National Process Evaluation of the Adult Protective Services System

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Chapter 1. Introduction

Background

The Administration for Community Living (ACL) established the Adult Protective Services Technical Assistance Resource Center (APS TARC) in 2016 to enhance the effectiveness of adult protective services (APS) programs. At that time, ACL had only a basic understanding of the policy and practice of APS in each state, with less knowledge about the effectiveness of these services at reducing abuse and reducing re-referral to the APS system. Because of the limited resources in state APS systems, program evaluation would necessarily and most efficiently be carried out at the national level, so ACL contracted with the APS TARC to evaluate the national APS system.

ACL's purposes in requesting a national process program evaluation of APS services were to:

- Improve programs and communicate the evaluation results to federal, state, and local administrators and other stakeholders;
- Support the development of the National Voluntary Consensus Guidelines for State APS Systems *(APS Consensus Guidelines)*, which were initially published in 2016 and updated in 2020 (Administration for Community Living, 2020a);
- Lay the foundation for future technical assistance efforts by establishing a framework for state and local implementation of innovative results-based strategies; and
- Provide input into the types of analysis that should be conducted with National Adult Maltreatment Reporting System (NAMRS) data.

In response, the APS TARC has designed and implemented the *National Process Evaluation of Adult Protective Services Systems* (National Evaluation) to describe the current landscape of APS program structure and operations across the United States. The evaluation will help ACL with the following larger goals:

Program Improvement: Knowledge is a prerequisite for program improvement. Building fundamental knowledge and understanding about the nature and scope of APS programs is necessary to support investments in program improvement.

Initiative Improvement: An evaluation of APS complements other federal efforts, particularly NAMRS and the *APS Consensus Guidelines*, to improve APS services. Data is useful to the extent one knows the right questions to ask of it and guidelines are useful when supported by evidence.

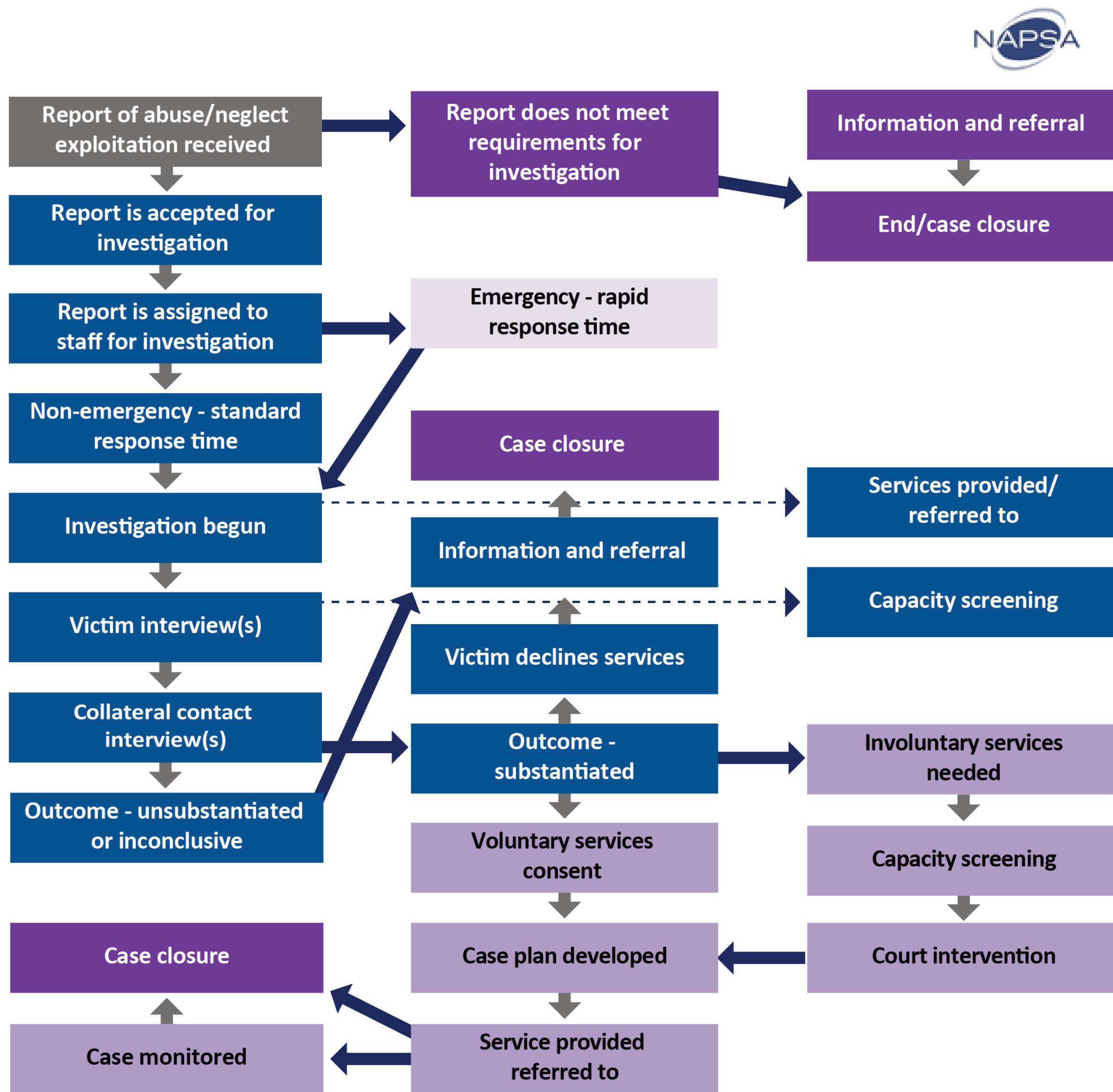
System Improvement: Program evaluation creates the framework and knowledge base to move the APS system forward. In particular, it informs the nature and types of technical assistance that the APS TARC provides and the types of system improvements ACL should foster in the future.

APS Logic Model

Over the past several decades, unlike many other social service programs, state and local initiatives developed APS programs without a national consensus or framework g about what adult maltreatment is and the role of government to assist vulnerable adults subject to maltreatment. Historically, there has been no dedicated federal funding stream for APS, therefore APS programs are not subject to a single set of federal standards, rules, or regulations, resulting in each state developing a program based on individual state and local needs. This organic growth resulted in diversity in many elements of state APS programs.

One of the first tasks of the APS TARC was to develop a logic model to provide a theoretical framework for the evaluation. The APS Logic Model was drafted by the APS TARC evaluation team and reviewed informally by several APS administrators and the co-chair of the National Adult Protective Services Association (NAPSA) Research-to-Practice Committee. Their comments were incorporated into the final model, approved by ACL in 2017.

Exhibit 1.1 National Adult Protective Services Association APS Example Flow Chart

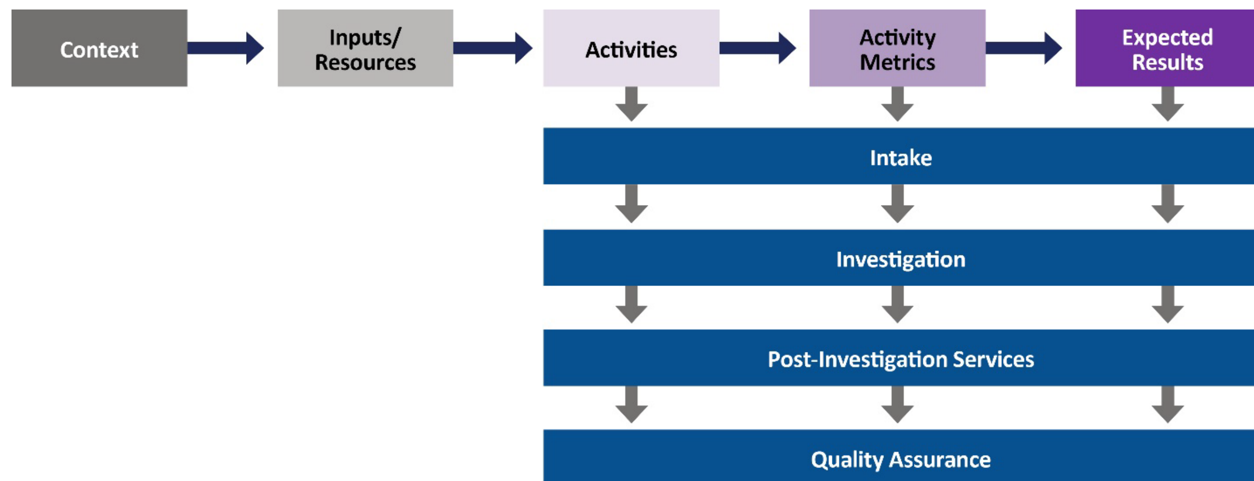


In developing the APS Logic Model, the APS TARC consulted the case flow diagram developed by the National Center for Elder Abuse in conjunction with NAPSA shown above in Exhibit 1.1 (National Center for Elder Abuse, n.d.). This case flow diagram portrays the major activities undertaken by APS agencies when investigating an allegation of maltreatment. It shows the characteristic steps in an APS investigation, beginning with the intake report and concluding with case closure. It includes both the investigation and service delivery activities.

The APS Logic Model, shown in full in Appendix A and summarized in Exhibit 1.2 below, elaborates upon this case flow and identifies results of standard APS activities, (intake, investigation, post-investigation services, and quality assurance) as well as the context under which these activities occur.

The APS Logic Model has provided a framework for identifying research questions for the multi-phase evaluation and organizing the report.

Exhibit 1.2 Summary of APS Logic Model



Objectives and Research Questions

The analysis in this report is based on the following objectives and research questions:

Objective 1. Understand APS Program Context

- What are the various administrative structures, policies, and practices related to APS program administration, eligibility, and jurisdiction?

Objective 2. Understand APS Reporting and Intake

This objective includes the following research questions:

- What are the various administrative structures, policies, and practices related to **APS Intake**?
- What significant obstacles or problems are APS programs encountering in implementing the intake process and what recent practice innovations and improvements have been implemented to address these obstacles?
- What is the rate of reporting to APS in each APS program relative to the population of adults who are eligible for APS?
- What percentage of referrals reported to APS are screened in for investigation?
- What are the associations of the policies and practices related to **APS Intake** with the overall APS reporting rate and report acceptance rate?
- What are the types of APS programs with common administrative structures, policies, and practices related to **APS Intake**, and how do the system outcomes vary across these types?

Objective 3. Understand APS Investigations

This objective includes the following research questions:

- What are the various administrative structures, policies, and practices related to **APS Investigation**?

- What significant obstacles or problems are APS programs encountering in implementing investigations, and what recent practice innovations and improvements have been implemented to address these obstacles?
- What percentage of APS clients in each APS program are found to be victims[1]?
- What are the associations of the policies and practices related to **APS Investigation** with the substantiation rate and percentage of victims receiving services?
- What are the types of APS programs with common administrative structures, policies, and practices related to **APS Investigation**, and how do the system outcomes vary across these types?

Objective 4. Understand APS Post-Investigation Services

This objective includes the following research questions:

- What are the various administrative structures, policies, and practices related to **APS Post-Investigation Services**?
- What significant obstacles or problems are APS programs encountering in implementing **Post-Investigation Services**, and what recent practice innovations and improvements have been implemented to address these obstacles?
- What percentage of APS victims in each APS program receive post-investigation services?
- What are the associations of the policies and practices related to **APS Post-Investigation Services** with the overall substantiation rate and percentage of victims receiving services?
- What are the types of APS programs with common administrative structures, policies, and practices related to **APS Post-Investigation Services**, and how do the system outcomes vary across these types?

Objective 5. Understand APS Quality Assurance

This objective includes the following research questions:

- What are the various administrative structures, policies, and practices related to **APS Quality Assurance**?
- What significant obstacles or problems are APS programs encountering in implementing **Quality Assurance**, and what recent practice innovations and improvements have been implemented to address these obstacles?
- What are the associations of the policies and practices related to **APS Quality Assurance** with the overall APS reporting rate, report acceptance rate, substantiation rate, and percentage of victims receiving services?
- What are the types of APS programs with common administrative structures, policies, and practices related to **APS Quality Assurance**, and how do the system outcomes vary across these types?

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[1]In this report, based on the definitions in NAMRS, "clients" refers to individuals who are the subject of APS reports and investigations. "Victims" refers to individuals in an APS investigation in which an allegation is substantiated.

Prior Reports: Three Evaluation Components

The APS TARC proposed, and ACL approved, a stepwise approach to the evaluation consisting of three components, implemented beginning in 2017.

Component 1. Review of APS State Policies

For this initial stage of the evaluation, APS TARC conducted a review of APS state policies to document the policy framework of state APS programs. This study provided a foundation of detailed, organized knowledge about the characteristics of each state's APS policies and the commonalities and differences across all state APS programs. The study documented:

- Different policies regarding the state and local administration of APS for adults with disabilities as well as the population of older adults.
- Various policies concerning the basic stages of an APS case as outlined in the APS Logic Model: intake/screening; investigation; post-investigation services; and quality assurance.
- Variations in formal policy definitions of key concepts such as eligible clients; abuse, neglect, APS services, and exploitation; and timeliness of APS responses for both populations.

A team of APS TARC reviewers developed state profiles using extant policy materials to identify and code, in a qualitative research tool, state policy for a predetermined set of research questions. Extant materials included policy manuals, state statutes, rules, websites, and other materials as well as the state's Agency Component data submitted to NAMRS. Each policy profile reflects the availability and nature of the extant materials, which varied considerably. Some of the policy information was supplemented by additional research by the APS TARC. State APS programs had the opportunity to review and revise their individual profiles for both the initial and revised report. For this report, all information for which the Review of APS State Policies was the primary source is cited as *APS Policy Review*.

Component 2. Inventory of State Practices and Service Innovations

To establish a baseline of understanding about APS program practices, Component 2 builds on the Component 1 foundation of understanding of the state policies that guide APS agency practice. Practice implements policy and the nuances of practice influence the outcomes of intervening in cases under a framework of policy. The APS TARC evaluation team developed and implemented an online survey to collect data on the details of APS practice from APS program administrators in each state. The survey aimed to identify practice variations in serving older adults and adults with disabilities, obstacles to meeting policy mandates, geographic differences within states, and innovations or model programs designed to address such obstacles or community-identified needs.

The process of developing the survey, obtaining approval from the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA) process, fielding the survey, and analyzing the resulting data spanned three years. Ultimately, the survey was administered during the spring. The survey had a 100% response rate and yielded a wealth of never-before-collected information about APS practice around the country. For this report, all information gathered from the Inventory of State Practices and Service Innovations is cited as *APS Practice Survey*.

Component 3. Understanding APS Outcomes in a State Context

This evaluation component sought to create an analytical framework to examine state patterns and relationships of APS program characteristics, key policies and practices, and APS system-level outcomes and to gain an understanding of what impacts program effectiveness. In 2019, APS TARC completed the original Component 3 study using variables and data available at that time, which included data from NAMRS and the initial policy profile report (Urban et al., 2019).

For the initial analysis, the study team selected 15 primary APS program characteristics within three domains (Administrative Structure, Reporting, and Investigation) as predictor (or independent) variables, and four APS system outcomes as dependent variables, related to key decision points in an APS case: whether to report, whether to accept the report for investigation, whether to substantiate the report, and whether to provide or refer for services.

The study team computed descriptive statistics for the administrative structures, policies, and practices that characterize each state's APS program (predictor variables) and system-level outcomes. To examine the associations of the program context variables with system-level outcomes, the team conducted statistical tests to determine whether differences between means of these variables for the different groups of states were statistically significant. The study team also conducted an exploratory latent class analysis to examine whether groups of states can be classified into distinct subtypes with similar policies and practices.

During the spring of 2022, the APS TARC team completed an updated report using additional variables from the practice survey, updated policy profile data, and 2020 NAMRS and census data (Urban et al., 2022). Similar to the earlier report, the study included four types of analyses:

Descriptive analysis of predictor (or independent) variables derived from the *APS Policy Review* and *APS Practice Survey* to describe various administrative structures, policies, and practices that characterize each APS program. In addition to the Administrative Structure, Reporting, and Investigation domains, this report also includes predictor variables within the domains of Post-Investigation Services and Quality Assurance that were now available from the *APS Practice Survey* data. Data from the policy profiles and practice survey were converted into discrete variables to use in the bivariate and cluster analysis.

Descriptive analysis of system-level outcomes using NAMRS and census data. These dependent variables are:

- Reporting rate per 1,000 adults
- Percentage of reports accepted
- Percentage of clients found to be victims (overall, self-neglect only cases, perpetrator maltreatment cases)
- Percentage of clients receiving services (overall, self-neglect only cases, perpetrator maltreatment cases)

Bivariate analysis to examine the associations of the predictor variables with system-level outcomes.

Cluster analysis to group APS programs with similar patterns in administration and quality assurance, intake, investigation, and post-investigation services.

For this report, all information based on analyses conducted within Component 3 is cited as *APS Systems Outcomes Analysis*.

Report Purpose and Overview

This report on the National Evaluation synthesizes the analyses of each component. It analyzes the APS system as defined by the APS Logic Model categories (or domains). Therefore, the report consists of the following chapters:

- **Introduction:** Provides an overview of the report, including background, methodology, and limitations.
- **Understand APS Context and Inputs:** What is the administrative and legal framework of APS programs, who do they serve, and what are the key resources used by programs?
- **Understand APS Intake:** How do APS programs screen and accept referrals for investigation?
- **Understand Investigations:** How do APS programs conduct investigations?
- **Understand APS Post-Investigation Services:** How do APS programs plan and deliver services to address maltreatment?
- **Understand APS Quality Assurance:** How do APS programs ensure high-quality casework?
- **Reflections:** Provides a summary and discussion of findings

The unit of analysis for this report is state APS programs. The total potential universe for any analysis is 54. This includes APS programs in all states and the District of Columbia. In three states — Louisiana, Massachusetts, and Pennsylvania — APS is provided in two different programs.[2]

The key elements of information in this report are described below.

Implementation of APS Policies and Practices

Within these chapters, we provide information on the number of APS programs implementing each specific APS policy and practice, as identified by APS TARC staff in the *APS Policy Review* or as reported by APS program administrators on the *APS Practice Survey*. In each chapter, we also provide information on key themes in practice obstacles and innovations as reported by APS program administrators on the *APS Practice Survey* for each of the domains: program administration, intake, investigation, post-investigation, and quality assurance. For many questions, the *Practice Survey* asked about geographic variation in implementation. Unless otherwise noted, programs implementing each practice included in this report reflect responses to the survey indicating that the practice is implemented in all or the majority of local offices statewide. The evaluation team reviewed all data elements with subject matter experts and established rules for recoding in cases of response inconsistency by individual programs.

[2] The U.S. territories are not included in the analysis. Extant policy information was not available from the territories, so they were not included in the *APS Policy Review* or *APS Systems Outcomes Analysis*. They were able to participate in the *APS Practice Survey* and their data are included in the survey results.

Systems Analyses

Exhibit 1.3 provides the definition and descriptive statistics for each system outcome. Throughout these chapters we highlight in call-out boxes notable associations of specific state APS policies and practices with the APS systems outcomes. Because our analyses include the full universe of APS programs in the U.S., rather than a sample of programs, analyses that extrapolate from random samples to parent populations are not directly meaningful (Hirschauer, et al., 2020). Therefore, we are not presenting significance tests (p-values) of differences between groups. However, to aid interpretability, we highlighted the notable findings when groups of APS programs, as defined by a particular policy and practice, differed on one or more of the system outcomes, with a moderate or large effect size indicating a meaningful difference (Sullivan & Feinn, 2012). (These associations raise interesting questions and suggest potential areas to explore in future research on best practices, which are not explored in this report.) Appendices B–E provide detail of the bivariate analyses between the APS system outcomes and specific state APS policies and practices, when moderate or large effect size indicate meaningful differences. The n – number of programs -- for each of the system analyses varies based on availability of policy and practice data.

Exhibit 1.3 APS System Outcomes Definitions and Sources

Reporting rate per 1,000 adults (n=47)

Reports accepted for investigation x 1,000

÷

Number of adults in the state age 18+

The average rate of APS reports per 1,000 adults in the population is 2.9, and ranges from a low of 0.2 to a high of 9.0.

Percentage of reports accepted (n=50)

Reports accepted for investigation

÷

Reports accepted for investigation + Reports not accepted for investigation

The average percentage of reports accepted for investigation by APS programs is 55%, with a range from 5% to 97%.

Percentage of clients found to be victims (n=51)

Number of clients found to be victims

÷

Number of clients who received investigations

The average substantiation rate is 33%. The range is from 1% to 82%.

Percentage of victims receiving services (n=32)

Number of victims who received or were referred for services

÷

Number of clients found to be victims

The average percentage of victims receiving services is 53% with the APS programs spread evenly across a large range, from 0% to 97%.

APS Program Types

Finally, each chapter includes descriptions of potential categories into which APS programs with similar patterns in administration, intake, investigation, and quality assurance can be grouped, based on the cluster analysis conducted as part of the *APS Systems Outcomes Analysis*. While these categories are somewhat speculative,[3] they show how a combination of APS policies and practices within particular domains can contribute to the overall character of an APS program, which may be shared with other programs. The types of programs identified for each domain are shown in Exhibit 1.4 and described in subsequent chapters.

Exhibit 1.4 APS Program Types Based on Cluster Analysis

Types of Administrative Structure

- **Type 1:** State Administered and Controlled (n=35)
- **Type 2:** County Administered and Controlled (n=9)
- **Type 3:** Mixed Administration and Control
  - **Type 3a:** Mixed (County Administered/State Controlled) (n=7)
  - **Type 3b**: Mixed (State Administered/Locally Controlled) (n=3)

Types of Intake Implementation

- **Type 1a:** Decentralized Tool-driven Intake (n= 16)
- **Type 1b:** Decentralized Staff-driven Intake (n=13)
- **Type 2:** Centralized Tool-driven Intake with Assessment Tools (n=25)

Types of Investigation Implementation[4]

- **Type 1:** Implementation of Few Standard Investigation Practices (n=14)
- **Type 2:** Implementation of More Standard Investigation Practices (n=13)

Types of Quality Assurance Implementation

- **Type 1:** Implementation of Few Standard Quality Assurance Practices (n=34 programs)
- **Type 2:** Implementation of More Standard Quality Assurance Practices (n=20 programs)

[3] The cluster analysis modeling process by nature can provide different answers depending on subjective decisions in the analysis method and on the variables included in the model. A team of APS subject matter experts guided this effort, but further work or a different approach could yield different results.

[4] The cluster analysis revealed four types of investigation by APS programs, but the evaluation team determined that only two of them, accounting for 25 of the 54 APS programs, were meaningful for further analysis.

Limitations

APS policy and practice is constantly evolving, so collecting data from states at any point in time is inherently challenging and can be complicated by the context of concurrent historical events.

The survey was fielded during the spring of 2021, one year following the onset of the COVID-19 pandemic. In response to social distancing requirements, APS programs adjusted policy and practice, particularly for investigations, to protect the safety of both clients and staff. While we do not believe the aspects of practice covered by the survey would have significantly changed due to these adjustments, it is important to note that the period during which the survey was fielded was a time of stress and change for APS programs.

In June 2021, after the survey data collection was complete, ACL announced the availability of funds through the American Rescue Plan Act of 2021 (P.L. 117-2) to enhance and improve adult protective services provided by states and local units of government.

Because of this timing, information collected in this survey provides a baseline of state policies and practices prior to any changes that states may have implemented in response to this infusion of federal funds.

For this introductory evaluation study, these findings suggest associations between policies, practices, and system outcomes that warrant further inquiry and raise questions for future research.

Chapter 2. Understand APS Context and Inputs

Introduction

As defined by the APS Logic Model used as a framework for the evaluation, this chapter focuses on the context and inputs of APS programs. This includes the legal/ethical framework in which APS programs operate, the scope of APS programs, how they are organizationally located and administered, and key resources they use.

> **Federal Guidelines**
>
> While the federal government does not provide oversight at present for state APS programs, the Administration for Community Living has established the *Updated National Voluntary Consensus Guidelines for APS Systems*. The *Consensus Guidelines* contain recommendations related to the context of APS programs, including many recommendations related to program administration and training.

APS programs are creations of state and local government. The lack of a dedicated federal funding stream to support state APS programs meant each state developed a program based on state and local needs and resources. The funding that became available through the Social Services Block Grant during the 1980s served as a catalyst for many states to develop their APS programs. Because this is a block grant, states were free to develop programs in ways that fit their culture and needs. This organic growth resulted in diversity in many elements of state programs. Consequently, state legal and ethical frameworks are unique but contain common elements.

While every state has an APS program, there is variation in the populations they serve, the types and definitions of maltreatment they investigate, and the way the programs are administered. APS programs are not located uniformly within state or local government agencies. In most states APS investigations are conducted by state employees, but in others, county agencies or even non-governmental organizations administer the APS program and conduct investigations. These differences are all explored throughout this chapter and report.

Legal/Ethical Framework

APS programs face two significant legal/ethical tensions. First, tension exists between conducting investigations, sometimes in partnership with law enforcement, to determine whether maltreatment occurred while at the same time assessing and addressing the social service needs of clients. As part of each investigation, almost all APS programs indicated they conduct holistic client assessments to determine how to meet their needs and all but one determines a disposition of whether maltreatment occurred. New York uses a purely social services model for APS and only conducts assessments — to determine eligibility for services — rather than investigations. If eligible, assessed individuals become clients and receive services. Conversely, Indiana operates its APS program through district attorney's offices, with the focus on conducting law enforcement-type investigations with dispositions and findings. The wide range of substantiation rates, discussed in the summary of Chapter 4 – Understand APS Investigations, further indicates the wide range of practice. Recently, APS programs have made policy changes or begun projects that move toward the social services end of the assessment-investigation spectrum, particularly for cases of self-neglect.

The second tension lies in protecting clients' safety while ensuring their right to self-determination. Specifically, APS programs indicated they respect the rights of clients to make their own decisions (unless assessed and adjudicated to lack decision-making ability) while simultaneously working to ensure their safety, support their well-being, and address causes and impacts of maltreatment or self-neglect. Since this tension impacts both the culture and policy of APS programs, the *APS Consensus Guidelines* and the National Adult Protective Services Association (NAPSA) both recommend that APS programs adopt guiding ethical principles. Thirty-seven programs indicate they have adopted such principles. The box to the right provides a program example.

Hawaii's Guiding Principles

APS believes that competent adults have a right to decide where and how they live and what assistance to accept in their lives. APS workers respect an individual's right to self-determination and victims have the right to refuse services offered. If a vulnerable adult has the capacity to consent to receiving services, he/she also has the right to participate in all decisions about his or her welfare, choose the least restrictive alternatives, refuse medical treatment, and withdraw from protective services.

The following key policy and practice questions documented APS programs' efforts to balance these priorities:

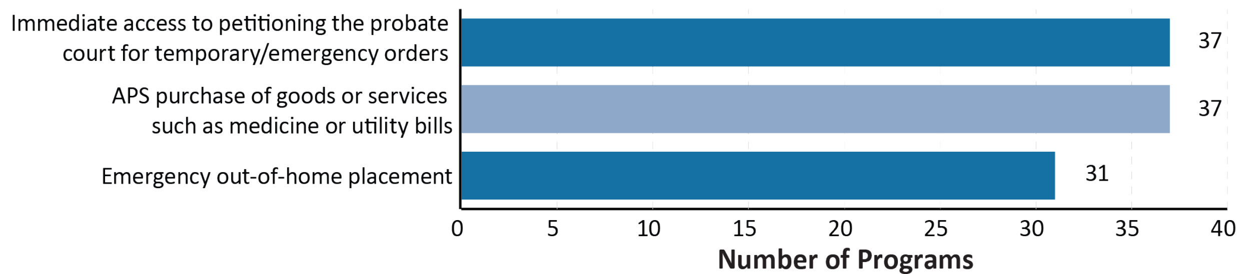
- Can an alleged victim refuse an **investigation** if they have capacity to make decisions?
- Can an alleged victim refuse **services** if they have capacity to make decisions?
- What is state policy regarding involuntary interventions for APS clients (e.g., emergency protective orders)?

If a client with decision-making ability refuses to cooperate with an investigation, APS program response varies: The majority (27) of APS programs will continue the investigation as best they can, while 18 programs would close the investigation, and seven programs will continue only under certain circumstances (with information not available from two programs). APS victims with decision-making ability can refuse services in every state. When this happens, APS will try to work with the victim to find a way to address the maltreatment but will ultimately close a case without providing services.

As shown in Exhibit 2.1, most APS programs are authorized to provide emergency interventions when the investigation determines this is necessary to address a client's immediate safety or emergency needs. Emergency interventions could include:

- Immediate access to petitioning the probate court for temporary/emergency orders (37 programs).
- APS purchase of goods or services such as medicine or utility bills (authorized in 37 programs).
- Emergency out-of-home placement (authorized in 31 programs with appropriate judicial approval).

Exhibit 2.1 Emergency Intervention Available to APS to Address Immediate Safety or Emergency Needs



Source: APS Practice Survey.

Scope of APS Programs

Population Served

APS programs investigate older adults and adults with a disability who are reported as being subject to maltreatment by others or through self-neglect. Allegations of maltreatment are reported to APS agencies by family members, mandated professionals (e.g., bank or doctor), and the public.

Definition of Eligibility

State APS programs use age and the concept of disability, dependency, or vulnerability to define the populations they serve. In some programs, being an older adult (age 60+ or 65+) is the only criterion for who they serve; in others, it is a combination of age and disability, dependency, or vulnerability. State programs that serve younger adults (age 18-59 or 18-64) always require disability, dependency, or vulnerability as a criterion. Specifically, as shown in Exhibit 2.2:

- 33 programs serve adults (age 18+) with disabilities regardless of age. This is the largest eligibility category.
- 12 programs serve older adults (either age 60 and older or age 65 and older) regardless of disability status and younger adults with a disability.
- Four program serve only older adults regardless of disability status.
- Two states serve only older adults with a disability.
- Three states have programs that only serve younger adults (age 18-59) with disabilities.

Systems Analysis

Programs in which young adults with disabilities are eligible for APS have higher reporting rates,[5] a lower percentage of reports accepted,[6] and a lower percentage of clients found to be victims[7] than in programs in which they are not.

Programs in which older adults require a disability to be eligible for APS have a lower reporting rate[8] and a lower percentage of clients found to be victims[9] than programs that do not require older adults to have a disability.

[5] See Appendix B, Table B–2. Mean Reporting Rate per 1,000 Adults by Scope of APS Programs.
[6] See Appendix C, Table C–2. Percentage of Reports Accepted by Scope of APS Program.
[7] See Appendix D, Table D–2. Percentage of Clients Found to Be Victims by Scope of APS Programs.
[8] See Appendix B, Table B–2. Mean Reporting Rate per 1,000 Adults by Scope of APS Programs.
[9] See Appendix D, Table D–2. Percentage of Clients Found to Be Victims by Scope of APS Programs.

The definitions of disability, dependency, or vulnerability vary greatly across programs. The most frequently used label is “vulnerable” (22 states). Five states use “incapacitated/incapable” and two use “impaired.” The box below provides some examples of how state policies define vulnerable adults.

Exhibit 2.2 APS Eligibility by Disability Requirements

		Young Adults with Disability Served		
		No	Yes	Total
Older Adults Require Disability	**No**	APS serves only older adults regardless of disability status. **4 programs**	APS serves older adults (either age 60 and older or age 65 and older) regardless of disability status and younger adults with a disability. **12 programs**	Older adults do not require a disability to be eligible for APS. **16 programs**
	Yes	APS serves only older adults with a disability. **2 programs**	APS serves adults (age 18+) with disabilities regardless of age. This is the largest eligibility category. **33 programs**	Older adults require a disability to be eligible for APS. **35 programs**
	N/A		APS serves younger adults (age 18-59) with disabilities. **3 programs**	Program does not serve older adults. **3 programs**
	Total	Younger adults with disabilities are not eligible for APS. **6 programs**	Young adults with disabilities are eligible for APS. **48 programs**	**54 APS programs**

Examples of How APS Programs Define Vulnerability

- An individual who is 18 years of age or older and who is unable to protect himself from abuse, neglect, or exploitation by others because of a physical or mental impairment (Arizona).
- A person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction (Florida).
- An individual 18 years of age and older who is at risk of self-harm or harm from another individual due to physical, emotional, or mental impairments that severely limit his/her ability to manage his/her home, personal, or financial affairs (Kansas).
- When a disability grossly and chronically diminishes an adult’s physical or mental ability to live independently or provide self-care as determined through observation, diagnosis, evaluation, or assessment (Texas).

Facility/Provider Investigations

Responsibility for investigations involving residents of residential facilities or other types of providers varies across APS programs. Most APS programs will investigate allegations not involving the facility or its staff, and a few APS programs investigate allegations involving the staff of the facility:

- In 42 states, APS investigates allegations of abuse, neglect, or exploitation when they occur in residential facilities in all (19) or some (23) situations. Some state policies specify which types of facilities (e.g., licensed or unlicensed), while others are more general.
- In 11 states, APS never investigates allegations of abuse, neglect, or exploitation in facilities.

Systems Analysis

Substantiation rates are higher in APS programs that never investigate allegations of maltreatment in facilities compared with programs that always investigate allegations of maltreatment in facilities.[10]

Specialization by Population

The APS Practice Survey asked programs in each of the domains to "describe any variations in … practices designed for specific populations, such as persons with disabilities or residents of facilities served by the APS program." While many of the responses did not directly address the question, it was clear that APS programs generally do not make distinctions in practice for different populations in intake, investigations, and services. The most notable exception is when a few programs conduct investigations in facilities, whose population is different than APS clients in the community. Even then, the difference in the investigation is due to the setting rather than the population. Additionally, a few APS programs noted that the intake process may use interpreters or special equipment when needed for certain populations.

At the start of the evaluation, the APS TARC conducted a literature review on the maltreatment of adults with disabilities. More than 120 articles were reviewed and more than 30 articles from the past 20 years were reviewed in depth. Many articles discussed protection or abuse of adults in general and did not discuss the population of persons with disabilities. The review focused primarily on adults with disabilities, aged 18-64 years, and living in non-institutional settings in the United States. The key findings are shown in the box below. Appendix F provides a complete summary of the report.

[10] See Appendix D, Table D–2. Percentage of Clients Found to Be Victims by Scope of APS Programs.

Key Findings of Disability Literature Review

- Few national studies included questions on maltreatment other than interpersonal violence. The distinction was not always clear in the research between interpersonal violence (including intimate partner violence) that would become the responsibility of APS and that which would not become the responsibility of APS.
- The literature clearly demonstrates that persons with disabilities are the subject of abuse.
- The literature is not clear on which personal vulnerabilities pose the most risk of abuse, independent of characteristics of perpetrators of abuse and neglect.
- Only two studies used administrative data sets of service provider agencies.
- More consistent measurement and definitions and more precise identification of types of disabilities and types of maltreatment will be needed to achieve the goal of utility and relevance for practitioners, researchers, and policymakers.

Maltreatment Types

While the specific types of maltreatment and how they are defined vary, there is a common set of maltreatment types across most states:

- All 54 programs investigate allegations of neglect and physical abuse.
- Nearly all states investigate allegations of:
    - Self-neglect (51programs)
    - Sexual abuse (52 programs)
    - Financial exploitation (46 programs)
    - Emotional abuse (45 programs)
- Less than half the states indicate that they use the following maltreatment type categories: non-specific exploitation, abandonment, other maltreatment, and suspicious death.
- Most APS programs (42) investigate six or more types of maltreatment.

Systems Analysis

APS programs with a comprehensive definition of maltreatment (six or more types) have a higher percentage of reports accepted by APS on average than programs with a more limited definition of maltreatment.[11]

Most APS programs investigate self-neglect; those that do have higher substantiation rates on average than programs that do not investigate self-neglect.[12] This is consistent with other analyses that showed a higher substantiation rate for self-neglect (39%) than maltreatment by a perpetrator (28%) (Urban et al, 2022).

[11]See Appendix C, Table C–2. Percentage of Reports Accepted by Scope of APS Program.
[12]See Appendix D, Table D–2. Percentage of Clients Found to Be Victims by Scope of APS Programs.

Disposition and Standard of Evidence

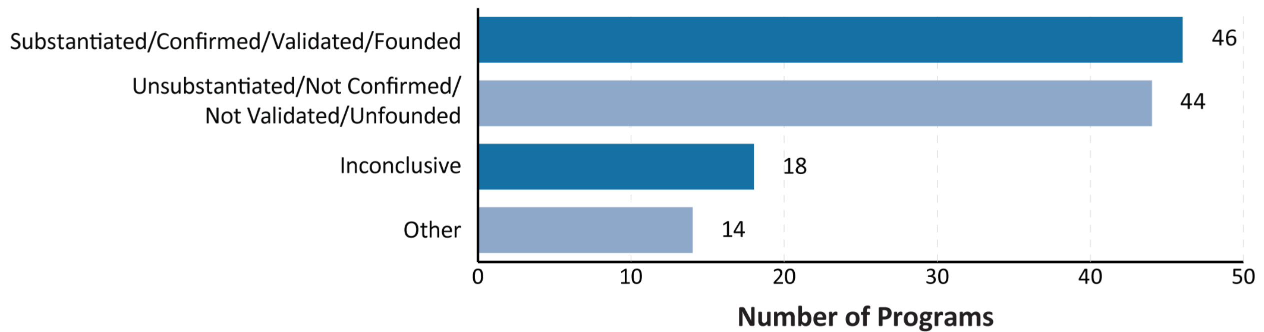
Investigations of APS reports involve an assessment of the client's potential service needs as well as a finding, or disposition, on the validity of the allegations. In all but one program, the investigation determines a disposition. Disposition types (or equivalent terms) are typically unsubstantiated, substantiated, inconclusive, and other. In most programs, a report does not need to be substantiated for APS to assist the client with finding resources to address unmet needs. Exhibit 2.3 shows the number of programs that use each disposition category.

Systems Analysis

Programs with standard of evidence of credible, reasonable, or probable cause have much higher substantiation rates than programs with more stringent standards of evidence (e.g., clear and convincing or preponderance of evidence).[13]

Almost all programs use the typical categories of substantiated and unsubstantiated. Fifteen programs have a disposition category of inconclusive (or similar terminology) in which an affirming or non-affirming finding could not be determined. As noted above, New York does not substantiate allegations but determines risk before providing services and another state only substantiates in cases that are referred to law enforcement. Substantiation rates vary considerably across the programs and are discussed in the System Outcome analysis at the end of Chapter 4 – Understand APS Investigations.

Exhibit 2.3 APS Disposition Categories



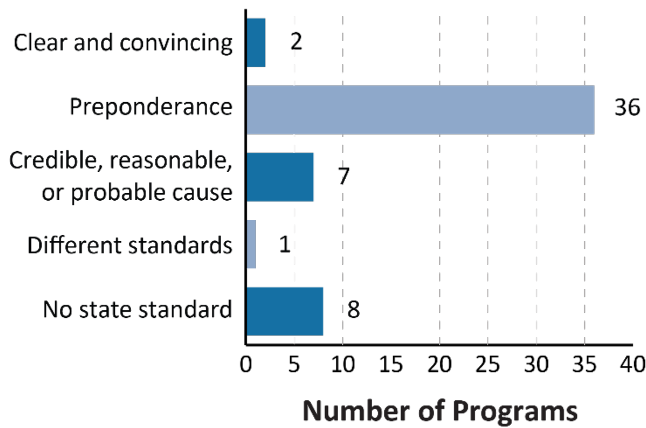
Source: APS Policy Profiles. Note: Data not available for seven programs.

[13]See Appendix D, Table D–2. Percentage of Clients Found to Be Victims by Scope of APS Programs.

APS programs generally do not use a tool or have a defined process for making determination of findings, relying instead on policy, training, and case consultations. Only 22 states have a tool or process for making determinations.

Exhibit 2.4 shows the standard of evidence used for substantiating an allegation of maltreatment. Most states (36) use a preponderance of evidence, while eight states did not have (or did not indicate) a standard of evidence.

Exhibit 2.4 Standard of Evidence for Dispositions



Source: APS Policy Profiles.

Disposition Determination Process Examples

Two programs succinctly summarized their disposition determination process in a way common to many APS programs:

- The process for the investigation is in rule and is taught to all new workers. It involves weighing evidence and interviews, credibility of witnesses and evidence, and determining if the evidence supports a substantiated finding by a preponderance of evidence.
- Workers make a reasonable assumption based on evidence gathered during the investigative process to determine if allegations will be substantiated. All allegations substantiated are done in conjunction with the supervisor.

APS Program Administration

Agency Location and Control

The administrative placement of an APS program can have significant influence on its culture and support systems, such as information technology (IT) and legal support. Agency location is defined by two factors: how the system is administered (state vs. locally administered) and where in state government the APS agency is located. We chose three categories to identify location in state government: if the APS program is in the same agency (or division in the case of large agencies) with the state unit on aging services, with the child welfare services, or other. Exhibit 2.5 shows that the most common location is with the aging services and other health and human services and not with child welfare. In 38 APS programs, state employees conduct investigations; local or non-government employees conduct investigations in the remaining programs.

Exhibit 2.5 Location and Administration of APS Programs

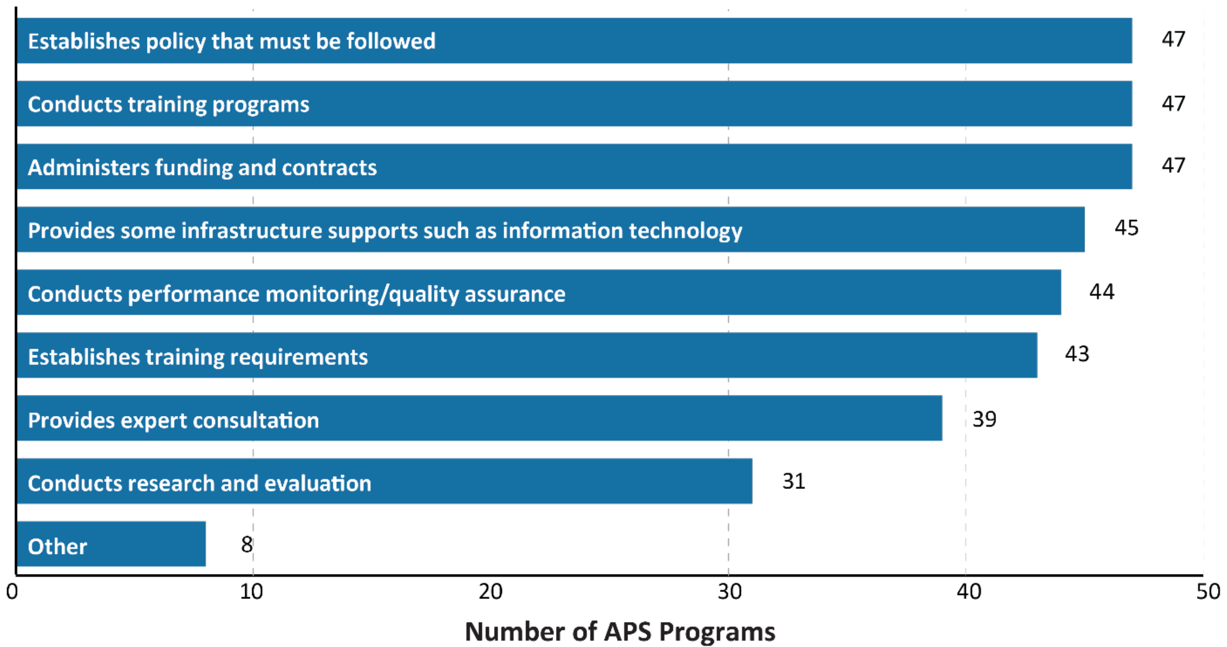
Located In/With	APS Investigations Conducted by State Employees	APS Investigations Conducted by Local Employees	Total APS Programs
Aging Services (State Unit on Aging)	9	11	20
Social Services (Child Welfare)	11	3	14
Other HHS Agency	18	2	20
Total	**38**	**16**	**54**

Source: APS Practice Survey, APS Policy Profiles, and additional research.

Regardless of administrative location, APS programs differ in the amount and type of control the state exerts over local programs. In most APS programs (42) the state office exerts significant control over local APS operations, while state control is moderate (nine) or limited (three) in fewer programs.

Exhibit 2.6 indicates the methods the state uses to influence local operations. In almost all APS programs, the state establishes policy, conducts training, administers funding/contracts, and provides IT infrastructure support.

Exhibit 2.6 Methods of State Office Support for Casework Practice Local Offices



Source: APS Practice Survey.

Other ways in which the state office affects casework practice and support local offices include:

- Following up on APS client and departmental (internal and external) complaints.
- Responding to and/or requesting statutory changes and/or budget requests.
- Coordinating with other state-level agencies.
- Overseeing pre-employment screening (APS registry).
- Establishing a monitoring/quality assurance program.

Program Obstacles and Innovations

On the APS Practice Survey, APS programs reported obstacles and recent innovations or improvements to program administration. The most prevalent theme — cited 27 times — was the need for mechanisms to ensure greater consistency in practice. Specific obstacles include lack of resources for oversight in general or quality assurance processes specifically, differing policy interpretation, not enough supervisors, and differences between and lack of authority over local programs. The box below outlines some of the specific concerns and the description of one program's solution.

Oversight and consistency were also the focus of recent innovations in program administration: APS programs have been implementing various types of improvements — cited 26 times — to improve oversight and consistency in casework. New or improved case management systems and quality assurance processes were the most frequently cited examples. Improved policy was cited 18 times as a recent innovation, including aligning statute and practice, reviewing policy manuals, and aligning with the *APS Consensus Guidelines* on specific policy changes.

Example Quotes of Concerns with Oversight and Inconsistency in Practice

- Various interpretations of cultural protocols
- Equal adherence to policy with nearly 30 supervisors covering 159 counties; local customs and "the way we do things" sometimes trumps state policy
- Differences in urban, suburban, and rural local offices
- Telework does not allow for as much oversight
- Entrenched practices and attitudes of long-term staff are sometimes difficult to change
- When new positions are allocated to local offices for APS investigations, a proportionate amount of Central Office positions for statewide training, policy development, quality assurance, and technical support are rarely allocated
- Inconsistent application of policy among the 120 local departments can result in programmatic confusion and data issues

Innovation Example: Two new "Report Review" positions were created at the state level to review investigative reports, identify needed corrections and clarifications, provide feedback and technical assistance to the field on report writing, and assess the ability of the report to withstand scrutiny in the event of an administrative or civil hearing.

APS Workforce

Staffing

The *APS Consensus Guidelines* recommend that "APS systems be provided with sufficient resources to ensure that staffing is adequate to serve the target population and fulfill mandates." In addition to staff who receive intake, conduct investigations, and plan services, the *APS Consensus Guidelines* emphasize the importance of supervisors, who review and approve cases during critical junctures, and provide training, guidance, and mentorship to staff. Most APS programs have staff dedicated only to APS, while some programs share staff responsibilities with other programs or processes. For example, a state may use staff who investigate both APS and child protective services cases. In some programs, supervisors may also conduct investigations.

On the APS Practice Survey, APS programs reported obstacles and recent innovations or improvements to hiring and retaining workers. APS programs indicated that increased staffing and more well-developed staff specializations are areas of recent innovation.

Workforce issues are a major challenge for APS programs. The multiple workforce issues cited as obstacles included:

- Lack of funding for positions, salaries, and services
- Recruitment and retention of staff
- Heavy caseloads
- Not enough time for training
- Need for specialized training

Education and Training

The *APS Consensus Guidelines* recommend that "APS direct service personnel and supervisors be qualified by training and experience to deliver adult protective services. It is recommended that states institute minimum qualifications for APS workers and supervisors." They specifically recommend, at minimum, workers should have an undergraduate degree. Forty-three APS programs require a bachelor's degree for all caseworkers statewide, and of these, two also require a master's degree or equivalent experience.

Systems Analysis

In programs that require bachelor's degrees for all caseworkers a higher percentage of victims receive services.[14]

Given the complexity of APS work, training plays a critical role in job satisfaction and worker retention. A recent innovation, indicated by 15 programs, is developing and/or providing APS-specific staff training at all levels. The *APS Consensus Guidelines* recommend that APS worker training should include four important components or phases, detailed in Exhibit 2.7.

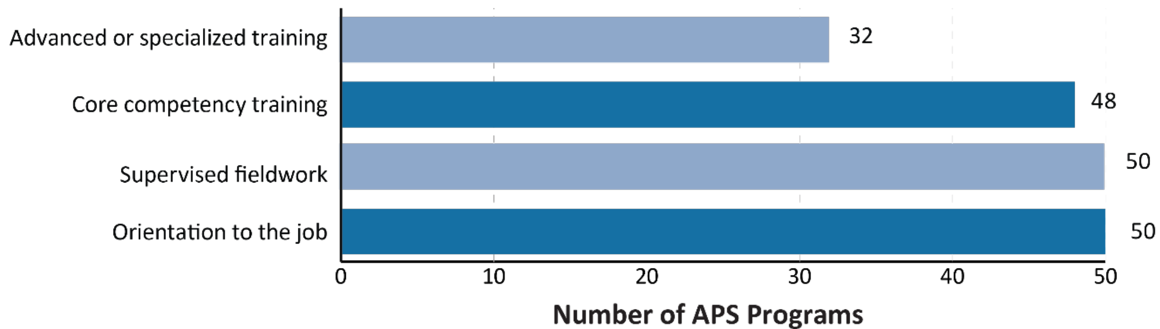
Systems Analysis

Programs providing advanced or specialized training for caseworkers have a higher reporting rate[15] and a higher percentage of victims who receive services.[16]

To promote skillful, culturally competent, and consistent APS practice, training must be structured, comprehensive, and standardized. Guided supervised fieldwork promotes transfer of learning from training to actual practice.

Exhibit 2.7 details the caseworker training process components or phases. Once on the job, most APS programs provide caseworkers with foundational training, orientation to the job, and core competency training. Most also offer supervised fieldwork to new staff. Fewer programs offer advanced or specialized training.

Exhibit 2.7 APS Worker Training Process Components or Phases



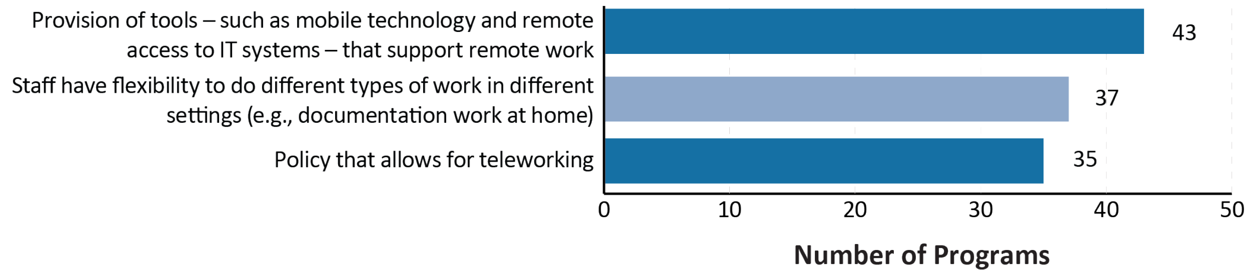
Source: APS Practice Survey.

[14] See Appendix E, Table E–4. Percentage of Victims Receiving Services by APS Workforce.
[15] See Appendix B, Table B–5. Mean Reporting Rate per 1,000 Adults by APS Worker Training Components.
[16] See Appendix E, Table E–5. Percentage of Victims Receiving Services by APS Worker Training Components.

Remote Work

While much of APS work is in the field and relies heavily on in-person communication in conducting investigations, the COVID-19 pandemic forced APS programs to expand their use of remote (out of the office) work. Exhibit 2.8 shows that 43 APS programs provide tools to support remote work, while 37 provide staff with flexibility to perform different types of work in different settings, and 35 have policy that allows for teleworking.

Exhibit 2.8 Ways Remote Work Is Supported[17]



Source: APS Practice Survey.

Several programs identified as a recent innovation the use of telework and/or flexible schedules as an option to support staff job satisfaction and retention, including the increased use of technology such as laptops, smartphones, cloud-based file sharing, and communication platforms.

Types of Programs

Based on the cluster analysis, APS programs can be grouped into three categories based on their administrative structure:

- Type 1: State Administered and Controlled (n=35)
- Type 2: County Administered and Controlled (n=9)
- Type 3: Mixed Administration and Control (n=10)
    - Group 3a: Mixed (County Administered/State Controlled) (n=7)
    - Group 3b: Mixed (State Administered/Locally Controlled) (n=3)

Whether the program is state or locally administered and the amount of control the state has over the program were found to define program administration most strongly.[18] These types did not differ greatly in their eligibility policies or maltreatment definitions. Exhibit 2.9 compares the system outcomes for the APS programs within each type, with the following insights:

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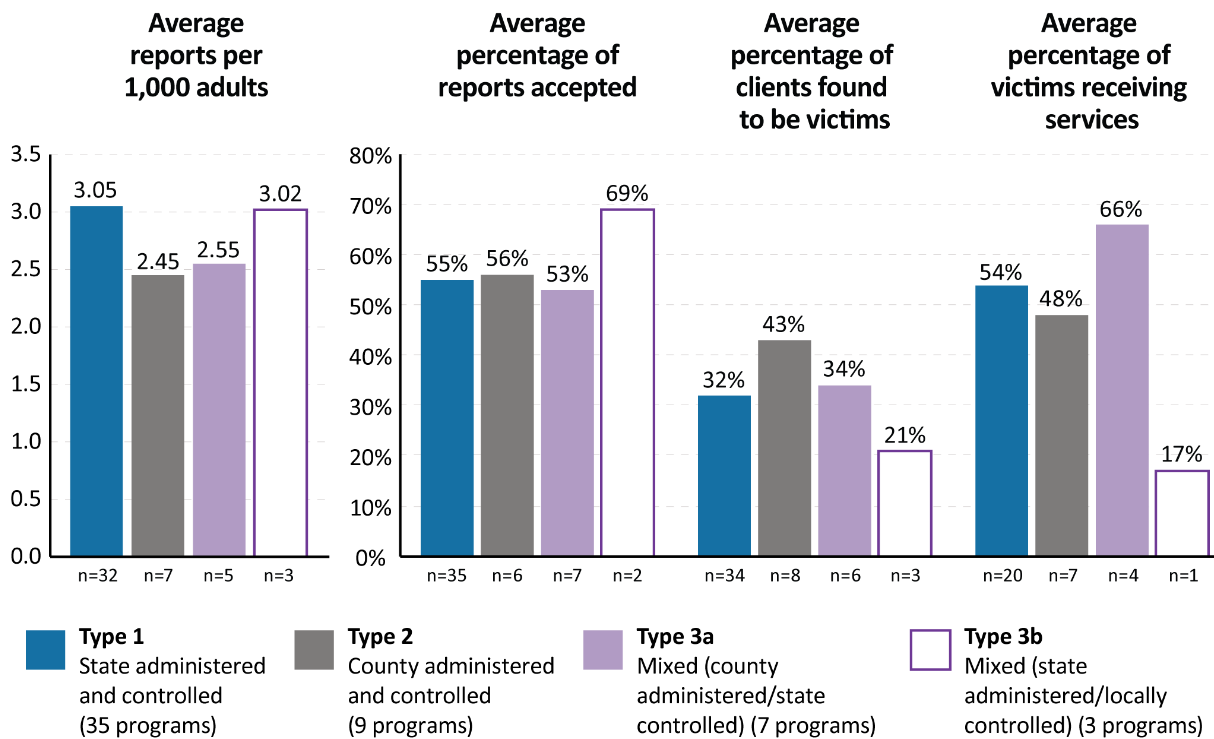
[17] The survey specifically asked: “Does the APS program support the use of remote (out of office) workers in each of the following ways? Note: this question refers to typical practice and not temporary provisions due to the COVID-19 pandemic. If you anticipate that you will use a remote work model after the pandemic similar to the one that you are using during the pandemic, then assume that is your typical practice.”

[18] State and county administered is based on a survey question what type of employees administer the APS program. Control is based on survey questions about state control over local programs and/or staff.

- Reporting rate is similar across all types.[19]
- Systems outcomes for the three state-administered/locally controlled programs differ the most from the other administrative structures. It has the highest percentage of reports accepted,[20] but the lowest substantiation rate.[21]
- County administered/state-controlled programs provide services to the highest percentage of victims compared with the other types.[22]
- County administered APS programs with limited state control have a lower reporting rate[23] than state administered APS programs with significant state control and find a higher percentage of clients to be victims.[24]

Exhibit 2.9. System Outcomes for Administration Types



Source: APS Systems Analysis.

[19] See Appendix B, Table B–6. Mean Reporting Rate per 1,000 Adults by Administrative Structure Type.
[20] See Appendix C, Table C–6. Percentage of Reports Accepted by Administrative Structure Type.
[21] See Appendix D, Table D–6. Percentage of Clients Found to Be Victims by Administrative Structure Type.
[22] See Appendix E, Table E–6. Percentage of Victims Receiving Services by Administrative Structure Type.
[23] See Appendix B, Table B–6. Mean Reporting Rate per 1,000 Adults by Administrative Structure Type.
[24] See Appendix D, Table D–6. Percentage of Clients Found to Be Victims by Administrative Structure Type.

Summary and Conclusion

Policy and Practice Overview

While age groups and disability status requirements vary, 34 of the programs define the eligible population as adults of any age with a disability. Forty-two APS programs conduct investigations of six or more types of maltreatment, with almost all investigating neglect, physical and sexual abuse, and self-neglect. The APS Practice Survey asked whether practice varies by different populations (e.g., persons with disabilities) for intake, investigation, or post-investigation services. Based on the responses, APS practice does not vary for different populations, except in some programs that conduct investigations in nursing facilities. APS programs are administratively co-located with state units on aging (20 programs), child welfare (14 programs), or other programs (20). State employees conduct investigations in 70% of the programs, while county employees do so in most other programs, and local subcontractors conduct investigations in a few programs.

Most programs have principles that emphasize the rights of clients, while also having the authority to provide emergency intervention services with judicial approval for clients who lack decision-making ability.

Almost all programs provide core competency, job orientation, and supervised fieldwork training, but only 32 provide advance or specialized training. APS programs cite major workforce challenges in funding of positions, salaries, staffing (recruitment and retention), caseloads, time for training, and need for specialized training.

Obstacles and Innovations Summary

The most frequently identified obstacle for APS administration is the need for mechanisms to ensure greater consistency in practice, whether due to policy interpretation or regional practice. Specific obstacles include lack of resources for oversight or quality assurance process, not enough supervisors, and lack of authority over local programs. Several different types of technology and training needs were identified. Finally, there was a general need for more staffing to address caseload/workload issues. Programs identified recent innovations in the same areas as obstacles, including improving program oversight and consistency in casework, training programs, and use of technology, particularly enhancement of case management systems. In addition, programs identified innovations in use of remote work and other approaches to staff retention.

One Program's Recent Innovation

"2019 implementation of a statewide, centralized, web-based APS database. Implementing CAM has created opportunities for standardization of policy and work practices across local offices, and opportunities to conduct quality assurance reviews on completed work that previously was not 'visible' to state program administrators."

Chapter 3. Understand APS Intake

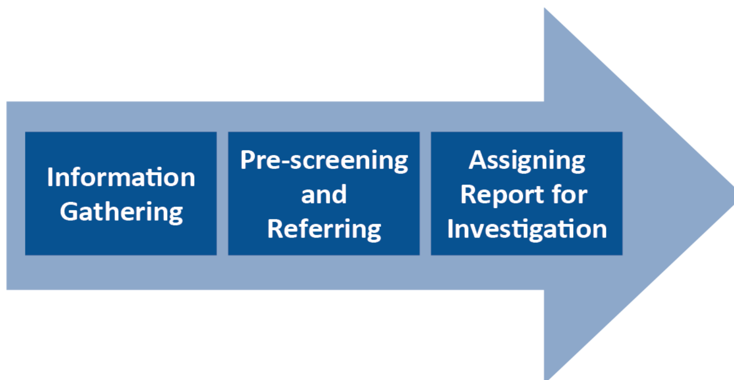
Introduction and Overview

APS programs receive reports of maltreatment through the intake process. APS intake consists of gathering information from reporters, screening reports to determine if they are appropriate for investigation or referral to another agency for services and assigning reports to staff for investigation. Programs receive reports via a variety of different methods including, but not limited to, phone, online form submissions, in-person meetings (walk-ins), mail, or fax. Regardless of the means of receipt, APS programs collect basic information to create an intake report. Exhibit 3.1 outlines the basic flow of the intake process.

Federal Guidelines

The *APS Consensus Guidelines* recommend "that APS systems have a systematic method, means, and ability to promptly receive reports of alleged maltreatment." Reports should be received through "multiple methods" 24/7 every day of the week by APS staff with a standardized process for documenting the report. Intake should include "standardized screening, triaging, and case assignment protocols."

Exhibit 3.1. The APS Intake Process Flow



Generally, the APS intake process includes the following elements and steps:

- Gather information to establish the initial case record
- Gather information to help make initial case decisions:
  - Do the allegations meet definitions of maltreatment?
  - Does the alleged victim meet program eligibility criteria?
  - What should be the priority level for case initiation?
  - Who should the case be assigned to (e.g., what staff or unit)?

For some maltreatment reports, further research is needed to determine whether the alleged victim and allegation(s) meet eligibility criteria. Intake or field staff may need to follow up with the reporter to collect additional information, especially if the initial report was not received via phone.

This chapter discusses various aspects of the intake process, including information on who conducts intakes and how they conduct them.

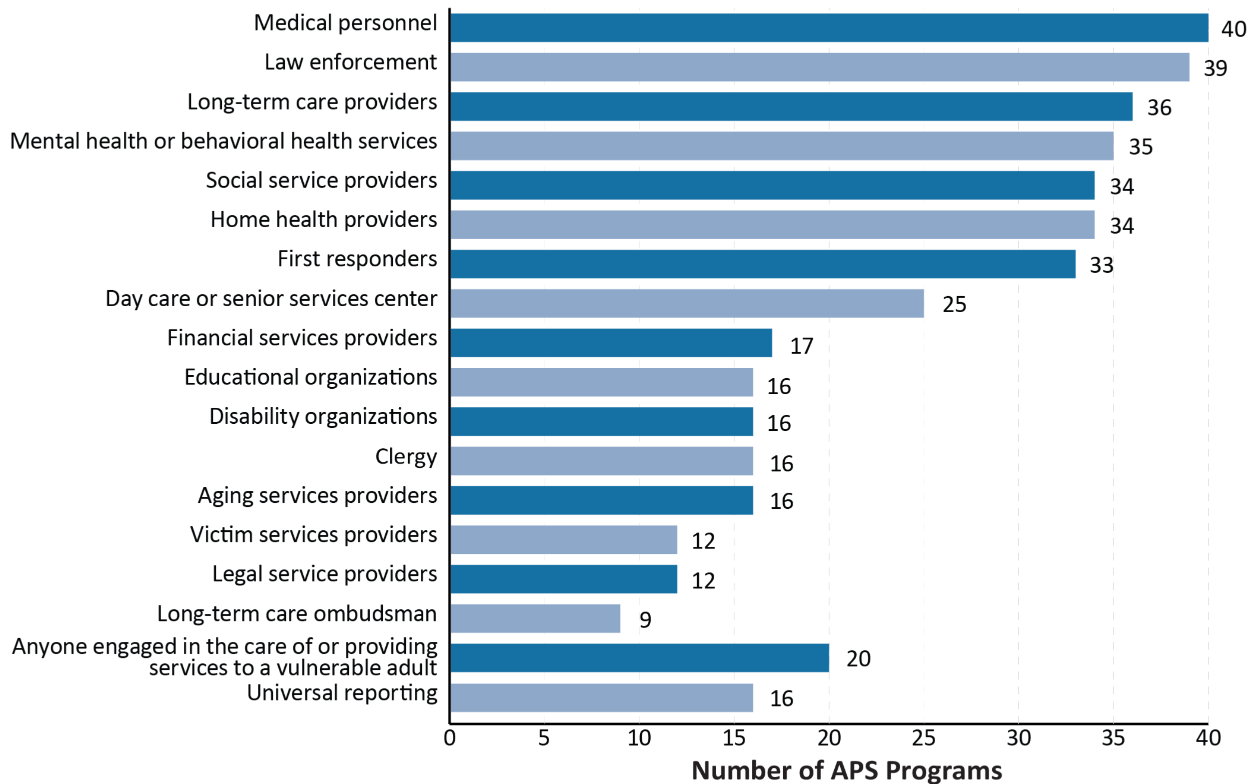
Reporters

While anyone may make a report to APS, state law typically identifies individuals who are mandated to report allegations of maltreatment. The mandate to report allegations may be universal (everyone is required to report), targeted to particular professions, or both. The *Consensus Guidelines* recommend that "states require mandatory reporting to APS by members of certain professions and industries who, because of the nature of their roles, are more likely to be aware of maltreatment. It is recommended that employees, contractors, paraprofessionals, and volunteers be mandated to report."

Exhibit 3.2 details which professionals and community members in each state are designated as mandatory reporters.

- Sixteen states have universal reporting.
- The medical and law enforcement communities are the most frequent mandated reporters.
- Most states require other types of professional staff to report maltreatment.
- There is great diversity across the states — for example:
  - One state does not require mandatory reporting of maltreatment.
  - Some states detail who is a mandatory reporter, including four programs that identify as many as 17 different types of mandatory reporters in policy.

Exhibit 3.2. Who Are Mandatory Reporters?



Source: APS Policy Review.

Thirty-four programs have partnership arrangements (including formal agreements or projects), either at the state or local level, with the medical community to help ensure reporting of maltreatment and 37 states have arrangements with the financial community.

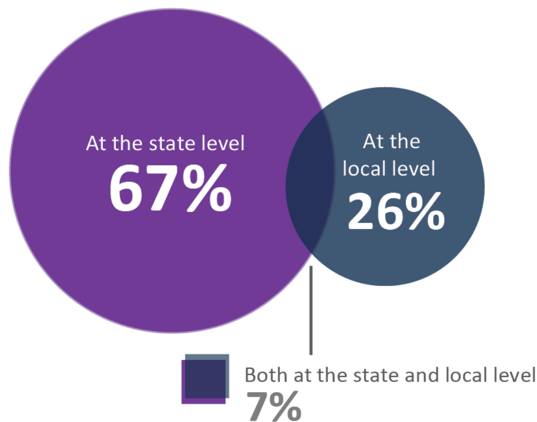
Despite these arrangements, 14 different APS programs identified the need for a better understanding of how to report adult maltreatment and additional education for community agencies to improve the quality of the reports. (The APS Practice Survey asked about innovations and obstacles in the intake process.) APS programs struggle with obtaining all the necessary information from reporters to create a report, as reporters often have too little information or do not understand the scope of APS's authority.

Intake Location

APS programs conduct intakes within state or local government agencies or contract entities. The APS program may conduct intakes or the process may also be combined with intakes for related programs, such as child protective services.

As shown in Exhibit 3.3, two-thirds of APS programs have a centralized intake location at the state level. The intake process is "APS only" in 23 programs, is combined with other programs in 22 states, varies by locality in seven programs, and is unknown in two programs.

Exhibit 3.3. Where Do APS Programs Receive Reports Alleging Maltreatment of Adults?



Source: APS Practice Survey.

Systems Analysis

Programs conducting intake at both the state and local level accepted a higher percentage of reports on average than programs conducting intakes at only the state or local level.[25]

Programs That Share Intake Processes with APS

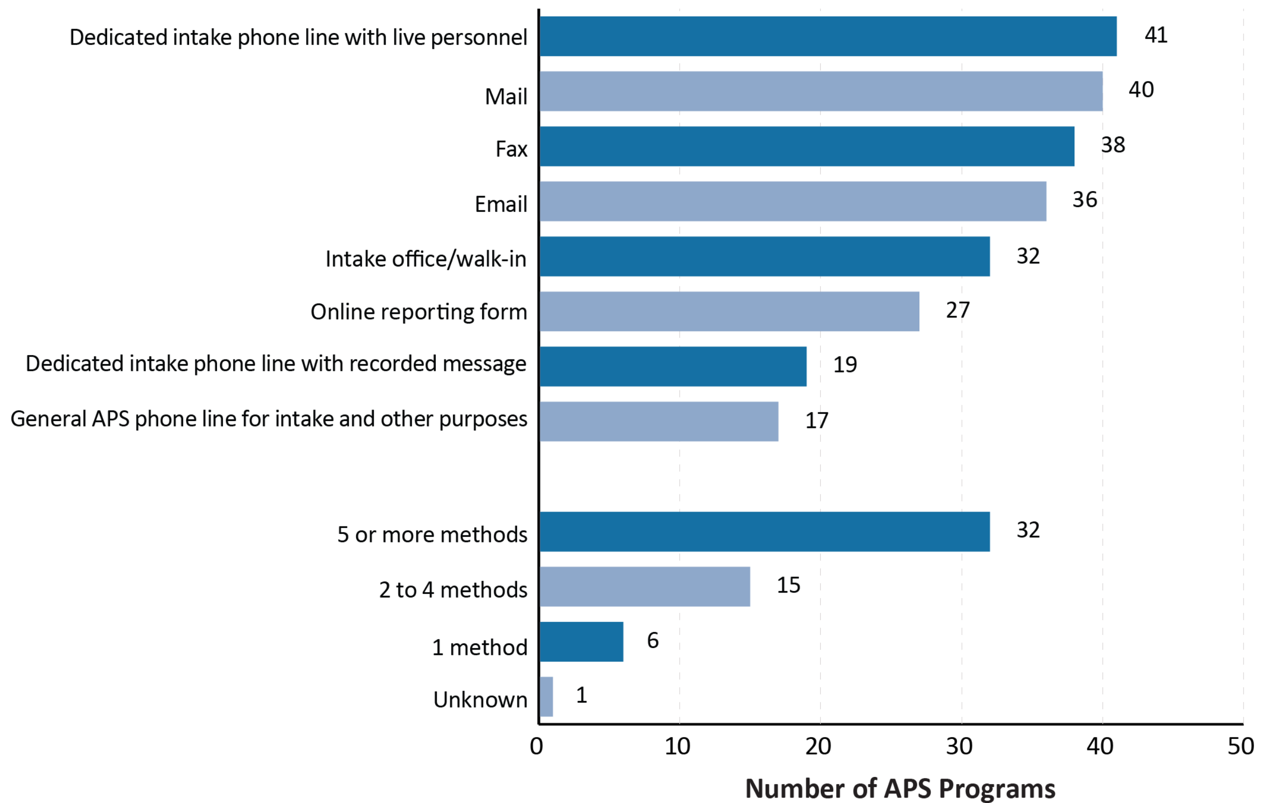
- Aging and Disability Resource Center
- Child Protective Services and other youth services/child welfare
- Suicide or crisis hotline

[25] See Appendix C, Table C–8. Percentage of Reports Accepted by Intake Location and Methods.

Reporting Methods and Operational Hours

The *APS Consensus Guidelines* "recommend that APS systems establish multiple methods for receiving reports of alleged maltreatment 24 hours a day, 7 days a week (e.g., toll-free telephone hotline, teletypewriter [TTY], fax, web-based)." As shown in Exhibit 3.4, most APS programs use multiple methods to receive intakes. The method used by the most programs is a dedicated phone line, followed closely by mail, fax, and email. This flexibility makes it easier for a reporter to choose a method and time they are comfortable with reporting and increases the likelihood a report is made when maltreatment is suspected. Twenty-nine programs meet the *Consensus Guidelines* recommendation of a 24/7 intake.

Exhibit 3.4. Methods Used to Receive Intakes



Source: APS Practice Survey.

APS programs often struggle with meeting intake demand. The obstacle identified the most frequently – 24 times – by APS programs was various issues around workload for intake staff, from increasing call volume, a lack of staff, intake only during normal business hours, turnover, and lack of dedicated intake specialists. Reduced business hours are tied to staffing limitations and result in programs' inability to respond effectively to maltreatment reports from the community. Programs indicated call wait times are increasing due to lack of staff to take reports and reporters are disconnecting the calls prematurely, thus maltreatment may be going unreported.

APS programs also identified a lack of staff training as an obstacle in the intake process. Programs cited a need for additional training for hotline staff on the dynamics of adult maltreatment to ensure that sufficient detail is documented in the report to support the screening determination and inform the next stages of the

investigation. Nine states identified implementation of a centralized intake as a recent key innovation; others reported improved online reporting, implementation of a new phone system, and adding after hours reporting. Conversely, APS programs identified — 11 times — the need to improve their systems for intakes, including improved case management systems, the need for a hotline, and ability to take online reports. Fourteen APS programs listed database or case management improvements that enhance processes such as report quality, automation, standardization, report generation, data sharing, and streamlined processes. Some states added online reporting. Many states improved their data systems, online reporting forms, and phone systems to enhance data collection and reduce redundancy.

Staffing

When maltreatment is reported, a staff member responsible for intake collects the necessary information about the incident, client, and alleged perpetrator. Once the information regarding a maltreatment incident is captured, the intake center or program decides if the alleged victim and alleged maltreatment meet criteria for investigation, which agency is responsible for investigation, and the priority response level. APS programs vary in the type of staff who conduct intakes, make decisions about whether to accept reports for investigation, and assign the report to investigation staff.

- **Who conducts intakes?** In 10 programs, APS intakes are conducted exclusively by APS staff. In 20 programs, only non-APS staff conduct intakes, while in 21 programs, intakes are conducted by both APS and non-APS staff.
- **Who makes determinations?** APS programs vary widely in the type of staff responsible for determining whether to refer an intake for investigation, refer an intake for information or referral, or screen out the intake. This responsibility can be held by either APS or non-APS workers, and either supervisors or non-supervisors, as follows:
  - In 17 programs, only APS staff make the determination; in 16 programs only non-APS staff make the determination; and in 15, a combination of both types of staff makes the determination.
  - In 16 programs, intake determination is made only by intake or APS supervisors; in eight programs only by workers; and in 24 programs supervisors and workers make the determination together.
  - In four programs, responsibility for intake determination varies by local office.
- **Who assigns reports?** In 34 programs, the APS supervisor has responsibility for routinely assigning reports to investigation staff. This is the responsibility of intake staff in three programs, intake supervisors in five programs, and a combination of intake staff and supervisors with APS supervisors in 11 programs. In one program, responsibility for assigning reports to investigation staff varies by local office.

Assessment Tools

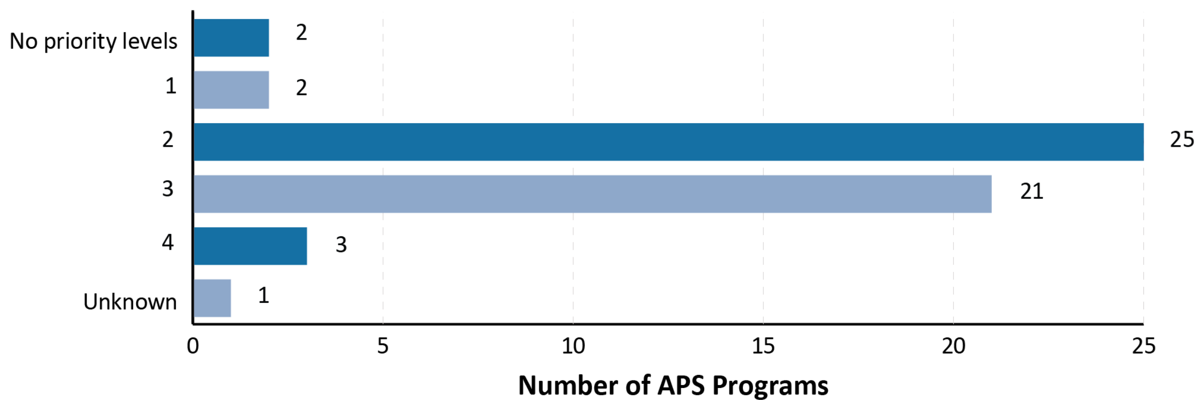
The ACL APS Research Agenda (Administration for Community Living, 2020b) identified a research question: “What are the most important questions needed to screen in/out cases?” Tools create consistency in information collected and screening decisions made (screen in vs. screen out) and help to determine appropriate priority responses. Most APS programs (83%) use assessment tools in the intake process to standardize the process of data collection. They are often built into the case management

system and are state-specific, although a few states use a tool like the Structured Decision-Making® intake tool. Supervisor roles and standardized tools create consistency in screening decisions and information collected. A recent innovation identified by APS programs — cited 17 times — is enhanced decision-making using tools or forms for intakes. Programs identified several other system improvements — such as case management enhancements, online reporting, new phone platforms, better database connections — to improve data collection at intake.

Priority Response Levels

Intake programs prioritize reports according to the severity of the allegations in the incident reported. These priority levels then determine the maximum amount of time allowed before the investigation is initiated. As shown in Exhibit 3.5, two APS programs have four priority levels for response, two programs do not have priority levels, and almost all the rest have either two (25 programs) or three (21 programs) levels. Chapter 4 - Understand APS Investigations provides data on how long APS programs take to initiate investigations based on these levels.

Exhibit 3.5. Number of Programs by the Number of Intake Priority Levels



Source: APS Policy Review.

Systems Analysis Summary

This section summarizes the Component 3 Systems Analysis findings for intake, including the analysis of system outcomes and the cluster analysis.

Outcome Analysis

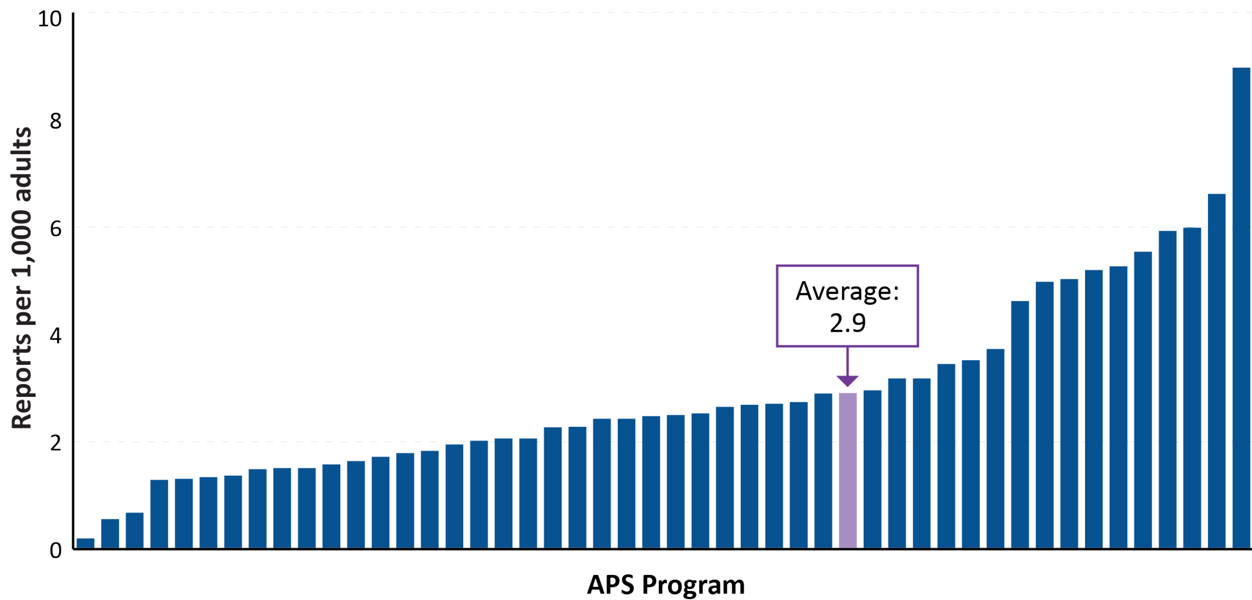
We examined two system outcomes closely associated with intake:

- The average rate of accepted reports per 1,000 population
- The percentage of accepted reports

As shown in Exhibit 3.6, the average rate of accepted reports per 1,000 adults in the population is 2.9, and ranges from 0.2 to 9.0 reports per 1,000 adults. Rates vary between states with different APS administrative characteristics. On average, **higher reporting rates** occurred among states with:[26]

- Eligibility for young adults with disabilities.
- Eligibility for older adults without disabilities.
- Programs that investigate self-neglect (compared with only two programs that do not).
- Programs providing advanced or specialized training for caseworkers.
- Policies that allow for teleworking or in which staff have the flexibility to do different types of work in different settings.
- Intake centralized at the state level (compared to those centralized at the local level).
- Only non-supervisors making intake determinations (compared to those with only supervisors making determinations).

Exhibit 3.6. Reporting Rate per 1,000 Adults Age 18+ by Program



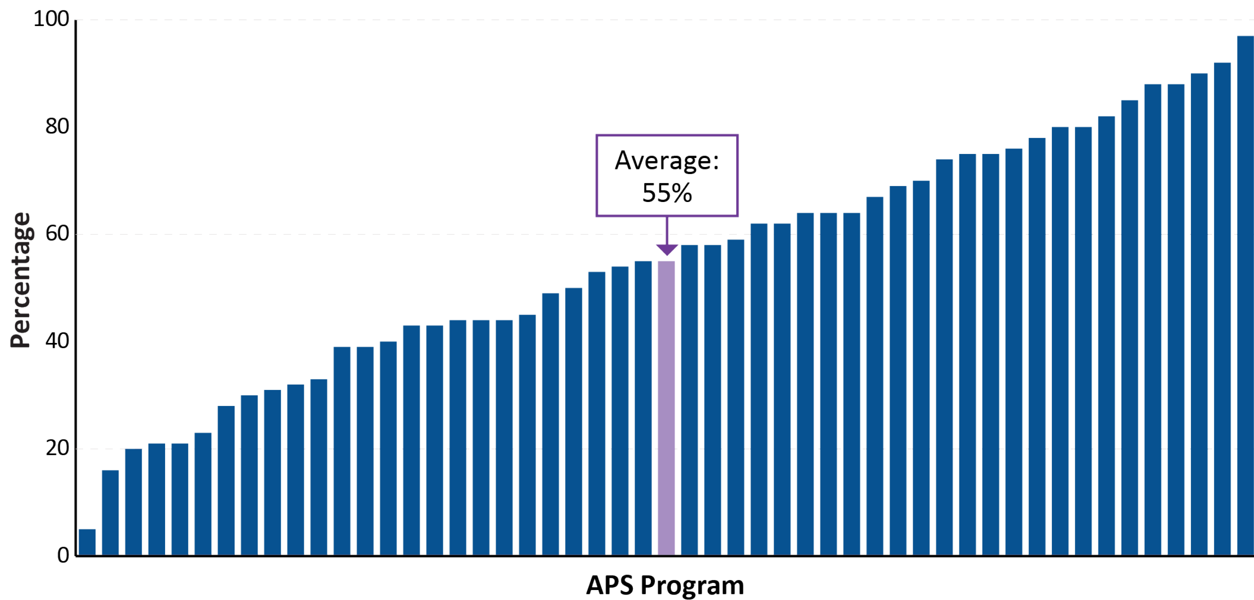
Source: APS Systems Analysis.

[26] Differences presented are based on a comparison between means showing a medium to large effect size; results do not imply a causal relationship. For detailed results, see Appendix B. Reporting Rate per 1,000 Adults by Policy and Practice Variables.

As shown in Exhibit 3.7., the average percentage of reports accepted for investigation by APS programs is 55%, with a range from 5% to 97%. This indicates significant diversity in the practice of receiving intakes. On average, APS programs with **the highest proportion of reports** accepted include: [27]

- Eligibility for young adults with disabilities.
- Eligibility for older adults without disabilities.
- Investigation for self-neglect.
- A more comprehensive definition of maltreatment.
- Less stringent standards of evidence (e.g., credible, reasonable, probable cause).
- Non-centralized intake locations (i.e., both state and local levels).

Exhibit 3.7. Percentage of Reports Accepted for Investigation by Program



Source: APS Systems Analysis.

[27] Differences presented are based on a comparison between means showing a medium to large effect size; results do not imply a causal relationship. For detailed results, see Appendix C. Percentage of Reports Accepted for Investigation by Policy and Practice Variables.

Types of Programs

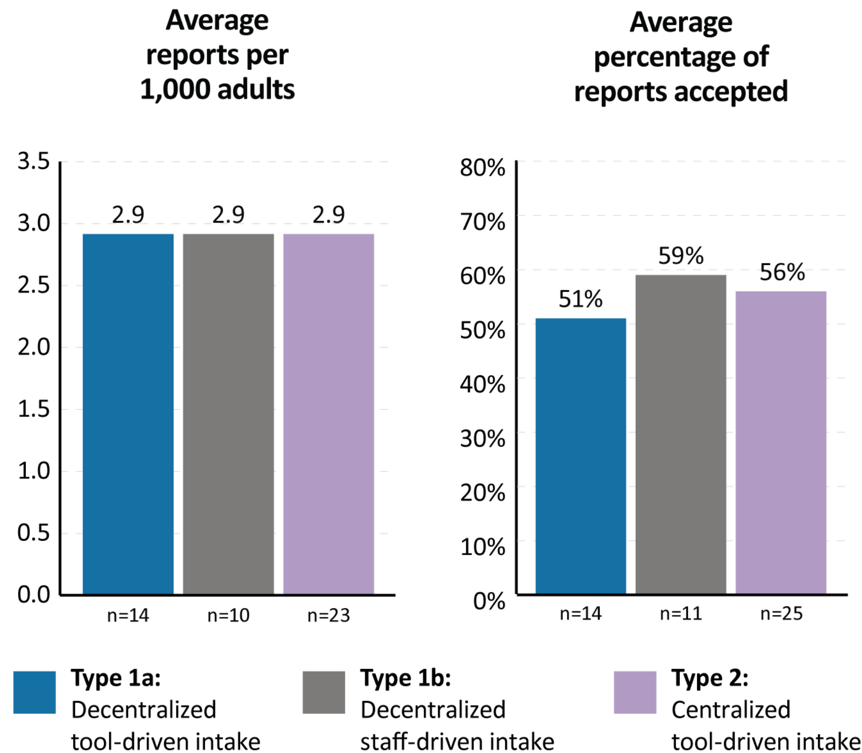
APS programs can be categorized into three groups based on their intake policies and practices:

- Type 1a: Decentralized Tool-driven Intake (n= 16)
- Type 1b: Decentralized Staff-driven Intake (n=13)
- Type 2: Centralized Tool-driven Intake with Assessment Tools (n=25)

Almost all APS programs that conduct intake at the local (decentralized) level use APS staff as intake workers/decision-makers while almost all programs that conduct intakes at the state level have specialized workers who receive intakes and make the initial intake decision. Use of tools distinguishes the decentralized intake programs, while all centralized intake programs use intake tools.

As shown in Exhibit 3.8, the most striking finding when comparing these intake types is that, despite wide variations in policies and practices in the intake domain, the types do not differ in the reporting rate or in the percentage of reports accepted for investigation.

Exhibit 3.8. System Outcomes for Intake Groups



Source: APS Systems Analysis.

Summary and Conclusion

The section includes a summary of the policy and practice findings, a summary of systems outcomes analysis, a summary of obstacles and innovations, and a brief discussion of the results of the cluster analysis of different program types.

Policy and Practice Overview

Sixteen states have universal reporting while most states require professional staff to report maltreatment, although there is diversity within these parameters. Two-thirds of APS programs have a centralized intake location at the state level. APS programs are evenly split between "APS only" intakes or being part of an intake center that includes other programs. This difference is reflected in the type of staff that receive the intakes, with APS-only staff in a few programs and the rest closely split between only non-APS staff and both APS and non-APS staff.

Most APS programs use multiple methods to receive intakes, with a dedicated intake phone line used by the most (41) programs, followed closely by mail, fax, and email. Twenty-nine programs meet the *Consensus Guidelines* recommendation of a 24/7 intake. Most APS programs (83%) use assessment tools in the intake process to standardize data collection. While most APS programs rely on supervisors to make case assignments, programs are inconsistent regarding the types of staff responsible for accepting intakes.

Obstacles and Innovations

APS programs identified difficulty in collecting necessary information from reporters for both phone and online intakes. Often the reporters lacked or failed to provide the information or intake staff failed to obtain it. The public often does not understand the intake process. Programs identified a lack of consistency, including differences across geographic areas, inconsistently applied policy, or need for better processes. There is a lack of needed resources for the intake process and a need for a better case management system for capturing the information. The recent innovations reflect programs trying to address these same obstacles through implementation of centralized intakes, a variety of system and case management improvements, use of new or improved intake tools, and staff training.

Chapter 4. Understand APS Investigations

Introduction

For the evaluation, an investigation was defined as "the process for gathering information in the field to make a finding about an allegation of abuse, neglect (including self-neglect), or exploitation, whether by a member of the community or by a provider and collecting information for planning needed services for the client." As defined in NAMRS, a "client" is the individual who is the subject of the investigation. The goal of the investigation process — ensuring the client's safety and reducing the risk of continued or future maltreatment — is largely dependent on the ability of the investigator to accurately gather, document, and synthesize the relevant information while effectively collaborating with program partners, as needed, to achieve the desired client outcomes.

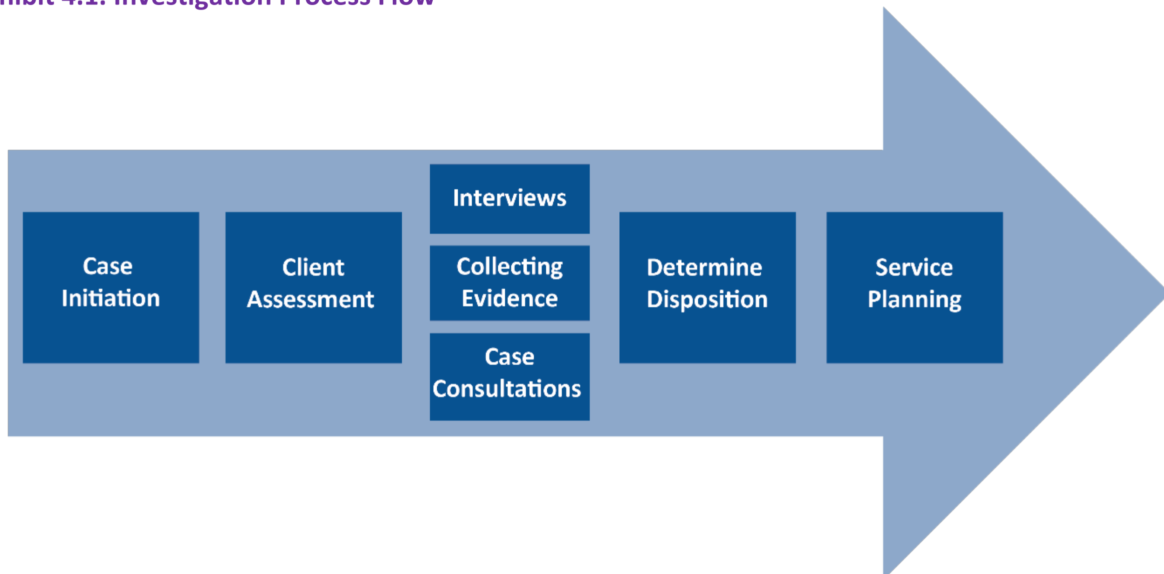
Federal Guidelines

The *APS Consensus Guidelines* recommend "that APS systems establish standardized practices to collect and analyze information when determining whether or not maltreatment has occurred." Use of systemic procedures is also recommended for conducting a client assessment and completing the investigation and finding.

An APS investigation begins during the intake when, as discussed in Chapter 3 – Understand APS Intakes, a screener collects information to inform the broad purpose of the investigation. Each state has its own established policy regarding the required investigative timeframes and activities.

Exhibit 4.1 illustrates this process and this chapter describes each of these areas. Because the policies are state-specific, the investigative process varies from one state to another. State laws and policies specify the types of maltreatment that can be investigated, the definitions of maltreatment categories, timeframes for initiating and completing investigations, and the types of findings that can be made at the conclusion. The activities in the investigation process may overlap or occur simultaneously (e.g., all or part of the client assessment may occur during case initiation) and are not necessarily linear as shown below.

Exhibit 4.1. Investigation Process Flow



Case Initiation and Completion

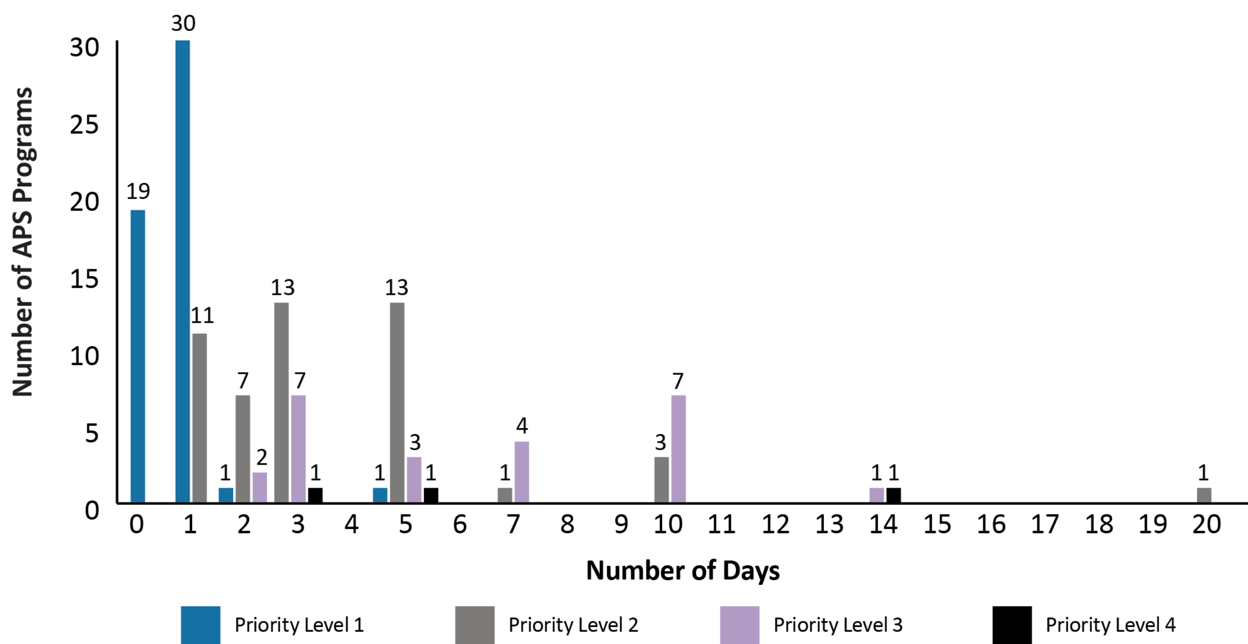
NAMRS defines case initiation time as the length of time from receipt of call or notice of alleged maltreatment until the first face-to-face contact (or attempt to contact) with the client by the APS worker, based on the standard set by policy or practice. As described in Chapter 3 - Understand APS Intakes, most states have a variety of priority levels for case initiation that are defined in policy and/or state law. APS programs generally allow a longer initiation time for a very low risk case, such as an allegation that happened in the more distant past.

Systems Analysis

APS programs requiring case initiation within three days have, on average, lower reporting rates[28] and a lower proportion of reports accepted[29] than APS programs without the requirement.

Exhibit 4.2 summarizes the information on the different priorities and the associated response times based on the standard set by policy. In the exhibit, states are grouped according to how many priority levels they have (1-4). Each bar shows the number of programs with the same priority levels and the number of days to initiate the case for each priority level.

Exhibit 4.2. Case Initiation Priorities and Timeframes



Source: APS Policy Profile.

[28]See Appendix B, Table B–11. Mean Reporting Rate per 1,000 Adults by Case Initiation and Completion.
[29]See Appendix C, Table C–11. Percentage of Reports Accepted by Case Initiation and Completion.

A review of APS program initiation timeframe requirements provided several insights:

- Regardless of the number of levels, for Priority 1 cases, all but two programs require a response in one day or less.
- Regardless of the number of levels, for Priority 2 cases, the range is much larger, ranging from two days to 21.
- For states with three priority levels (the largest category of states), all Priority 3 investigations must be initiated in two weeks.
- For the two states with four priority levels, the timeframes for Priority 4 cases are five and 15 days.

The *APS Practice Survey* asked about obstacles and innovations related to case initiation, and APS programs reported several common obstacles. The most frequently cited obstacle (nine times) was lack of staff resources specifically, or workload generally, interfering with initiating cases. There were also practical concerns with geographic barriers or locating the client and client cooperation. Finally, a couple of programs noted a concern with compliance with policy, whether it is inappropriately screening out potential cases or staff not meeting timeframes.

The survey also asked about recent innovations. While there were not many responses, the two most frequent responses were **(1)** making better use of data (cited seven times) through improved case management systems or using dashboards and **(2)** improving policy and standards (cited six times) to obtain better performance from staff. The box below outlines some of the recent policy improvements across APS programs.

Policy Improvements in Case Initiation

Programs reported the following recent policy improvements (exact quotes):

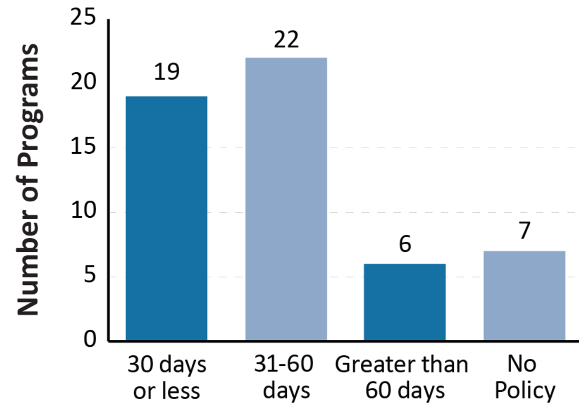
- There has also been a review and updating of all investigations policies and procedures.
- Issued detailed policy and procedures with the release of the revised APS Policy and Procedures Manual.
- Redefined commencement as "first good faith attempt to locate the victim," thus clearly delineating the concepts of commencement and victim first seen.
- We revised our initiation timeframes.
- We require a face-to-face to occur within 24 or 72 hours based off the categorization of priority and non-priority.
- Using Structured Decision-Making® intake priority determinations to dictate timeframe for initiation; updated standards for communicating with the reporter at the beginning of an investigation (to require communication).

Investigation Completion Time

Once the investigation has been initiated, 47 states have policy requirements for how many days an investigator has to complete the investigation activities. NAMRS defines investigation completion time as the length of time (days) from investigation start to investigation completion, based on the standard set by policy or practice.[30]

Exhibit 4.3 shows the length of time required by policy to complete an investigation. A few programs do not have policies and most states require completion within 60 days. The timeframe established in policy for completing investigations allows for more than 60 days in only six states, while 19 states require that they be completed within 30 days.

Exhibit 4.3. Timeframe for Completing Investigation in State Policy



Source: APS Policy Profile.

Assessment of Client Functioning and Circumstances

At the first client contact, the investigator will begin assessing the client's safety and decision-making ability.

Client Safety Assessment

Upon initiating an investigation, usually the first responsibility of the program is to determine the client's emergency or immediate safety needs. About half of APS programs (20) use a general assessment tool and slightly fewer (16) use a tool specifically designed for emergency/safety assessment. The programs use a variety of tools, some developed by outside vendors and some developed within their case management systems. The box to the right provides a typical example of how one program described its tool.

Capacity Assessment Tools

For clients with emergency and safety needs, the appropriate intervention may depend on the client's ability to make decisions, requiring APS staff to assess what is usually referred to as "client capacity." Client capacity is multifaceted and may differ according to types of decisions and situation under investigation. While almost half (48%) of the APS programs use tools to assess client capacity, programs frequently identified a "lack of consistency" as an obstacle to assessments. A wide variety of tools are used by APS staff to make an initial determination of cognitive capacity, of which the St. Louis University Mental Status Examination (SLUMS) is used the most.

One Program's Tool Description

APS Risk Assessment: Assesses client, environmental, transportation, current/historical and perpetrator factors. Then, based on a numerical answer, it provides a level of risk to help determine actions that can be taken to provide for the safety of the vulnerable adult in question.

[30] Many states allow extensions of the investigation completion deadline for good cause.

The most frequently used tools are:

- St. Louis University Mental Status Examination (SLUMS)
- Interview for Decisional Abilities (IDA)
- Montreal Cognitive Assessment (MoCA)
- Mini Mental State Exam (MMSE)
- CLOX
- Mini-Cog

Systems Analysis

APS programs have similar substantiation rates whether or not they use specific tools for assessing client safety or a capacity assessment tool.[31]

States may also have their own tools for capacity assessment. Like the emergency/safety assessment tool, the client capacity tools may be built into case management systems.

Legal Competency

As discussed in Chapter 2 – Understand APS Context and Inputs, most APS programs are authorized to seek emergency interventions to protect clients who lack decision-making ability. The type and duration of the emergency intervention is based on the court's determination of the client's competency. Exhibit 4.4 provides information on the resources used by APS programs to inform the court's decision to intervene if a client's (legal) competency is in question, an emergency intervention is needed, and the client declines assistance. There is a large amount of local variation. Non-contract community professionals are used on a statewide basis by the greatest number of programs (30). APS programs identified difficulty assessing cognition due to inadequate tools or staff training as a barrier to effective client assessments.

Exhibit 4.4. Resources Used by APS Programs to Inform Court Determination of Legal Competency

Resources to Inform Determination of Legal Competency	Number of APS Programs Using the Resource
Non-contract community professionals	
Only	30
In addition to licensed professionals in contract with APS	7
In addition to a tool	3
Total	**40**
Tool to Assess Competency	
Only	4
In addition to non-contract community professionals	3
Total	**7**
Licensed professionals in contract with APS	
Only	6
In addition to non-contract community professionals	7
Total	**13**
Licensed professionals within APS	**2**
APS does not determine legal competency	**1**
Varies by location	**1**

Source: APS Practice Survey.

[31]See Appendix D, Table D–8. Percentage of Clients Found to Be Victims by Assessment of Client Functioning and Circumstances.

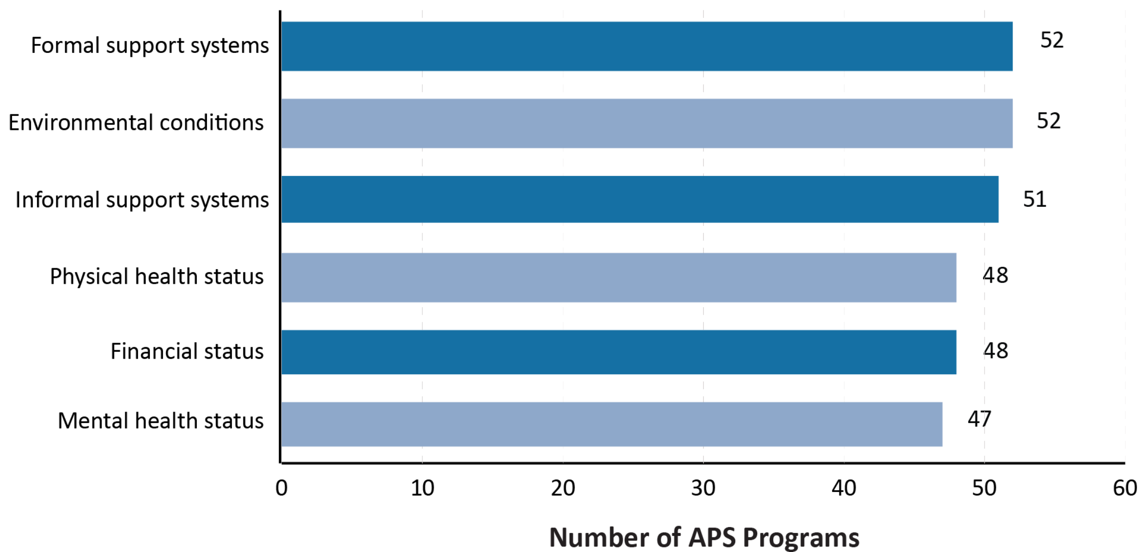
Comprehensive Client Assessment

After addressing any emergency/safety needs, almost all APS programs require a comprehensive, holistic assessment of the client's health and well-being as part of the investigation. For this task, programs rely mostly on training of staff and their professional assessment skills, although some APS programs use assessment tools, specialized units or staff, expert consultation, or a combination of these resources. The health and well-being assessments may be used to determine what, if any, services are needed to ensure the client is safe and able to live as independently as possible, and the risk from the abuser is addressed. Exhibit 4.5 shows the health and well-being domains of the client's life that APS programs systemically assess during the investigation. Forty-eight programs assess five of these six domains. Two programs do not assess any of these domains.

Systems Analysis

APS programs that systematically assess clients in at least five of six domains (formal support systems, informal support systems, environmental conditions, physical health, mental health, and financial status) have higher substantiation rates than programs that assess clients in fewer domains.[32]

Exhibit 4.5. Domains of Client's Health and Well-being Systematically Assessed



Source: APS Practice Survey.

Some APS programs identified additional client domains that are included in the assessment, such as an assessment of the client's ability to complete activities of daily living (e.g., eating, bathing, etc.) and assessment for drug misuse.

APS programs identified several tools used during the assessment. Several states use the Structured Decision-Making® risk assessment tool, and several others use tools that were designed by the state program and/or built into the state's case management system. In 18 programs, staff use a tool to assess

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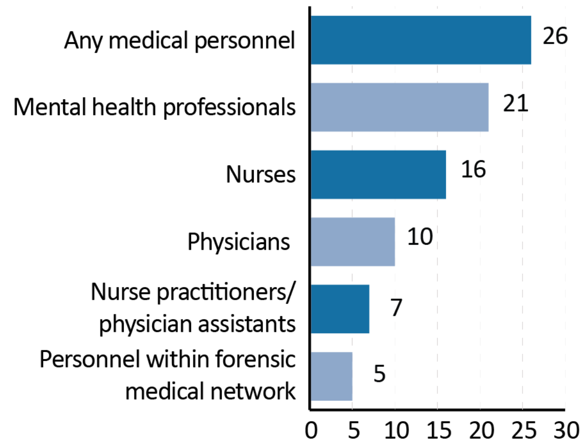
[32]See Appendix D, Table D–8. Percentage of Clients Found to Be Victims by Assessment of Client Functioning and Circumstances.

the client's health and well-being in areas such as informal support systems, formal support systems, financial status, and environmental conditions.

As shown in Exhibit 4.6, 26 APS programs have access to at least some medical personnel, either on staff or on a consulting basis, to assess or assist with the assessment of health status of the client, while fewer (21 programs) have access to specific personnel to assist with assessing a client's mental health issues.

One state's comment seemed to summarize use of medical personnel in assessing a client's health status: "APS staff is trained to make basic assessments of health and well-being but rely on medical records and input from health care and personal care providers." Several commented that emergency medical personnel may assist with immediate health needs or may contact the client's personal provider. Five programs use a forensic medical network as a resource for staff working to identify client health issues and needs.

Exhibit 4.6. Medical Personnel Available to Assist with Assessment of Health Status of Client



Source: APS Practice Survey.

Programs indicated there were two predominant innovations in assessing clients' circumstances: increased use of tools (12 times) and better training (seven times). The most frequently cited obstacles were client refusal to participate and difficulty in assessing cognitive functioning. One program succinctly described both as follows, "Workers struggle with assessing financial capacity. Refusal from the client to participate in the assessment." Other obstacles included restricted access to the client due to geographic barriers, COVID-19, or failure to secure client engagement/cooperation.

Partnerships

Programs will also use partnerships with other investigative or regulatory entities to assist with specialized investigations. APS programs are often required to report allegations involving a crime to law enforcement and law enforcement is usually consulted when criminal conduct is suspected or alleged. As mentioned in Chapter 2 – Understand APS Context and Inputs, some APS programs investigate in facilities. APS programs with the authority to investigate reports of clients living in congregate or institutional settings may implement memoranda of understanding or other written agreements outlining the roles and responsibilities for conducting investigations of adult maltreatment in those settings. Exhibit 4.7 shows the organizations APS programs have written agreements with related to investigations in

Systems Analysis

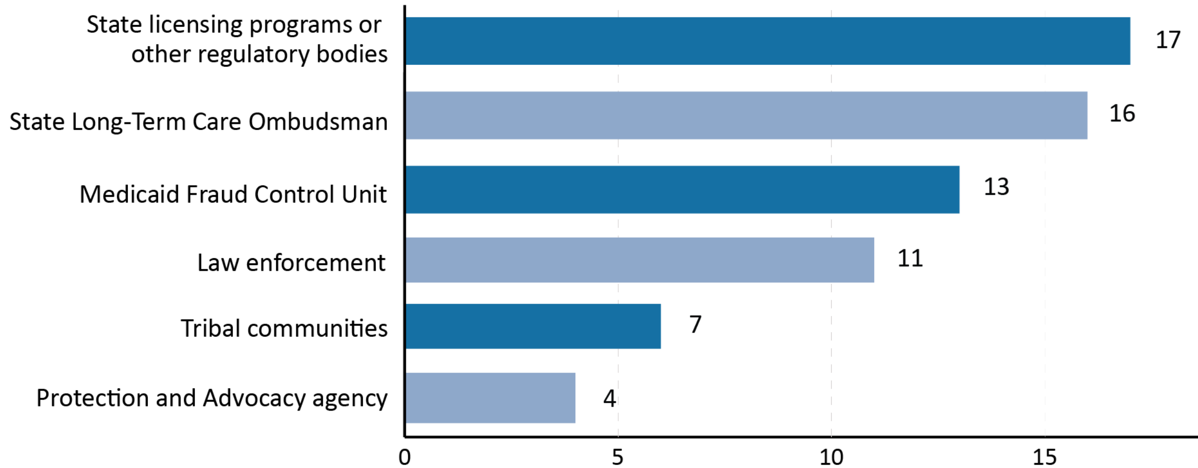
On average, substantiation rates are lower in APS programs that have written agreements for investigating congregate/provider settings with:

- State licensing programs or other regulatory bodies
- Medicaid Fraud Control Unit
- Tribal communities[33]

[33]See Appendix D, Table D–9. Percentage of Clients Found to Be Victims by Partnerships for Facilities Investigations.

congregate/provider settings. The partners identified by the most programs are state licensing programs or other regulatory bodies and the state long-term care ombudsman.

Exhibit 4.7. Organizations That APS Has Written Agreements with Related to Investigations in Congregate/Provider Settings

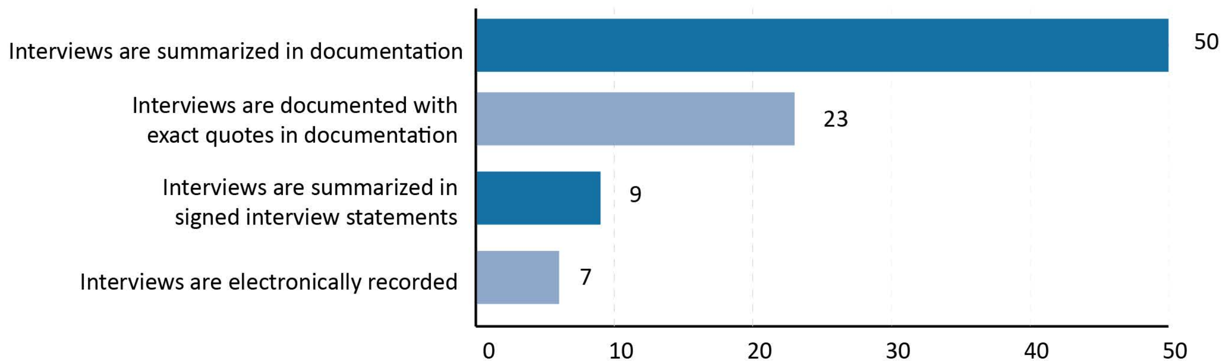


Source: APS Practice Survey

Interviews of All Parties

A primary method for conducting a client assessment is interviews with the client, alleged perpetrator (abuser), and collateral sources. The subject of an APS investigation may have experienced trauma, and eliciting relevant, sometimes sensitive information requires skill as well as an understanding of the social and cultural norms of the client and other individuals involved in a case. Due to the importance of interviews to the overall investigative process, APS programs invest time and effort in helping staff hone this skill. Forty-five programs teach interview skills in APS orientation training, and 25 provide specialized, focused in-service training on interview skills on a regular basis. As shown in Exhibit 4.9, almost all APS programs summarize interviews in documentation, with about half the states indicating exact quotes are used. Very few programs record interviews or require interview summaries to be signed.

Exhibit 4.8. Investigation Interview Protocols and Standards



Source: APS Practice Survey

As discussed in Chapter 2 – Understand APS Context and Inputs, in many states an APS client may choose not to participate in the investigation. The most frequently cited obstacle to client interviews was failure to secure client engagement/cooperation (cited eight times) by the client and other parties. Obstacles with access to the client — such as location, perpetrator interference, and COVID-19 — were cited by six programs. As with other aspects of the investigation, inadequate staff training was cited. Innovations were again focused on better training and tools, cited seven and five times respectively. Policy improvements — cited seven times — included clarified expectations about interview requirements and acceptable reasons for deviations, more detailed procedures, adjusted face-to-face requirements due to COVID-19, requiring written statements in certain circumstances, and a collaboration policy.

Recent Innovations in Client Assessments

The most frequently reported innovations were use of tools (cited 12 times) and improved training (cited seven times). Training improvements included "Contracted with specialists to provide training and consultation on capacity and medical issues," education on risk identification, and increased emphasis regarding screening for decision-making ability. The box to the right lists innovations related to tools. Other innovations with multiple responses include use of partnerships, "specialization," and case management system improvements.

Innovations in the Use of Tools to Improve Client Assessments

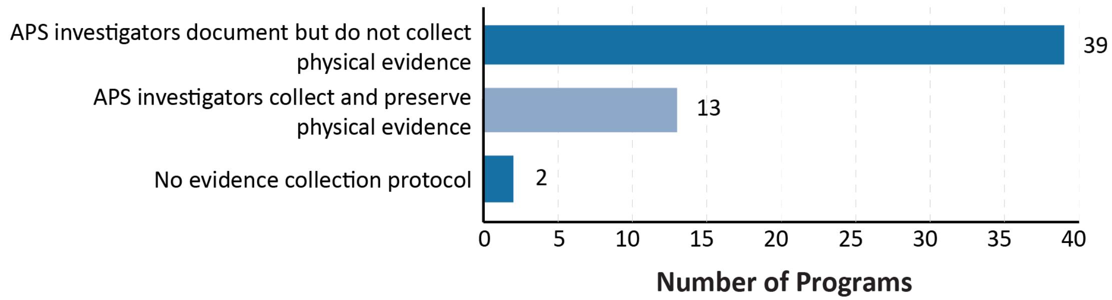
Programs reported the following recent policy improvements (exact quotes):

- Documents/tools to aid in consistency
- Created an assessment tool for financial exploitation called the FEIST
- Implemented a new NCCD Safety and Risk Assessment along with training funded by ACL grant
- Revised Risk Assessment used to reflect actual areas which can be addressed
- Several counties piloting Older Adult Nest Egg (OANE) tool
- Standardized mental status screening
- Use of the [State] Practice Model, which is a strengths-based practice of casework that focuses on locating and/or supporting resources that are currently in the adult's life.

Collecting Evidence

Collecting and documenting evidence (such as medical information or financial records) is part of an APS investigation. Caseworkers use various protocols and standards to collect the evidence and then document it in the case record. (See Chapter 6 – Understand APS Quality Assurance for a discussion of documentation.) Exhibit 4.9 shows the number of programs that follow various protocols or standards. By far, the protocol that is practiced statewide by the most APS programs is documenting physical evidence, such as making copies or taking photographs; fewer programs collect and preserve evidence. APS programs cooperate with and support law enforcement investigations, with a couple of programs indicating they even collect evidence if needed. Only two APS programs indicated that they do not document or collect physical evidence. In addition to law enforcement, APS programs may work in partnership with other entities in collecting evidence.

Exhibit 4.9. Evidence Collection Protocols or Standards

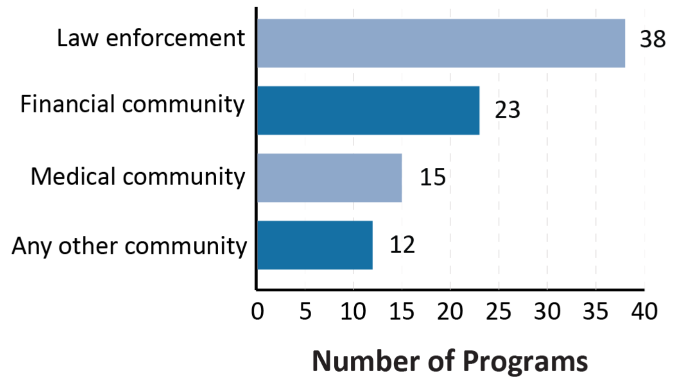


Source: APS Practice Survey.

APS programs may also have protocols or partnerships to assist with evidence collection and providing access to records. As shown in Exhibit 4.11, law enforcement is the most frequent partner, followed by the financial and medical communities.

"Other" community partners identified by APS programs include:

- Department on aging
- State law enforcement division and attorney general
- Other state agencies (e.g., disability services and advocates, health facilities administration and regulation, and long-term care ombudsman)
- District attorney
- Mental health providers
- Sexual Assault Nurse Examiner Program



Source: APS Practice Survey.

Consultation with Supervisor

APS program supervisors play a key role in APS report investigation, with both clinical and administrative oversight of their assigned casework staff. They are responsible for approving all key casework decisions and work products from the point of the case assignment through all phases of the investigation.

Additional responsibilities include supporting workers through training and mentoring and keeping abreast of practice innovations, best practices, and policy changes. Supervisors may also provide direct assistance with more complex cases and serve as the program representative with external stakeholder groups and systems. (See Chapter 6 – Understand APS Quality Assurance for data on supervisor responsibilities.)

Systems Analysis

Programs without access to consultation resources have a lower average substantiation rate than programs with at least one resource.[34]

Specialized Staff and Units and Expert Resources

As shown in Exhibit, 4.11, more than half of the APS programs use specialized staff or specialized units to investigate specific types of reports (e.g., financial exploitation, sexual assault) or reports involving specific populations (e.g., residents of congregate care facilities, clients with dementia). The types of specialized units vary by program (see box to right for examples).

Examples of Specialized Units

- Sexual assault response
- Facility investigations
- Self-neglect
- Guardianships and representative payee
- Evictions
- Allegations potentially involving criminal activity
- Initial contacts

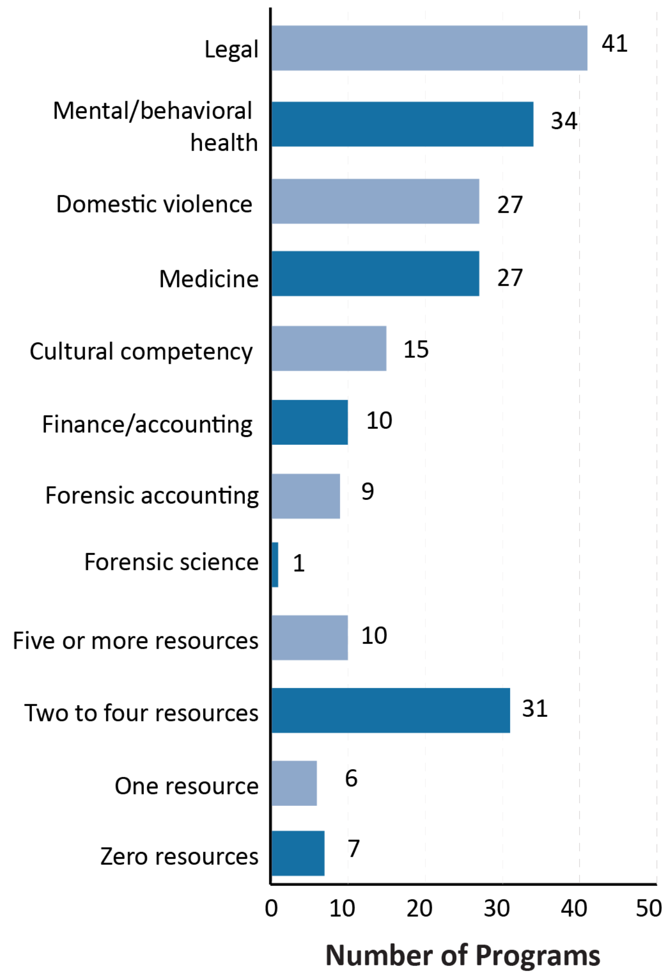
Exhibit 4.11. Specialized APS Units or Staff

Source: APS Practice Survey.

[34] See Appendix D, Table D–10. Percentage of Clients Found to Be Victims by Partnerships for Evidence Collection.

APS investigative staff sometimes have access to consultation from expert professionals from outside the APS program. As shown in Exhibit 4.12, the most frequently consulted are legal, mental, and behavioral health, domestic violence, and medical experts; other types of experts are consulted much less frequently. Seven programs do not have access to any expert professionals, while six have access to only one type. More than half of the programs have access to two to four different types of experts, while 10 have access to five or more types.

Exhibit 4.12. Access to Expert Consultation Resources



Source: APS Practice Survey.

Lack of staff resources (cited six times) and access to experts (five times) were the most cited obstacles for consultations. A few programs indicated that having roles across multiple agency programs divided the focus of staff and limited the amount of time available for case consultation with supervisors.

Finally, a growing practice is the use of multidisciplinary teams. Only eight programs indicated that they do not participate in them, with thirteen other programs indicating it is a statewide requirement and 31 indicating local offices participate even though it is not a state mandate. Six programs indicate they have predefined criteria for the types of cases that are referred to multidisciplinary teams, but most (30) programs let caseworkers/supervisors decide based on case complexity.

Several programs responded that use of multidisciplinary teams and access to other community resources is a recent innovation. One state said, "New positions and resources created in central administration for case consultation and technical assistance. Increased contracting with specialists in safety, cognition, medical care." States indicated process improvements as well, such as bi-weekly meetings with staff on complex cases, "scrum meetings," use of a formal group supervision process, hold staff meetings to discuss recurrent cases, improving access to experts through partnerships and hiring, and use of updated consultation forms.

Determining Findings and Communicating Results

After collecting evidence, APS programs determine findings in the investigation based on APS policy. Only 22 APS programs use a formalized process or tool for determining case findings. Caseworkers are trained to interpret policy — found in law and policy manuals and sometimes built into case management systems

— based on the standard of evidence used in the program. One program described a typical disposition determination process as follows: "The APS investigation is a formalized process used to make findings and recommendations."

After determining a disposition, APS programs may provide a notice to the perpetrator and inform them of any additional due process rights. Twenty-one programs indicated that they provide an administrative review by agency staff and 14 indicated that an additional judicial review is available. The survey comments indicated that policy on reviews in some programs depends on the allegation type, whether there is a perpetrator registry, confidentiality requirements, if release of the information could potentially cause harm or place the victim at further risk, or whether the perpetrator is a licensed professional or employed by a facility. Eleven APS programs indicated they make distinctions in the types of notice or review provided to perpetrators depending on the type of the alleged perpetrator (e.g., family member or professional).

Example Notice Requirement Quote

One state succinctly summarized the notice requirement common to many APS programs:

"We give no notice to NON-PAID caregivers and we do not release that information to anyone."

While there were not many responses to obstacles to determining findings and communicating results, there was a repeat of the theme from Chapter 2 – Understand APS Context and Inputs of inconsistency and poor quality of casework. In addition, there were concerns with poor interpretation of policy (substantiation criteria) and "workers struggling to get to the conclusion of the case." Innovations cited by a few programs included improved training, use of tools, and improved policy. One program specifically noted extending the timeframe for completing complex financial exploitation cases to improve consistency in making case findings, and another state has adopted a strengths-based practice model that focuses on locating and/or supporting resources that are currently in the client's life.

Systems Analysis Summary

Outcome Analysis

The system outcome most closely associated with investigation is the percentage of clients who are victims (or substantiation rate). As shown in Exhibit 4.13, this outcome varies widely across the programs, indicating very different models for substantiating cases in a few programs. The average substantiation rate is 33%.

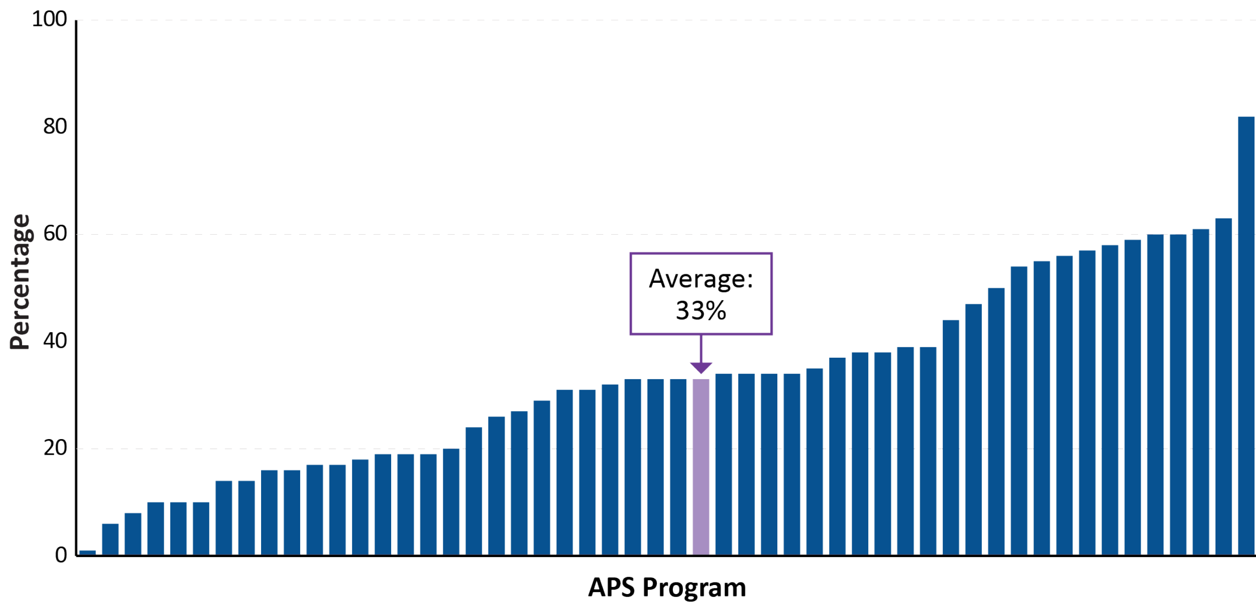
On average, **higher substantiation rates** occurred among APS programs with the following characteristics:[35]

- Eligibility does not include young adults with disabilities
- Eligibility includes older adults without disabilities
- Policies include *investigation of self-neglect* (compared with three programs that do not)

[35] Differences presented are based on a comparison between means showing a medium to large effect size; results do not imply a causal relationship. For detailed results, see Appendix D. Percentage of Clients Found to Be Victims, by Policy and Practice Variables.

- Policies do not include investigation of *maltreatment within facilities*
- *Less stringent standards of evidence* (e.g., credible, reasonable, probable cause)
- Policies requiring that *investigations be completed within 60 days*
- Policies do not address *investigation completion time*
- No *written agreements related to investigations in congregate/provider settings* with:
  - *State licensing programs or other regulatory bodies*
  - *Medicaid Fraud Control Unit*
  - *Tribal communities*
- No access to consultation resources

Exhibit 4.13. Percentage of Clients Found to Be Victims by Program



Source: APS Systems Analysis.

Types of Programs

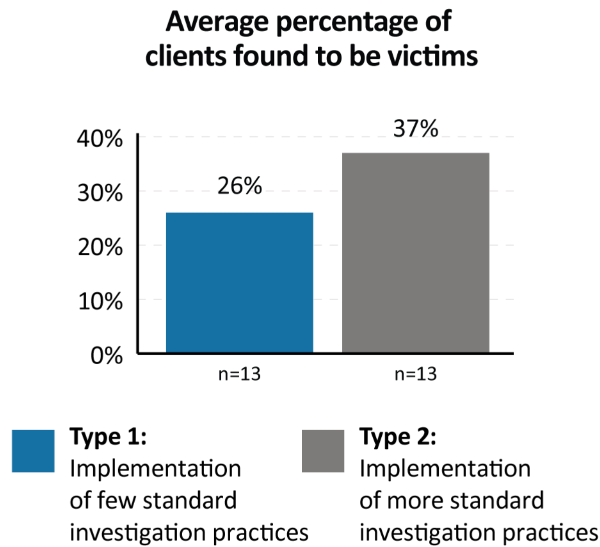
Two broad categories emerged that summarize APS investigative practices:[36]

- Type 1: Implementation of Few Standard Investigation Practices (n=14)
- Type 2: Implementation of More Standard Investigation Practices (n=13)

Programs in the Implementation of More Standard Investigation Practices type have access to resources to assist with investigations. When compared with programs with **fewer resources** and standard practices for investigation, programs with **more resources** and standard practices substantiate reports for a higher percentage of clients found to be victims (see Exhibit 4.14).[37]

[36] The variables related to investigation practices grouped programs into four types; only two of them were meaningful for further analysis and are described here.
[37] See Appendix D, Table D–11. Percentage of Clients Found to Be Victims by Investigation Resources Type.

Exhibit 4.14. Percentage of Clients Found to Be Victims by Investigation Type



Source: APS Systems Analysis.

Summary and Conclusion

This section includes a summary of the policy and practice findings, a summary of systems outcomes analysis, a summary of obstacles and innovations, and a brief discussion of the results of the cluster analysis of different program types.

Policy and Practice Overview

Almost all programs use the following investigatory practices: initiate investigations within one day for first-level priority cases; require holistic assessments of clients, with the majority of programs relying on staff training and their professional assessment skills instead of formal assessment tools; and use multidisciplinary teams.

About half of APS programs use the following investigatory practices: a tool for initial determination of client capacity; access to at least some medical personnel, either on staff or on a consulting basis, to assess or assist with the assessment of health status of the client; and specialized staff or specialized units to investigate specific types of maltreatment or populations.

Obstacles and Innovations Summary

A number of programs identified the following obstacles to investigations: having insufficient staff resources to conduct investigations leading to various workload challenges; inconsistency in casework practice and policy compliance leading to concerns with the quality of the investigation; difficulty accessing clients due to their lack of cooperation/refusal and other obstacles, such as remote location of the client or COVID protocols; and a lack of expertise, particularly for case consultations. The key recent innovations were the development of improved policy in all aspects investigations, use of data to improve case initiation, and better training and tools for client assessment and witness interviews.

Chapter 5. Understand Post-Investigation Services

Introduction

Most APS programs provide services to alleviate maltreatment. As outlined in the APS logic model, this typically involves three main activities as illustrated in Exhibit 5.1:

- Obtaining agreement from and working with the client and their support system to develop and implement a service plan
- Referring the client to community partners and arranging or purchasing services
- Monitoring the status of the client and their services

For the evaluation, post-investigation services are defined as "APS provides or arranges for services to ameliorate maltreatment after an investigation is complete." The nearby box provides the recommendation of the *Consensus Guidelines* regarding services.

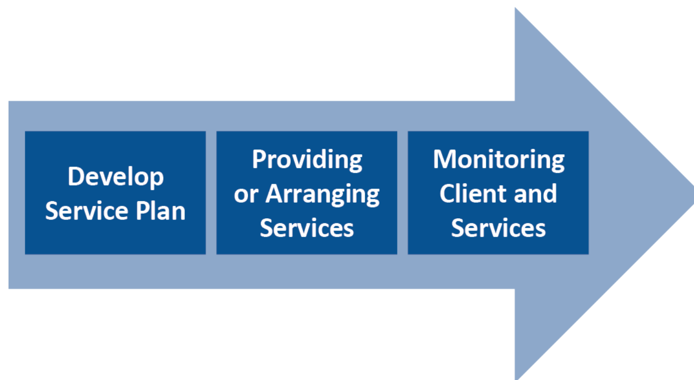
Federal Guidelines

The APS *Consensus Guidelines* recommend that:

"Programs intervene in adult maltreatment cases as early as possible and develop targeted safety planning for clients experiencing different forms of abuse and/or neglect. …"

"APS systems develop the client's APS voluntary service plan using person-centered planning principles and monitor that plan until the APS case is closed."

Exhibit 5.1. Major Steps in Post-Investigation Services



In the APS logic model, we separated investigations from "post-investigation" service delivery. In reality, aspects of service delivery often begin during the investigation. For example, if a client has immediate health or safety needs, programs may provide services during the investigation. The investigation process collects information that is necessary for service planning, and programs will prepare plans for services during the investigation before transitioning to the post-investigation services phase of the case. For this evaluation report, we included the activities for planning services in Chapter 5 – Understand APS Post-Investigation Services even though they may occur during the investigation phase.

Post-investigation services are provided through a variety of mechanisms and funding sources: APS staff may provide services directly (e.g., assistance with housing relocation), purchase them (e.g., pay for medications or utility bills), or make referrals to community-based services (e.g., home-delivered meals).

Services may be provided on a voluntary or involuntary basis when extreme circumstances warrant this action and courts authorize such. (Chapter 2 – Understand APS Context and Inputs discusses the legal framework for involuntary interventions.)

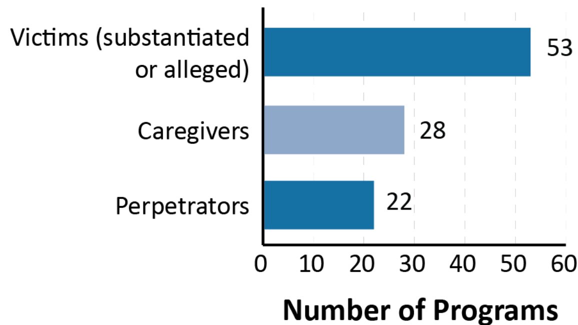
This chapter discusses what services are provided by APS programs, the methods used to provide them, and how programs plan and monitor their delivery.

The systems analysis did not find any meaningful statistical groupings of programs around post-investigation services.

Who Receives Services

As shown in Exhibit 5.1, almost all APS programs may provide or arrange (exact mechanisms are discussed below) for services to alleged or substantiated victims. Slightly more than half the programs provide or arrange for services to caregivers of victims, while slightly less than half serve perpetrators.

Exhibit 5.2. To Whom Does APS Provide or Arrange Services to Address Maltreatment?



Source: APS Practice Survey, Policy Profile, and NAMRS data.

Planning Services

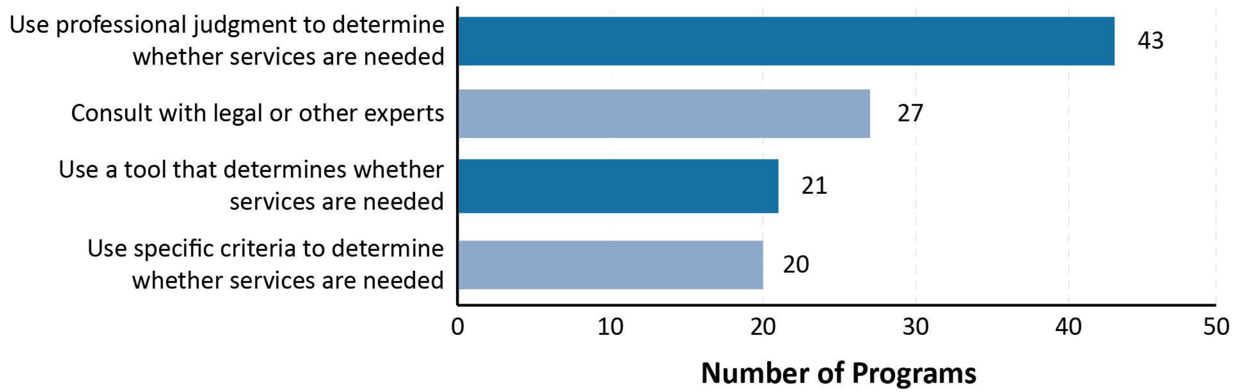
Making Service Recommendations

The final step in an APS investigation is making service recommendations to address the maltreatment. Several mechanisms are used to decide whether services are needed. Exhibit 5.3 shows that almost 40 percent of APS programs rely on a tool (21) or use specific criteria (20) to make this decision. Most programs (43) indicated that they rely on professional judgment. Twenty-seven programs indicated that APS staff consult with legal or other experts. Several APS programs indicated that APS programs rely on client and caregiver input in addition to these categories, with one program succinctly putting it as: “At the request of the victim.” The box to the right lists some of the tools mentioned.

Tools Used to Decide if Services Are Needed

- DON-R
- Structured Decision-Making® tools including specifically the Strength and Needs Assessment
- ISO Matrix
- FEIST financial assessment
- Various state-specific tools

Exhibit 5.3. Mechanisms to Decide Whether Services Are Needed to Address Maltreatment



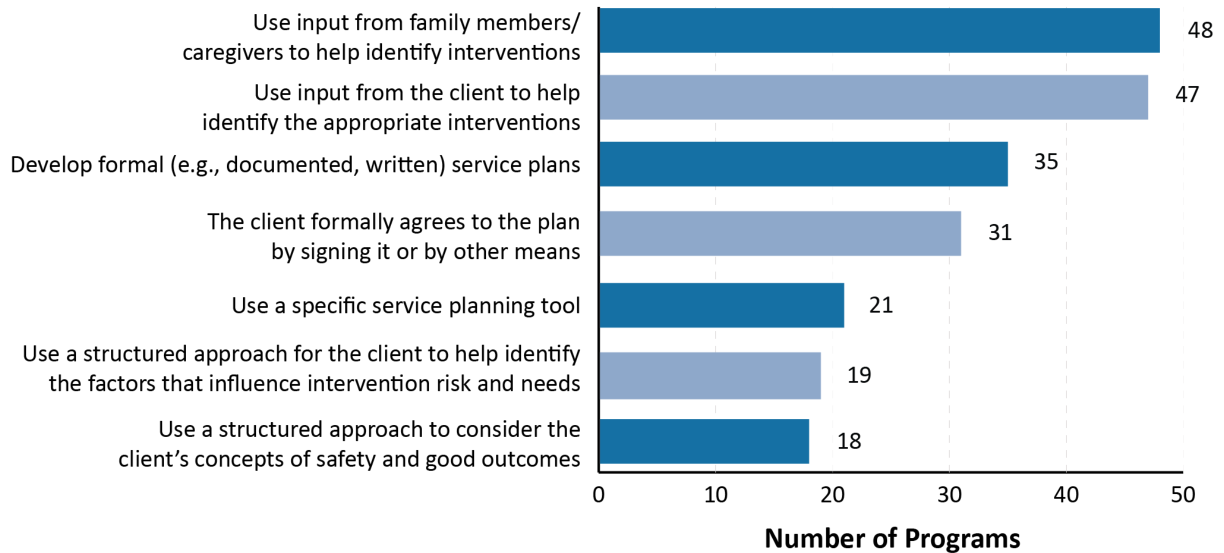
Source: APS Practice Survey.

Exhibit 5.4 provides information on the methods APS programs use to develop service plans. Thirty-five programs develop formal (documented, written) service plans, while 21 use a specific service planning tool. Less than half use structured approaches with formal plans or tools. The specific tool most frequently mentioned was state-specific case plans built into data systems. Client and family member input are used by the most programs, and 31 programs require client sign-off on the plan.

Systems Analysis

Programs that rely on tools or input from the client or the family to develop service plans ultimately provide services to a lower percentage of victims. [38]

Exhibit 5.4. Methods Used to Develop Services Plan



Source: APS Practice Survey.

Once investigations are completed, APS programs may develop service plans if needed to address the root cause of the maltreatment. Less than half of programs indicated that they have structured processes for working with clients to develop plans. Specifically, regardless of whether the practice is statewide or

[38] See Appendix E, Table E–7. Percentage of Victims Receiving Services by Methods to Develop Service Plans.

localized, most APS programs (48) use input from family members and caregivers to help identify what interventions and post-investigation services to provide, while 47 use input from the client to help identify necessary services. The least frequently cited method, using a structured approach to consider the client's concepts of safety and good outcomes, was only used by 18 programs.

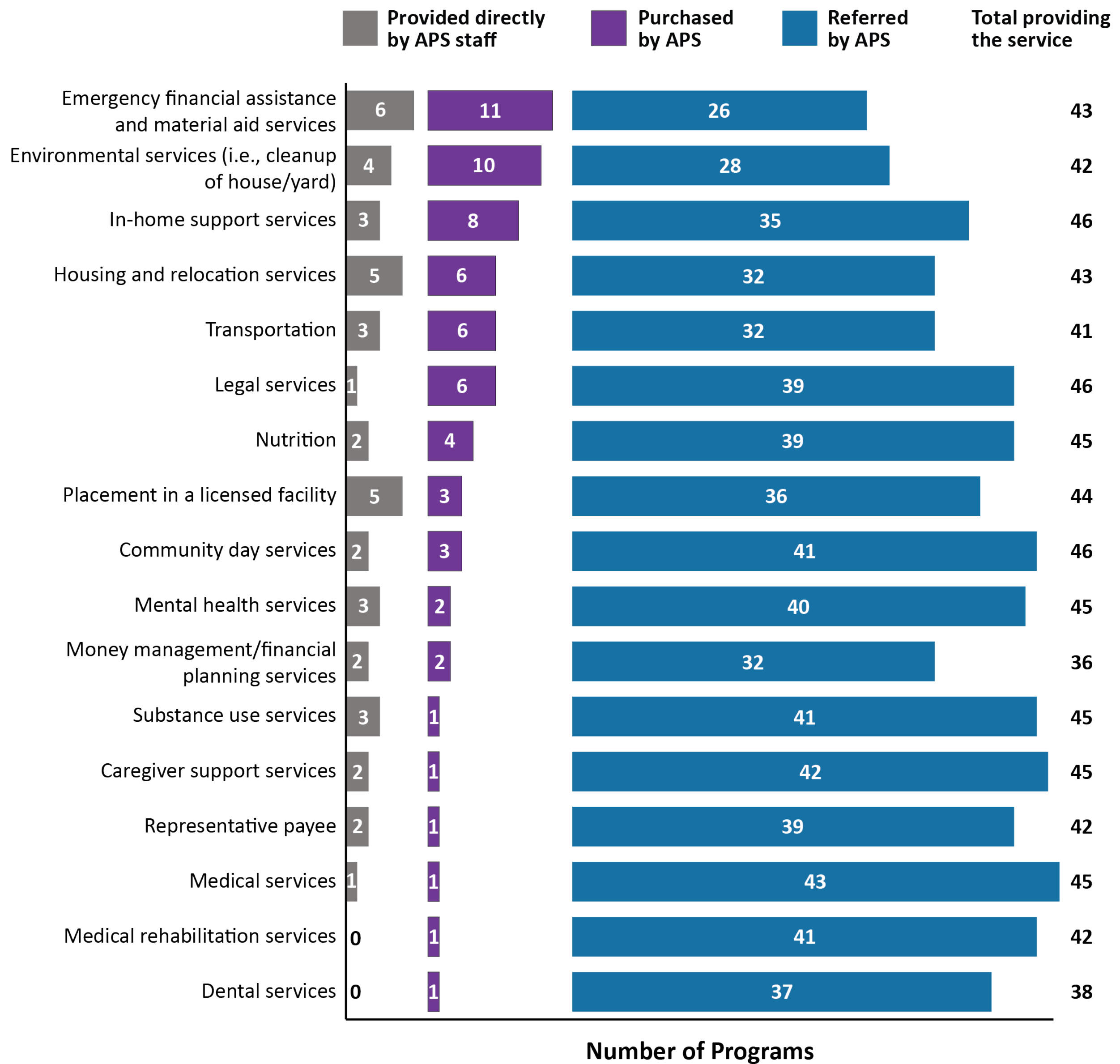
The APS Practice Survey asked questions about obstacles and innovations in post-investigation services. By far, the most frequent — cited 10 times — response regarding obstacles to making services recommendations is the lack of resources, services, and/or providers available. Lack of knowledge of available services was also cited by four programs, along with a lack of training, consistency, and understanding for/by staff. There was not a predominant theme in the innovations, but several items were cited by a few programs, including better training, use of better tools, and improved partnerships. The innovations focused on improving process and data systems, along with increased use of tools.

Service Provision

Methods to Provide Services

APS programs use different methods to provide services. As Exhibit 5.5 shows, most services are available through one mechanism or another in almost all programs. Most programs provide the majority of services listed in the exhibit via referral to existing community resources. Slightly more than half of APS programs (52%) have funds to purchase services directly for clients. Even fewer APS programs provide services directly by APS staff. Service provision varies significantly by locality. Several programs indicated they were payer of last resort. Several programs noted that they may pay for services in some circumstances and refer to services in others. The lack of available services in the community was the most frequently cited (15 programs) obstacle in post-investigation services. Nine programs indicated that lack of funding for services was an obstacle.

Exhibit 5.5. Mechanism by Which Services Are Primarily Available



Source: APS Practice Survey.

Guardianship

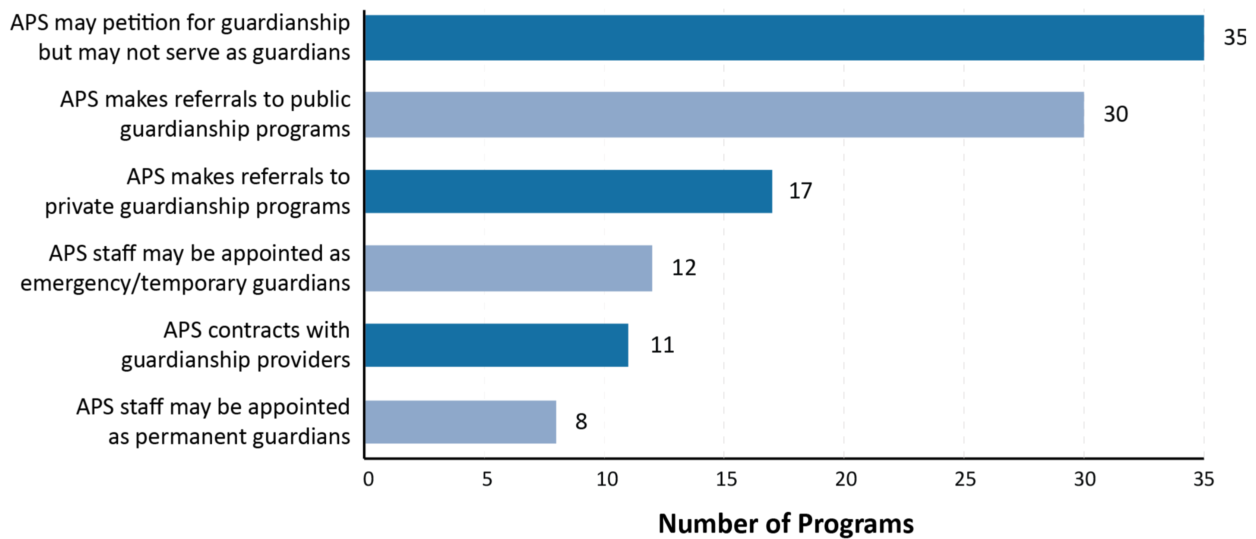
APS programs provide or work closely with guardianship services. Exhibit 5.6 provides data on the relationship of APS to guardianship services. Almost every APS program is involved in guardianship proceedings through referrals, but only 12 indicate they directly serve as guardians. Most programs routinely encourage alternatives to guardianship, while slightly over half of programs make referrals for guardianship. Issues with guardianship was a commonly cited — 7 programs — obstacle, as outlined in the nearby box.

Systems Analysis

Programs in which APS staff can directly serve as permanent guardians for clients provide services to a lower percentage of victims.

APS programs that make referrals to private guardianship programs provide services to a higher percentage of victims than those that do not.[39]

Exhibit 5.6. Relationship of APS Programs to Guardianship Services



Source: APS Practice Survey.

Example Issues with Guardianship

- Lack of low-cost guardianship or less restrictive alternatives such as representative payees, money management programs, or private case management
- Lack of available access to guardians statewide
- Acceptance of a case/person by the public guardian
- Formal guardianship agencies are already serving a significant number of adults and older adults, and availability to serve is running low
- Lack of guardians and conservators

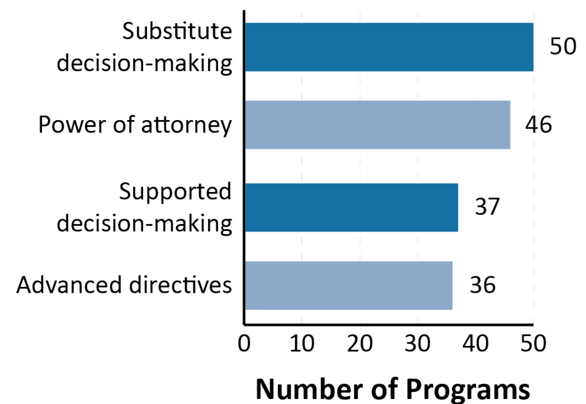
[39]See Appendix E, Table E–8. Percentage of Victims Receiving Services by APS Policies and Practices for Guardianship.

Exhibit 5.7 indicates which alternatives to guardianship are encouraged based on training and/or policy. Most programs offer most of the alternatives. More programs (50) provide substitute decision-making (in which someone assumes responsibility to make decisions for a person who is not able to make his or her own financial or health care decisions) than supported decision-making (a process of supporting and accommodating an adult with a disability to enable the adult to make life decisions without impeding the self-determination of the adult) (37 programs). More programs (49) indicated they encourage power of attorney than advanced directives (36 programs).

Systems Analysis

Programs in which APS provides substitute decision-makers or power of attorney provide services to a higher percentage of victims.[40]

Exhibit 5.7. Alternatives to Guardianship Encouraged by Training and/or Policy



Staffing

APS staff are responsible for planning and arranging services. In most programs, the casework staff responsible for investigations are also responsible for planning and monitoring services in these programs. Only four programs, on a statewide basis, have staff solely responsible for post-investigation services.

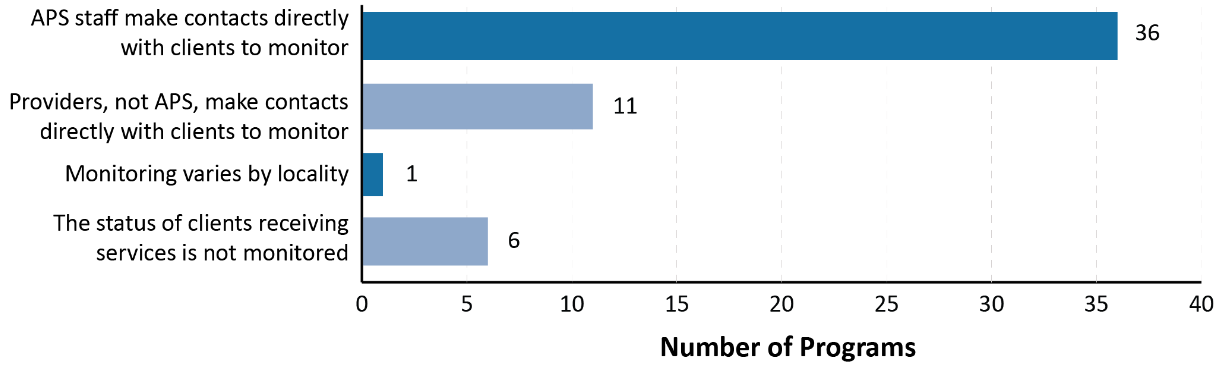
Lack of staff was cited – 10 times – as an obstacle, while staff specialization was highlighted as an innovation by four programs.

Monitoring Services

Once service plans are implemented, APS programs may monitor the service provision. Exhibits 5.7 and 5.8 outline how APS programs do this. In 36 programs, APS staff make direct contact with clients to monitor their status, while in 11 programs providers make these contacts rather than APS staff. Some programs indicated that monitoring is a collaborative activity. As shown in Exhibit 5.8, staff in 25 programs use only professional judgment to determine the frequency of monitoring, five programs use an assessment tool, and two use both. Most programs appear to use their general client assessments tool to inform monitoring decisions, although a few states used the Structured Decision-Making® risk tool developed by EvidentChange.

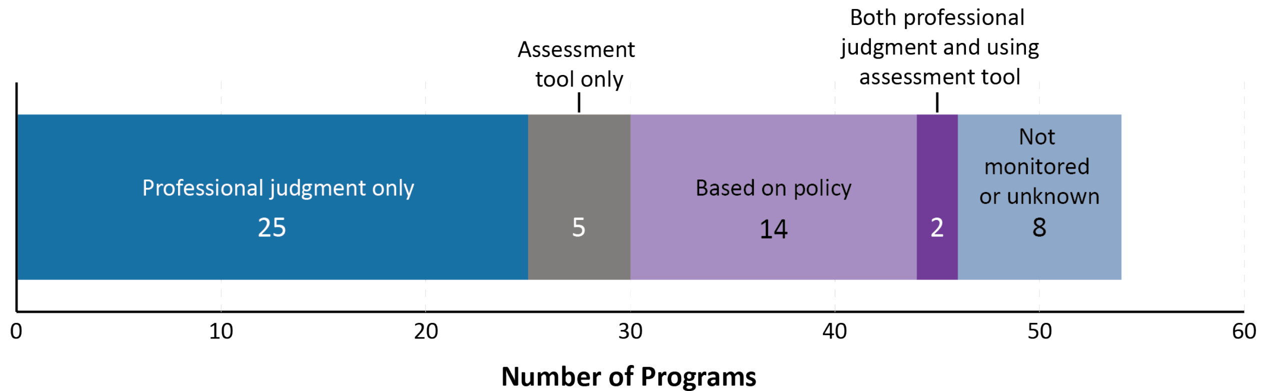
[40]See Appendix E, Table E–8. Percentage of Victims Receiving Services by APS Policies and Practices for Guardianship.

Exhibit 5.8. Who Monitors Status of Clients Receiving Post-Investigation Services Provided Directly or Arranged by APS?



Source: APS Practice Survey.

Exhibit 5.9. How APS Staff Determine the Frequency/Number of Contacts for Monitoring Post-Investigation Service Provision and Client Status



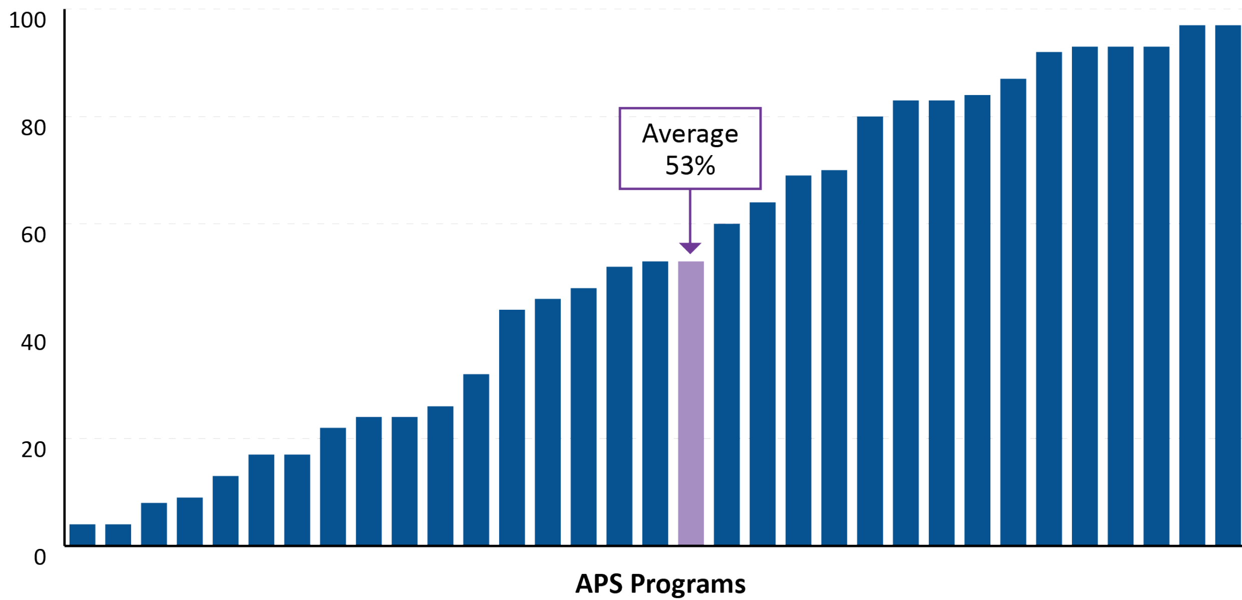
Source: APS Practice Survey.

Systems Analysis

System Outcome

The system outcome most closely associated with post-investigation services is the percentage of clients receiving services. As shown in Exhibit 5.10, the average percentage of victims receiving services for all maltreatment types is 53% across APS programs. As with the other system outcomes, the percentage of victims receiving services ranged from 0% to 97%, with the APS programs spread evenly across the range. The percentage of victims receiving services for cases with allegations of self-neglect only is 50% and is 45% for cases involving perpetrators (Urban et al, 2022). Except for three APS programs, the percentage of victims receiving services is higher for self-neglect than for cases involving perpetrators. One APS program provides services to 100% of self-neglect victims.

Exhibit 5.10. Average Percentage of Victims Receiving Services



Source: APS Systems Analysis.

On average, a **higher percentage of victims received services** in APS programs with: [41]

- Policies that allow for emergency interventions
- Eligibility for young adults with disabilities
- A more limited definition of maltreatment
- Training that includes orientation to the job, core competency training, or advanced or specialized training
- Requirement of a bachelors' degree for their workers
- Support for telework such as a policy that allows for teleworking, flexibility for staff to do different types of work in different settings, and tools to support remote work
- No policy allowing APS staff to directly serve as permanent guardians for clients
- Policy allowing APS to make referrals to private guardianship programs
- Policy allowing APS to provide substitute decision-making or power of attorney
- Service planning that does not rely on tools or include input from the client or family

We conducted a cluster analysis to group programs by post-investigation services, but the results did not reveal any distinct categories.

[41]Differences presented are based on a comparison between means showing a medium to large effect size; results do not imply a causal relationship. For detailed results, see Appendix E. Percentage of Victims Receiving Services by Policy and Practice Variables.

Summary and Conclusion

The section includes a summary of the policy and practice findings and of obstacles and innovations.

Policy and Practice Overview

Almost all (53) APS programs provide post-investigation services to substantiated or alleged victims, while fewer provide services to caregivers (28) of the alleged victims or to perpetrators (22). Almost 40 percent of APS programs rely on a tool (21) or use specific criteria (20) to make this decision; instead, most programs (43) indicated that they rely on professional judgment. Twenty-seven programs indicated that APS staff consult with legal or other experts. The primary mechanism used by APS programs to provide services is through referrals to community partners. While almost all programs make referrals, only half have funds to purchase services (at the time of the survey, prior to the addition of new federal funding). Similarly, while 12 serve as guardians, most other programs make referrals to guardianship programs and encourage alternatives to guardianship. Most programs use input from the client and family to determine service interventions, but only 18 use a structured approach to consider the client's concepts of safety and good outcomes. In 36 programs, APS staff make direct contact with clients to monitor their status, while service providers in 11 programs make these contacts rather than APS staff. Staff in 25 programs use professional judgment to determine the frequency of monitoring, with only seven programs using an assessment tool. Some programs indicated that monitoring is a collaborative activity.

Obstacles and Innovations Summary

The most frequently identified obstacles are a lack of (especially staff) resources, a lack of available services for referral (especially guardianship services), funding for services generally, and access to guardianship services specifically. A few programs cited client willingness to participate as an obstacle. There was not a strong theme in the recent innovations. A few (less than five) programs cited the following innovations: new funding for services, better collaborations, policy enhancements, and better trained/focused staff.

Chapter 6. Understand APS Quality Assurance

Introduction and Overview

APS casework is inherently complex and imperfect. It generally requires a balance of following policies and procedures while honoring client's wishes based on staff education, training, instincts, and program values, including client preferences. In APS, as in other programs, quality assurance (QA) is necessary because training may be insufficient at times to ensure compliance with policy and achievement of positive client outcomes. A good QA system provides program improvements through constructive feedback loops. A formal QA process allows APS programs to hold staff accountable, appropriately adjust their policies and procedures, identify training needs, and ultimately improve services to clients. Exhibit 6.1 illustrates that each of these benefits are interconnected.

Federal Guidelines

The ACL *APS Consensus Guidelines* do not address QA as a topic unto itself. Instead, they discuss the importance of data, training, and program evaluation and reference how individual guidelines affect quality.

Exhibit 6.1. The Interconnected Benefits of a Quality Assurance Process

Source: APS TARC, *Quality Assurance in Adult Protective Services.*

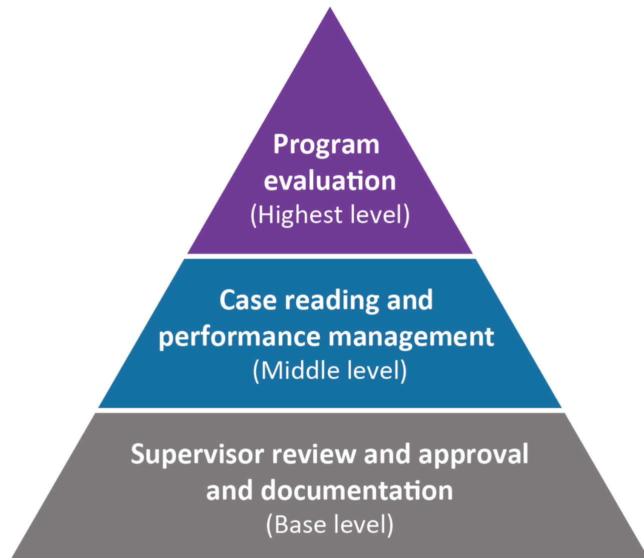
While APS programs have adapted some QA practices from child protective services and other social service programs, there has been minimal research into how APS programs examine or improve the quality of their programs. The need for research in this area was one of the top themes identified in the ACL Research Agenda for APS programs (Administration for Community Living, 2020b).

The *APS Practice Survey* asked APS programs to identify obstacles and innovation in each of the major domains. As noted in Chapter 2 – Understand APS Context and Inputs, many APS programs expressed a concern over the quality of services in their programs, particularly with a need to increase consistency in practice. The APS policy review found that most APS programs do not have a policy regarding QA. The practice survey and systems analysis revealed that QA is a practice in which resources and activities vary significantly across APS programs. There is wide, though inconsistent, participation in a range of quality assurance activities.

Scope

For APS programs, QA is the process of ensuring that staff practices meet standards set by the program. It involves the documentation, supervision, review, and improvement of activities and functions conducted by program staff. The APS TARC brief, *Quality Assurance in Adult Protective Services*, (APS TARC, 2021c) provides a framework for thinking about QA in APS. It is a pyramid or hierarchy of approaches to QA, as shown in Exhibit 6.2. Each level up the pyramid increases the resources and level of dedication needed for QA processes. The lowest (base) level of the pyramid includes approaches that are foundational to a good QA program: documentation and supervisor review and approval. The middle level includes approaches that involve analysis of performance through two mechanisms involving creation and use of data: performance management and case reading/review. The final (highest) level, program evaluation, involves more intensive research projects that dive deeper into specific QA questions, such as impact on client outcomes.

Exhibit 6.2. The Hierarchy of APS QA Needs



Source: APS TARC, *Quality Assurance in Adult Protective Services.*

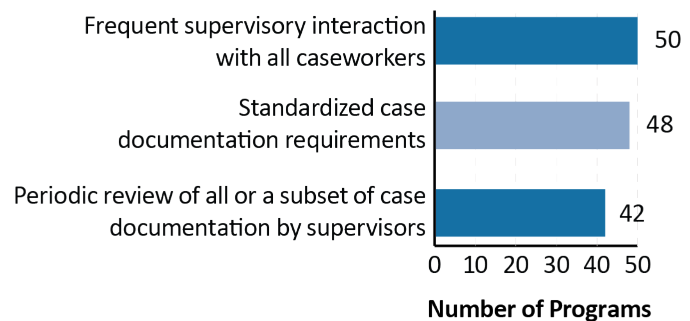
By far, the most common obstacle to improved QA practice is the lack of resources, cited by 16 programs. This ranged from staff time to document casework, to supervisor time to review documentation, to lack of resources for the higher-level QA functions.

The following examines the status of APS QA within each level of the QA pyramid.

Base-level QA Practice

The base-level of the QA pyramid is focused on QA activities that are part of routine case work. Base-level QA consists of foundational elements such as education and training requirements, case documentation, and the role of the supervisor in ensuring case quality. (While education and training requirements could be considered part of QA, they are discussed in detail in Chapter 2 – Understand APS Context and Inputs.) Exhibit 6.3 indicates that almost all programs participate in base-level practices.

Exhibit 6.3. Base-level QA Methods Used by APS



Source: APS Practice Survey.

Documentation

The APS practice survey asked programs to identify obstacles and innovations in QA. While almost all (48) APS programs require basic case documentation, more than a dozen programs indicated that adequate documentation is a concern. This includes 13 APS programs that indicated that the lack of an adequate case management system was an obstacle to an effective quality assurance program — most importantly, as means to provide data for QA. An equal number (13) of APS programs cited implementation of such a system as a recent improvement or innovation. A few programs cited the general problem of getting staff to provide quality documentation, with one succinctly describing the obstacle as: "The lack of adequate documentation in workers' narrative entries." Along these same lines, programs also indicated a need for management to make better use of data for QA.

Role of Supervisor

A key resource for QA is the supervisor. Overall, the survey indicates that supervisors play a critical role in QA in most APS programs; however, programs expressed concern about supervisor workload and resources for fulfilling this function. Several programs cited supervisor workload as a problem, as illustrated by the quotes in the box to the right.

A few programs specifically indicated that they face significant obstacles in consulting with supervisors and appropriate experts and teams (e.g., "Supervisors have too many staff to supervise daily and weekly") in making case decisions. Conversely, 24 respondents indicated they made significant improvements or innovations during the past three years in consulting with supervisors and appropriate experts and teams.

Workload Impacts QA

"We only have 17 APS workers in the state that carry a caseload. Of those, five of the staff are supervisors of APS and it is very difficult for them to find time to conduct all the tasks of APS as well as a thorough quality assurance process."

"Case volumes impact supervisors' ability to devote time to quality assurance efforts."

Supervisors frequently interact with caseworkers in almost all (50) programs. Most (42) APS programs require periodic review of all or a subset of case documentation by supervisors statewide to ensure quality casework.

Another method of ensuring quality casework is supervisor involvement at critical case junctures. Exhibit 6.4 summarizes supervisor involvement and approval requirements at critical case junctures. Overall, supervisors in most states are involved in every stage of the investigation.

Exhibit 6.4. Supervisor Involvement and Approval at Case Junctures

Case Junctures	Supervisor Is Involved	Supervisor Required to Approve
Screen out (not accept) a report for investigation	N/A	39
Intake	39	N/A
Case assignment	47	N/A
Investigation planning	45	N/A
Determining the investigation findings/disposition of maltreatment allegation	46	39
Legal interventions	48	41
Referring a case to law enforcement	N/A	29

Case Junctures	Supervisor Is Involved	Supervisor Required to Approve
Service plans	42	38
Keeping investigations open for longer periods of time than typical	N/A	46
Case closure	50	45

Source: APS Practice Survey. Note: Data are from two questions regarding involvement and approval; responses were not mutually exclusive (i.e., supervisors could be involved in and required to approve actions). N/A indicates category was not asked in question.

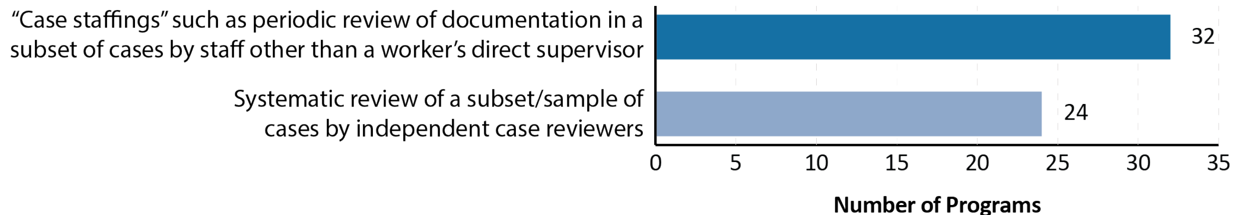
Middle-level QA Practice

The middle level of the QA pyramid is focused on QA activities that are beyond routine casework and require a dedicated focus and resources for QA. Middle-level QA includes case reading and performance management. Fewer APS programs participate in these practices.

Case Reading and Review

Exhibit 6.5 shows that fewer programs participate in case reading than base-level QA practices. The most common activity, reported by 32 programs, was statewide "case staffings" (periodic review of documentation in a subset of cases conducted by someone not directly involved in the case). Only 24 programs have a QA program on a statewide basis that requires systematic review of a subset or sample of cases by independent case reviewers. The lack of staffing and resources or expertise, as noted in the identified obstacles, makes it difficult for programs to implement regular case reading practices. One program succinctly stated the concern as: "Low staffing of quality assurance results in a small, non-representative sample size (for case reviews)." Another stated: "We do not have specific training on how to do case reviews (it can be subjective)."

Exhibit 6.5. Middle-level Quality Assurance Methods: Casework Monitoring



Source: APS Practice Survey.

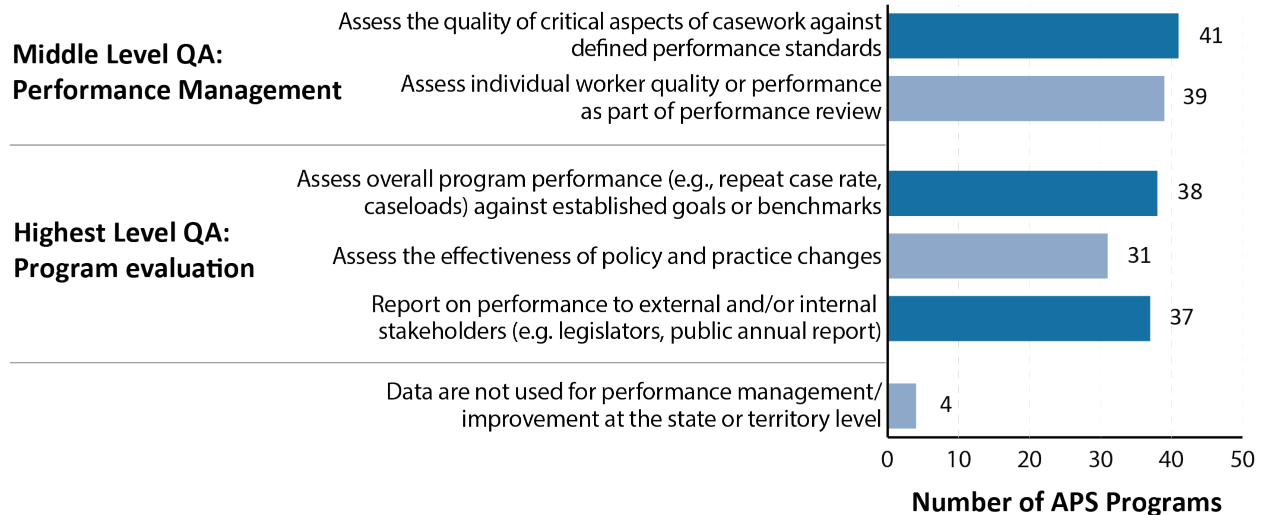
Almost all APS programs that conduct systematic reviews use a standardized form. Many of the programs indicated that a form is used to measure compliance with "standards," "policy," "minimum requirements," "contract — performance requirements," and other aspects of practice. Some tools are used with open cases and some with closed case review. One specific type of case review is elder death review teams, in which cases involving client deaths are reviewed for patterns of poor casework. Implementation of elder death review teams, however, is not widespread, with only eight state programs requiring it and 13 programs voluntarily conducting the reviews.

State programs reported use of tools is an area of current need or increased focus: 10 programs cited the need to or have recently created or updated their QA tools, such as case reading forms or a continuous quality improvement process/form.

Performance Management

As shown in Exhibit 6.6, most APS programs use data to manage and improve performance through routine and program evaluation activities. In general, more programs use data for continuously monitoring casework and caseworker performance than for program evaluation-type activities. Despite having practices in place, some APS programs see the use of data as an area of growth requiring continued improvement. To this end, many programs are using recent federal funding to invest in new or improved case management systems. One program summarized this need as follows: "We are in the midst of moving from an outdated and siloed data system to a consolidated system. It will take some time to have improved data quality." A neighboring state simply said: "data integrity."

Exhibit 6.6. Use of Data to Improve Performance



Source: APS Practice Survey.

Highest-level QA Practice

The highest level of QA involves non-routine research and analysis of data to understand and assess the effectiveness of a program overall and typically requires resources dedicated to more in-depth analysis of program activities and operations.

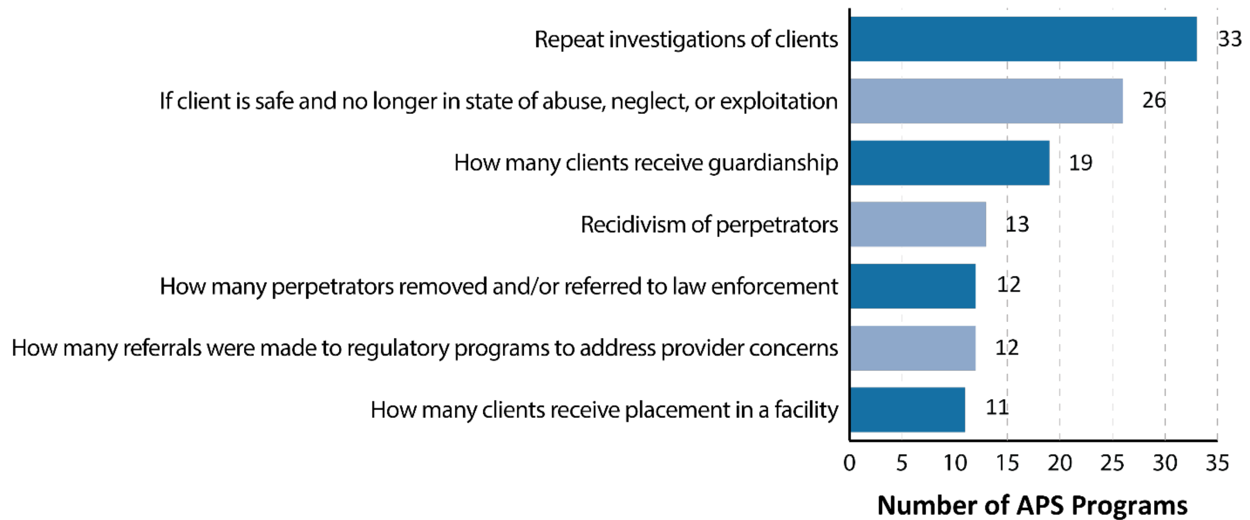
Program Evaluation

As shown in Exhibit 6.6, approximately two-thirds of APS Programs use data for program evaluation-type activities, including assessing program performance against established goals or benchmarks, assessing effectiveness of interventions or changes in policy or practice, and reporting to internal and external stakeholders.

Monitoring Client Outcomes

APS programs may routinely monitor or track investigation results to assess the impact of the program on client outcomes. Exhibit 6.7 shows that, other than review of repeat cases, most programs do not track or conduct such assessments.

Exhibit 6.7. APS Investigation Results Routinely Monitored to Assess Impact on Client Outcomes



Source: APS Practice Survey.

Systems Analysis

System Outcome

APS programs implement QA practices to improve all aspects of their operations, ranging from policy to staff training and development to daily practices. Distinct QA practices may also be implemented as part of daily operations and are often conducted concurrently, which makes an analysis and interpretation of individual practices challenging. As such, we did not conduct a system outcome analysis for individual QA variables. However, we did analyze the relationship of the types of programs with the system outcomes.

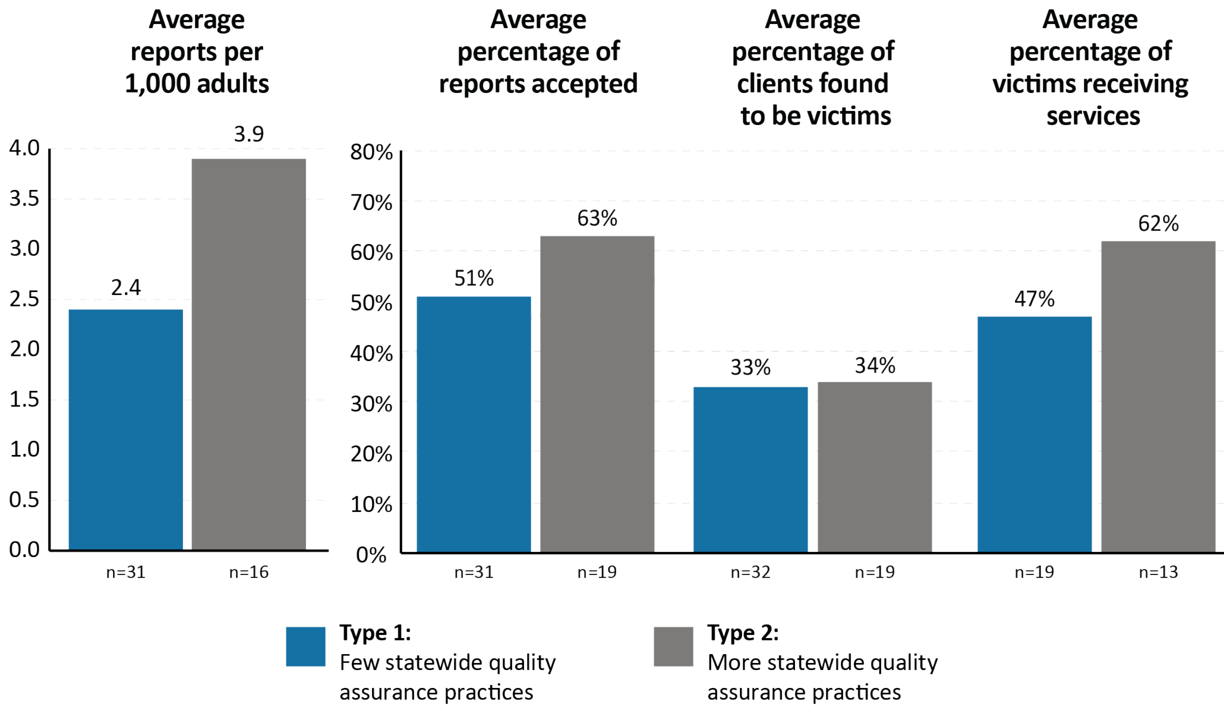
Type of Programs

APS programs differ in the types and scope of QA practices they implement. Our analysis identified two distinct program types:

- Type 1. Implementation of Few Standard QA practices (34 programs)
- Type 2. Implementation of More Standard QA practices (20 programs)

Further research is needed to identify common characteristics – e.g., more resources – of the more sophisticated programs. Many programs are using the availability of additional resources from new federal funding to improve their QA programs.

Exhibit 6.8. Sequential System Outcomes for Quality Assurance Types



Source: APS System Analysis.

The programs with more standard QA practices have higher reporting rates[42] and are accepting a higher percentage of reports[43] than those with fewer standard QA practices. While programs with more standard QA practices provide services to a higher percentage of victims than those with fewer standard practices, the effect size for this difference is small.[44] Substantiation rates are similar for both types of programs.[45]

Summary and Conclusion

As noted in the discussion of obstacles in Chapter 2 – Understand APS Context and Inputs, many APS programs expressed concerns over the quality of services they provide, emphasizing a need to increase consistency in practice. The cluster analysis of QA practices and policies highlights the wide range and scope of QA implemented across states, grouping APS programs into two categories: those with minimal QA practices and those with higher QA practices.

Policy and Practice Overview

QA is a critical but underdeveloped aspect of many APS programs. The extant policy review found that most programs do not have formal QA policies. While several programs have implemented new QA programs or improved their processes in recent years, a similar number of programs cite the need for more resources to develop their QA.

[42] See Appendix B, Table B–12. Mean Reporting Rate per 1,000 Adults by State APS Quality Assurance.
[43] See Appendix C, Table C–12. Percentage of Reports Accepted by State APS Quality Assurance.
[44] See Appendix E, Table E–9. Percentage of Victims Receiving Services by State APS Quality Assurance.
[45] See Appendix D, Table D–12. Percentage of Clients Found to Be Victims by State APS Quality Assurance.

QA activities that require less resources, involve supervisor engagement, and which are built into the case flow are more prevalent than QA activities that require more resources, additional QA-related staff, and occur after case closure.

- Almost all programs have supervisors periodically review case documentation, interact frequently with caseworkers, and review various aspects of casework.
- Fewer states use independent case reviewers, a prescribed QA unit, or participate in elder death review teams.
- Most programs use data to manage their programs, although many expressed a desire to improve this management practice.

Obstacles and Innovations

The most common obstacle to implementing QA was lack of resources for QA activities. Programs expressed a desire for improved documentation, related to both the consistency and adequacy of case documentation and the sufficiency of case management systems to record high-quality data. APS programs would also like to improve the use of data for QA purposes. A few states cited the need for either “authority” or management support for QA as a barrier to implementation. The most common innovations include the recent implementation of QA processes for the first time, implementing a new or improved case management system, and use of new tools or measures for QA purposes.

Chapter 7. Reflections

The Past

The Administration for Community Living (ACL) charged the APS TARC with conducting a process evaluation to better understand the APS system. This evaluation is the first to examine data and information from all APS programs across the nation.

The APS TARC had to address several limitations in determining how to approach the evaluation:

- **No prior comprehensive national evaluation** of state APS systems had been conducted; we didn't have research to draw on.
- **No theoretical framework** for analyzing APS existed; we had to create a logic model to guide our work.
- **No national performance data** existed and state data were inconsistent; we used the National Adult Maltreatment Reporting System (NAMRS), a newly available resource never previously used, to document **national performance data**.
- **Efficacy and outcomes are difficult to define and measure in APS** and had not been developed; we had to develop a research methodology that defined system outcomes based on our new theoretical framework.

This evaluation provides ACL, policymakers, and the APS programs with a better understanding of the nature of the APS system and its key characteristics. With this evaluation, we have defined and measured system outcomes and know what policy and practice is associated with higher or lower impacts on these system outcomes. Work still needs to be done to define the nature of these relationships and understand their relationship to best practice and performance. We have some sense of *what* policies and practices contribute to the system outcomes, but we don't know *why*.

The Present

This evaluation has documented and confirmed what APS stakeholders and practitioners have believed about the high degree of diversity and disparity within the APS system. While this evaluation documents a core set of policy and practice areas, APS programs vary widely in the way these policies and practices are implemented and managed as measured by system outcomes. This reflects the fact that APS programs are relatively new, without a permanent federal funding stream to drive national consistency. Consequently, APS programs are still in development, with a self-expressed need in the practice survey to increase program quality and consistency in casework practice.

The following highlights key findings that support this understanding of the APS system. The highlights reflect the insights of the APS TARC team. Others reviewing the data may have different insights and we look forward to engaging in discussion with APS stakeholders and researchers about this report.

Overall, many policies and practices are shared across a majority programs, but few are universal. The nearby callout box lists policies and practices that are roughly the same in 80% of the programs. However, even in these areas, policy and practice is not the same across **all** programs. A good example is program dispositions: at the time data was collected, one program did not require dispositions for investigations, but used client "assessments" to determine whether services are needed and did not determine a case disposition. Increasingly, APS programs are interested in or are using this model, particularly for cases of self-neglect. Another important example is lack of universality in who APS programs serve. Out of the 54 programs in this analysis, the largest eligibility category is adults with disabilities (also called dependency or vulnerability) at 34 programs. Lack of universality indicates a dynamism in the system that may be good in terms of creativity but also indicates a lack of defined best — or even promising — practice in many areas.

Core APS Policy and Practice Areas

- Categories to define eligibility
- Disposition categories
- Aspects of state control
- Aspects of training
- Case initiation priority levels
- Investigation completion time
- Holistic client assessments
- Documentation requirements
- Evidence collection protocols
- Use of at least one expert consultant from outside
- Use of MDTs
- Provision of services to alleged and substantiated victims
- Client and family input consider in development of service plans
- Use of alternatives to guardianship
- Frequent supervisor involvement and approvals

APS programs face two significant legal/ethical tensions in policy and practice. The first tension is that APS applies a legal framework (conducting "investigations") to address what is often a social service need. As noted above, APS programs are increasingly exploring ways around this tension. Second, APS provides "protection" while ensuring individual rights are upheld, often for individuals who may lack the ability to make decisions for themselves. For example, most APS programs have various types of emergency interventions available (with judicial approval) that may override a client's desires, yet all programs emphasize clients' rights through a set of guiding principles or core values, usually reflected in policy. This makes the process of determining client decision-making ability a critical one.

The eligible population for APS varies from state to state, yet APS practice is not population specific. As just noted, while all programs base eligibility on the same factors (age and/or disability), the eligible population varies across states and the concept of disability or vulnerability is defined differently across the programs. APS serves diverse populations, ranging from the homeless with mental illness to residents of licensed health care or mental health facilities. While the eligible populations vary, the practice survey indicated that practice does **not** vary by population. Instead, APS programs seem to increasingly rely on specialization of staff and consultant experts.

APS is administratively located and operated in different ways. APS programs' location in state health and human services agencies is with child welfare programs, state units on aging, and other health and human services programs. Programs are mostly state-run, but several programs are locally administered with varying degrees of operational oversight by counties or subcontractors at the local level. As discussed in Chapter 2 – Understand APS Context and Inputs, the cluster analysis indicated whether a program is

state or locally administered and the degree of state control was associated with differences in system outcomes.

States vary greatly in policy and practice for the key decision-making points. As outlined in the discussion of system outcomes in Chapters 3 - 5 on intake, investigation, and post-investigation services, there is great variation in the decision of whether to report a suspected maltreatment, whether to accept the report, whether to substantiate the report, and whether to provide services. Further research is needed to understand the reasons for this variation and what the ideal rates would be for any of these decisions. The ACL *APS Research Agenda* (Administration for Community Living, 2020b) identified the need to better understand intake processes. The National Adult Protective Services Association is currently researching the topic of differences in investigation dispositions.

APS program staff expressed concern about the need for increased internal consistency in practice to ensure higher-quality casework. This is perhaps the strongest theme from the qualitative information in the practice survey.

This need for improved quality is consistent with **the cluster analysis revealing patterns of programs with more and less robust investigations and quality assurance practices.** This is an indication of uneven development and resources across state programs. As discussed in the systems outcome analysis in the QA and investigations chapters, programs differ according to the number and types of investigative and QA practices they have implemented.

APS supervisors play a critical role in improving program quality and consistency in practice. As shown in Chapter 5 - Understand APS Investigations, they are involved in every aspect of casework decision-making and are a key to quality assurance activities. These casework practice responsibilities are in addition to the other hats they must wear, such as trainer and mentor. With staff retention becoming an increasing concern, the burden on supervisors increases in terms of assisting with case decisions for new staff and creating the work environment to retain staff.

APS programs depend on partnerships to be successful. This is a theme not fully explored in this report, but responses to survey questions about partnerships indicate that APS programs depend on partners in several areas of practice, such as conducting capacity assessments. APS program reliance on partnerships tends to be more local than statewide. For example, most programs do not use specialized staff or units and are dependent upon community experts for help with issues like capacity assessments.

The Future

Two significant changes occurred during the time this evaluation was conducted: the COVID-19 pandemic caused a major disruption in APS practice and the first-ever federal formula grant funding for APS infused the system with resources for program improvement. The long-term impact of COVID-19 is unknown, but it has caused some innovation in and reconsideration of policy and practice in certain areas, particularly related to how investigations are conducted. The long-term impact of the federal funding should spur practice improvements, allowing programs without resources to add key practice elements and those with more resources to implement or experiment with promising practices. APS programs will be able to make improvements to address and improve many of the topics discussed in this report. The sustainability of these improvements remains to be seen with the minimal ongoing dedicated federal funding stream that was appropriated for federal fiscal year 2023. The timing of this evaluation is fortuitous in that it provides

a "snapshot" of the system before the infusion of formula grant funding. Future research should examine how policies and practices change and evolve over the next several years.

Findings from this evaluation offer ACL, APS programs, and APS TARC several suggestions for continuing to support the development and improvement of APS systems across the country in the following areas:

- **Address APS programs' specific concerns and needs for improved quality and consistency.** APS TARC TA efforts should continue to recognize and support APS programs in addressing the need for greater program consistency and improved quality. The data in this report will serve as a resource for programs to identify common practices for APS programs. As programs seek to implement policy and practice change, the APS TARC will be able to provide referrals to other programs that have already implemented the policy or practice.
- **Inform technical assistance offerings.** APS programs would benefit from technical assistance products that address themes that cut across policy and practice areas. Information collected for the evaluation can be used by APS TARC to develop new technical assistance briefs or other resources to assist APS programs in areas such as use of assessment tools, nature of and dependence on partnerships, and use of specialized units and staff in the investigative process.
- **Assist with individual state program evaluation efforts.** The data and framework in this evaluation can benefit programs using recent federal funding grants to undertake program evaluations or reviews.

While this evaluation describes the system and the relationship of various policies and practices to system outcomes, additional research is needed to understand the nature of these relationships. Potential topics for future research include:

- **Intra-state variation in APS practices.** While not presented in this report, the practice survey collected data on intra-state variation. This topic could be further explored, in particular the overall extent of intra-state variation, the cause of variation (e.g., authority, administration, policy, practices), and if intra-state variation may be associated with different system outcomes.
- **Refinement of cluster analysis.** Cluster analysis is useful for classifying different types of programs into similar groups, but the analysis is highly dependent on the available information. Additional work could be done to incorporate additional policies, practices, or procedures into cluster analyses to yield different or more granular groupings. This evaluation explored associations between system outcomes and APS programs grouped by cluster; associations between groups and near-term or intermediate outcomes (e.g., average time to complete investigation) could yield useful findings.
- **Relationship between system outcomes, individual outcomes, and quality services.** APS programs consistently and systematically report data on system outcomes, yet there are no benchmarks or standards for these measures. ACL should explore opportunities to examine system outcomes more closely, including their relationship to improved outcomes for individual clients, to provide a clearer pathway to program improvement.
- **Identification of promising and/or evidence-based practices.** This evaluation examined the associations between policy and practice characteristics and system outcomes. Without benchmarks or targets for system outcomes and identification of evidence-based practices for improving those outcomes, future research will also be limited to reporting "snapshots" of APS

programs at a single point in time. Future research should seek to establish an evidence base for APS program operations that contribute to better (or optimal) outcomes.

- **Deeper exploration of APS program needs**. For the most part, the analysis in this evaluation was conducted at the APS Logic Model domain (e.g., investigations) level. The TA Briefs mentioned above will examine issues across the domains but do not exhaust the potential topics. In addition, ACL has collected qualitative information about APS systems through the client outcome study and formula funding operating plans and reports. A rigorous and comprehensive analysis of findings **across the studies** plus review of additional existing qualitative data — such as found in grant reports — would be useful in better understanding the extent and scope of APS program needs.
- **APS Logic Model as an evaluation framework.** The APS Logic Model provided a framework for collecting and organizing information to inform this evaluation. The original model, however, was developed based on our subject matter experts' understanding of the APS program, not systematic data collection. Future studies would benefit from an updated logic model that incorporates the information gathered during this study on APS program policy and practice.

Conclusion

Consistent with the mission of the APS TARC, this APS Process Evaluation will help "enhance the effectiveness of APS programs." Working with ACL, the APS TARC will present findings at conferences and webinars and provide an opportunity for ongoing dialogue about the findings of this report. We look forward to working with others using the data for program improvement or additional research.

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Appendices

Appendix A: APS Logic Model

Over the past several decades, state and local initiatives developed APS programs without a national framework or consensus about what adult maltreatment is and what role government should have to assist victims. Lacking a unifying national framework, APS programs developed with variation in most aspects of programming and service delivery. A recent initiative of ACL, *National Voluntary Consensus Guidelines for State APS Systems*, is a step toward greater consistency among programs, but its impact has not yet been fully achieved.

The professional literature also reflects this lack of uniformity. An existing theoretical framework for conducting an evaluation was not identified by the APS TARC in preparing the evaluation plan. Consequently, one of the first tasks of the APS TARC was to develop a logic model to provide a theoretical framework for the evaluation. The APS Logic Model was drafted by the APS TARC and was reviewed informally by several APS administrators and the co-chair of the NAPSA-NCPEA research committee. Their comments were incorporated into the current model.

In developing the APS Logic Model, the APS TARC consulted a case flow diagram developed by NAPSA. This diagram portrays the major activities undertaken by APS agencies when investigating an allegation of maltreatment. It shows the characteristic steps in an APS investigation, beginning with the intake report and concluding with case closure. It includes both the investigation and service delivery activities.

The APS Logic Model[46] elaborates upon this case flow and identifies results of standard APS activities, as well as the context under which these activities occur. The APS Logic Model is a one-page depiction of the following elements of APS programs: context, inputs/resources, activities, activity metrics, and expected results. Activities, activity metrics, and expected results are divided into the typical case flow of intake (also often called prescreening), investigation, and post-investigation services. Quality assurance is also included and is composed of several activities (e.g., documentation and supervisory review) that are critical aspects of APS programs.

The following description and assumptions explain the APS Logic Model.

The model is focused primarily on APS client services. It does not include other program activities such as public awareness campaigns or budget planning. The chart includes elements related to APS investigations of providers or facilities but is not an exhaustive list of potential provider investigation activities conducted by some APS programs or licensing and regulatory agencies.

The chart shows the typical stages of an APS case in the activities, activity metrics, and results columns. The overall case stages are from the top of the column to the bottom. It is recognized that actual activities, depending on the program and case, may occur in different boxes than shown. For example, case initiation activities in some programs may be performed as part of intake and not as part of the investigation.

The model represents an overall depiction of elements of APS programs, but no program is expected to include all elements. Specific state processes will differ. For example, some APS programs only investigate

[46] Several acronyms are used throughout the logic model: ANE=abuse, neglect, exploitation; AV=alleged victims; CV=confirmed victims; AP=alleged perpetrator; MDT=multi-disciplinary team.

allegations and do not provide services. Policies may differ across jurisdictions regarding an alleged victim's right to refuse an investigation or services. Some APS programs have funding to purchase services for victims as part of their program budgets, while many do not, or the funding may be insufficient. Long term post-investigation management of guardianship cases is not included in this model. Consultative experts can be internal or external to a program.

The listed activity metrics are associated with the activities column and are not a comprehensive list of potential metrics for APS programs. The expected results column does not list outcomes or impact, which are often included in logic models; instead, it more definitively and concretely lists results of the items in the activities column. The next version of this model developed by New Editions Consulting adds a more traditional outcomes column.

Finally, the chart is generally consistent with the *Guidelines* and with terminology used in NAMRS.

Context	Inputs/Resources
• Older adults and adults with disabilities are subject to maltreatment — abuse, neglect, and exploitation (ANE) — by others or through self-neglect. • Allegations of ANE are reported to APS agencies by family members, professionals (e.g., bank or doctor), and the public. • Under state law, APS agencies, often in partnership with the community and experts, investigate ANE, provide protection from harm, and address causes of ANE, while respecting the values of person-centered/self- determined service planning and use of least restrictive appropriate setting for services. • APS programs are usually part of an “aging” or social services/protective agency. Some are state-administered and some are county-administered programs.	**APS staff** • Intake • Investigative or service worker • Supervisor • Management **Consultative experts** • Physical and mental health • Forensic (accounting, investigation) • Multi-disciplinary teams (MDT) • Legal staff **Community partners** • Aging network • Protection and advocacy • Law enforcement/DA • Guardianship programs • Nonprofit agencies **Operational supports** • Policies and procedures • Case management, reporting, and accounting system(s) • Hiring and training staff • Standardized assessment tools • Other technology supports **Funding for services** **Legal and ethical process to:** • Protect alleged victim’s rights • Provide alleged perpetrator due process • Institute program values

Activities	Activity Metrics	Expected Results
Intake		
Obtain information from reporter Provide information, refer to other agency, or accept intake	# of reports (intakes) screened in # of reports (intakes) screened out/referred	Information to reporter Appropriate intakes Appropriate referrals
Investigation		
Initiate: prioritize risk, contact AV, assess emergency needs, and take emergency protective action (if needed) **Assess** AV’s: disability status, decision-making capacity (non-legal and/or legal), formal and informal support systems, social and health needs, physical environment, and financial status. **Interview:** AV, AP, collaterals **Collect** physical evidence (medical, financial, etc.) **Consult** with supervisor and appropriate experts and teams **Determine** finding and communicate results **Make** service recommendation	# of initial alleged victim contacts # of legal protective actions # of alleged victims receiving emergency services #/timeliness of investigations # of cases/investigator # of formal assessments #/timeliness of interviews # of referrals of alleged victim for assessment or services # of investigations by closure reason # of referrals of alleged perpetrators for legal remedy # of caregivers receiving services # of confirmed: allegations, perpetrators, cases Average length of time per investigation	AV is safe and no longer in state of ANE Risk from perpetrator addressed Referrals to other entities (e.g., regulatory programs, law enforcement)
Post-Investigation Services		
Obtain agreement and implement service plan **Refer** to community partners or purchase services **Monitor** status of victim and services	# of alleged victims accepting services, refusing services # of MDT referrals Amount of purchased services and community resources accessed # of referrals # of placements # of client contacts	AV: • Is safe • Has reduced long-term risk for ANE
Quality Assurance		
Document investigation/service Review/approve for closure Conduct QA process	% cases documented timely # of supervisor approvals # of fatality reviews # of cases reviewed for QA	Quality of investigations and services is maintained or improved

Appendix B. Reporting Rate per 1,000 Adults by Policy and Practice Characteristics (n=47)

Symbol Key

The following symbols are used in each table below.

* indicates the effect size of difference between categories is moderate (≥ .5 and <.8).

** indicates the effect size of difference between categories is large (≥ .8).

[1] indicates the totals may not sum to 47 due to missing data or inapplicable categories.

[2] indicates Cohen's d is used to calculate effect size of the difference between the means for each category and the category with the lowest mean. Categories are mutually exclusive unless otherwise noted.

Table B–1. Mean Reporting Rate per 1,000 Adults

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
All APS Programs	N/A	47	2.9	1.8

Table B–2. Mean Reporting Rate per 1,000 Adults by Scope of APS Programs

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Authorized to seek emergency interventions (e.g., involuntary)	No	14	3.4	1.8
	Yes	33	2.7	1.8
Eligibility - Young adults with disability are eligible	No	3	1.9	0.6
	Yes	44	3.0*	1.8
Eligibility - Older adults require disability	No	13	3.6*	1.7
	Yes	34	2.6	1.8
Facility/provider investigations	No, never	8	2.3	1.2
	Sometimes	20	2.8	1.5
	Yes, all situations	19	3.2	2.2
Maltreatment definition	Limited	11	2.4	1.7
	Comprehensive	36	3.1	1.8
Investigate self-neglect	No	2	2.0	0.7
	Yes	45	2.9*	1.8
Standard of evidence	Credible, reasonable, or probable cause	15	3.0	1.6
	Clear and convincing or preponderance of evidence	32	2.9	1.9

Table B–3. Mean Reporting Rate per 1,000 Adults by APS Program Administration

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Agency location	Aging	16	2.9	1.6
	Social services	13	3.0	1.8
	Other	18	2.8	2.0
Geographic structure, staff conducting investigations	State employees	35	3.0	1.8
	Local or non-government employees	12	2.5	1.6
State control	Limited	2	3.9**	1.6
	Moderate	8	2.3	1.4
	Significant	37	3.0	1.9

Table B–4. Mean Reporting Rate per 1,000 Adults by APS Workforce

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Bachelor's required statewide	No	9	3.1	1.5
	Yes	38	2.9	1.9
Remote work policy	No	17	2.2	1.0
	Yes	30	3.3*	2.0
Flexibility for working in different settings	No	16	2.0	0.7
	Yes	31	3.4**	2.0
Remote work tools	No	10	2.3	1.3
	Yes	37	3.1	1.9

Table B–5. Mean Reporting Rate per 1,000 Adults by APS Worker Training Components

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Orientation	No	4	2.2	0.9
	Yes	43	3.0	1.8
Supervised fieldwork	No	3	2.1	0.6
	Yes	44	3.0	1.8
Core competency training	No	6	2.5	0.9
	Yes	41	3.0	1.9
Advanced or specialized training	No	19	2.3	1.2
	Yes	28	3.3*	2.0

Table B–6. Mean Reporting Rate per 1,000 Adults by Administrative Structure Type

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Administrative structure (based on cluster analysis)	State administered and controlled	32	3.1	1.9
	County administered and controlled	7	2.5	1.5
	County administered and state controlled	5	2.6	1.9
	State administered and locally controlled	3	3.0	1.8

Table B–7. Mean Reporting Rate per 1,000 Adults by Reporting Policy and Practice

Intake Characteristics	Categories	N[1]	Mean[2]	Std Dev
Mandatory universal reporting	No	34	3.0	1.9
	Yes	13	2.6	1.5
Mandatory reporters (not mutually exclusive)	Aging services providers	16	2.9	2.1
	Clergy	16	3.3	1.9
	Day care or senior services centers	22	3.0	2.0
	Disability-serving organizations	14	2.6	1.3
	Educational organizations	15	2.7	1.9
	Financial services providers	17	2.5	1.1
	First responders	30	3.0	1.9
	Home health providers	31	2.9	1.9
	Law enforcement	36	2.9	1.9
	Legal service providers	12	2.9	1.5
	Ombudsmen	9	2.2	1.2
	Long-term care providers	33	3.1	1.9
	Medical personnel	37	2.9	1.9
	Mental health or behavioral health services	33	3.1	1.9
	Social service providers	32	2.9	1.9
	Victim's services providers	10	2.9	1.7
	Anyone engaged in the care of or providing services to a vulnerable adult	19	3.4	1.6
Partnerships with medical community for reporting	No	17	3.3	1.7
	Yes	30	2.7	1.8
Partnerships with financial community for reporting	No	14	3.2	1.5
	Yes	33	2.8	1.9

Table B–8. Mean Reporting Rate per 1,000 Adults by Intake Location and Methods

Intake Characteristics	Categories	N[1]	Mean[2]	Std Dev
Intake location	Both state and local level	4	2.6	0.6
	Centralized at local level	11	2.2	1.8
	Centralized at state level	32	3.2*	1.8
Intake process oversight	APS only	21	2.9	2.0
	APS and other programs	18	3.3*	1.8
	Varies by locality	6	2.2	1.0
Reports accepted 24/7	No	23	3.0	2.1
	Yes	24	2.8	1.5
Use of assessment tools for intake	No	8	2.5	1.8
	Yes	39	3.0	1.8

Table B–9. Mean Reporting Rate per 1,000 Adults by Intake Staffing

Intake Characteristics	Categories	N[1]	Mean[2]	Std Dev
Staff affiliation conducting intakes	APS staff only	9	3.2	1.8
	Non-APS staff only	17	2.5	1.5
	Both APS and non-APS staff	18	3.2	2.2
Staff affiliation responsible for intake determination	APS staff or supervisor	15	2.6	1.2
	Non-APS staff	14	2.8	1.7
	Combination of APS and non-APS	12	3.5	2.4
	Varies by local office	4	3.2	2.5
Role of staff making intake determination	Supervisor only	14	2.3	1.5
	Non-supervisor only	8	3.9**	1.7
	Combination of supervisor and non-supervisor	19	3.0	1.9
	Varies by local office	4	3.2	2.5
Role of staff making report assignment decisions	Intake staff	3	3.3**	1.4
	Intake supervisor	4	1.4	1.0
	APS supervisor	29	2.7*	1.5
	Combination	10	3.8**	2.2
	Varies by local office	1	5.9	n/a

Table B–10. Mean Reporting Rate per 1,000 Adults by Intake Implementation Type

Intake Characteristics	Categories	N[1]	Mean[2]	Std Dev
Intake implementation type (based on cluster analysis)	Decentralized tool-driven intake	14	2.9	2.3
	Decentralized staff-driven intake	10	2.9	1.5
	Centralized tool-driven intake with assessment tools	23	2.9	1.6

Table B–11. Mean Reporting Rate per 1,000 Adults by Case Initiation and Completion

Investigation Characteristics	Categories	N[1]	Mean[2]	Std Dev
Maximum response time for case initiation within three days	No	27	3.5**	2.0
	Yes	20	2.1	0.9
Investigation completion policy	No	5	3.4	2.2
	Yes	42	2.9	1.8
Investigation completion within 60 days (among those with policy)	No	6	3.3	3.0
	Yes	36	2.8	1.5

Table B–12. Mean Reporting Rate per 1,000 Adults by State APS Quality Assurance

Quality Assurance (QA) Characteristics	Categories	N[1]	Mean[2]	Std Dev
QA type (based on cluster analysis)	Implementation of few standard QA practices	31	2.4	1.2
	Implementation of more standard QA practices	16	3.9**	2.3

Appendix C. Percentage of Reports Accepted for Investigation by Policy and Practice Variables (n=50)

Symbol Key

The following symbols are used in each table below.

* indicates the effect size of difference between categories is moderate (≥ .5 and <.8).

** indicates the effect size of difference between categories is large (≥ .8).

1 indicates the totals may not sum to 50 due to missing data or inapplicable categories.

2 indicates Cohen's d is used to calculate effect size of the difference between the means for each category and the category with the lowest mean. Categories are mutually exclusive unless otherwise noted.

Table C–1. Percentage of Reports Accepted

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
All APS programs	N/A	50	55%	23%

Table C–2. Percentage of Reports Accepted by Scope of APS Program

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Authorized to seek emergency interventions (e.g., involuntary)	No	13	56%	23%
	Yes	37	55%	23%
Eligibility - Young adults with disability are eligible	No	6	74% **	16%
	Yes	44	53%	23%
Eligibility - Older adults require disability	No	14	68% **	19%
	Yes	33	49%	22%
Facility/provider investigations	No, never	10	65% **	14%
	Sometimes	20	55%	24%
	Yes, all situations	19	48%	23%
Maltreatment definition	Limited	11	43%	25%
	Comprehensive	39	58% *	22%
Investigate self-neglect	No	3	39%	31%
	Yes	47	56% *	22%
Standard of evidence	Credible, reasonable, or probable cause	14	64% *	15%
	Clear and convincing or preponderance of evidence	36	52%	25%

Table C–3. Percentage of Reports Accepted by APS Program Administration

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Agency location	Aging	18	58%	21%
	Social services	12	56%	25%
	Other	20	52%	25%
Geographic structure, staff conducting investigations	State employees	37	55%	24%
	Local or non-government employees	13	55%	21%
State control	Limited	2	71% *	5%
	Moderate	6	56%	21%
	Significant	42	54%	24%

Table C–4. Percentage of Reports Accepted by APS Workforce

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Bachelor's required statewide	No	9	58%	29%
	Yes	41	55%	22%
Remote work policy	No	15	55%	19%
	Yes	35	55%	25%
Flexibility for working in different settings	No	13	52%	20%
	Yes	37	56%	24%
Remote work tools	No	8	56%	26%
	Yes	42	55%	23%

Table C–5. Percentage of Reports Accepted by APS Worker Training Components

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Orientation	No	4	51%	22%
	Yes	46	56%	23%
Supervised fieldwork	No	3	48%	24%
	Yes	47	56%	23%
Core competency training	No	6	49%	19%
	Yes	44	56%	23%
Advanced or specialized training	No	20	49%	24%
	Yes	30	59%	22%

Table C–6. Percentage of Reports Accepted by Administrative Structure Type

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Administrative structure (based on cluster analysis)	State administered and controlled	35	55%	24%
	County administered and controlled	6	56%	21%
	County administered and state controlled	7	53%	21%
	State administered and locally controlled	2	69%*	2%

Table C–7. Percentage of Reports Accepted by Reporting Policy and Practice

Intake Characteristics	Categories [a]	N[1]	Mean[2]	Std Dev
Mandatory universal reporting	No	34	56%	21%
	Yes	16	52%	26%
Mandatory reporters (not mutually exclusive)	Aging services providers	15	54%	18%
	Clergy	15	55%	20%
	Day care or senior services centers	24	53%	23%
	Disability-serving organizations	16	49%	20%
	Educational organizations	15	45%	19%
	Financial services providers	17	53%	16%
	First responders	31	52%	20%
	Home health providers	32	52%	21%
	Law enforcement	37	53%	20%
	Legal service providers	12	51%	18%
	Ombudsmen	8	55%	24%
	Long-term care providers	35	54%	22%
	Medical personnel	38	54%	20%
	Mental health or behavioral health services	34	52%	21%
	Social service providers	32	51%	20%
	Victim's services providers	12	51%	23%
	Anyone engaged in the care of or providing services to a vulnerable adult	20	52%	21%
Partnerships with medical community for reporting	No	20	58%	23%
	Yes	30	53%	23%
Partnerships with financial community for reporting	No	17	53%	22%
	Yes	33	56%	24%

Table C–8. Percentage of Reports Accepted by Intake Location and Methods

Intake Characteristics	Categories [a]	N[1]	Mean[2]	Std Dev
Intake location	Both state and local level	3	76% **	18%
	Centralized at local level	11	51%	25%
	Centralized at state level	36	55%	22%
Intake process oversight	APS only	22	52%	21%
	APS and other programs	21	55%	27%
	Varies by locality	5	61%	16%
Reports accepted 24/7	No	23	56%	24%
	Yes	27	55%	22%
Use of assessment tools for intake	No	8	55%	32%
	Yes	42	55%	21%

Table C–9. Percentage of Reports Accepted by Intake Staffing

Intake Characteristics	Categories [a]	N[1]	Mean[2]	Std Dev
Staff conducting intakes	APS staff only	9	58%	23%
	Non-APS staff only	19	48%	23%
	Both APS and non-APS staff	19	56%	22%
Intake determination - agency affiliation	APS staff or supervisor	15	54%	21%
	Non-APS staff	16	52%	23%
	Combination of APS and non-APS	13	60% *	29%
	Varies by local office	4	46%	13%
Intake determination – staff role	Supervisor	13	53%	25%
	Non-supervisor	8	61% *	24%
	Combination of supervisor and non-supervisor	23	54%	23%
	Varies by local office	4	46%	13%
Assignment decisions	Intake staff	3	62% **	19%
	Intake supervisor	5	30%	22%
	APS supervisor	30	57% **	21%
	Combination	11	62% **	24%
	Varies by local office	1	28%	n/a

Table C–10. Percentage of Reports Accepted by Intake Implementation Type

Intake Characteristics	Categories [a]	N[1]	Mean[2]	Std Dev
Intake implementation type (based on cluster analysis)	Decentralized tool-driven intake	14	51%	19%
	Decentralized staff-driven intake	11	59%	32%

Table C–11. Percentage of Reports Accepted by Case Initiation and Completion

Investigation Characteristics	Categories	N[1]	Mean[2]	Std Dev
Maximum response time for case initiation within three days	No	28	62% *	22%
	Yes	22	47%	22%
Investigation completion policy	No	6	56%	26%
	Yes	44	55%	23%
Investigation completion within 60 days (among those with policy)	No	6	50%	33%
	Yes	38	56%	21%

Table C–12. Percentage of Reports Accepted by State APS Quality Assurance

Quality Assurance (QA) Characteristics	Categories	N[1]	Mean[2]	Std Dev
QA type (based on cluster analysis)	Implementation of few standard QA practices	31	51%	21%
	Implementation of more standard QA practices	19	63% *	24%

Appendix D. Percentage of Clients Found to Be Victims by Policy and Practice Variables (n=51)

Symbol Key

The following symbols are used in each table below.

* indicates the effect size of difference between categories is moderate (≥ .5 and <.8).

** indicates the effect size of difference between categories is large (≥ .8).

1 indicates the totals may not sum to 51 due to missing data or inapplicable categories.

2 indicates Cohen's d is used to calculate effect size of the difference between the means for each category and the category with the lowest mean. Categories are mutually exclusive unless otherwise noted.

Table D–1. Percentage of Clients Found to Be Victims

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
All APS programs	N/A	51	33%	18%

Table D–2. Percentage of Clients Found to Be Victims by Scope of APS Programs

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Authorized to seek emergency interventions (e.g., involuntary)	No	13	30%	15%
	Yes	38	34%	19%
Eligibility - Young adults with disability are eligible	No	6	47% **	11%
	Yes	45	31%	18%
Eligibility - Older adults require disability	No	16	41% *	16%
	Yes	32	29%	17%
Facility/provider investigations	No, never	9	41% **	18%
	Sometimes	23	35% *	19%
	Yes, all situations	18	26%	15%
Maltreatment definition	Limited	11	28%	18%
	Comprehensive	40	35%	18%
Investigate self-neglect	No	3	18%	14%
	Yes	48	34% **	18%
Standard of evidence	Credible, reasonable, or probable cause	13	45% **	17%
	Clear and convincing or preponderance of evidence	38	29%	17%

Table D–3. Percentage of Clients Found to Be Victims by APS Program Administration

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Agency location	Aging	19	38%	16%
	Social services	12	30%	16%
	Other	20	31%	21%
Geographic structure, staff conducting investigations	State employees	37	31%	19%
	Local or non-government employees	14	39%	15%
State control	Limited	3	36%	17%
	Moderate	8	38%	17%
	Significant	40	32%	19%

Table D–4. Percentage of Clients Found to Be Victims by APS Workforce

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Bachelor's required statewide	No	10	31%	19%
	Yes	41	34%	18%
Remote work policy	No	18	35%	16%
	Yes	33	32%	20%
Flexibility for working in different settings	No	16	34%	16%
	Yes	35	33%	19%
Remote work tools	No	10	40%	16%
	Yes	41	32%	18%

Table D–5. Percentage of Clients Found to Be Victims by APS Worker Training Components

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Orientation	No	4	33%	19%
	Yes	47	33%	18%
Supervised fieldwork	No	4	33%	17%
	Yes	47	33%	19%
Core competency training	No	6	29%	17%
	Yes	45	34%	19%
Advanced or specialized training	No	20	34%	17%
	Yes	31	33%	19%

Table D–6. Percentage of Clients Found to Be Victims by Administrative Structure Type

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Administrative structure (based on cluster analysis)	State administered and controlled	34	32%*	20%
	County administered and controlled	8	43%**	15%
	County administered and state controlled	6	34%**	14%
	State administered and locally controlled	3	21%	5%

Table D–7. Percentage of Clients Found to Be Victims by Case Initiation and Completion

Investigation Characteristics	Categories	N[1]	Mean[2]	Std Dev
Maximum response time for case initiation within three days	No	29	33%	17%
	Yes	22	34%	20%
Investigation completion policy	No	7	42% *	18%
	Yes	44	32%	18%
Investigation completion within 60 days (among states with policy)	No	6	23%	18%
	Yes	38	33% *	18%

Table D–8. Percentage of Clients Found to Be Victims by Assessment of Client Functioning and Circumstances

Investigation Characteristics	Categories	N[1]	Mean[2]	Std Dev
Client safety assessment specific tool	No	37	34%	18%
	Yes	14	31%	19%
Capacity assessment tool	No	25	34%	17%
	Yes	26	33%	20%
Systematic assessment of at least five domains	No	6	25%	19%
	Yes	45	34%*	18%
Any consultative personnel in medical field (e.g., nurse, nurse practitioner, physician)	No	26	35%	20%
	Yes	25	32%	17%

Table D–9. Percentage of Clients Found to Be Victims by Partnerships for Facilities Investigations

Organizations with Partnerships	Categories	N[1]	Mean[2]	Std Dev
State long-term care ombudsman	No	35	35%	19%
	Yes	16	29%	17%
State licensing programs or other regulatory bodies	No	34	37% *	18%
	Yes	17	25%	16%
Medicaid Fraud Control Unit	No	38	36% *	18%
	Yes	13	26%	17%
Law enforcement	No	40	34%	18%
	Yes	11	29%	18%
Tribal communities	No	44	36% **	18%
	Yes	7	18%	12%
Protection and advocacy agency communities	No	47	33%	19%
	Yes	4	33%	17%

Table D–10. Percentage of Clients Found to Be Victims by Partnerships for Evidence Collection

Investigation Characteristics	Categories	N[1]	Mean[2]	Std Dev
Medical community	No	37	33%	18%
	Yes	14	34%	20%
Financial community	No	31	31%	18%
	Yes	20	37%	18%
Law enforcement community	No	16	29%	14%
	Yes	35	35%	20%
Access to any expert consultation resources (e.g., financial, medical, mental health, forensic, legal)	No	7	23%	13%
	Yes	44	35% *	19%
Specialized units	No	19	36%	20%
	Yes	32	31%	17%

Table D–11. Percentage of Clients Found to Be Victims by Investigation Resources Type

Investigation Characteristics	Categories	N[1]	Mean[2]	Std Dev
Investigation resources type (based on cluster analysis)	Implementation of few standard investigation practices	13	26%	14%
	Implementation of more standard investigation practices	13	37%*	18%

Table D–12. Percentage of Clients Found to Be Victims by State APS Quality Assurance

Quality Assurance (QA) Characteristics	Categories	N[1]	Mean[2]	Std Dev
QA type (based on cluster analysis)	Implementation of few standard QA practices	32	33%	18%
	Implementation of more standard QA practices	19	34%	20%

Appendix E. Percentage of Victims Receiving Services by Policy and Practice Variables (n=32)

Symbol Key

The following symbols are used in each table below.

* indicates the effect size of difference between categories is moderate (≥ .5 and <.8).

** indicates the effect size of difference between categories is large (≥ .8).

1 indicates the totals may not sum to 32 due to missing data or inapplicable categories.

2 indicates Cohen's d is used to calculate effect size of the difference between the means for each category and the category with the lowest mean. Categories are mutually exclusive unless otherwise noted.

Table E–1. Percentage of Victims Receiving Services

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
All APS programs	N/A	32	53%	32%

Table E–2. Percentage of Victims Receiving Services by Scope of APS Programs

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Authorized to seek emergency interventions (e.g., involuntary)	No	10	41%	33%
	Yes	22	58%*	32%
Eligibility - Young adults with disability are eligible	No	5	33%	34%
	Yes	27	56% *	31%
Eligibility - Older adults require disability	No	10	44%	32%
	Yes	20	53%	33%
Facility/provider investigations	No, never	7	58%	39%
	Sometimes	15	47%	34%
	Yes, all situations	9	63% *	24%
Maltreatment definition	Limited	6	69% *	32%
	Comprehensive	26	49%	32%
Investigate self-neglect	No	1	92% **	n/a
	Yes	31	52%	32%
Standard of evidence	Credible, reasonable, or probable cause	9	52%	32%
	Clear and convincing or preponderance of evidence	23	53%	33%

Table E–3. Percentage of Victims Receiving Services by APS Program Administration

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Agency location	Aging	12	61%	32%
	Social services	7	46%	35%
	Other	13	48%	33%
Geographic structure, staff conducting investigations	State employees	21	52%	33%
	Local or non-government employees	11	54%	33%
State control	Limited	3	45%	27%
	Moderate	5	44%	31%
	Significant	24	56%	34%

Table E–4. Percentage of Victims Receiving Services by APS Workforce

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Bachelor's required for caseworkers statewide	No	8	38%	31%
	Yes	24	58%*	32%
Remote work policy	No	14	41%	29%
	Yes	18	62% *	33%
Flexibility for working in different settings	No	12	41%	32%
	Yes	20	60% *	31%
Remote work tools	No	8	32%	23%
	Yes	24	60% **	33%

Table E–5. Percentage of Victims Receiving Services by APS Worker Training Components

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Orientation	No	4	26%	17%
	Yes	28	57% **	32%
Supervised fieldwork	No	3	40%	27%
	Yes	29	54%	33%
Core competency training	No	5	33%	21%
	Yes	27	57% *	33%
Advanced or specialized training	No	13	38%	32%
	Yes	19	63% *	29%

Table E–6. Percentage of Victims Receiving Services by Administrative Structure Type

Administrative Characteristics	Categories	N[1]	Mean[2]	Std Dev
Administrative structure (based on cluster analysis)	State administered and controlled	20	54%	33%
	County administered and controlled	7	48%	27%
	County administered and state controlled	4	66%*	43%
	State administered and locally controlled	1	17%	

Table E–7. Percentage of Victims Receiving Services by Methods to Develop Service Plans

Post-Investigation Service Characteristics	Categories	N[1]	Mean[2]	Std Dev
Formal written services plans	No	12	58%	38%
	Yes	20	50%	29%
Tools	No	23	59% *	34%
	Yes	9	36%	20%
Input from client	No	3	94% **	3%
	Yes	29	49%	31%
Input from family	No	3	94% **	3%
	Yes	29	49%	31%
Structured approach to consider outcomes	No	20	52%	35%
	Yes	12	54%	29%
Structured approach to identify risks	No	19	57%	33%
	Yes	13	47%	32%
Client signs plan	No	12	59%	30%
	Yes	20	49%	34%

Table E–8. Percentage of Victims Receiving Services by APS Policies and Practices Related to Guardianship and Alternatives

Post-Investigation Service Characteristics	Categories	N[1]	Mean[2]	Std Dev
APS can be permanent guardians	No	28	56% *	32%
	Yes	4	31%	27%
Referrals to private guardianship	No	20	46%	29%
	Yes	12	63% *	36%
Substitute decision-makers provided by APS	No	3	28%	28%
	Yes	29	55% **	32%
Power of attorney provided by APS	No	3	28%	28%
	Yes	29	55% **	32%
Supported decision-making is encouraged based on training and/or policy	No	12	53%	35%
	Yes	20	53%	32%

Table E–9. Percentage of Victims Receiving Services by State APS Quality Assurance

Quality Assurance (QA) Characteristics	Categories	N[1]	Mean[2]	Std Dev
QA type (based on cluster analysis)	Implementation of few standard QA practices	19	47%	31%
	Implementation of more standard QA practices	13	62%	34%

Appendix F. Summary of Disability Literature Review

With the guidance of ACL, the APS TARC team reviewed research on the maltreatment of adults with disabilities. Several resources were used to identify references, which would be useful for practitioners, administrators, researchers, and policy makers. These included MedLine (a bibliographic database service of the U.S. National Library of Medicine), EBSCO Information Services (a commercial academic journal information service), the National Center on Elder Abuse, libraries at University of Southern California and New York University, and Google Search.

Multiple search words were used in various combinations. Search words included, but were not limited to, the following: persons with disabilities, adults with disabilities, adults with intellectual disabilities, adults with physical disabilities, Deaf persons, maltreatment, abuse, neglect, interpersonal violence, intimate partner violence, sexual abuse, self-neglect, safety, protection, APS services, chronic mental illness, guardianship, research, statistics, services, national associations, etc. We excluded documents on the policies and practices of state and local APS agencies, as these topics are being reviewed under other activities of the APS TARC.

More than 120 articles were retrieved and reviewed to determine their relevancy. Many articles discussed protection or abuse of adults in general and did not discuss the population of persons with disabilities. Of the literature that discussed persons with disabilities, some pertained only to children and others only to adults older than 64 years of age. Many did not discuss maltreatment but were included for further review because they discussed the vulnerabilities of the population, which might reflect a risk for abuse. We excluded literature on abuse in institutions or literature that pertained solely to perpetrators of abuse.

We focused primarily on adults with disabilities, aged 18-64 years, and living in non-institutional settings in the United States. We examined the literature published within the past 20 years. We reviewed in depth more than 30 articles. Articles were classified into the following four topics: background population statistics, maltreatment of adults with disabilities, related risk factors, and service responses. Some articles discussed more than one topic. The number of articles that discuss each topic is indicated below.

- Population statistics [5]
- Maltreatment [12]
- Risk factors [11]
- Service responses [14]

This literature review is organized into sections addressing each of the above listed topics. Each article is summarized for the reader, and each section concludes with a summary of major points of interest for practitioners, researchers, administrators, and policy makers.

The literature on persons with disabilities who have been maltreated is widely dispersed in journals with a focus on disability, rehabilitation, and interpersonal violence. Some major national surveys have included research questions on disability, but relatively few included questions on maltreatment other than interpersonal violence. Smaller studies also focused on interpersonal violence. The distinction between interpersonal violence (including intimate partner violence) that would become the responsibility of APS and that which would not become the responsibility of APS was not always clear in the research. Furthermore, research about the neglect, self-neglect, financial exploitation, and emotional maltreatment of adults with disabilities was scarce. Some studies discussed all adults, including older

adults, or include children and adults in their analyses, which further complicates a more refined understanding of the problem.

The literature clearly demonstrates that persons with disabilities are the subject of abuse. The extent of abuse over the lifespan may not be visible to service providers who see clients during a specific time of life. Continuity of contact and continuity of care are not common among providers of service to persons with disabilities. The literature indicates that persons with disabilities may benefit from the option for long term involvement with support systems across a range of domains, including social services, education, and employment, without being mandatory or intrusive, except in specific circumstances of last resort. Specific awareness training of how to protect oneself against abuse and how to respond to abuse was suggested for persons with intellectual disabilities.

The literature is not clear on which personal vulnerabilities pose the most risk of abuse, independent of characteristics of perpetrators of abuse and neglect. Further research that examines both the characteristics of abusers and the characteristics of victims may assist in greater understanding of necessary and appropriate services and interventions.

The literature is also unclear on whether persons with certain types of disabilities at certain points during the life cycle are more vulnerable to potential abuse. Very little research exists on other forms of disability besides intellectual disabilities. The literature suggests that issues of mental or behavioral health further complicate understanding vulnerability and exposure to abuse.

Two studies included the use of administrative data sets of service provider agencies. This area of data collection and analysis poses great potential as the field of data analysis develops new techniques for understanding even relatively rare events, such as may be seen by local APS agencies and their staffs.

Given the growth in literature on this topic in the past decade, coming decades could result in increased knowledge about this understudied and underserved population. More consistent measurement and definitions, as well as more precise identification of types of disabilities and types of maltreatment, will be needed to achieve the goal of utility and relevance for practitioners, researchers, and policy makers.