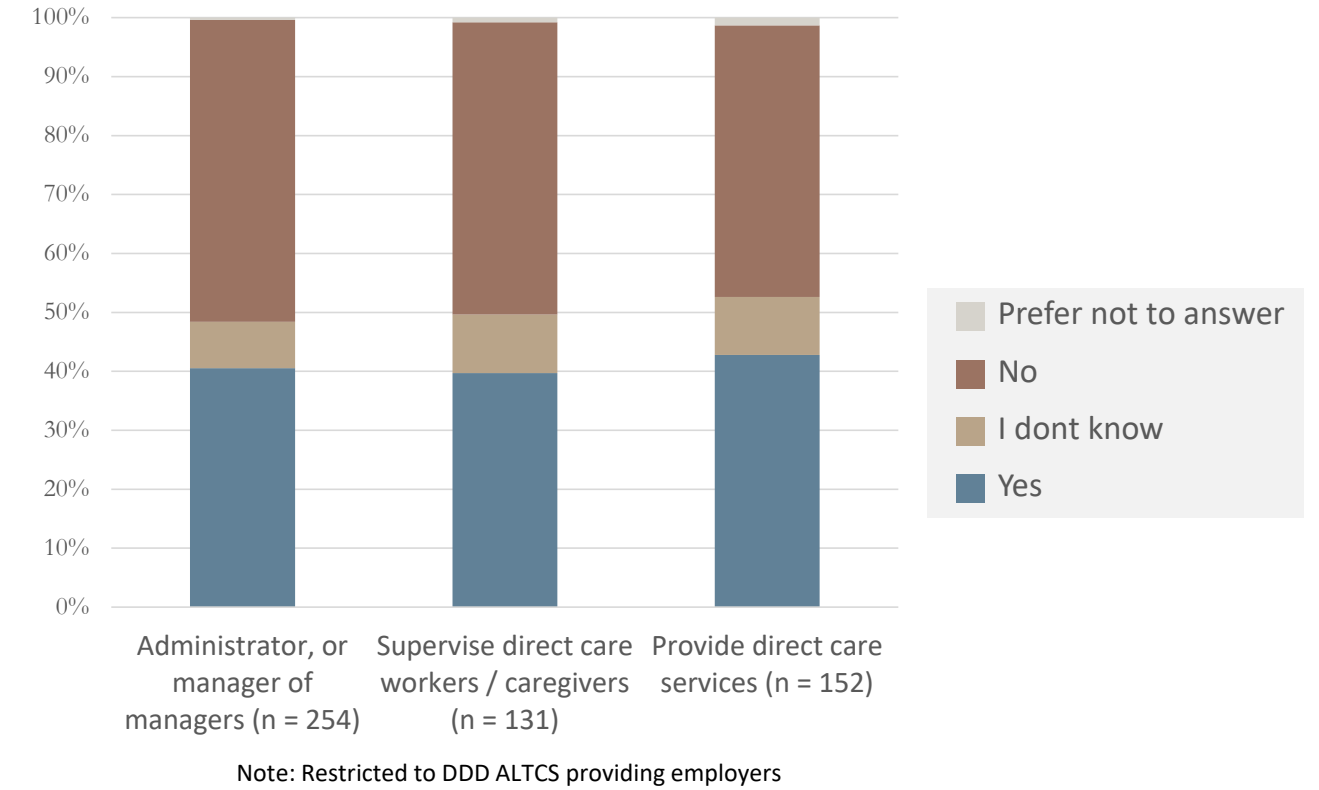
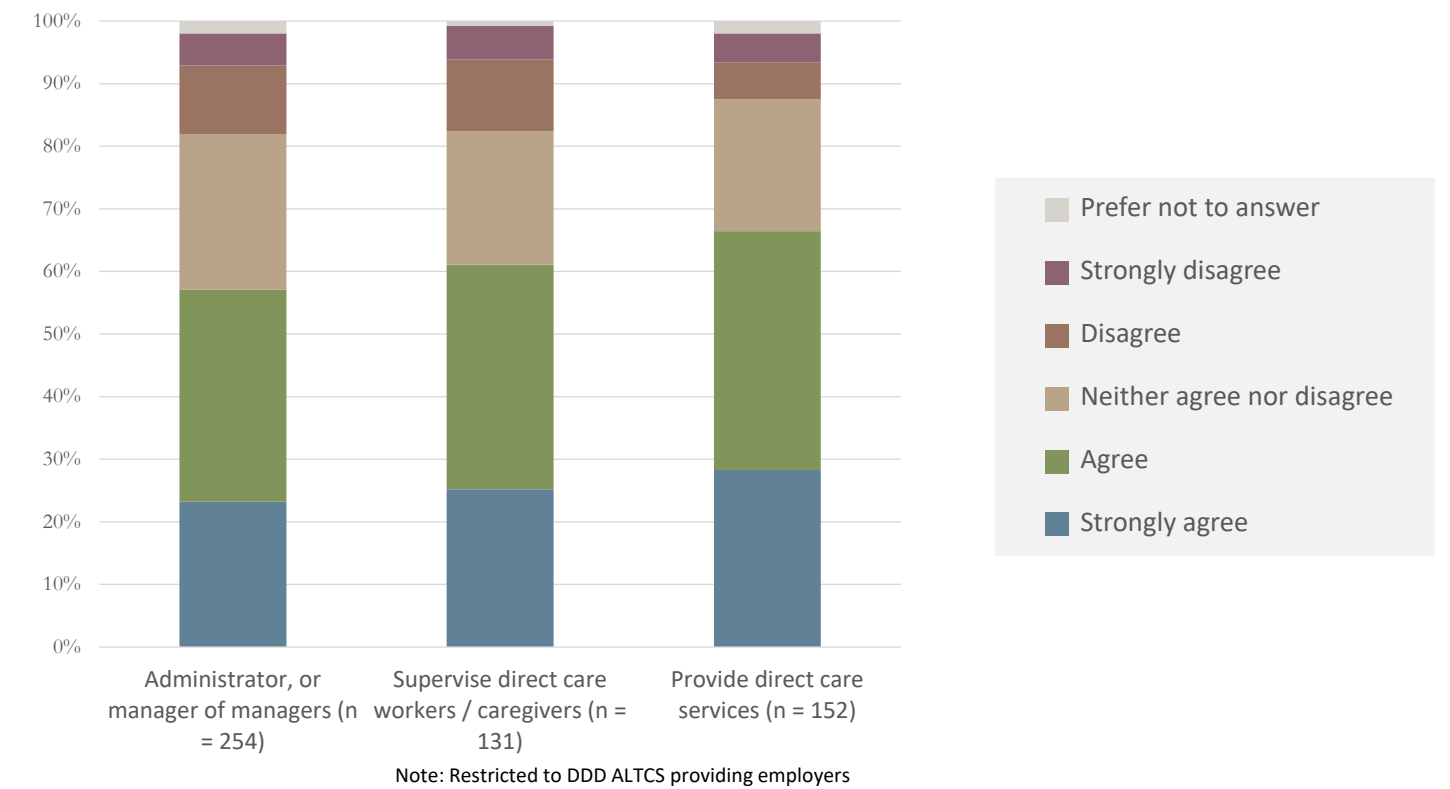


Figure 3.4 "This (DDD ALTCS) Flow Chart is useful and would support me in making a report."



SIGNAGE

AHCCCS #2; #18

Objective(s)

Convene a workgroup, no later than March 31, 2020, to determine appropriate signage requirements in all settings in which vulnerable individuals reside and/or receive services. By October 1, 2020, require that AHCCCS and DES contracts mandate the posting of signage on how to report abuse, neglect, and exploitation in all appropriate settings.

Data Source(s)

Provider Staff Survey, Member and Family Survey

Finding(s)

The recommendations have been implemented as written. The signage requirements have been established, and modifications to the Minimum Subcontract Provisions, as specified, have been completed. DES has published signage for its providers/vendors to post, which is also required in policy and quality improvement updates.

Strengths

In interviews and focus groups, Task Force members reported that signs achieved “high marks” from stakeholders.

Challenges

Based on both the Provider Staff Survey and the Member and Family survey, awareness of signage seems to be lower than would be sufficient to achieve the full potential of this intervention. It is critical to verify whether providers have complied with the signage requirements. There is also a need for this information to be distributed for people accessing home-care.

Next Steps

- Publicize the onset of State and MCO verification activity. Determine whether providers have implemented signs using physical inspection of sites.
- Develop an appropriate process for in-home members and families to access the information contained in signs. Consider the use of Case Managers and/or Support Coordinators to accomplish this.



Provider Staff Awareness and Assessment of Signage: Survey Results

Figure 4.1 “Over the past 12 months, there are more posted signs at my workplace about abuse and neglect.”

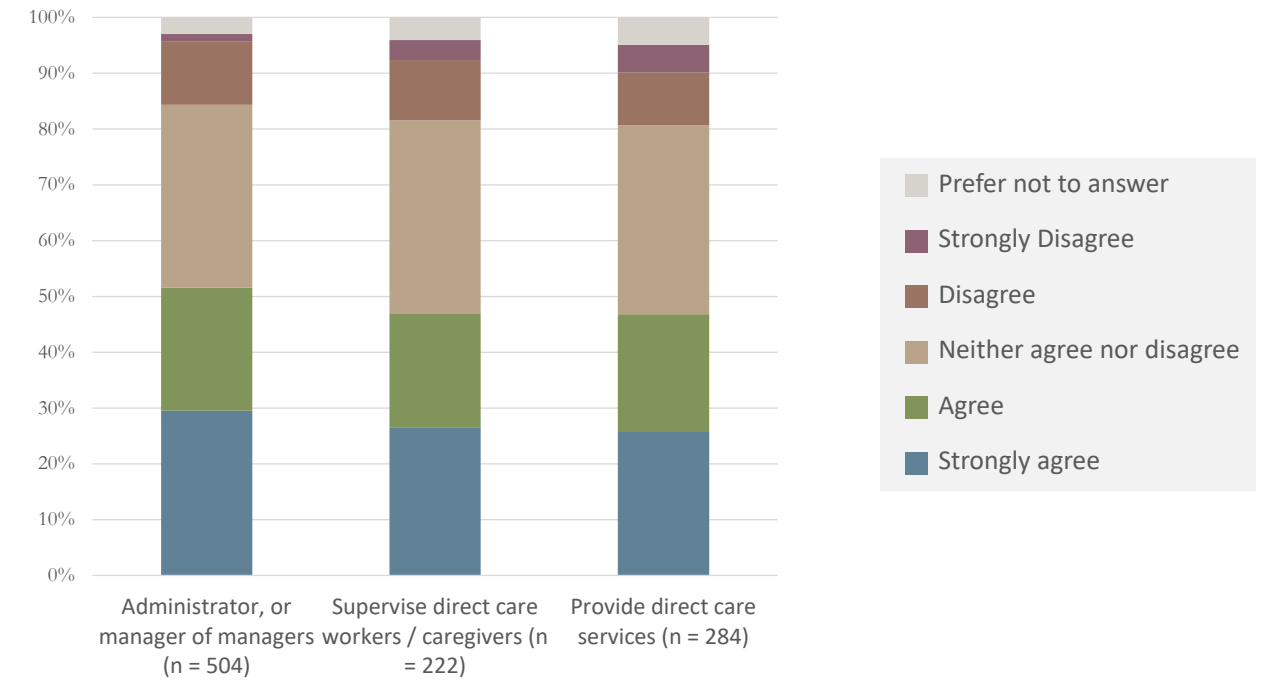
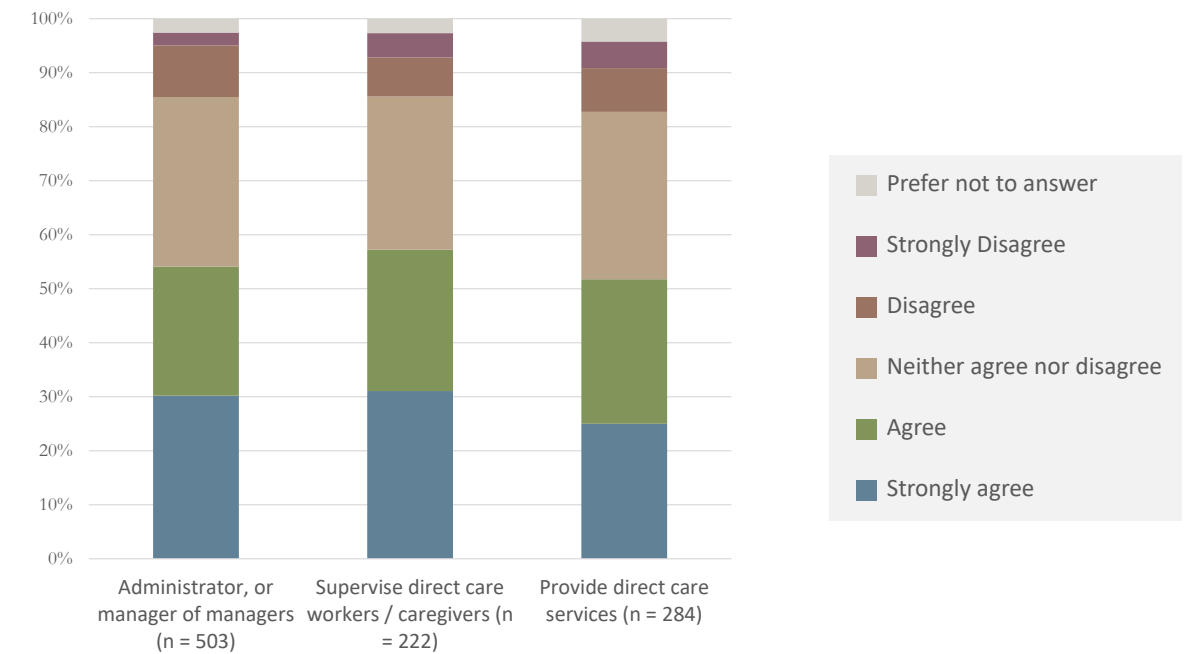


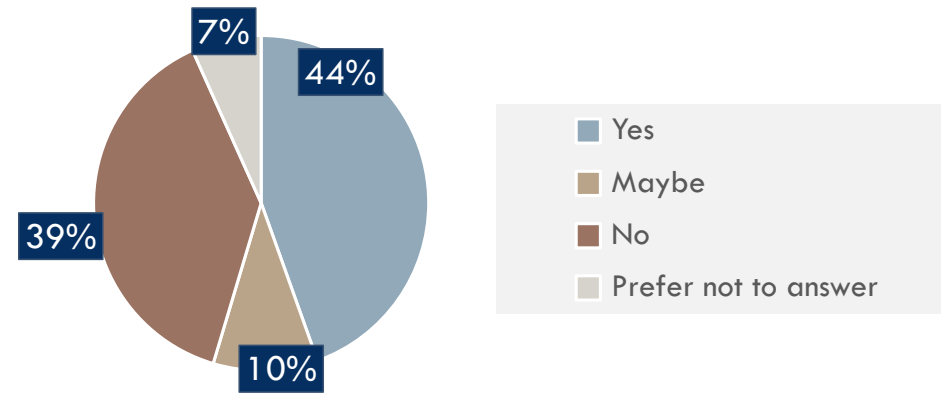
Figure 4.2 “The posted signs at my workplace would be effective to help me make a report.”



Member and Family Awareness and Assessment of Signage: Survey Results

Members and Member Representatives

Figure 4.3 “There is a sign with a phone number I could use to contact someone if I felt unsafe.” (n=119)



Family Members

Figure 4.4 “Over the past 12 months there are more posted signs at my family member’s long-term care service provider about abuse and neglect.” (n=62)

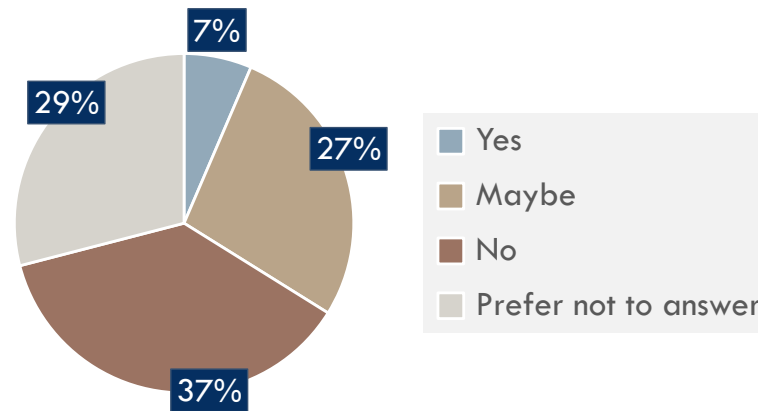
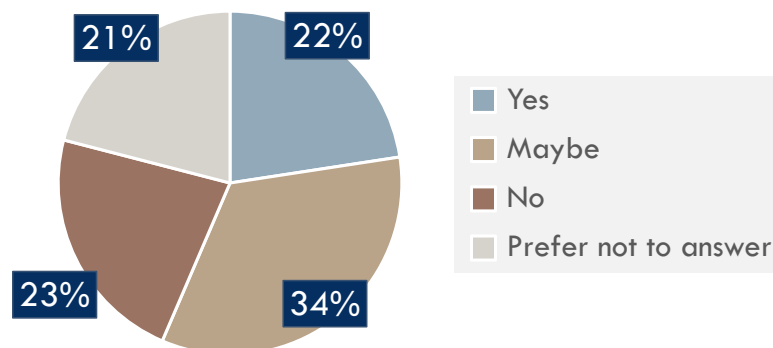


Figure 4.5 “The posted signs at my family member’s service provider would be effective to support me in making a report.” (N=62)



TRAINING FOR VULNERABLE INDIVIDUALS & FAMILIES

DES #11

Objective(s)

Provide evidence-based training for vulnerable individuals and their families on abuse, neglect, and exploitation prevention, reporting, and trauma recovery.

Data Source(s)

Interviews, Focus Group Discussions, Provider Staff Survey, Member and Family Survey

Finding(s)

Agency staff and stakeholders reviewed several training models and selected one being used in Massachusetts for adaptation to state requirements. The training was reviewed and modified over two successive rounds of workgroup meetings made up of individuals with disabilities, family members and professional stakeholders. Survey results suggest that training improves confidence to prevent, detect, and take action to address potential abuse and/or neglect; it is important to note that this training is not mandatory and the choice of the member and/or their family to use.

Strengths

Training of vulnerable individuals and families is associated with better competence and confidence to prevent, detect, and address potential abuse and/or neglect. Among Member survey respondents who had received abuse prevention training, none of the respondents had low confidence to tell someone if they felt unsafe, compared with 27% of respondents who had not received such training.

Among Family Member respondents who had been trained in abuse prevention, 8% had low confidence to report, compared with 30% of family members who had not received such training. Survey results also suggest that receiving training in abuse and neglect prevention is significantly associated with members’ and families’ perceptions that if they were to make a report, it would be believed.

Challenges

Fewer than half (47%) of member / member representative survey respondents, and 40% of family survey respondents, reported that they had received training in abuse and neglect prevention. These results suggest that while some members and families are being trained on abuse and neglect, it is likely that many are not. However, since this training is optional and not required, member/family choice also has an impact on those not being trained.

Next Steps

- Publicize the onset of State and MCO verification activity. Determine whether providers/vendors have implemented training of members and families around abuse and neglect.
- Develop an appropriate process for in-home members and families to receive this training. Consider the use of Case Managers and/or Support Coordinators to assist in this process.

Provider Staff Assessment of Member and Family Training Availability and Use: Survey Results

Figure 5.1 "Members and families that my organization serves are routinely offered training on identification and prevention of abuse and/or neglect"

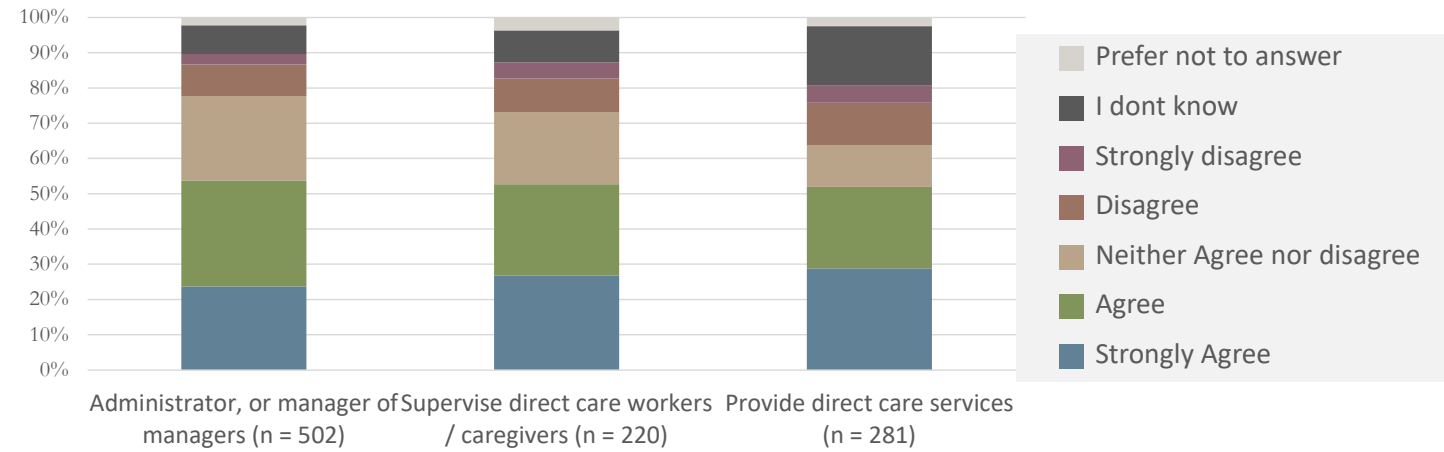
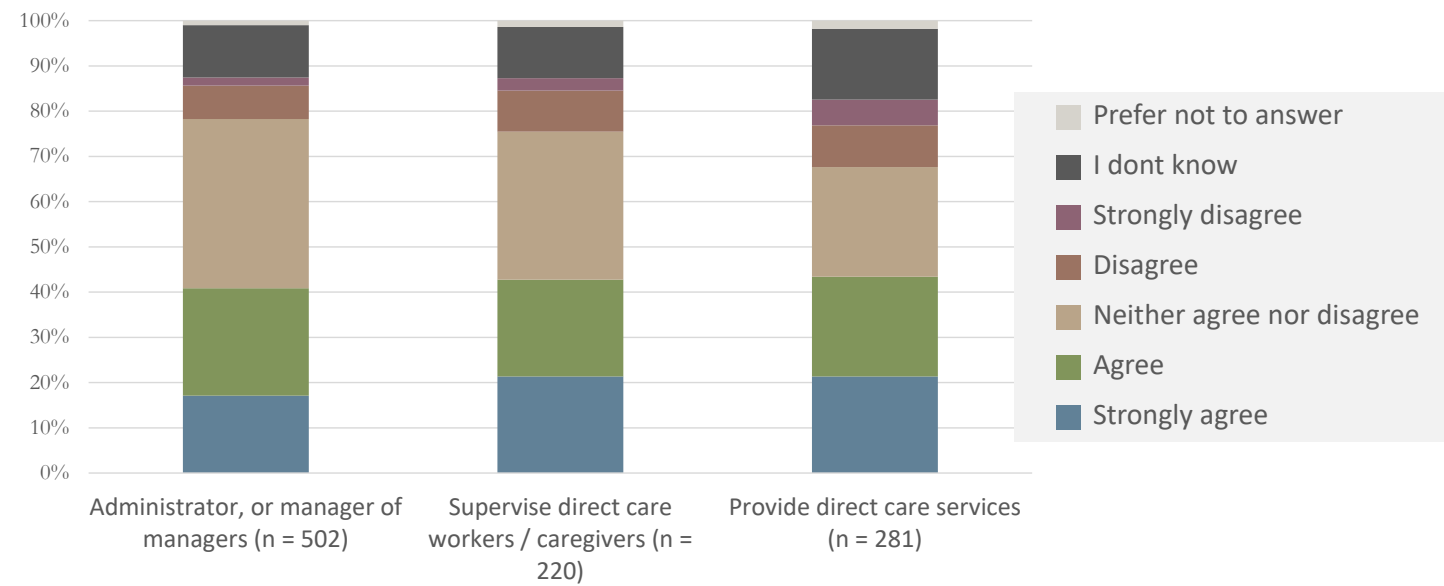


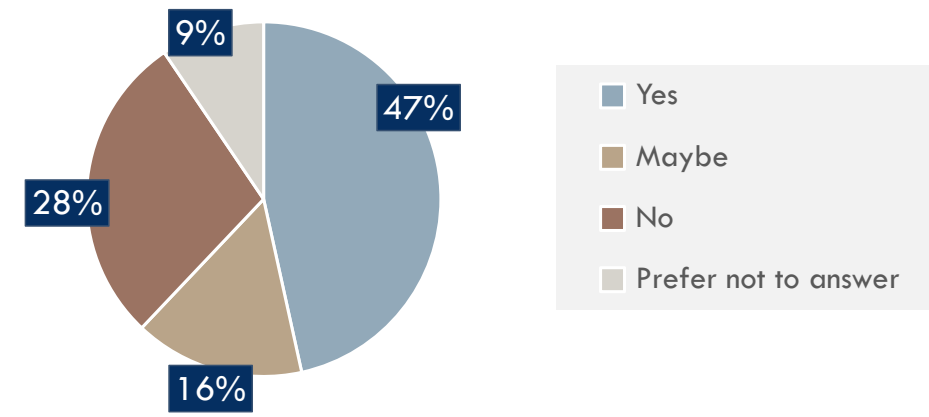
Figure 5.2 "Over the past 12 months members and families seem to know more about preventing and reporting abuse and neglect."



Member and Family Completion of Training: Survey Results

Members and Member Representatives

Figure 5.3 "I have been trained by my service provider on how I can keep myself safe from abuse." (n=116).



Family Members

Figure 5.4 "I have received training from my family member's service provider on how I can help keep my family member safe from abuse." (n=68).

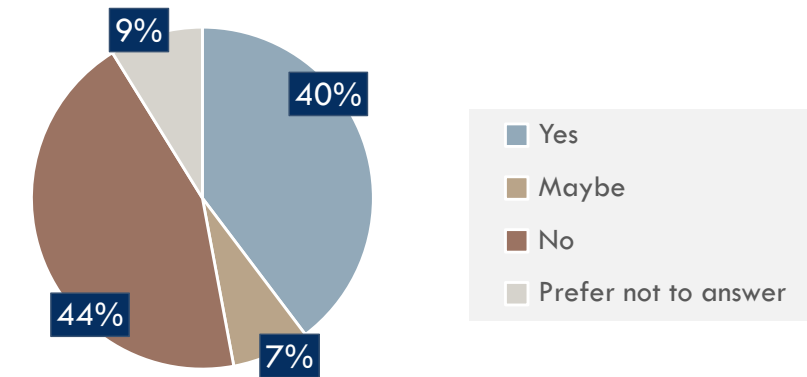
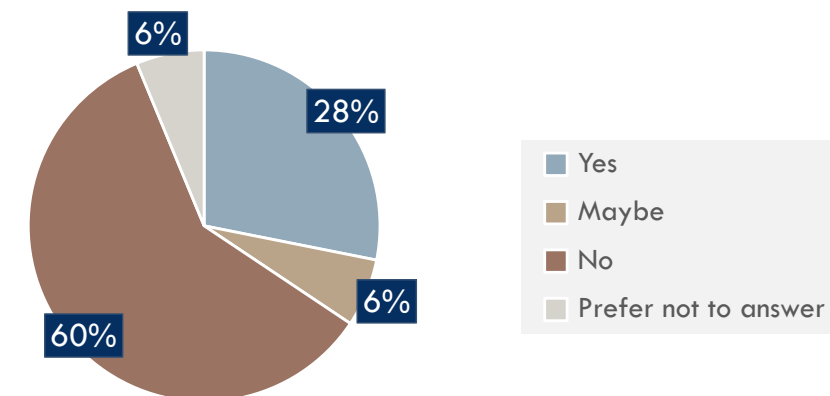


Figure 5.5 "During the past 12 months, I have completed a training on prevention of abuse, neglect, or exploitation." (n=68).



IDENTIFICATION, TRACKING, & ANALYSIS OF INCIDENTS

AHCCCS #12; #13

Objective(s)

Explore ways to code, track, and analyze all incidents of alleged abuse and neglect, including the exploration of available information technology upgrades that would facilitate the accessibility of online information to the public, to the extent allowed by privacy restrictions. Find and implement methods to use claims data to identify potential abuse and neglect and confirm that incidents are appropriately reported.

Data Source(s)

Interviews, Focus Groups

Finding(s)

These recommendations have been partially implemented but cannot be fully completed without additional funding to invest in high-level systems changes to the policies, processes, and systems to compliantly share de-identified data. AHCCCS also developed, adopted and shared with DES/DDD, a process to utilize claims and encounter data to assess health plan and provider compliance with abuse and neglect incident reporting.

Strengths

Interagency collaboration is ongoing while still adhering to privacy considerations across agencies. Their cooperation while still upholding privacy considerations stands as a model for future interagency collaborations involving DHS, DCS, and other relevant agencies.

Challenges

Privacy law greatly restrict information sharing between agencies. Finding ways to share data while still respecting vulnerable Arizonans' privacy rights will require significant structural and systems change across Arizona agencies.

Next Steps

Continue to identify opportunities to enhance data sharing that are in compliance with laws governing the protection of private health information.

WORKFORCE DEVELOPMENT

AHCCCS #14 & #15

Objective(s)

Develop a comprehensive workforce development strategy that fosters workplaces that upholds the ideals of respect, attentiveness, and active engagement for all individuals receiving services and providing services within the State Medicaid program (searchable database of workers' credentials, professional development, routine testing of staff, etc.)

Seek creative, low-cost solutions to safeguard service quality, including an evaluation of current reimbursement, and consideration of other efforts that allow providers to recruit, train, and retain a qualified direct care workforce.

Data Source(s)

Interviews, Focus Groups

Finding(s)

AHCCCS is leveraging federal funds for direct care workforce development activities through Section 9817 of the American Rescue Plan Act. A Workforce Development Advisory Committee has been created to suggest agency policy changes. A new Minimum Subcontract Provision (MSP) requiring institutional, residential, employment and day programs to conduct routine testing of staff responses to simulated acts of exploitative, abusive, and neglectful behavior. Also, the MCO Workforce Development Plan annual deliverables has incorporated Task Force requirements to be addressed.

Strengths

AHCCCS is proposing time-limited directed payments to providers, which will help stabilize the workforce by allowing provider agencies to increase wages, and offer additional benefits and other recruitment and retention options. Targeted rate increases help ensure that reimbursement rates are adequate for services rendered. Training and education opportunities for providers are being implemented through this mechanism.

Challenges

Funding to sustain payment and training enhancements is needed.

Next Steps

Continue to look for creative approaches to enhance payment and training for this workforce.

Provider Staff Workforce Development & Training: Survey Results

Figure 6.1 "Over the past 12 months, I have been trained regarding trauma-informed practices."

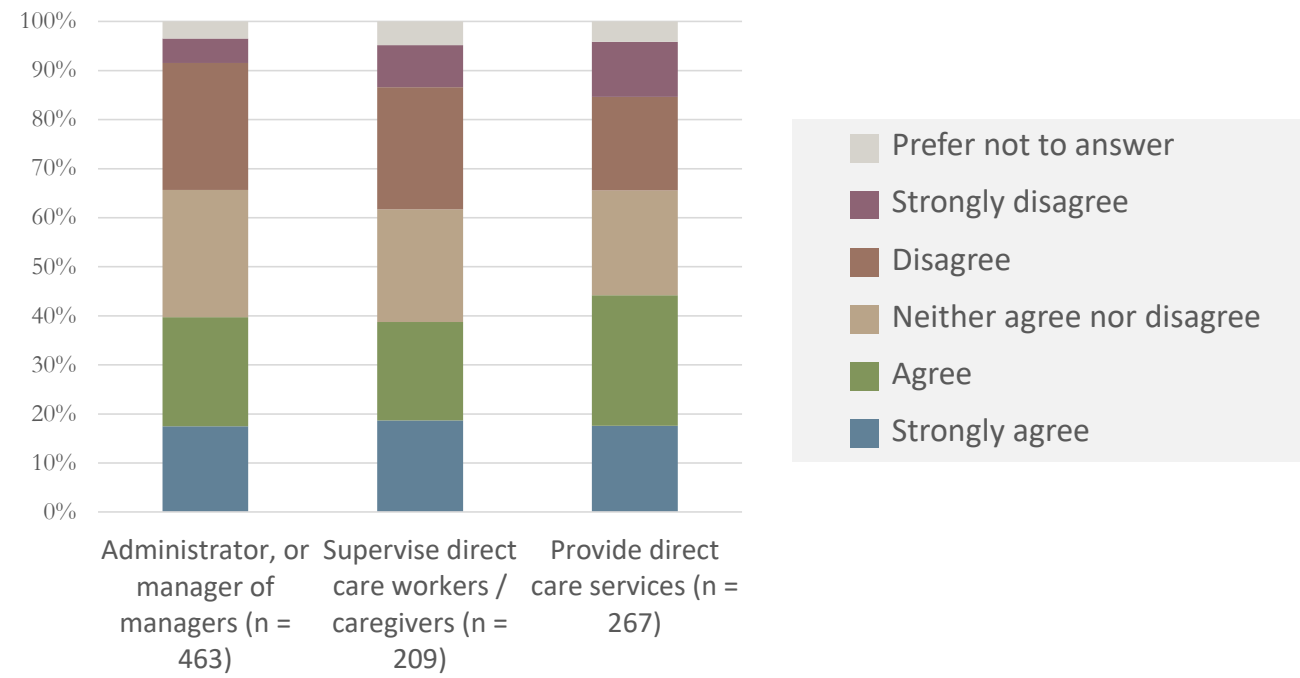


Figure 6.2 "In the past 12 months I have completed a training on prevention of abuse, neglect, and exploitation."

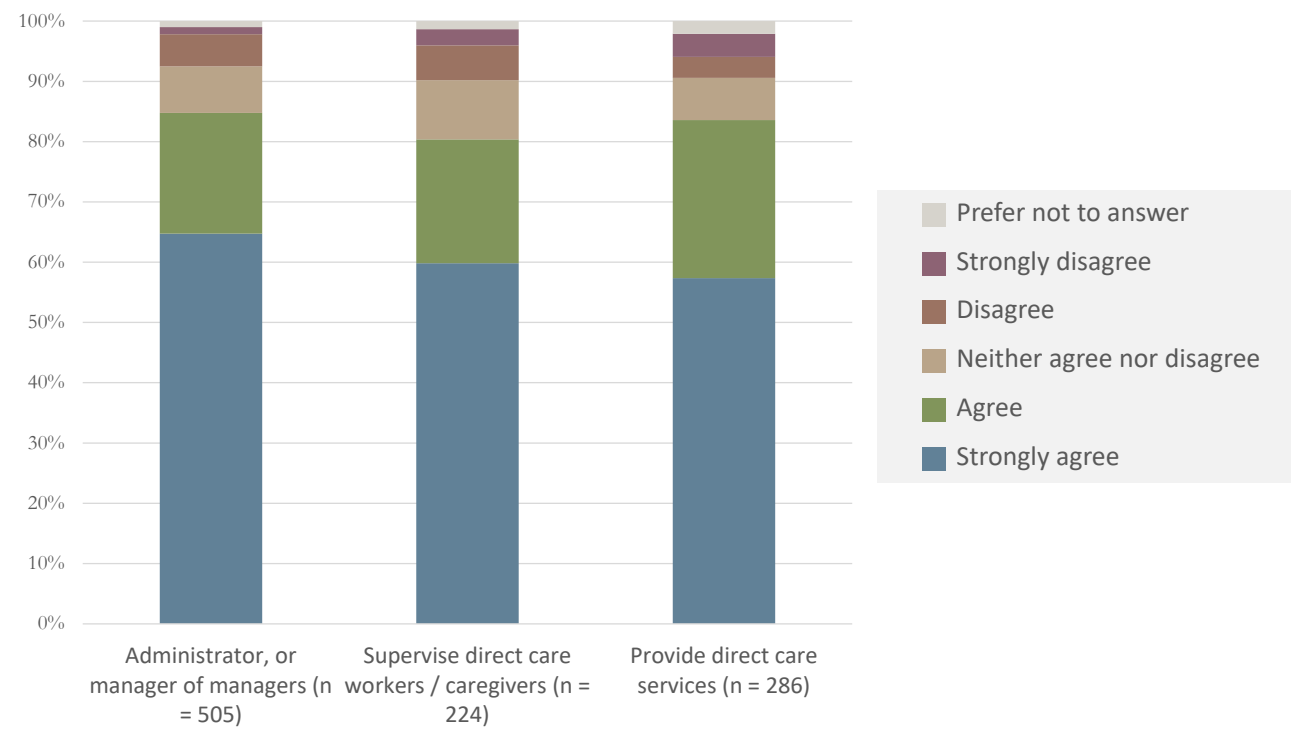


Figure 6.3 "In the past 12 months my understanding of my role as a mandated reporter has increased."

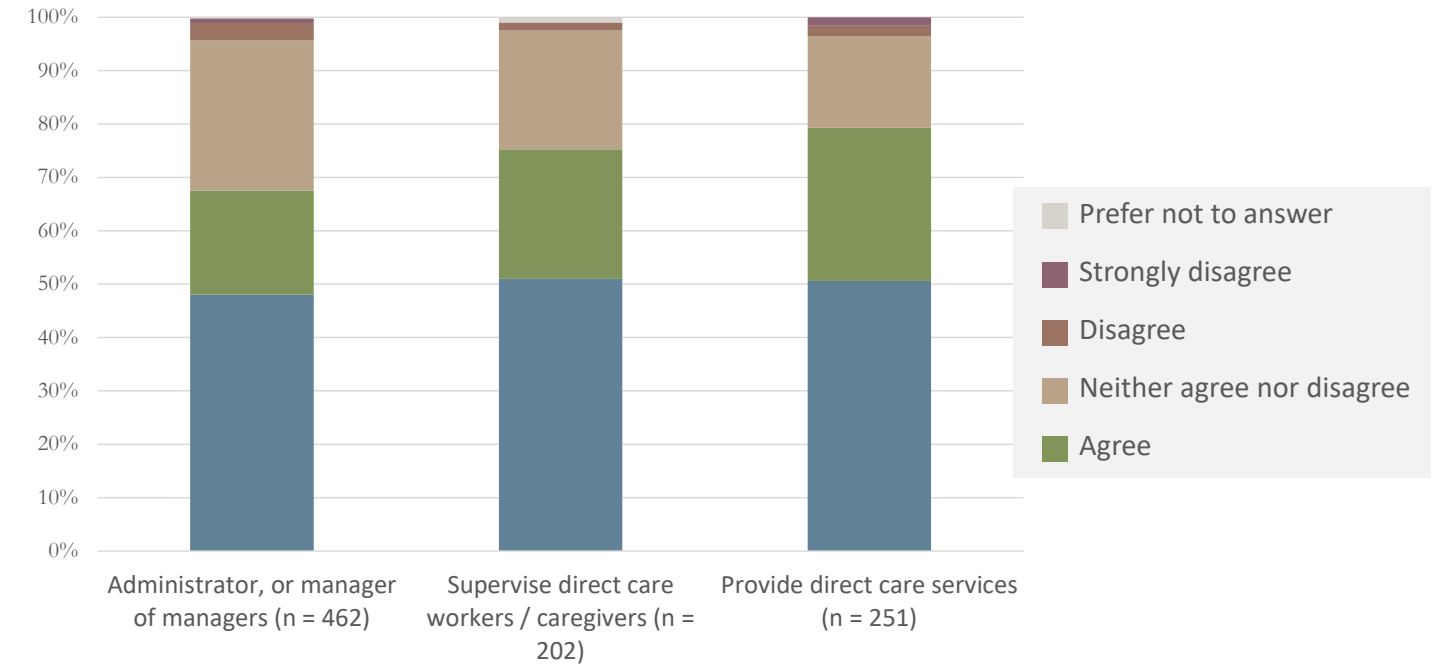
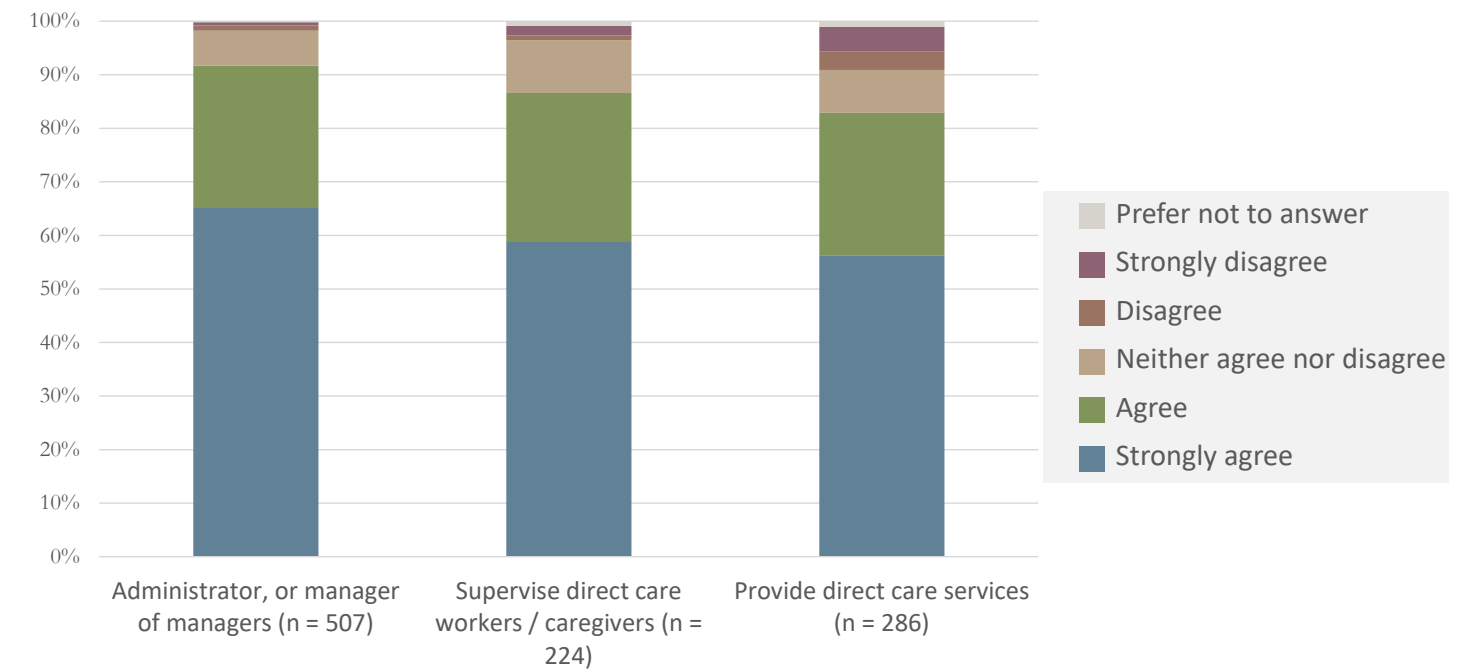


Figure 6.4 "My workplace offers staff trainings on prevention of abuse, neglect, and exploitation."



Member and Family Assessment of Provider Staff : Survey Results

Members and Member Representatives

Figure 6.5 “My service provider explains things to me clearly.” (n=118)

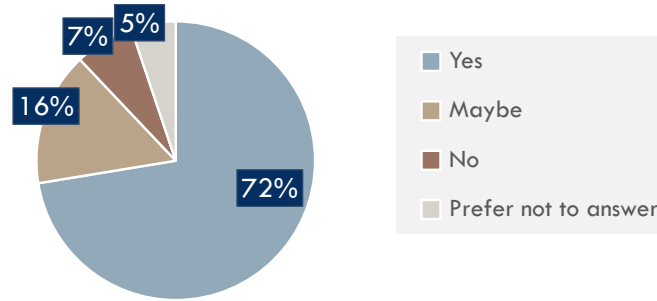


Figure 6.6 “My service provider always treats me with respect.” (n=118)

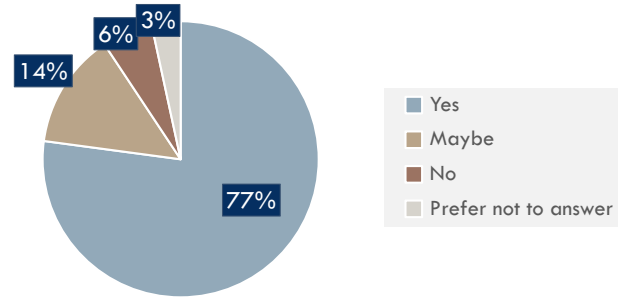
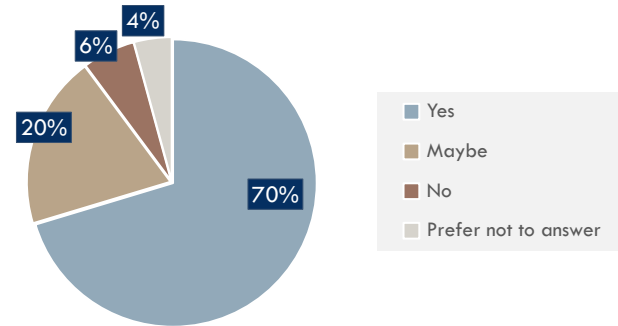


Figure 6.7 “My service provider seems happy with their job.” (n=118)



Family Members

Figure 6.8 “My family member’s service provider explains things to me clearly.”

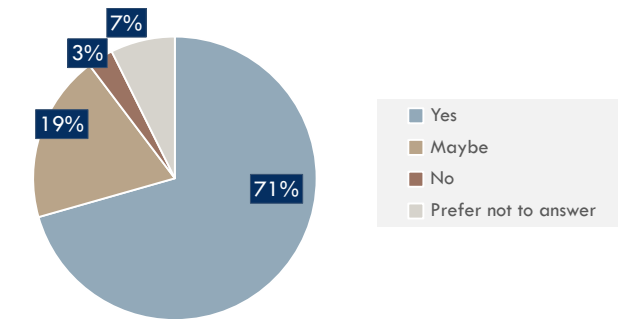


Figure 6.9 “My family member’s service provider always treats me with respect.”

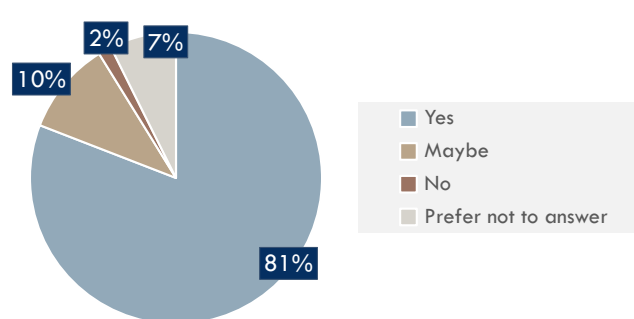
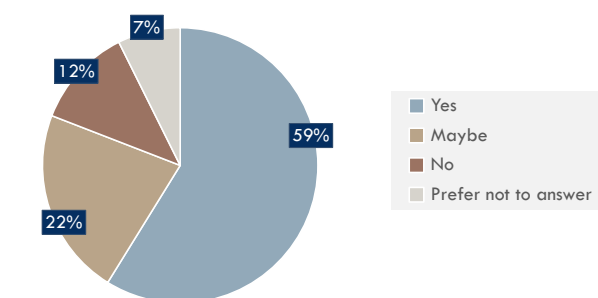


Figure 6.10 “My family member’s service provider seems happy with their job.”



ADULT PROTECTIVE SERVICES REGISTRY & TRAINING

AHCCCS Rec #19

DES Rec #20 & #21

Objective(s)

Revise AHCCCS and DES contracts to stipulate specific requirements related to APS Registry checks for prospective direct service employees. Improve the APS Registry website to make it easier for employers to check the Registry before hiring new employees. Provide funding for a comprehensive APS training program for investigators and supervisors that includes knowledge of federal and state APS guidelines, current research, and best practices to support the APS program.

Data Source(s)

Interviews, Provider Staff Survey

Finding(s)

Minimum subcontract provisions now require APS registry checks. The registry check has been streamlined, with the goal of becoming a “one-stop shop” for providers to check on prospective employees’ backgrounds. Additionally, integration of APS Registry into AZ Care Check was developed, tested, and went live on Monday July 27, 2020. The APS Website has been upgraded to include a digital dashboard that reflects current investigative data for the State of Arizona.

Strengths

A professional development program for investigators has been developed using extramural funding awarded by Agency for Community Living.

All current APS Investigators will be trained by the exhaustion of these funds.

Challenges

Task Force members and agency staff each acknowledged that centralization of the registry fully will require new technologies and additional investment.

Additional funding will be necessary to sustain the APS Investigator professional development and certification program.

Next Steps

AHCCCS ARPA funding approved to support this recommendation with funding available through March 2024. Initiate processes for development, training and implementation of integrated registry.

Provider Staff Use and Assessment of Adult Protective Services Registry: Survey Results

Figure 7.1 "I use the Adult Protective Services Registry at work..."

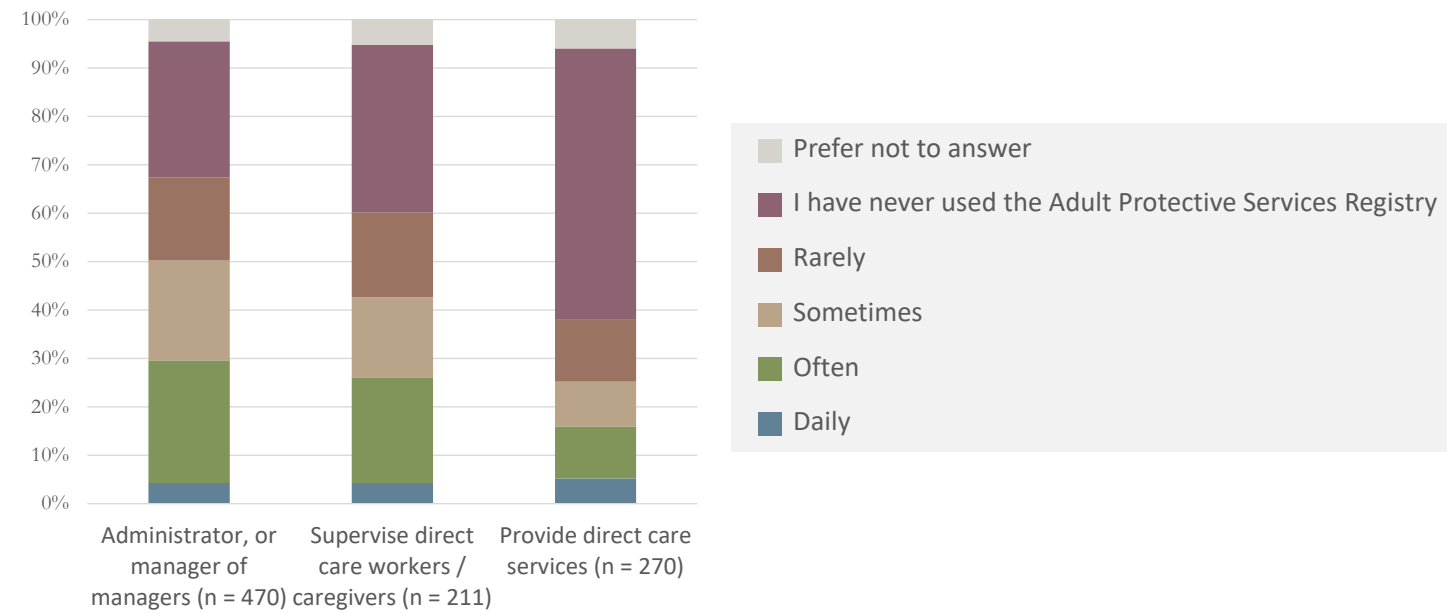
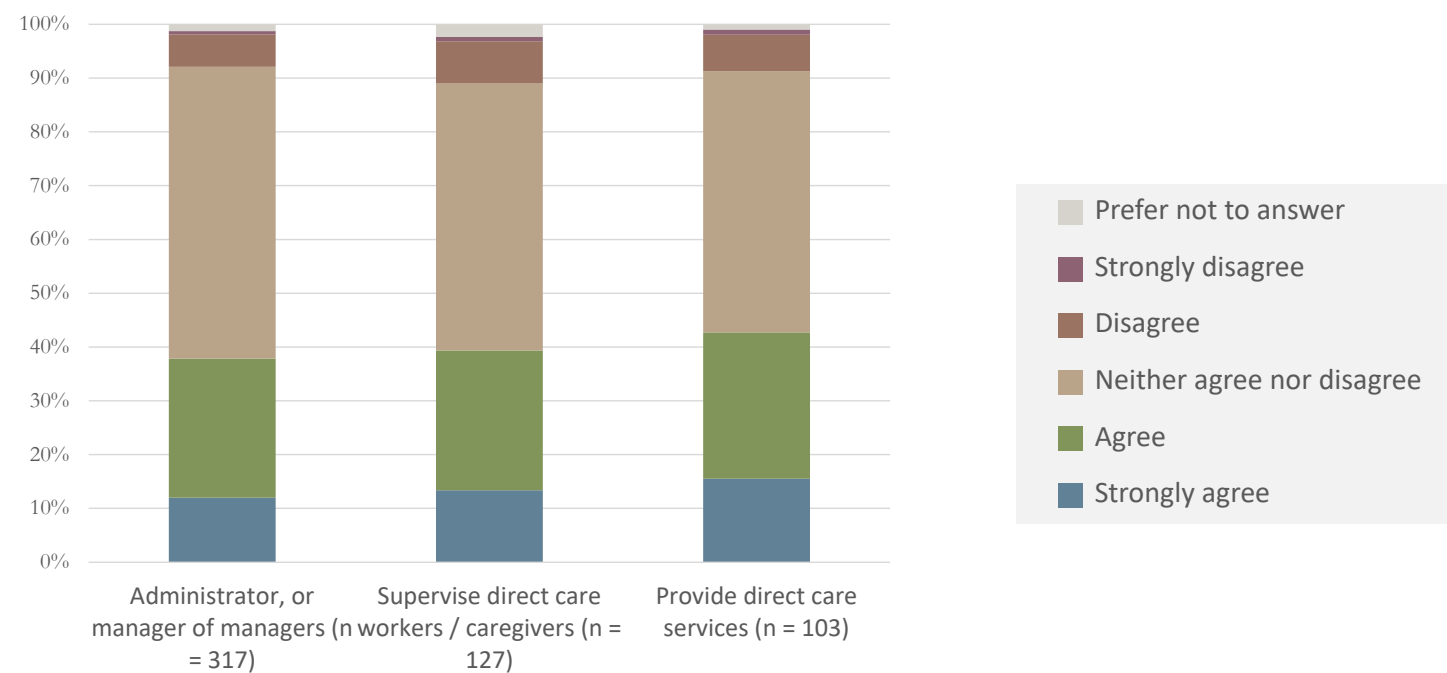


Figure 7.2 "Over the past 12 months, I have found the Adult Protective Services Registry to be easier to use than in the past".



MANAGING CAREGIVER STRESS

AHCCCS #25

Objective(s)

Require AHCCCS-contracted health plans/MCOs to offer training and resources for providers to assist professionals and family caregivers with managing stress and burnout.

Data Source(s)

Interviews, Focus Group Discussions, Surveys

Finding(s)

AHCCCS specifically is requiring its health plans the use of the RELIAS learning management system and will introduce new in-home and facility-based trainings for staff. The COVID-19 pandemic has presented a novel stress on caregivers, making measurement of burnout trends challenging. A Care-giver Resource Guide has been developed and is available for MCO and provider use. AHCCCS policy has also been amended to require contracted health plans to ensure subcontracted provider organizations offer training and resources to assist professionals and family caregivers with managing stress and burnout, and to require case managers to be provided orientation and training on resources related to caregiver stress and burnout.

Strengths

These activities are targeted to help reduce the strain on health plan and provider staff, which may reduce levels of caregiver stress and burnout in the future. Eighty-five percent of family member survey respondents report that they have a person in their family they could talk to if they were experiencing burnout. Over two thirds of family member survey respondents report they would know what do if they were experiencing stress and burnout.

Challenges

Provider staff survey respondents report that the COVID-19 pandemic continues to impact caregivers stress. Provider/vendor staff in direct care roles were asked what factors would help reduce burnout. Approximately half answered this question, though many reported that they did not know or were unsure. Most of those that gave suggestions mentioned financial investment in more staff, existing staff salaries, trainings, and general resources given to providers. Also mentioned was the the need for greater benefits, including vacation and time off and a reduction in required work hours and overtime. Finally, they mentioned intangible and personal strategies of self-care, such as exercise, social relations, and other moral and emotional supports.

While some family caregivers are being trained on burnout and stress it is likely that many are not.

Next Steps

Continue engaging and connecting with professional and family caregivers and exploring ways to support and address their needs.

Provider Staff Knowledge and Resources for Managing Stress and Burnout: Survey Results

Figure 8.1 "My workplace offers trainings for professional caregivers / direct service workers regarding stress and burnout."

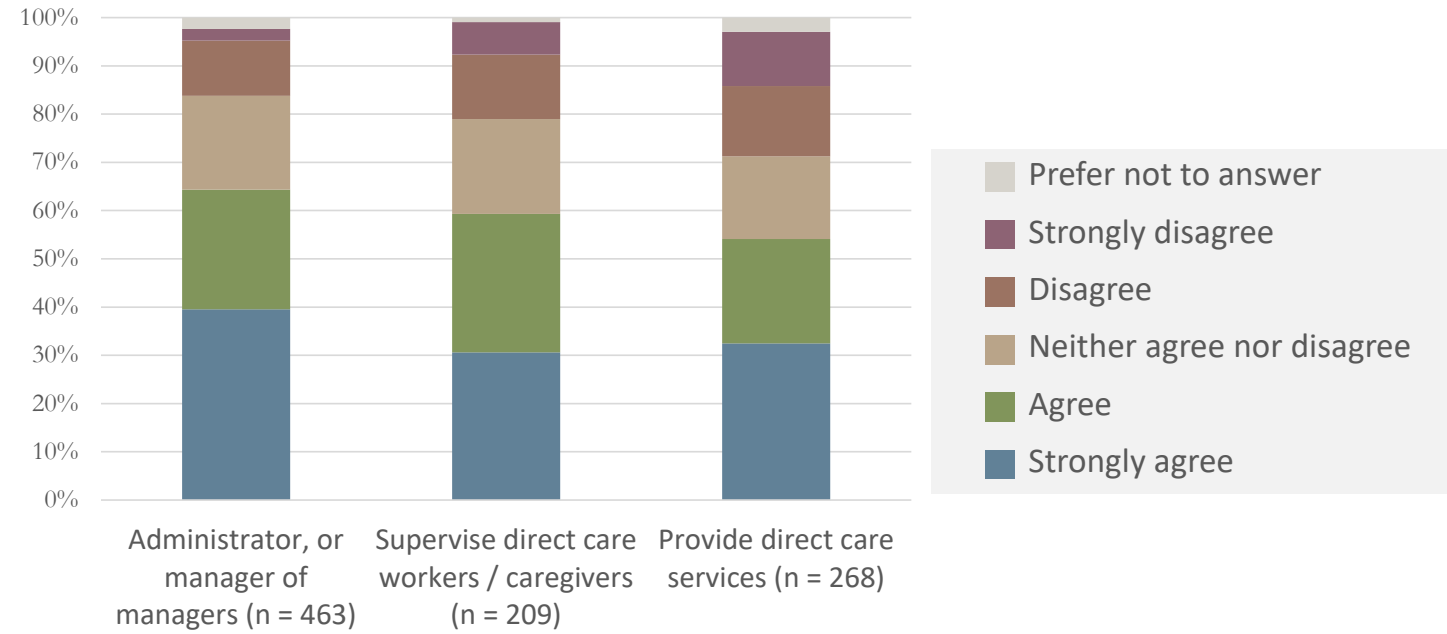


Figure 8.2 "I would know what to do if I were experiencing stress and burnout."

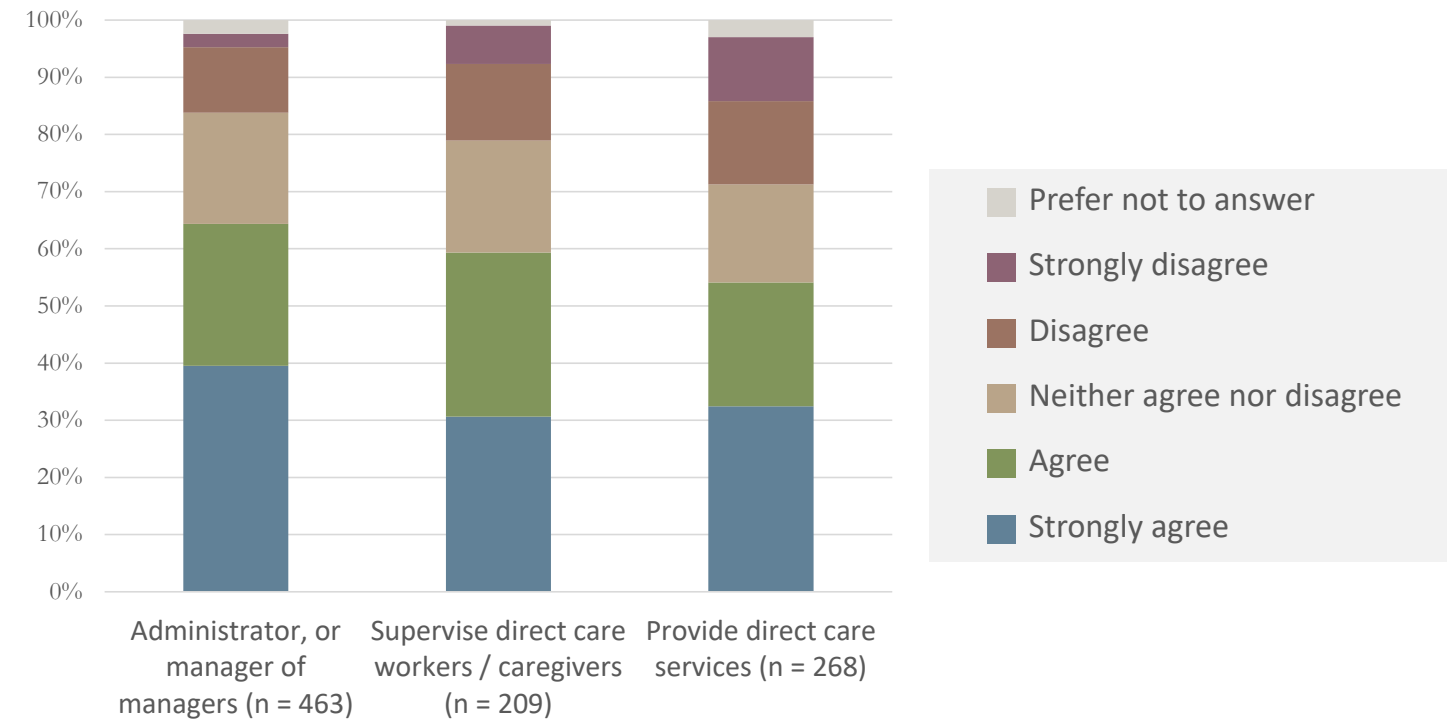


Figure 8.3 "I have a trusted coworker I could talk to if I were experiencing stress and burnout."

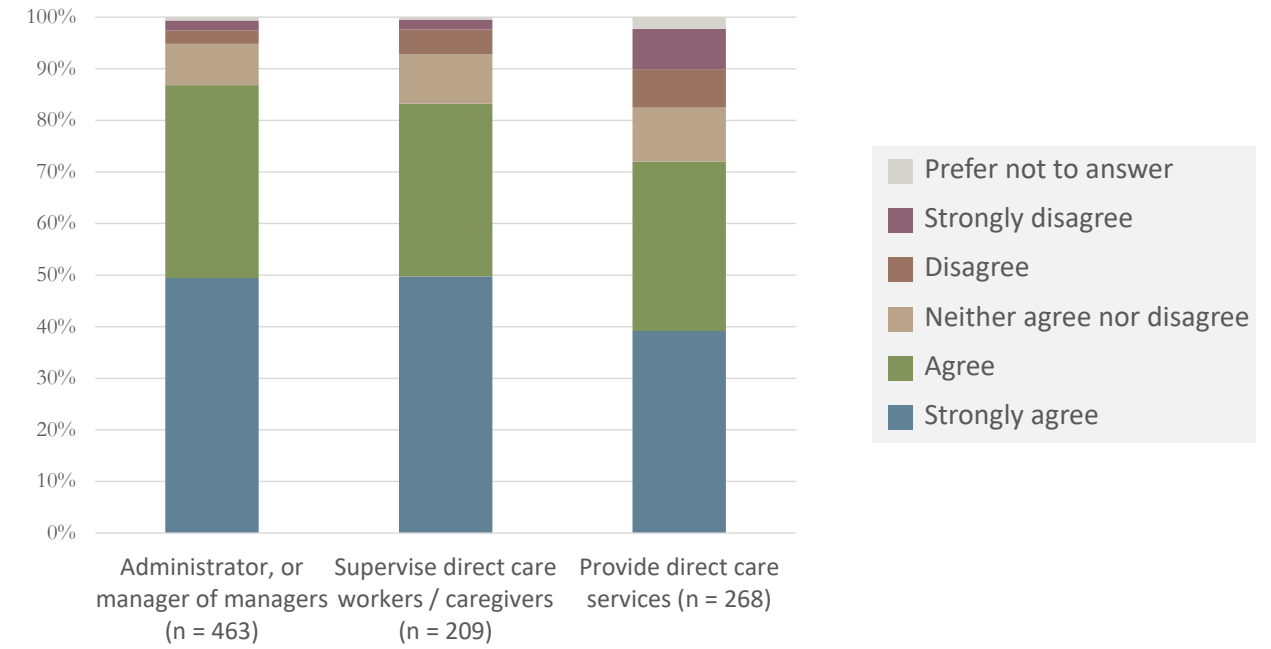
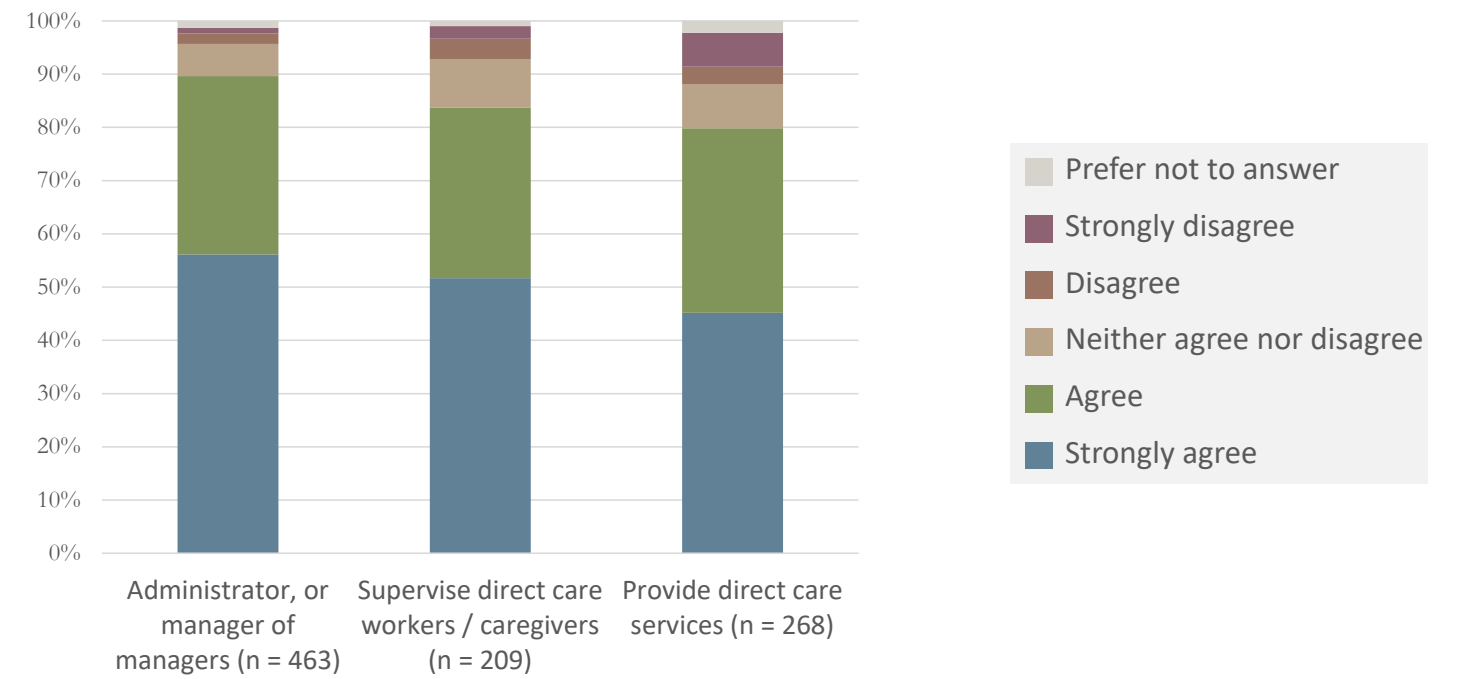


Figure 8.4 "I have a support network outside of work I could talk to if I were experiencing stress and burnout."



Family Member Knowledge and Resources for Managing Stress and Burnout: Survey Results

Figure 8.5 "I would know what to do if I were experiencing stress and burnout."

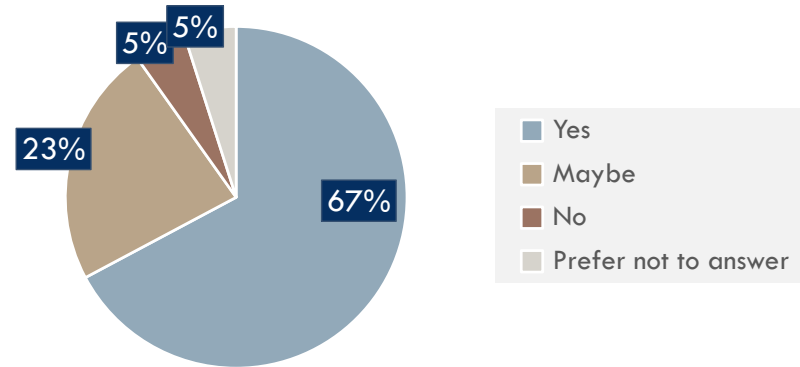


Figure 8.6 "I have trusted family member I could talk to if I were experiencing stress and burnout."

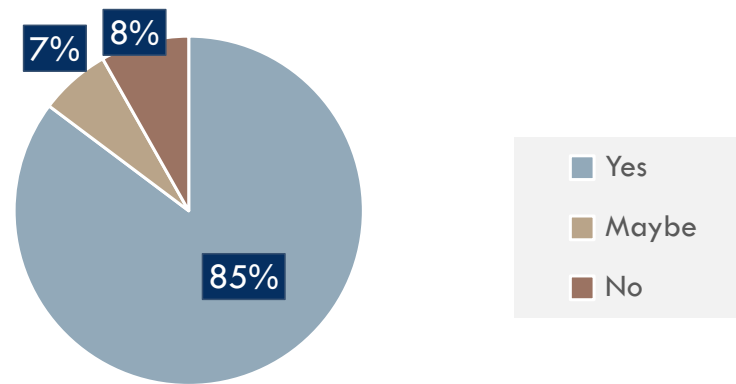
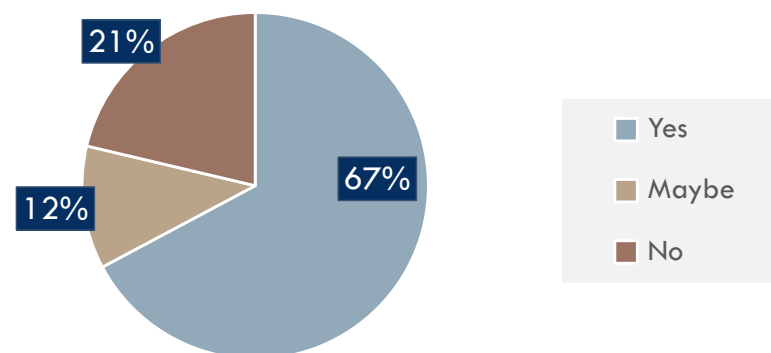


Figure 8.7 "I have a support network outside of family I could talk to if I were experiencing stress and burnout."



PUBLIC ACCESS TO SETTING MONITORING REPORTS

DES #26

Objective(s)

Conduct a review of the AHCCCS and DES websites and make any necessary changes to facilitate public access to incident data as well as resources related to preventing abuse and neglect and reporting incidents; recommend that DES/DDD post monitoring reports for group homes and adult developmental homes.

Data Source(s)

Interviews, Focus Group Discussions, Document Review

Finding(s)

This recommendation is in progress. Funds from ARPA 9817 are planned to support the development of a public-facing dashboard that will improve data transparency and will include quality metrics.

Strengths

When implemented, this will represent a significant achievement in the transparency of state long-term care settings and serve as a vehicle for public engagement and oversight around performance and quality.

Challenges

To realize the full impact of the initiative, the public, including members, families, and provider organizations, must be aware of the existence of the resource and be able to use it.

Next Steps

When the implementation is complete, engage with members and families to highlight this resource and how it can help Members and families to select a provider/vendor they find suitable. Ensure that all members and families can use the resource and they can obtain on-demand assistance as needed.

REVIEW OF CONFIDENTIALITY REQUIREMENTS

DES Rec #27

Objective(s)

A workgroup of stakeholders should be convened, including relevant state agencies, to identify potential revisions to State statute and agency policies to allow confidential information sharing between parties while maintaining required privacy and confidentiality protections.

Data Source(s)

Interviews, Focus Group Discussions

Finding(s)

The recommendation was delayed until 2021, but has since been implemented, with special attention being paid to avoid re-traumatizing vulnerable individuals.

Strengths

State statutes were thoroughly reviewed, as were departmental policies and procedures.

Challenges

Recommendations related to the impacts of sharing confidential information between departments or divisions are forthcoming.

Next Steps

Review recommendations with the Task Force and ensure they are posted for public comment.



OTHER TASK FORCE RECOMMENDATIONS

AHCCCS #10; #17, #24, & #28

DES Rec #9, DES Rec #16

ADHS #29

Objective(s)

Reporting and investigation of processes and oversight mechanisms for all types of abuse, neglect, and exploitation.

- Review definitions of abuse, neglect, and exploitation in state statute for the adult population and propose any changes needed to ensure clarity.
- State contracts to mandate compliance with generally accepted standards of good governance for non-profit and for-profit entities and require investigator training on the specific special needs of individuals with intellectual and developmental disabilities (I/DD).
- APS Investigator Training and Certification to NAPSA standards.
- Build on previous efforts and implement a system-wide trauma-informed approach, with attention to the special needs of vulnerable individuals and their families, including support when families interact with clinicians, law enforcement, and other professionals.
- Study the Independent Monitoring for Quality (IMQ) processes used in other states and consider their application in Arizona by December 31, 2020.
- Convene a workgroup to develop strategies on training related to protection against and disclosure of alleged abuse and neglect.
- Consider legislation to require licensure of nursing supported group home settings reflective of the level of care they are providing.

Data Source(s)

Interviews, Document Review, Provider Staff Surveys

Finding(s)

All but two of the recommendations have been implemented as written. All nursing supported group homes will be licensed under the new rules by July 1, 2022. Activities for recommendation 16, which ties to other recommendations, will be complete when the public awareness campaign is rolled out.

Strengths

Implementation of these recommendations, including: review of potential changes to state statutes, improved governance standards for entities serving vulnerable individuals, development of trauma informed approach system wide, and collection of input from members and family members around quality and feedback processes, and the ongoing effort to updated licensure requirements for nursing supported group homes have been conducted in a way that engaged community stakeholders and advocates.

Challenges

None identified.

Next Steps

Continue to engage with members and families to assess quality and feedback processes, implementation of trauma-informed approach, and reception of trainings tailored by role.

REVIEW OF STATUS & RESULTS OF RECOMMENDATIONS

Governor's Office Rec #30

Objective(s)

A Task Force should be convened by the Governor's Office in late 2020 for the purpose of reviewing progress on these recommendations.

Data Source(s)

Document Review

Finding(s)

Ongoing review of status and results via regular Task Force Meetings have been implemented as written.

Strengths

The Task Force has been updated regularly on the progress of independent evaluation.

Challenges

None identified.

Next Steps

Continue to review status and results of implementation until implementation is complete and intended impacts achieved.



Concerning Comments

Among survey response data, nine concerning responses regarding safety were received. Respondents' names were unknown as surveys were anonymous with no identifying information. Some of the comments named a facility or service provider. The information was reported to AHCCCS who handled it according to established procedures. A meeting was held and comments securely shared. It was determined that AHCCCS would handle the concerning comments like any other reports that are received in alignment with its established procedures for quality of care concerns received regarding health and safety of AHCCCS members.

SUMMARY

In summary, the measures implemented by Executive Order (2019-03) and the resulting Abuse & Neglect Prevention Task Force recommendations allowed for identification and initial remediation of a number of gaps in the processes in place in the State of Arizona agencies that serve vulnerable individuals.

Key findings from this report suggest that the agencies should continue to expand and publish their resources for training providers and members. Of note is the Toolkit that was developed providing one effective resource.

A pressing issue is the facilitation of members' confidence in their ability to report and whether or not the report will be well-received and believed. Few family member survey respondents were aware of their mandated reporter role. Educational initiatives could expand the knowledge of abuse reporting law.

To facilitate distribution of trainings for direct care workers, active audits would be important to implement. The agencies should continue to identify abuse prevention projects that facilitate interagency coordination and continue the active evaluation and monitoring of their abuse prevention measures for a period of at least 2-3 years to better understand the long-term impacts of these changes.

This evaluation process should include external review of all training materials. Finally, for the agencies to efficiently provide abuse prevention measures, funding must be allocated to support these initiatives.



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