APS COVID-19 Study

Hello,

A research team from WRMA, Inc., and Virginia Tech have been retained by the Administration for Community Living (ACL) to conduct a study on the impact of COVID-19 on Adult Protective Services (APS) programs across the country. Data collection is occurring during the COVID-19 pandemic and will explore challenges (e.g., compressed work time, programmatic burden, impacts across various parts of the country) and successes (e.g., supporting staff, supporting clients, providing services, creating/fostering collaboration). Findings from this important and time-sensitive study will inform, as soon as possible, assisting and improving APS responses during disasters.

The online component of our research is being sent to APS programs at the state level across the United States and involves responding to this survey, which we expect to take about 20 minutes of your time. Thank you for considering taking part in this research project.

If you have any questions or concerns, please feel free to contact the Virginia Tech researcher, Pamela B. Teaster, Ph.D. at pteaster@vt.edu or 540-231-7657.
The research has been reviewed by the Virginia Tech Human Research Protection Program (IRB #19-342). You many communicate with them at 540-231-3732 or irb@vt.edu if you have questions about your rights as a research subject or if your questions, concerns, or complaints are not being answered by the researcher.

Completion of the survey is completely voluntary. The risks of this study are minimal. You can choose not to answer a certain question and move on to the next one. You are free to end the survey at any time without penalty.

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Consent: Do you consent (agree) to participate in this survey?

O Yes (1)

O No (2)

Q1 State **Information**

O State (7) _____

O Please describe the structure of APS in your state and/or provide us with a web address if that information is available.

Q2 **How has the number of reports of adult maltreatment changed as a result of COVID-19?**

O Many fewer reports (1)

O Fewer reports (2)

O No change in the number of reports (3)

O More reports (4)

O Many more reports (5)

O Don't Know (6)

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Q3 **On average, how has the level of client need changed as a result of COVID-19?** *Consider any changes in the complexity of client cases, severity of reported maltreatment, stated goals of the client for APS they receive, etc.*

○ Much less need (1)

○ Less need (2)

○ No change in the level of client need (3)

○ More need (4)

○ Much more need (5)

Q4 **On average, how has the level of client willingness to engage with APS changed as a result of COVID-19?** *Consider any changes in the complexity of client cases, severity of reported maltreatment, stated goals of the client for APS they receive, etc.*

○ Much less willing to engage with APS (1)

○ Less willing to engage with APS (2)

○ No change in the level of client willingness to engage with APS (3)

○ More willing to engage with APS (4)

○ Much more willing to engage with APS (5)

Q5
On average, how has the level of client involvement in planning and decision-making about the help and services they receive changed as a result of COVID-19?

○ Much less involved in planning and decision-making (1)

○ Less involved in planning and decision-making (4)

○ No change in the level of involvement in planning and decision-making (5)

O More involved in planning and decision-making (6)

O Much more involved in planning and decision-making (7)

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Q6 **On average, how has APS investigation changed as a result of COVID-19?** *Consider the number of contacts between an average client and his/her APS worker, number and types of assessments/screenings provided, etc.*

O Much less investigation (1)

O Less investigation (4)

O No change in the amount of investigation (5)

O More investigation (6)

O Much more investigation (7)

_____

Q7 **On average, how have APS services to clients changed as a result of COVID-19?** *Consider the number of contacts between an average client and his/her APS worker, amount of information provided, number and types of referrals and direct services provided, etc.*

O Many fewer services (1)

O Fewer services (4)

O No change in the amount of services (5)

O More services (6)

O Many more services (7)

_____

Q8 **Overall, what was the change in types of maltreatment as a result of COVID-19?**

	Large Increase (1)	Small Increase (2)	No Change (3)	Small Decrease (4)	Large Decrease (5)	Don't Know (6)
Physical Abuse (1)	O	O	O	O	O	O
Sexual Abuse (7)	O	O	O	O	O	O
Neglect (2)	O	O	O	O	O	O
Self-Neglect (3)	O	O	O	O	O	O
Financial Exploitation (4)	O	O	O	O	O	O

Q9 **Did you implement remote work as a result of shelter in place requirements?**

O Yes (1)

O No (4)

Q10 **How often does your staff you work remotely a result of shelter in place requirements?**

O All of the time (1)

O Most of the time (2)

O Some of the time (3)

Q11 **Overall, what has been the impact of remote work?** (Select all that apply).

☐ No impact (1)

☐ Worker efficiency has increased (4)

☐ Worker efficiency has decreased (5)

☐ Staff support from management has decreased   (6)

☐ Staff are able to continue to receive adequate support from management (7)

☐ Worker moral improved (8)

☐ Worker moral declined (9)

☐ Workers had the training support they needed (10)

☐ Workers did not have the training support they needed (11)

☐ Workers had the technology support they needed (12)

☐ Workers did not have the technology support they needed (13)

Q12 **What additional roles and responsibilities have APS workers adopted as a result of COVID-19?** (Select all that apply). *Consider any new functions that APS workers has been required to add to their normal job.*

☐ Provide additional services to clients (e.g., health screenings) (1)

☐ Assist other organizations (e.g., food banks, shelters) (4)

☐ Other (3)

Q13 If Other, Please Describe

_____

Q14 **What supports have been provided to APS workers as a result of COVID-19?** (Select all that apply).

☐ Increase communications/check-in's with supervisors (1)

☐ Increase opportunity for peer discussion and peer support (4)

☐ Provide access to personal protective equipment (5)

☐ Provide mental health resources (6)

☐ Other (7)

Q15 If Other, Please Describe

_____

Q16 **What safety concerns have staff raised?** *(Select all that apply)*

O Not having PPE (1)

O Being infected during face-to-face (4)

O Being infected by other staff (5)

O Infecting clients and staff   (6)

O Other (7)

Q17 If Other, Please Describe

_____

End of Block: Effect on Work and Workload

Start of Block: Policy and Practice

Q18 **Are your tracking COVID-19 related cases in your case management system?**

O Yes (1)

O No (2)

Q19 **What key changes to APS policy and practice have been made as a result of COVID-19?** (Select all that apply).

☐ Limit or prohibit in-person contact with clients or other parties involved in the allegation (1)

☐ Prohibit access to nursing homes and long-term care facilities (4)

☐ Triage APS reports and respond in order of priority, based on type of maltreatment and/or level of risk (5)

☐ Extend the number of days allowable from initial report to first contact with the client   (6)

☐ Extend the number of days allowable from initial report of maltreatment to case determination or case closure (7)

☐ Other (8)

Q20 If Other, Please Describe

_____

Q21 **How have you changed your policy on in-person visits with clients and other parties involved in the allegation?** (Select all that apply).

☐ No change in policy   (1)

☐ No longer making face-to-face visits (4)

☐ Continue face-to-face visits for certain types of maltreatment   (5)

☐ Continue face-to-face visits for cases in which significant risk has been identified   (6)

☐ Make face-to-face visits based on consult with supervisor   (7)

☐ Other (8)

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Display This Question:

If How have you changed your policy on in-person visits with clients and other parties involved in t... = Other

Q22 If Other, Please Describe

_____

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Q23 **Have you adjusted your timeline requirements for case initiation?**

○ No change in policy (1)

○ Increased allowable time (4)

○ Removed requirement (5)

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Q24 **Have you adjusted your timeline requirements for completion of the investigation?**

O No change in policy (1)

O Increased allowable time (4)

O Removed requirement (5)

Q25 **Overall, what is the frequency of interaction with critical APS partners and referral services as a result of COVID-19?**

	Much less frequent interaction (1)	Less frequent interaction (2)	No change in the amount of interaction (3)	More frequent interaction (4)	Much more frequent interaction (5)
Law Enforcement (1)	O	O	O	O	O
Health care (2)	O	O	O	O	O
Mental Health (3)	O	O	O	O	O
Referral: Food Banks (4)	O	O	O	O	O
Referrals: Other (5)	O	O	O	O	O

Q26 If Other, Please Specify

_____

_____

_____

_____

_____

End of Block: Partnerships

Start of Block: Preparedness and Needs

Q27 **Did you have APS emergency preparedness plans in place before COVID-19?**

O Yes (1)

O No (4)

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Q28 **What does your program need right now <u>FOR STAFF</u> that you do not have at all or of which you do not have enough?** (Select all that Apply)**.**

☐ PPE (1)

☐ Internet capability (4)

☐ Technology support (5)

☐ Mental health services (6)

☐ Medical services   (7)

☐ Food bank (8)

☐ Child care (9)

☐ Care for adult dependent (10)

☐ Emergency shelter (11)

☐ Emergency funds for staff with financial problems (12)

☐ Other (13)

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Q29 If Other, Please Describe

_____

Q30 **What does your program need right now <u>FOR CLIENTS</u> that you do not have at all or of which you do not have enough?** (Select all that Apply).

☐ PPE (1)

☐ Internet capability (4)

☐ Technology support (5)

☐ Mental health services (6)

☐ Medical services (7)

☐ Food bank (8)

☐ Child care (9)

☐ Care for adult dependent (10)

☐ Emergency shelter (11)

☐ Emergency funds for client with financial problems (12)

☐ Other (13)

Q31 If Other, Please Describe

_____

End of Block: Preparedness and Needs

Start of Block: Block 5

Q32 **Additional Request for Assistance:** Please provide name and contact information of local APS staff (i.e., program manager, supervisors, and staff, including people from multiple regions of the state or representatives from different parts of the state, such as rural area/urban/ large city) who we can invite to participate in a focus group concerning their first-hand experiences during the COVID-19 crisis (e.g., staffing, casework, policy and practice changes, and staff safety and well-being).

_____

Q333 Contact Information/Location of Local APS Staff

O Name: (1) _____

O Position: (2) _____

O City/Town (3) _____

O State (4) _____

O Telephone: (5) _____

O Email: (6) _____

_____

Q34 Contact Information/Location of Local APS Staff

O Name: (1) _____

O Position: (2) _____

O City/Town (3) _____

O State (4) _____

O Telephone: (5) _____

O Email: (6) _____

Q35 Contact Information/Location of Local APS Staff

○ Name: (1) _____

○ Position: (2) _____

○ City/Town (3) _____

○ State (4) _____

○ Telephone: (5) _____

○ Email: (6) _____

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Q36 Contact Information/Location of Local APS Staff

○ Name: (1) _____

○ Position: (2) _____

○ City/Town (3) _____

○ State (4) _____

○ Telephone: (5) _____

○ Email: (6) _____

Public Burden Statement:

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