



**Administration for Community Living
Office of Elder Justice and Adult Protective Services**

Arizona APS Technical Assistance Project

Report

FINAL

*Prepared for: Administration for Community Living
Office of Performance and Evaluation*

*Submitted by: New Editions Consulting, Inc.
APS TARC*

June 19, 2020

Contents

Abbreviations..... 1

Introduction 2

Background 2

 Recent Developments in Arizona’s APS Program 2

 National Contexts for APS Programs 3

Purpose, Goals, and Objectives of Technical Assistance Project 4

Methods..... 4

Results: 50-State Comparison 11

 Authority and Context 11

 Intake Processes..... 18

 Investigation..... 20

 Post-investigation Services 26

 Quality Assurance 28

 50-State Comparison Conclusion 29

Results: In-depth Comparison..... 29

 Alaska 31

 California 35

 Colorado 39

 Maine..... 43

 Oklahoma 47

 Texas..... 51

 Utah 55

 Vermont 59

Conclusion and Findings..... 63

Appendix A. The Project Team..... 66

Appendix B. Key Variables/Metrics for 50-State Comparison 67

Appendix C. APS Systems Logic Model 69

Appendix D. Rate of Reports per 1,000 Adults..... 71

Appendix E. Percent of Reports Accepted 72

Appendix F. Percent of Clients With Substantiated or Verified Allegations 73

Appendix G. Data Sources and Formulas for Arizona Comparison Profiles 74

Abbreviations

ACL	Administration for Community Living
ANE	Abuse, neglect, and exploitation
APS	Adult Protective Services
APS Guidelines	National Voluntary Consensus Guidelines for State APS Systems
APS TARC	APS Technical Assistance Resource Center
AV	Alleged victim
EPO	Emergency protective order
MDT	Multidisciplinary Team
NAMRS	National Adult Maltreatment Reporting System
NAPSA	National Adult Protective Services Association
OEJAPS	Office of Elder Justice and Adult Protective Service
OMB	Office of Management and Budget
QA	Quality assurance
SDM	Structured decision-making
SME	Subject matter expert
TA	Technical assistance

Introduction

In the spring of 2019, as a result of negative publicity surrounding a high-profile investigation,¹ the Office of the Governor and the Arizona House of Representatives began review of the Arizona's Adult Protective Services (APS) program. As a result of this review, a number of recommendations were issued by the Arizona Department of Health, in conjunction with the Department of Economic Security, including that its APS program undertake a 50-state comparison of APS systems and requirements. Arizona's APS program consulted with the Administration for Community Living's (ACL's) Office of Elder Justice and Adult Protective Services (OEJAPS), the federal home for APS, about existing sources of information for the 50-state APS system comparison project. ACL believed that the 50-state comparison would yield important information for Arizona, as well as other state APS programs, and subsequently, contracted with New Editions Consulting, Inc. (currently piloting a process for providing technical assistance [TA] to states in implementing ACL's National Voluntary Consensus Guidelines for State APS Systems [APS Guidelines]) and WRMA, Inc. (which operates the APS Technical Assistance Resource Center [APS TARC]) to provide technical assistance to Arizona for conducting the 50-state comparison.

This report provides context for the TA project, outlines the methods, summarizes the results from the 50-state comparison² as well as an additional in-depth state comparison on selected variables for a subset of states, and identifies potential issues³ for Arizona to consider.

This report is intended for information purposes only. The findings in this report do not constitute any standard or regulation and do not create any new legal obligations nor impose any mandates or requirements. Acceptance or concurrence with any or all of this report will not create nor confer any rights for, or on, any person or agency.

Background

Recent Developments in Arizona's APS Program

In response to public concerns over the protection of its citizens, the Arizona governor issued Executive Order 2019-03. It established an Abuse and Neglect Prevention Task Force to make recommendations to protect and improve care for individuals with disabilities. The task force – comprised of individuals with disabilities, their families, advocacy organizations, and relevant state agency staff – submitted 30 recommendations to the governor on November 1, 2019. These recommendations were expanded to include all vulnerable adults. They included recommendations about the practice and policies of Arizona's APS system.

In addition, the Arizona House of Representatives convened a study committee, the Ad Hoc Committee on Abuse and Neglect of Vulnerable Adults, to review and identify best practices for the reporting and

¹ Review of APS programs often results from negative publicity about high-profile cases. Of the eight comparisons states in this report, three have had similar experiences.

² The term "50-state comparison" is used throughout this report to refer to a comparison of 50 states plus the District of Columbia (n = 51 unless otherwise indicated).

³ An analysis of specific potential legislative changes in Arizona is not included, but the findings and future directions may point Arizona toward potential changes to consider.

investigative processes to ensure the safety of vulnerable adults. The study committee met over the summer and fall of 2019 and developed a set of recommendations to address the safety of vulnerable adults in Arizona. One of the goals was to “improve the adult protective services system by streamlining resources for investigations and substantiation.” One recommendation was to “identify legislative recommendations that impact the system to improve reporting, streamline requirements, and ensure safety of vulnerable adults.” Finally, the APS program convened a stakeholder group to address system gaps and gather community feedback. From information collected at this meeting, the “APS Action Plan” was formulated, and it recommended that Arizona “complete a 50-state review on Adult Protective Services Systems and Requirements.”

The goal of all of these recommendations is to improve Arizona’s current APS processes and identify best or promising APS practices for possible integration into Arizona’s APS system to ensure the safety of vulnerable adults.

It should be noted that, across social service programs, the concept of “best practice” generally means policy and/or process whose efficacy is evidence based through quantitative research and applicable across a wide range of settings and populations. “Promising practice” generally means policy and/or process whose efficacy is based on measurable results and reported successful outcomes, but without enough evidence to prove that this program or process will be effective across a wide range of settings and populations. In the field of APS, the research literature currently identifies many more promising practices than evidence-based practices.

National Contexts for APS Programs

ACL is the federal home for APS programs and, as such, envisions a comprehensive, multidisciplinary system that effectively supports older adults and adults with disabilities so they can exercise their right to live where they choose, with the people they choose, and fully participate in their communities without threat of abuse, neglect, self-neglect, or financial exploitation. APS agencies are a critically important component of this comprehensive system to address abuse, neglect, self-neglect, or financial exploitation of older adults and adults with disabilities (hereafter referred to as “adult maltreatment”).

APS is a social services program provided by state and local governments across the nation serving older adults and adults with disabilities in need of assistance because of adult maltreatment. In all states, APS is charged with receiving and responding to reports of adult maltreatment and working closely with clients and a wide variety of allied professionals to maximize clients’ safety and independence.

While APS is represented at the federal level by ACL, APS programs are not subject to federal rules and regulations. As a result, each state has designed its own unique system. In addition, there is no single, dedicated funding stream for APS (as there is for child welfare), forcing states to look to multiple sources for funding and often leaving states with inadequate resources for their APS programs. Yet data from state APS agencies show an increasing trend in reports of adult maltreatment and increasing caseloads for APS

workers.⁴ These challenges can present significant obstacles to responding in an effective and timely way to reports of adult maltreatment.

Purpose, Goals, and Objectives of Technical Assistance Project

The purpose of this TA project was to support Arizona in addressing the Executive Order Taskforce, House of Representatives' Ad Hoc Committee, and APS Action Plan recommendations. The Legislative Recommendations section of the APS Action Plan sought to “complete a 50-state review on Adult Protective Services Systems and Requirements.” The TA activities were designed to yield information to help Arizona identify and assess opportunities to improve its APS program. In addition to the 50-state review, Arizona wanted to identify states similar to Arizona with best or promising policy and practice changes that Arizona should consider. To accomplish this, the project team (see Appendix A) added an in-depth comparison of additional data collected for a smaller group of states (as permitted under the Paperwork Reduction Act⁵).

Specifically, TA activities focused on:

- a 50-state review and comparison of APS policies and practices, and
- an in-depth review and comparison of Arizona with eight states.

To accomplish this, the project team carried out the following activities:

Goal 1: 50-State Comparison

- Determine variables for the 50-state comparison
- Create a database of the variables across all 50 states
- Analyze the 50-state comparison data and summarize results

Goal 2: In-depth State Comparison

- Identify eight states for an in-depth comparison with Arizona
- Determine variables for the in-depth comparison
- Collect information for the variables as needed from Arizona and eight other states
- Code and analyze the data and summarize results

Methods

In developing the methods for the two comparisons, the project team sought an approach that would meet Arizona's information needs using defensible methods that would withstand scrutiny. As such, the

⁴ AARP Public Policy Institute. (2011). *Adult protective services: Increased demand and decreased funds* [Fact sheet]. Retrieved from <https://assets.aarp.org/rgcenter/ppi/ltc/fs212-ltc.pdf>.

Teaster, P. B., Dugar, T., Mendiondo, M., Abner, E. L., Cecil, K. A., & Otto, J. M. (2006). *The 2004 survey of adult protective services: Abuse of vulnerable adults 18 years of age and older*. Washington, DC: National Center on Elder Abuse.

⁵ The Paperwork Reduction Act generally requires Office of Management and Budget (OMB) review and approval of federal data collection involving more than nine respondents. For additional information see, [OPM Paperwork Reduction Act Guide, Version 2.0](#)

team sought to build on current knowledge in the APS field and maximize use of available data on state APS programs. To meet this goal, the team applied a systematic, multistep approach consisting of the following:

- Step 1. Planning the overall approach
- Step 2. Determining variables for the 50-state comparison
- Step 3. Identifying states for an in-depth comparison
- Step 4. Compiling and analyzing the 50-state comparison data
- Step 5. Obtaining, coding, and analyzing in-depth comparison data for a subset of states

Step 1. Planning the Overall Approach

1a. Identifying Key Assumptions and Limitations

As part of the first step for developing the methods, the project team identified key assumptions and limitations that would impact the approach for this project. Specifically, the project team identified the following key assumptions and limitations:

- The literature on best and promising practices in APS is limited.⁶
- There is no single set of criteria or methodology to define a high-quality APS program. At this time, the APS Guidelines, based on available literature and expert consensus, provide the best criteria by which to evaluate APS programs.
- There are limited data for key variables that define APS policy and practice.
- There is significant diversity across APS programs with regard to their APS policies and practices and availability of resources.
- The time frame for completing this project was short (less than 60 days).

The project team conducted a series of planning calls with Arizona APS leadership to discuss the key objectives, methods, expected outcomes, and timeline for the project. Additional calls were held with subject matter experts (SMEs) to discuss and determine methods for the project that took the key assumptions and limitations into account while meeting the need for meaningful comparisons. ACL reviewed and approved the methods.

1b. Identifying Data Sources

Finally, given the extremely abbreviated time frame for the project, the team considered existing sources of data on APS programs and services. These included the following ACL projects to build and enhance the evidence base for APS programs and practice. These include:

⁶ Ernst, J. S., Ramsey-Klawnsnik, H., Schillerstrom, J. E., Dayton, C., Mixson, P., & Counihan, M. (2013). Informing evidence-based practice: A review of research analyzing adult protective services data. *Journal of Elder Abuse & Neglect*, 26(5), 458–494.

U.S. Department of Justice. (2014). *The Elder Justice Roadmap*. Retrieved from <https://www.justice.gov/file/852856/download>

- **National Voluntary Consensus Guidelines for State APS Systems:** The APS Guidelines provide a core set of principles and common expectations to assist states in developing efficient, effective APS systems. The APS Guidelines are intended to encourage consistency; help ensure that adults are afforded similar protections and service delivery, regardless of locale; support interdisciplinary and interagency coordination; and enhance effective, efficient, and culturally competent delivery. Alignment with the APS Guidelines was one factor considered in comparing Arizona’s APS policies and practices with those of other states.
- **National Process Evaluation of APS Systems:** Conducted by the APS TARC, the process evaluation included the development of an APS logic model to define the structure of APS programs. This logic model and other products of the process evaluation, including policy profiles of all state and territories and an in-depth analysis of APS policy, practices, and system outcomes, were used to inform this project
- **National Adult Maltreatment Reporting System (NAMRS):** NAMRS is the first comprehensive, national reporting system for APS programs. It collects quantitative and qualitative data on APS practices and policies from all 50 states, the District of Columbia, and territories. The goal of NAMRS is to provide consistent, accurate national data on adult maltreatment, as reported to APS agencies. NAMRS data were used for several comparisons undertaken for this project (see Methods section).

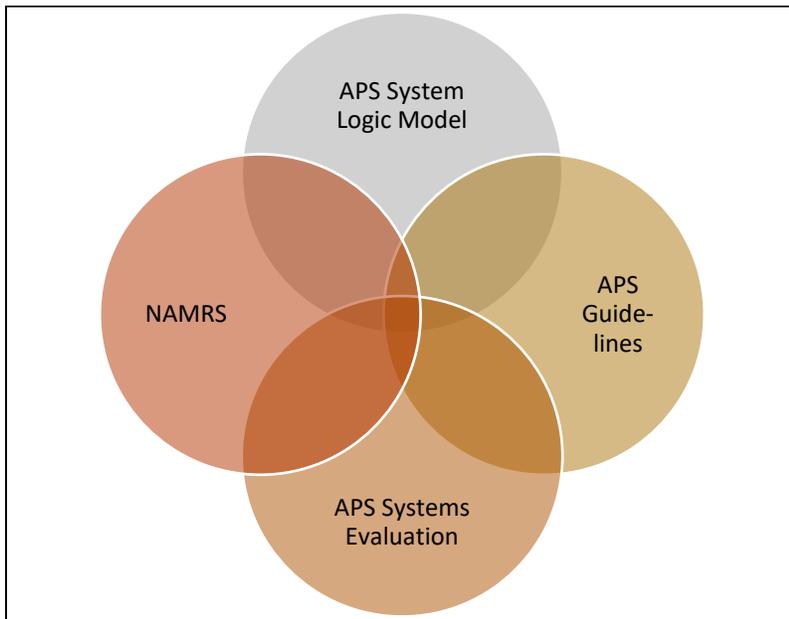
Step 2. Determining Variables for the 50-State Comparison

In the next step, taking into account the assumptions and limitations identified above, the project team developed a process for determining variables for the 50-state comparison, reflecting the needs shared by Arizona and information shared by the SMEs. Specifically, the process guided the identification of variables that were sufficiently developed to yield information of relevance to this project from the four key ACL activities/projects, as well as the following considerations:

- Is the concept represented by a variable included in the APS Systems Logic Model?
- Is the concept represented by a variable addressed by the APS Guidelines?
- Are recent data available from NAMRS, the policy profiles from the APS Systems Evaluation, or other recent sources (e.g., National Adult Protective Services Association [NAPSA] report on use of perpetrator registries⁷)?

⁷ National Adult Protective Services Association. (March 2018). *Adult Protective Services Abuse Registry National Report*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2018/05/APS-Abuse-Registry-Report.pdf>

Figure 1. ACL Activities/Projects Used to Inform the Selection of Variables.



After potential variables were identified, they were then ranked high, medium, or low, based on the following considerations:

- Is the variable considered important by the SMEs?
- Is the variable considered important by Arizona, based on its current policy and practice challenges and needs?
- Is the variable significantly related to one or more of the system outcomes in the APS Systems Evaluation?
- Are there data limitations associated with the variable?

Based on these criteria, all variables ranked high were included for the 50-state comparison. Some variables ranked as medium were included if data were readily available. Variables ranked as low were excluded from the comparison. Several variables were ranked as high despite a lack of recent data. For those variables, additional data were collected for a subset of states (see step 5). Appendix B provides the final list of the 50-state comparison variables.

Step 3. Identifying States for an In-depth Comparison

In addition to the 50-state comparison, Arizona executive management indicated a desire to compare itself to “model” states based on best practices in other states. However, as noted above, the understanding of APS systems has not developed to the point that model states have been identified, and identification and evaluation of best practices are limited and not well documented.

To help address Arizona’s objective, the project team consulted with Arizona APS leadership and the SMEs to establish a process for identifying up to eight states⁸ for an in-depth comparison with Arizona. Specifically, the project team identified two broad selection criteria:

- extent to which the state APS system is aligned with the APS Guidelines, and
- available NAMRS case component data and a state’s structural similarities with Arizona.

Selection criterion 1: The state’s APS policies and practices are congruent with key recommendations from the APS Guidelines.

Data exist from NAMRS and the APS system evaluation on some of the key policies and practices identified by the APS Guidelines. Thus, the first step in determining the states for comparison was to identify which states had policies and practices that align well with the APS Guidelines. States were compared on specific elements within four APS Guidelines domains for which data were available:



Program Administration

- Ethical Foundation of APS Practice
- Definitions of Maltreatment
- Mandatory Reporters
- Case Review—Supervisory Process
- Confidentiality

Time Frames

- Responding to the Report/Initiating the Investigation
- Completing the Investigation

Conducting the Investigation

- Determining If Maltreatment Has Occurred (can client refuse investigation or services)
- Conducting a Psychosocial Assessment

Service Planning and Service Implementation

- Involuntary Service Implementation

States were scored based on how well their policies and practices in these domains aligned with the recommendations from the APS Guidelines. Specifically, the closer a state’s policies and practices aligned with the APS Guidelines in any of the domains, the more points the state received. In addition to Arizona, there were 28 states that demonstrated strong alignment with the APS Guidelines on these domains. To further refine the selection of states for the in-depth comparison, a second selection criterion was applied.

⁸ For the in-depth comparison, additional data collection was planned. Collecting data through federal funding from more than nine states would require review and approval by OMB, which is a 6- to 12-month process. Thus, for this project the in-depth comparison was limited to Arizona and up to eight additional states.

Selection criterion 2: The state has submitted case component data to NAMRS and is similar to Arizona in terms of its administrative structure.

The first decision the project team made was to limit the comparison states to those that submitted NAMRS case component data (19 of the 28 states). This ensured that data for additional variables beyond the 50-state comparison data were available.

To allow for a meaningful comparison with Arizona, the list of 19 states was then further reduced by identifying those states that were structurally similar to Arizona based on the following administrative characteristics which may influence agency operations:

- APS agency administration (Aging or Health and Human Services)
- APS geographic structure (state- or county-administered)
- APS eligibility
- Types of maltreatment addressed
- Use of perpetrator registry
- Geographic location (i.e., contiguous or Southwest)

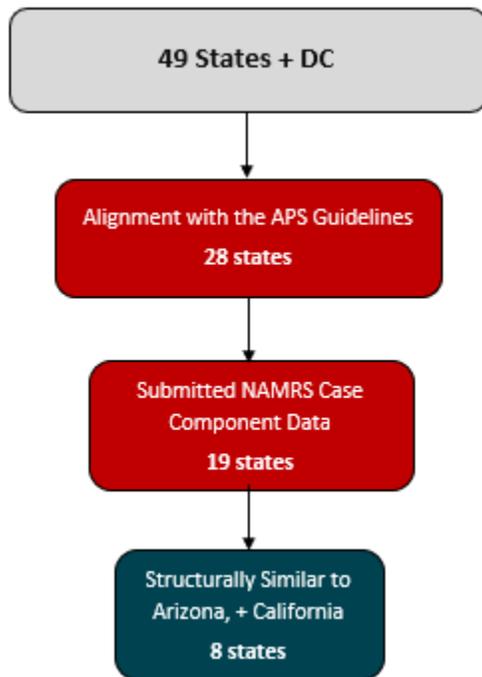
The 19 states were scored based on their degree of similarity with Arizona on all of the other variables. States that were similar to Arizona on several of the variables received higher scores than states that had fewer similarities with Arizona. Since Arizona identified geographic similarities to be a priority for the comparison, this variable was weighted twice. Seven states that had the highest scores were selected for the in-depth comparison.

Final State Selection

Applying the selection criteria resulted in selection of seven states for the in-depth comparison with Arizona. After the list of states was presented to Arizona APS leadership, the leadership requested adding California, based on its development at San Diego State University of the NAPSA caseworker certification program. This addition resulted in a final list of eight states.

- Alaska
 - Colorado
 - Maine
 - Oklahoma
 - Texas
 - Utah
 - Vermont
- Added as per Arizona's request
- California

Figure 2. Process for Selecting States for the In-Depth Comparison With Arizona.



Step 4. Analyzing the 50-State Comparison Data

Data for the 50-state comparison were extracted from the 2018 NAMRS database (the latest available at the time of this project), and the policy profiles developed as part of the TARC APS system evaluation. These policy profiles were developed based on 2017 extant policy documents. Supplementary and updated data had been collected on some variables since 2017 for the later components of the system evaluation project and as part of TA to other states. Data for the variables of interest were extracted from these sources and loaded into a series of Excel worksheets. Qualitative data were coded independently by teams of analysts who met to review coding and come to consensus on ratings/codes. All coded data were entered into the master Excel document, where they were reviewed and any inconsistencies were remediated. Charts were constructed to illustrate Arizona practices and policy in comparison with all other states.

Step 5. Obtaining, Coding, and Analyzing In-Depth Comparison Data

Most of the variables examined for the in-depth comparison of eight states with Arizona overlapped with variables used in the 50-state analysis. A few additional variables used NAMRS data or policy profile information for state-to-state comparisons. For example, data on actual length of investigation were pulled to supplement policy information on length of investigation. Finally, to gather updated and/or additional data on key areas not otherwise available, the project team reached out to the comparison states. All comparison states agreed to provide additional information. To obtain the information, the comparison states and Arizona responded to a brief online survey. The online survey consisted of 14 questions focused on funding, recent changes, training, multidisciplinary teams (MDTs), review of case findings, and due process for perpetrators. Supplemental data on several variables, such as use of

perpetrator registries and multidisciplinary teams, were collected from other sources.⁹ The comparison states also responded to follow up emails and clarifying questions. All data were reviewed for consistency and coded as needed for state-to-state comparisons.

Results: 50-State Comparison

To address the goals for this TA project, Arizona’s APS program was compared to the APS programs in the other 49 states and the District of Columbia on key variables for which data that define state APS programs were available. This section of the report presents the results for the 50-state comparison.

Results are organized by the main components of both the APS Systems Logic Model (see Appendix C), which describes key elements of APS systems, and the APS Guidelines, as follows:

- Authority and Context
- Intake
- Investigation
- Post-investigation Services
- Quality Assurance

Most of the variables presented in the results are categorical variables, meaning that the states can be grouped into distinct categories. A few of the variables are based on the “system outcomes” developed for the APS Systems Evaluation. The system outcome variables show information on key decision points in APS, that is rate of reporting of allegations, rate of acceptance of allegation, and rate of substantiation of allegations. They do not define the outcomes for clients but represent key aspects of process or system outcomes. Each is defined in more detail below.

Results are presented using graphs or call-out boxes that highlight the results for each variable. Each graph is accompanied by a brief explanation of the variable represented.

In the following graphs, the category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

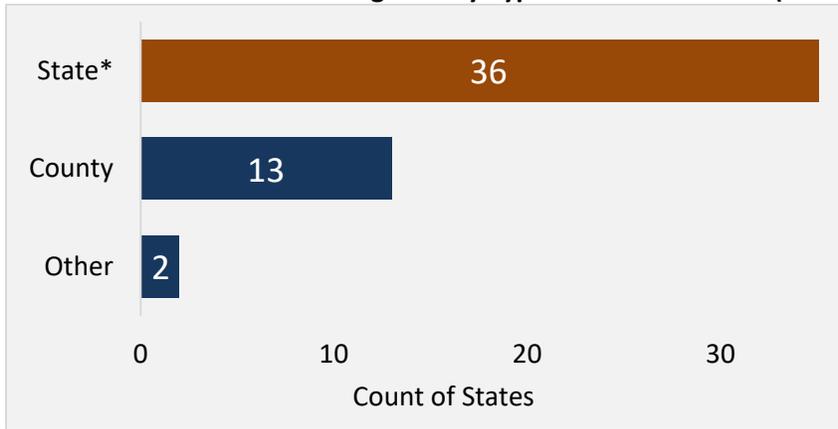
Authority and Context

Administrative Structure and Location

Two primary characteristics define the administrative structure of APS programs. The first characteristic is how the program is administered geographically within the state. Exhibit 1 shows that Arizona, like most APS programs, is a state-run system in which APS workers are employees of state government. APS programs in other states are administered at the local level, usually through counties.

⁹ i.e., <http://www.napsa-now.org/napsa-aps-abuse-registry-project/> and researcher Zach Gassoumis, Ph.D., who is conducting an ACL-funded study of elder abuse case review and MDTs

Exhibit 1 – Number of APS Programs by Type of Administration (n = 51)

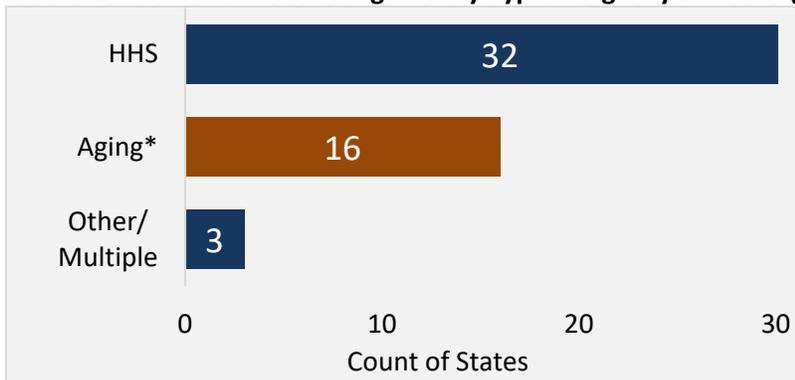


Source: APS TARC, 2019.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

The second characteristic is the location of the state APS administrative office within state government. As Exhibit 2 shows, programs generally are located with the same division as the state unit on aging and other aging programs, or are located with social service or health and human services programs (e.g., child welfare). Arizona APS is located within the aging division of the Department of Economic Security.

Exhibit 2 – Number of APS Programs by Type of Agency Location (n=51)



Source: APS TARC, 2019.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Ethical Principles

APS programs must balance clients' need for protection with their right to make choices regarding their lives. Consequently, 35 APS programs, including Arizona, have established a set of defined ethical principles that guide their approach to services. These ethical principles reflect a set of values that guide APS practice, such as person-centered/self-determined service planning and use of least restrictive appropriate setting for services.

In **35** states, including Arizona, the APS program has established and adopted a set of ethical principles.

Training

The NAPSA Certificate Program uses a curriculum developed by the NAPSA Education Certificate Committees in cooperation with APS Workforce Innovations at San Diego State University's Academy for Professional Excellence. The Core APS Curriculum offers 23 core competencies identified by NAPSA and its professional members as basics important to (or essential for) the practice of APS. The content on which the certificate is based is used by APS programs in states and jurisdictions across the country. There have been 497 applications to the NAPSA Certificate Program, and there have been 227 Certificate completions. The program has received applications from 29 states, with several states, including Arizona, indicating they are seeking statewide implementation.

APS workers in **29** states have applied for certification in the NAPSA Certificate Program.

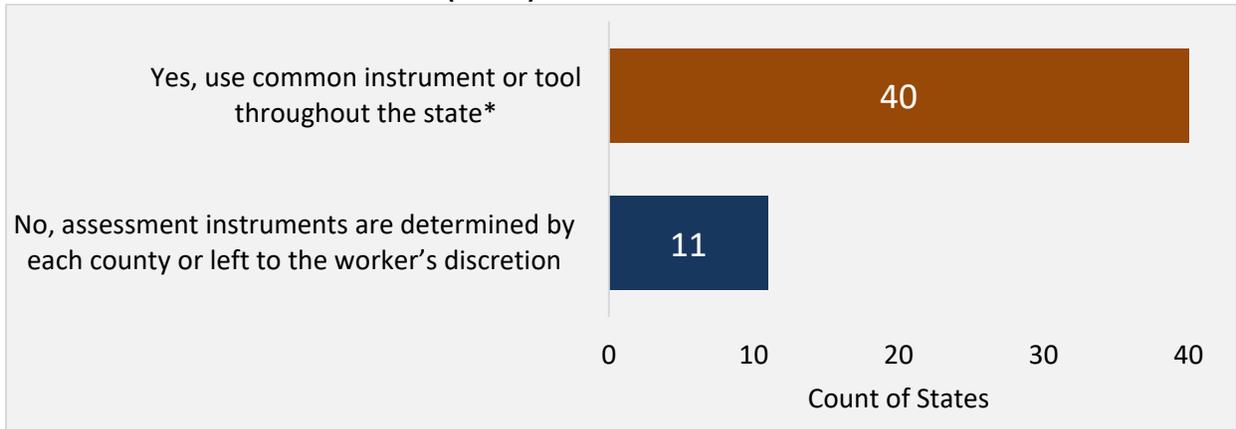
Use of Standardized Tools

APS programs use standardized tools to ensure consistent casework practice and decision-making. Such tools can be used for many different aspects of casework. Some tools are developed specifically for APS, and some are more general clinical tools that may be used for other purposes. Screening tools can be used to help identify risk for, or the presence of, conditions or factors, such as cognitive impairment, client safety, or behavioral health conditions. Assessment tools are more in-depth and comprehensive and are used to aid decision-making in specific phases of the APS process (e.g., intake, investigation) or specific areas of concern (e.g., risk, cognitive capacity). Arizona APS employs the use of a comprehensive group of tools known as Structured Decision-Making (SDM). SDM tools are statistically validated and reliable. At present, only nine states are known to use SDM tools.¹⁰

Other than one broad question in NAMRS, information on the statewide use of common tools throughout is limited. Exhibit 3 shows that 40 states, including Arizona, use a common instrument or tool throughout their state. The remaining states use a variety of assessment instruments and allow each county, region, or the investigator to determine which to use for each situation.

¹⁰ Communication with J. Cotter at National Council on Crime and Delinquency.

Exhibit 3. Use of Standardized Tools (n = 51)



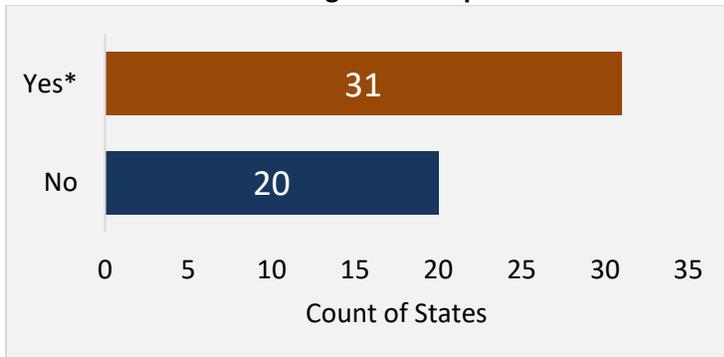
Source: NAMRS agency component, 2018.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Case Component Data Submitted to NAMRS

A key support for APS programs is having the tools to systematically document casework and monitor/track performance. While information is not available on each APS program's information technology system, a proxy measure for this type of support is whether a state provides case component data to NAMRS. Exhibit 4 shows that 31 states, including Arizona, submitted case component data for federal fiscal year 2018.

Exhibit 4. States Submitting Case Component Data to NAMRS (n=51)



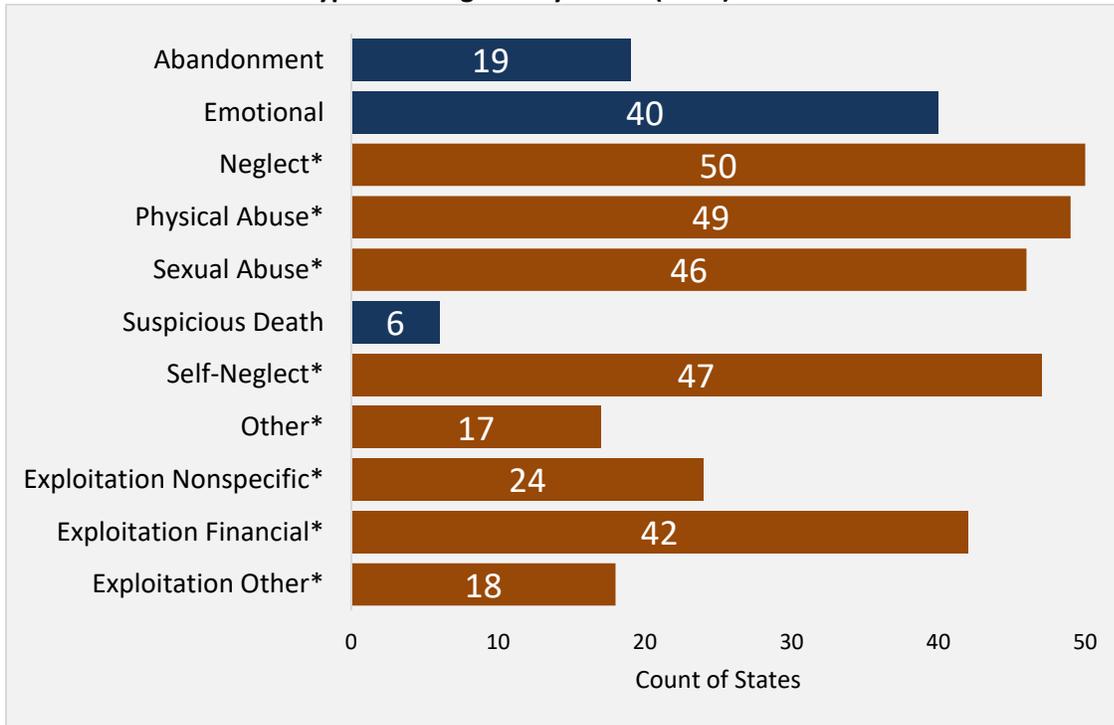
Source: NAMRS Case Component, 2018

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Types of Maltreatment Investigated

Each state's statutes define the types of maltreatment its APS program investigates. NAMRS identifies 11 types of maltreatment, and states report to NARMS which they investigate, based on how closely their state definitions of maltreatment types match the NAMRS types. All APS programs generally investigate some type of abuse, neglect, and exploitation. Within these broad categories of maltreatment are much more defined categories, shown in Exhibit 5. Most programs investigate a broad range of maltreatment types, as does Arizona. The only area in which Arizona is not consistent with other states is that Arizona does not investigate emotional abuse.

Exhibit 5. Maltreatment Types Investigated by States (n=50)



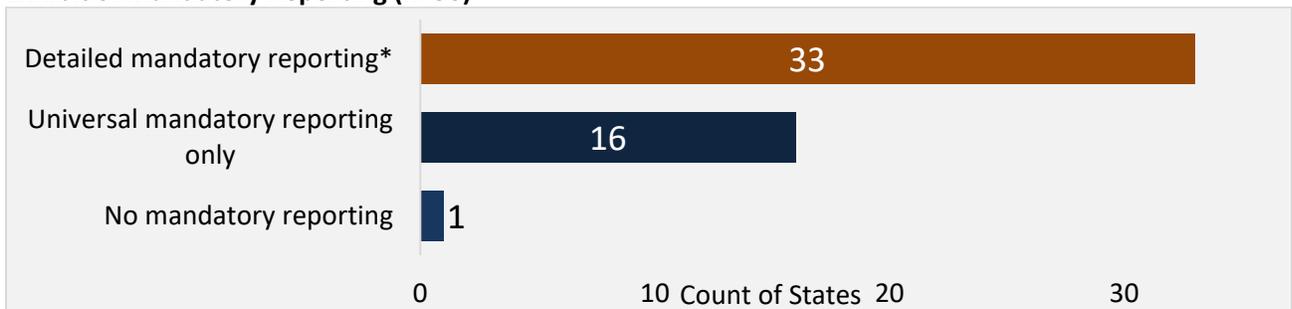
Source: NAMRS Agency Component, 2018

Note: Categories containing Arizona are indicated by asterisks on the category name and orange/brown color for the bar.

Mandatory Reporters

States vary in their policy for mandatory reporting to APS – that is, what individuals are required to report allegations of maltreatment to APS when they become aware of them. Some states have detailed lists of individuals in specific professions who are mandatory reporters, while other states require every person to report, referred to as “universal mandatory reporting.” One state does not have mandatory reporting. A few states also combine the first two approaches, requiring universal reporting while also specifying certain mandatory reporter groups. Exhibit 6 shows that the majority of states (33), including Arizona, have policies detailing individuals in specific professions who are mandated to report adult maltreatment when they witness or become aware of it.

Exhibit 6. Mandatory Reporting (n=50)



Source: APS TARC, APS Evaluation Policy Profiles, 2017.

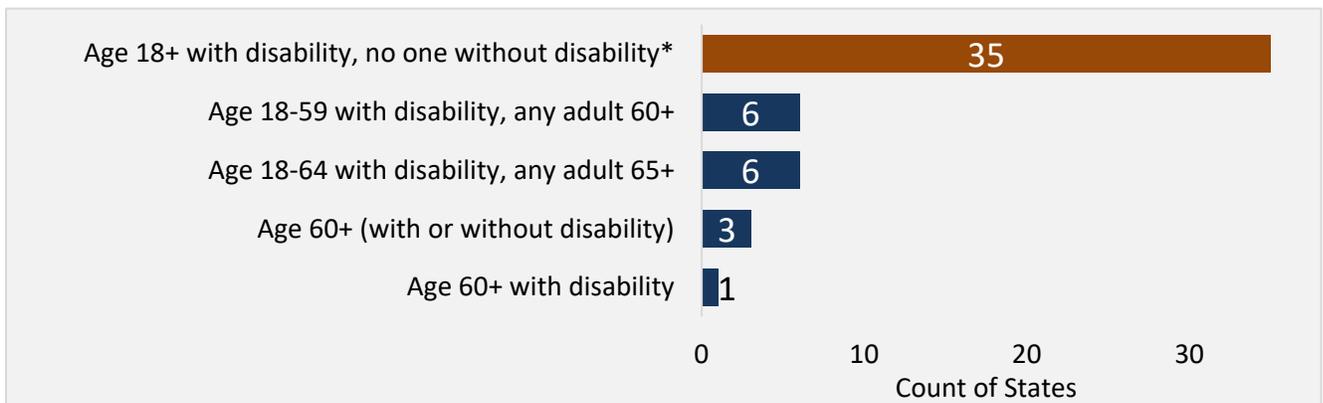
Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Population and Settings

State statute defines the population groups eligible for APS services. Eligibility for APS services generally varies across two dimensions – age and disability/vulnerability. This results in four categories, as shown in exhibit 7:

- Most states (35, including Arizona) have some disability (or vulnerability) criteria for eligibility. Their APS programs serve all younger adults with disabilities and only include older adults if they have a disability/vulnerability.
- Twelve states have some disability/vulnerability criteria for eligibility of younger adults but include all older adults regardless of disability/vulnerability.¹¹
- Three states only serve older adults, regardless of disability/vulnerability.
- One state serves only older adults with a disability/vulnerability.

Exhibit 7. Eligibility for APS (n=51)



Source: APS TARC, 2019.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

APS programs also investigate alleged maltreatment in various types of living settings. Review of policy materials indicates some APS programs only investigate in community settings, while other APS programs investigate in a wide range of residential facilities or settings, including assisted living facilities, nursing homes, and facilities for persons with intellectual or developmental disabilities. A few APS programs, but not Arizona, also investigate nonresidential providers of services.

Arizona is among 29 states in which APS programs conducted investigations in a facility setting in 2017. A qualitative review of the policy profiles indicates that Arizona investigates in a wider range of facilities than most APS programs, without a distinction between investigations of allegations in facilities versus allegations against individuals in the community. Investigations in facilities may involve different types of investigatory process and

In **29** states, including Arizona, APS programs investigate maltreatment in residential facilities, such as nursing homes.

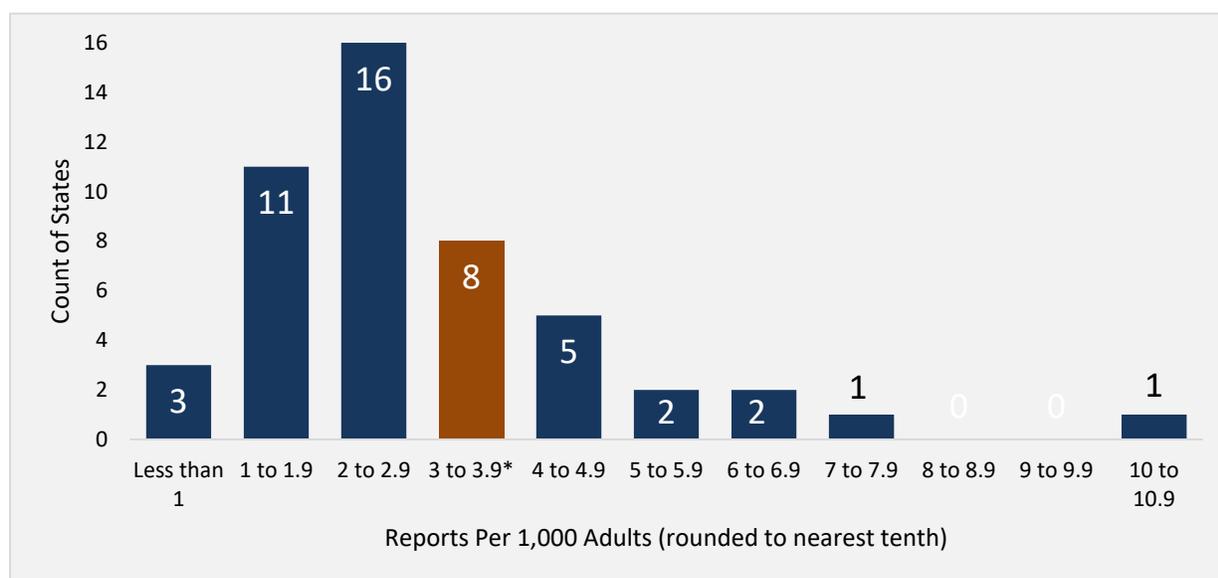
¹¹ States that serve any elderly fall into two categories: six states serve age 60+ and six states serve age 65+.

determination concerns than, for example, a self-neglect case in the community.

Rate of Reporting Per 1,000 Adults

The APS reporting rate is an indicator of the prevalence of maltreatment reporting within the state. Many things affect the rate of reporting in a state, only some of which are influenced by characteristics of the APS program.¹² The rate of reporting per 1,000 eligible population is defined as the count of accepted reports (of allegations) received at intake divided by the state population of adults age 18 or older, times 1,000. Exhibit 8 shows the wide variation across the states in the rate of reports per 1,000 adults in the population. In 2018, the median rate of reports was 2.3 per 1,000 across all states. Arizona's rate of reports was 3.0 per 1,000 (rounded from 2.986). Sixteen states had approximately two reports per 1,000 adults. Most of the remaining states had less than two reports per 1,000 adults. For the rate of reporting per 1,000 adults for each state, see Appendix D.

Exhibit 8. Rate of Reports per 1,000 Adults (n = 49)



Source: NAMRS Agency Component, 2018.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Summary

Review of authority and context variables show that Arizona is structured similarly to most APS states. The most notable distinctions are that Arizona uses SDM tools, does not investigate emotional abuse, and investigates adult maltreatment in a wider range of facilities than most APS programs.

¹² For example, rates of reporting are influenced by the perception of the quality of the program, program outreach efforts, ease of reporting allegations, quality of community relationships and other similar factors.

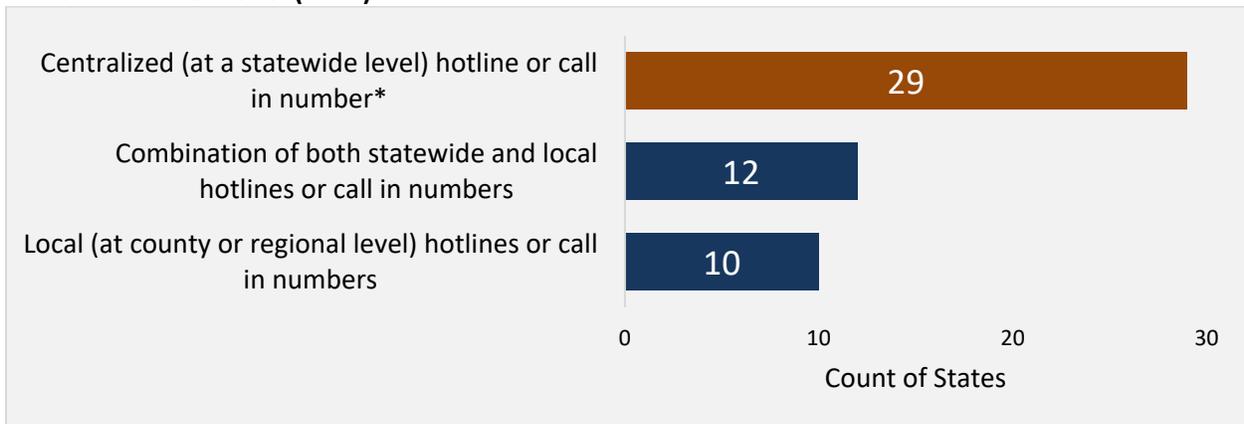
Intake Processes

Historically, allegations of maltreatment are reported to APS programs through phone hotlines, though use of online reporting is expanding. During the intake process, hotline staff determine whether the allegations and alleged victims meet the criteria to be served by the APS program.

Intake Model

APS programs have many different models of receiving intakes. Some are statewide, centralized models that use specialized intake staff that may receive intakes for multiple programs, while others are decentralized, local models that use APS staff for only the APS reports. Some states employ a combination of statewide and local intake. As shown in Exhibit 9, Arizona, like most states, uses a statewide, centralized intake process.

Exhibit 9. Intake Model (n=51)



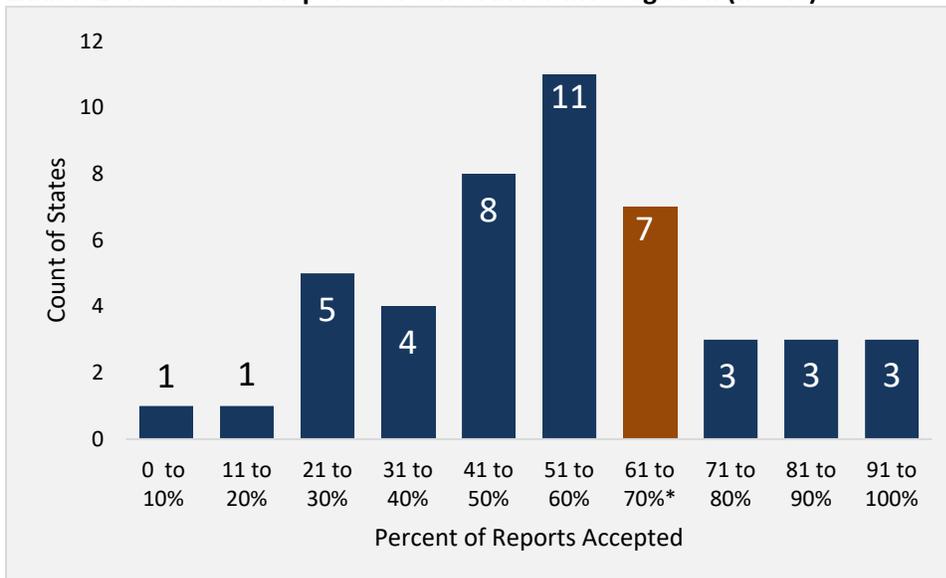
Source: NAMRS agency component, 2018

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Percent of Adult Maltreatment Reports Accepted

Decisions about whether a report of adult maltreatment meets the criteria for an investigation are sometimes difficult. The decision of whether to screen in a report for investigation is the second system outcome in this analysis. Exhibit 10 shows the wide variation across the states in the percent of reports screened in by APS, reflecting the diversity of intake models, state statutes, and state program policies. In 2018, Arizona screened in for investigation 63% of reports received, which is higher than the average of 58% across all states. The highest number of states (11) accepted between 51% and 60% of reports. For the percent of reports accepted in each state, see Appendix E.

Exhibit 10. Percent of Reports Screened in for Investigation (n = 46)



Source: NAMRS agency component, 2018.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Protocol for Initiating Case Investigations

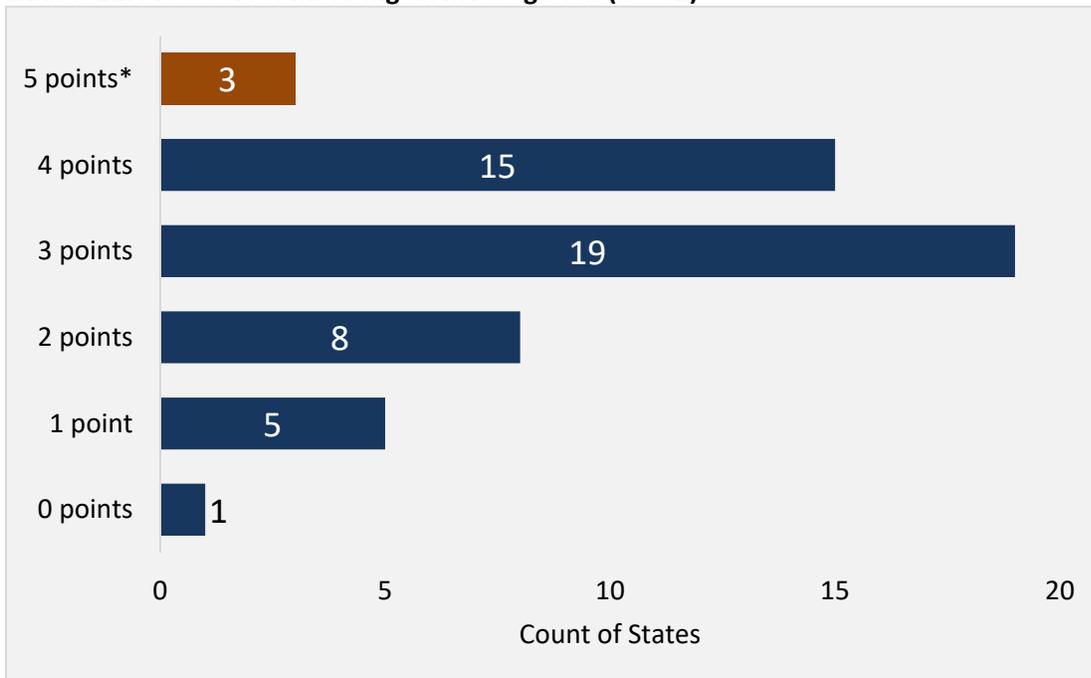
After screening in a report, decisions must be made about how and when to initiate the APS investigation. APS programs, at the state or local level, establish the protocols that guide this process. During intake, APS programs estimate how serious the allegations are to the health and safety of the alleged victim, based on the information in the report, and often assign a priority to them. This priority governs the nature of investigation initiation, including how quickly visits with the alleged victim should be initiated.

For this review, the APS Guidelines served as the framework for examining states' investigation initiation policy/protocol. Initiation protocols address

- the process and timing for contacting the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation;
- search of available state and local databases to identify records pertaining to the alleged victim; and
- differentiated levels of response for meeting the alleged victim face-to-face.

After reviewing state policies for initiating investigations, we scored each state between 1 and 5 (with 5 being the highest) on its degree of alignment with the APS Guidelines recommended protocol for initiating an APS investigation. Exhibit 11 shows the number of states that were scored at each level of alignment. Arizona is one of only three states that was scored as having a policy that is most congruent with the APS Guidelines regarding initiating an APS investigation.

Exhibit 11. Protocol for Initiating an Investigation (n = 51)



Source: APS TARC, APS System Evaluation Policy Profiles, 2017.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Summary

Arizona’s practice is consistent with most states on the variables for intake processes. It uses a centralized intake, has a slightly higher rate of reports accepted, and scores well on alignment with the APS Guidelines on protocols for initiating investigations.

Investigation

After intake, the next major step in an APS case is the investigation of the alleged maltreatment. The investigation process is defined by policy decisions and key practices associated with the variables listed below.

Client Right to Decline Participation in an Investigation

One of the ethical questions APS programs must address is the right of the client to refuse to participate in the investigation. Similarly, another ethical question is the right of the client with capacity to make decisions to refuse services, which is discussed in the post-investigation services section. According to information collected in the policy profiles, in approximately half of the states (24), including Arizona, a client may refuse to participate in an investigation.

In **24** states, including Arizona, an adult can refuse to participate in an APS investigation.

Protective Actions

States vary in their policies for the types of protective actions they can take to provide immediate safety for clients. While most APS programs (36) have some sort of statutory authority for what is commonly called an “emergency protective order” (EPO), Arizona does not. For this review, an EPO is a court order that gives the APS program temporary authority to provide protective services for an individual, such as freezing bank accounts or removing a violent perpetrator from the home/residence for five calendar days. EPOs do not include other types of orders such as a temporary restraining order.

36 states have authority to provide an emergency protective order (EPO). Arizona does not have this authority.

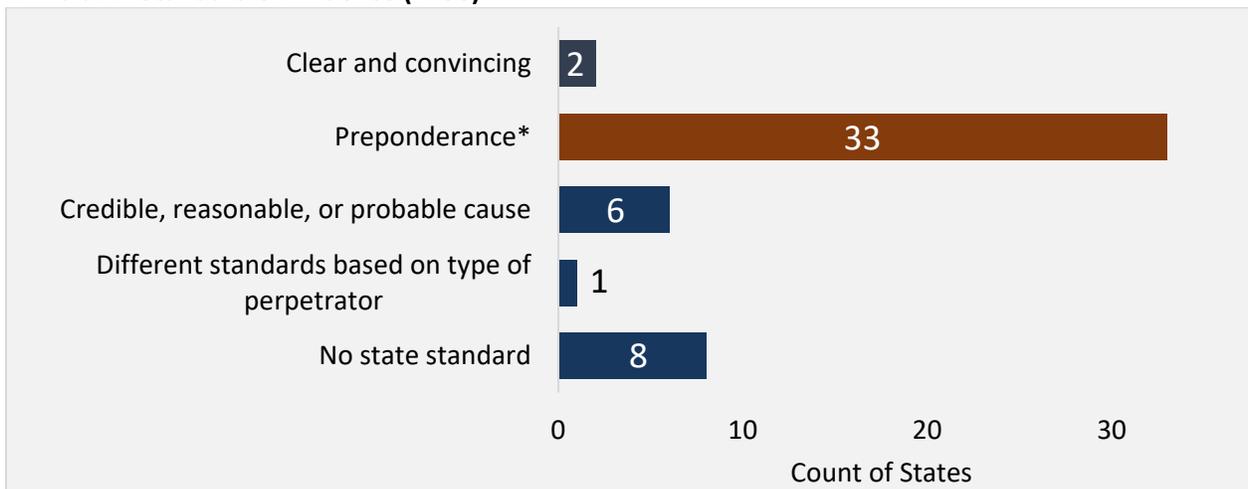
Standard of Evidence

Most states establish in policy the standards of evidence for substantiating an allegation of maltreatment. Similar to those used in law enforcement, these standards define how strong the evidence must be for APS to make a determination that the maltreatment allegation has occurred, or is more likely to have occurred than not. NAMRS defines standard of evidence as:

- “credible, reasonable, or probable cause,”
- “preponderance of the evidence,” or
- “clear and convincing evidence.”

Some states do not have a standard, and one state program uses different standards based on the type of perpetrator. Exhibit 12 shows that most APS programs, including Arizona, use the “preponderance of the evidence” standard.

Exhibit 12. Standard of Evidence (n=50)



Source: NAMRS agency component, 2018.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

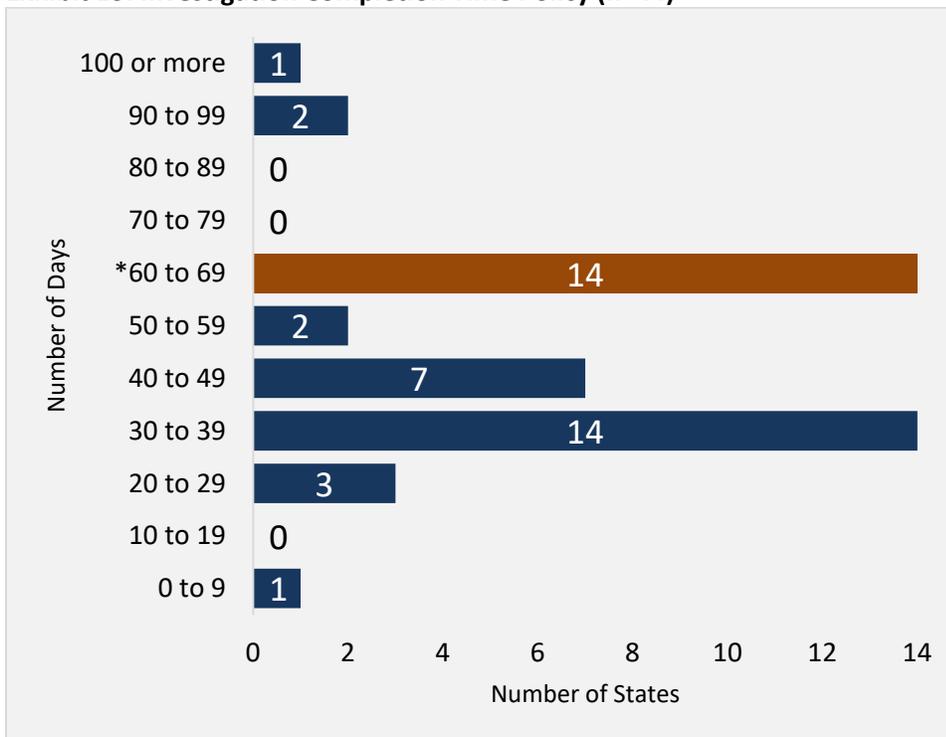
Length of Investigation

Almost all APS programs, including Arizona, have policies that establish a target length of time for an investigation to be completed, usually with exceptions requiring supervisor approval. These time frames

provide structure for managing and progressing cases and encourage consistent practice. Long investigations may be an indication of high workload or other barriers to efficient casework. NAMRS contains data on both the policy target and the actual investigation time, defined as the number of days from the initiation of the investigation to the disposition (or decision).

Exhibits 13 and 14 indicate that both policy about required completion time and the average length of an investigation in Arizona are longer than in most states. While length of investigation is a function of many factors, Arizona’s length is impacted by the process of seeking approval of all case substantiations by the attorney general’s office and director of the Department of Economic Security. (This is discussed more in the conclusion.) Exhibit 14 shows that cases with a substantiation (labeled “victim” based on NAMRS terminology) are on average 25+ days longer than cases without a substantiation (labeled “nonvictim”). This is the pattern in many, but not all, states.

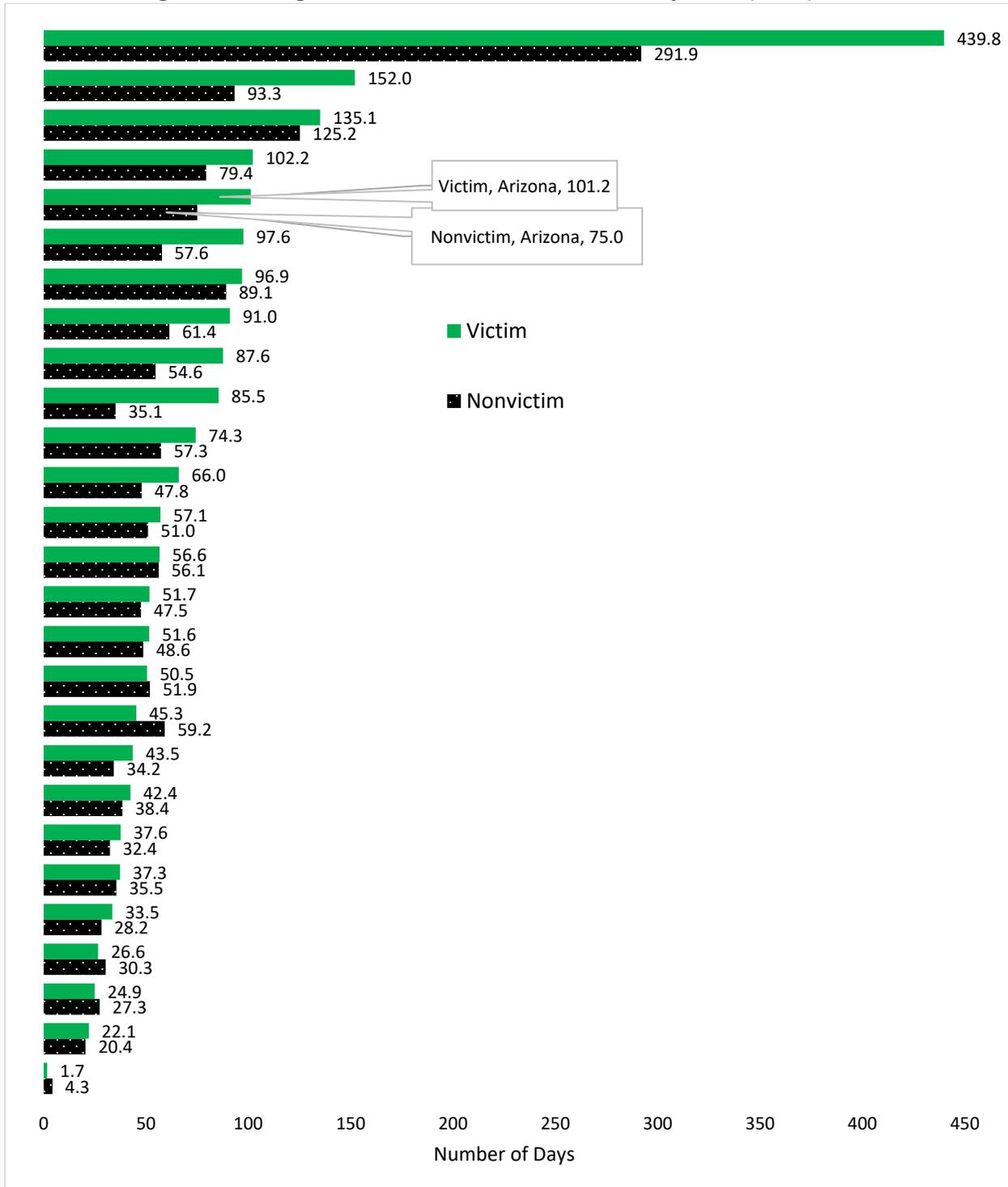
Exhibit 13. Investigation Completion Time Policy (n=44)



Source: NAMRS Agency Component, 2018.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Exhibit 14. Length of Investigation for Victims and Nonvictims by State (n=27)



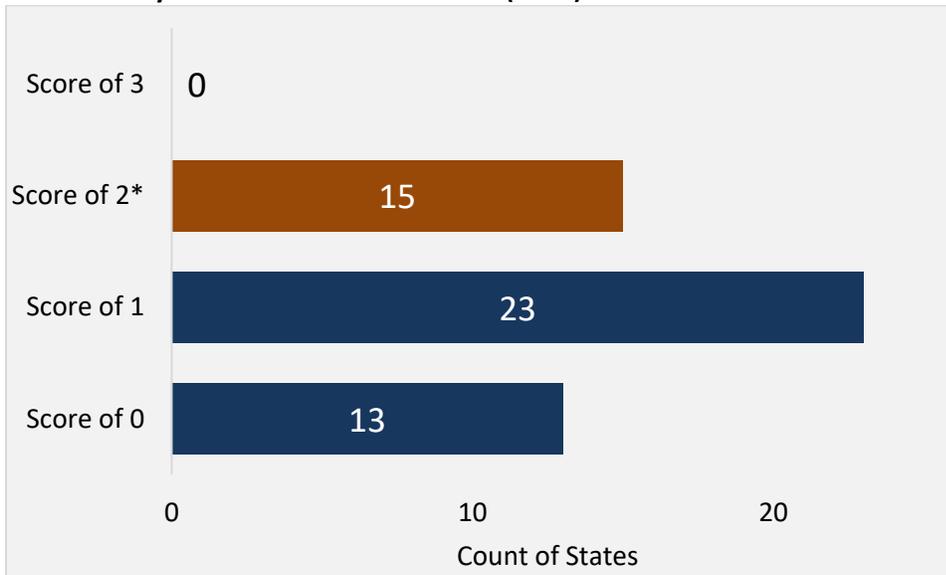
Source: NAMRS Case Component, 2018.

Note: Because Arizona provides services through the Aging Network, it does not report an investigation completion date; it only reports a case closure date. In effect, the case closure date in Arizona is the same as the investigation completion date in other states (the date the case ‘moves out’ of the APS system). Thus, case closure date is used instead of investigation completion date to calculate investigation duration.

Systematic Client Assessment

The APS client assessment collects information about the alleged victim’s overall situation. The purpose of the assessment is to help determine if maltreatment has occurred and, if so, determine the services or actions needed for the alleged victim to be safe and remain as independent as possible. This study used the APS Guidelines as a framework for examining states’ client assessment processes.¹³ After reviewing state policies on client assessments, each state was scored between 0 and 3 (with 3 being the highest) to reflect its degree of alignment with a recommended systematic client assessment. Exhibit 15 shows the number of states that were scored at each level of alignment. Arizona is one of 15 states that was scored as having a policy mostly congruent with the APS Guidelines for creating and applying systematic client assessment methods. On this indicator, none of the states was coded as fully aligned with the APS Guidelines.

Exhibit 15. Systematic Client Assessment (n=51)



Source: APS TARC, APS System Evaluation Policy Profiles, 2017.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Collaboration

APS programs collaborate with many partners in their communities to assist with investigations and to provide services to clients. Clients with complex needs may require expertise or help from different

¹³ The APS Guidelines recommend that APS systems create and apply systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult’s strengths and weaknesses, using standardized and validated assessment tools. This assessment determines the services or actions needed for the vulnerable adult to be safe and remain as independent as possible. APS programs are encouraged to integrate principles of trauma-informed approaches when conducting the client assessment and throughout the APS investigation. The APS Guidelines recommend that state APS systems create policies for assessing the alleged perpetrator and/or caregiver to ascertain the risk and independence of an alleged victim of adult maltreatment.

organizations, such as health care, legal, or disability services. One important mechanism that APS programs use to ensure these needs are addressed is a MDTs. Recent studies¹⁴ indicate that most states (39), including Arizona, have MDTs.

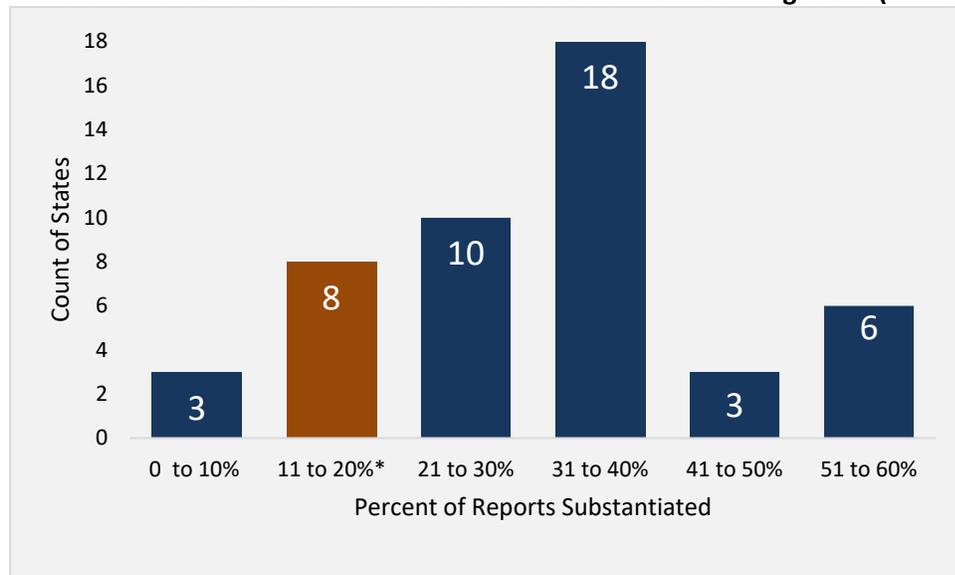
39 states, including Arizona, include collaboration with multidisciplinary teams as part of APS investigations.

Rate of Substantiated Findings

The last investigation variable and final system outcome considered here is the substantiation rate. This is defined as the number of clients found to be victims as defined in NAMRS divided by the number of clients who received investigations. “Victims” are defined as having a substantiated or, in the case of Arizona, verified allegation. In addition to substantiation of cases involving abuse or neglect, when cases involve self-neglect, a vulnerable adult caring for another vulnerable adult, an unknown perpetrator, or IRS or lottery phone scams, Arizona *verifies* that maltreatment has occurred. Verified cases are recorded as having an “other” disposition, so for Arizona in this report, the term “victims” includes clients with both substantiated and verified dispositions.

Exhibit 16 shows the percent range of clients found to be victims across 49 states for which these data are available. For all states, this figure includes clients with at least one allegation that is substantiated or verified. In 2018, Arizona found 14.9% of its APS clients to be victims, which is substantially lower than the average of 31% across all states. For a list of the percent of clients found to be victims (i.e., the percent of cases found to be substantiated or verified) for each state, see Appendix F.

Exhibit 16. Percent of Clients with Substantiated or Verified Allegations (n = 48)



Source: Source: NAMRS Key Indicator and Case Component, 2018.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

¹⁴ Counts of MDTs in each state were collected from a survey fielded across the elder abuse and affiliated professional networks in 2017 as part of an ACL-funded study of elder abuse case review MDTs, undertaken at the University of Southern California. Data are unpublished.

Summary

Arizona is similar to other states on a number of investigation variables. However, unlike APS program authority/context and intake process, investigations in Arizona differ from those of other states for some important variables. The two most notable differences are that both Arizona's length of time to complete an investigation according to policy and its actual average time to complete investigations are longer than other states', while its rate of substantiated findings is lower. Both the substantiation rate and length of investigation are likely influenced by Arizona's process for determining substantiated findings. As discussed in more detail in the conclusion, Arizona's process for determining substantiation is not consistent with practice in most other states

Though not universal among states, NAMRS uses a disposition classification scheme of substantiated, unsubstantiated, inconclusive, and other. Of the 31 states that submitted case component data to NAMRS, 20 reported some inconclusive findings. One APS program does not use the concept of substantiation at all but instead identifies "risk." In some ways this is similar to Arizona's use of "verified" instead of "substantiated" for certain types of cases. Arizona's process for determining substantiation is driven in part by its need for careful review before referrals to its perpetrator registry. Other states take different approaches to referrals to a perpetrator registry, as outlined in the NAPSA report.¹⁵

Post-investigation Services

Aside from conducting investigations, most APS programs provide services, either directly or indirectly, to support the safety of clients and reduce the underlying risk factors for maltreatment. There are many models of doing so. A few APS programs are able to use program funds to purchase services directly for their clients. However, most APS programs refer to key community partners to provide needed health, behavioral health, or social services to clients. An important community partner is the Aging Network, including Area Agencies on Aging (AAA). This network provides services to address factors such as social isolation that may contribute to risk of maltreatment, and reliance on others for critical activities of daily living. For example, home-delivered meals address physical needs (hunger) and may also offer social support. The Arizona APS program partners with the Aging Network to provide post-investigation services for clients. Clients are referred to Area Agencies on Aging for APS case management as well as for client services. These agencies prioritize APS clients and use both state and Older Americans Act funding to pay for services for APS clients. Because of the lack of available data about these services, this study collected additional information on post-investigation services from the small group of states that agreed to participate in the in-depth comparison.

Service Recipients

Most APS programs do not provide much detail about APS services in their policy documentation, and few report data about client services to NAMRS. The APS policy profiles indicate to whom the APS program provides services: alleged victims, family members, and/or perpetrators. Exhibit 17 shows that

¹⁵ NAPSA. (March 2018). *Adult Protective Services Abuse Registry National Report*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2018/05/APS-Abuse-Registry-Report.pdf>

almost all APS programs, including Arizona, provide services to alleged victims. Like most states, Arizona does not provide services to family members or perpetrators.

Exhibit 17. Provision of Post-investigation Services



Source: APS TARC, APS Evaluation Policy Profiles, 2017.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Refusal of Services

As noted above, in many states, including Arizona, APS clients can decline to participate in an APS investigation. In such cases, an investigation may proceed, but without any participation by the client. In nearly all states and territories (50 of 56), including Arizona, clients can also decline to receive APS services. In such instances, the APS program will not provide services to address risk factors associated with the maltreatment.

In **50** states and territories, including Arizona, an APS client can decline services.

Perpetrator Registry

An APS abuse registry (also referred to as, a “perpetrator registry”) is “a system for maintaining the identity of individuals who are found, only as a result of an APS investigation, to have abused, neglected or exploited seniors or adults (18 and older) with disabilities living in the community or in a facility. The purpose of such a registry is to make this information available to individuals, agencies or employers who are authorized to receive such information.”¹⁶ Generally speaking, individuals substantiated for maltreatment are placed on a perpetrator registry as a bar against future employment as a caretaker. The models for this practice vary significantly across the states and are summarized in a recent report by NAPSA.¹⁷ Arizona is one of 26 states in which the APS programs participate in a perpetrator registry, and the duration of each listing is 25 years. Perhaps the most notable aspect of participation in a perpetrator

In **26** states, including Arizona, the APS program operates a perpetrator registry.

¹⁶ NAPSA. (March 2018). *Adult Protective Services Abuse Registry National Report* (page 11). Retrieved from <http://www.napsa-now.org/wp-content/uploads/2018/05/APS-Abuse-Registry-Report.pdf>

¹⁷ NAPSA. (March 2018). *Adult Protective Services Abuse Registry National Report*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2018/05/APS-Abuse-Registry-Report.pdf>

registry is the due process burden that it places on the APS program because of the potential economic consequences to those placed on the registry. As described in the NAPSA report, different states handle due process in different ways, including having different standards or processes for registry and nonregistry cases.

Summary

Arizona is similar to most other states for the two variables for which data are available on post-investigation services policies. While the Aging Network is an important partner for most APS programs, there are not data that document the relationship across the states. Anecdotally, the project team believes that Arizona's APS referral process to the Aging Network for APS case management services is unique among APS programs. (The exceptions would be the three states in which the APS program is administered by aging network.) Further information on post-investigation services is discussed in the next chapter and conclusion.

Quality Assurance

Quality assurance for APS programs has several purposes. First, by focusing on APS activities, outputs and outcomes, it provides information on how the program helps its clients. Second, by focusing on casework practices and documentation it provides information that helps workers and supervisors do their best work. APS programs use various mechanisms to ensure quality casework. The foundation for quality assurance activities is robust documentation of casework. The next level of quality assurance entails supervisor involvement in directing the casework and overseeing key decisions. The highest level of quality assurance involves an independent case reading or similar process for reviewing cases to support quality.

Casework Documentation

One reason for documenting casework is to ensure that supervisors and other case reviewers have information to evaluate actions taken in cases. It provides the source of data for monitoring and improving the program. Arizona is among the 40 APS programs with policy requirements that casework must be documented in a systematic and comprehensive manner.

In **40** states, including Arizona, the APS program has policy requirements that casework must be documented.

Supervisor Involvement

Supervisors play a critical role in ensuring quality casework. In addition to normal management roles, they often provide guidance to caseworkers at critical case junctures and review and approve key decisions (i.e., decisions that are likely to have a significant impact on the welfare of the client), especially the determination of whether to substantiate an allegation of maltreatment. Some states require supervisor involvement at critical case junctures, as well as for final decisions about disposition of maltreatment allegations. Policy profile data show that APS programs much more frequently require supervisor

In **28** states, including Arizona, the supervisor is required to approve case dispositions.

In **21** states, including Arizona, the supervisor is involved at critical case junctures.

approval of the investigation disposition than of other critical case junctures. Arizona requires supervisors' involvement in both.

Case Review and Other Quality Assurance

The final level of quality assurance in APS program is to require a review of cases after closure. These reviews can be as formalized as case scoring by separate quality assurance units, or as informal as ad hoc peer-to-peer case reviews. Post-closure case review allows programs to assess their casework and identify needed improvements. Arizona is among the few APS programs that has an independent case review process.

In **14** states, including Arizona, the APS program conducts independent case reviews of closed cases.

Summary

Quality assurance is a vital aspect of program improvement. In APS programs, the case record is generally the key link to improving the program. This makes documentation vitally important and review of documentation by supervisors at critical case junctures and after case closure important practices. (This is discussed in more detail in the state comparisons chapter.) This examination suggests that Arizona follows all these practices.

50-State Comparison Conclusion

Overall, Arizona's APS program is similar to most state APS programs, with only a few notable exceptions in its investigations processes. This issue is explored further in the next chapter with the in-depth state comparisons.

Results: In-depth Comparison

To address the second goal for this TA project, Arizona's APS program was compared in more depth to the APS programs in the following eight states: Alaska, California, Colorado, Maine, Oklahoma, Texas, Utah, and Vermont.

As with the 50-state comparison, results are organized by the main components of both the APS Systems Logic Model (see Appendix C), which describes key elements of APS systems, and the APS Guidelines, as follows:

- Authority and Context
- Intake
- Investigation
- Post-investigation Services
- Quality Assurance

For the comparison of Arizona with the eight states, a separate "profile" is provided for each state, showing how Arizona compares to that state, using primarily graphics. Findings include the same variables as for the 50-state comparison with the following additional in-depth results:

- Additional detail (e.g., descriptions of eligible populations)
- Additional NAMRS data (e.g., data provided from NAMRS on the percent of investigations by maltreatment type)

- Additional data collected from the comparison states
- Brief summary of key similarities and differences

Appendix G provides definitions of each data element and sources of data. The primary sources for this comparison were NAMRS, the APS evaluation policy profiles, and the brief survey completed by each of the comparison states. In additions, states were given the opportunity to review their data and provide updates as needed.



Alaska

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	Arizona	Alaska
Population:	7,171,646	737,438
Area:	113,642 sq. miles	570,641 sq. miles
Funding:	\$14m	Unknown
Number of Investigations:	17,443	2,097

Mandatory Reporters

	Arizona	Alaska
Medical	✓	✓
Mental Health	✓	✓
Education	-	✓
In-Home Care	-	✓
Law Enforcement	✓	✓
Financial	✓	-
Human Services	-	✓
Anyone	-	-



APS program is guided by a defined set of ethical principles

Arizona: Yes Alaska: Yes



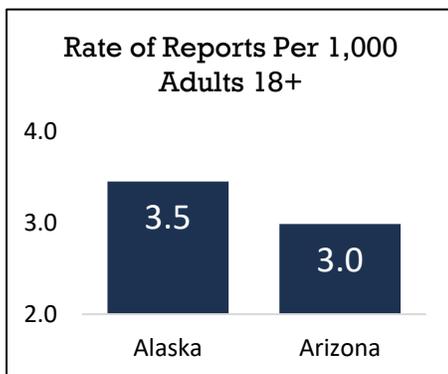
Use a statewide, standardized assessment tool

Arizona: Yes Alaska: Yes



State submits case component data to NAMRS

Arizona: Yes Alaska: Yes



The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The Alaska APS program is a state-run program within the Alaska Department of Health and Social Services, Division of Senior and Disability Services.

Eligible Population

Arizona

AZ APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.

A "vulnerable adult" is:

- an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment.
- an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person.

Alaska

Alaska APS helps to prevent or stop harm from occurring to vulnerable adults. Alaska law defines a vulnerable adult as a person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance.

APS investigates reports in out-of-home care facilities only if the alleged victim is younger than age 60. If the alleged victim is age 60 or older, such reports would be transferred for investigation to the long-term care ombudsman.

Training

	Arizona	Alaska
APS-specific training required for investigators/caseworkers	Yes	Yes
Hours of preservice APS-specific training	80 • 2 weeks in class plus shadowing • Full training takes 60 days	160 • Based on the need of the new hire
Training required for APS supervisors	Yes, APS-specific supervisory training	Yes, supervisor training not APS-specific
APS-specific/dedicated trainers	Yes	No
Certification process	Yes	No
Annual training budget for APS	\$175,000	None

INTAKE



In Alaska and Arizona, intake is centralized at a statewide hotline or call-in number.



In Arizona, reports can also be made via a 24/7 APS online reporting tool.

Systematic Client Assessment

Recommended Practices for Systematic Client Assessment	Arizona	Alaska
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.	✓	-
APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	-
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	-

Protocol for Initiating an Investigation

	Arizona	Alaska
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	-
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	-
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	-
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	-

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less



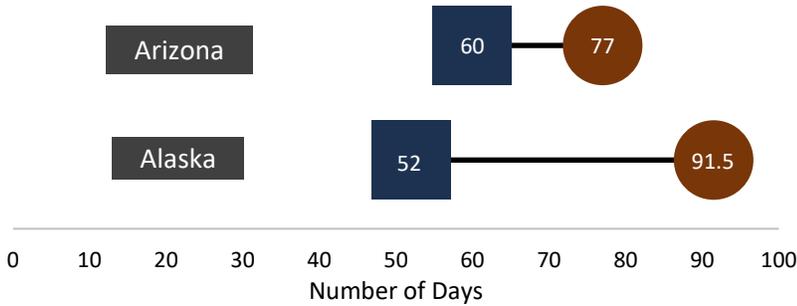
INVESTIGATION

	Arizona	Alaska
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	No
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	Credible, reasonable, or probable cause

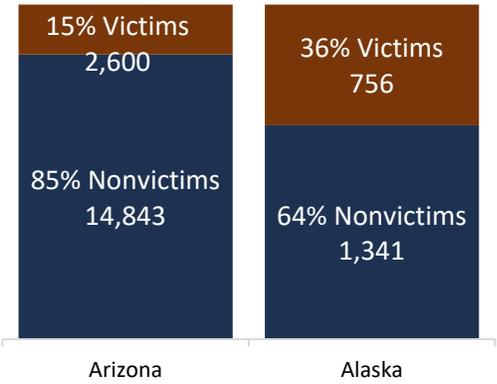
Multidisciplinary Teams (MDTs)

	Arizona	Alaska
APS requires participation on MDTs for APS cases	No	No
Number of MDTs	4	1

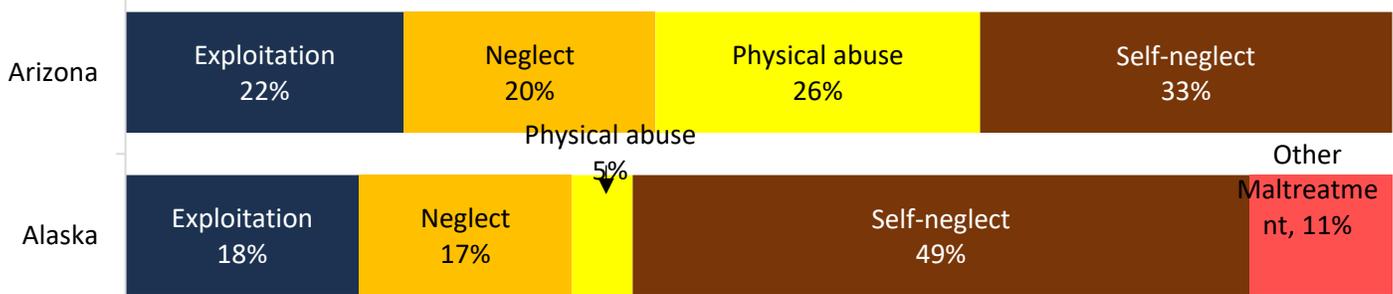
Arizona policy notes that investigations should be **completed within 60 days**. **Actual average investigation completion time was 77 days**.
 Alaska policy notes that investigations should be **completed within 52 days**. **Actual average investigation completion time was 91.5 days**.



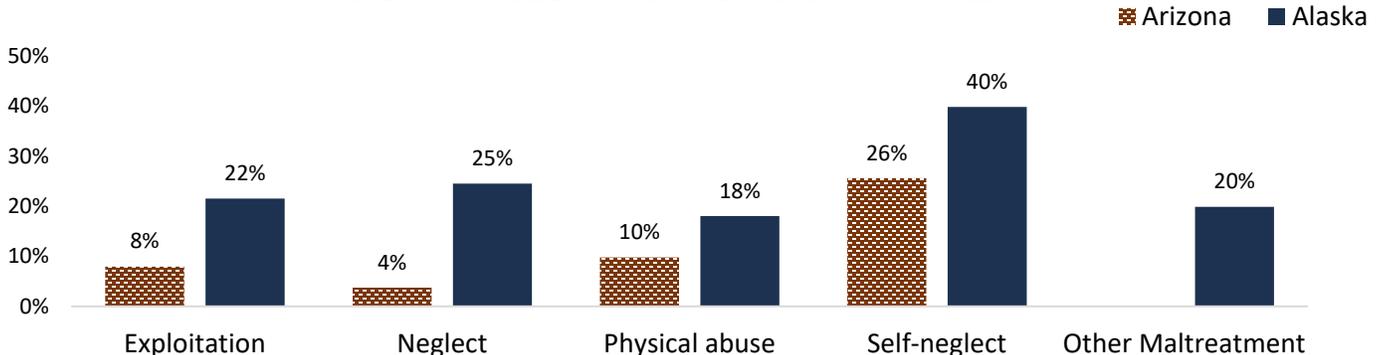
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated



Percent of Maltreatments Substantiated or Verified



[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

Percent may not sum to 100% due to rounding.

*Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In Alaska and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

<i>Provide Post-investigation Services:</i>	Arizona	Alaska
<i>To Alleged Victims</i>	✓	✓
<i>To Family Members</i>	-	-
<i>To Perpetrators</i>	-	-

Perpetrator Registry

	Arizona	Alaska
Operates a perpetrator registry	Yes	No
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry. ¹⁸	No

Quality Assurance Policies

	Arizona	Alaska
The APS program has policy requirements that casework must be documented.	Yes	No
The program conducts independent case reviews of closed cases.	Yes	No

Supervisors

	Arizona	Alaska
<i>Supervisor is required to approve case dispositions.</i>	✓	-
<i>Supervisor is involved at critical case junctures.</i>	✓	-

KEY SIMILARITIES

- APS programs use statewide, standardized assessment tools.
- In both states, clients have the right *not* to participate in an investigation.
- While both states permit the use of MDTs, neither state requires their use for APS.
- Neither state gives APS the authority to provide an EPO.
- APS provides post-investigation services to alleged victims.
- Both programs require APS-specific training and supervisor training.

KEY DIFFERENCES

- Arizona is more closely aligned with the APS Guidelines' recommendations for using a systematic client assessment and for how to initiate the investigation.
- On average, Arizona accepts about two thirds of its reports, whereas Alaska accepts one third of its reports.
- Alaska policy stipulates fewer days for completing an investigation than Arizona's policy.
- Arizona operates a perpetrator registry, while Alaska does not.
- Arizona has specific policy requirements focused on quality assurance, while Alaska does not.
- Arizona requires supervisor approval for case dispositions, while Alaska does not.
- Arizona has APS-specific/dedicated trainers and an APS certification process, whereas Alaska does not.

¹⁸ In cases involving self-neglect, IRS or lottery phone scams, an unknown perpetrator, or a vulnerable adult caring for another vulnerable adult, instead of substantiation, Arizona "verifies" that maltreatment occurred. These verified cases are not referred to the registry.



California

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	<u>Arizona</u>	<u>California</u>
Population:	7,171,646	39,557,045
Area:	113,642 sq. miles	155,973 sq. miles
Funding:	\$14m	\$10m (not incl. County funds)
Number of Investigations:	17,443	141,064

The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The California APS program is a county-administered program. The state APS office is located in the California Department of Social Services. There are memorandums of understanding between the local public guardian program and local APS in some counties for the coordination of services regarding investigations. APS employees are hired at the county level; in smaller counties, these staff members may support multiple county programs.

Mandatory Reporters

	<i>Arizona</i>	<i>California</i>
Medical	✓	✓
Mental Health	✓	-
Education	-	-
In-Home Care	-	-
Law Enforcement	✓	✓
Financial	✓	-
Human Services	-	✓
Anyone	-	-

Eligible Population

Arizona

Arizona APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.

A "vulnerable adult" is:

- an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment.
- an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person.

California

California APS serves elder adults (65+) and dependent adults (18-64). The state APS Manual defines dependent adults as:

- any person residing in this state, between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age; and
- includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.

APS does not investigate long-term care facilities; however, it investigates unlicensed facilities suspected of elder and dependent adult abuse. To be eligible for services, clients must not live in long-term care facilities, state hospitals, or state developmental centers.



APS program is guided by a defined set of ethical principles

Arizona: Yes California: No



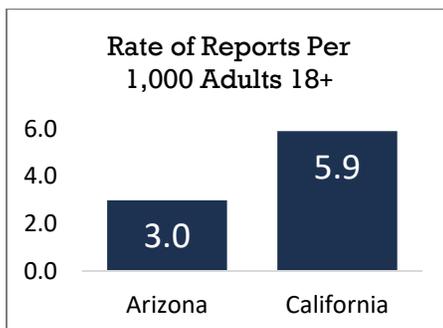
Use a statewide, standardized assessment tool

Arizona: Yes California: No



State submits case component data to NAMRS

Arizona: Yes California: No



Training

	Arizona	California
<i>APS-specific training required for investigators/caseworkers</i>	Yes	Varies by county
<i>Hours of preservice APS-specific training</i>	80 • 2 weeks in class plus shadowing • Full training takes 60 days	Not applicable
<i>Training required for APS supervisors</i>	Yes, APS-specific supervisory training	No
<i>APS-specific/dedicated trainers</i>	Yes	Yes
<i>Certification process</i>	Yes	Yes
<i>Annual training budget for APS</i>	\$175,000	\$10 million currently over 3 years (\$3.3 million/year)

INTAKE



Arizona

Intake is centralized at a statewide hotline or call-in number. Reports can also be made via a 24/7 APS online reporting tool.



California

Intake is local at county or regional hotlines or call-in numbers. The ability to make reports via 24/7 APS online reporting tool varies by county.

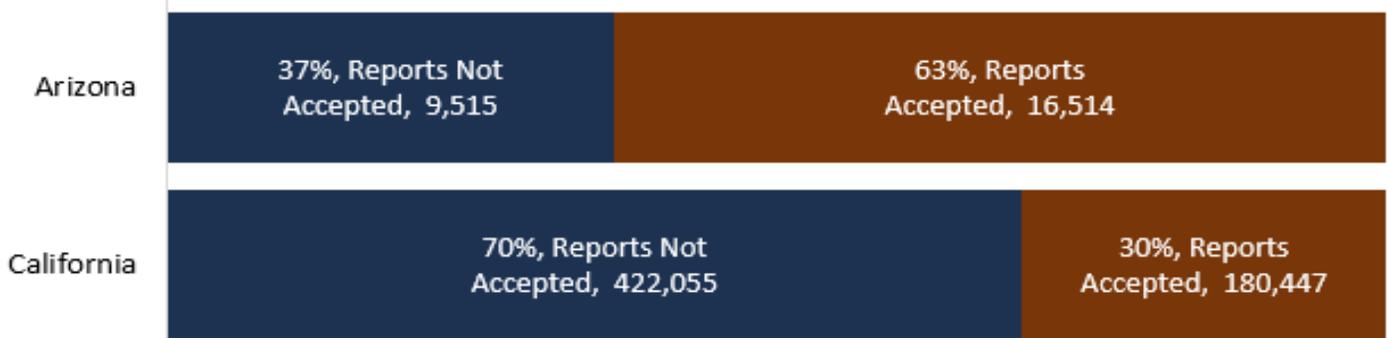
Systematic Client Assessment

Recommended Practices for Systematic Client Assessment	Arizona	California
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.	✓	✓
APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	-
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	-

Protocol for Initiating an Investigation

	Arizona	California
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	-
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	✓
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	✓
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	-

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less

Note: Data not available for California



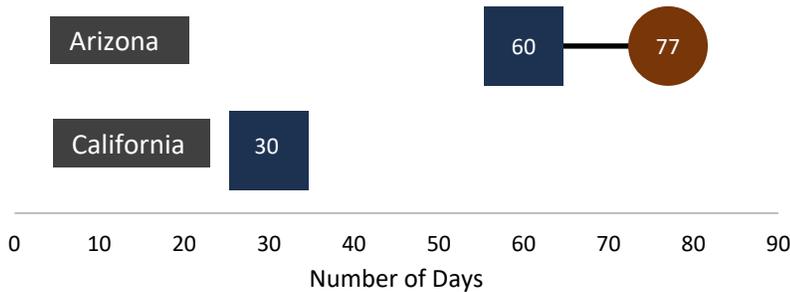
INVESTIGATION

	Arizona	California
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	Yes
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	No state standard

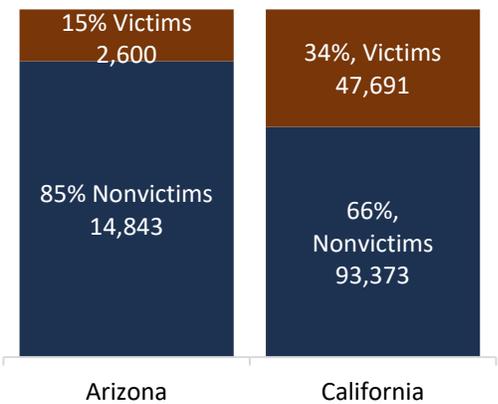
Multidisciplinary Teams (MDTs)

	Arizona	California
APS requires participation on MDTs for APS clients	No	No
Number of MDTs	4	68

Arizona **policy** notes that investigations should be **completed within 60 days**. **Actual average investigation completion time** was **77 days**. California **policy** notes that investigations should be **completed within 30 days**. No data are available on **actual average investigation completion time**.



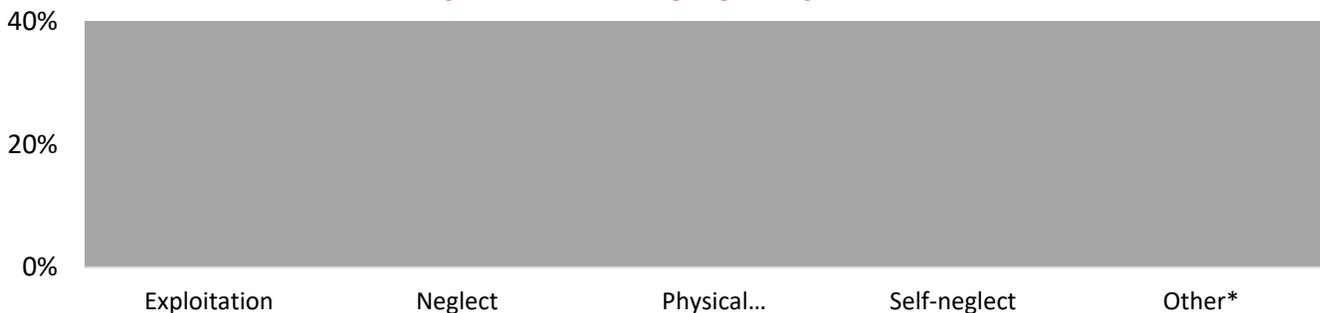
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated DATA NOT AVAILABLE FOR CALIFORNIA



Percent of Maltreatments Substantiated or Verified DATA NOT AVAILABLE FOR CALIFORNIA



[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

*Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In California and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

<i>Provide Post-investigation Services:</i>	Arizona	California
<i>To Alleged Victims</i>	✓	✓
<i>To Family Members</i>	-	-
<i>To Perpetrators</i>	-	-

Perpetrator Registry

	Arizona	California
Operates a perpetrator registry	Yes	No
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry (see footnote 18).	Not applicable

Quality Assurance Policies

	Arizona	California
The APS program has policy requirements that casework must be documented.	Yes	Yes
The program conducts independent case reviews of closed cases.	Yes	No

Supervisors

	Arizona	California
<i>Supervisor is required to approve case dispositions.</i>	✓	-
<i>Supervisor is involved at critical case junctures.</i>	✓	✓

KEY SIMILARITIES

- In both states, clients have the right *not* to participate in an investigation.
- While both states permit the use of MDTs, neither state requires their use for APS. APS provides post-investigation services to alleged victim.
- Both states have specific policy requirements focused on quality assurance.
- Both states have APS-specific/dedicated trainers as well as an APS certification process.

KEY DIFFERENCES

- Arizona is a state-run program, and California is a county-run program.
- Arizona is more closely aligned with the APS Guidelines' recommendations for using a systematic client assessment and for how to initiate the investigation.
- On average, Arizona accepts about two thirds of its reports, whereas California accepts about one third of its reports.
- California policy stipulates fewer days for completing an investigation than Arizona's policy.
- California gives APS the authority to provide an EPO, while Arizona does not.
- Arizona operates a perpetrator registry, while California does not.
- APS requires APS-specific training and supervisor training, whereas California does not require either.

Colorado

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	Arizona	Colorado
Population:	7,171,646	5,695,564
Area:	113,642 sq. miles	103,730 sq. miles
Funding:	\$14m	\$14m (excluding County funds)
Number of Investigations:	17,443	5,684

The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The Colorado APS program is a state supervised, county-administered system overseen by the Colorado Department of Human Services, Office of Adult, Aging, and Disability Services.

Eligible Population

Arizona	Colorado
AZ APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.	Protective services are available to at-risk adults residing in the community or in a facility.
A "vulnerable adult" is:	At-risk adult means:
<ul style="list-style-type: none"> an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment. an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person. 	an individual 18 years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for his or her health, safety, or welfare, or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person or affairs.

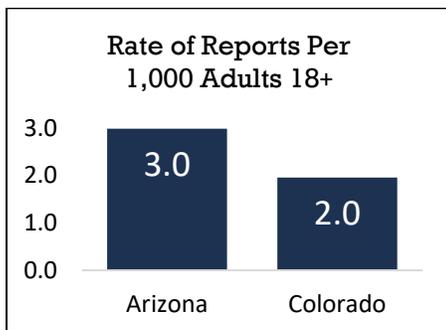
Mandatory Reporters

	Arizona	Colorado
Medical	✓	✓
Mental Health	✓	✓
Education	-	✓
In-Home Care	-	✓
Law Enforcement	✓	✓
Financial	✓	✓
Human Services	-	✓
Anyone	-	-

 APS program is guided by a defined set of ethical principles
Arizona: Yes Colorado: Yes

 Use a statewide, standardized assessment tool
Arizona: Yes Colorado: Yes

 State submits case component data to NAMRS
Arizona: Yes Colorado: Yes



Training

	Arizona	Colorado
APS-specific training required for investigators/caseworkers	Yes	Yes
Hours of preservice APS-specific training	80	80
Training required for APS supervisors	Yes, APS-specific supervisory training	Yes, APS-specific supervisory training
APS-specific/dedicated trainers	Yes	No
Certification process	Yes	Yes
Annual training budget for APS	\$175,000	\$150,000

INTAKE



Arizona

Intake is centralized at a statewide hotline or call-in number. Reports can also be made via a 24/7 APS online reporting tool.



Colorado

Intake is local at county or regional hotlines or call-in numbers. The ability to make reports via 24/7 APS online reporting tool varies by county.



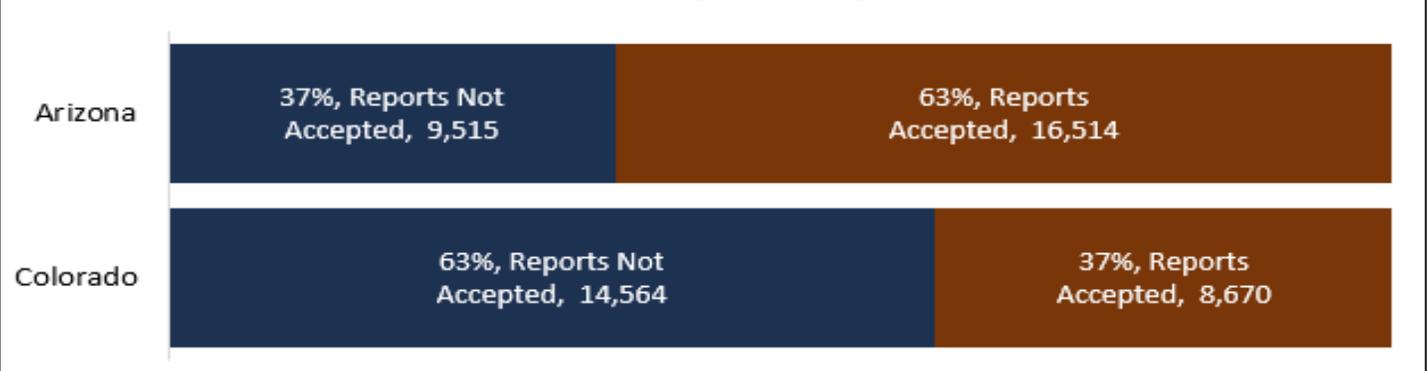
Systematic Client Assessment

Recommended Practices for Systematic Client Assessment	Arizona	Colorado
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.	✓	✓
APS worker screens for indications of impairment and, as needed, refers the client to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	✓
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	-

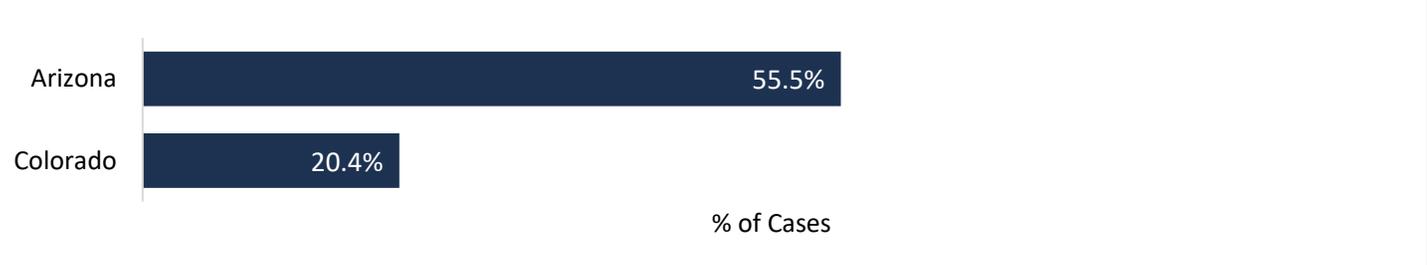
Protocol for Initiating an Investigation

	Arizona	Colorado
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	✓
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	✓
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	✓
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	✓

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less



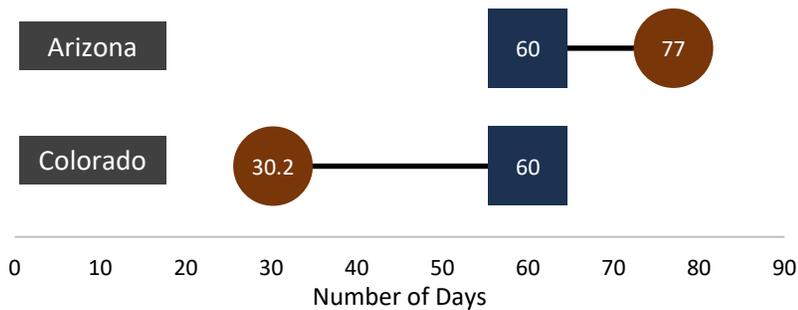
INVESTIGATION

	Arizona	Colorado
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	No
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	Preponderance of evidence

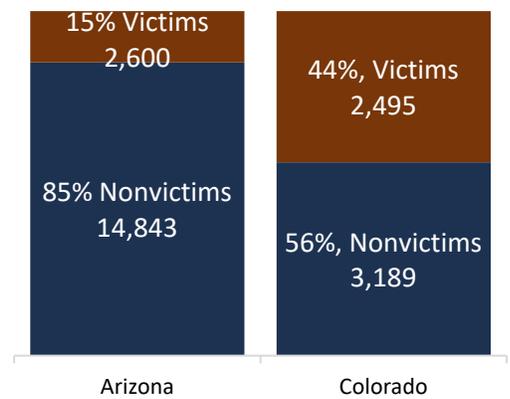
Multidisciplinary Teams (MDTs)

	Arizona	Colorado
APS requires participation on MDTs for APS cases	No	Yes ^o
Number of MDTs	4	45

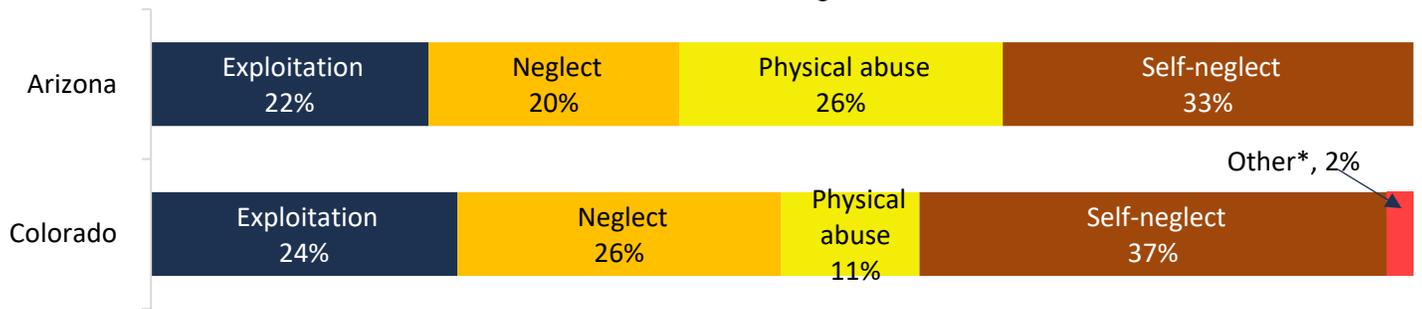
Both Arizona and Colorado policies note that investigations should be completed within 60 days. In Arizona, actual average investigation completion time was 77 days. In Colorado, actual average investigation completion time was 30.2 days.



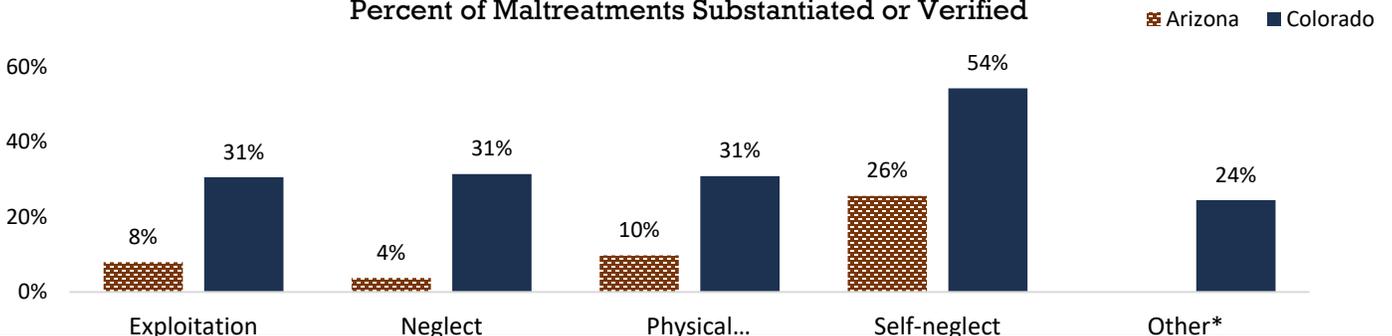
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated[#]



Percent of Maltreatments Substantiated or Verified



^o CO requires each county department that has 10 or more screened-in reports in a fiscal year to have a multidisciplinary team.

[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

[#] Percent may not sum to 100% due to rounding.

*Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In Colorado and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

<i>Provide Post-investigation Services:</i>	Arizona	Colorado
<i>To Alleged Victims</i>	✓	✓
<i>To Family Members</i>	-	✓
<i>To Perpetrators</i>	-	✓

Perpetrator Registry

	Arizona	Colorado
Operates a perpetrator registry	Yes	Yes
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry (see footnote 18).	No All substantiated perps are subject to the "registry" unless they have successfully appealed the finding or are under age 16 at the time of the mistreatment.

Quality Assurance Policies

	Arizona	Colorado
The APS program has policy requirements that casework must be documented.	Yes	Yes
The program conducts independent case reviews of closed cases.	Yes	Yes

Supervisors

	Arizona	Colorado
<i>Supervisor is required to approve case dispositions.</i>	✓	✓
<i>Supervisor is involved at critical case junctures.</i>	✓	✓

KEY SIMILARITIES

- APS programs use statewide, standardized assessment tools.
- Both states require APS-specific training for workers and supervisors, and both have a certification process.
- Both states are closely aligned with the APS Guidelines' recommendations for how to initiate the investigation.
- In both states, clients have the right *not* to participate in an investigation.
- Both states' policies stipulate 60 days for completing an investigation.
- Neither state gives APS the authority to provide an EPO.
- APS provides post-investigation services to alleged victims.
- Both states have specific policy requirements focused on quality assurance.
- Both states require supervisor approval for case dispositions.
- Both states operate a perpetrator registry.

KEY DIFFERENCES

- Arizona is more closely aligned with the APS Guidelines' recommendations for using a systematic client assessment.
- On average, Arizona accepts about two thirds of its reports, whereas Colorado accepts a little over one third of its reports.
- Colorado requires the use of MDTs, whereas Arizona does not require but permits the use of MDTs for APS.
- Colorado provides post-investigation services to family members and perpetrators, while Arizona does not.



Maine

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	Arizona	Maine
Population:	7,171,646	1,338,404
Area:	113,642 sq. miles	30,865 sq. miles
Funding:	\$14m	Unknown
Number of Investigations:	17,443	4,841

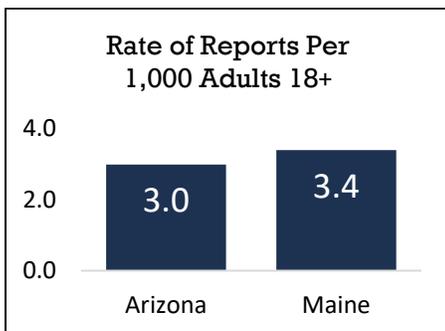
Mandatory Reporters

	Arizona	Maine
Medical	✓	✓
Mental Health	✓	✓
Education	-	-
In-Home Care	-	✓
Law Enforcement	✓	✓
Financial	✓	-
Human Services	-	✓
Anyone	-	-

APS program is guided by a defined set of ethical principles
Arizona: Yes Maine: Yes

Use a statewide, standardized assessment tool
Arizona: Yes Maine: No

State submits case component data to NAMRS
Arizona: Yes Maine: Yes



The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The Maine APS program is a state-run program administered by the Office of Aging and Disability Services (OADS), within the Maine Department of Health & Human Services.

Eligible Populations

Arizona	Maine
<p>AZ APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.</p> <p>A “vulnerable adult” is:</p> <ul style="list-style-type: none"> an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment. an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person. 	<p>Maine APS investigates reports of abuse, neglect, self-neglect, or exploitation—or the substantial risk of abuse, neglect, self-neglect, or exploitation—of any adult age 18 or older who is incapacitated and dependent. An “incapacitated adult” means an adult who is unable to receive and evaluate information or make or communicate informed decisions to such an extent that the adult lacks the ability to meet essential requirements for physical health, safety or self-care, even with reasonably available appropriate technological assistance. A “dependent adult” is an adult who has a physical or mental condition that substantially impairs the adult’s ability to adequately provide for his/her daily needs... and includes, but is not limited to, any of the following:</p> <ul style="list-style-type: none"> a resident of a nursing home licensed or required to be licensed; a resident of a facility providing assisted living services licensed or required to be licensed; a person considered a dependent person; and a person, regardless of where that person resides, who is wholly or partially dependent upon one or more other persons for care or support, either emotional or physical, because the person suffers from a significant limitation in mobility, vision, hearing or emotional or mental functioning. <p>APS investigates allegations in all settings and partners with other investigative agencies as appropriate.</p>

Training

	Arizona	Maine
APS-specific training required for investigators/caseworkers	Yes	Yes
Hours of preservice APS-specific training	80 <ul style="list-style-type: none"> 2 weeks in class plus shadowing Full training takes 60 days 	40
Training required for APS supervisors	Yes, APS-specific supervisory training	Yes, supervisor training not APS-specific
APS-specific/dedicated trainers	Yes	Yes
Certification process	Yes	No
Annual training budget for APS	\$175,000	Training budget not earmarked

INTAKE



In Maine and Arizona, intake is centralized at a statewide hotline or call-in number.



Reports can also be made via a 24/7 APS online reporting tool.

Systematic Client Assessment

Recommended Practices for Systematic Client Assessment	Arizona	Maine
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.	✓	-
APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	-
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	-

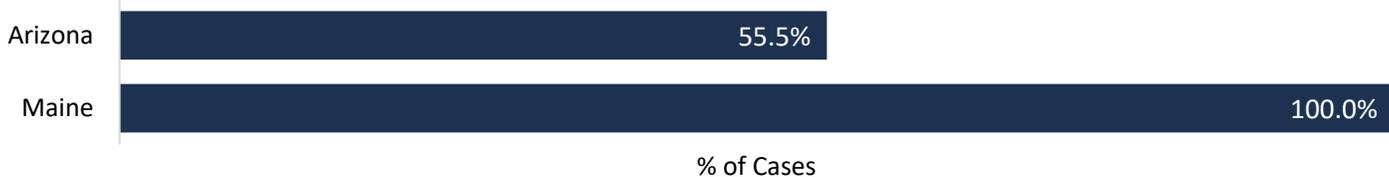
Protocol for Initiating an Investigation

	Arizona	Maine
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	✓
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	✓
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	✓
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	✓

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less



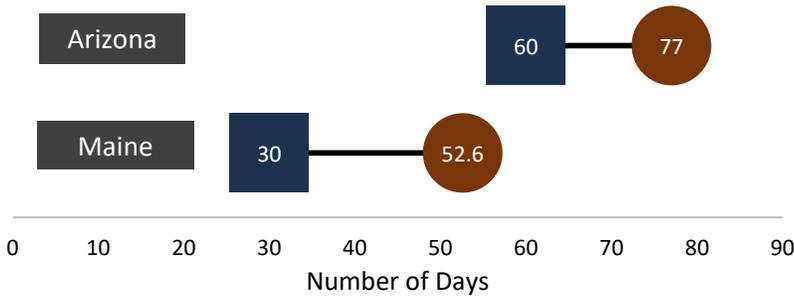
INVESTIGATION

	Arizona	Maine
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	Yes
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	Preponderance of evidence

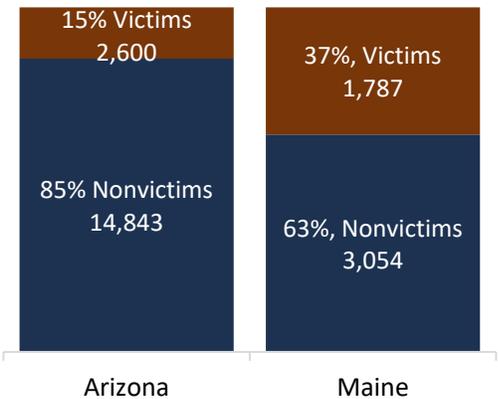
Multidisciplinary Teams (MDTs)

	Arizona	Maine
APS requires participation on MDTs for APS cases	No	No
Number of MDTs	4	5

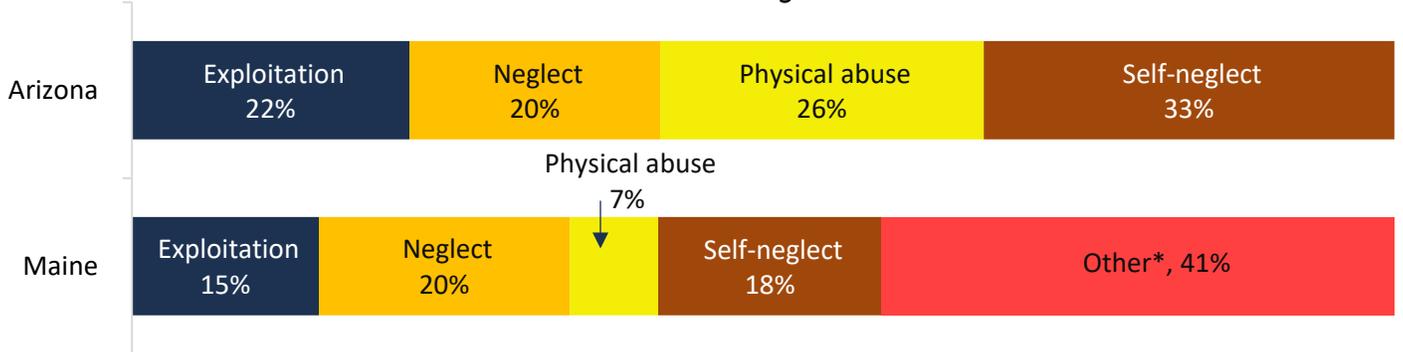
Arizona policy notes that investigations should be completed within 60 days. Actual average investigation completion time was 77 days. Maine policy notes that investigations should be completed within 30 days. Actual average investigation completion time was 52.6 days.



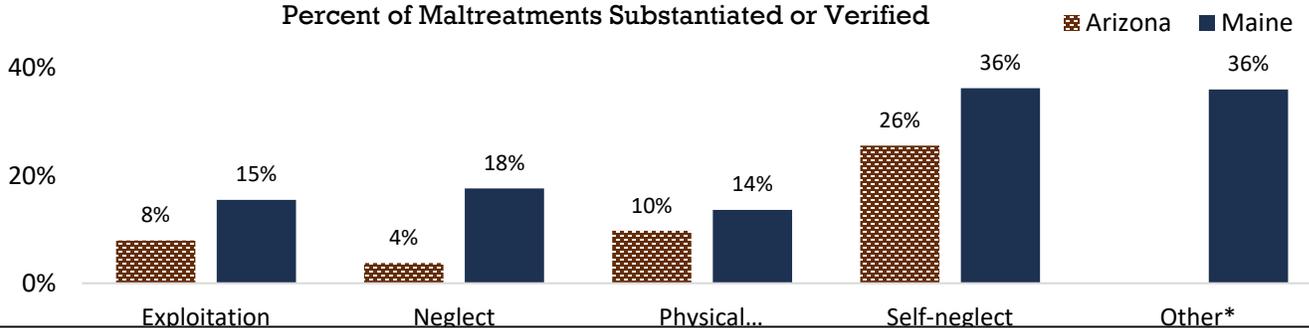
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated[#]



Percent of Maltreatments Substantiated or Verified



[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

[#] Percent may not sum to 100% due to rounding.

* Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In Maine and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

Provide Post-investigation Services:	Arizona	Maine
To Alleged Victims	✓	✓
To Family Members	-	-
To Perpetrators	-	-

Perpetrator Registry

	Arizona	Maine
Operates a perpetrator registry	Yes	Yes
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry (see footnote 18).	Yes "Level I" substantiation perpetrator may appeal to DHHS Administrative Hearings Unit.

Quality Assurance Policies

	Arizona	Maine
The APS program has policy requirements that casework must be documented.	Yes	Yes
The program conducts independent case reviews of closed cases.	Yes	No

Supervisors

	Arizona	Maine
Supervisor is required to approve case dispositions.	✓	✓
Supervisor is involved at critical case junctures.	✓	✓

KEY SIMILARITIES

- Arizona and Maine provide post-investigation services to alleged victim.
- Both states require APS-specific training and use APS-specific/dedicated trainers.
- In both states, clients have the right *not* to participate in an investigation.
- While both states permit the use of MDTs, neither state requires their use for APS.
- Both states operate a perpetrator registry.
- Both states have specific policy requirements focused on quality assurance.
- Both states require supervisor approval for case dispositions.

KEY DIFFERENCES

- Arizona uses statewide, standardized assessment tools, whereas Maine does not.
- Arizona's policy is closely aligned with the APS Guidelines' recommendations for using a systematic client assessment and for how to initiate the investigation, whereas Maine's policy is not.
- On average, Arizona accepts about two thirds of its reports, whereas Maine accepts less than half of its reports.
- Maine gives APS the authority to provide an EPO, whereas Arizona does not.
- Maine policy stipulates fewer days for completing an investigation than Arizona's policy.
- While both states require preservice training, Arizona requires 80 hours, whereas Maine requires 40 hours.
- Arizona has a certification process, whereas Maine does not.



Oklahoma

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	Arizona	Oklahoma
Population:	7,171,646	3,943,079
Area:	113,642 sq. miles	68,679 sq. miles
Funding:	\$14m	\$13.2m
Number of Investigations:	17,443	11,636

The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The Oklahoma APS program is a state-run program within the Community Living and Support Services Division of the Oklahoma Department of Human Services. APS district directors provide local support for APS staff.

Eligible Population

Arizona	Oklahoma
<p>AZ APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.</p> <p>A "vulnerable adult" is:</p> <ul style="list-style-type: none"> an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment. an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person. 	<p>Oklahoma statute requires DHS to "perform certain activities for the protection of vulnerable adults who are alleged to be abused, neglected, self-neglected, exploited, or verbally abused." People who are elderly are included in the population served by Oklahoma APS if they meet vulnerability criteria. The Oklahoma APS definition of vulnerable adults includes adults with disabilities.</p> <p>A "vulnerable adult" is any person 18 years of age or older who, because of physical or mental disability or other impairment, may be subject to maltreatment and is substantially impaired in his or her ability to independently:</p> <ul style="list-style-type: none"> provide adequately for his or her own care or custody; manage his or her property and financial affairs effectively; meet essential requirements for mental or physical health or safety; or protect himself or herself from maltreatment without assistance. <p>The vulnerable adult does not have to be eligible for disability benefits of any kind nor have a permanent impairment. The APS specialist determines if an adult is vulnerable based on his or her physical or mental condition at the time an APS referral is received and the APS specialist's assessment of that condition during service planning or investigation. APS investigates allegations of maltreatment of vulnerable adults in any setting, including long-term care nursing facilities, residential care facilities, assisted living facilities, group homes, private residential settings, shelters, and those who are homeless. APS also investigates provider agency employees, including home health providers, adult day care centers, independent living centers, and residential care facilities.</p>

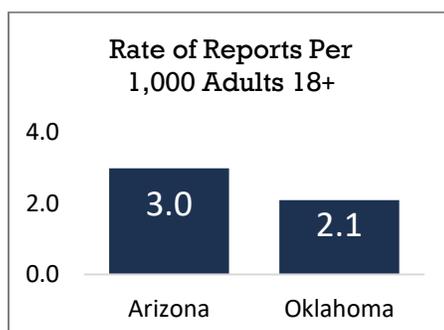
Mandatory Reporters

	Arizona	Oklahoma
Medical	✓	-
Mental Health	✓	-
Education	-	-
In-Home Care	-	-
Law Enforcement	✓	-
Financial	✓	-
Human Services	-	-
Anyone	-	✓

APS program is guided by a defined set of ethical principles
Arizona: Yes Oklahoma: Yes

Use a statewide, standardized assessment tool
Arizona: Yes Oklahoma: Yes

State submits case component data to NAMRS
Arizona: Yes Oklahoma: Yes



Training

	Arizona	Oklahoma
APS-specific training required for investigators/caseworkers	Yes	Yes
Hours of preservice APS-specific training	80 • 2 weeks in class plus shadowing • Full training takes 60 days	120
Training required for APS supervisors	Yes, APS-specific supervisory training	Yes, APS-specific supervisory training
APS-specific/dedicated trainers	Yes	Yes
Certification process	Yes	No
Annual training budget for APS	\$175,000	\$35,000

INTAKE



Arizona
Intake is centralized at a statewide hotline or call-in number.



Oklahoma
Intake is local at county or regional hotlines or call-in numbers; intake is also centralized at a statewide hotline or call-in number.



In both states, reports can also be made via a 24/7 APS online reporting tool.

Systematic Client Assessment

Recommended Practices for Systematic Client Assessment
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.

APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.

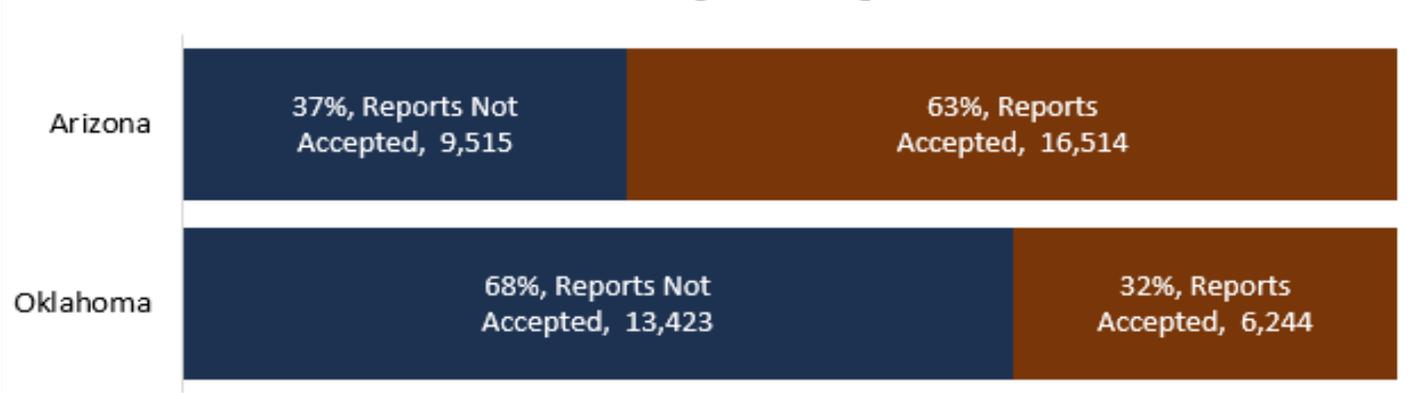
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.

	Arizona	Oklahoma
Recommended Practices for Systematic Client Assessment	✓	✓
APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	✓
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	-

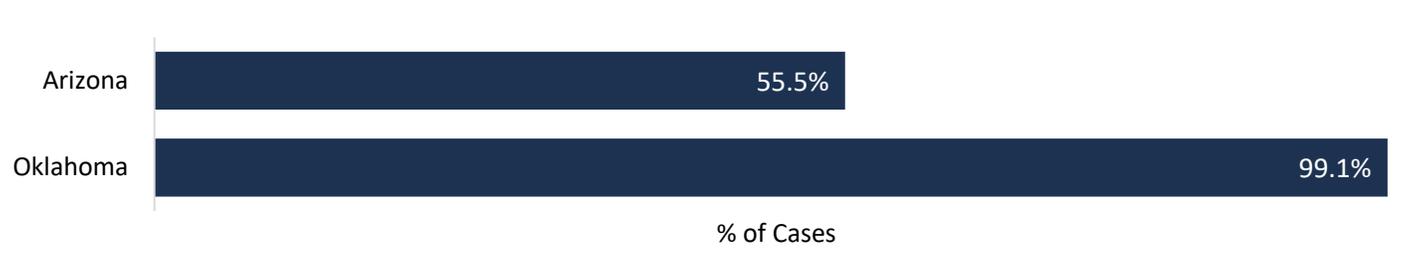
Protocol for Initiating an Investigation

	Arizona	Oklahoma
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	✓
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	✓
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	✓
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	✓

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less



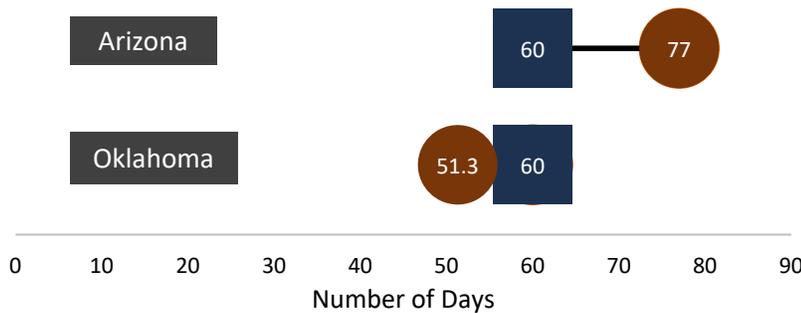
INVESTIGATION

	Arizona	Oklahoma
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	No
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	Preponderance of evidence

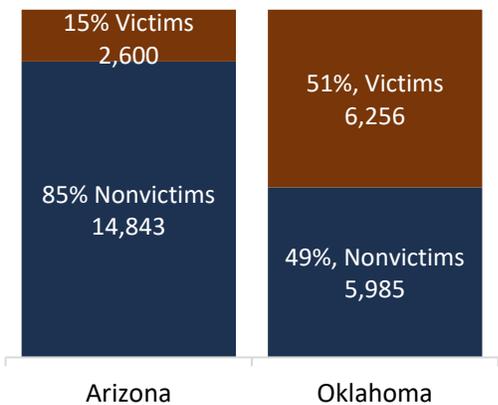
Multidisciplinary Teams (MDTs)

	Arizona	Oklahoma
APS requires participation on MDTs for APS cases	No	No
Number of MDTs	4	3

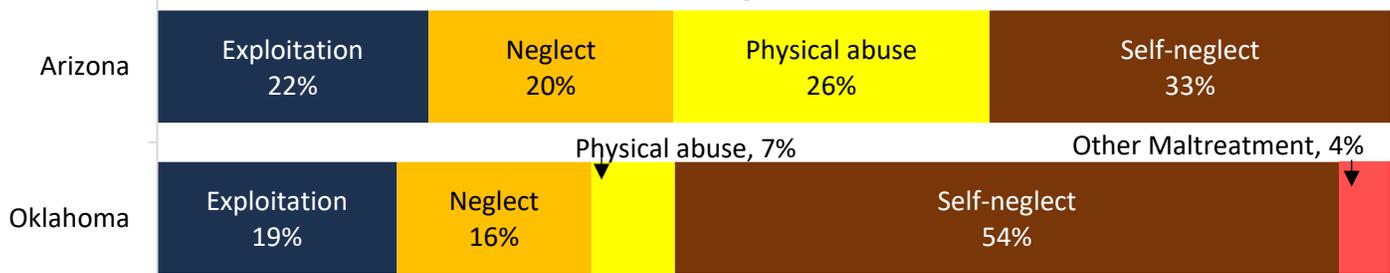
Arizona and Oklahoma **policy** both note that investigations should be **completed within 60 days**. In Arizona, **actual average investigation completion time** was **77 days**. In Oklahoma, **actual average investigation completion time** was **51.3 days**.



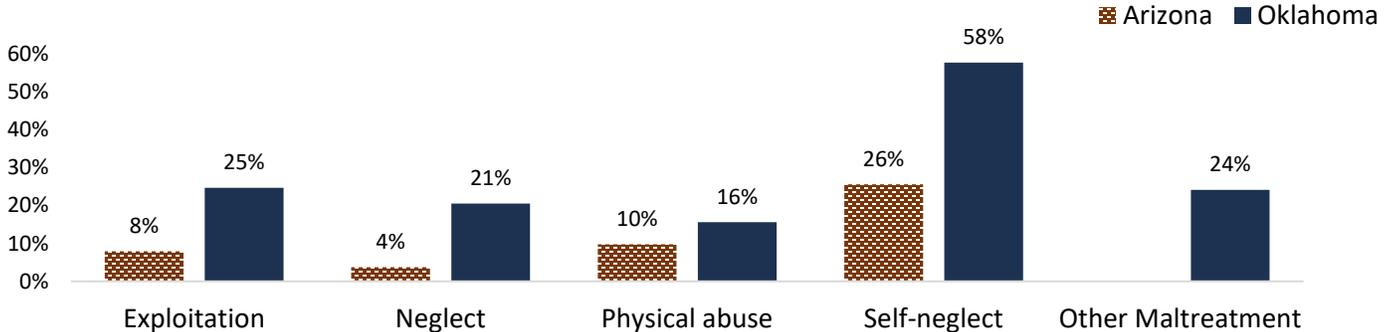
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated



Percent of Maltreatments Substantiated or Verified



[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

[#] Percent may not sum to 100% due to rounding.

^{*} Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In Oklahoma and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

<i>Provide Post-investigation Services:</i>	Arizona	Oklahoma
<i>To Alleged Victims</i>	✓	✓
<i>To Family Members</i>	-	-
<i>To Perpetrators</i>	-	-

Perpetrator Registry

	Arizona	Oklahoma
Operates a perpetrator registry	Yes	Yes
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry (see footnote 18).	Yes A higher level of review is conducted by program supervisors and legal team for perpetrators eligible for referral to a registry.

Quality Assurance Policies

	Arizona	Oklahoma
The APS program has policy requirements that casework must be documented.	Yes	Yes
The program conducts independent case reviews of closed cases.	Yes	Yes

Supervisors

	Arizona	Oklahoma
<i>Supervisor is required to approve case dispositions.</i>	✓	✓
<i>Supervisor is involved at critical case junctures.</i>	✓	✓

KEY SIMILARITIES

- APS programs use statewide, standardized assessment tools.
- Both states require APS-specific training for workers and supervisors and have dedicated APS trainers.
- Both states' policies are closely aligned with APS Guidelines' recommendations for how to initiate the investigation.
- In both states, clients have the right *not* to participate in an investigation.
- Neither state gives APS the authority to provide an EPO.
- Both states' policies stipulate the same number of days for completing an investigation (60).
- While both states permit the use of MDTs, neither state requires their use for APSAPS provides post-investigation services to alleged victims.
- Both states operate a perpetrator registry.
- Both states have specific policy requirements focused on quality assurance.
- Both states require supervisor approval for case dispositions.

KEY DIFFERENCES

- On average, Arizona accepts about two thirds of its reports, whereas Oklahoma accepts one third of its reports.
- Arizona has a certification process, whereas Oklahoma does not; however, Oklahoma requires 120 hours of preservice training, versus 80 hours in Arizona.



Texas

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	<u>Arizona</u>	<u>Texas</u>
Population:	7,171,646	28,701,845
Area:	113,642 sq. miles	261,914 sq. miles
Funding:	\$14m	\$70m
Number of Investigations:	17,443	105,086

The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The Texas APS In-Home program is within the Texas Department of Family and Protective Services (DFPS). Texas APS staff are state employees, and the programs are administered by the APS division within DFPS. The Texas Provider Program was formerly at the DFPS but is now within the Health and Human Services Commission. Data in this comparison are for both programs.

Mandatory Reporters

	<u>Arizona</u>	<u>Texas</u>
Medical	✓	-
Mental Health	✓	-
Education	-	-
In-Home Care	-	-
Law Enforcement	✓	-
Financial	✓	-
Human Services	-	-
Universal	-	✓

Eligible Population

Arizona

AZ APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.

A “vulnerable adult” is:

- an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment.
- an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person.

Texas

The Texas APS In-Home program investigates allegations of abuse, neglect, self-neglect, and financial exploitation, and provides protective services to adults who are elderly and adults with disabilities. An adult who is elderly is a person 65 years of age or older, and an adult with a disability is a person age 18–64 with a mental, physical, or intellectual or developmental disability that substantially impairs the person's ability to provide adequately for his or her own care or protection.

An adult age 18–64 must have a mental, physical, or developmental disability and must be substantially impaired to be eligible for APS services.

Unlike the other comparison states, Texas also conducts investigations 24/7 as needed.



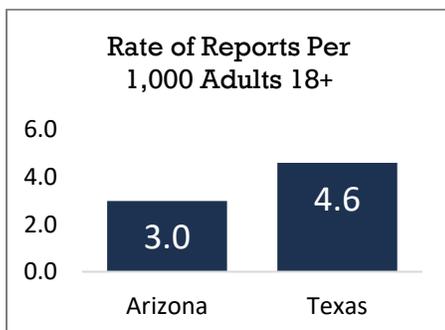
APS program is guided by a defined set of ethical principles
Arizona: Yes Texas: Yes



Use a statewide, standardized assessment tool
Arizona: Yes Texas: Yes



State submits case component data to NAMRS
Arizona: Yes Texas: Yes



Training

	<u>Arizona</u>	<u>Texas</u>
<i>APS-specific training required for investigators/caseworkers</i>	Yes	Yes
<i>Hours of preservice APS-specific training</i>	80 • 2 weeks in class plus shadowing • Full training takes 60 days	<ul style="list-style-type: none"> • 4 weeks of Web-based training and 2 weeks of classroom training • 1 month in on-the-job training and an additional week of classroom training before becoming fully case assignable
<i>Training required for APS supervisors</i>	Yes, APS-specific supervisory training	Yes, APS-specific supervisory training
<i>APS-specific/dedicated trainers</i>	Yes	Yes
<i>Certification process</i>	Yes	Yes
<i>Annual training budget for APS</i>	\$175,000	Unknown

INTAKE



In Texas and Arizona, intake is centralized at a statewide hotline or call-in number.



Reports can also be made via a 24/7 APS online reporting tool.

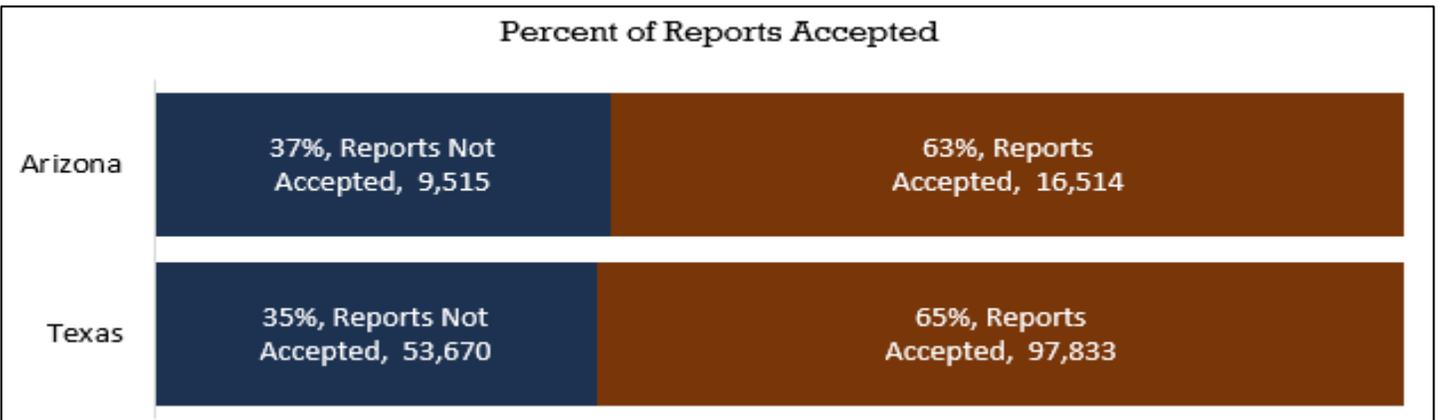
Systematic Client Assessment

Recommended Practices for Systematic Client Assessment	Arizona	Texas
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.	✓	✓
APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	✓
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	✓

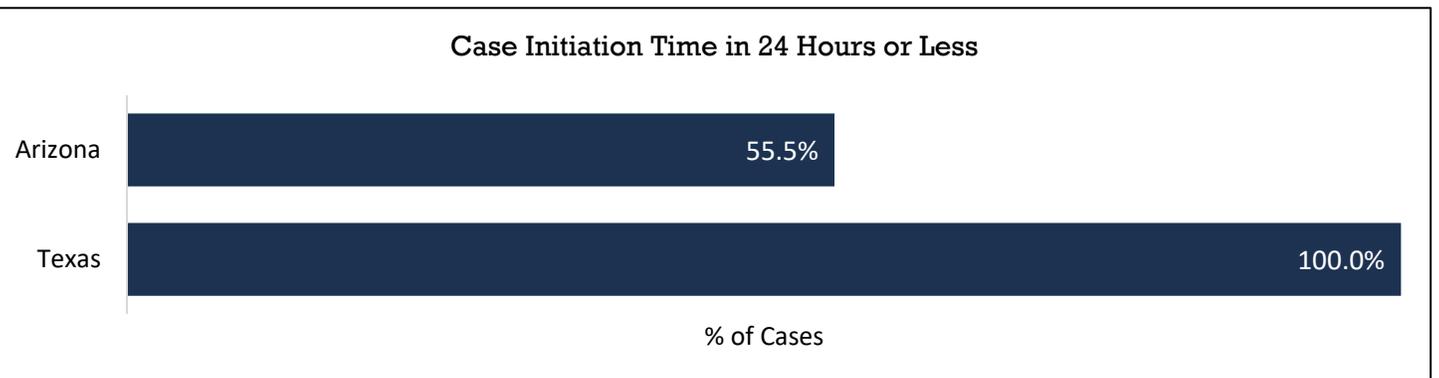
Protocol for Initiating an Investigation

	Arizona	Texas
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	✓
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	✓
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	✓
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	-

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less



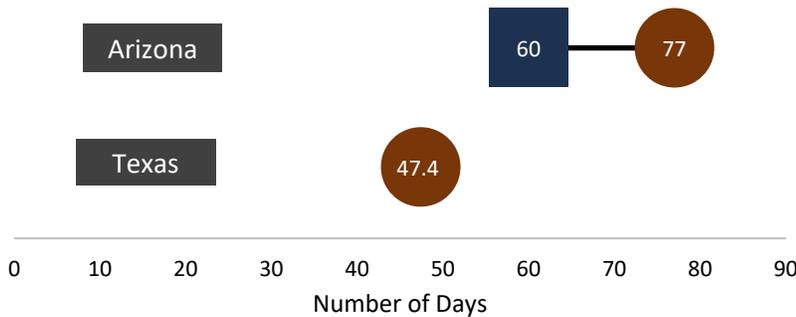
INVESTIGATION

	Arizona	Texas
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	Yes
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	Preponderance of evidence

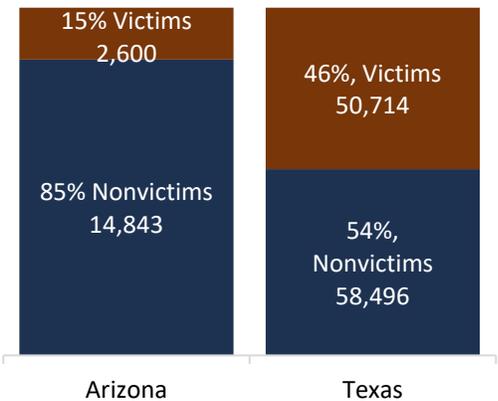
Multidisciplinary Teams (MDTs)

	Arizona	Texas
APS requires participation on MDTs for APS cases	No	Yes
Number of MDTs	4	3

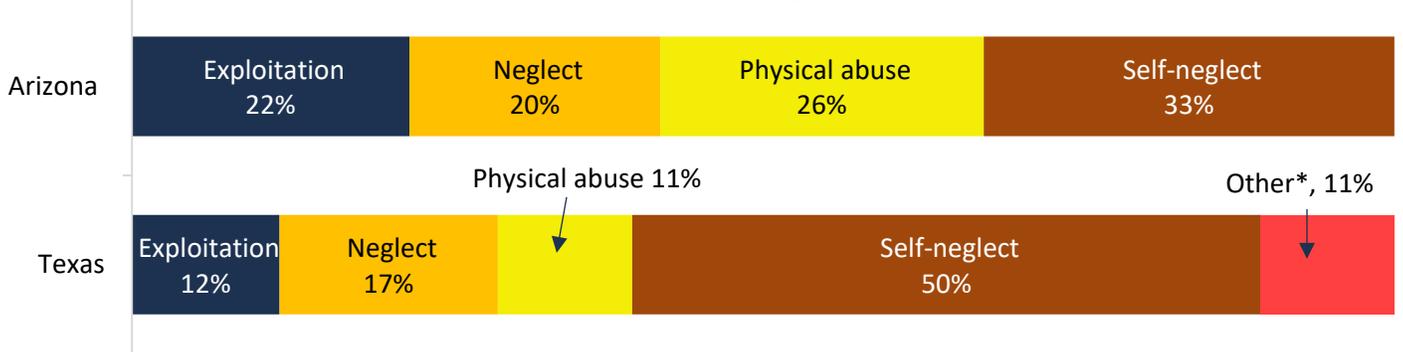
Arizona **policy** is that investigations should be **completed within 60 days**.
Actual average investigation completion time was **77 days**.
 Texas has no **policy** for investigation **completion time**.
 Actual **average investigation completion time** was **47.4 days**.



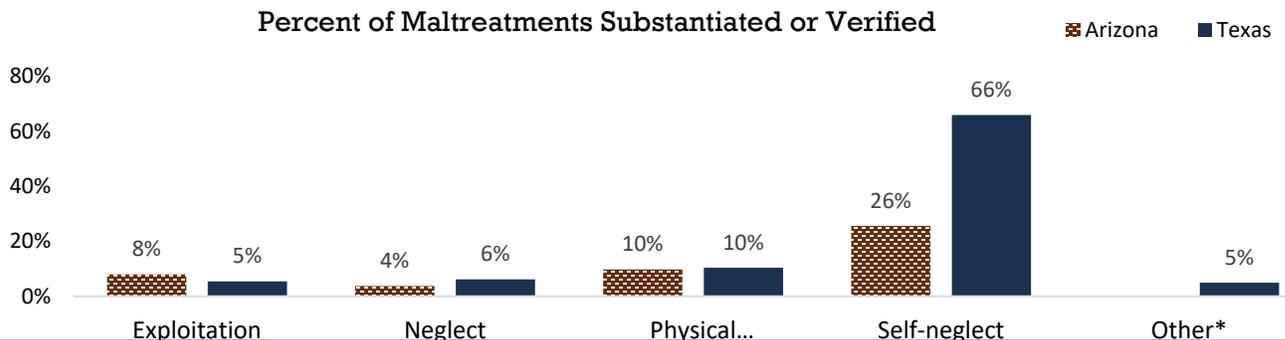
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated[#]



Percent of Maltreatments Substantiated or Verified



[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

[#] Percent may not sum to 100% due to rounding.

* Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In Texas and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

<i>Provide Post-investigation Services:</i>	Arizona	Texas
<i>To Alleged Victims</i>	✓	✓
<i>To Family Members</i>	-	✓
<i>To Perpetrators</i>	-	✓

Perpetrator Registry

	Arizona	Texas
Operates a perpetrator registry	Yes	Yes
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry (see footnote 18).	Yes For cases going to the registry there is judicial review.

Quality Assurance Policies

	Arizona	Texas
The APS program has policy requirements that casework must be documented.	Yes	Yes
The program conducts independent case reviews of closed cases.	Yes	Yes

Supervisors

	Arizona	Texas
<i>Supervisor is required to approve case dispositions.</i>	✓	✓
<i>Supervisor is involved at critical case junctures.</i>	✓	✓

KEY SIMILARITIES

- Both APS programs use statewide, standardized assessment tools.
- Both states have very similarly structured APS-specific training requirements as well as certification.
- Both states accept about two thirds of their reports.
- Both states' policies are closely aligned with the APS Guidelines' recommendations for using a systematic client assessment and for how to initiate the investigation.
- In both states, clients have the right *not* to participate in an investigation.
- APS provides post-investigation services to alleged victims.
- Both states operate a perpetrator registry.
- Both states have specific policy requirements focused on quality assurance.
- Both states require supervisor approval for case dispositions.

KEY DIFFERENCES

- Texas' policy does not stipulate a time frame for completing an investigation; Arizona requires investigations to be completed in 60 days. Texas completes investigations in 44 days on average, compared to 77 days in Arizona.
- Texas gives APS the authority to provide an EPO, whereas Arizona does not.
- Texas requires the use of MDTs, whereas Arizona does not.
- Texas provides post-investigation services to family members and perpetrators, whereas Arizona does not.



Utah

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	Arizona	Utah
Population:	7,016,270	3,161,105
Area:	113,642 sq. miles	82,168 sq. miles
Funding:	\$14m	\$3.3m
Number of Investigations:	17,443	5,058

The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The Utah APS program is a state-administered program within the Utah Department of Human Services, Division of Aging & Adult Services, which is the state unit on aging. APS is responsible for investigating cases of abuse, neglect, self-neglect, and exploitation of vulnerable adults.

Mandatory Reporters

	Arizona	Utah
Medical	✓	-
Mental Health	✓	-
Education	-	-
In-Home Care	-	-
Law Enforcement	✓	-
Financial	✓	-
Human Services	-	-
Anyone	-	✓

Eligible Population

Arizona	Utah
<p>AZ APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.</p> <p>A "vulnerable adult" is:</p> <ul style="list-style-type: none"> an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment. an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person. 	<p>The Utah APS program serves vulnerable adults age 18 and older. Vulnerable adult is defined as an adult 65 years or older, or an adult age 18–64 who has a mental or physical impairment which substantially affects that person's ability to:</p> <ul style="list-style-type: none"> provide personal protection; provide necessities such as food, shelter, clothing, or mental or other health care; obtain services necessary for health, safety, or welfare; carry out the activities of daily living; manage the adult's own financial resources; or comprehend the nature and consequences of remaining in a situation of abuse, neglect, or exploitation. <p>For referrals involving a person receiving services in a long-term care facility, APS is the primary investigating agency and notifies the Department of Health and the Long-term Care Ombudsman that a case has been opened. When the referral involves an adult on an Indian reservation, the referral is forwarded to either the tribal or federal authorities who have responsibility for handling the investigation.</p>



APS program is guided by a defined set of ethical principles

Arizona: Yes Utah: Yes



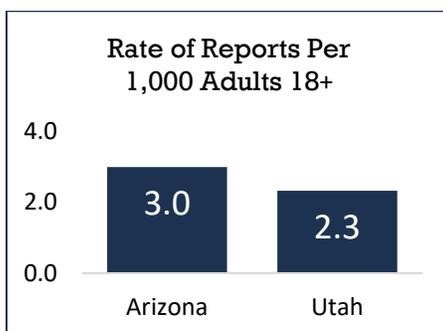
Use a statewide, standardized assessment tool

Arizona: Yes Utah: Yes



State submits case component data to NAMRS

Arizona: Yes Utah: Yes



Training

	Arizona	Utah
APS-specific training required for investigators/caseworkers	Yes	Yes
Hours of preservice APS-specific training	80 • 2 weeks in class plus shadowing • Full training takes 60 days	120
Training required for APS supervisors	Yes, APS-specific supervisory training	Yes, APS-specific supervisor training
APS-specific/dedicated trainers	Yes	No
Certification process	Yes	Yes
Annual training budget for APS	\$175,000	\$10,000

INTAKE



In Utah and Arizona, intake is centralized at a statewide hotline or call-in number.



Reports can also be made via a 24/7 APS online reporting tool.

Systematic Client Assessment

Recommended Practices for Systematic Client Assessment	Arizona	Utah
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.	✓	✓
APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	✓
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	-

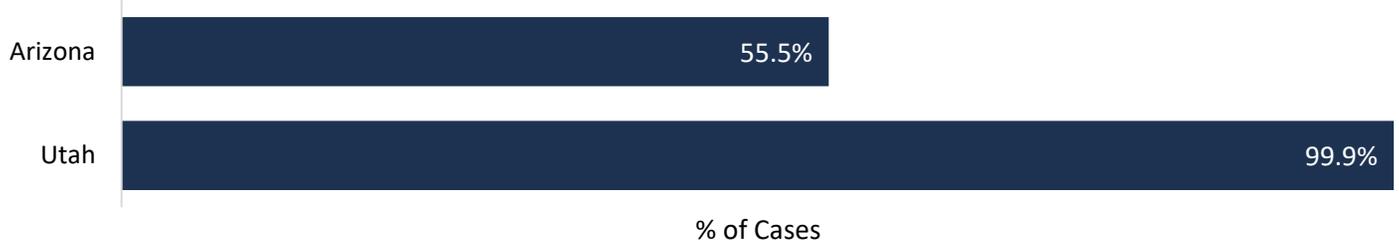
Protocol for Initiating an Investigation

	Arizona	Utah
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	✓
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	✓
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	✓
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	✓

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less



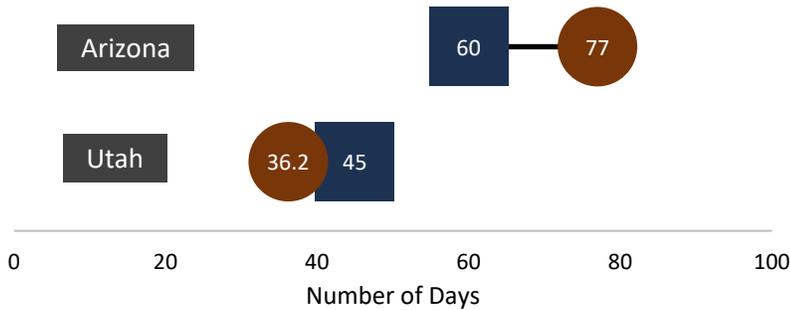
INVESTIGATION

	Arizona	Utah
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	Yes
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	Preponderance of evidence

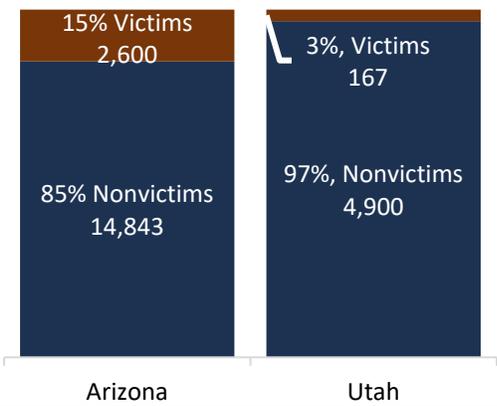
Multidisciplinary Teams (MDTs)

	Arizona	Utah
APS requires participation on MDTs for APS cases	No	Yes
Number of MDTs	4	11

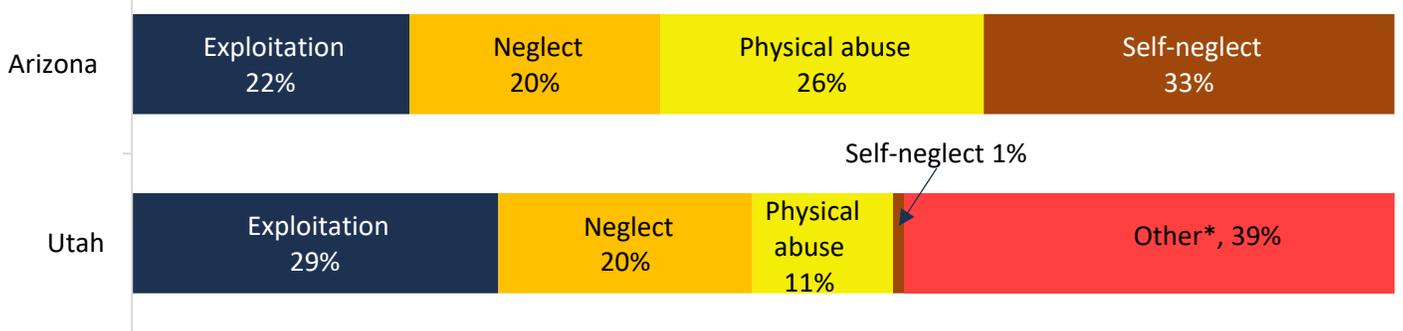
Arizona **policy** notes that investigations should be **completed within 60 days**. **Actual average investigation completion time** was **77 days**.
 Utah **policy** notes that investigations should be **completed within 45 days**. **Actual average investigation completion time** was **36.2 days**.



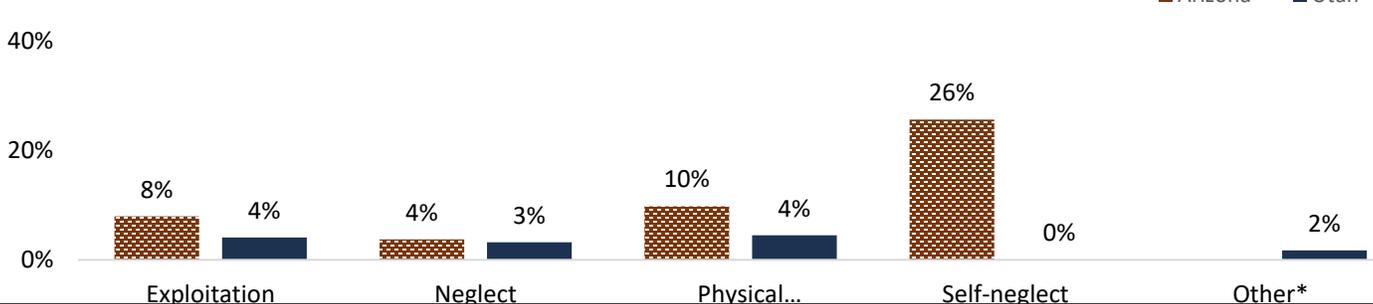
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated[#]



Percent of Maltreatments Substantiated or Verified



[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

[#] Percent may not sum to 100% due to rounding.

* Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In Utah and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

<i>Provide Post-Investigation Services:</i>	Arizona	Utah
<i>To Alleged Victims</i>	✓	✓
<i>To Family Members</i>	-	-
<i>To Perpetrators</i>	-	-

Perpetrator Registry

	Arizona	Utah
Operates a perpetrator registry	Yes	Yes
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry (see footnote 18).	Yes There is no appeal process for individuals in cases that were not supported (i.e., not substantiated or verified).

Quality Assurance Policies

	Arizona	Utah
The APS program has policy requirements that casework must be documented.	Yes	Yes
The program conducts independent case reviews of closed cases.	Yes	Yes

Supervisors

	Arizona	Utah
<i>Supervisor is required to approve case dispositions.</i>	✓	✓
<i>Supervisor is involved at critical case junctures.</i>	✓	✓

KEY SIMILARITIES

- APS programs use statewide, standardized assessment tools.
- Both states' policies are closely aligned with the APS Guidelines' recommendations for using a systematic client assessment and for how to initiate the investigation.
- In both states, clients have the right *not* to participate in an investigation.
- Both states require APS-specific training and supervisor training, and both states have a certification process.
- APS provides post-investigation services to alleged victims.
- Both states operate a perpetrator registry.
- Both states have specific policy requirements focused on quality assurance.
- Both states require supervisor approval for case dispositions.

KEY DIFFERENCES

- On average, Arizona accepts about two thirds of its reports, whereas Utah accepts a little over half of its reports.
- Utah's policy stipulates fewer days for completing an investigation than Arizona's policy.
- Utah requires the use of MDTs, whereas Arizona does not require but permits the use of MDTs for APS.
- Utah gives APS the authority to provide an EPO, whereas Arizona does not.
- Utah requires more hours of preservice training (120 vs. 80) but does not have APS-dedicated trainers.



Vermont

Arizona APS Program Comparison

AUTHORITY & CONTEXT

	Arizona	Vermont
Population:	7,171,438	626,299
Area:	113,642 sq. miles	9,249 sq. miles
Funding:	\$14m	\$1.5m
Number of Investigations:	17,443	827

The Arizona APS program is a state-run program within the Arizona Department of Economic Security, Division of Aging and Adult Services.

The Vermont APS is a state-run program in the Division of Licensing and Protection within the Department of Disabilities, Aging and Independent Living.

Mandatory Reporters

	Arizona	Vermont
Medical	✓	✓
Mental Health	✓	✓
Education	-	✓
In-Home Care	-	✓
Law Enforcement	✓	✓
Financial	✓	-
Human Services	-	✓
Anyone	-	-

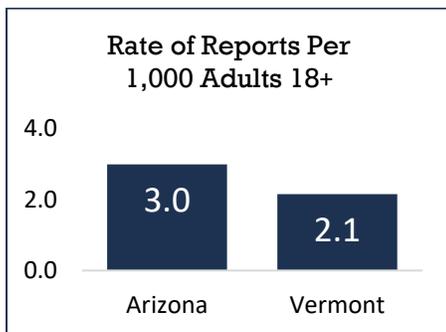
Eligibility Policy

Arizona	Vermont
<p>AZ APS investigates allegations of abuse, neglect, including self-neglect, and exploitation of vulnerable adults in private residences, group homes, assisted living facilities, nursing homes and other settings.</p> <p>A "vulnerable adult" is:</p> <ul style="list-style-type: none"> an individual who is 18 years or older and unable to protect him/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment. an incapacitated person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person. 	<p>Vermont APS protects vulnerable adults whose health and welfare may be adversely affected due to abuse, neglect or exploitation. Vermont does not investigate self-neglect.</p> <p>A person is a vulnerable adult if he/she:</p> <ul style="list-style-type: none"> is age 18 or older and is impaired due to brain damage, infirmities of aging, or a physical, mental, or developmental disability: <ul style="list-style-type: none"> some impairment of the individual's ability to provide for his or her own care without assistance, including the provision of food, shelter, clothing, health care, supervision, or management of finances; or an impairment of the individual's ability to protect himself or herself from abuse neglect or exploitation or is a resident of licensed nursing facility or a patient in a psychiatric hospital, or has received personal care services for longer than 1 month.

APS program is guided by a defined set of ethical principles
Arizona: Yes Vermont: Yes

Use a statewide, standardized assessment tool
Arizona: Yes Vermont: Yes

State submits case component data to NAMRS
Arizona: Yes Vermont: Yes



Training

	Arizona	Vermont
APS-specific training required for investigators/caseworkers	Yes	No
Hours of preservice APS-specific training	80 • 2 weeks in class plus shadowing • Full training takes 60 days	Not Available
Training required for APS supervisors	Yes, APS-specific supervisory training	Yes, supervisor training not APS-specific
APS-specific/dedicated trainers	Yes	No
Certification process	Yes	No
Annual training budget for APS	\$175,000	There are funds available for training that can be used for APS training, but they are not specifically earmarked for APS.

INTAKE



In Vermont and Arizona, intake is centralized at a statewide hotline or call-in number.



Reports can also be made via a 24/7 APS online reporting tool.

Systematic Client Assessment

Recommended Practices for Systematic Client Assessment	Arizona	Vermont
APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment, including the vulnerable adult's strengths and weaknesses, using standardized tools.	✓	-
APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments.	✓	-
APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.	-	-

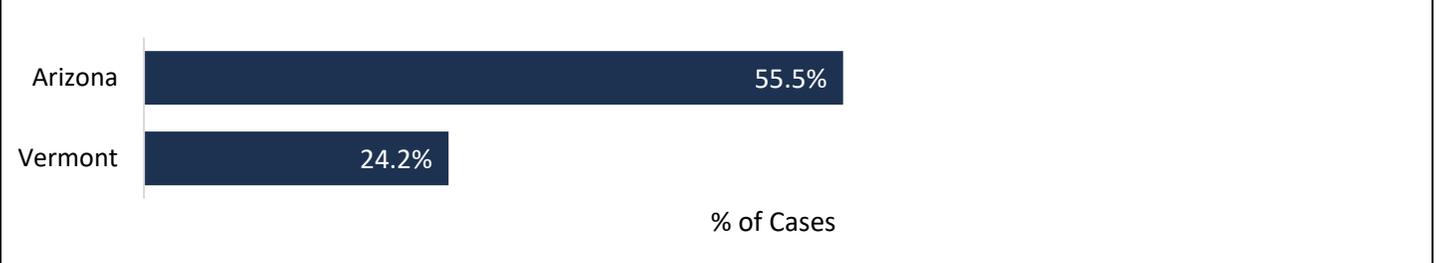
Protocol for Initiating an Investigation

	Arizona	Vermont
Contact the alleged victim, the alleged victim's service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation.	✓	✓
Identify and review appropriate records for previous reports, including records that are not in the APS case management database.	✓	✓
See the alleged victim face-to-face.	✓	✓
Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner.	✓	✓
Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.	✓	-

Percent of Reports Accepted



Case Initiation Time in 24 Hours or Less



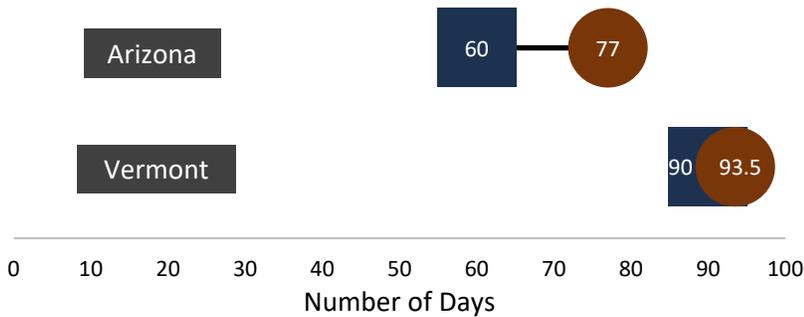
INVESTIGATION

	Arizona	Vermont
Do APS clients have the right not to participate in an investigation?	Yes	Yes
Does APS have the authority to provide an Emergency Protective Order (EPO)?	No	No
Standard of evidence for substantiating adult maltreatment	Preponderance of evidence	Preponderance of evidence

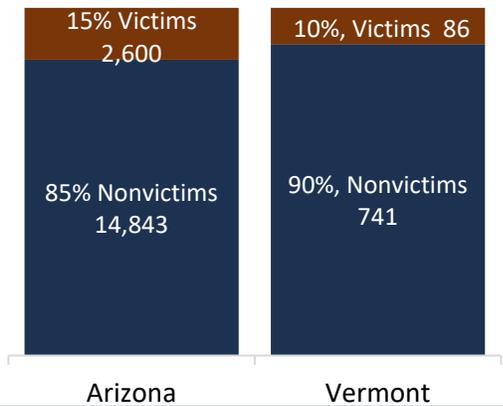
Multidisciplinary Teams (MDTs)

	Arizona	Vermont
APS requires participation on MDTs for APS cases	No	No
Number of MDTs	4	0

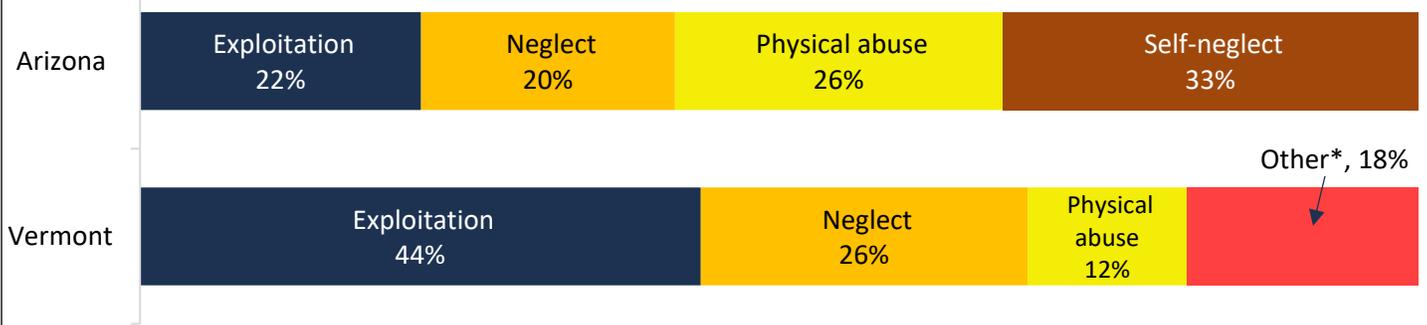
Arizona **policy** notes that investigations should be **completed within 60 days**. **Actual average investigation completion time** was **77 days**.
 Vermont **policy** notes that investigations should be **completed within 90 days**. **Actual average investigation completion time** was **93.5 days**.



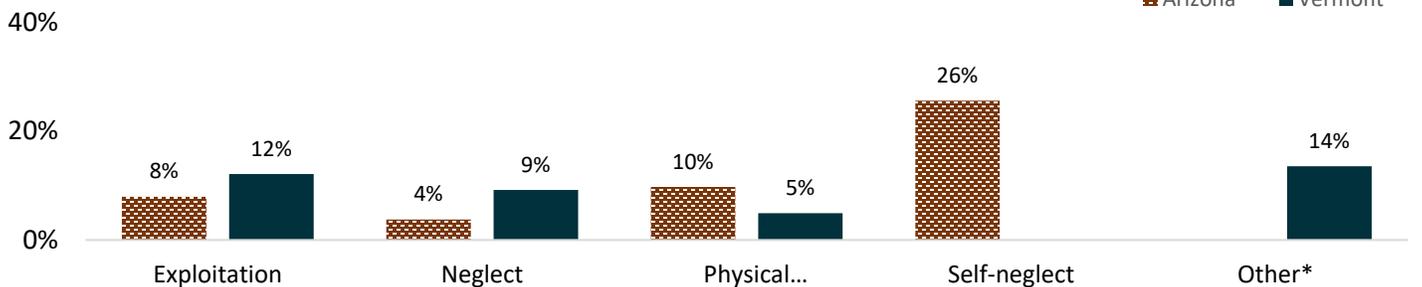
Percent of Clients Found to Be Victims[^]



Maltreatments Investigated[#]



Percent of Maltreatments Substantiated or Verified



[^] Includes cases of maltreatment found to be "substantiated" and cases of self-neglect found to be "verified"

[#] Percent may not sum to 100% due to rounding.

* Other maltreatment type includes abandonment, emotional abuse, sexual abuse, and other.

POST-INVESTIGATION SERVICES & QA

In Vermont and Arizona, acceptance of APS services is voluntary.



Post-investigation Services

<i>Provide Post-investigation Services:</i>	Arizona	Vermont
<i>To Alleged Victims</i>	✓	✓
<i>To Family Members</i>	-	-
<i>To Perpetrators</i>	-	-

Perpetrator Registry

	Arizona	Vermont
Operates a perpetrator registry	Yes	Yes
Due process is different for perpetrators eligible for referral to a perpetrator registry than for nonregistry perpetrators	Yes Verified cases not referred to the registry (see footnote 18).	No

Quality Assurance Policies

	Arizona	Vermont
The APS program has policy requirements that casework must be documented.	Yes	Yes
The program conducts independent case reviews of closed cases.	Yes	Yes

Supervisors

	Arizona	Vermont
<i>Supervisor is required to approve case dispositions.</i>	✓	✓
<i>Supervisor is involved at critical case junctures.</i>	✓	-

KEY SIMILARITIES

- Both APS programs use statewide, standardized assessment tools.
- In both states, clients have the right *not* to participate in an investigation.
- Neither state requires the use of MDTs for APS.
- Neither state gives APS the authority to provide an EPO.
- APS provides post-investigation services to alleged victims.
- Both states operate a perpetrator registry.
- Both states have specific policy requirements focused on quality assurance.
- Both states require supervisor approval for case dispositions.

KEY DIFFERENCES

- Arizona's policy is more closely aligned with the APS Guidelines' recommendation for how to initiate the investigation than Vermont's policy.
- On average, Arizona accepts about two thirds of its reports, whereas Vermont accepts one third of its reports.
- Vermont does not investigate self-neglect.
- Arizona's policy stipulates fewer days for completing an investigation than Vermont's policy.

Conclusion and Findings

This section highlights and discusses some of the key similarities and differences between the Arizona APS program and other APS programs. It identifies potential issues for consideration by Arizona APS and Department of Economic Security leadership and other policy makers. Overall, based on the variables in this analysis, there are few major differences between the Arizona APS program and other states' APS programs, including those of the eight comparison states. As outlined throughout this report, Arizona has adopted many policies and practices that are aligned with the APS Guidelines and are considered best or promising practices.

Like the majority of APS programs, Arizona's APS is a state-run program. It is located within the same organizational division as other aging programs. The types of maltreatment Arizona investigates, the populations it serves, and many other variables we examined are consistent with most APS programs. Arizona's policy, practice, and performance (as measured by system outcomes) are very similar to other APS programs in the areas of intake and quality assurance, but Arizona demonstrates a couple of notable differences in investigations and post-investigation service delivery.

There is limited information on training for all APS programs, and it was not included in the 50-state comparison. The data collected for the comparison states analysis indicates that Arizona has a robust training program that includes, as do four of the comparison states, certification for workers, a defined process for classroom and on the job training, and funding for training for both caseworkers and supervisors.

Arizona's APS program is guided by a specified set of ethical principles that promote ideals such as client self-determination. Arizona's policies emphasize particular client rights more than some states. Specifically, Arizona allows clients the right not to participate in an investigation, does not have authority to obtain emergency protective orders, and allows clients the right to decline services. Arizona and about half of all APS programs stipulate that clients can decline to participate in an investigation. Perhaps more significantly, unlike most states, Arizona does not have provisions for obtaining EPOs. Most APS programs, including Arizona and all the comparison states, stipulate that a client can decline services if he or she has the capacity to make such a decision. Finally, as discussed below, Arizona has a case approval process that, by requiring multiple levels of approval prior to disposition, is more oriented to due process than many APS programs.

Comprehensive client assessment is a key practice in APS investigations. While there is generally scant information available on this aspect of casework practice, Arizona can be considered one of the states at the forefront in that it uses a set of research-based tools for client assessment. Arizona uses SDM tools to assist caseworkers with investigations. SDM is an evidence-based system that identifies the key points in an APS case and uses structured assessments with demonstrated reliability and validity to improve the consistency and soundness of each decision. Arizona uses the SDM safety assessment module to determine if a vulnerable adult is safe in his/her current situation and, if threats to the client's safety are identified, guide the worker to engage the client (and any caregivers who may be present) in a safety planning process. Arizona also uses the SDM actuarial risk assessment module to estimate the likelihood of future harm to vulnerable adults to assist investigation workers in determining which cases should be

recommended to receive ongoing services. Only two of the comparison states, Maine and Texas, also use SDM.

Arizona's responsibility for investigation in a wide range of facilities seems to be an important element of the program. Based on the policy analysis in the APS evaluation, Arizona investigates in a wider range of facilities types than most APS programs, including the comparison state programs.¹⁹ Investigation of facilities, combined with requirement to refer to a perpetrator registry, creates the need for a high degree of due diligence for the program in substantiating investigations. Compared to most states, Arizona has a very low rate of client substantiation. Arizona's standard of evidence – preponderance – is in line with most APS programs, including the comparison states'. Arizona also uses a separate disposition category, called "verified," to designate an affirmative finding for certain types of cases including self-neglect. (Cases designated as verified are not referred to the perpetrator registry and do not require the same kind of review as cases that are substantiated.) Even when verified investigations are included in substantiation rates, Arizona has lower rates of substantiation/verification than all comparison states except Utah.

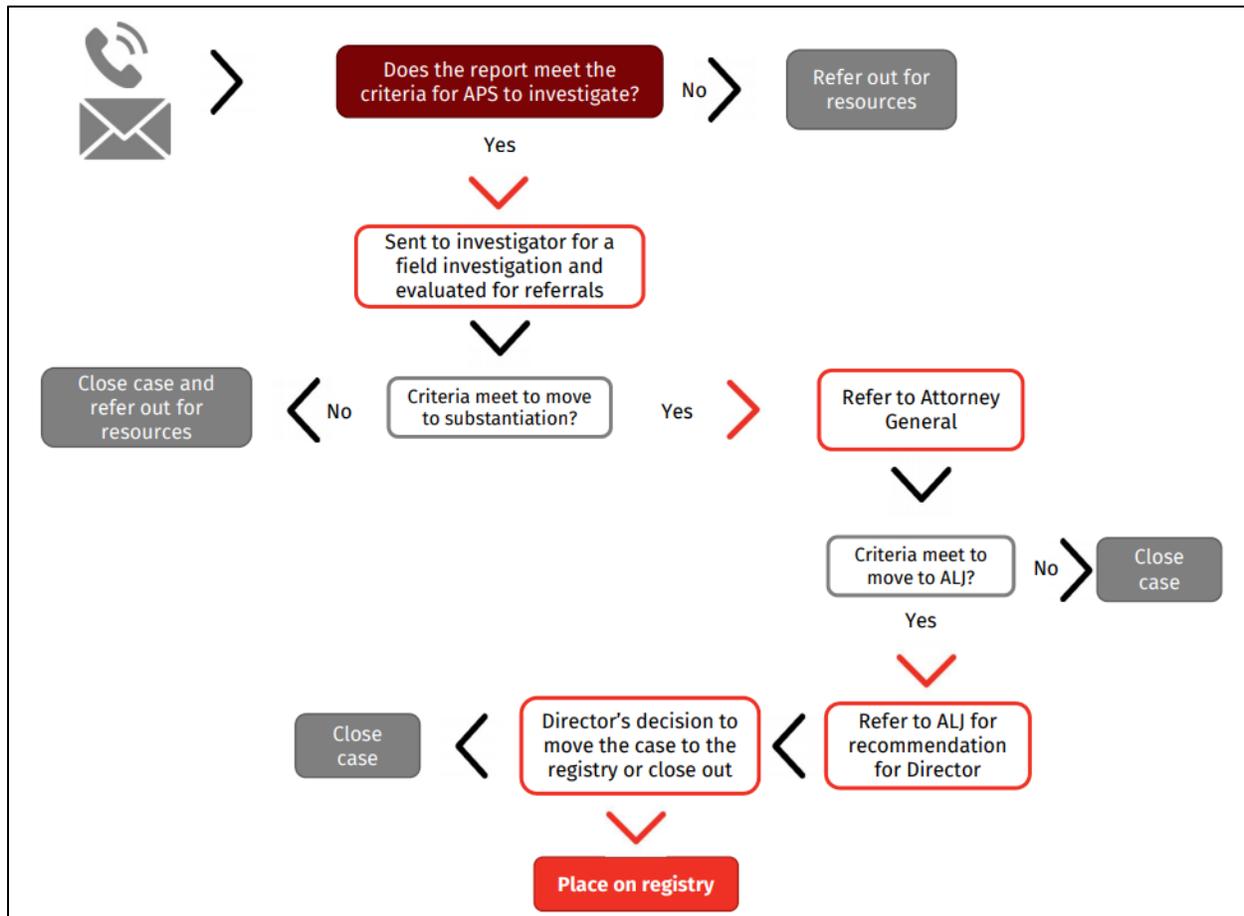
Arizona also takes longer than many states including the comparison states (except Vermont²⁰ and Alaska) to conduct investigations. This is probably the result of several interrelated factors. The use of a perpetrator registry by Arizona (and most of the comparison states) most likely increases the length of investigations as they must establish evidence necessary for the more extensive review process for these cases. This is supported by the fact that in Arizona the average length of an investigation involving a potential referral to a perpetrator registry is 230 days, compared to 81 days for cases requiring only a verification of findings. In addition, the extreme length of time of placement on the registry – 25 years – may place a greater sense of burden on Arizona program staff to ensure accurate substantiations.

Arizona's process for substantiating a case is also unique among APS programs in the U.S. Figure 3 shows that approval is required by both the attorney general's office and the director of Department of Economic Security prior to case substantiation in Arizona. In contrast, other APS programs often require only a supervisor approval for substantiating cases, although the level of due diligence may be higher for cases involving a potential referral to a registry. The NAPSA report on the use of perpetrator registries by APS programs outlines many different approaches that may be considered to ensure that substantiated perpetrators no longer have access to potential victims.

¹⁹ The Texas APS program, with different staff and policy and procedures but under the same management structure, used to investigate in an even wider array of facilities/providers than Arizona, but this role was moved to the licensing/regulatory agency in a recent reorganization.

²⁰ Vermont does not investigate self-neglect. Cases with perpetrators often take longer to investigate than self-neglect cases.

Figure 3. Arizona’s Process for Substantiating an APS Case.



For post-investigation services, Arizona’s APS program is very closely aligned with the state’s aging program both organizationally and programmatically. As discussed in the 50-state comparison, the APS program’s reliance on the Aging Network to manage and provide all services for victims is uncommon and innovative. All of the comparison states provide services to victims, but only Texas and Colorado also provide services to either perpetrators or family members.

It is our hope that this report, by summarizing the results from the 50-state comparison as well as an additional in-depth comparison on selected variables for a subset of states, has identified issues, policies, and promising practices for Arizona to consider.

Appendix A. The Project Team

The project team brings extensive experience in designing and providing technical assistance, conducting program evaluations, and developing reports that meet the needs of its clients. In addition, project team members have deep knowledge and expertise in APS programs, including APS policies and practices. Team members have administered APS programs at the state and county level and worked on the ACL projects outlined above.

WRMA, Inc., leads and manages the APS TARC. The APS TARC was established by ACL to enhance the effectiveness of state APS programs. It accomplishes this through data collection, training, and research and evaluation. It is staffed by former APS administrators and others with expertise in research methods, data collection, and aging and disability programs.

New Editions Consulting, Inc., provides a variety of analytic and consulting services to ACL, including projects to improve APS programs. These projects include updating the APS Guidelines, developing an APS research agenda, implementing a TA pilot project to help states integrate the APS Guidelines into their APS policies and practices, designing and conducting the first client outcomes study in more than 50 years, and developing an inventory of adult maltreatment screening and assessment tools for use by APS practitioners.

Appendix B. Key Variables/Metrics for 50-State Comparison²¹

➤ Authority and Context

- Is the APS program state-run or locally administered?
- Where is the APS program located within state government (e.g., aging or social services)?
- Does the program have defined ethical principles to guide the program?
- Does state provide training certification for caseworkers?
- Does state use standardized tools across the state?
- Does state submit case component data to the National Adult Maltreatment Reporting System?
- What maltreatment types does the APS program investigate?
- Does state law specify mandatory reporters?
- Who is eligible for services by APS?
- What is the rate of reporting per 1,000 adults in the population?

➤ Intake Processes

- Is intake centralized at the state level, local, or a combination?
- Does state have a consistent protocol for initiating the investigation consistent with the APS Guidelines?
- What is the percent of reports screen in for investigation?

➤ Investigation

- Can an APS client refuse to participate in an investigation?
- Does the APS program have the authority to obtain emergency protective orders?
- What is the state's standard of evidence for substantiating maltreatment?
- What is the APS program policy for the time frame in which investigations must be completed?
- What is average investigation duration?
- Does the state use MDTs?
- What is the percent of clients determined to be victims?

➤ Post-investigation Services

- Are APS services available to APS alleged victims, family members, perpetrators?
- Can an APS client decline services?

➤ Quality Assurance

- Does the APS program require case documentation?
- Does the APS program make referrals to a perpetrator registry?
- Is the APS program in alignment with the APS Guidelines regarding supervisor review?

²¹ The questions were informed by several sources, include the APS Guidelines, the APS process evaluation, NAMRS data, and insights from SMEs and Arizona APS leadership.

- Does APS program policy require the supervisor to review and approve investigation before conclusion of the investigation?
- Does APS program policy require supervisor involvement at critical case junctures?
- Does the APS program conduct independent case reviews of closed cases?

Appendix C. APS Systems Logic Model

Context	Inputs/Resources	Activities	Activity Metrics	Expected Results
<ul style="list-style-type: none"> 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 general 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. 	<p>APS staff</p> <ul style="list-style-type: none"> Intake Investigative or service worker Supervisor Management <p>Consultative experts</p> <ul style="list-style-type: none"> Physical and mental health Forensic (accounting, investigation) Multidisciplinary teams (MDTs) Legal staff <p>Community partners</p> <ul style="list-style-type: none"> Aging network Protection and advocacy Law enforcement/DA Guardianship programs Nonprofit agencies <p>Operational supports</p> <ul style="list-style-type: none"> Policies and procedures Case management, reporting, and accounting system(s) Hiring and training staff Standardized assessment tools Other technology supports <p>Funding for services</p> <p>Legal and ethical process to:</p> <ul style="list-style-type: none"> Protect alleged victim’s rights Provide alleged perpetrator due process Institute program values 	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		
		<p>Initiate: Prioritize risk, contact alleged victim (AV), assess emergency needs, and take emergency protective action (if needed)</p> <p>Assess AVs: Disability status, decision-making capacity (non- legal and/or legal), formal and informal support systems, social and health needs, physical environment, and financial status</p> <p>Interview: AV, alleged perpetrator, collaterals</p> <p>Collect physical evidence (medical, financial, etc.)</p> <p>Consult with supervisor and appropriate experts and teams</p> <p>Determine finding and communicate results</p> <p>Make service recommendation</p>	# 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		
		<p>Obtain agreement and implement service plan</p> <p>Refer to community partners or purchase services</p> <p>Monitor status of victim and services</p>	# 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: <ul style="list-style-type: none"> Is safe Has reduced long-term risk for ANE
		Quality Assurance		
		Document investigation/service Review/approve for closure Conduct quality assurance (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

Description, Purpose and Assumptions

The APS Systems Logic Model²² 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. In addition, quality assurance is included to capture critical activities of many APS programs.

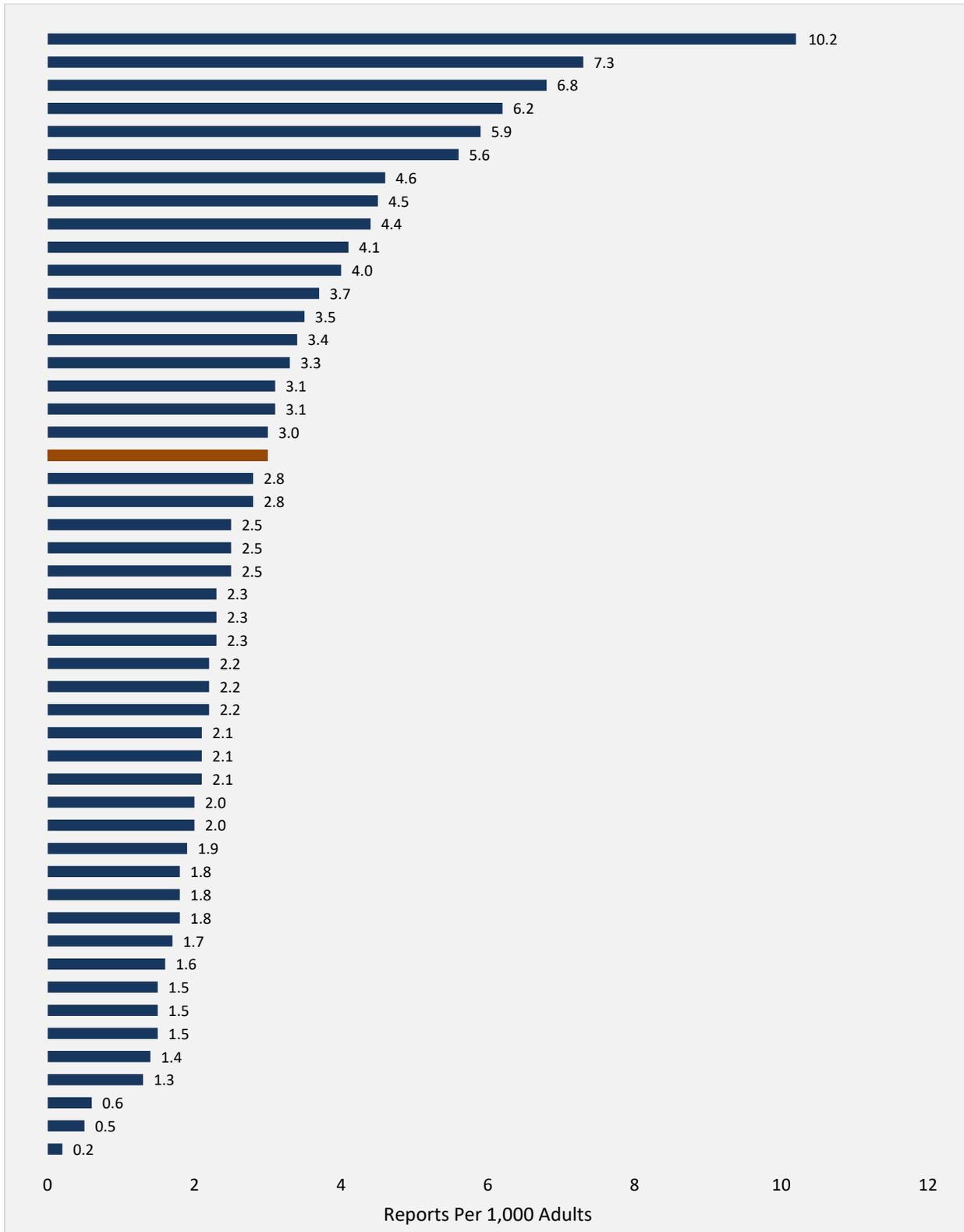
The following description and assumptions explain the APS Systems Logic Model.

- 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 expected 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 will include all elements. Specific state processes will differ. For example, some APS programs only investigate 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 high-level expected results of the items in the activities column.
- Finally, the chart is generally consistent with the *National Voluntary Guidelines for APS Systems* and with terminology used in NAMRS.

The APS Systems Logic Model provides a framework for analyzing various aspects of APS programs and is developed with the thought in mind that "all models are useful, but no model is perfect."

²² 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

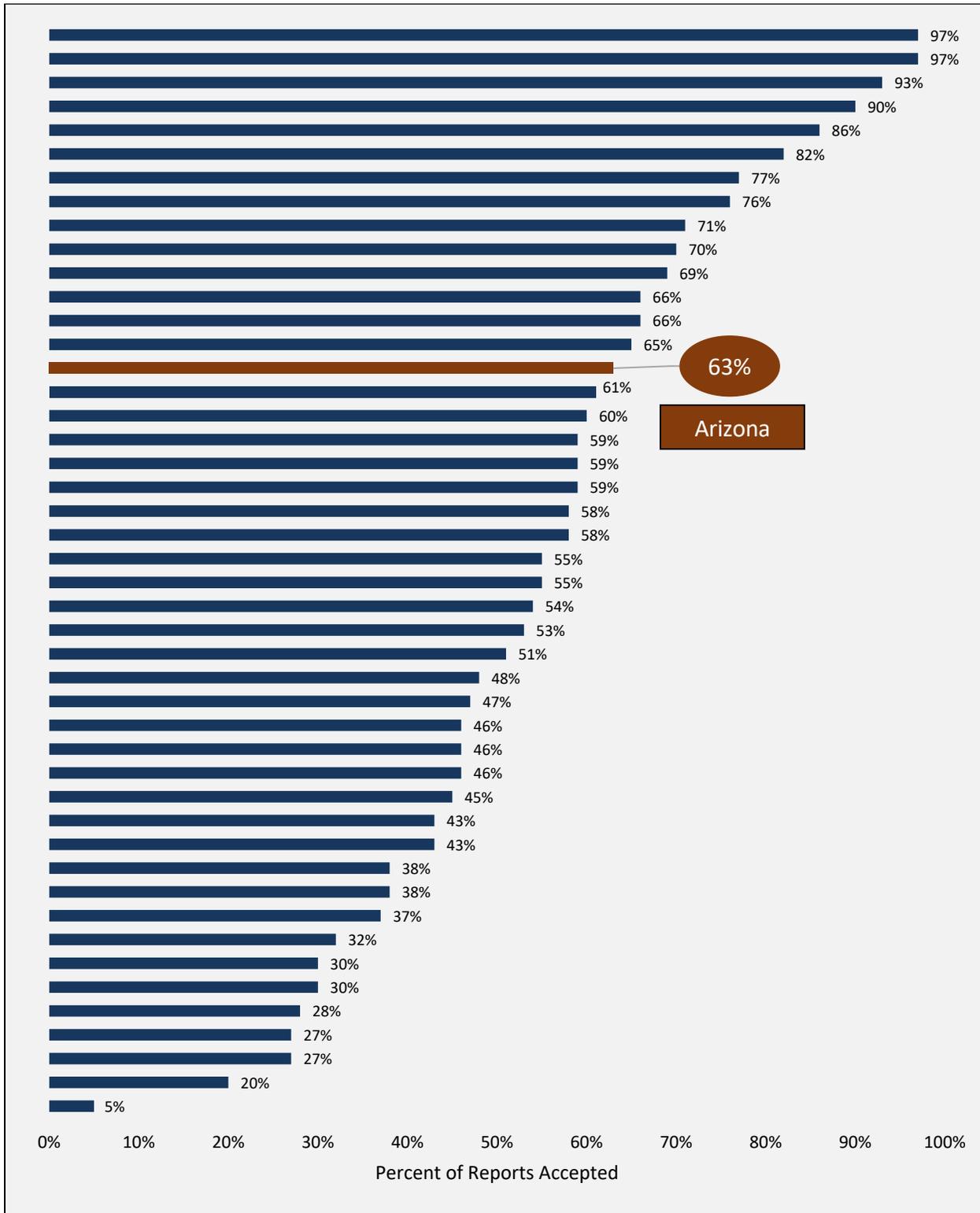
Appendix D. Rate of Reports per 1,000 Adults, 2018 (n = 49)



Source: NAMRS Agency Component, 2018.

Note: The category containing Arizona is indicated by asterisk on the category name and orange/brown color for the bar.

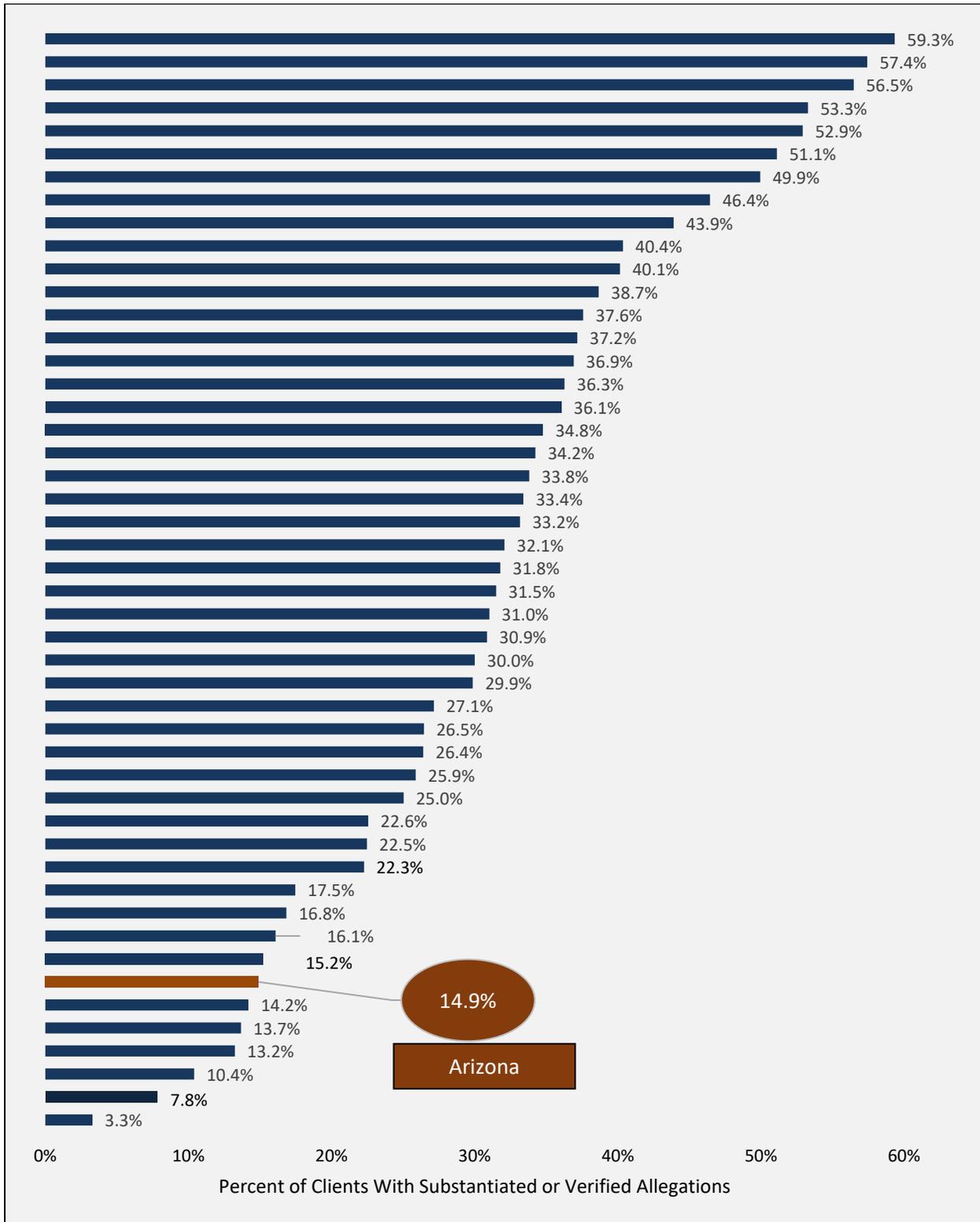
Appendix E. Percent of Reports Accepted (n = 46)



Source: NAMRS agency component, 2018.

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Appendix F. Percent of Clients With Substantiated or Verified Allegations (n = 48)



Source: NAMRS Key Indicator and Case Component, 2018

Note: The category containing Arizona is indicated by an asterisk on the category name and orange/brown color for the bar.

Appendix G. Data Sources and Formulas for Arizona Comparison Profiles

Authority and Context

Variable or Variable Group	Data Source	Formula or Definition
Population	U.S. Census Bureau, American Community Survey, 2018	Table S0101
Population Age 18 and older	U.S. Census Bureau, American Community Survey, 2018	Table S0101
Square Miles (Land Area)	U.S. Census Bureau	
Ethical Principles	APS TARC, APS System Evaluation Policy Profiles, 2017	APS program is guided by a defined set of ethical principles
Use a statewide, standardized assessment tool	NAMRS Agency Component, 2018	Element 14 Indicate whether APS personnel use standard assessment tools throughout the state, such as client safety, at risk factors, or behavioral conditions.
State submits Case Component to NAMRS	NAMRS Case Component, 2018	
Mandatory Reporting Categories	APS TARC, APS System Evaluation Policy Profiles, 2017	States were categorized based on whether their mandatory reporting policy specifies each of the following categories of reporters: <ul style="list-style-type: none"> • Medical • Mental Health • Education • In-Home Care • Law Enforcement • Financial • Human Services • Anyone
Reports Accepted	NAMRS Agency Component, 2018	Element 9 Number of reports accepted for investigation during the reporting period.
Rate of Reports Per 1,000 Adults 18+	NAMRS Agency Component, 2018	Element 9 Number of reports accepted /Population 18 and Older *1,000

Intake

Variable or Variable Group	Data Source	Formula or Definition
Intake model	NAMRS Agency Component, 2018,	Element 8 Centralized or localized intake of APS reports. <ul style="list-style-type: none"> • Centralized at a statewide hotline or call-in number • Combination of both statewide and local hotlines or call-in numbers • Local at county or regional hotlines or call-in numbers • Other
Reports Not Accepted	NAMRS Agency Component, 2018	Element 9.1 Number of reports that were either not accepted by APS for investigation, or were resolved through Information and Referral (I&R) / Information and Referral Assistance (I&RA).
Reports Accepted	NAMRS Agency Component, 2018	Element 9 Number of reports accepted for investigation during the reporting period.
Total Reports	NAMRS Agency Component, 2018,	Element 9 Number of reports accepted + Element 9 .1 Number of reports not accepted
Percent of Reports Accepted	NAMRS Agency Component, 2018	Element 9 Number of reports accepted / (Element 9 Number of reports accepted + Element 9 .1 Number of reports not accepted)
Percent of Reports Not Accepted	NAMRS Agency Component, 2018	Element 9.1 Number of reports not accepted / (Element 9 Number of reports accepted + Element 9 .1 Number of reports not accepted)
Systematic Client Assessment	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether they included the 3 recommended practices for systematic client assessment: <ul style="list-style-type: none"> • APS creates and applies systematic assessment methods to conduct and complete a needs/risk assessment including the vulnerable adult's strengths

Variable or Variable Group	Data Source	Formula or Definition
		<p>and weaknesses, using standardized tools.</p> <ul style="list-style-type: none"> • APS worker screens for indications of impairment and, as needed, refers the client on to qualified professionals (physicians, neuropsychologists, etc.) to administer clinical health or capacity assessments. • APS conducts an assessment of the alleged perpetrator and/or caregiver to ascertain the risk to the safety and independence of an alleged victim of adult maltreatment.
Protocol for Initiating an Investigation	APS TARC, APS System Evaluation Policy Profiles, 2017	<p>State policy manuals were coded for whether they included the 5 recommended protocols for initiating an investigation:</p> <ul style="list-style-type: none"> • Contact the alleged victim, the alleged victim’s service providers (if any), the reporter, and other individuals with knowledge of the alleged victim and his/her situation. • Identify and review appropriate records for previous reports, including records that are not in the APS case management database. • See the alleged victim face-to-face. • Immediate response—for cases that involve risk of death, irreparable harm, or significant loss of assets and/or property—occurs in person within the first 24 hours after receiving the report, or sooner. • Less immediate response—for less imminent and less severe risk—occurs 1 to 5 business days after the report is received, or sooner.
Case Initiation Average	<ul style="list-style-type: none"> • NAMRS Case Component, 2018 	Element Inv5 Investigation start date - Element Inv2 Report date

Variable or Variable Group	Data Source	Formula or Definition
APS Training and Certification	APS TARC limited survey, May 2020	

Investigation

Variable or Variable Group	Data Source	Formula or Definition
APS client right not to participate in the investigation	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether they indicated that APS clients in the state have a right to refuse an investigation.
APS authority to provide an Emergency Protective Order (EPO)	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether the APS authority to provide an Emergency Protective Order (EPO)
Standard of Evidence	NAMRS Agency Component, 2018,	Element 13 Standard used for substantiating an allegation of maltreatment. <ul style="list-style-type: none"> • Clear and convincing • Credible, reasonable, or probable cause • Different standards based on type of perpetrator • No state standard • Preponderance • Other
APS requires participation on MDTs for APS clients	APS TARC limited survey, May 2020	
Number of MDT's	ACL-funded study of elder abuse case review MDTs, University of Southern California, 2017	
Investigation Completion Time Policy	NAMRS Agency Component, 2018	Element 11 The length of time (days) from investigation start to investigation completion, based on the standard set by policy or practice.
Actual Average Investigation Completion Time	NAMRS Case Component, 2018	Element Inv6 Investigation disposition date - Element Inv5 Investigation start date (NOTE: For Arizona this was Inv7 Case closure date -Inv5 Inv5 Investigation start date).
Maltreatment Types Investigated	NAMRS Case Component, 2018	Element Mal1 Maltreatment type

Variable or Variable Group	Data Source	Formula or Definition
		<p>The alleged maltreatment that is investigated.</p> <p>10 = abandonment 20 = emotional abuse 30 = exploitation (non-specific) 31= financial exploitation 32= other exploitation 40 = neglect 50 = physical abuse 60 = sexual abuse 70 = suspicious death 80 = self-neglect 90 = other</p>
Maltreatment Types Substantiated or Verified	NAMRS Case Component, 2018	Element Mal2 Maltreatment Disposition The disposition of the alleged maltreatment. 1 = substantiated 2 = inconclusive 3 = unsubstantiated 4 = other
Total APS Clients	NAMRS Key Indicators Component, 2018	Element K2 Number of clients involved in an investigation that was closed or completed during the reporting period.
Victims	NAMRS Key Indicators Component, 2018 NAMRS Case Component, 2018	Element K5 Number of victims in which at least one maltreatment disposition was substantiated per investigation. Or Element Mal2 Maltreatment Disposition The disposition of the alleged maltreatment. 1 = substantiated 2 = inconclusive 3 = unsubstantiated 4 = other

Variable or Variable Group	Data Source	Formula or Definition
		A client with one or more substantiated allegations is identified as a victim. NOTE: For Arizona, substantiated plus other which includes verified
Nonvictims	NAMRS Key Indicators Component, 2018 NAMRS Case Component, 2018	Total Clients - Victims
Percent of Clients With Substantiated or Verified Allegations	NAMRS Key Indicators Component, 2018 NAMRS Case Component, 2018	Victims/Total Clients

Post-investigation and Quality Assurance

Variable or Variable Group	Data Source	Formula or Definition
Client can refuse services	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether they indicated that APS clients in the state have a right to refuse an investigation.
Services provided to victims, perpetrators, family members	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether they indicated that APS post-investigation services were provided to victims, their family members, and perpetrators.
APS program policy for casework documentation	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether they indicated that the APS program had a policy for casework documentation.
Independent case reviews of closed cases	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether they indicated that APS conducts independent reviews of closed cases.
Supervisor role	APS TARC, APS System Evaluation Policy Profiles, 2017	State policy manuals were coded for whether APS supervisors <ul style="list-style-type: none"> • are required to approve case dispositions • are involved at critical case junctures.
APS perpetrator registry	http://www.napsa-now.org/napsa-aps-abuse-registry-project/	
Due process for perpetrators eligible for registry	APS TARC limited survey, May 2020	