ADULT PROTECTIVE SERVICES

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

PERFORMANCE AUDIT
ISSUED FEBRUARY 24, 2016

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LOUISIANA LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

February 24, 2016

The Honorable John A. Alario, Jr.,
President of the Senate
The Honorable Taylor Barras
Speaker of the House of Representatives

Dear Senator Alario and Representative Barras,

This report provides the results of our performance audit on the Adult Protective Services (APS) program within the Department of Health and Hospitals (DHH). The purpose of this audit was to evaluate APS management's oversight of abuse and neglect cases involving adults and the elderly. The report contains our findings, conclusions, and recommendations. Appendix A contains DHH's response to this report. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to the management and staff of APS for their assistance during this audit.

Sincerely,

Daryl G. Purpera, CPA, CPE
Legislative Auditor

DGP/aa

APS 2016

Louisiana Legislative Auditor

Daryl G. Purpera, CPA, CFE

Adult Protective Services
Louisiana Department of Health and Hospitals

February 2016

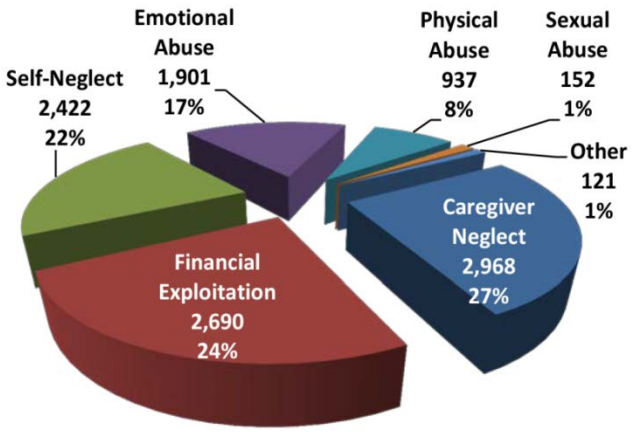
Audit Control # 40140019

Introduction and Summary of Findings

On July 1, 2012, the Elderly Protective Services (EPS) function within the Governor's Office of Elderly Affairs (GOEA) transferred to the Adult Protective Services (APS) program within the Department of Health and Hospitals' (DHH) Office of Aging and Adult Services.[1] Before this move, EPS was responsible for handling cases of abuse or neglect for disabled or vulnerable clients age 60 or older ("elderly"), while APS was responsible for cases involving clients with disabilities age 18-59 ("adult"). The purpose of the merger, which included the transfer of 22 authorized positions, was to consolidate resources and more effectively and efficiently serve the needs of vulnerable adults. As of 2012, 37 (72.5%) of 51[2] states surveyed by the National Adult Protective Services Association (NAPSA) had an APS program that served both adult and elderly populations within the same agency.

APS is funded primarily by the state General Fund and had a budget of $5.7 million in fiscal year 2015. The program does not receive federal funds or oversight from any federal agency. During fiscal year 2015, APS received 7,888 reports of abuse or neglect (involving 11,191 allegations) and accepted 6,686 cases (84.8%) for investigation.[3] Approximately 50% of allegations were for caregiver neglect or financial exploitation.[4] Exhibit 1 summarizes the number and percent of allegation types for fiscal year 2015 for both client groups.

Exhibit 1: Allegation Types Reported Fiscal Year 2015

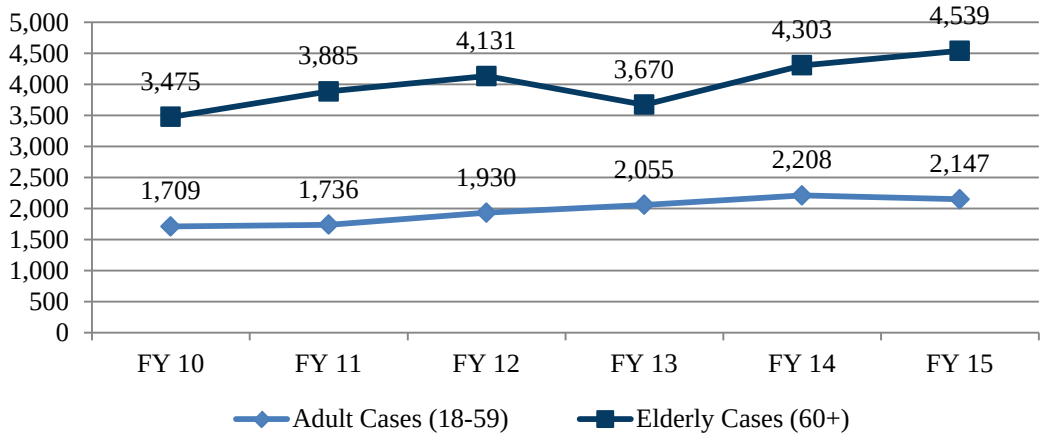


Note: APS cases often involve multiple allegations.
Source: Prepared by legislative auditor's staff using data from the OTIS and EPSM databases.

[1] Act 13 of the 2012 Regular Legislative Session transferred the staff, funding, and functional operation of EPS to DHH. However, statutory responsibility of elderly protective services remained with GOEA. A memorandum of understanding was entered into as a means to effect the functional operation of the merger.
[2] Includes the District of Columbia.
[3] APS only accepts eligible reports for investigation. To be eligible for APS services, one must be: a Louisiana resident; aged 18 or older; unable to manage their own resources, carry out activities of daily living, or protect themselves from abuse and neglect; alleged to have been harmed or threatened with harm as a result of abuse or neglect; and living in an unlicensed community setting (i.e. private residence).
[4] APS cases often involve multiple allegations of abuse or neglect. Therefore, the cases of caregiver neglect and financial exploitation may also include other allegations, such as or physical or sexual abuse.

Of the 6,686 accepted cases, 2,147 (32.1%) involved an adult client and 4,539 cases (67.9%) involved an elderly client. In fiscal year 2015, 3,168 (52.0%) of 6,094 closed cases were substantiated, meaning caseworkers determined that abuse or neglect had occurred. Exhibit 2 shows the number of accepted adult and elderly cases for fiscal years 2010 through 2015.

Exhibit 2
Number of Adult and Elderly Abuse and Neglect Cases
Fiscal Years 2010 through 2015



Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

According to population projections from Louisiana State University, Louisiana's population of adults age 60 and older is expected to reach over 1 million by 2030, an increase of 35% from 2010. Because of this growth and the lack of federal oversight, the objective of this performance audit was to evaluate APS management's oversight of abuse and neglect cases involving adults and the elderly. We did not evaluate whether the transfer from GOEA to DHH resulted in a more effective adult protective function, as this would have required us to conduct a detailed audit on this function prior to the merger, which we did not. In addition, GOEA did not have certain processes, like centralized intake or collect similar data on all protective activities which would make comparisons difficult.

Overall, we found the following:

- DHH has designed the APS program to meet most program guidelines recommended by best practices (e.g. eligibility criteria, centralized intake, timeframes for investigations, etc.) and established a quality assurance process. However, APS management should also develop a caseload standard policy and a detailed training policy.

- During fiscal year 2014, APS management implemented a 24-hour centralized intake hotline that is considered a best practice. However, APS should improve its documentation and review of abuse and neglect intake reports to ensure allegations of abuse and neglect are appropriately screened and categorized.

- APS management should require improved documentation of capacity determinations and monthly supervisor case reviews to ensure caseworkers conduct thorough and timely investigations.

- In fiscal year 2014, APS management established stricter timeframes for face-to-face contacts and completing case investigations, but not all cases met these timeframes.

- Collecting better data on risk assessment scores and service referrals and tracking clients with repeat cases would help APS management identify outcomes and trends that may help it better serve clients.

- APS management faces several challenges, such as multiple data systems, low staffing levels, managing change after the merger, and an increase in the number of complex cases involving financial exploitation.

Appendix A contains management's response to this report, Appendix B details our scope and methodology, and Appendix C provides an overview of the APS process. Appendix D contains adult protection statistics for the nine APS regions.

Objective: To evaluate APS management's oversight of cases of adult and elderly abuse and neglect.

Since the merger with the Elderly Protective Services function, APS management has begun implementing new policies and procedures that meet best practices, including a centralized intake process for vulnerable elders, a quality assurance process, and more stringent timeframes for investigating cases of abuse and neglect.[5] APS could further improve its oversight of adult and elderly abuse and neglect cases by ensuring that:

(1) supervisors review cases as required,

(2) caseworkers obtain and document sufficient information to support their decisions,

(3) face-to-face contacts and investigations are completed timely, and

(4) additional data is collected to measure the quality and effectiveness of the program.

APS management also faces various challenges in managing the program, such as multiple data systems and insufficient staffing levels. These issues are discussed in more detail on the following pages.

DHH has designed the APS program to meet most program guidelines recommended by best practices and established a quality assurance process. However, APS management should also develop a caseload standard policy and a detailed training policy.

Because there is no federal funding or oversight of state APS programs, states design and operate programs differently. In 2013, the National Adult Protective Services Association (NAPSA) developed recommended minimum program standards in an effort to strengthen and support APS programs. In addition, the Administration for Community Living, housed within the U.S. Department of Health and Human Services, is in the process of developing APS guidelines to provide more uniformity across the nation. Both sets of guidelines recommend a general framework for APS programs comprised of various principles, such as program administration, timeframes, receiving maltreatment reports, conducting investigations, service planning, training, and program evaluation. These guidelines, however, do not recommend specific standards, such as timeframe lengths or performance benchmarks.

[5] Includes self-neglect, caregiver neglect, financial exploitation, and extortion allegations.

In 2013, DHH already had many of these principles in place that met most national guidelines. Specifically, DHH had established eligibility criteria, centralized intake, supervisory case reviews, timeframes for investigations, and the use of a risk assessment. Appendix C summarizes the APS process. However, APS should also develop a formal caseload standard policy and a training policy that outlines specific training requirements for caseworkers, both of which are recommended in best practice guidelines. Best practices recommend that states develop their own caseload standards through sound research and practice. According to APS management, it has an internal caseload goal of 120 cases per worker per year, and the target number of cases per worker per month is 21 new cases. However, these monthly and annual caseload standards are not set in policy. According to APS, the agency tries to balance case assignments over the course of a year, and when caseworkers receive a "target" number of cases[6] per month, caseworkers from another region may be assigned new cases to assist in regions with high workloads. See Appendix D for caseload and other statistics for the nine APS regions.

In April 2014, APS management developed a quality assurance process to evaluate whether cases comply with policies and procedures.[7] According to this policy, the APS quality assurance committee is required to review 100 closed cases per quarter using selected topics from the Quality Assurance Monitoring Form. Currently, APS's acceptable performance benchmark is 70%, meaning that 30% noncompliance with policies is acceptable; however, management anticipates raising this benchmark in the future. The committee will discuss findings and recommendations for changes in policy and/or needed trainings. Examples of recommendations from the 2015 quality assurance review included additional training in leadership, service planning, and risk assessments. APS management has also created a stand-alone quality assurance process for centralized intake and is currently developing a formal policy for this process.

Recommendation 1: APS management should develop a reasonable caseload standard in policy and develop a thorough training policy with specific requirements.

Summary of Management's Response: DHH agrees with this recommendation. See Appendix A for DHH's full response.

[6] The target number of cases per worker per month may be set by the intake supervisor and APS Program Manager. Current APS policy does not define this number.

[7] Fiscal years 2014 and 2015 consisted of a baseline review, and APS began conducting formal quarterly QA reviews in fiscal year 2016.

During fiscal year 2014, APS management implemented a 24-hour centralized intake hotline for both the vulnerable adult and elderly populations. However, more improvement is needed in the documentation and review of abuse and neglect intake reports to ensure allegations of abuse and neglect are appropriately screened and categorized.

In November 2013, APS began using a 24-hour statewide centralized intake hotline to receive allegations of adult abuse and neglect for both the vulnerable adult and elderly populations. The purpose of the hotline is to screen all calls, determine whether the criteria for abuse or neglect are met, assign one of three priority levels to the case, and assign a caseworker to conduct the investigation. According to APS management, prior to the merger DHH had a statewide centralized intake process for adult cases. However, under GOEA, individuals would call their regional EPS office to report abuse or neglect allegations for vulnerable elders, and each region handled intake inconsistently. According to APS management, centralized intake has made screening cases more consistent across the state. NAPSA recommends that APS programs have a systematic means of receiving and screening reports of abuse and neglect. According to the Administration for Community Living, 26 states have a centralized intake process. While APS is in compliance with best practices, it needs to strengthen its documentation and supervisory review of abuse and neglect reports during the intake process as described below.

Intake workers did not always collect and document sufficient information to support their acceptance and priority assignment decisions. Of the 2,260 reports that were not accepted as cases by intake workers during fiscal years 2014 and 2015, we reviewed 98 and found that 12 (12.2%) did not include sufficient information in the case file to support the intake worker's decision to reject the report. For example, one report involved an elderly woman being physically abused by a family member. The intake worker rejected the case because the person reporting the incident did not think the woman had a disability diagnosis in the woman's home health chart. However, there is no evidence that the intake worker asked additional questions to determine if the elderly woman was vulnerable or could not protect herself, which may have made the woman eligible for services.

We also reviewed 58 of 13,197 accepted cases and found that 11 (19.0%) of the 58 cases did not include enough information to determine if the intake worker assigned the correct priority. Based on the report allegation and risk of repeat abuse, intake workers are responsible for assigning cases one of three priority levels that dictate how quickly caseworkers must start their investigations. One case we reviewed included allegations that an elderly woman with dementia who lived alone and received no in-home services was not being fed and her checks and

Current APS Priority Timeframes

- **Priority 1 cases** - client has suffered serious harm. Contact within 24 hours.
- **Priority 2 cases** - client is at risk of imminent serious harm. Contact within five working days.
- **Priority 3 cases** - client is not at risk of serious harm. Contact within 10 working days.

medication were being stolen. The intake worker assigned this case a priority 2 (five-working-day response); however, there is no evidence that the intake worker asked additional questions to determine the seriousness of the allegation, such as whether the client had access to any food. According to APS intake training, if a person has no food in the house and has no means of getting any, the case should be assigned a priority 1 (24-hour response required). It is important for intake workers to collect and document pertinent information so that they make the right acceptance and priority assignment decisions, and so the intake supervisor and quality assurance reviewers can review these decisions and correct if necessary.

One way to improve documentation is to use a form that outlines specific questions intake workers should ask. Currently, intake workers have the option of using a basic paper form to document reports of abuse and neglect during the initial report or entering the information directly into the appropriate system. However, neither method prompts workers to ask or document follow-up questions such as how well the client can perform activities of daily living or the level of client safety, which may be helpful in case rejection and priority assignment decisions. While the information available is largely dependent on the individual reporting the allegations, intake workers may need to ask and document additional probing questions in an attempt to gather as much information as possible. Other states, such as Delaware and North Carolina, have forms that prompt workers to ask more specific questions, such as if the client is able to bathe and dress themselves. Louisiana's form only prompts the intake worker to ask whether or not the client has a disability.

Not all reports received by intake during November 2013 to June 2015 received the required supervisory review. APS policy requires the intake supervisor to review all reports of abuse and neglect to ensure intake workers are accepting and rejecting reports in accordance with APS policy. This review is important to ensure that all eligible reports are accepted and assigned for investigation so that disabled or elderly adults do not remain in unsafe situations. We reviewed 282 of the 15,457 reports received by intake from November 2013[8] through June 2015 and found that 161 (57.1%) were not reviewed by the intake supervisor prior to caseworker assignment.

Current policies do not require the intake supervisor to review whether priorities are assigned correctly and whether allegations of physical and sexual abuse are referred to law enforcement. State law requires APS to notify local law enforcement of all allegations of physical or sexual abuse.[9] We found that of the 715 reports of physical or sexual abuse that APS received from November 2013 through June 2015, 653 (91.3%) were referred to law enforcement by the end of the day after the report was received as required. However, we found 15 (2.1%) reports had no documentation at all indicating that they were referred to law enforcement. Although this is a relatively low percentage, APS should report 100% of these allegations to law enforcement because of the potential risks to client safety.

According to APS management, the current policy of requiring the intake supervisor to review all cases is unreasonable, as the number of incoming reports is increasing. Because of

[8] Centralized intake did not begin until November 2013.
[9] R.S. 15:1506(B) requires APS to notify local law enforcement when it receives any reports of physical or sexual abuse by the end of the day after the report was made.

this, management is drafting a new intake policy to address intake review requirements as well as training experienced intake workers to assist the supervisor in reviewing reports.

Recommendation 2: APS management should develop a detailed form to assist intake workers in collecting and documenting information needed to make and support case acceptance and priority assignment decisions.

Summary of Management's Response: DHH disagrees with this recommendation. DHH believes current policy satisfies this recommendation and states that the two forms available to intake workers, including an eligibility criteria matrix, are adequate for collecting and documenting case acceptance and priority assignment determinations. See Appendix A for DHH's full response.

LLA's Additional Comments: Based on our review of case files, necessary information was not always documented by intake workers. While the eligibility criteria matrix is useful in helping intake workers determine whether or not to accept a case, it does not facilitate documentation of specific information regarding a client's situation. Having a form workers must fill out that prompts them to ask specific, probing questions could result in more complete documentation. Without complete documentation, supervisors cannot determine if the appropriate cases are rejected or if the correct priority is assigned.

Recommendation 3: APS management should include a requirement in its procedures for intake supervisors to review cases to ensure that priority levels are appropriately assigned.

Summary of Management's Response: DHH disagrees with this recommendation. DHH states that intake supervisors cannot perform a full review of more than 7,800 reports of abuse a year due to other managerial duties. It has added an advanced intake position to help ease the workload of the intake supervisor. See Appendix A for DHH's full response.

LLA's Additional Comments: Our recommendation does not require that all reports should be reviewed. Rather, when the supervisor does review reports, policy should require documentation that acceptance *and* priority assignments be reviewed for accuracy. Current policy only states that the supervisor is to review report acceptance or rejection, and the case files we reviewed generally included little to no documentation regarding what was reviewed.

Recommendation 4: APS management should ensure that its new intake review policy requires that high-risk cases, such as allegations of physical and sexual abuse, are reviewed and referred to law enforcement as required by law.

Summary of Management's Response: DHH agrees with this recommendation. See Appendix A for DHH's full response.

APS management should require improved documentation of capacity determinations and monthly supervisor case reviews to ensure caseworkers conduct thorough and timely investigations.

According to NAPSA's Minimum Standards for APS Programs, case documentation should be clear, concise, accurate, and fact-based. APS policy requires that caseworkers complete the first case file data entry no later than five working days after the deadline for the first contact indicated by the priority level, and additional case updates should be made at least every 30 days. While caseworkers may be working cases appropriately, maintaining timely and complete case files is important for supervisors and management to monitor quality and compliance. Best practices also recommend that supervision throughout the investigation should be at specific decision-making points at which investigators must receive and document supervisory guidance and approval for key decisions. We found issues with the collection and documentation of information related to caseworkers assessing clients' capacity to make decisions and supervisor monthly reviews.

Caseworkers did not always consistently assess and document client capacity as required by policy. A primary principle of adult protection is that the client can refuse APS's investigation or service referrals at any point in the process.[10] Therefore, caseworkers must determine whether every client has the mental capacity to make and understand the consequences of their decisions. Capacity documentation, according to APS policy, must include questions the caseworker asked the client, a summary of the client's responses, and allegation-specific questions rather than general questions such as today's date or the client's birthday. We reviewed 99 cases from fiscal year 2015 and found that 44 (44.4%) cases did not include sufficient information for another person to review the case file and come to the same capacity determination. For example, one caseworker documented, *"Client appeared to have capacity and was able to provide worker with the day of the week and his age. Client was alert and appeared to be mentally stable."* However, the case file did not include any information from the client interview or any other evidence to support this statement and allow a reviewer to determine whether the caseworker assessed capacity appropriately.

> **Capacity** to consent is the ability to understand and appreciate the nature and consequences of making decisions concerning one's person, including provisions for health or mental care, food, shelter, or financial affairs.

NAPSA stresses the importance of accurate capacity determinations, stating that the appropriate APS action or lack thereof depends on whether the client can make informed decisions and consent to services. Furthermore, APS administrators must ensure that their staff is trained in the complexities of capacity, cognitive screening procedures and pitfalls, and the need to avoid inaccurate assumptions regarding clients' abilities.

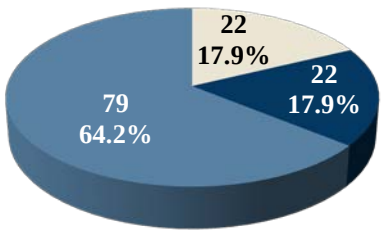
Currently, APS does not use any type of data collection instrument to aid caseworkers in collecting and documenting appropriate information to make capacity determinations.

[10] APS can only take legal action to remedy harmful situation in cases where a professional (i.e. doctor, coroner) has agreed with the caseworker that the client lacks capacity.

According to a survey sent to APS caseworkers and supervisors, 27 (67.5%) of 40 respondents agreed that a standardized capacity instrument would help them make and document capacity decisions, and 21 (53.9%) of 39 respondents stated that more training in determining and documenting capacity is needed. Other states, such as Florida and Oklahoma, have forms or built-in data screens that prompt caseworkers to collect and document specific information used in capacity screening.

We reviewed 123 of the 13,197 cases from fiscal years 2014 and 2015 and found that 44 (35.8%) were not reviewed monthly as required during the investigation process. APS policy requires supervisors to conduct a one-on-one review with each caseworker on all open cases each month throughout the investigation process. During these reviews, supervisors are supposed to advise caseworkers, identify any problems, address training needs, and document the review in the case file. We reviewed 123 cases from fiscal years 2014 and 2015 and found 44 (35.7%) cases where a supervisor review was not completed for one month or more. According to APS management, supervisors and caseworkers are in contact weekly, if not daily. While supervisors may be reviewing cases every month as required, documentation of these reviews is important for APS management to determine if these reviews are actually being completed. Exhibit 3 shows supervisor monthly review compliance for fiscal years 2014 to 2015.

Exhibit 3
Supervisor Monthly Reviews
Fiscal Years 2014 and 2015



Source: Prepared by legislative auditor's staff using case file records from the OTIS and EPSM databases.

Recommendation 5: APS management should develop a structured form or some other method to assist caseworkers in collecting and documenting information necessary to make and support capacity determinations.

Summary of Management's Response: DHH disagrees with this recommendation. DHH states that current policy satisfies this recommendation and best practices caution that standardized tools should not preclude staff from approaching clients creatively and exploring ways to reduce harm. In addition, nationally, APS programs have struggled to develop such tools, and caseworkers can often rely too heavily upon them to make capacity determinations. See Appendix A for DHH's full response.

LLA's Additional Comments: While current policy does outline a process for caseworkers to determine capacity, we found that caseworkers were not always documenting enough information to support their capacity determinations. Without proper documentation, a supervisor cannot ensure the correct capacity determination was made. Having a form to facilitate documentation—not to make a decision—would help enhance case files and aid supervisors in reviewing caseworker judgment.

Recommendation 6: APS management should provide additional training to caseworkers on case file documentation expectations and techniques.

Recommendation 7: APS management should ensure that its supervisors are reviewing and documenting cases according to policy.

Summary of Management's Response: DHH agrees with these recommendations. See Appendix A for DHH's full response.

In fiscal year 2014, APS management established stricter timeframes for face-to-face contacts and completing case investigations, but not all cases met these timeframes.

APS caseworkers conduct investigations to determine if the client's situation and condition warrants protective intervention and assess the client's capacity to consent to services. Based on evidence collected, caseworkers determine if abuse or neglect occurred. Current APS policy only requires caseworkers to make a "good faith effort" to interview the client within the timeframes associated with the case's assigned priority, as previously mentioned. According to DHH, under GOEA, elderly cases did not have timeframe requirements for face-to-face contacts. In addition, prior policy dictated that investigations for adult cases (18-59) be completed within 30 days. For elderly cases (60+), investigations were to be completed within 45 days. After the merger, APS formulated a new policy for both adult and elderly cases that maintained the 30-day requirement, as well as face-to-face contact requirements that are in line with best practices.

According to a 2012 NAPSA survey, 31% of states have a 30-day timeframe for completing an investigation, while 42% of states allow more than 30 days for completing an investigation. While APS timeframe requirements are in line with best practices, it could improve in meeting those timeframes.

In fiscal years 2014 and 2015, caseworkers attempted to contact clients within the required timeframe for 3,665 (88.1%) of 4,159 cases; however, caseworkers did not conduct an actual face-to-face interview with the client within the timeframe for 1,596 (38.4%) of the cases. Of these, 174 (25.6%) of 679 were priority 1 cases that were not seen within 24 hours. These are cases involving clients that may have suffered serious harm or physical injury that could result in serious damage or death. Exhibit 4 shows the number and percent of timely and untimely cases by priority level.

Exhibit 4
Attempted and Actual Face-to-Face Contact Timeliness by Response Priority
Fiscal Years 2014-2015

Priority	Timeliness	FY 2014				FY 2015			
		Attempted Contact		Actual Contact		Attempted Contact		Actual Contact	
1 (within 24 hours)	Timely	346	91.8%	282	74.8%	277	91.72%	223	73.8%
	Untimely	31	8.2%	95	25.2%	25	8.28%	79	26.2%
2 (within 5 working days)	Timely	1259	88.2%	831	58.2%	1191	85.01%	802	57.2%
	Untimely	168	11.8%	596	41.8%	210	14.99%	599	42.8%
3 (within 10 working days)	Timely	331	91.2%	246	67.8%	261	90.31%	179	61.9%
	Untimely	32	8.8%	117	32.2%	28	9.69%	110	38.1%
Total	**Timely**	**1,936**	**89.3%**	**1359**	**62.7%**	**1,729**	**86.80%**	**1204**	**60.4%**
	Untimely	**231**	**10.7%**	**808**	**37.3%**	**263**	**13.20%**	**788**	**39.6%**

Source: Prepared by legislative auditor's staff using data from the OTIS database.

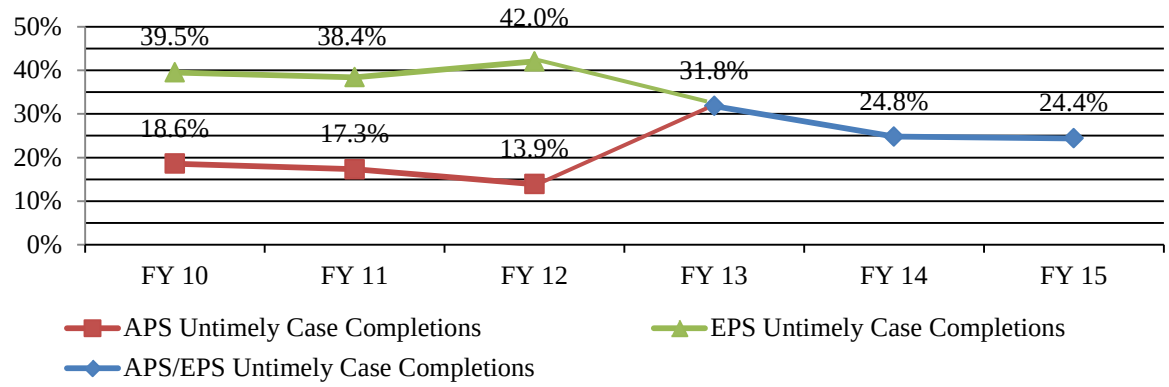
Because APS policy requires workers to make a "good faith effort" to make face-to-face contacts, APS management only monitors whether caseworkers made timely face-to-face attempts. Management does not monitor *actual* face-to-face contact timeliness. Face-to-face contacts are a critical step in assessing the safety of clients and reducing the risk that clients remain in unsafe situations. Florida, for example, monitors both face-to-face attempts and actual contacts, noting that caseworkers cannot protect clients unless they physically see the clients. Although there are acceptable reasons why a caseworker may not be successful in making a timely initial client contact (e.g., client repeatedly not home or incorrect address), the goal is to see clients within the established timeframes to assess their safety.

Approximately 25% of investigations were not completed timely. According to APS policy, caseworkers have 30 days to complete an investigation and categorize each allegation based on the following:

- *Substantiated* - evidence shows that abuse and/or neglect did occur, and the client needs protective services to remedy or stop the maltreatment.
- *Unsubstantiated* - review of the facts indicates that the alleged abuse and/or neglect did not occur.
- *Unsubstantiated with concerns* - review of the facts and evidence is inconclusive as to whether abuse and/or neglect occurred. However, there are sufficient risk factors for abuse and/or neglect in the client's situation to cause concern, and protective services are needed to reduce the risk and/or prevent the situation from getting worse.

We found that in fiscal years 2014 and 2015, 2,839 (24.6%) of 11,542 case investigations were not completed within 30 days. In fiscal year 2015, APS quality assurance also found that 26.8% (26 of 97) of the investigations they reviewed were not completed within 30 days. Timely investigations are important because this is when caseworkers assess a client's risk, determine whether abuse or neglect occurred, and develop a service plan to protect the client from future harm. Exhibit 5 shows the percentage of untimely case completions for fiscal years 2010 to 2015.

Exhibit 5
Percentage of Untimely Investigation Completions
Fiscal Years 2010 through 2015



Note: From FY10 through FY13, policy required EPS to complete cases within 45 days, while policy required APS to complete cases within 30 days. In FY14, a new policy was issued requiring case completion within 30 days, and caseworkers were assigned both elderly and adult cases.
Source: Prepared by legislative auditor's staff using data from the OTIS and EPSM data systems.

For some cases, caseworkers need more than 30 days to thoroughly investigate a case. In these instances, caseworkers can request an extension from their supervisor, who records the extension in the electronic case file.

Recommendation 8: APS management should revise its policy and track both attempted and actual face-to-face contacts for the entire APS population.

Summary of Management's Response: DHH disagrees with this recommendation. DHH states that its current policy satisfies this recommendation, as APS does currently document both attempted and actual contacts. However, data system limitations do not allow all contacts to be tracked electronically. In addition, current APS policy sets standards for initial attempts and standards for follow-up efforts to make contact when an attempt is unsuccessful. APS believes this is a more reliable measure of worker effectiveness than actual face-to-face contact. See Appendix A for DHH's full response.

LLA's Additional Comments: In fiscal years 2014-2015, approximately 40% of cases did not have an actual face-to-face contact within the timeframes set in policy. Approximately 25% of priority 1 cases, which are in imminent danger of harm, were not seen within 24 hours. By tracking actual face-to-face contacts in addition to attempted contacts, management could better identify why so many cases do not have timely actual contacts and determine if the problem is specific to a region or caseworker.

Recommendation 9: APS management should ensure that investigations without an approved extension are completed within the required 30-day timeframe.

Summary of Management's Response: DHH agrees with this recommendation. See Appendix A for DHH's full response.

Collecting better data on risk assessment scores and service referrals and tracking clients with repeat cases would help APS management identify outcomes and trends that may help it better serve clients.

According to APS management, it is difficult to measure the effectiveness of its services because of the diversity of client needs and the ability for clients to refuse services. Other states also struggle with defining meaningful outcomes, as clients have the right to choose to remain in unsafe situations or can refuse services. As mentioned earlier, APS has implemented quarterly quality assurance processes for intake and investigations. However, APS should take additional steps to evaluate program quality and client outcomes. According to APS management, the quality of how a caseworker handles a case can be seen through risk assessment score changes, but APS does not collect risk scores in both of its data systems in a format that can be easily analyzed. In addition, APS does not incorporate analyses to help it monitor and identify trends of clients with repeat cases or collect comprehensive information regarding what service referrals are made and whether service plans are completed as required.

APS management is unable to determine if caseworkers have successfully decreased clients' risk of harm in all cases because of data system limitations. One way that APS defines a case as successful is if the client's situation improves after an investigation or their risk of harm decreases. To determine client safety and risk, caseworkers conduct a risk assessment at the initial face-to-face contact and again at case closure. Ideally, the post-investigation score will be lower than the pre-investigation score, reflecting that APS intervention has successfully reduced the level of risk.

Currently, only the Online Incident Tracking System (OTIS) (for clients 18-59) collects both risk assessment scores in a way that management can easily analyze. Elderly Protection Services Management System (EPSM), the database housing elderly cases, does not collect either risk assessment score in a format that can be used in data analyses. Instead, caseworkers manually document only whether the client is high, medium, or low risk in the EPSM case notes before and after the investigation. Because both systems do not collect risk assessment scores for all cases, APS management cannot use readily available data to determine overall whether the program is providing quality services and successfully decreasing clients' risk of harm. In addition, risk assessments are conducted on paper and not documented electronically. The risk assessment form collects risk factors such as client physical health, mental health, capacity, financial resources, living conditions, and history of abuse or neglect, as well as perpetrator characteristics. Collecting these factors electronically may allow APS to analyze them to determine trends and potential needs for the vulnerable population it serves.

We analyzed OTIS data and found that, in fiscal years 2014 and 2015, risk assessment scores for 1,570 (49.9%) of 3,148 adult cases successfully declined.[11] However, risk scores for 1,558 (49.5%) adult cases did not change, and increased in 20 (0.6%) cases. According to APS, risk assessment scores may not decrease in cases where a client refuses services, if there are waiting lists for referred services, or if no effective intervention is possible. According to APS policy, caseworkers should document in the case file why the level of risk did not improve for substantiated cases. In fiscal year 2015, APS quality assurance also found that in 46.5% (33 of 71 cases) of cases where services were provided, the risk assessment score did not decrease.

APS should collect information regarding what services clients need, what referrals caseworkers make, and whether service plans are completed as required. In fiscal years 2014 and 2015, caseworkers did not develop required service plans for 937 (27.5%) of 3,404 elderly cases.[12] Service plans are the means by which caseworkers protect clients and prevent future abuse, and without them clients do not receive interventions that may alleviate and prevent abuse or neglect. According to APS policy, all cases that are *substantiated* or *unsubstantiated with concerns*, and the client consents to services, require the caseworker to develop a service plan to alleviate problems or risk factors identified in the investigation. As previously mentioned, all APS services are voluntary, and clients have the right to refuse services. The caseworker works with the client to develop a plan and is responsible for obtaining these services and making referrals for assistance through DHH, other state- or federally-funded programs, local churches, or civic organizations. Some examples of service plan interventions are changing the payee for a client's Social Security check, obtaining a restraining order, or obtaining food, medicine, or shelter. In fiscal year 2015, APS quality assurance also found that 20.4% (11 of 54 cases) of cases requiring a service plan had did not have one developed.

We also found that APS does not comprehensively collect the types of services clients need to alleviate problems caseworkers identify, nor the types of services caseworkers refer clients to, such as mental health services, meals on wheels, or power of attorney. Both data systems currently have the capability to collect that information; however, caseworkers do not consistently use these fields. While caseworkers ultimately do not have control over whether clients receive the services they are referred to and APS does not receive funding to provide for clients' services, collecting service referrals could help APS identify service gaps or services that are frequently used. A lack of services was cited by 61.5% (24 of 39) of caseworkers as the biggest challenge in serving clients.

Systematically tracking and monitoring clients with repeat cases could help APS management identify trends that may help them better serve their clients. Clients returning to the APS system is a complex topic within adult protective services, because clients have the right to refuse services and repeat cases may not indicate success or non-success of the program. However, it can be a valuable metric for management to use to identify common outcomes for clients, measure quality of investigations, and gauge success of interventions. Other states, including Florida, Oklahoma, and Texas, track clients with repeat cases as a way to measure the

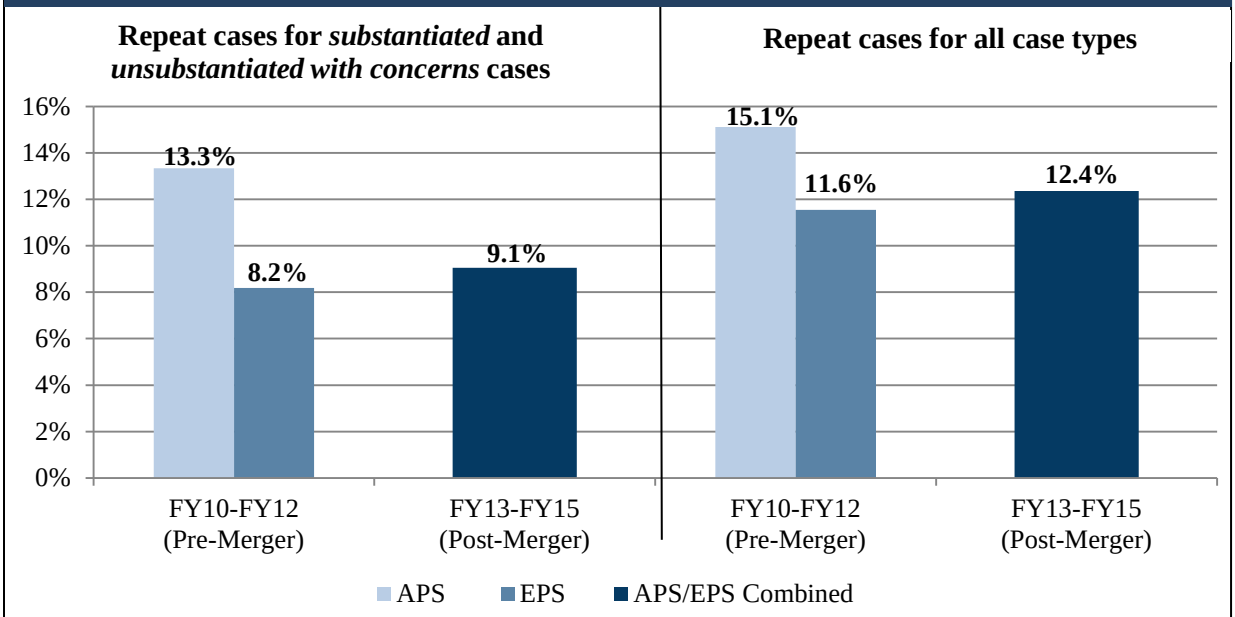
[11] This analysis includes clients who refused services.

[12] For this analysis, we tested the entire elderly (aged 60+) population housed in the EPSM database. We found that in the OTIS database where adult (aged 18-59) cases are housed, caseworkers were not using the data field to indicate that a service plan had been initiated; therefore, this area could not be analyzed through data analysis.

quality of adult protective services. While APS policy requires that repeat clients be assigned the same caseworker, APS management does not systematically track and monitor the frequency of these cases.

Because there is currently no standard national methodology to best calculate and evaluate clients with repeat cases and each state does it differently, we conducted analyses for APS using two different methodologies. First, we calculated the percentage of returning clients who had a *substantiated* or *unsubstantiated with concerns* case that returned with another *substantiated* or *unsubstantiated with concerns* case. We found that from fiscal years 2013 to 2015, the overall percentage of returning clients was 9.1%. We also calculated the percentage of clients with repeat cases that had an APS case and then returned with another case, even if it was unsubstantiated. Using the second methodology, we found that the percentage of returning clients for fiscal years 2013 to 2015 was 12.4%. While it appears that the number of clients who return to the system is decreasing from fiscal years 2010 to 2012, APS management needs to determine how to best calculate and evaluate returning clients in Louisiana. Exhibit 6 shows the percentage of clients with repeat cases for both *substantiated* and *unsubstantiated with concerns* cases and all case types for fiscal years 2010 through 2015.[13]

Exhibit 6
APS Clients with Repeat Cases
Fiscal Years 2010-2015



Source: Prepared by legislative auditor's staff using data from the OTIS and EPSM databases.

[13] Both analyses include returning clients who refused services.

Recommendation 10: APS management should begin capturing pre- and post-investigation risk assessment scores for all cases in a format that can be easily analyzed so that score changes can be used to measure program quality.

Summary of Management's Response: DHH agrees with this recommendation. See Appendix A for DHH's full response.

Recommendation 11: APS management should begin capturing electronic data on completed risk assessments and associated risk factors so that it can identify trends regarding areas of risk.

Summary of Management's Response: DHH disagrees with this recommendation. Risk assessments are currently documented in a handwritten format due to data limitations, and APS relies on national research findings to identify risks and trends associated with the profession. With its new data system, DHH plans to collect specific data elements necessary to participate in the National Adult Maltreatment Reporting System which will collect outcomes of investigations and provide national APS data. See Appendix A for DHH's full response.

LLA's Additional Comments: Capturing risk assessments and associated factors electronically could help APS understand risk factors specific to Louisiana and potentially help management better serve clients. In addition, collecting risk assessments electronically will help capture information required for the National Adult Maltreatment Reporting System, such as client behavioral health, prior maltreatment, and perpetrator characteristics.

Recommendation 12: APS management should track service referrals and ensure that caseworkers are initiating service plans on all cases with *substantiated* or *unsubstantiated with concerns* as mandated by policy and ensure that caseworkers use required service plan and referral fields.

Summary of Management's Response: DHH agrees with this recommendation. See Appendix A for DHH's full response.

Recommendation 13: APS management should develop a methodology to evaluate and track clients with repeat cases to help it identify trends that could improve client outcomes.

Summary of Management's Response: DHH disagrees with this recommendation. DHH states that its current policy and QA system address worker performance in relation to recidivism. APS does not currently have the resources to conduct research related to determining trends which affect client outcomes; however, its new data system will improve the ability to identify repeat clients and identify trends. In addition, nationally, recidivism is not a widely accepted performance indicator. See Appendix A for DHH's full response.

LLA's Additional Comments: As stated in this report, repeat cases may not indicate the success or non-success of an APS program; therefore, our recommendation does not require that the rate of repeat cases be used as a performance metric. However, tracking recidivism is useful as a management tool to better understand how the program is affecting the clients served. With its new data system, DHH should consider ways to incorporate the improved ability to track repeat clients and trends to assist in management decisions.

APS management faces several challenges, such as multiple data systems, low staffing levels, managing change after the merger, and an increase in the number of complex cases involving financial exploitation.

Nationally, adult protection agencies face significant challenges, from no available federal funding and data collection to high caseloads and a lack of public awareness. According to APS management and caseworkers, Louisiana's APS faces a variety of similar challenges, including having two separate data systems, high caseloads, and the unique challenge of managing change after the merger of two different agencies.

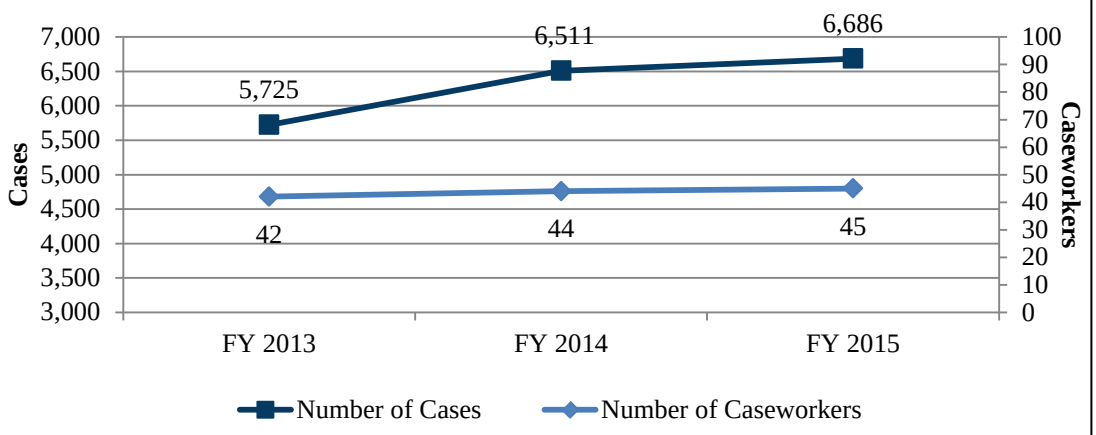
APS uses two separate data systems to document case files, which is time-consuming for staff and limits the ability of management to comprehensively evaluate program quality and compliance. Since the July 2012 merger, APS has had to document case files in two separate data systems: OTIS, which is a DHH system used for adult cases (aged 18-59), and EPSM, which was the GOEA system for elderly cases (aged 60+). Since fiscal year 2014, all caseworkers have worked both adult and elderly cases and must document these case files in their respective data systems. As a result, caseworkers must be trained in both data systems, must go back and forth between the systems daily, and enter data differently in each system. According to APS management and caseworkers, having two data systems makes documentation cumbersome and takes up too much time. In addition, 43.9% (18 of 41) of supervisors and caseworkers stated that do not feel they have the technological support to allow them to balance documentation responsibilities with time spent with clients.

According to the U.S. Government Accountability Office, collecting, maintaining, and reporting state-wide case-level APS data is critical in understanding trends, such as population characteristics and caseload composition. In addition, data can provide information regarding the outcomes of interventions and overall effectiveness. Because the two data systems collect different information in different ways, APS cannot use data to consistently and easily monitor compliance or quality of services provided. For some areas, such as face-to-face contacts, risk assessment score changes, and law enforcement referrals, the entire population cannot be analyzed because only one data system captures necessary data in an easily accessible format. According to APS, it is currently developing a comprehensive system that will house all cases.

While the number of cases has increased, APS staffing levels have remained constant. High caseloads are a common challenge for APS programs across the nation. According to the Administration for Community Living, the majority of states have monthly caseloads of 26-50 cases for each caseworker. NAPSA notes that caseload is directly related to the quality of services caseworkers can provide clients. NAPSA states that while setting a specific caseload standard is challenging, it is important for states to develop state-specific, reasonable caseload standards based on sound research and practice. Currently, APS does not have a formal caseload standard. Since 2013, the number of APS caseworkers has remained constant, while the number of cases has risen by 16.8%. As national estimates project the number of adult and elder abuse and neglect cases to rise steadily, APS may not have the staff to keep up with the continued growth of new cases. According to APS management, it has requested funding each year since fiscal year 2013 to hire additional caseworkers; however, funding has never been granted. Exhibit 7 shows the number of cases and the number of caseworkers for fiscal year end 2013-2015.

Twenty-three (57.5%) of 40 caseworkers and supervisors we surveyed noted that current caseloads do not provide sufficient time to provide clients with the quality of services they need.

Exhibit 7
Number of Cases and Caseworkers
Fiscal Year End 2013-2015



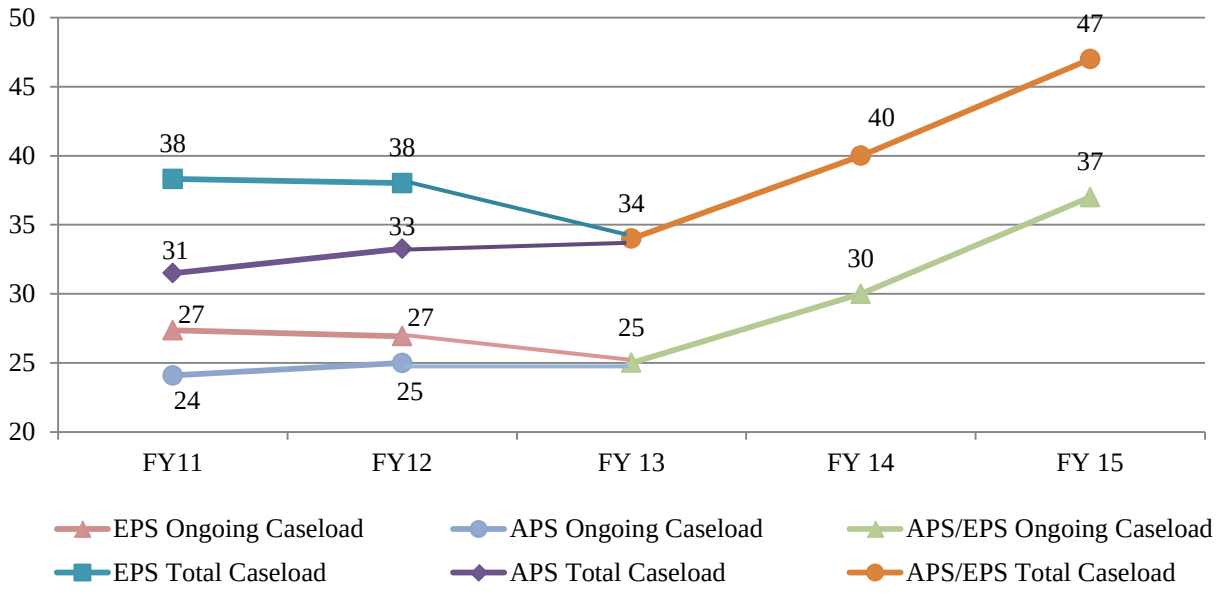
Source: Prepared by legislative auditor's staff using data from the OTIS and EPSM databases and staffing numbers provided by APS management.

We found that, on average, caseworkers are assigned 12 new cases per month. NAPSA recommends that no more than 15.7 new cases be assigned to one worker per month. While the average number of cases assigned to a worker per month is below the NAPSA standard, some caseworkers are assigned considerably more than the average; the maximum number of new cases assigned to one worker was 27 cases in a month.

Caseworkers are carrying a total average of 47 cases per month. The total monthly caseload is higher than NAPSA's recommended maximum of 25 total cases (a mix of new and ongoing cases). However, some workers carry more cases than this average; the maximum

number of total cases one worker had in a month was 116 cases. While the number of new cases assigned to caseworkers per month has not increased significantly, the number of monthly ongoing cases has increased from 25 in fiscal year 2013 to 37 in fiscal year 2015, an increase of 48%. The rise in the number of ongoing cases could be due to completed cases not being closed timely or to the complexity of cases that require more attention from caseworkers. Either way, APS management should monitor caseloads to identify caseworkers and cases that need further review and/or assistance. Exhibit 8 shows the average number of ongoing cases and total cases per caseworker per month for fiscal years 2011 through 2015.

Exhibit 8
Average Monthly Caseload Size for Ongoing and Total Cases per Caseworker
Fiscal Years 2011-2015



Note: FY 13 saw a dip in the number of reports and cases accepted. According to APS the dip may have been caused by a distrust in the merger and/or lack of public education.
Source: Prepared by legislative auditor's staff using data from the OTIS and EPSM data systems.

While APS does not have a caseload standard set in policy, management stated that it does have a goal to balance caseloads amongst caseworkers over the course of a year. In fiscal year 2015, the annual average of new cases for caseworkers who received cases for all 12 months was 155 cases. We found that in fiscal year 2015, each region's annual caseload numbers per caseworker were consistent.[14]

Merging two programs with different cultures presents unique challenges. After the merger, APS had the challenge of creating a cohesive program of staff from two different agencies, each with its own culture, policies and procedures, and expectations. Management has since implemented new policies, such as centralized intake, a quality assurance process, and

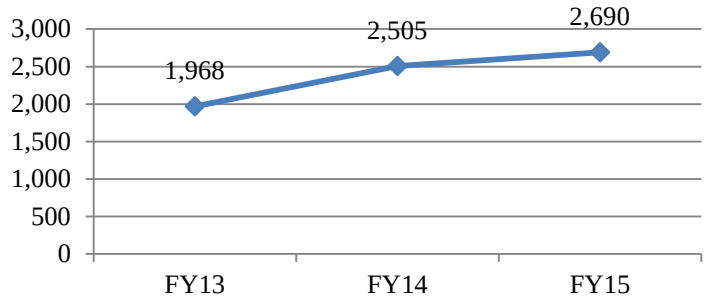
[14] Our calculation only included caseworkers who received new cases for all 12 months of the fiscal year.

more stringent timeframes, as discussed earlier. However, in implementing change, APS has met some resistance from staff, which is common with organizational change. In fiscal year 2015, more than 40% of caseworkers had been working in either APS or EPS for more than 10 years. This can present challenges in managing change, as many workers have been working solely on either adult or elderly cases for at least a decade and may be hesitant to embrace new policies and responsibilities. Caseworkers had to learn how to use two data systems to maintain case files, as well as how to handle cases of an unfamiliar population. In addition, expectations outlined in APS policy require new timeframes, documentation requirements, and methods of investigating cases (i.e. how to determine capacity, etc.). To help with the transition, APS conducted a series of trainings after the merger to address issues such as APS law, investigative techniques, capacity, etc. In addition, APS is conducting monthly in-service trainings for all staff. However, APS may need additional training to ensure caseworkers are equipped to work both adult and elderly cases and understand new policies.

APS has seen an increase in the number of complex cases involving financial exploitation, which often involves family members misusing the client's funds. The number of financial exploitation allegations has risen 36.7%, from 1,968 in 2013 to 2,690 in 2015. Research on financial exploitation shows that 90% of abusers are family members or other trusted people, often using power of attorney authority or joint bank accounts to misuse funds. However, strangers or professionals also exploit vulnerable adults, often through home repair scams, sweepstakes/lottery scams, or callers claiming to be a grandchild in need of money. According to NAPSA, APS programs across the nation are reporting significant increases in the number of cases involving financial exploitation.

The U.S. Department of Justice notes that financial exploitation cases are often more complex and difficult to investigate because they require caseworkers to review financial transactions, understand legal requirements, and be able to determine whether transactions are legitimate. Both the growth in the elder abuse population and the increase in complex financial exploitation cases will likely create a larger demand for APS involvement in the future. To address the rise in financial exploitation cases, some states, such as Texas and Arkansas, have caseworkers that specialize in financial exploitation. Exhibit 9 shows the number of financial exploitation allegations from fiscal year 2013 to 2015.

Exhibit 9
Allegations of Financial Exploitation
Fiscal Years 2013-2015



Source: Prepared by legislative auditor's staff using data from the OTIS and EPSM databases.

Recommendation 14: APS management should continue to pursue obtaining one data system.

Summary of Management's Response: DHH agrees with this recommendation. See Appendix A for DHH's full response.

Recommendation 15: APS management should determine whether staffing levels are sufficient to provide quality services to clients, and if not, continue to request funding to hire additional caseworkers.

Summary of Management's Response: DHH agrees with this recommendation. See Appendix A for DHH's full response.

Recommendation 16: APS management should continue to provide cross training to aid caseworkers in making the transition to working all vulnerable populations.

Summary of Management's Response: DHH disagrees with this recommendation. DHH states that cross training related to understanding both data systems and policies was provided to workers in fiscal year 2013 when the programs first merged. Since that time, training is now geared to understanding the needs of individuals recognized as vulnerable because of circumstances or disability as opposed to emphasizing artificial distinctions based on age. See Appendix A for DHH's full response.

LLA's Additional Comments: Based on interviews and a survey of caseworkers and supervisors, many expressed difficulty in transitioning from working several years with exclusively "adult" or "elderly" populations prior to the merger. Continued training could help struggling caseworkers better understand vulnerable individuals and be more confident in their abilities.

Recommendation 17: APS management should provide additional training on financial exploitation and consider having certain caseworkers specialize in those cases.

Summary of Management's Response: DHH disagrees with this recommendation. DHH stated that it formed a collaboration with the Louisiana Bankers Association in 2015 to raise awareness of financial exploitation. In addition, APS provides financial exploitation training to specialists on an ongoing basis. The frequency of its occurrence and the need for all specialists to respond appropriately to financial abuse allegations argues against having specialized caseworkers. See Appendix A for DHH's full response.

LLA's Additional Comments: As stated in the report, financial exploitation allegations received by APS have risen 36.7% from 2013 to 2015. Because of this growth and the fact that these cases are often more complex and difficult to investigate, it is important that APS provide additional training in this area to all caseworkers. In addition, APS should consider having certain caseworkers specialize in this area similar to how other states, such as Texas and Arkansas, have addressed this growing issue. Providing further in-depth training such as reviewing financial transactions and understanding legal requirements to these caseworkers would help APS be better prepared to handle these types of cases.

APPENDIX A: MANAGEMENT'S RESPONSE

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of Aging and Adult Services

February 8, 2016

Daryl G. Purpera, CPA, CPE
Louisiana Legislative Auditor
P.O. Box 94397
Baton Rouge, LA 70804-9397

Dear Mr. Purpera:

Thank you for the opportunity to formally respond to the Louisiana Legislative Auditor's performance audit of the Adult Protective Service program dated January 2016.

As you are aware, in July 2012, the functional operation of Elderly Protective Services (EPS) was transferred to the Department of Health and Hospitals (DHH), Office of Aging and Adult Services (OAAS). We are pleased that the audit findings confirmed that most states serve elder and the adult population within the same agency. We are also pleased the auditors recognized that OAAS has designed the program "to meet most program guidelines recommendations by best practice".

DHH accepts the audit findings as a performance baseline for the unified Protective Services program. The report will be used to guide our decision-making as we work to improve services. Our response to the specific recommendations is presented in the attached table.

However, a few concerns remain. There are recommendations contained in the audit report that we believe are satisfied by current policy and other recommendations that are inconsistent with nationally accepted guidelines for protective services practice. Secondly, the statistical relevance of the sample size in most of the elements seems low to ensure conclusions related to performance accurately represent actual performance. The sample sizes were less than 2%. Finally, we are concerned that because the audit does not compare pre-and post-merger performance, the report may be used to reverse gains made in recent years. We believe this could be the case even though the report is generally positive and

recognizes the improvements in services to vulnerable adults, especially for adults 60 and older. Some of the gains achieved include:

- centralizing the intake process for protective services
- converting poorly preforming EPS contracts to state operation
- restructuring the quality assurance process
- improving staff proficiency through training
- cost savings achieved by combining office space and reducing duplication of services
- improved access to legal services and improved service coordination for clients 60 and older

Once again, thank you for the opportunity to respond to the performance audit report.

Sincerely,

Tara A. LeBlanc,
Assistant Secretary

Attachment: APS Audit Response Chart

Recommendation	RESPONSE
Recommendation 1: APS management should develop a reasonable caseload standard in policy and develop a thorough training policy with specific requirements.	APS currently has a caseload standard of 120 cases per specialist a year. APS will put this standard in policy but will not adopt it as a mandatory requirement. It is important to note that regardless of whether a standard is in policy, APS must accept and respond to eligible reports and must thoroughly work each case. Making an arbitrary caseload standard a requirement would create a perverse incentive to not accept cases or to close cases prematurely. In addition, the ability to maintain a caseload standard is ultimately dependent upon having sufficient staff to deal with the number of reports received. APS has requested additional positions to enable more readily maintaining the standard, but to date these requests have not been successful. APS also has had an established training program for many years and will add this to policy. Additionally, in 2016, APS will implement an adaptation of the Multi-Disciplinary Adult Services Training and Evaluation for Results (MASTER) training curriculum recommended by the National Adult Protective Services Association (NAPSA) and developed by the San Diego State University's Academy for Professional Excellence. MASTER offers competency-based multidisciplinary training to Adult Protective Services specialists and supervisors using core curricula around practice issues. Supervisors will be required to complete the same basic training as specialists and advanced modules specific to supervisors. The advanced modules will prepare the supervisors to become trainers themselves and will teach effective supervision. Both the specialists and the supervisors will receive a certificate of completion once all training modules have been successfully completed.
Recommendation 2: APS management should develop a detailed form to assist intake workers in collecting and documenting information needed to make and support case acceptance and priority assignment decisions.	APS believes current policy satisfies this recommendation. Intake Specialists currently use **two** detailed forms when collecting and documenting information needed to make and support case acceptance and priority assignment decisions. The forms are located in the "Forms and Instructions" section of the current *Policy and Procedure Manual* revised March 2013. They are the *Intake Worksheet* and the *APS Eligibility Criteria Matrix* forms. The Intake Worksheet includes detailed demographic information, diagnosis, previous case numbers, living conditions, description of the incident, and reporter information. The *APS Eligibility Criteria Matrix* form is used to ensure that clients meet criteria for abuse, neglect and vulnerability standards as specified in statute. This matrix requires intake specialists to ask specific questions related to the client's situation and condition such as the client's ability to perform their activities of daily living, manage their own resources, and their ability to protect themselves from abuse/neglect, manage their own resources, and their ability to protect themselves from abuse/neglect.

A. 3

Recommendation	RESPONSE
	In addition, Intake Specialists receive training on intake procedures found in chapter 7 of the *APS Policy and Procedure Manual*. This policy includes everything from telephone technique, program eligibility, case prioritization and how to enter information into the APS data system. It also includes a detailed section defining the priority system with instructions and examples for specialists to use when assigning response priorities. The new data management system, currently under development, will capture this same information in an electronic format that will guide the specialists in gathering information, determining eligibility, and assigning priority.
Recommendation 3: APS management should include a requirement in its procedures for intake supervisors to review cases to ensure that priority levels are appropriately assigned.	Intake supervisors cannot perform a full review of over 7800 reports of abuse a year in addition to other managerial duties. Instead, APS has a supervisory review standard in place per APS *Policy and Procedures Manual* Revised March 2013, Chapter VII – Intake, page 3, section G. G. The intake supervisor reviews and makes a final determination whether to accept the case for investigation. When accepted, the Intake Supervisor or Intake Specialist classifies the case as to type(s) of abuse and priority level and assigns the case to an APS Specialist. Recently, APS added an advanced position to the Intake Section. The advanced specialist functions as an assistant to the intake manager, providing coverage during the intake manager's absence and by assisting less experienced workers when needed. APS implemented a stand-alone Intake Quality Assurance procedure in July of 2015 to add another layer of oversight to the Intake process and to ensure appropriate assignment of case priorities.
Recommendation 4: APS management should ensure that its new intake review policy requires that high risk cases, such as allegations of physical and sexual abuse, are	APS places a strong emphasis on ensuring all reports of physical and sexual abuse are reported to law enforcement as required by law. The audit report indicated that of the 715 reports of physical and sexual abuse that APS received from November 2013 through June 2015, 15 reports (2%) had no documentation at all indicating that a referral was made to law enforcement. Three of the 15 were found in a subsequent review by APS management to have been reported, but not properly documented. APS will add an additional focus on reporting and referral to law enforcement and to documenting these reports. The APS Data Team will develop a report to

Recommendation	RESPONSE
reviewed and referred to law enforcement as required by law.	assist the intake manager with monitoring all cases reported for physical or sexual abuse to ensure that these reports were prioritized correctly and reported to law enforcement according to policy.
Recommendation 5: APS management should develop a structured form or some other method to assist caseworkers in collecting and documenting information necessary to make and support capacity determinations.	APS believes current policy satisfies this recommendation. The Administration on Community Living's *Draft Voluntary Consensus Guidelines for State Protective Services Systems* (hereafter referred to as the ACL Report) cautions that standardized tools should not preclude staff from approaching clients creatively and exploring ways to reduce the risk of harms the client faces and engaging clients who say they do not want services. In addition, APS programs nationally have struggled to develop such tools and have abandoned as inappropriate many tools that were formerly in use, such as the Mini Mental Status Exam. Caseworkers often rely too much on the form and do not inquire further and probe more deeply. The form, in effect, becomes a crutch and in many cases can lead to errors in assessing capacity. Instead, APS has a process in place to help specialists assess capacity: • Establishing a rapport by making multiple client visits. • Asking structured questions. Each question must address an identified problem and how the client plans to respond to it. This series of questions must be structured in such a way that the responses will show whether the client has a clear understanding of the problem and the consequences of their response to that problem. At a minimum, the APS Specialist must ask capacity questions related to each of the substantiated allegations in the report and any other problems discovered in the course of the investigation. Examples of questions include: o If you discovered that your house was on fire what would you do? o What would you do if you didn't receive your monthly checks? o What would you do if you became so sick that you couldn't cook or clean? o If you had a serious medical emergency and you couldn't contact a doctor what would you do? o We discussed the problems you are having. What are you going to do about that situation? o What do you think will happen if you don't do anything about this problem? • Consultation with Supervisor: After gathering all available evidence regarding the client's capacity, the APS Specialist discusses the findings with his or her supervisor.

A. 5

Recommendation	RESPONSE
	• Reviewing any past evaluations of the client's capacity. • Making referrals to professionals when capacity is unable to be adequately assessed. In addition, policy notes: While a definitive capacity assessment can only be made by a physician or trained behavioral health professional, APS Specialists must make an informed judgment about client capacity and then, as appropriate, obtain further professional assessments.
Recommendation 6: APS management should provide additional training to caseworkers on case file documentation expectations and techniques.	APS supervisors and specialists were trained in 2014 on "Evidence-Based Documentation." The 2016 revisions noted in the Department's Response to Recommendation 1 also include such training.
Recommendation 7: APS management should ensure that its supervisors are reviewing and documenting cases according to policy.	APS policies pertaining to supervisory review meet the recommended guidelines in the ACL which "requires key supervisory consultation at critical case junctures (i.e., decisions which are likely to have significant impact on the welfare of the client). These include, but are not limited to: a) Intake and case assignment b) Investigation planning c) Determining the investigation findings d) Service provision planning e) If legal action is being considered f) At case closure" Supervisors have a large volume of cases to read daily in addition to other job duties. Due to the time constraints, there are times when supervisory reviews occur but are not documented. In order to improve this process, performance will continue to be monitored as part of the QA process. In addition, the new data management system will provide ticklers and reports to help better manage compliance. The

A. 6

Recommendation	RESPONSE
	MASTER training modules for supervisors will help develop skills and improve performance. APS continues to explore ways to help alleviate this workload issue. Most recently, DHH requested additional funding for more APS supervisory positions.
Recommendation 8: APS management should revise its policy and track both attempted and actual face-to-face contacts for the entire APS population.	Current policy satisfies this recommendation. APS does currently document both the attempted and actual face-to-face contacts for all clients, but limitations in the data system used for clients over age 60 do not allow it to be tracked easily. The current APS policy for face-to-face contact is more comprehensive than the best practice standard recommended by the ACL. The policy sets standards for initial attempts and standards for follow-up efforts to make contact when the first attempt is unsuccessful. APS believes this is a more reliable measure of worker effectiveness than actual face-to-face since many factors that are beyond the workers control can impact making contact. The quality assurance process measures the performance of staff for both the initial face-to-face to face attempts and the follow-up visits. This information is provided to the supervisors on a quarterly basis and used for training initiatives. There are also policy requirements that prevent a case from being closed without contact being made. There is no recommendation in the ACL guidelines on best practices to track actual face-to-face visits. The guidelines simply recommend that APS systems develop and implement a consistent protocol for responding to the report of maltreatment/initiating the APS investigation.
Recommendation 9: APS management should ensure that investigations without an approved extension are completed within the required 30-day timeframe.	Specialists and supervisors have been retrained on polices related to investigation extensions per APS policy.
Recommendation 10: APS management should begin capturing pre- and post-	Current policy satisfies this recommendation. APS *does* capture both Pre and Post investigation risk assessment scores in both data systems currently in use. For OTIS, both scores are entered on the "Investigation" page. For EPSM, both risk scores are entered on the "Findings" page. Once APS implements the new data system, these scores will be documented in the same way.

A. 7

Recommendation	RESPONSE
investigation risk assessment scores for all cases in a format that can be easily analyzed so that score changes can be used to measure program quality.	It should be noted that APS was one of the first and remains one of only a few state APS programs that actually assesses risk both before and after service planning.
Recommendation 11: APS management should begin capturing electronic data on completed risk assessments and associated risk factors so that it can identify trends regarding areas of risk.	APS currently documents risk assessment information in a handwritten format because the data management system is limited and is unable to capture this information. Specialists use this information when developing a service plan to meet the needs of the client and to assess whether their risk of harm has been reduced. In terms of identifying risks or trends associated with the profession, APS relies on research findings approved by the National Adult Protective Services Association. However, with the acquisition of the new data management system, APS will have the capacity to collect specific data elements required for the participation in the U.S. Department of Health and Human Services, Administration on Community Living's (ACL) National Adult Maltreatment Reporting System (NAMRS). The NAMRS will collect the outcomes of investigations into the maltreatment of older adults and adults with disabilities to provide consistent, accurate national data on the exploitation and abuse of older adults and adults with disabilities, as reported by participating APS programs. APS plans to participate in the first annual submission of data by states in February 2017.

Recommendation	RESPONSE
Recommendations 12: APS management should track service referrals and ensure that caseworkers are initiating service plans on all cases with substantiated or unsubstantiated with concerns as mandated by policy and ensure that caseworkers use required service plan and referral fields.	The Department retrained specialists and supervisors to ensure service plans are being initiated on all cases with "substantiated" or "unsubstantiated with concerns" determination as directed by policy. Staff was also instructed to use the appropriate service plan and referral fields to document their actions. Compliance is also being measured quarterly by the APS Quality Assurance Committee. And, in July 2015, this policy requirement was added as a performance expectation in the annual performance planning and evaluation document for APS specialists and supervisors.
Recommendation 13: APS management should develop a methodology to evaluate and track clients with repeat cases to help it identify trends that could improve client outcomes.	To the extent that tracking recidivism helps in monitoring worker performance, the current APS policy and QA system address this. APS does have a repeat case protocol in policy to help insure that the appropriate investigation and intervention strategies are used to address what may be more entrenched problems that result in repeat cases. APS does not currently have the resources to conduct research related to determining trends which affect client outcomes. The newly acquired APS Data System will improve how APS identifies repeat cases and will improve the ability to track trends. However, it is important to note that while some states may do so, repeat cases or recidivism is not a widely accepted performance indicator for this discipline. "Recidivism Analysis" implies a study to produce prevention strategies. APS' role is to investigate and remedy abuse, neglect, and exploitation against a vulnerable adult in the current circumstance. While many of the interventions are effective in the long run, there are often situations and changes in the client's circumstances that are beyond the scope of any APS program's authority or ability to address. For example, it is not unusual for clients to continue to engage in what many may see as self-injurious practices or exploitive relationships. Interventions must also take into account the client's right to self-determination and the mandate to use the least restrictive intervention.
Recommendation 14:	In 2015, DHH selected a vendor to provide the new data management system. Planning and development

A. 9

Recommendation	RESPONSE
APS management should continue to pursue obtaining one data system.	meetings have begun, and implementation of the new system is expected before the end of 2016.
Recommendation 15: APS management should determine whether staffing levels are sufficient to provide quality services to clients, and if not, continue to request funding to hire additional caseworkers.	Management has requested additional funding for APS positions for the past three years. However, there has been no increase in APS staff in over seven years, even though the number of reported cases has historically increased each year. In some of the higher demand areas; cases are projected to increase by as much as 20%. We currently have 45 Adult Protective Services Specialists (APSS) to conduct investigations. Last year, APS investigated 6,645 cases at an average caseload of 148 cases per investigator. Historically, protective services have seen a 3-5% increase each year; therefore, OAAS is projecting a continued increase. APS cases are often very complex and require multiple actions to complete such as intake, investigation, assessment, stabilization, service planning, monitoring, and case closure. Substantiated cases can take up to 120 days or longer to resolve. OAAS has requested nine positions for FY 2017. The outcome of this request is still pending.
Recommendation 16: APS management should continue to provide cross training to aid caseworkers in making the transition to working all vulnerable populations.	The term "cross-training" suggests that the population served by APS has distinct needs that require differing training approaches. While cross-training of caseworkers was completed in fiscal year 2013 when the programs were first merged, it was directed toward understanding the different data systems and policies that were in place for then separate programs. However, since that time, and consistent with best practice recommendations, training is now geared to understanding the needs of individuals recognized as vulnerable because of circumstance or disability as opposed to emphasizing artificial distinctions based on age.
Recommendation 17: APS management should provide additional training on financial exploitation	Financial exploitation is the third most common type of abuse reported in Louisiana, and most often, the perpetrators are family members or trusted others. In recognition of the size and complexity of the problem, APS formed a collaboration with the Louisiana Bankers Association in 2015 to raise awareness and to educate bank employees on how to spot financial exploitation and report it to APS. APS's role in the investigation of financial exploitation is to protect the adult from further harm due to the

Recommendation	RESPONSE
and consider having certain caseworkers specialize in those cases.	illegal or improper use of the adult's funds, assets, or property. When APS suspects financial exploitation has occurred, a referral is made to the appropriate law enforcement agency for criminal investigation. It is important to note that APS does not conduct criminal investigations involving scams and fraud. These types of investigations are handled by law enforcement and/or the Louisiana Justice Department. APS provides financial exploitation training to Specialists on an ongoing basis, thereby continually improving the detection and resolution skills of **all** specialists based on current beast practices. The frequency of its occurrence and the need for all Specialists to respond appropriately to financial abuse allegations argues against the proposal that the public would be better served by having specialized caseworkers.

Louisiana Legislative Auditor
Performance Audit Services

Checklist for Audit Recommendations

Agency: Department of Health and Hospitals

Audit Title: Adult Protective Services

Audit Report Number: #40140019

Instructions to Audited Agency: Please fill in the information below for each finding and recommendation. A summary of your response for each recommendation will be included in the body of the report. The entire text of your response will be included as an appendix to the audit report.

Finding 1: DHH has designed the APS program to meet most program guidelines recommended by best practices and established a quality assurance process. However, APS management should also develop a caseload standard policy and a detailed training policy.
Recommendation 1: APS management should develop a reasonable caseload standard in policy and develop a thorough training policy with specific requirements.
Does Agency Agree with Finding? Agree ■ Disagree ☐
Agency Contact Responsible for Finding:
Name/Title: Tara LeBlanc – Assistant Secretary
Address: 628 N. 4th Street
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Finding 2: During fiscal year 2014, APS management implemented a 24-hour centralized intake hotline which is considered a best practice. However, APS should improve its documentation and review of abuse and neglect intake reports to ensure allegations of abuse and neglect are appropriately screened and categorized.
Recommendation 2: APS management should develop a detailed form to assist intake workers in collecting and documenting information needed to make and support case acceptance and priority assignment decisions.
Does Agency Agree with Finding? Agree ☐ Disagree ■
Agency Contact Responsible for Finding:
Name/Title: Tara LeBlanc – Assistant Secretary
Address: 628 N Fourth Street
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223

Email: Tara.Leblanc@la.gov
Recommendation 3: APS management should include a requirement in its procedures for intake supervisors to review cases to ensure that priority levels are appropriately assigned.
Does Agency Agree with Finding? Agree ☐ Disagree ■
Agency Contact Responsible for Finding:
Name/Title: Tara LeBlanc – Assistant Secretary
Address: 628 N Fourth Street
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Recommendation 4: APS management should ensure that its new intake review policy requires that high risk cases, such as allegations of physical and sexual abuse, are reviewed and referred to law enforcement as required by law.
Does Agency Agree with Finding? Agree ■ Disagree ☐
Agency Contact Responsible for Finding:
Name/Title: Tara LeBlanc – Assistant Secretary
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Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Finding 3: APS management should require improved documentation of capacity determinations and monthly supervisor case reviews to ensure caseworkers conduct thorough and timely investigations.
Recommendation 5: APS management should develop a structured form or some other method to assist caseworkers in collecting and documenting information necessary to make and support capacity determinations.
Does Agency Agree with Finding? Agree ☐ Disagree ■
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Name/Title: Tara LeBlanc – Assistant Secretary
Address: 628 N Fourth Street
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Recommendation 6: APS management should provide additional training to caseworkers on case file documentation expectations and techniques.
Does Agency Agree with Finding? Agree ■ Disagree ☐
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City, State, Zip: Baton Rouge, LA 70802

Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Recommendation 7: APS management should ensure that its supervisors are reviewing and documenting cases according to policy.
Does Agency Agree with Finding? Agree ■ Disagree ☐
Agency Contact Responsible for Finding:
Name/Title: Tara LeBlanc – Assistant Secretary
Address: 628 N Fourth Street
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Finding 4: In fiscal year 2014, APS management established stricter timeframes for face-to-face contacts and completing case investigations, but not all cases met these timeframes.
Recommendation 8: APS management should revise its policy and track both attempted and actual face-to-face contacts for the entire APS population.
Does Agency Agree with Finding? Agree ☐ Disagree ■
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Phone Number: 225-219-0223
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Recommendation 9: APS management should ensure that investigations without an approved extension are completed within the required 30 day timeframe.
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City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Finding 5: Collecting better data on risk assessment scores and service referrals and tracking clients with repeat cases would help APS management identify outcomes and trends that may help it better serve clients.
Recommendation 10: APS management should begin capturing pre- and post-investigation risk assessment scores for all cases in a format that can be easily analyzed so that score changes can be used to measure program quality.
Does Agency Agree with Finding? Agree ■ Disagree ☐
Agency Contact Responsible for Finding:
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Phone Number: 225-219-0223
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Recommendation 13: APS management should develop a methodology to evaluate and track clients with repeat cases to help it identify trends that could improve client outcomes.
Does Agency Agree with Finding? Agree ☐ Disagree ■
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Name/Title: Tara LeBlanc – Assistant Secretary
Address: 628 N Fourth Street
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Finding 6: APS management faces several challenges, such as multiple data systems, low staffing levels, managing change after the merger, and an increase in the number of complex cases involving financial exploitation.
Recommendation 14: APS management should continue to pursue obtaining one data system.

Does Agency Agree with Finding? Agree ■ Disagree ☐
Agency Contact Responsible for Finding:
Name/Title: Tara LeBlanc – Assistant Secretary
Address: 628 N Fourth Street
City, State, Zip: Baton Rouge, LA 70802
Phone Number: 225-219-0223
Email: Tara.Leblanc@la.gov
Recommendation 15: APS management should determine whether staffing levels are sufficient to provide quality services to clients, and if not, continue to request funding to hire additional caseworkers.
Does Agency Agree with Finding? Agree ■ Disagree ☐
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Name/Title: Tara LeBlanc – Assistant Secretary
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APPENDIX B: SCOPE AND METHODOLOGY

We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. The purpose of this audit was to evaluate APS management's oversight of cases of adult and elderly abuse and neglect. Our audit generally covered the time period of fiscal years 2013 through 2015; however, some of our analyses went back to fiscal year 2010 to include GOEA and APS pre-merger data. The audit objective was:

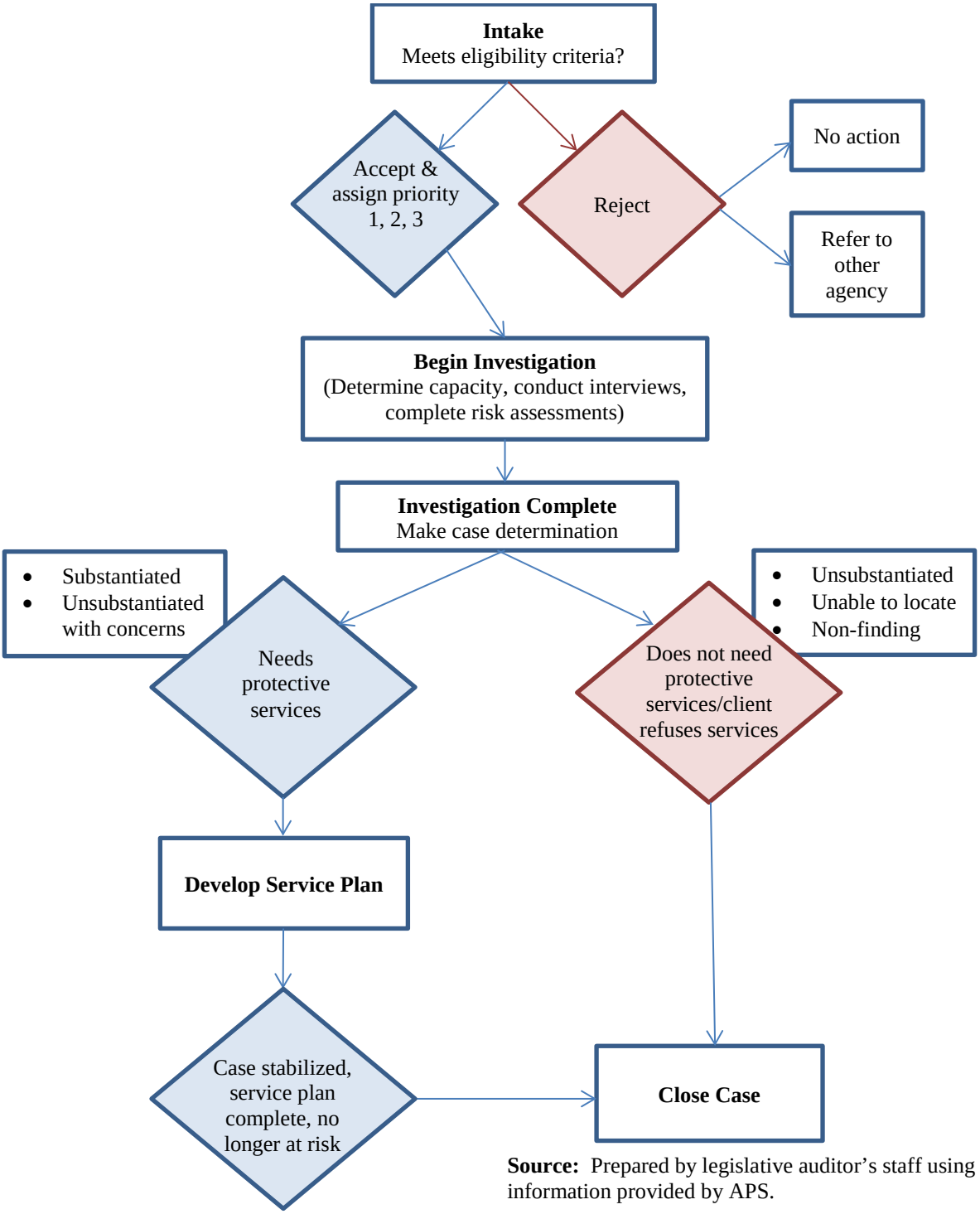
To evaluate APS management's oversight of cases of adult and elderly abuse and neglect.

We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. To answer our objective, we reviewed internal controls relevant to the audit objectives and performed the following audit steps:

- Researched and reviewed relevant state legal statutes, agency policies, training materials, and best practices criteria related to the intake and investigation processes.
- Interviewed APS management and program staff at state and local levels, as well as other stakeholders in the APS process including law enforcement, service providers, non-profit community organizations, and medical professionals.
- Developed and conducted a survey of APS intake workers, caseworkers, and supervisors to identify their perceptions regarding challenges, workload, and management practices.
- Obtained results from APS's Quality Assurance Process, including completed reviews.
- Obtained six years of data (fiscal years 2010 through 2015) from APS regarding client and program records. Conducted reliability testing on the data and analyzed data to test for compliance with policy, statewide consistency, and develop alternative measures for performance.
- Conducted file reviews of electronic case records for additional detail related to results of data analyses described above and for areas that could not be tested through data analysis, such as intake reviews, rejected cases, intake priority assignment consistency, and monthly supervisor reviews. Our file reviews do not constitute statistically valid samples and do not project conclusions onto the entire APS population.

APPENDIX C: ADULT PROTECTION PROCESS OVERVIEW

Adult Protection Process Overview

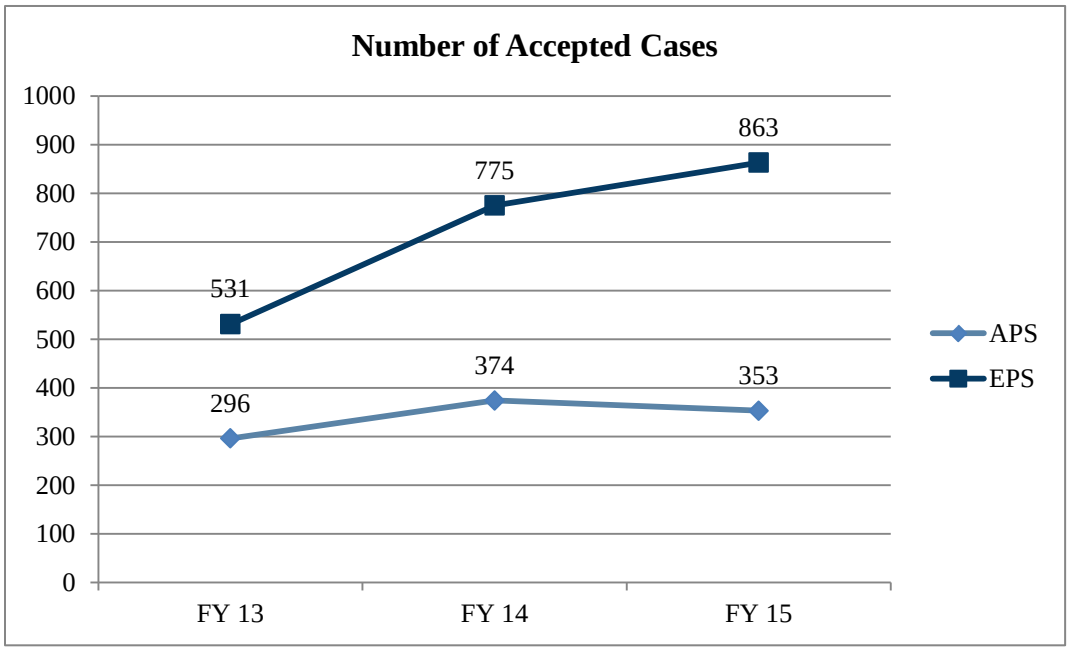


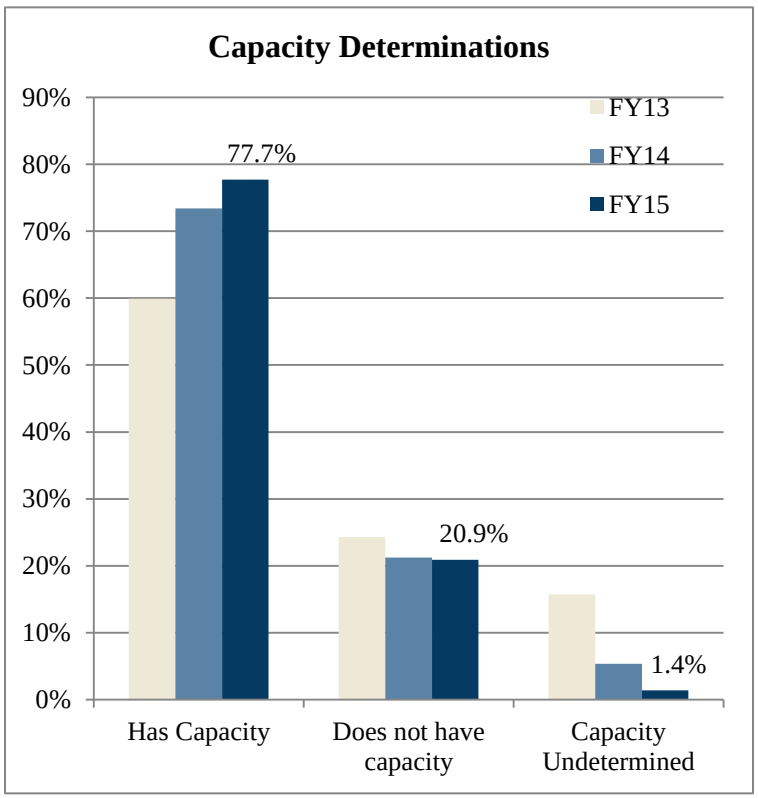
Source: Prepared by legislative auditor's staff using information provided by APS.

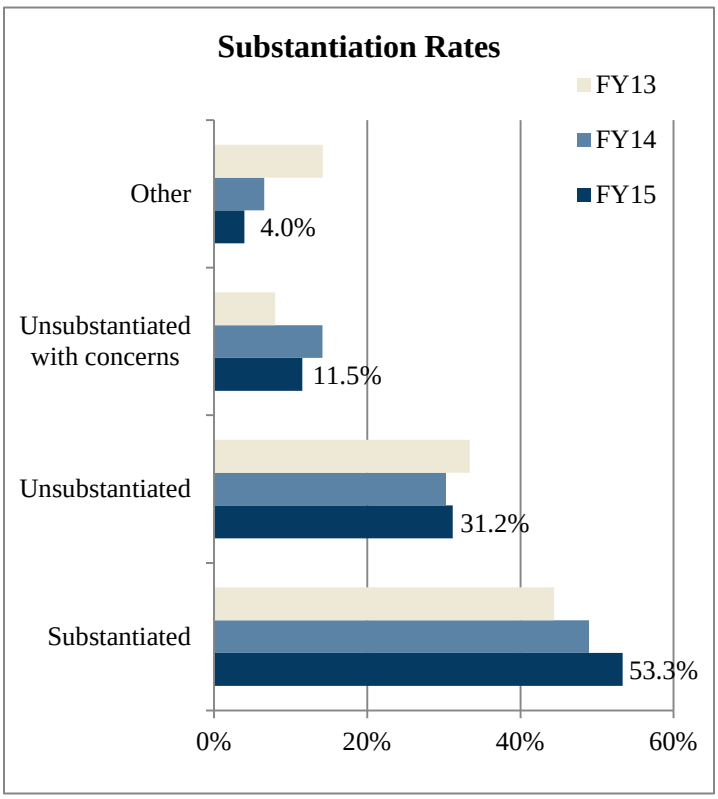
APPENDIX D: REGIONAL FACT SHEETS

Region 1 - New Orleans

2014 Census Population: 887,892
Parishes served: Jefferson, Orleans, Plaquemines, St. Bernard
Number of Caseworkers as of June 2015: 7







Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases. Population estimates from census.gov.

Region 1 - New Orleans

2014 Census Population: 887,892
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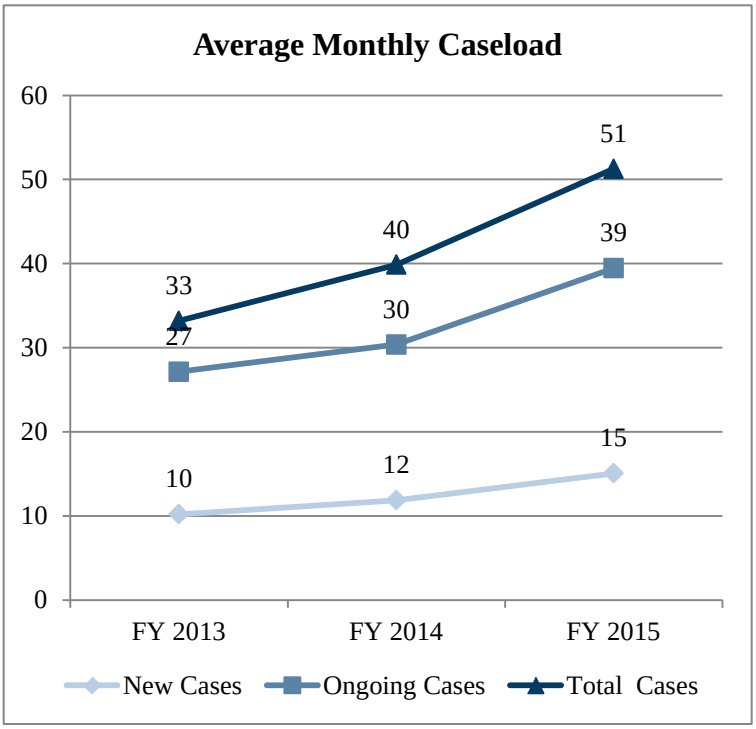
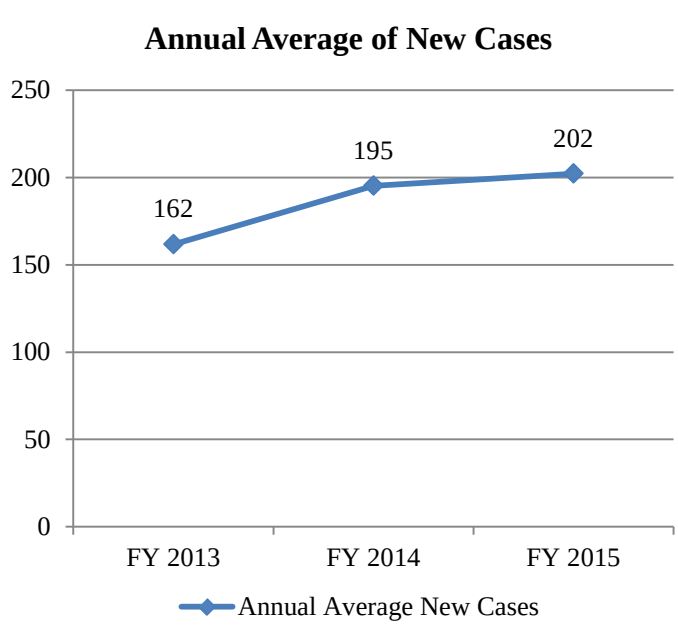




Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish
Fiscal Year 2015

Parish	Caregiver Neglect	Emotional Abuse	Financial Exploitation	Physical Abuse	Sexual Abuse	Other	Self-Neglect	Total
Jefferson	260	157	193	97	17	224	12	960
Orleans	248	145	232	54	11	230	5	925
Plaquemines	9	10	2	3	0	4	2	30
St. Bernard	12	16	14	12	1	16	0	71
Regional Total	**529**	**328**	**441**	**166**	**29**	**474**	**19**	**1,986**
Percent of Regional Total	**26.6%**	**16.5%**	**22.2%**	**8.4%**	**1.5%**	**23.9%**	**1.0%**	**100.0%**

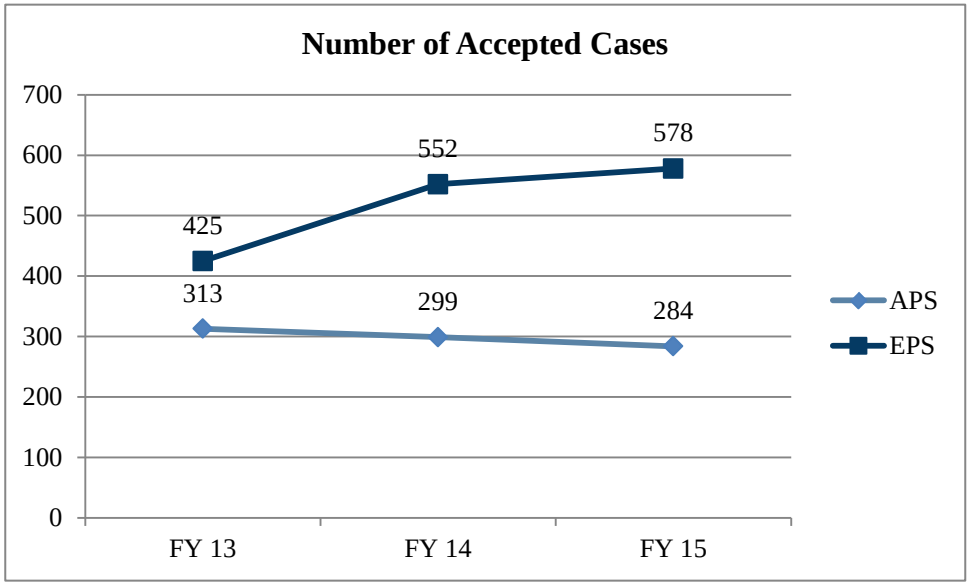
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

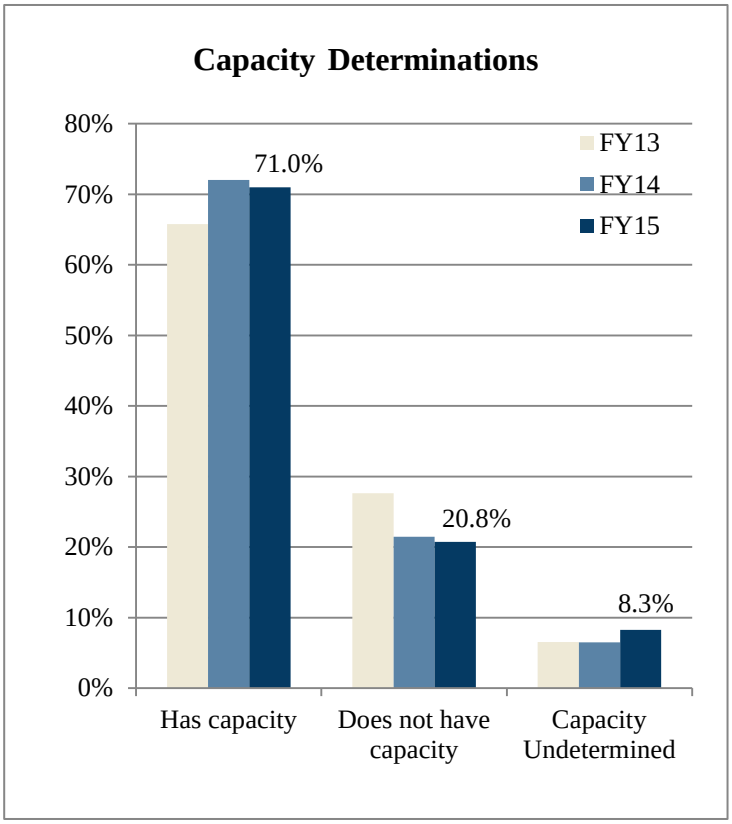
Region 2 - Baton Rouge

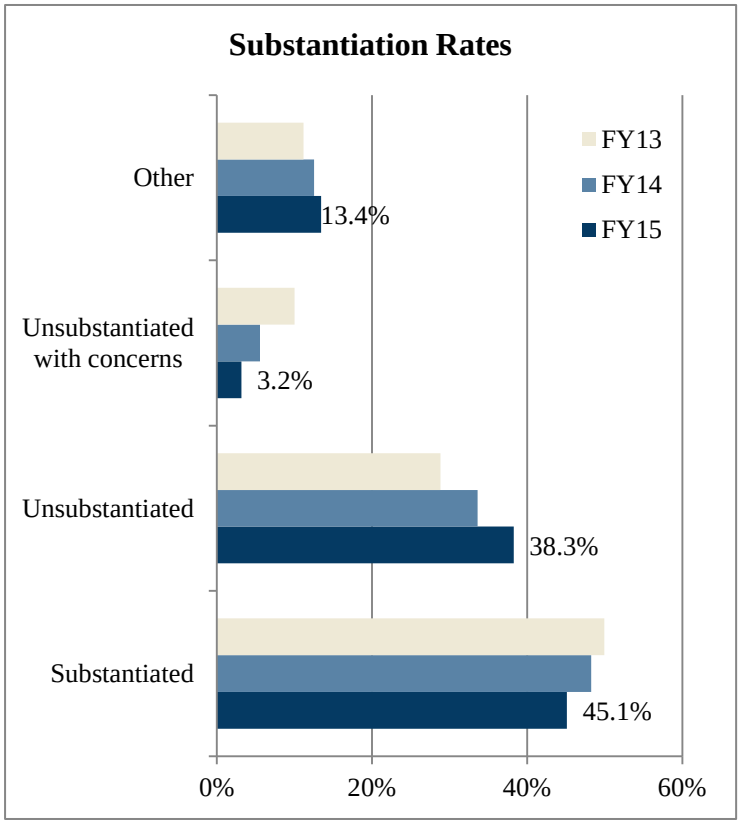
2014 Population Estimate: 679,108

Parishes served: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana

Number of Caseworkers as of June 2015: 6







Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases. Population estimates from census.gov.

Region 2 - Baton Rouge

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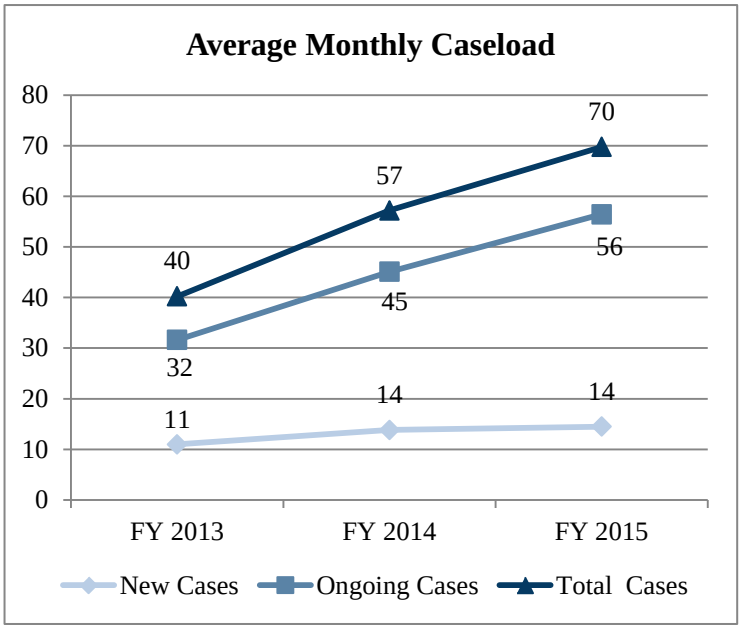
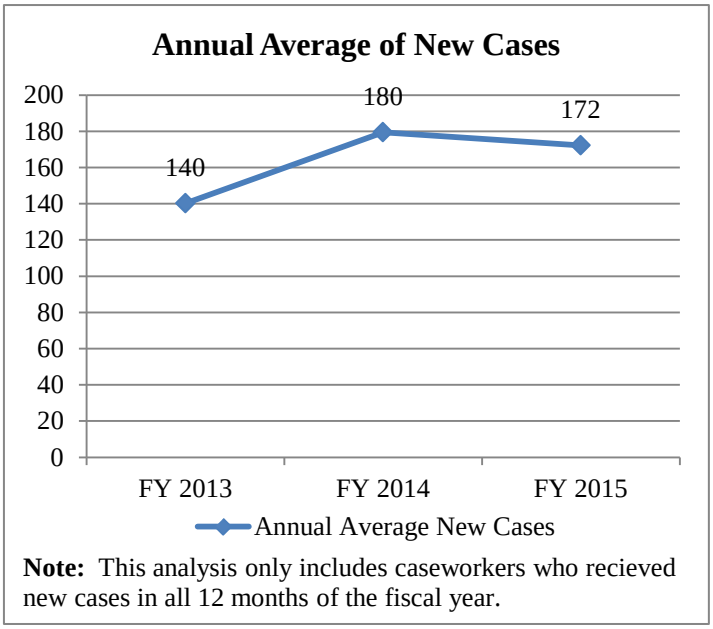




Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish
Fiscal Year 2015

Parish	Caregiver Neglect	Emotional Abuse	Financial Exploitation	Physical Abuse	Sexual Abuse	Other	Self-Neglect	Total
Ascension	23	17	29	27	0	2	18	116
East Baton Rouge	312	178	292	84	12	10	179	1,067
East Feliciana	11	10	18	5	0	1	15	60
Iberville	10	15	10	7	0	0	11	53
Pointe Coupee	11	11	10	3	2	1	10	48
West Baton Rouge	17	14	11	7	0	0	16	65
West Feliciana	1	2	3	0	3	0	5	14
Regional Total	**385**	**247**	**373**	**133**	**17**	**14**	**254**	**1,423**
Percent of Regional Total	**27.1%**	**17.4%**	**26.2%**	**9.3%**	**1.2%**	**1.0%**	**17.8%**	**100.0%**

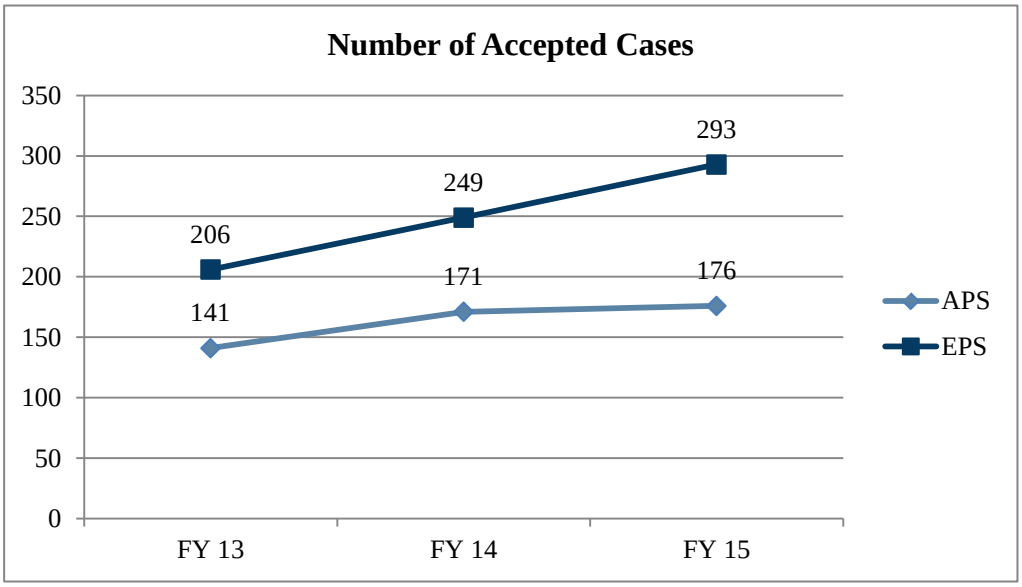
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

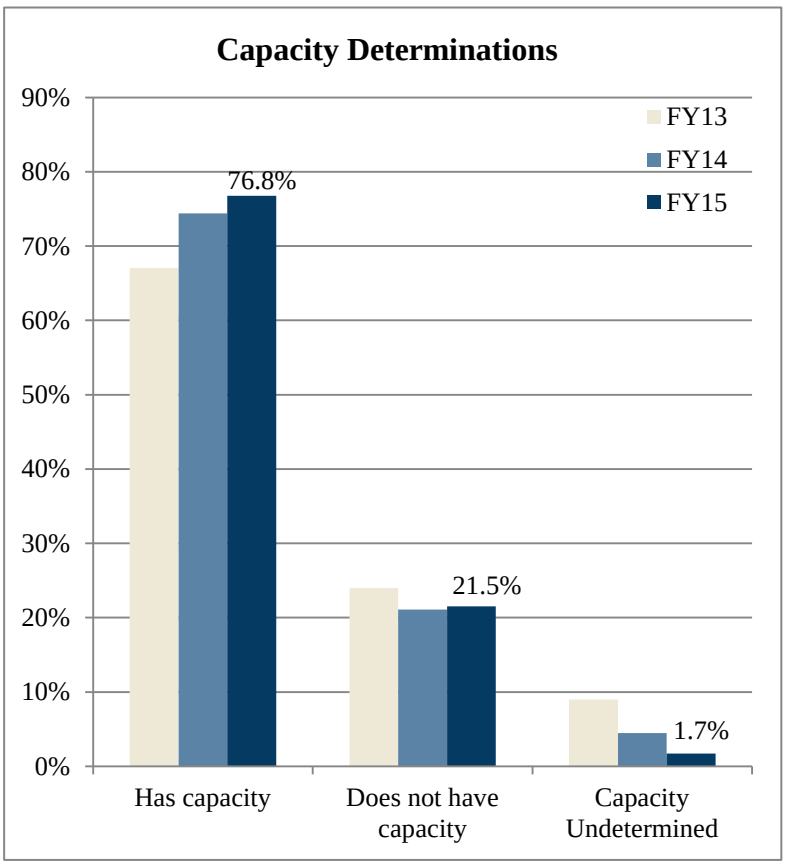
Region 3 - Thibodaux

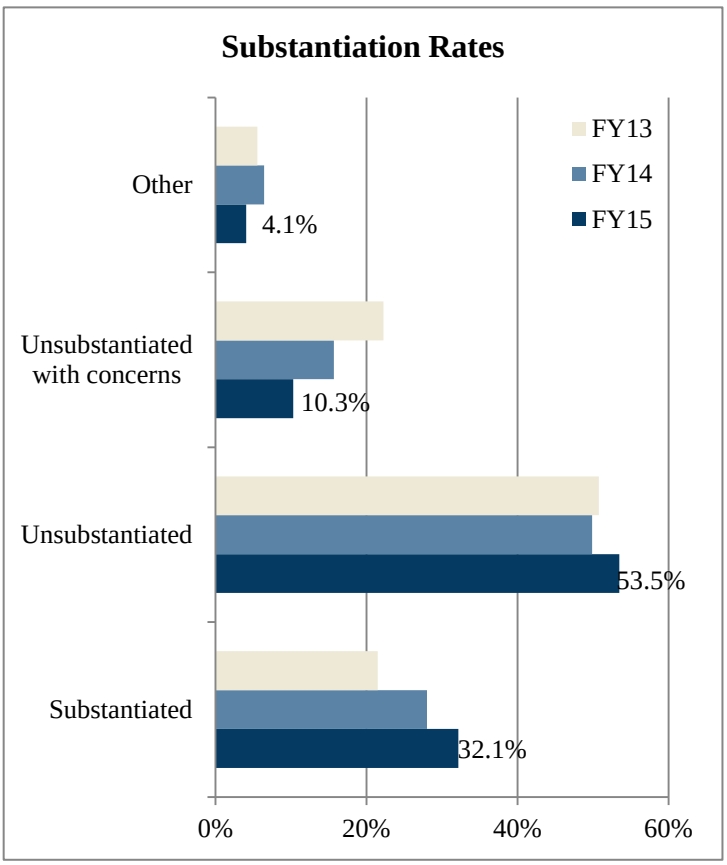
2014 Population Estimate: 405,672

Parishes served: Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, Terrebonne

Number of Caseworkers as of June 2015: 3







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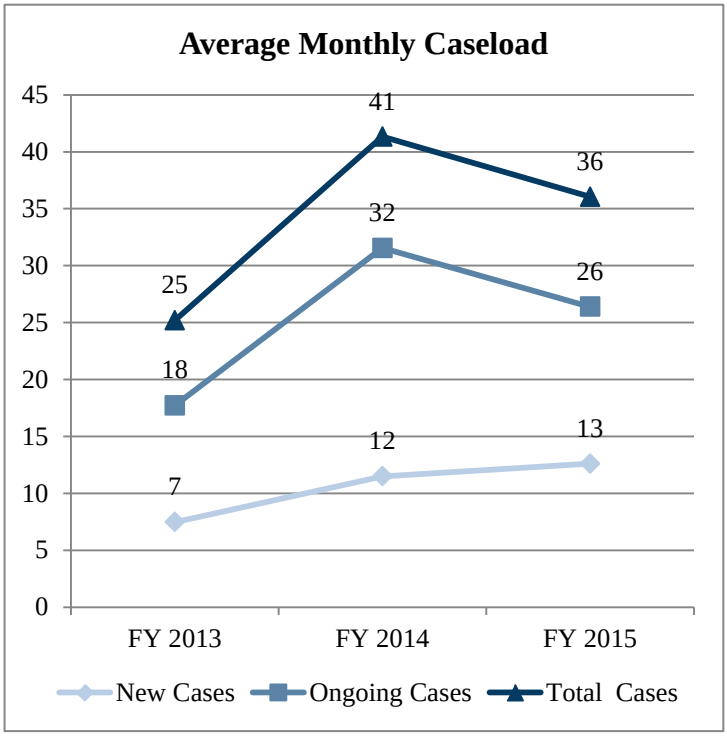
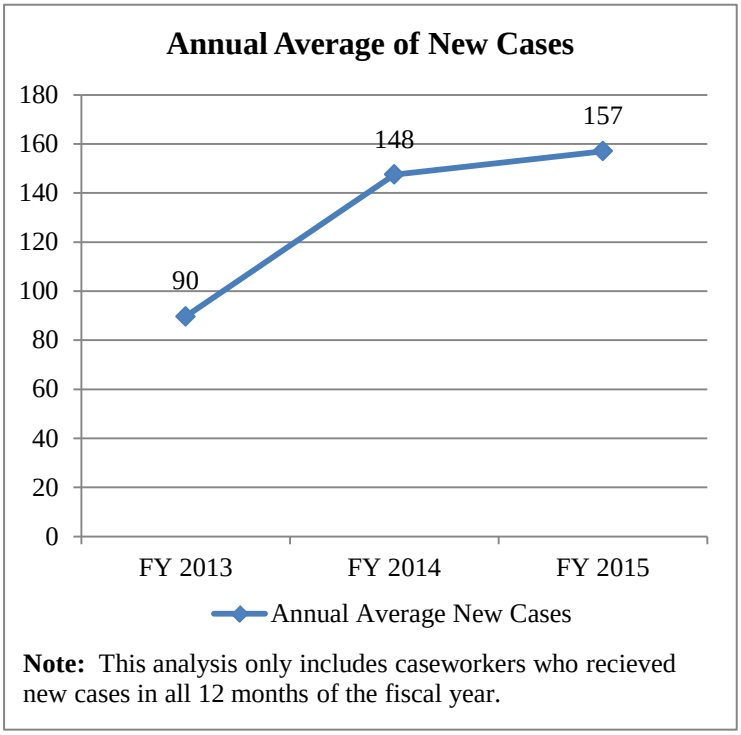
Number of Caseworkers as of June 2015: 3





Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish Fiscal Year 2015								
Parish	**Caregiver Neglect**	**Emotional Abuse**	**Financial Exploitation**	**Physical Abuse**	**Sexual Abuse**	**Other**	**Self-Neglect**	**Total**
Assumption	7	4	3	3	1	1	10	29
Lafourche	46	24	25	14	6	1	32	148
St. Charles	14	7	13	1	1	0	15	51
St. James	11	5	6	0	0	0	6	28
St. John the Baptist	15	13	18	6	1	0	14	67
St. Mary	51	20	42	6	0	0	24	143
Terrebonne	68	45	63	23	9	7	58	273
Regional Total	**212**	**118**	**170**	**53**	**18**	**9**	**159**	**739**
Percent of Regional Total	**28.7%**	**16.0%**	**23.0%**	**7.2%**	**2.4%**	**1.2%**	**21.5%**	**100.0%**

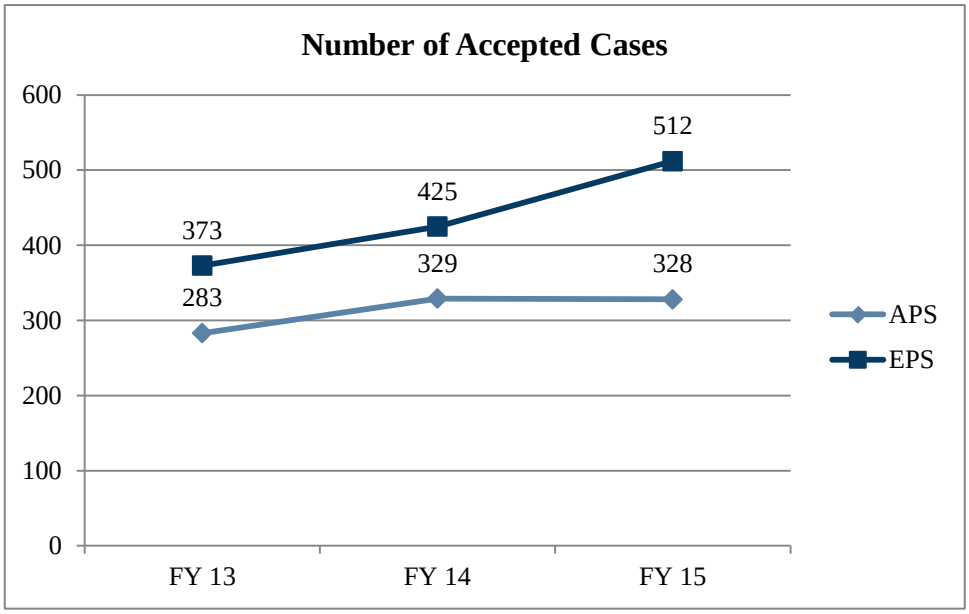
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

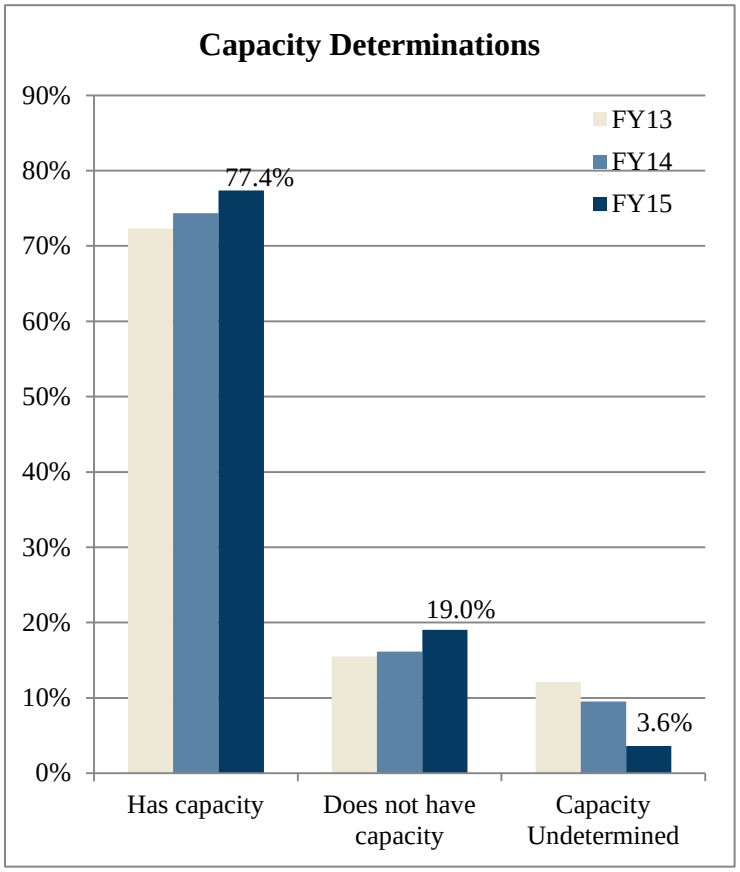
Region 4 - Lafayette

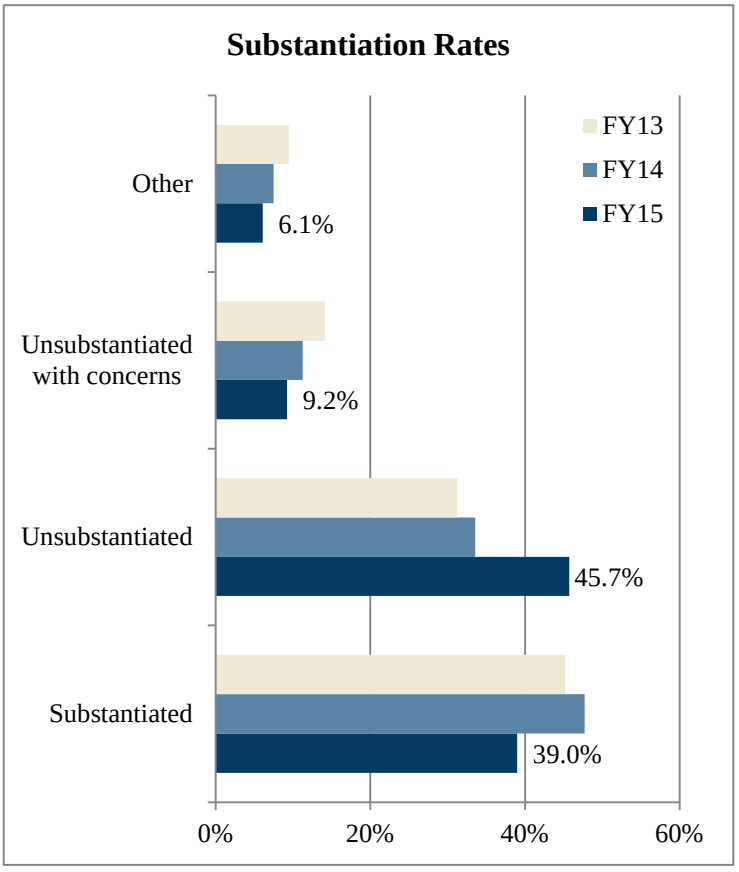
2014 Population Estimate: 602,383

Parishes served: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion

Number of Caseworkers as of June 2015: 4







Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases. Population estimates from census.gov.

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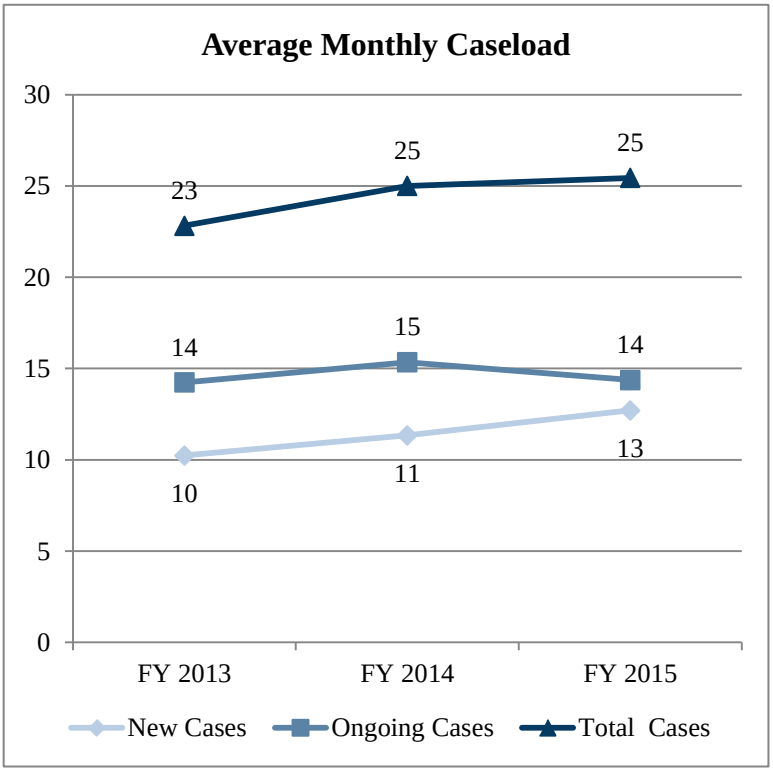
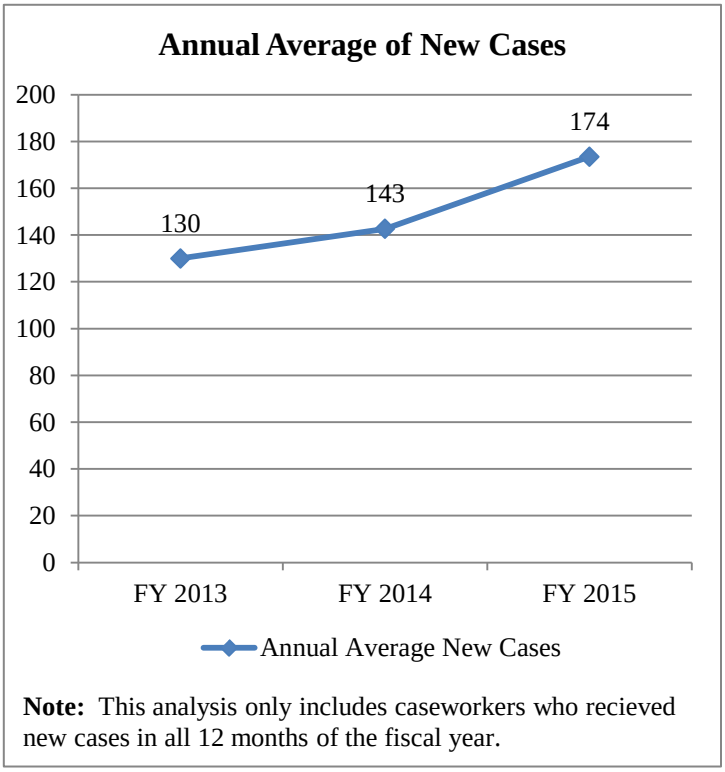




Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

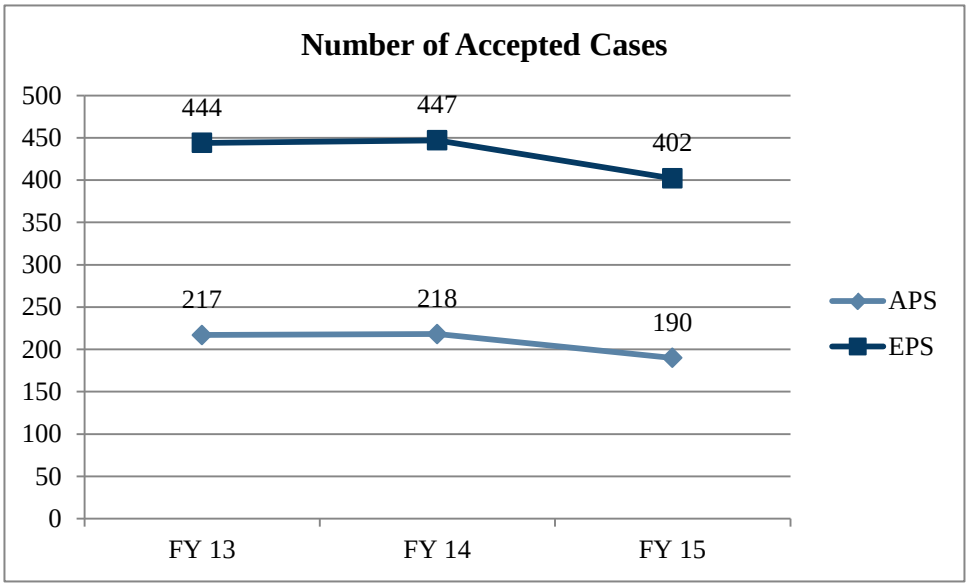
Number of Allegations by Type Per Parish
Fiscal Year 2015

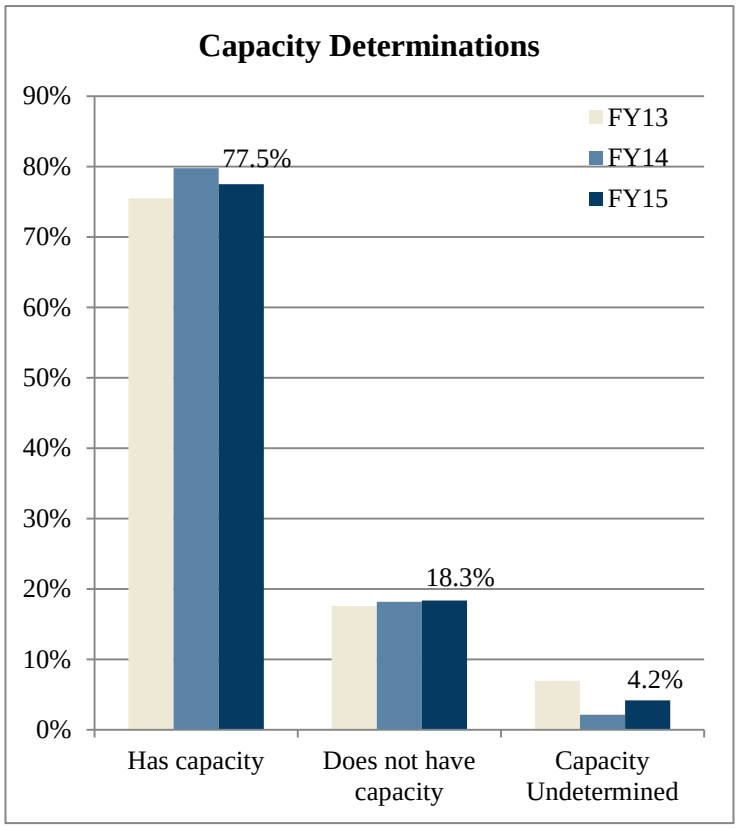
Parish	Caregiver Neglect	Emotional Abuse	Financial Exploitation	Physical Abuse	Sexual Abuse	Other	Self-Neglect	Total
Acadia	47	19	33	12	5	3	39	158
Evangeline	29	15	17	7	0	0	17	85
Iberia	54	32	28	17	4	2	48	185
Lafayette	93	89	99	39	8	1	101	430
St. Landry	68	58	51	22	4	6	45	254
St. Martin	19	17	23	9	0	1	27	96
Vermilion	37	41	40	21	1	1	26	167
Regional Total	**347**	**271**	**291**	**127**	**22**	**14**	**303**	**1,375**
Percent of Regional Total	**25.2%**	**19.7%**	**21.2%**	**9.2%**	**1.6%**	**1.0%**	**22.0%**	**100.0%**

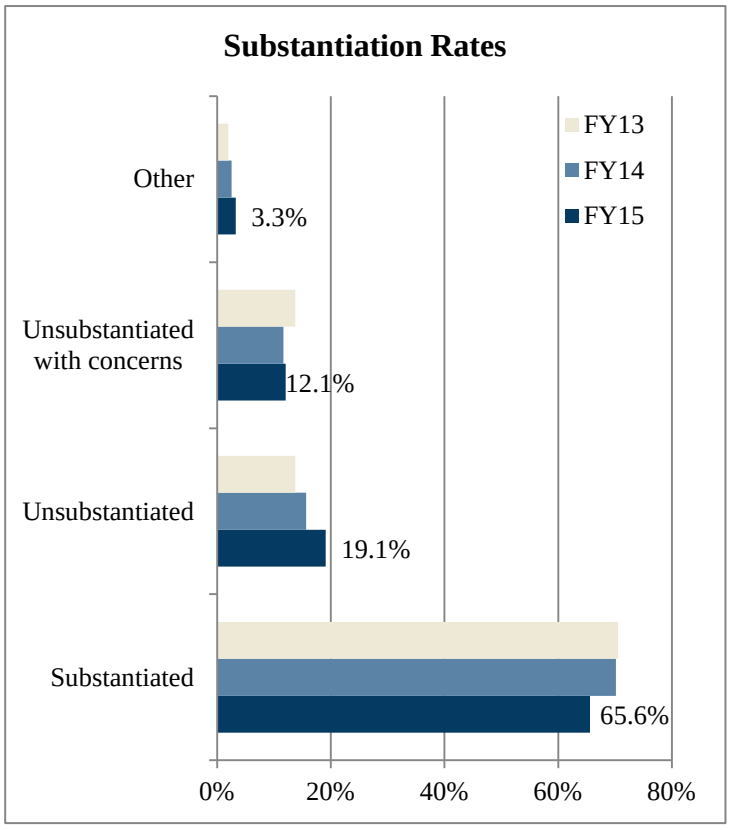
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

Region 5 - Lake Charles

2014 Population Estimate: 297,271
Parishes served: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
Number of Caseworkers as of June 2015: 5







Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases. Population estimates from census.gov.

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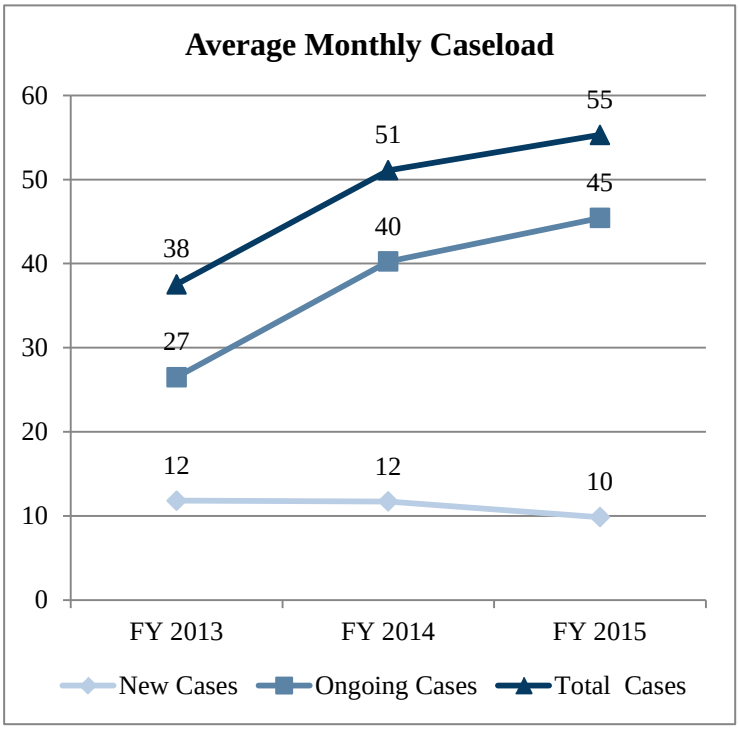
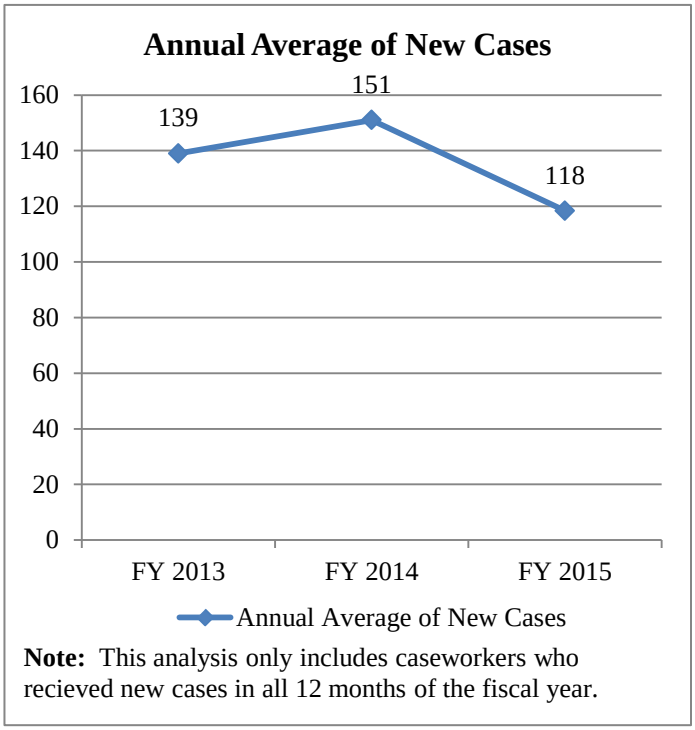




Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish Fiscal Year 2015								
Parish	**Caregiver Neglect**	**Emotional Abuse**	**Financial Exploitation**	**Physical Abuse**	**Sexual Abuse**	**Other**	**Self-Neglect**	**Total**
Allen	15	7	7	3	1	1	18	52
Beauregard	19	15	15	9	1	1	18	78
Calcasieu	179	131	184	70	9	6	187	766
Cameron	4	0	3	2	0	0	6	15
Jefferson Davis	24	19	22	10	2	1	15	93
Regional Total	**241**	**172**	**231**	**94**	**13**	**9**	**244**	**1,004**
Percent of Regional Total	**24.0%**	**17.1%**	**23.0%**	**9.4%**	**1.3%**	**0.9%**	**24.3%**	**100.0%**

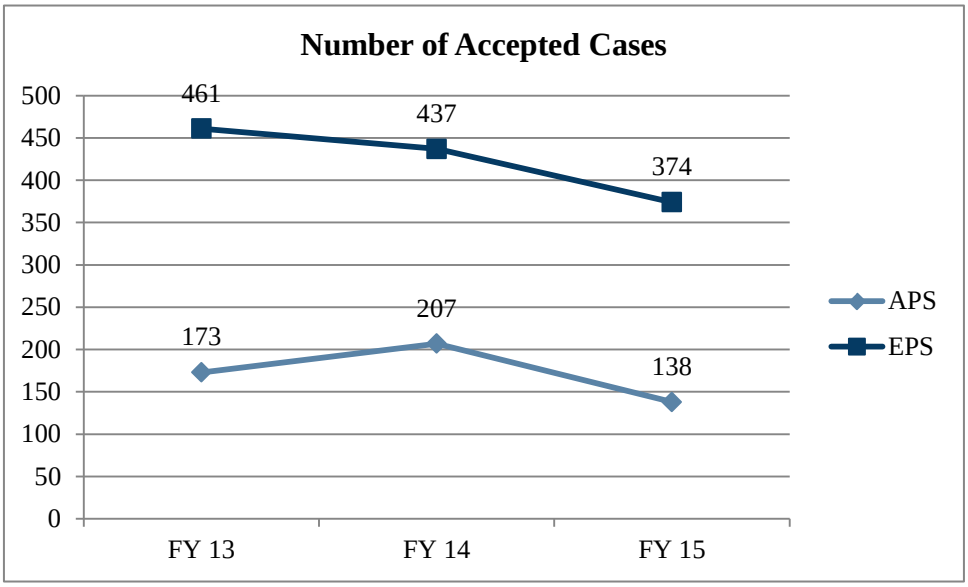
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

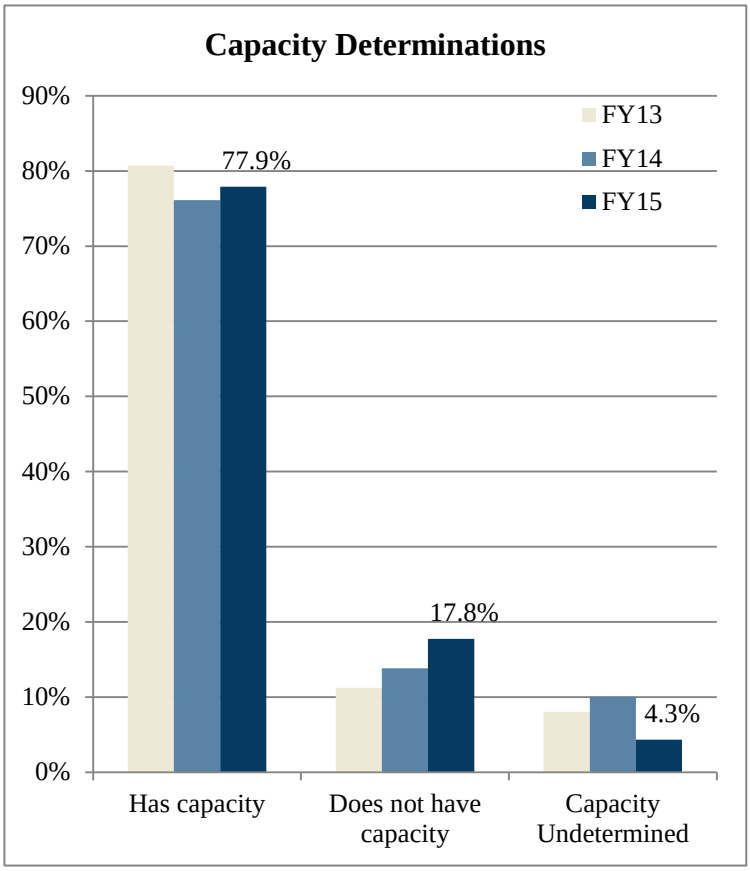
Region 6 - Alexandria

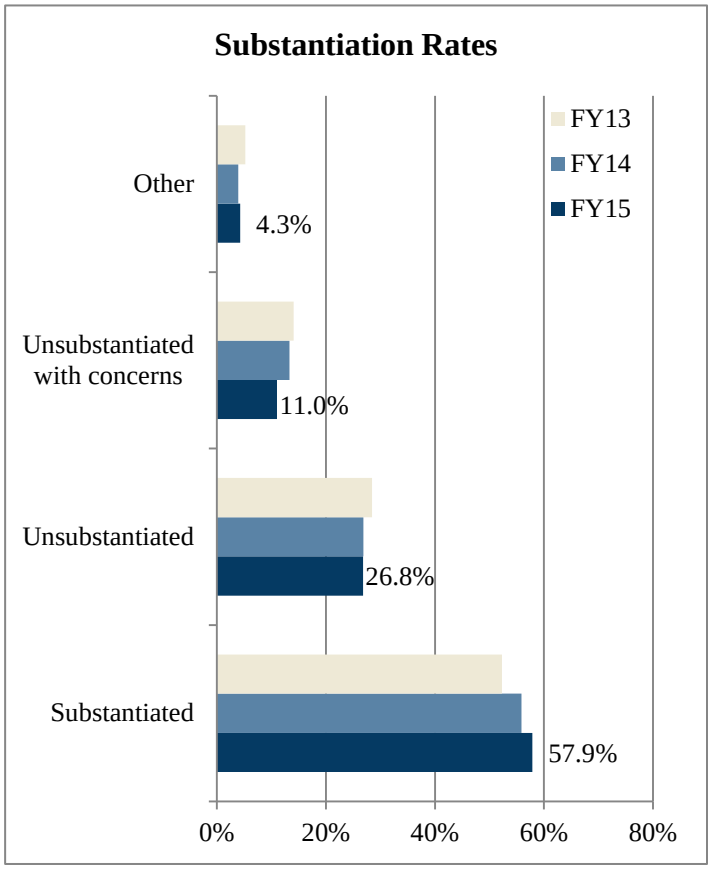
2014 Population Estimate: 308,348

Parishes served: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn

Number of Caseworkers as of June 2015: 5







Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases. Population estimates from census.gov.

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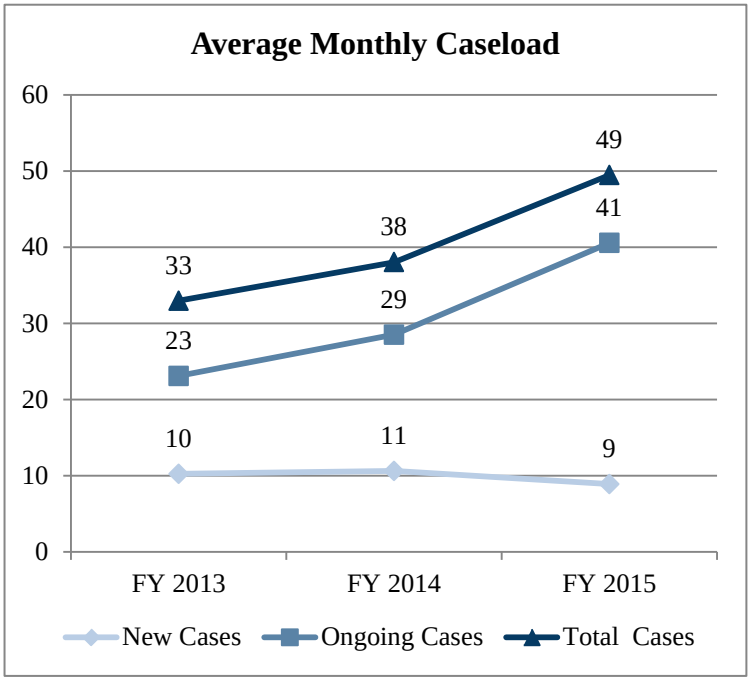
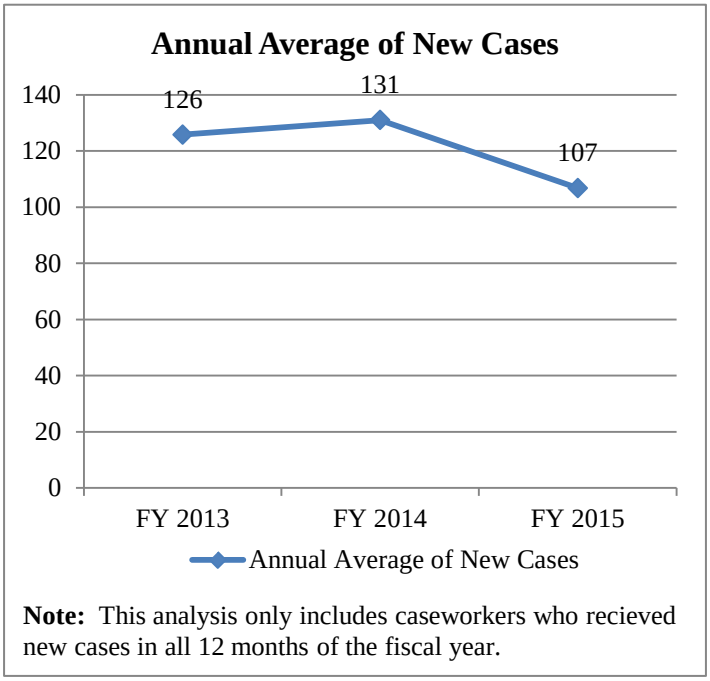




Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish
Fiscal Year 2015

Parish	Caregiver Neglect	Emotional Abuse	Financial Exploitation	Physical Abuse	Sexual Abuse	Other	Self-Neglect	Total
Avoyelles	32	25	27	13	0	1	18	116
Catahoula	19	8	15	0	0	0	6	48
Concordia	19	10	13	4	0	0	11	57
Grant	23	15	16	4	0	2	16	76
La Salle	3	1	5	1	0	0	7	17
Rapides	143	84	144	30	4	15	100	520
Vernon	24	17	16	8	0	1	33	99
Winn	6	3	9	3	0	2	6	29
Regional Total	**269**	**163**	**245**	**63**	**4**	**21**	**197**	**962**
Percent of Regional Total	**28.0%**	**16.9%**	**25.5%**	**6.5%**	**0.4%**	**2.2%**	**20.5%**	**100.0%**

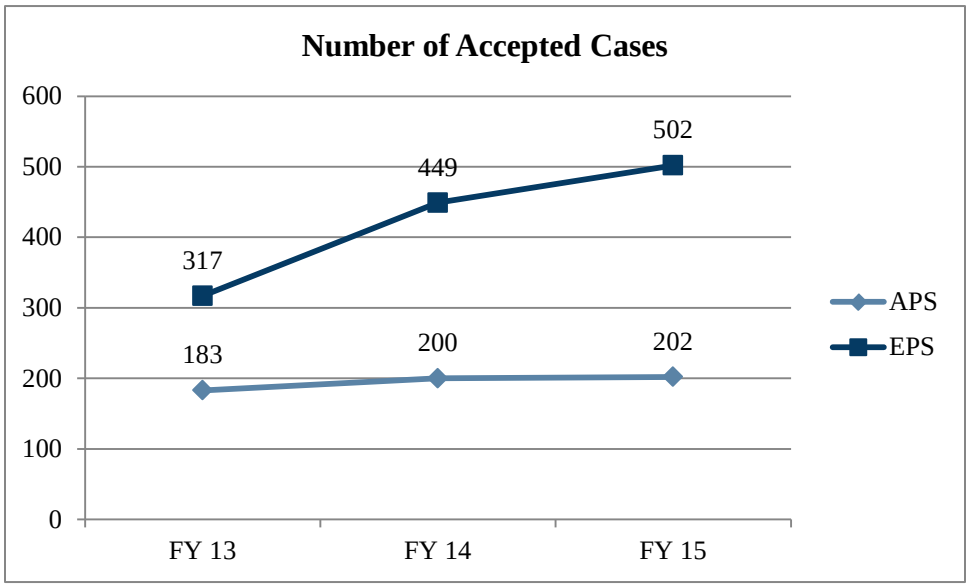
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

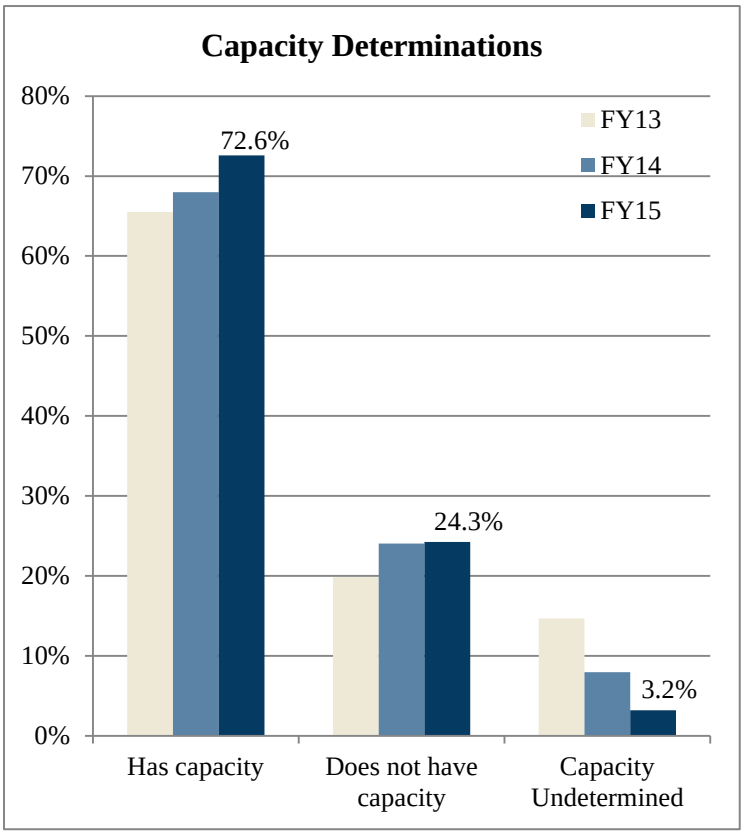
Region 7 - Shreveport

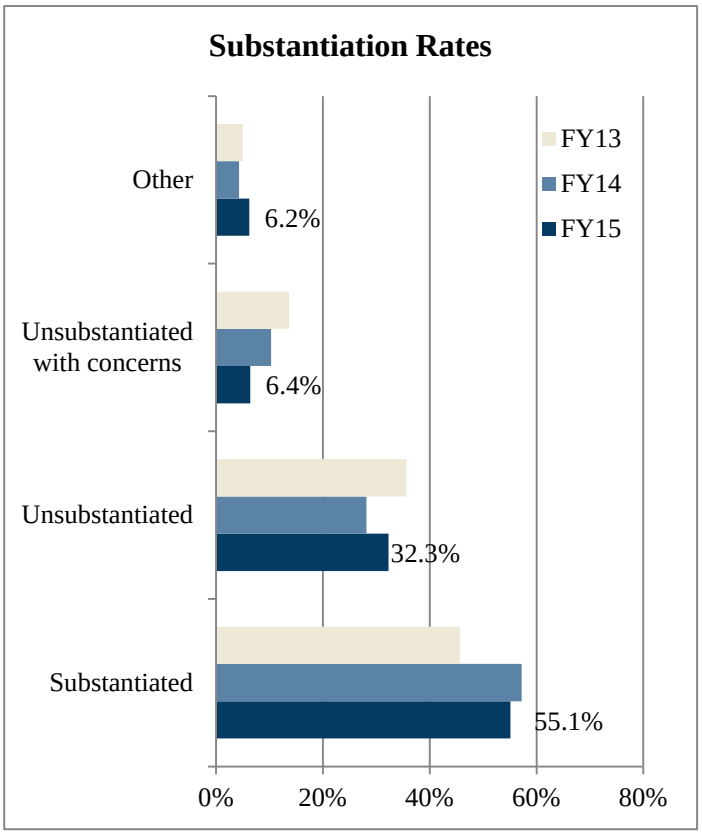
2014 Population Estimate: 547,473

Parishes served: Bienville, Bossier, Claiborne, Caddo, DeSoto, Natchitoches, Red River, Sabine, Webster

Number of Caseworkers as of June 2015: 4







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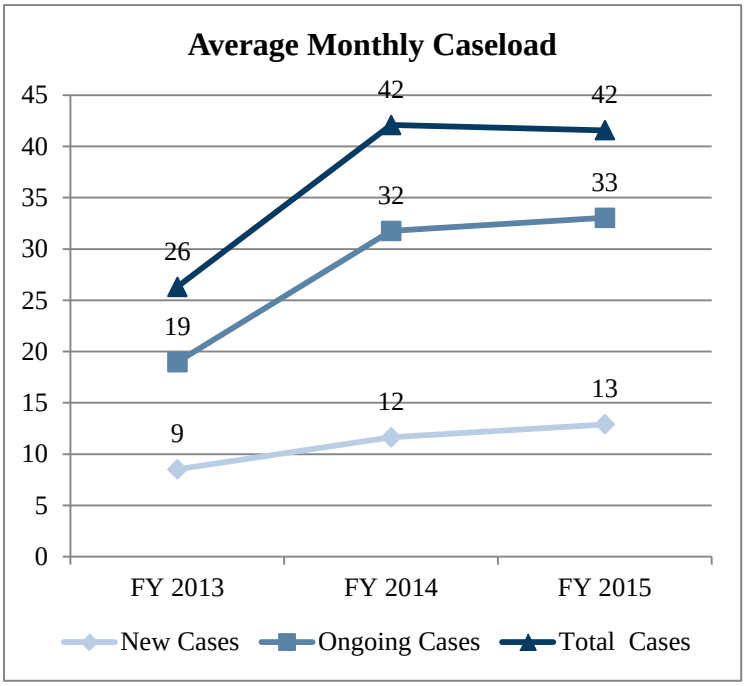
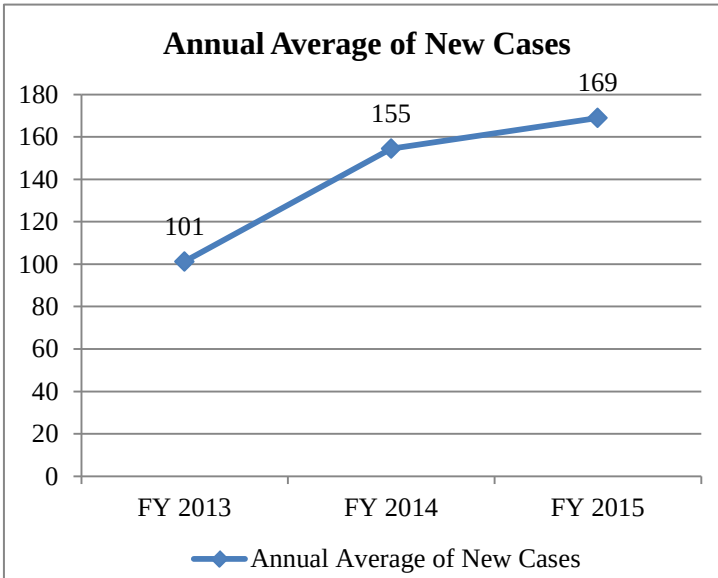




Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish
Fiscal Year 2015

Parish	Caregiver Neglect	Emotional Abuse	Financial Exploitation	Physical Abuse	Sexual Abuse	Other	Self-Neglect	Total
Bienville	11	14	12	4	2	0	3	46
Bossier	45	23	34	14	0	0	33	149
Caddo	176	101	171	40	11	2	151	652
Claiborne	13	6	10	6	0	2	8	45
DeSoto	14	6	8	1	1	0	11	41
Natchitoches	21	9	25	3	0	0	16	74
Red River	3	0	6	0	0	0	4	13
Sabine	13	2	7	2	0	0	15	39
Webster	25	12	28	5	4	0	20	94
Regional Total	**321**	**173**	**301**	**75**	**18**	**4**	**261**	**1,153**
Percent of Regional Total	**27.8%**	**15.0%**	**26.1%**	**6.5%**	**1.6%**	**0.3%**	**22.6%**	**100.0%**

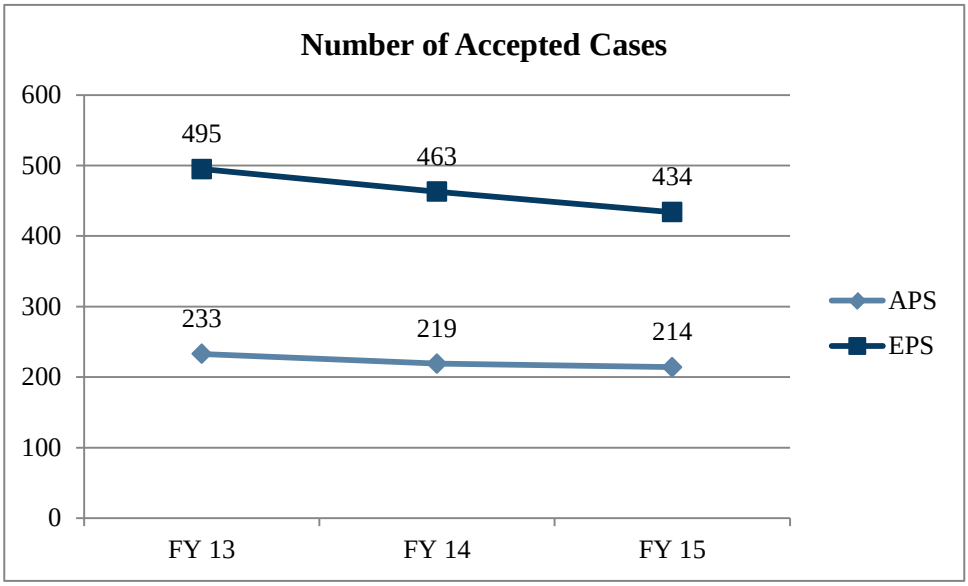
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

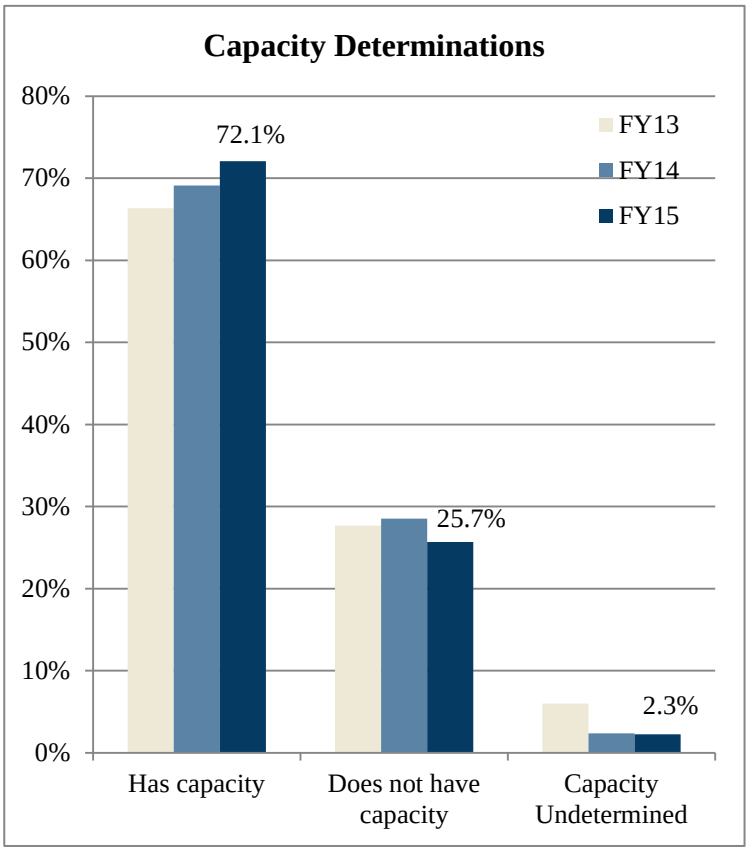
Region 8 - Monroe

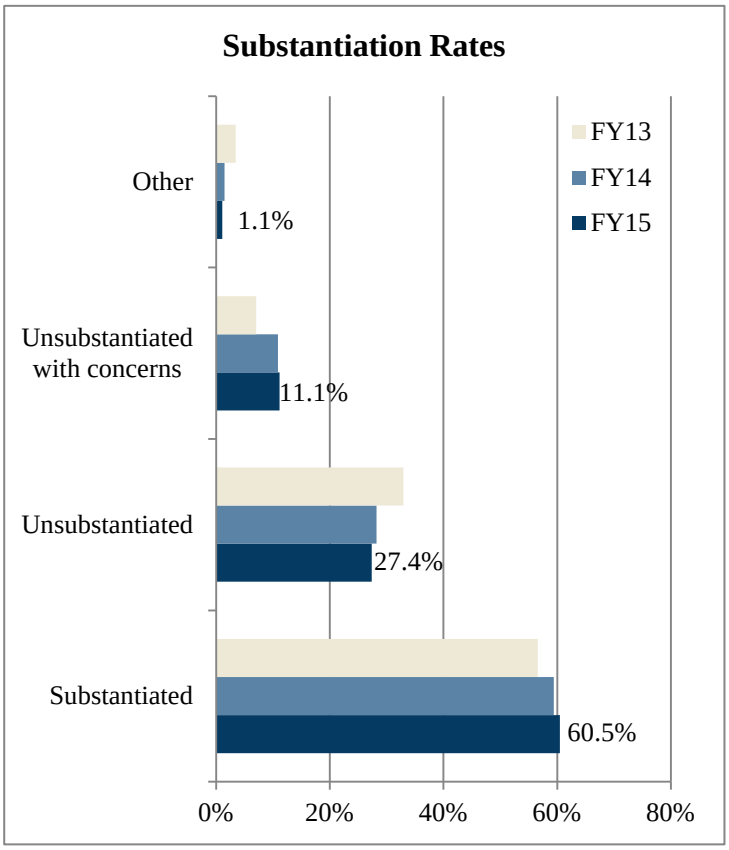
2014 Population Estimate: 355,995

Parishes served: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll

Number of Caseworkers as of June 2015: 4







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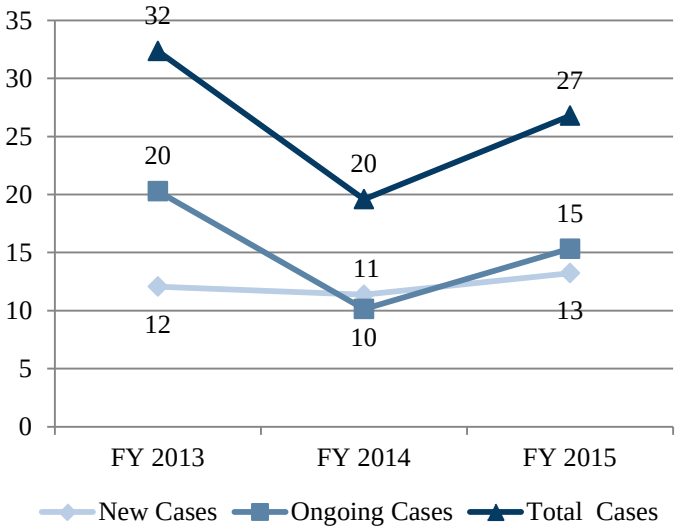
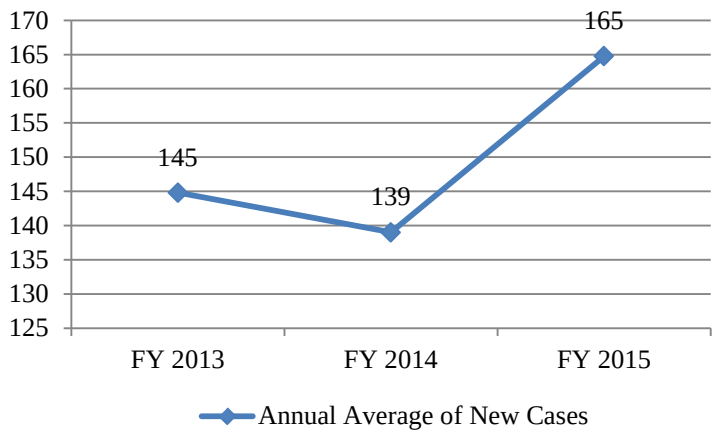




Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish
Fiscal Year 2015

Parish	Caregiver Neglect	Emotional Abuse	Financial Exploitation	Physical Abuse	Sexual Abuse	Other	Self-Neglect	Total
Caldwell	13	10	6	7	1	0	13	50
East Carroll	6	4	3	1	0	0	1	15
Franklin	13	19	26	8	0	0	10	76
Jackson	11	9	7	2	0	4	13	46
Lincoln	25	16	18	9	0	5	26	99
Madison	7	3	5	4	0	0	4	23
Morehouse	32	13	25	5	0	2	20	97
Ouachita	112	84	126	47	9	6	118	502
Richland	13	9	6	1	1	0	10	40
Tensas	14	0	7	4	0	0	4	29
Union	15	13	19	4	1	0	7	59
West Carroll	17	7	7	5	0	3	10	49
Regional Total	**278**	**187**	**255**	**97**	**12**	**20**	**236**	**1,085**
Percent of Regional Total	**25.6%**	**17.2%**	**23.5%**	**8.9%**	**1.1%**	**1.8%**	**21.8%**	**100.0%**

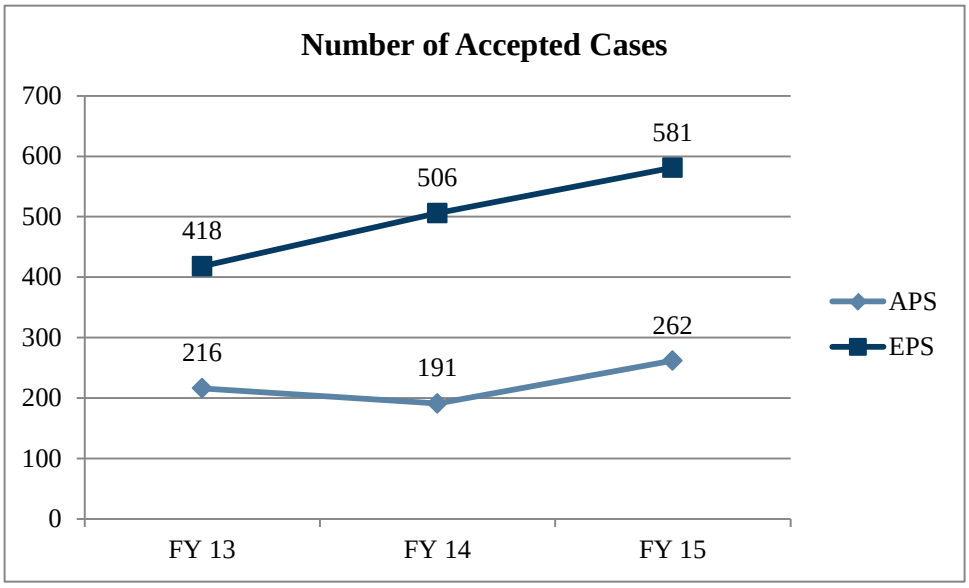
Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.

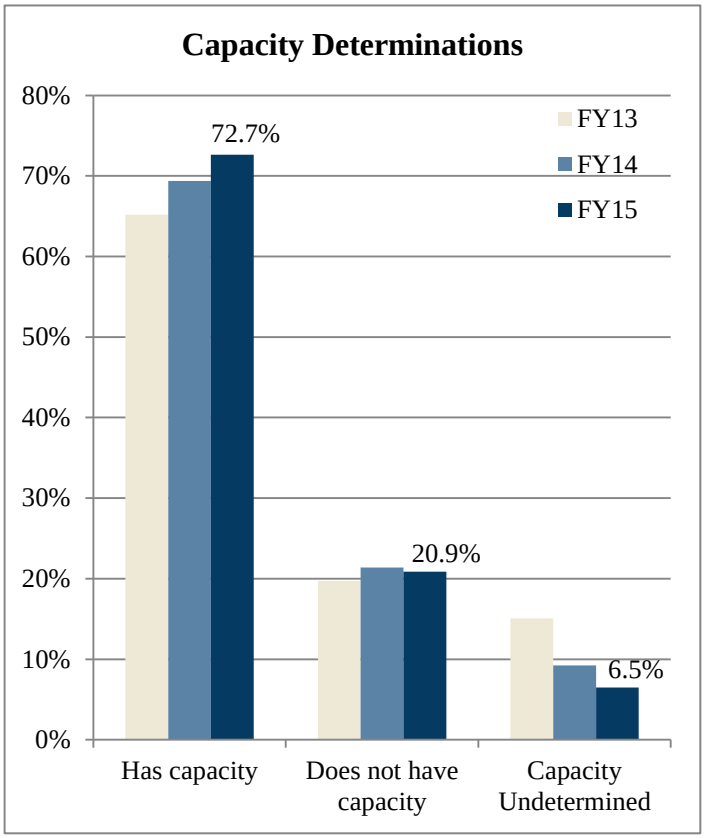
Region 9 - Abita Springs

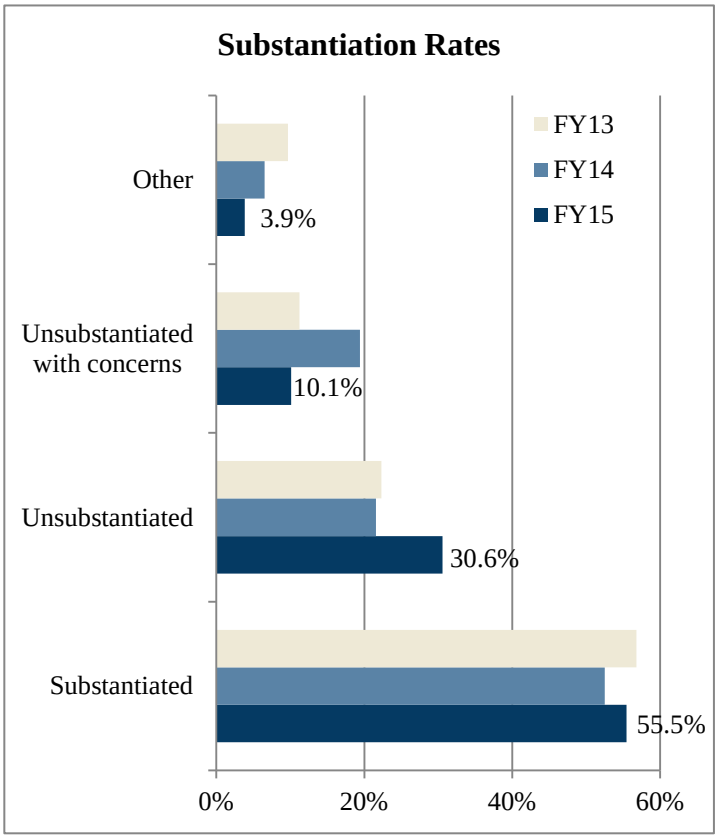
2014 Population Estimate: 565,534

Parishes served: Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

Number of Caseworkers as of June 2015: 6







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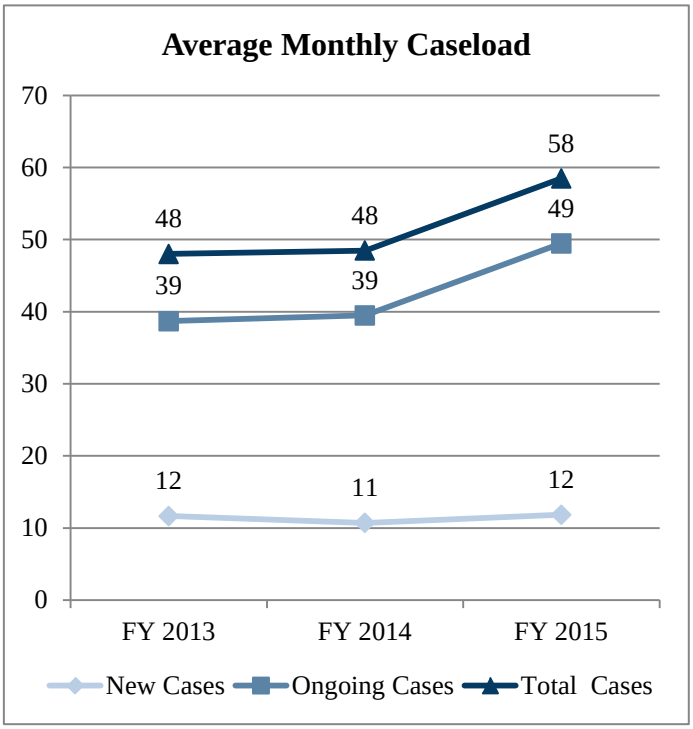

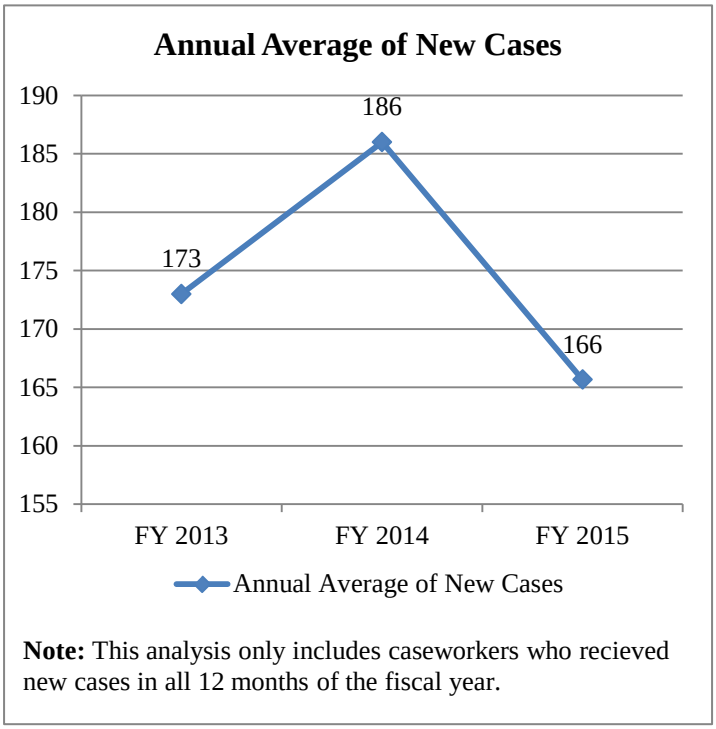

Note: This analysis only includes caseworkers who recieved new cases in all 12 months of the fiscal year.

Number of Allegations by Type Per Parish Fiscal Year 2015								
Parish	**Caregiver Neglect**	**Emotional Abuse**	**Financial Exploitation**	**Physical Abuse**	**Sexual Abuse**	**Other**	**Self-Neglect**	**Total**
Livingston	90	63	100	37	3	0	62	355
St. Helena	11	5	6	2	0	0	3	27
St. Tammany	137	107	156	40	7	10	100	557
Tangipahoa	106	50	83	39	4	0	98	380
Washington	42	17	38	11	5	1	31	145
Regional Total	**386**	**242**	**383**	**129**	**19**	**11**	**294**	**1,464**
Percent of Regional Total	**26.4%**	**16.5%**	**26.2%**	**8.8%**	**1.3%**	**0.8%**	**20.1%**	**100.0%**

Source: Prepared by legislative auditor's staff using data from the EPSM and OTIS databases.