

Administration for Community Living  
Adult Protective Services (APS) Client Outcomes  
Study

# INTERVIEW GUIDE FOR APS STATE/COUNTY LEADERS

Conducted by: New Editions Consulting, Inc.

Site Name: \_\_\_\_\_

Moderator Names: \_\_\_\_\_

Date: \_\_\_\_\_

### **Public Burden Statement**

According to the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions and responding to questions. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Health and Human Services, 330 C Street,

SW, Washington, DC 20201, attention Stephanie Whittier Eliason, Administration for  
Community Living, Mary E. Switzer Room 1132A or email  
[Stephanie.WhittierEliason@acl.hhs.gov](mailto:Stephanie.WhittierEliason@acl.hhs.gov) and reference the OMB Control Number 0985-xxxx.

## Instructions to Interviewers

The purpose of this guide is to help the interviewer gather data during interviews with State and County APS leaders who are involved with policy development and administration of the APS program. APS leaders will include the one individual at the State and at the County level responsible for the administration, oversight, and management of the APS program. This may include an individual in the role of policy director, program director, administrator, or supervisor.

Each participant will provide informed consent before each interview. These interviews are one data source in the larger APS client outcomes study designed to address the following research questions:

- I. **Satisfaction.** What changes do clients report as a result of receiving APS services? How satisfied are clients with the APS services they receive? To what extent do clients report APS helps them achieve their goals? To what extent do clients report APS supports their right to self-determination?
- II. **Safety/Risk.** To what extent do APS programs affect client risk of maltreatment? How do APS programs intervene to reduce risk of maltreatment (or increase safety)? What factors help or hinder APS efforts to reduce client risk of maltreatment?
- III. **Well-Being.** To what extent do APS programs affect client well-being (e.g., quality of life, financial, physical health, etc.)? How do APS programs intervene to improve client well-being? What factors help or hinder APS efforts to improve client well-being?

The APS leader interviews will be semi-structured. The information gathered from these discussions will be used to better understand APS programs and policies, partnerships, and services as well as how these affect client outcomes. Throughout the interview, interviewers will refer to the guide for discussion topics and questions. However, interviewers should recognize valuable diversions and allow important discussion to continue even if it is not included in the guide. Throughout the interview, interviewers should summarize/reflect key points with APS leaders to confirm understanding.

During interviews, the interviewers will document key themes and salient findings using Table 1, provided at the end of the interview guide. Space is also provided to record other topics discussed and to list any documents received from APS leaders. The interviewers should use the completed tables during a debrief meeting immediately following each interview to address questions and clarifications, agree on key themes and salient findings, and discuss any differences of opinion and interpretation of the participant responses.

- Introduce yourselves.
- Thank the participant for their time.
- Use part I of the informed consent form (Information Sheet) to let them know who we are and why we are having the interview.
- Provide a copy of the consent form to interviewee.
- Review part II of the consent form.
- Ask if there are any questions and respond to them, if possible.
- Have participant sign the certificate of consent.
- Ask the participant for permission to start the digital recording.

- Turn on both digital recorders.
- Capture date and interview type along with the participant's consent to record on the digital recorder.
- Begin the interview.

# INFORMED CONSENT FORM

## APS State and County Leaders

Title of Study: Adult Protective Services Client Outcome Study

Sponsor: Administration for Community Living, Department of Health and Human Services

Third-Party Evaluator: New Editions Consulting, Inc.

Participant's Printed Name: \_\_\_\_\_

### Part I. Information Sheet

#### Introduction

My name is *[insert name of moderator]* and this is *[insert name of support staff]*. We work for a company called New Editions Consulting, located in Falls Church, Virginia. We were hired by the Administration for Community Living, which is an agency within the U.S. Department of Health and Human Services, to conduct a national study titled 'Adult Protective Services (or APS) Client Outcome Study'. We will explain the study to you and invite you to be part of it.

Taking part in this study is entirely voluntary. We urge you discuss any questions about this study and your participation with us. If you decide to participate, you must sign the consent form to show that you want to take part.

#### Purpose of the Study

As you know, APS is an important social services program to help older adults and adults with disabilities who have experienced abuse, neglect, self-neglect, or financial exploitation. At this time, we know little about the impact of APS on the lives of the individuals they assist, or APS clients. Thus, we want to learn more about APS programs, client's experiences using APS, and the impact APS has on clients' lives. The purpose of our conversation today is to understand your experiences directing, overseeing, managing APS in your *[State/County]* and your opinions about the impact of APS on clients. Your insights and feedback will be used by federal personnel to consider ways to support and improve APS programs.

#### Procedures and Duration

We are conducting interviews with APS state and county leaders like yourself in 4 states, and 3 counties in each of those states, including yours. Our goal is to talk with a total of 12 APS leaders. The interview today will take approximately 60 minutes and we will ask your opinion, insights and feedback about APS and how it affects clients. The questions ask about your role within APS and about *[name of APS program]* in *[State/County]*. We will also ask about collaboration or partnerships with other programs, the difference APS makes for clients' lives, and the impact of larger policies, practices, and APS procedures.

This interview will be digitally recorded. The recording will be used as a reference for the study team only to ensure accuracy in reporting. Recordings will not be shared outside of the research team and will be erased once the study report is developed.

### **Voluntary Participation**

Your participation is completely voluntary. You are welcome to share whatever information you are comfortable sharing. You may choose to answer some questions and not to answer other questions for any reason. You may exit the interview at any time for any reason.

### **Risks and Benefits**

The risks of participating in this interview are minimal. As noted, you may exit the interview at any time for any reason. There are no direct benefits to you for participating in the interview. However, the information you share might benefit APS programs and future clients.

### **Reimbursements**

You will not be provided any incentive to take part in this study.

### **Privacy**

Your interview record will not have any information that identifies you (e.g., name, Social Security Number) and will be reviewed, stored, and analyzed on a secure server at New Editions Consulting. Only staff involved in this study will have access to the record. Your responses will be considered along with all the other participants. You will not be identified in public reports and nothing you say will be personally attributed to you or your APS program. The evaluation team will not share anything you say with anyone outside the evaluation team. Participants will be advised not to share anything they heard from other participants with other staff in their programs. Your signed consent form will be kept separate from your interview record.

### **Study Funding**

This study is funded by the Administration for Community Living, Department of Health and Human Services.

### **Who to Contact**

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following: *[name, address/telephone number/e-mail]*. This study has been reviewed and approved by *[name of the local IRB]*, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact *[name, address/telephone number/e-mail]*.

## Part II. Certificate of Consent

Before making the decision regarding participation in this study, you should have:

- Discussed this study with a member of the research team
- Reviewed the information in this form
- Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked the questions you currently have about the study, and have received answers to those questions. You will receive a copy of the signed and dated form to keep for future reference.

**Participant:** By signing this consent form, you indicate that you are voluntarily choosing to take part in this study.

\_\_\_\_\_  
Signature of Participant                      Date                      Printed Name

**Person Explaining the Study:** Your signature below means that you have explained the study to the participant and have answered any questions about the research.

\_\_\_\_\_  
Signature of person who  
explained this research                      Date                      Printed Name

# **INTERVIEW WITH APS LEADERS**



## I. Introduction and APS Case Initiation (10 minutes)

*First, we'd like learn more about your specific background and role here and the APS programs in [State/County].*

- A. Can you introduce yourself and describe your role for [*name of APS program*]?
- B. Can you give us a high-level description of [*name of APS program*] in [State/County]?
  - PROBE 1: What client population(s) does [*name of APS program*] serve?
  - PROBE 2: What kinds of services and supports does [*name of APS program*] provide?
  - PROBE 3: Are there any particular characteristics about the environment or operations that you think are fairly unique to your program?

### Self-Determination

- C. How does the [State/County] require or encourage [*name of APS program*] to involve clients in planning and decision-making about the help and services they are offered or receive?
  - PROBE 1: Describe any formal processes or procedures that [*name of APS program*] use to ensure client involvement (e.g., standard protocols, techniques, frameworks, assessments, quality assurance measures).
- D. How does [State/County] balance the need to provide services that keep clients safe, while respecting clients' right to refuse services?
  - PROBE 1: Does the [State/County] provide any guidance or protocols for caseworkers to help determine which risks are acceptable and which are not?
- E. What barriers or challenges do you see in [State/County] that can make it difficult for [*name of APS program*] to promote client self-determination?
- F. What circumstances or strategies do you find help [*name of APS program*] to promote client self-determination?

## II. Collaboration/Partnership (8 minutes)

*Now we would like to talk more about collaboration between your program and other programs/entities, including the type of relationships and how [*name of APS program*] coordinates services with these programs/entities.*

- A. Does [*name of APS program*] work with other programs/entities to provide services clients may need but [*name of APS program*] does not offer directly?
  - PROBE 1: If so, what programs/entities do you work closely with and what help or services do they provide?

- PROBE 2: Are there formal partnership agreements with these program/entities at the state or community levels? [This might include things such as: (1) written protocols/procedures, (2) memorandum of understanding, (3) under the same organizational structure, (4) shared funding streams].
- PROBE 3: From your vantage point, what contributes to a successful collaboration between APS and other programs/entities?
- PROBE 4: What are the barriers that make it difficult for APS to collaborate with other programs/entities?

### III. Services (2 minutes)

*Now we would like to talk more about clients' actual access to referral services.*

- A. Overall, to what extent do clients actually receive the referral services?

- PROBE 1: What factors contribute to clients actually receiving the referral services?
- PROBE 2: When clients do not receive the referral services, why do they not receive them (e.g., are the recommended or referred services not available; do the services not match their needs)?

### IV. Outcomes (15 minutes)

*Now we'd like to talk about how [name of APS program] makes a difference for clients.*

- A. What are the intended client outcomes of [name of APS program]? In other words, once clients receive help and services through [name of APS program], what kinds of changes do you expect to see for them?
- PROBE 1: What are the things that make it more difficult to achieve these outcomes for clients?
- PROBE 2: What are the things that make it easier to achieve these outcomes for clients?
- PROBE 3: [If applicable] How does having the partnerships you mentioned previously affect the ability of [name of APS program] to achieve this outcome for clients?
- B. Based on your experience, what other outcomes occur for clients as a result of the help and services they get from [name of APS program]?

#### Safety

*Next, we'd like to ask specifically about how [name of APS program] affects client safety.*

- C. Based on your experience, do you think *[name of APS program]* improves client safety (e.g. helping them be free from maltreatment, and the threat of violence or maltreatment)? If so, how?

PROBE 1: What are the things that make it difficult to improve client safety?

PROBE 2: What are the things that make it easier to improve client safety?

### Satisfaction

*Next, we'd like to ask specifically about clients' satisfaction regarding the help and services they receive from [name of APS program].*

- A. Based on your experience, do you think clients are generally satisfied with the help and services they receive from *[name of APS program]*?

PROBE 1: What are the things that help ensure client satisfaction?

PROBE 2: What are the things that make it challenging to ensure clients satisfaction?

### Well-Being

*Next, we'd like to ask specifically about how [name of APS program] affects client well-being.*

- A. Based on your experience, do you think *[name of APS program]* improves client well-being? If so, how?

PROBE 1: What are the things that make it difficult to improve client well-being?

PROBE 2: What are the things that make it easier to improve client well-being?

## **V. Policies, Practices, and Procedure (12 minutes)**

*Let's move on to talk about policies, practices, and procedures.*

- A. In your opinion, what is different or unique about *[State/County]* as it relates *[name of APS program]*?

PROBE 1: Are there any innovative practices or procedures that are being tested or used in *[State/County]* to help improve client outcomes? If so, describe them. Do you believe these innovations have improved any client outcomes? If so, describe how.

PROBE 2: Have there been any significant changes to *[State/County]* APS policies, practices, and procedures in the recent past? If so, what are these changes and what impact do you think they have had on client outcomes?

- B. Are there any laws, rules, or regulations in your [State/County] that you believe have a particularly positive or negative impact on the ability of [name of APS program] to achieve client outcomes? If so, what are they?

PROBE 1: What impact have they had on [name of APS program]?

PROBE 2: What impact have they had on client outcomes?

- C. Are there any other important factors, such as the current political environment or funding, that you think impact [name of APS program] and that ability to achieve client outcomes? If so, what are they?

PROBE 1: What impact have they had on [name of APS program]?

PROBE 2: What impact have they have had on client outcomes?

## **VI. Conclusion (3 minutes)**

*That brings us to the last part of the interview. We'd like to conclude by asking about your recommendations for [name of APS program].*

- A. If money and resources were unlimited, what would you change about [name of APS program] in order to do a better job of improving clients' lives?
- B. What do you think could be done right now, if anything, to improve [name of APS program] at the [State/County] level?

*Thank you, that concludes our interview. [Turn off digital recorders].*

# **APS LEADER KEY THEMES AND SALIENT FINDINGS**

## **INTERVIEW**

*The following information should be completed by the interviewers, and it is not part of the actual Interview Guide.*

**Table 1: Discussion Topics Covered in APS Leader Interview**

Check if discussion topic was covered	Section	Key Findings/Themes by Topic Area
<input type="checkbox"/>	<b>Introduction and APS Services</b>	
<input type="checkbox"/>	<b>Self-Determination</b>	
<input type="checkbox"/>	<b>Collaboration/Partnerships</b>	
<input type="checkbox"/>	<b>Intended Outcomes</b>	
<input type="checkbox"/>	<b>Other Outcomes</b>	
<input type="checkbox"/>	<b>Safety</b>	
<input type="checkbox"/>	<b>Satisfaction</b>	
<input type="checkbox"/>	<b>Well-Being</b>	
<input type="checkbox"/>	<b>Policies, Practices, and Procedures</b>	
<input type="checkbox"/>	<b>Recommended Changes</b>	

**Other Topic Areas Discussed:**

**List of Documents Obtained:**

**Debrief Notes:**