Building the Evidence Base for Adult Protective Services

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Part I: APS Research Agenda

Part II: Report on the Development of the APS Research Agenda

ACL
Administration for Community Living

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Part I | APS Research Agenda

Contents — Part I

Abbreviations

ACL	Administration for Community Living
APS	Adult protective services
Guidelines	National Voluntary Consensus Guidelines for State APS Systems
NAPSA	National Adult Protective Services Association
TEP	Technical expert panel

Introduction

The Administration for Community Living (ACL)[1], as the federal home for programs addressing the unique needs of older Americans and adults with disabilities across the lifespan, is leading several initiatives to help advance and support the critically important work of the adult protective services (APS) field. One of these initiatives is the development and dissemination of an APS Research Agenda.

APS is a social services program provided by state and local governments across the nation that serve older adults and adults with disabilities who are in need of services because of abuse, neglect, self-neglect, or financial exploitation (adult maltreatment). In all states, APS is charged with receiving and responding to reports of maltreatment and working closely with their clients and a wide variety of allied professionals to maximize the client's safety and independence.

APS programs are not subject to federal rules and regulations, and thus each state has designed its own unique system. In addition, while there is some consistency in the types of practices APS programs have adopted, the evidence base concerning which practices are most effective, and how state characteristics (e.g., rurality, access to resources, state- versus county-administered APS programs) are associated with the effectiveness of specific practices, is largely lacking. These gaps point to the need for research focused on APS practices and policies to ensure APS leaders and workers have the tools and resources to respond efficiently and effectively.

While the field of adult maltreatment has identified some research priorities and created several research agendas over the past 3 decades (Stahl, 2015; Stein, 1991; University of New Hampshire, 1968; U.S. Department of Justice, 2014; Wolf, n.d.), there has never been a research agenda focused exclusively on the practice of APS. An APS research agenda is needed to provide guidance to funders, researchers, and APS programs to help move the field forward and create an evidence base for APS programs.

This APS Research Agenda is the first step in helping to meet this need. Specifically, the goal of the agenda is to highlight research gaps to help inform the APS field and, ultimately, help build a cohesive body of evidence in the field.

[1] ACL brings together the efforts and achievements of the Administration on Aging, the Office of Intellectual and Developmental Disability Programs, and the Department of Health and Human Services Office on Disability to serve as the federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and adults with disabilities across the lifespan.

This APS Research Agenda is intended for information purposes only. The information in this agenda does not constitute any standard or regulation, and does not create any new legal obligations nor impose any mandates or requirements. The agenda also does not create nor confer any rights for, or on, any person or agency.

Overview of the Development Process

The research agenda was developed in conjunction with updating ACL's Voluntary Consensus Guidelines for State APS Systems (Guidelines). The Guidelines are designed to assist states in developing efficient, effective APS systems and to provide APS administrators with recommendations from the field about quality practice. The Guidelines were first developed in 2016. In 2018–2019, ACL **facilitated** the updating of the Guidelines through incorporating information from new research and feedback from the field.

As part of this process, ACL also **facilitated** the development of the APS Research Agenda, supporting the implementation of a multistep approach, including a review of the literature and engagement of stakeholders and experts to identify APS research questions, engagement of experts from research and APS practice fields to prioritize the identified research questions, and "translation" of high priority research questions into the APS Research Agenda.

1. **Review of the literature:** To update the Guidelines, a literature search and review were conducted to identify new evidence published in peer-reviewed journal articles focused on the evaluation of APS programs and practices. The identified literature was also reviewed to identify recommendations from the authors for additional APS research questions.
2. **Identification of research questions:** Research questions were also identified through a series of stakeholder engagement activities, including webinars, a public comment period, a meeting at the 2019 National Adult Protective Services Association (NAPSA) conference, and feedback from a technical expert panel (TEP).
3. **Prioritization of research questions:** A modified Delphi process (Brown, 1968; Hsu & Sandford, 2007)[2] was used to prioritize the research questions. As part of the process, a final list of 153 research questions was presented to the TEP,

[2] For publications referencing the Delphi process see: https://www.rand.org/topics/delphi-method.html?content-type=research.

which was asked to rate the level of priority for each question on a 9-point scale (1=lowest priority; 9=highest priority). TEP members completed three rounds of rating of the same questions until consensus was reached. For a list of the TEP members, see Appendix A.

This process resulted in a list of 61 high-priority APS research questions (see **Appendix B** for the research questions listed in priority order), which were categorized into 18 themes (e.g., caseload size, tools, intake) for the APS Research Agenda. The themes were developed through an analysis of the words used (e.g., word repetition and word count) and a review of key words in context (i.e., how is the word or term used). For a detailed summary on the process for developing the APS Research Agenda, including the results from the Delphi process, see Part II of this report.

Research Agenda Structure

This research agenda is organized into 18 themes. For each theme, three sections are provided:

1. **Importance** presents a brief summary of how the theme is significant to APS practice and policies.
2. **Existing Knowledge** presents an overview of what is already known about the theme based on existing literature.
3. **Research Questions** presents the research questions that were identified by the field and experts for this theme. The number in front of each question indicates its ranking by level of importance (out of all 61 questions) based on the mean. For example, the number 5 in front of a question indicates that the question was ranked to be the fifth most important question out of the 61 questions.

While Existing Knowledge highlights what is known about each theme, the associated Research Questions section in turn reveals some of the knowledge gaps (things not yet known) for each theme.

The 18 themes are listed in the next section. General themes are listed first, followed by themes that are related to specific APS practice components. Those themes are listed to approximate the flow of APS practice, from the start of APS casework to case closure.

APS Research Themes

1. Definitions

Importance: Without a common definition and understanding of terms, it is difficult to ensure accuracy and consistency in APS practice and data about APS, both of which are necessary to study APS and apply findings of APS research to improve practice. Definitions of adult maltreatment vary from state to state, as do terms used specifically in APS practice.

Existing Knowledge: Daly and Jogerst (2003) analyzed elder abuse[3] definitions in the state statutes for the 50 state and District of Columbia laws addressing protective services for elder abuse. The authors found that no single term describing elder abuse was used uniformly across all statutes. Jirik and Sanders (2014) followed up with an analysis of elder abuse statutes across the United States and the District of Columbia during 2011–2012. These authors concluded that differences remain in how states respond to elder abuse at the community level. They include differences in the inclusion and types of definitions.

Common definitions are important for all types of maltreatment, but especially for self-neglect, which is still poorly understood and is not always included in definitions of elder abuse. Yet, among the elderly, self-neglect is the most common form of non-financial maltreatment encountered (Boothroyd, n.d.).

Research questions identified by the field (1 question):

50. How does APS define self-neglect?

2. Quality Assurance and Program Improvement

Importance: Performance management in public organizations requires systematic data collection, analysis, and use for program needs assessment, planning, monitoring, quality assurance, evaluation, decision making, and implementation of change.

[3] Although the authors of this report use the term "adult maltreatment" to refer to abuse, neglect, self-neglect, and financial exploitation of older adults and adults with disabilities, authors of works cited herein may use other terms (e.g., elder abuse). For the sake of accuracy, when conveying information from those cited works, the authors of this report will use whatever terms are used in those studies.

The process of evaluating APS programs' performance has several goals. First, it provides information on how the program helps APS clients. Second, it provides information that helps workers and supervisors do their best work. Third, it provides the APS program with information it can use to tell a compelling story about the program and its effectiveness to decision-makers, other providers, and the community as a whole.

Existing Knowledge: At its core, performance management is evidence based, using information to guide management (Carrilio, 2003; Kopczynski & Lombardo, 1999; McDavid & Hawthorn 2006). For human services fields, using performance information to manage for outcomes is often strained by the organizational culture of human services (Carrilio, 2003; Wulczyn, 2005). For instance, social workers (including APS workers) may see data entry as an annoyance rather than an activity integral to collecting program information (Carrilio, 2003). In addition, while social services can use information as a means of quality management, organizations may be hampered by their own technological naiveté (i.e., lack of knowledge about the use of existing tools) or lack of access to technology. Understandably, human services, including APS, historically present a reactive culture of dealing urgently with the emergencies confronting them, with less focus on planning and evaluating the results of actions taken or looking for ways to best improve future service delivery (Carrilio, 2003; Wulczyn, 2005).

Research questions identified by the field (3 questions):

27. What are effective strategies for using data to improve program performance and practices for APS workers?
52. What data elements are used for effective quality assurance (QA)?
53. What are recommended processes and strategies for QA for APS programs?

3. Cost Impact of APS

Importance: Understanding costs and cost savings related to APS programs and services is an important part of explaining the impact of APS. APS programs are part of a larger community and system of services to populations, and sometimes to the same individuals. The presence and impact of APS intervention will interact with the impact of other services, either upstream or downstream from the APS intervention. Quantifiable data on reduction in costs of other services for the same individuals or groups that have been served by APS is highly valued, but typically not available.

Existing Knowledge: Several studies and reports have highlighted the financial costs related to adult maltreatment. For example, financial exploitation has been shown to cause large economic losses for businesses, families, elders, and government programs, and to increase reliance on federal health care programs such as Medicaid (U.S. Department of Justice, 2014). While likely underreported, estimates of elder financial abuse and fraud costs to older Americans range from $2.9 billion to $36.5 billion annually (National Council on Aging, n.d.). In addition, the direct medical costs of injuries related to adult maltreatment are estimated to contribute more than $5.3 billion to the nation's annual health expenditures (Dong, 2005). In nursing homes, most adverse events lead to preventable harm and $2.8 billion per year in Medicare hospital costs alone (Office of the Inspector General, 2014).

Whereas these findings point to the financial costs of adult maltreatment, research has not examined the link between APS specifically and cost, including potential cost savings.

Research questions identified by the field (1 question):

40. Does APS save state governments money? If so, how and how much?

4. Caseload Size

4

Importance: Caseload size is an important element in the working conditions of those delivering public social services, such as APS. The literature on these working conditions argues that when caseloads exceed some manageable level, there are considerable negative consequences for workers' performance in terms of the quality of services they provide and the outcomes they can achieve for their clients. In addition, a client's safety, well-being, and even life may depend on a prompt and effective APS response. The relationship of both caseload size and client outcomes to workforce stability and quality is a major concern for APS agencies.

Existing Knowledge: In the late 1990s, NAPSA conducted a survey of state programs to help identify effective caseload sizes. Based on information from 11 states, the District of Columbia, and two counties, NAPSA recommended that caseloads that focused only on investigations be limited to 15.7 cases per month, ongoing caseloads be limited to 26.5 cases per month, and mixed caseloads of both investigation and ongoing cases be limited to 24.6 cases per month. Even though the survey helped inform practices, it should be noted that the study was based on a small sample of state programs and did not conform to accepted research standards (Otto, 2014).

Data from state APS agencies show that reports of maltreatment and caseloads for APS workers have increased over time (AARP Public Policy Institute, 2011; Teaster et al., 2006). The 2012 survey of APS agencies conducted by NAPSA and National Association of States United for Aging and Disabilities (NASUAD] found that APS worker caseloads vary from 0–25 per worker, in 13 states, to 100+ per worker, in four states (NAPSA & NASUAD, 2012). In the majority of states (21), the caseload per worker was 26–50. The ratio of supervisor to investigators varied from 1:1 to 1:14.

Research questions identified by the field (2 questions):

1. What is the impact of caseload size on the quality of investigations and interventions?
2. What is the impact of caseload size on case worker performance, retention, satisfaction?

5. Worker Safety & Well-Being

Importance: APS work can involve personal physical and emotional risk to the APS worker. Ensuring that workers have the tools they need to respond skillfully and safely can affect worker health and well-being as well as worker retention. Addressing issues of worker safety and well-being also increases the ability of APS systems to provide services to the adults who need them most.

Existing Knowledge: A 2018 study (Ghesquiere, Plichta, McAfee, & Rogers, 2018) revealed that APS workers reported experiencing an average of 3.42 different hazard exposures per month, with the most common exposures being dangerously cluttered living spaces, garbage or spoiled food, insect infestations, and being yelled at, cursed at, or belittled by a client or the client's family. The authors note that the findings highlight the importance of building a positive and supportive work environment for APS workers, and that results can help inform management strategies for the prevention of burnout among APS workers.

Research questions identified by the field (2 questions):

12. What is the incidence and prevalence of hazards (threats and assaults) for APS workers?
31. What is the incidence of burnout, compassion fatigue, and secondary traumatic stress among APS workers?

6. Timeframes

Importance: Timeliness of response and service delivery is one element of effective intervention on behalf of APS clients. Typically, APS programs have required or target timeframes for initiating and completing investigations, seeing the alleged victim face-to-face for the first time, implementing ongoing safety contacts, and closing cases.

Existing Knowledge: National Adult Maltreatment Reporting System (NAMRS) Agency Component data provide information on timeliness of APS practice regarding initiating the investigation and completing the investigation (Aurelien et al., 2018). A 2015 study (Mariam, McClure, Robinson, & Yang, 2015) examined an elder abuse intervention and prevention program, assessing its effectiveness for building alliances between APS and elders with suspected abuse. Results showed that risk factors of elder abuse decreased over the course of the intervention. In addition, nearly 75% of participants made progress on their treatment goals. The authors note that, for other agencies serving at-risk elders, the project's findings suggest that a longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering.

Research questions identified by the field (2 questions):

46. What is the impact of different time frames for completing investigations on case outcomes?
51. What is the impact of different time frames for initiating investigations on case outcomes?

7. Intake

Importance: Intake serves several critical functions for APS, some personal, others technical. It is the front door of APS for individuals who are concerned about suspected adult maltreatment. It is also the first step in the process of collecting information needed for determining eligibility, routing eligible matters to the correct staff, and prioritizing by severity of suspected adult maltreatment so that highest risk matters can be given the fastest possible attention. Finally, the intake process opens the APS case file, collecting the initial data needed by investigators to determine their immediate next steps. The intake process must be easy and fully accessible to those needing to make a report, give those individuals the opportunity to express their concerns or needs, and collect all essential data to facilitate an appropriate, timely, and helpful response to the reporter and the alleged victim.

Existing Knowledge: Recent data (2017) from the National Adult Maltreatment Reporting System indicate that 51.9% of states provide a centralized statewide hotline or call-in number as a single point of entry for reports of maltreatment. Approximately a quarter of the states (24.1%) provide a combination of both statewide and local hotlines or call-in numbers, and 20.4% of states provide decentralized regional or county hotlines or call-in numbers only (Aurelien et al., 2018).

Research questions identified by the field (5 questions):

9. What are best practices for identifying cases that require an investigation?
10. What are best practices for effectively prioritizing cases?
13. What are the most important questions needed to screen in/out cases?
23. What are best practices for taking/conducting an intake report (i.e., who should take/conduct an intake report, level of competency of worker needed, time to create report, types of information to collect in order to make a screening decision/determine if investigation is needed)?
34. What practices lead to an intake report with clear, specific information related to the maltreatment and the alleged victim and his/her circumstances (e.g., phone vs internet/email, structured interview vs free form, training provided to intake staff)?

8. Tools (for Screening, Assessment, and Decision-Making)

Importance: Decisions that occur at several points in the APS service process require thorough information, precise evaluation, and clear decision-making criteria to ensure alleged victims are protected as well as to promote safety after APS case closure. Systematic assessments are most critical at the time of intake, when screening for abuse is done and decisions to open and triage a case are made; at the time of the initial evaluation of safety of the alleged victim, as well as subsequent safety checks; and at the conclusion of the investigation to evaluate allegation validity and close the investigation. APS programs that provide or arrange for services post-investigation additionally make critical assessment-based decisions to shape service plans and, later, to determine eligibility for case closure.

While APS values the expertise and "clinical judgment" of APS workers, APS programs typically provide structures and tools for collecting and evaluating information and making decisions at these critical points in the APS process. This facilitates optimal decisions in an environment of high caseloads and increasingly complex case management. Quality data collected from and about these assessment and decision-

making points have become critical to measuring APS outcomes, improving APS, and demonstrating effectiveness to policymakers.

Existing Knowledge: There are several categories of tools typically used by APS, including tools to identify elder abuse and its sub-types, decisional ability screening tools, and tools to screen for memory, depression, alcohol use, activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and functional ability. Another tool used by APS is a comprehensive assessment of the adult's strengths and needs. According to the 2018 NAMRS data, 78% of states report that they use a common instrument or tool throughout the state to conduct client strengths and needs assessments. For other states (22%), assessment instruments are determined by each county or left to the worker's discretion.

A number of instruments have been developed to screen for adult maltreatment. According to Fulmer, Guadagno, Dyer, and Connolly (2004),"although all share similar content and are directed toward assisting with the identification of various forms of elder mistreatment, there are key differences in the focus, format, structure, and type of data gathered by each instrument." Currently there is no gold standard for screening for adult maltreatment. A positive screen does not unequivocally mean that adult maltreatment is occurring, but it does indicate that further information should be gathered (National Center on Elder Abuse, 2016).

As noted, a number of screening instruments exist, and many articles on those instruments are available. As an example, Ernst et al. (2014) identified three screening tools or rating scales designed using APS data. Two of the tools assessed different types of abuse and were tested with APS workers. Kemp and Mosqueda (2005) developed a structured "framework" for understanding financial exploitation. They found strong consensus among APS specialists, attorneys, and law enforcement, supporting their model of exploitation.

Some APS programs use a structured decision-making tool to standardize the collection of information and guide the investigator in evaluating collected evidence through an objective and more detailed approach. Examining the effectiveness of a standardized approach to guide caseworkers' decision-making processes, Liu, Stratton, Hass, and Conrad (2020) found reliability and validity for a short self-neglect assessment. In addition, the authors found that standardized measures promote consistency in substantiation decisions. Other research has shown higher substantiation rates with the use of the technology-based Elder Abuse Decision Support System (EADSS) full interview guide and short form, compared to APS protocols (Beach et al., 2017; Conrad, Iris, & Liu, 2017).

Research questions identified by the field (7 questions):

3. What is the validity and effectiveness of existing screening and assessment tools and tools that are used by APS to measure intervention outcomes?
17. What are barriers and potential harms of screening adults for maltreatment?
19. What is the impact of APS using standardized vs. non-standardized assessment tools?
21. What is the impact of using standardized tools on APS service delivery and client outcomes?
42. What valid and reliable screening methods and tools are used by APS?
49. What tools exist to measure intervention outcomes (e.g., change in client or case status in response to the intervention)?
54. What is the impact of standardized and non-standardized intake screening tools?

9. Collaboration

Importance: APS programs often work with other professionals for the benefit of their clients. The goal of these intentional and specific collaborations is to provide comprehensive services to alleged victims by building on the strengths, and compensating for the weaknesses, of the service delivery system available in the community, and by avoiding working at cross-purposes (NAPSA, 2013).

Existing Knowledge: Formal multidisciplinary teams (MDTs) that convene in order to review complex maltreatment cases have been shown to increase effectiveness, satisfaction of workers, and rates of prosecution, and to be associated with a reduction in future mistreatment risk (Navarro, Gassoumis, & Wilber, 2013; Rizzo, Burnes, & Chalfy, 2015; Wiglesworth, Mosqueda, Burnight, Younglove, & Jeske, 2006).

Findings from Rizzo et al. (2015) showed a significant reduction in future mistreatment risk for adults who received services through an MDT model consisting of APS workers and lawyers under the same roof (co-located), compared to adults receiving APS services only. Additional research has shown that another MDT model—the elder abuse forensic center model—is an effective approach for determining whether cases should be referred to a public guardian or whether guardianship should be established, to ultimately ensure the safety of adult maltreatment victims who require the highest level of protection (Gassoumis, Navarro, & Wilber, 2015).

Research focusing on coordination with other entities, including mental health and substance use services, has also shown positive outcomes, including increased willingness of adults to accept treatment (He & Phillips, 2017; Sirey et al., 2015; Susman, Lees, & Fulmer, 2015). The 2012 NAPSA/NASUAD survey of APS agencies found that most APS systems participate in some kind of MDT (NAPSA & NASUAD, 2012). About 50% of the states that do so have formal agreements to facilitate interagency cooperation.

Research questions identified by the field (4 questions):

22. What are best practices and effective models for collaboration between APS and criminal justice and law enforcement?
28. How does the use of MDTs effect the safety and well-being outcomes of clients?
44. What is the impact of collaboration between APS and other professions (for example, law enforcement, emergency department staff)?
45. What are best practices and tools for MDTs?

10

10. Investigations and Findings

Importance: Case findings are the investigation results which indicate whether the reported adult maltreatment has or has not occurred in a particular case. Although there is some variation across APS jurisdictions in standards of evidence that are used, there are typically three types of case findings:

- Confirmed (substantiated): Evidence supports that adult maltreatment is more likely than not to have occurred.
- Inconclusive: There is some evidence that adult maltreatment may have occurred but not sufficient evidence for a substantiated finding.
- Unfounded (unsubstantiated): There is little or no evidence that adult maltreatment occurred.

Determining a case finding involves gathering information through interviews with the client, the alleged perpetrator, and other involved parties; review of relevant information; and evaluation of the living environment (if applicable). APS caseworkers then must evaluate this information to determine whether maltreatment is more likely than not to have occurred. A finding in an APS case may determine whether or not someone can receive services from an APS program in some states. The finding may also play a role in the eventual involvement of the criminal justice system.

Existing Knowledge: A 2016 study on variability of APS findings in California concluded that differing interpretations of definitions of confirmed, inconclusive, and unfounded case findings, along with differences in worker expertise and practices, were the major contributors to a wide range of the percentage of confirmed, inconclusive, and unfounded cases. The authors suggest establishing clear definitions and training to standardize the determination of findings for elder abuse/neglect cases (Mosqueda et al., 2016).

Some programs use structured decision-making to standardize the collection of information and guide the investigator in evaluating collected evidence through an objective and systematic approach. For instance, substantiation rates have been shown to be higher with the use of the technology-based Elder Abuse Decision Support System (EADSS) full interview guide and short-form, compared to APS protocols (Beach et al., 2017; Conrad et al., 2017).

Research questions identified by the field (4 questions):

5. What are effective processes for investigating allegations and making decisions regarding substantiation?
11. What are effective decision-making strategies to determine case findings?
14. What are effective processes for making a finding based on the evidence?
57. What are best practices/procedures (e.g., structured decision-making) for recognizing and differentiating abuse and neglect sub-types in the APS client population?

11. Perpetrators

Importance: Understanding who perpetrates adult maltreatment is critical to crafting appropriate and effective interventions for clients as well as for preventing maltreatment.

Existing Knowledge: Elder abuse research has for decades examined who perpetrates adult maltreatment, and some characteristics of perpetrators are widely recognized. For instance, substance abuse, mental health problems, abuser dependency (in particular financial dependency), caregiver burden or stress, and certain personality characteristics such as “hot temper” are perpetrator characteristics that have been shown to be associated with higher probability of emotional/psychological abuse (Conrad, Liu, & Iris, 2016; Jackson & Hafemeister, 2011; Johannesen and LoGiudice, 2013; Liu, Conrad, Beach, Iris, & Schiamberg, 2019).

Research has also focused on important differences of perpetrators across types of abuse and studied how APS and other response systems can intervene effectively, depending on the type of perpetrator (Amstadter et al., 2011; Jackson, 2014). The APS Guidelines suggest that information about suspected maltreatment be collected from the alleged victim, alleged perpetrator, and other involved parties. The APS Guidelines also recommend that an assessment of the alleged perpetrator and/or caregiver be conducted to ascertain the risk to the safety and independence of the alleged victim of adult maltreatment.

Research questions identified by the field (2 questions):

4. What is the impact of interventions for perpetrators on client outcomes?
35. What is the impact of perpetrator investigations and services for client with family member perpetrators on client safety?

12. Service Planning and Delivery

12

Importance: After APS has completed the investigation and the client assessment, in many states a service plan is created with the adult. The goal of the service plan is to improve safety, prevent maltreatment from occurring, and improve the adult's quality of life. Service plans are monitored, and changes can be made, with the adult's (and/or the adult's designated representative's) involvement, to facilitate services that address any identified shortfalls or newly identified needs and risks. The service plan will include the arrangement of any essential services required by statute or policy as well as capitalize on services and resources available in the particular community. (Note: Programs may use various terms to refer to the plan, e.g., case plan, service plan, safety plan, action plan.) Frequently, consultation with other service providers is needed to develop and implement the plan.

Existing Knowledge: Several studies of adult maltreatment have yielded findings that may inform current APS practice. For example, a study by Jackson & Hafemeister (2011) indicates that interventions tailored to meet the unique characteristics associated with each type of mistreatment may lead to greater safety. In addition, specific services or supports, such as social support and participation in supportive community social outlets, may be effective for mitigating negative outcomes of elder mistreatment, such as depression, generalized anxiety, and poor health (Acierno, Hernandez-Tejada, Anetzberger, Loew, & Muzzy, 2017) as well as future risk of mistreatment (Burnes, Rizzo, & Courtney, 2014). It has also been shown that adults with mental health needs are often willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution services (Sirey et al., 2015).

Research on mental health highlights the importance of also addressing mental health issues, such as depression, as it affects individuals' perception of their need for care and their motivation, initiative, and energy to seek help and engage in services (DiMatteo, Lepper, & Croghan, 2000; Sirey, Bruce, & Alexopoulos, 2005).

The 2012 NAPSA/NASUAD survey of APS agencies found that once a case is initiated through APS, 63% of the programs reporting require regular communication with the adult, either by phone or in person (NAPSA & NASUAD, 2012). Close to 90% of the states stated that, once a month, an in-person visit is required while a case is open, although most also indicated that ongoing investigations may require more frequent contact. Once-a-month phone calls are required in 64% of the states. Research indicates that longer-term, relationship-based interventions may be effective for entrenched elders who are reluctant to receive services (Mariam et al., 2015).

Research questions identified by the field (7 questions):

15. What are best practices for conducting investigations in cases of domestic violence involving older adults (i.e., practices that do not increase the risk for the alleged victim)?
24. What are strategies for effective collaboration between clients and APS workers?
26. What are best practices for effective service planning (i.e., time needed to create and implement effective service plan; services planning for adults with capacity vs those with limited/lacking capacity; service planning for older adults vs. adult with disabilities; degree of involvement)?
32. What are best practices for identifying clients with service needs?
39. What factors are associated with service refusal and strategies for enhancing acceptance of service supports?
59. What types/kinds of referral services (e.g., legal services, transportation services) are effective for each maltreatment type?
60. What are current APS practices, from the time cases are reported to APS to the time they are closed?

13. Client Goals

Importance: Ethical principles in APS practice focus on supporting the adult's wishes and goals; however, determining what those goals are and measuring progress towards them is challenging. In addition, the level of involvement of the adult in developing his or her own safety plan is believed to have a significant impact on the feasibility and likelihood of success of that safety plan.

Existing Knowledge: Burnes et al. have proposed that APS use goal attainment scaling (GAS) with adults in order to help them set goals. GAS is a client-centered outcome measurement approach that has the potential to address existing measurement challenges constraining progress in elder abuse intervention research. Goals toward case closure should be specific to each adult, and goal attainment should be contingent on the adults meeting their specific goals (Burnes, Connolly, Hamilton, & Lachs, 2018).

Research questions identified by the field (1 question):

61. What do APS clients report as their goals/needs with regard to APS services?

14. "Underserved" Populations

14

Importance: In order to craft effective APS responses, it is important to understand and adequately address the needs of the general population as well as those groups who traditionally represent underserved populations. Understanding which groups present underserved groups in the context of adult maltreatment and how being underserved relates to APS is key for eliminating barriers to APS utilization and service access.

Existing Knowledge: The term "underserved" generally refers to groups believed to be insufficiently served by the health care system, including racial and ethnic minorities, uninsured persons, immigrants, elders, rural populations, persons living in primary care health professional shortage areas, and/or those with various communitywide vulnerabilities (Jervis et al., 2016).

In the area of adult maltreatment, research has focused on understanding how different groups define, experience, and seek to remedy adult maltreatment. For example, Dong et al. (2011) examined the perception, knowledge, and help-seeking tendency toward elder mistreatment among Chinese older adults. The authors found that Chinese older adults mostly characterized elder mistreatment in terms of caregiver neglect and identified psychological mistreatment as the most serious form of mistreatment. In addition, they found that Chinese older adults had limited knowledge of resources for seeking help, other than seeking assistance from local community service centers. Findings from focus group discussions also suggest that perceptions/beliefs about maltreatment are determined by culture and degree of acculturation in addition to race/ethnicity (Enguidanos, DeLiema, Aguilar, Lambrinos, & Wilber, 2014). These findings may point toward the need for APS to develop person-centered

intervention and prevention models that integrate the cultural background, care needs, and individual preferences of older adults.

Research has also focused on other populations, including those with mental health needs. Specifically, research has shown that adults with mental health needs are often willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution services from APS (Sirey et al., 2015). Research on mental health highlights the importance of also addressing mental health issues, such as depression, as it affects individuals' perception of their need for care and their motivation, initiative, and energy to seek help and engage in services (DiMatteo et al., 2000; Sirey et al., 2005).

Research questions identified by the field (4 questions):

41. What are best practices to address the needs of clients from minority populations (e.g., race/ethnicity, gender, sexual orientation, language, etc.)?
55. How do APS client goals/needs differ by APS population (older adults/ adults with disabilities, by ethnicity, by maltreatment type, etc.)?
56. What are different socio-cultural conceptualizations of abuse; to what extent do they create barriers for reporting maltreatment, help-seeking behaviors, and service utilization?
58. What are best practices for working with clients who experienced severe vs. less severe maltreatment?

15. Specialized Interventions

Importance: Knowledge of specialized interventions, their costs, and their impact on client outcomes is essential to efficiently allocate scare resources for APS programs. Evidence-based practices[4] for prevention and/or remediation of adult maltreatment are essential for improving the well-being of clients and for potentially reducing recidivism in the APS system.

Existing Knowledge: Though there is a paucity of research about evidence-based practices specific to APS, several studies have examined the effectiveness of specific interventions with those who have experienced adult maltreatment. These

[4] Evidence-based practices are policies and/or processes that are scientifically proven, through quantitative research, to be effective and beneficial in preventing or changing a targeted outcome and effective across a wide range of settings and populations.

interventions could be integrated into APS practice. For example, specific services or supports, such as social support and participation in supportive community social outlets, may be effective for mitigating against negative outcomes of elder mistreatment, such as depression, generalized anxiety, and poor health (Acierno et al., 2017) as well as future risk of mistreatment (Burnes et al., 2014). It has also been shown that adults who have experienced maltreatment are often willing to accept an offer of mental health services at the same time that they are receiving mistreatment resolution services (Sirey et al., 2015). Research on mental health highlights the importance of also addressing mental health issues, such as depression, as it affects individuals' perception of their need for care and their motivation, initiative, and energy to seek help and engage in services (DiMatteo et al., 2000; Sirey et al., 2005).

A 2015 study (Mariam et al., 2015) examined an elder abuse intervention and prevention program and assessed its effectiveness for building alliances between APS and elders with suspected maltreatment. In this program, outreach specialists met with elders in person and used different strategies, including motivational interviewing, to build an alliance and connect elders to resources in the community based on their readiness to change, preferences, and needs. Results showed that risk factors of elder abuse decreased over the course of the intervention. In addition, nearly 75% of participants made progress on their treatment goals. The authors note that, for other agencies serving "at-risk" elders, the project's findings suggest that a longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective.

Programs that facilitate bidirectional support in the form of education, volunteerism, or socialization may be most effective (e.g., Experience Corps, congregate meal program) (Anetzberger, 2018).

Research questions identified by the field (3 questions):

8. What is the effectiveness of specialized/focused interventions (e.g., relationship-based intervention, longer-term interventions, client navigators, peer support services), including impact on different populations/types of clients?
16. What is the impact of specialized APS units (e.g., financial exploitation, self-neglect) on investigation outcomes?
43. What are best practices to address the needs of clients with mental health issues?

16. Access to Expert Resources

16

Importance: It is often helpful or necessary for APS programs to consult with content or clinical experts in order to investigate allegations of adult maltreatment or to provide services to their clients.

Existing Knowledge: Nearly every state APS system reported, in a 2012 survey conducted by the NAPSA and NASUAD, that they had some access to legal consultation. Over half of the states surveyed reported that they had access to physicians, while over 60% indicated that they had access to mental health professionals as well as nurses and physician assistants. The survey also noted that, although financial exploitation is one of the most frequent and complex types of mistreatment handled by APS, access to forensic specialists and accountants was not available in over 60% of the states. Several states, but not all, indicated that they could consult with law enforcement, faith-based groups, the attorney general's office, and domestic violence agencies (NAPSA & NASUAD, 2012).

Recently, technology has been used to address the scarcity of expert resources for APS client assessments (Burnett, Dyer, Clark, & Halphen, 2019). Researchers in Texas created a Forensic Assessment Center Network that uses a Web-based portal and low-cost videophone technology to connect an APS agency and its clients to a centralized geriatric and elder mistreatment expert medical team for virtual in-home assessments.

Research questions identified by the field (1 question):

29. What is the impact of access to financial experts on rates and outcomes of successful intervention in financial exploitation cases?

17. Involuntary Interventions

17

Importance: APS systems are sometimes called upon to provide services in cases where there has been a determination of extreme risk and the adult lacks capacity for self-protection or cannot consent to services (e.g., for clients with advanced dementia). These can be difficult decision points for APS staff, often not well understood by APS partners. APS values and practice standards emphasize choosing courses of action and services which are the least restrictive possible, pose the least risk of harm to the adult, maximize the adult's independence and choice to the extent possible based on the adult's capacity, and are in the best interests of the adult unable to make decisions for him- or herself (NAPSA, n.d.).

Carrying out the necessary processes and gaining cooperation of partners for involuntary intervention can be difficult. In order to provide an involuntary intervention, APS must first secure a capacity assessment, then obtain legal standing, either by going to court with legal counsel or by involving another agency that has legal jurisdiction. APS programs follow the particular laws and policies in their jurisdictions regarding involuntary services to vulnerable adults who lack the capacity to protect themselves from maltreatment. However, APS practice standards emphasize that principles of supportive decision-making should be utilized in involuntary service planning with an adult who lacks capacity in some areas (NAPSA, 2013).

Often, at the time of APS entry into the situation, a lack of capacity has not yet been identified or addressed, and lack of other options puts APS is in the position of initiating a guardianship or conservatorship process in order to keep the client from returning to a state of maltreatment.

Existing Knowledge: Little is known about the long-term consequences of involuntary interventions such as guardianships on clients. In addition, although APS practice standards emphasize the need to explore all other options to preserve choice and independence to the maximum degree, research has not identified best practices for alternatives to legal guardianship. Supported decision-making is at times presented as a potential alternative that has the potential to avoid many of the legal and social pitfalls that guardianship presents (Blank & Martinis, 2015), but more research is needed to determine the effectiveness in the context of APS. Other research has shown that the elder abuse forensic center model, with its multiple disciplines and perspectives, can be an effective approach for determining whether or not cases should be referred for guardianship (Gassoumis et al., 2015).

Research questions identified by the field (3 questions):

25. What are effective alternatives to guardianship?
30. What is the impact of involuntary interventions (e.g., facility placement) on clients, and what is the impact of alternative strategies?
47. What is the impact of supported decision-making/limited guardianship on outcomes?

18. Client Outcomes

Importance: According to the U.S. Government Accountability Office, challenges faced by APS programs nationwide include an increased number of cases reported, shrinking state and local revenues used to fund APS programs, inadequate staffing levels, limited information on how to resolve complex cases, and difficult-to-use or inadequate data systems (U.S. Government Accountability Office, 2011). All these challenges point to a need for quality research on APS, including research on APS outcomes. Building the evidence base for APS programs and practices is key for determining if and how APS programs make a difference in the lives of their clients. Despite clarity on the need for protective services, it can be difficult for APS agencies to define specific client outcomes that are achievable and measurable so that they can evaluate their own effectiveness.

Existing Knowledge: There are few existing studies of APS client outcomes (e.g., Booker, Breaux, Abada, Xia, & Burnett, 2018; Burnes et al., 2014; Kurrle, Sadler, Lockwood, & Cameron, 1997; Neale, Hwalek, Goodrich, & Quinn, 1996; Teaster & Roberto, 2004). Among those identified, most had one or more characteristics of a new or underdeveloped body of literature. In particular, most of the articles used small sample sizes selected from small geographic areas, relied on case record review methods using state/local administrative data sources, and/or used simple, descriptive statistical approaches to address research questions. These limitations may be explained in part by the decentralized nature of APS and the wide variation in APS programs across states and counties. They may also be explained by a lack of data collection about APS in national surveys or surveillance systems.

Studies on client outcomes tend to focus on examining the influence of APS on subsequent maltreatment or recurrence of maltreatment. These outcomes appear to have strong support as common and important ones across APS programs. Specific findings from these studies suggest that there are multiple levels of influence on adults' risk of subsequent maltreatment and recurrence of maltreatment. These influences include adult characteristics (e.g., gender, age, race/ethnicity, community engagement, type of maltreatment), victim–perpetrator relationship characteristics (e.g., cohabitation, relationship, history of abuse), and APS characteristics (e.g., MDT versus individual social worker).[5] The existing knowledge highlights that there does not seem to be consensus in the field about key outcomes for APS and what constitutes a "good" outcome.

[5] The following articles examine the relationship between one or more of these characteristics and risk of subsequent maltreatment or recurrence of maltreatment: Burnes et al. (2014); Dong, Simon, and Evans (2013); Ernst & Smith (2012); Lithwick, Beaulieu, Gravel, & Straka (2000); Roberto, Teaster, and Duke (2004); Vladescu, Eveleigh, Ploeg, & Patterson (2000).

Research questions identified by the field (9 questions):

6. What are relevant and meaningful outcomes at case closure, and the means to quantify those outcomes, that will provide helpful information about the effectiveness of services in the lives of clients?
7. What are longitudinal adult outcomes (e.g., from case initiation to 1 year+ after case closure) and what are effective strategies for measuring longitudinal outcomes?
18. What are best practices for measuring client safety and wellbeing outcomes?
20. How do limits to APS authority (ability to acquire evidence, compel interviews, request a mental health hold, etc.) impact client outcomes?
33. What are effective strategies for maintaining client safety (i.e., future reports to APS)?
36. How are immediate and long-term client safety and wellbeing outcomes measured?
37. How should APS determine/define positive outcomes (do they look different for older adults vs. younger adults with disabilities)?
38. What is a successful APS outcome? Who decides and why?
48. Does the achievement of a successful outcome vary by elder maltreatment form or other factors, and if so how?

Conclusion

This APS Research Agenda is an important step for helping to advance the evidence base of practices and policies adopted by APS programs. APS programs provide essential services and supports for older adults and adults with disabilities who are in need of assistance due to maltreatment. Even though every state has its own distinct APS system and programs, the field has seen great advances over the years, resulting in a move toward a core set of principles and more consistent practices across states. However, to support APS programs, it is more important than ever to demonstrate the effectiveness of APS programs and practices in improving client outcomes and provide states with tools to support effective and timely responses to adult maltreatment. As evidenced by the number and range of research questions submitted by APS stakeholders for the development of this agenda, there is a lot we still do not know about APS as whole, effective standards and practices, and program and client outcomes.

This first APS Research Agenda summarizes some of the top priority research questions for the APS field at this point in time. The research questions address virtually all APS policy and program areas, from definitions of maltreatment types and quality assurance to investigations and client outcomes. Of special note, all 61 questions were deemed to be of high priority. Each question was rated for level of priority on a 9-point scale, organized by thirds: 1–3=low priority; 4–6=medium priority; 7–9=high priority. Within this list, questions focused on **caseload sizes** were rated to be of highest priority, and no question received lower than a mean score of 6.6. (see **Appendix B**)

Regardless of which questions are taken up for study, it is essential that challenges faced by practitioners are translated into research questions and that findings of researchers are translated into practical implications for practitioners. Thus, researchers and practitioners need to work together in all phases of research, including formulating the research question, designing research, collecting data, interpreting and using results to generate knowledge, and making changes that can improve APS. All research about APS should, by necessity and in the interest of integrity and collegiality, begin in consultation with APS leaders and workers. The Voluntary Consensus Guidelines for State APS Systems include a recommendation for APS to participate in research in order to identify best practices, evaluate program performance, and determine client outcomes. The Guidelines state that while abiding by all applicable regulations related to privacy and confidentiality, it is recommended that state APS programs:

- support collaborative research between and among APS programs and researchers from academic institutions, research organizations, and consultants at the local, state, national, and international levels;
- support research-based evaluation of APS programs, initiatives, policy, and practice;
- conduct analyses of APS program outcomes;
- participate in national APS data collection efforts; and
- disseminate findings from research to other state and county APS programs, policymakers, and other researchers.

As noted, this APS Research Agenda is a key step forward in providing guidance to funders, researchers, and APS programs on issue areas both in need of more understanding and deemed important to APS. Concentrated efforts in these areas will help move the field forward and create an evidence base for APS programs. This agenda is intended to identify gaps in evidence-based and professional knowledge regarding APS policies and practices, stimulate thinking and increase awareness, and encourage collaboration between APS professionals and researchers. ACL is committed to being part of this effort by using the agenda to help guide the agency's funding.

In addition, ACL envisions that the agenda provides guidance for other agencies and organizations that fund APS research, researchers, and APS leaders and workers who deliver these important services and can benefit from evidence-based information for the conduct of their professions.

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Appendix B. List of High-Priority Research Questions

The list shows the 61 APS research questions that the technical expert panel (TEP) agreed to be of high priority. Questions are listed in order of importance based on the mean (average of all scores). TEP members rated the level of priority on a 9-point scale, organized by thirds: 1–3=low priority; 4–6=medium priority; 7–9=high priority.

Research Question	Mean	Standard Deviation
1. What is the impact of caseload size on the quality of investigations and interventions?	8.6	0.7
2. What is the impact of caseload size on case worker performance, retention, satisfaction?	8.3	1
3. What is the validity and effectiveness of existing screening and assessment tools and tools that are used by APS to measure intervention outcomes?	8.1	0.9
4. What is the impact of interventions for perpetrators on client outcomes?	8	0.7
5. What are effective processes for investigating allegations and making decisions regarding substantiation?	8	0.9
6. What are relevant and meaningful outcomes at case closure, and the means to quantify those outcomes, that will provide meaningful information about the effectiveness of services in the lives of clients?	8	0.9
7. What are longitudinal client outcomes (e.g., from case initiation to 1 year+ after case closure) and what are effective strategies for measuring longitudinal client outcomes?	8	0.9
8. What is the effectiveness of specialized/focused interventions (e.g., relationship-based intervention, longer-term interventions, client navigators, peer support services), including impact on different populations/ types of clients?	7.8	0.7
9. What are best practices for identifying cases that require an investigation?	7.8	0.8
10. What are best practices for effectively prioritizing cases?	7.8	0.8

Research Question	Mean	Standard Deviation
11. What are effective decision-making strategies to determine case findings?	7.8	0.8
12. What is the incidence and prevalence of hazards (threats and assaults) for APS workers?	7.8	1.0
13. What are the most important questions needed to screen in/out cases?	7.8	1.1
14. What are effective processes for making a finding based on the evidence?	7.8	1.1
15. What are best practices for conducting investigations in cases of domestic violence involving older adults (i.e., practices that do not increase the risk for the alleged victim)?	7.7	0.5
16. What is the impact of specialized APS units (e.g., financial exploitation, self-neglect) on investigation outcomes?	7.7	0.5
17. What are barriers and potential harms of screening adults for maltreatment?	7.7	0.9
18. What are best practices for measuring client safety and wellbeing outcomes?	7.7	0.9
19. What is the impact of APS using standardized vs. non-standardized assessment tools?	7.7	1
20. How do limits to APS authority (ability to acquire evidence, compel interviews, request a mental health hold, etc.) impact client outcomes?	7.7	1
21. What is the impact of using standardized tools on APS service delivery and client outcomes?	7.7	1.3
22. What are best practices and effective models for collaboration between APS and criminal justice and law enforcement?	7.6	0.7
23. What are best practices for taking/conducting an intake reports (i.e., who should take/conduct an intake report, level of competency of worker needed, time to create report, types of information to collect in order to make a screening decision/determine if investigation is needed)?	7.6	0.7

Research Question	Mean	Standard Deviation
24. What are strategies for effective collaboration between clients and APS workers?	7.6	0.7
25. What are effective alternatives to guardianship?	7.6	0.7
26. What are best practices for effective service planning (i.e., time needed to create and implement effective service plan; services planning for clients with capacity vs those with limited/lacking capacity; service planning for older adults vs. adult with disabilities; degree of client involvement)?	7.6	1
27. What are effective strategies for using data to improve program performance and practices for APS case workers?	7.6	1
28. How does the use of MDTs effect the safety and well-being outcomes of clients?	7.6	1.1
29. What is the impact of access to financial experts on rates and outcomes of successful intervention in financial exploitation cases?	7.4	0.7
30. What is the impact of involuntary interventions (e.g., facility placement) on clients, and what is the impact of alternative strategies?	7.4	0.7
31. What is the incidence of burnout, compassion fatigue, and secondary traumatic stress among APS workers?	7.4	0.9
32. What are best practices for identifying clients with service needs?	7.4	0.9
33. What are effective strategies for maintaining client safety (i.e., future reports to APS)?	7.4	0.9
34. What practices lead to an intake report with clear, specific information related to the maltreatment and the alleged victim and his/her circumstances (e.g., phone vs internet/email, structured interview vs free form, training provided to intake staff)?	7.4	1
35. What is the impact of perpetrator investigations and services for clients with family member perpetrators on client safety?	7.4	1

Research Question	Mean	Standard Deviation
36. How are immediate and long-term client safety and wellbeing outcomes measured?	7.4	1
37. How should APS determine/define positive outcomes (do they look different for older adults vs. younger adults with disabilities)?	7.4	1.4
38. What is a successful APS outcome? Who decides and why?	7.4	2.6
39. What factors are associated with service refusal and strategies for enhancing acceptance of service supports?	7.3	1
40. Does APS save state governments money? If so, how and how much?	7.3	1.1
41. What are best practices to address the needs of clients from minority populations (e.g., race/ethnicity, gender, sexual orientation, language, etc.?	7.3	1.3
42. What valid and reliable screening methods and tools are used by APS?	7.3	2.5
43. What are best practices to address the needs of clients with mental health issues?	7.2	0.7
44. What is the impact of collaboration between APS and other professions (for example, law enforcement, emergency department staff)?	7.2	0.8
45. What are best practices and tools for MDTs?	7.2	1.3
46. What is the impact of different time frames for completing investigations on case outcomes?	7.1	0.6
47. What is the impact of supported decision-making/limited guardianship on client outcomes?	7.1	1.2
48. Does the determination of a successful outcome vary by elder maltreatment form or other factors, and if so how?	7.1	1.4
49. What tools exist to measure intervention outcomes (e.g., change in client or case status in response to the intervention)?	7.1	2.4
50. How does APS define self-neglect?	7.1	3.1

Research Question	Mean	Standard Deviation
51. What is the impact of different time frames for initiating investigations on case outcomes?	7	0.9
52. What data elements are used for effective quality assurance (QA)?	7	0.9
53. What are recommended processes and strategies for QA for APS programs?	7	1.1
54. What is the impact of standardized and non-standardized intake screening tools?	7	1.2
55. How do APS client goals/needs differ by APS population (older adults/adults with disabilities, by ethnicity, by maltreatment type, etc.)?	7	1.2
56. What are different socio-cultural conceptualizations of abuse; to what extent do they create barriers for reporting maltreatment, help-seeking behaviors, and service utilization?	6.9	0.9
57. What are best practices/procedures (e.g., structured decision-making) for recognizing and differentiating abuse and neglect sub-types in the APS client population?	6.9	2.3
58. What are best practices for working with clients who experienced severe vs. less severe maltreatment?	6.8	0.4
59. What types/kinds of referral services (e.g., legal services, transportation services) are effective for each maltreatment type?	6.7	1.7
60. What are current APS practices, from the time cases are reported to APS to the time they are closed?	6.6	2.4
61. What do APS clients report as their goals/needs with regard to APS services?	6.6	2.5

Part II | Report on the Development of the APS Research Agenda

Contents — Part II

Abbreviations

ACL	Administration for Community Living
APS	Adult protective services
Guidelines	National Voluntary Consensus Guidelines for State APS Systems
NAPSA	National Adult Protective Services Association
RFI	Request for Information
STDV	Standard deviation
TEP	Technical expert panel

Introduction

The Administration for Community Living (ACL)[6], as the federal home for programs addressing the unique needs of older Americans and adults with disabilities across the lifespan, is leading several initiatives to help advance and support the critically important work of the adult protective services (APS) field. One of these initiatives is the development and dissemination of an APS Research Agenda.

APS is a social services program provided by state and local governments across the nation that serve older adults and adults with disabilities who are in need of services because of abuse, neglect, self-neglect, or financial exploitation (adult maltreatment). In all states, APS is charged with receiving and responding to reports of maltreatment and working closely with older adults and adults with disabilities and a wide variety of allied professionals to maximize clients' safety and independence.

APS programs are not subject to federal rules and regulations, and thus each state has designed its own unique system. In addition, while there is some consistency in the types of practices APS programs have adopted, the evidence base concerning which practices are most effective, and how states' characteristics (e.g., rurality, access to resources, state- versus county-administered APS programs) are associated with the effectiveness of specific practices, is largely lacking. These gaps point to the need for research focused on APS practices and policies to ensure APS leaders and workers have the tools and resources to respond efficiently and effectively.

While the field of adult maltreatment has identified some research priorities and created several research agendas over the past 3 decades (Stahl, 2015; Stein, 1991; University of New Hampshire, 1968; U.S. Department of Justice, 2014; Wolf, n.d.), there has never been a research agenda focused exclusively on the practice of APS. An APS research agenda is needed to provide guidance to funders, researchers, and APS programs to help move the field forward and to guide in the creations of an evidence-base for APS programs.

To address this need, ACL supported the development of the first APS Research Agenda. The goal for this agenda is to highlight research gaps to help inform the APS field and ultimately, help build a cohesive body of evidence in the field.

[6] ACL brings together the efforts and achievements of the Administration on Aging, the Office of Intellectual and Developmental Disability Programs, and the Department of Health and Human Services Office on Disability to serve as the federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and adults with disabilities across the lifespan.

This report describes in detail how the APS Research Agenda was developed, including the activities that were completed, the stakeholders and subject matter experts who contributed, and the results for each milestone in its development.

This report is intended for information purposes only. The information in this report does not constitute any standard or regulation, and does not create any new legal obligations nor impose any mandates or requirements. The report also does not create nor confer any rights for, or on, any person or agency.

Development Process

The research agenda was developed in conjunction with updating ACL's Voluntary Consensus Guidelines for State APS Systems (Guidelines). The Guidelines are designed to assist states in developing efficient, effective APS systems and to provide APS administrators with recommendations from the field and findings from relevant research about quality practice. There are several ways that states may choose to use the Guidelines: to serve as a model of comparison to existing APS systems offered, to identify new areas of interest, or to identify areas for improvement in current state statutes or policies. The Guidelines further inform ACL about priority APS issues that ACL can then focus on through other programs and efforts, including the National APS Technical Assistance Resource Center and the National Adult Maltreatment Reporting System.

The Guidelines were first developed in 2016. In 2018–2019, ACL facilitated the updating of the Guidelines through incorporating information from new research and feedback from the field about effective APS practices and policies. To access the full report on the process for updating the Guidelines, use this link: https://acl.gov/sites/default/files/programs/2020-05/ACL-Appendix_3.fin_508.pdf

As part of this process, ACL also **facilitated** the development of the APS Research Agenda, supporting the implementation of a multistep approach. This effort included a review of the literature and engagement of stakeholders to identify APS research questions, engagement of experts from research and APS practice fields to prioritize the identified research questions, and "translation" of high priority research questions into the APS Research Agenda.

Review of the literature

To update the Guidelines, a literature search and review were conducted first, to identify new evidence published in peer-reviewed journal articles focused on the evaluation of APS programs and practices. The literature search focused on articles published between April 2014[7] and November 2018. A final group of 24 articles met the inclusion criteria[8] and were included in the literature review. The findings in these articles were reviewed and cross-walked with the topics addressed by the Guidelines to understand which articles provided support for current guidelines and which provided support for new recommendations or guidelines. The literature was also reviewed to identify recommendations from the authors for further research questions and topics related to APS.

Identification of research topics by APS stakeholders

Findings from the literature were used to draft updates to the Guidelines. In the next step, APS stakeholders (including staff from APS, aging, long-term care, disability, domestic violence, sexual assault, and victim services networks; legal services; researchers; and the public) were invited to comment on the draft updates to the Guidelines. Stakeholders had the opportunity to provide feedback during webinars and/or on ACL's request for information (RFI) website. The stakeholder webinars and the RFI were also used to invite stakeholders to submit research questions or topics that they thought should be addressed to advance the APS field. Specifically, stakeholders were invited to respond to the following question:

- What are some of most important topic areas for which research on APS practices is lacking?

In addition, researchers attending the 2019 National Adult Protective Services Association (NAPSA) conference were invited to join an APS research brainstorming session. The session was used to identify additional topics that may be included in the APS Research Agenda.

All suggestions provided by stakeholders were reviewed and consolidated by combining duplicative suggestions and removing suggestions that were not directly

[7] A literature search and review focused on earlier years (January 2004 – March 2014) was conducted for the development of the first Guidelines.

[8] Inclusion criteria: Published in English; contains quantitative data analysis or presents literature review; related to or applicable to APS programs, operations, practices, and processes

related to APS. Finally, suggestions were reframed as needed to present research *questions*, resulting in a list of **139 research questions**. To ensure the APS Research Agenda reflects field-generated priorities, every attempt was made to keep as much of the original wording as possible. Sample questions from the list include:

- What are effective processes for making an APS finding based on the evidence?
- What is the impact of caseload size on case worker performance, retention, satisfaction?
- How should APS determine/define positive outcomes (do they look different for older adults vs. younger adults with disabilities)?
- What are strategies for effective collaboration between at-risk adults and APS workers?
- What are effective alternatives to guardianship?

The questions were then organized by the Guidelines topics. Additional topics were created for questions that did not fit with the Guidelines topics. All questions, organized by topic, were imported into SurveyMonkey to prepare for the next stage of the project.

Prioritization of research topics

A technical expert panel (TEP) consisting of nine APS and adult maltreatment experts (researchers and APS professionals) was then engaged to finalize the list of questions and to prioritize the questions. For a list of the TEP members, see Appendix A.

Methods

A modified Delphi process (Brown, 1968; Hsu & Sandford, 2007)[9] was used with the TEP for this stage of the project. The Delphi process was developed by Dalkey and Helmer at the Rand Corporation in the 1950s as a means to build consensus among experts. As part of the process, data are gathered from experts through a feedback process. Specifically, experts complete multiple iterations of a questionnaire/survey on a specific topic. After their first response, they receive feedback about how their responses/ratings compare to the group as a whole. Experts are then allowed and encouraged to reassess their responses and make changes. Again, they are provided their results compared to the group as a whole. Experts may also have the chance to meet in person to discuss the results and make changes to their responses.

[9] For publications referencing the Delphi process see: https://www.rand.org/topics/delphi-method.html?content-type=research.

Theoretically, the feedback process continues until consensus is determined to have been achieved.

For this project, a virtual orientation meeting was first held with the TEP members to provide an overview of the project, describe the modified Delphi process to be implemented for this project, review examples of rating the research questions, and show how the results would be presented after each iteration of the rating process.

After the meeting, TEP members received an individual link to the first online survey listing the 139 research questions. TEP members were asked to rate the level of priority for each question individually and to add research questions as needed. Specifically, TEP members were provided the following instructions:

- **Rating Instructions:** Please rate each topic on a 9-point scale, organized by thirds: 1–3=low priority; 4–6=medium priority; 7–9=high priority. A rating of 1 would equal lowest priority, whereas a rating of 9 would equal highest priority. Please indicate if you think topics are "out of scope," meaning that they are beyond the scope of APS practices and policies, and add comments as needed. After you have rated all topics, you can also list additional topics you think the TEP should consider. (They will be added to the rating in the second round.) Please be judicious when adding topics and consider whether new items may be addressed by topics already listed.

After the first round of rating, some research questions were consolidated, and some were further broken down into several questions, or refined. In addition, research questions from the TEP members were added to the list as appropriate, resulting in final list of **153 research questions** for all subsequent ratings. TEP members completed three iterations of the ratings process. For the second and third iterations, TEP members were asked to consider the results from the previous rating to determine whether or not they wanted to change their ratings.

Analysis

Results for each round of ratings were analyzed using the SPSS statistical software package. For each research question, the following descriptive statistics were calculated from the ratings assigned by the nine TEP members: mean, median, mode, and standard deviation. The results were used to describe the ratings and to determine the priority level and agreement status between the TEP members for each round of rating.

- **Priority Level** for each research question was determined by the mean (e.g., 7.6 = high priority).
- **Agreement Status** showed to what extent the group as a whole agreed on the priority level of each research question; agreement was defined as ratings that were in the same third of the ratings (1–3; 4–6; 7–9), whatever the median. All topics where three or more TEP members rated the topics outside the 3-point region containing the median (e.g., 7–9) were classified as "in disagreement."

Rating results

Once the first survey was completed by all TEP members, results were analyzed and summarized. Each TEP member received an individual summary, showing aggregate results, their own rating for each research question, descriptive statistics for each question, and de-identified comments from all TEP members regarding research questions. See Appendix B for the results for each research question from the third round of rating.

The three tables below show the aggregate result from all three rounds of ratings. The tables show the numbers of research questions that were rated as high, medium, and low priority. In addition, they show the numbers of research questions for which the TEP members agreed about the priority level.

For example, during the third and final round of rating, 74 questions were rated as high priority, 77 were rated as medium priority, and two were rated as low priority. Of the 74 research questions that were rated as high priority, the TEP was in agreement on 61 of them (82.4%). Of those that were rated as medium priority (n=77), the TEP was in agreement on 12 of them (15.6%). Finally, for the two questions that were rated as low priority, the TEP was in agreement on both of them.

Overall, the TEP members were in agreement about the priority level for 49% of research questions and in disagreement for 51% of research questions. This represented a 17% increase in agreement from the first round and a 10% increase in agreement from the second round.

Table 1. Aggregate Results from the First Round of Rating.

	Agreement Status		
Priority level	Agreement	Disagreement	Total
High	43 (58%)	31	74 (53%)
Medium	0	63	63 (45%)
Low	1	1	2 (1%)
Total	44 (32%)	95 (68%)	139

Table 2. Aggregate Results from the Second Round of Rating.

	Agreement Status		
Priority level	Agreement	Disagreement	Total
High	55 (79%)	15	70 (46%)
Medium	4	77	81 (53%)
Low	1	1	2 (1%)
Total	60 (39%)	93 (61%)	153

Table 3. Aggregate Results from the Third and Final Round of Rating.

	Agreement Status		
Priority level	Agreement	Disagreement	Total
High	61 (82%)	13	74 (48%)
Medium	12	65	77 (50%)
Low	2	0	2 (1%)
Total	75 (49%)	78 (51%)	153

"Translation" of high priority research questions into the APS Research Agenda

The implementation of the modified Delphi process resulted in a list of 61 APS research questions that the TEP **agreed to be of high priority**. These questions present the building blocks of the research agenda. Based on the content of the research questions, 19 themes were identified (e.g., caseload size, tools, intake). All 61 questions were then grouped into these themes.

For each theme, three sections were drafted to compose the content of the APS Research Agenda:

1. **Importance** presents a brief summary of how the theme is significant to APS practice and policies.
2. **Existing Knowledge** presents an overview of what is already known about the theme based on existing literature.
3. **Research Questions** presents the research questions that were identified by the field and experts for this theme. The number in front of each question indicates its ranking by level of importance (out of all 61 questions) based on the mean. For example, the number 5 in front of a question means that its mean ranking was the fifth highest out of the 61 items.

While Existing Knowledge highlights what is known about each theme, the associated Research Questions sections in turn reveals some of the knowledge gaps (things not yet known) for each theme.

The draft APS Research Agenda was shared with the TEP members via email for review and feedback (i.e., revisions and comments for content changes). The TEP members' feedback was incorporated as feasible. The updated draft was then provided to ACL subject matter experts who reviewed the draft and provided feedback. This feedback was incorporated into this final draft.

Conclusion

This first-ever Research Agenda for APS demonstrates ACL's ongoing commitment to building the evidence base for APS. The field-generated development process has resulted in the agenda reflecting some of most important questions for which APS practitioners and APS researchers seek answers.

To support APS programs, it is more important than ever to demonstrate the effectiveness of APS programs and practices in improving client outcomes and provide states with tools to support effective and timely responses to adult maltreatment. As evidenced by the number and range of research questions submitted by APS stakeholders for the development of this agenda, there is a lot we still do not know about APS as whole, effective standards and practices, and program and client outcomes.

The research questions address virtually all APS policy and program areas, from definitions of maltreatment types and quality assurance to investigations and client outcomes. Regardless of which questions are taken up for study, it is essential that

challenges faced by practitioners are translated into research questions and that findings of researchers are translated into practical implications for practitioners. Thus, researchers and practitioners need to work together in all phases of research, including formulating the research question, designing research, collecting data, interpreting and using results to generate knowledge, and making changes that can improve APS. All research about APS should, by necessity and in the interest of integrity and collegiality, begin in consultation with APS leaders and workers.

This agenda is intended to identify gaps in evidence-based and professional knowledge regarding APS policies and practices, stimulate thinking and increase awareness, and encourage collaboration between APS professionals and researchers. ACL is committed to being part of this effort by using the agenda to help guide the agency's funding.

In addition, ACL envisions that the agenda provides guidance for other agencies and organizations that fund APS research, researchers, and APS leaders and workers who deliver these important services and can benefit from evidence-based information for the conduct of their professions.

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Appendix B. Results Presented to TEP Members after 3rd and Final Rating

Instructions for Reading the Results

The rating results for each topic is presented in tables in the subsequent pages. Topics are listed in the same order as they were presented in on the survey, with the same category headings. Below are example results and instructions for how to interpret the results.

Each topic was rated on a 9-point scale, organized by thirds: 1-3=low priority; 4-6=medium priority; 7-9=high priority; or out of scope (os)

- The topic is listed on the left.
- The Rating shows how every TEP member rated the topic; in the first example one TEP member rate the topic a '6', four rated it a '7', three rated it a '9', and one rated it 'out of scope (os)'.
- The mean shows the average for how the group as a whole rated the topic (e.g., 7.6).
- The priority level shows how the group as a whole rated the priority level of the topic based on the mean (e.g., high).
- Agreement status shows to what extend the group as a whole agreed on the priority level of each topic; agreement is defined as ratings that are in the same third of the ratings (1-3; 4-6; 7-9), whatever the median. All topics where three or more TEP members rated the topics outside the 3-point region containing the median (e.g., 7-9) are classified as "in disagreement."
- The last column shows your individual rating (i.e., 6; 4).
- When reviewing the results, the key items to look at are the 'Priority Level' and the 'Agreement Status'. It may also be useful to look at the range of scores to see how spread out the rating was and whether your rating seems close to that of the rest of the group.

Example

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status
a. Does APS save state governments money? If so, how and how much?	1 2 3 4 5 6 7 8 9 os 1 4 3 1	7.6	7	7	1.2	High	Agreement
b. What are APS inputs/resources and how are they used for APS implementation/ operations?	1 2 3 4 5 6 7 8 9 1 1 2 1 1 3	6.4	6	9	2.4	Medium	Disagreement

Overall Results

TEP members rated a total of 153 research topics/questions. During this third and last round of rating, 74 topics were rated being high priority, 77 were rated being medium priority, and 2 were rated being low priority. Of the 74 research topics/questions that were rated being of high priority, the TEP was in agreement on 61 of them (82.4%). Of those that were rated as having medium priority (n=77), the TEP was in agreement on 12 of them (15.6%). Finally, for the two topics/questions that were rated as having a low priority, the TEP was in agreement on both of them.

Overall, the TEP members rated 49% of topics with agreement and 51% of topics with disagreement. This is an almost 17% increase in agreement from rating round 1 and a 9% increase in agreement from rating round 2.

Agreement Status

Priority level	Agreement	Disagreement	Total
High	61	13	74
Medium	12	65	77
Low	2	0	2
Total	75 (49%)	78 (51%)	153

Individual Rating Results

Foundational Topics

1. Contact with APS and Other First Responder Systems

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What percentage of adult maltreatment victims ever interact with APS?	1 2 3 4 5 6 7 8 9 os 1 1 2 2 2 1	5.9	6	6,7,9	2.8	Medium	Disagreement	
b. What percentage of adult maltreatment victims interact with APS prior to interaction with any other responders?	1 2 3 4 5 6 7 8 9 1 2 2 3 1	5	5	6	1.5	Medium	Agreement	
c. What is the percentage of victims who are screened in and receive services from multiple response systems (e.g., law enforcement, domestic violence)?	1 2 3 4 5 6 7 8 9 os 2 1 2 1 2 1	4.4	5	3,5,7	2.2	Medium	Disagreement	

2. *Placement in State*

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. In what way and to what degree does APS placement in state government (e.g., aging agency, other agency) impact its performance (e.g., sufficiency of funding, sufficient qualified APS staff to do APS work, the number and types of clients, client outcomes)?	1 2 3 4 5 6 7 8 9 1 1 2 4 1	6.1	7	7	2.2	Medium	Disagreement	

3. Cost-Benefit and Cost Efficiency of APS System

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. Does APS save state governments money? If so, how and how much?	1 2 3 4 5 6 7 8 9 2 4 1 2	7.3	7	7	1.1	High	Agreement	
b. Does APS save the federal government money? If so, how and how much?	1 2 3 4 5 6 7 8 9 2 1 3 1 2	7	7	7	1.5	High	Disagreement	
c. What is the relationship between programs costs and savings? For example, if APS budgets are funded through social service budget lines but the savings accrue to criminal justice or health care budget lines, do social service programs see any benefit from those savings? What incentives are there for cost savings if the savings do not accrue to the program itself?	1 2 3 4 5 6 7 8 9 2 2 2 2 1	5.7	6	3,5,6,7	1.9	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. What are the characteristics (e.g. structure, placement, populations served, staffing configurations, service types/ approaches) of the most cost-effective APS programs?	1 1 2 3 4 5 6 4 7 1 8 1 9 2	6.4	6	6	2.4	Medium	Disagreement	
e. What are reasons for Child Protective Services receiving many more resources than APS, are there approaches that could be replicated for APS?	1 3 2 3 1 2 4 1 5 1 6 7 8 9 0S 1	2.2	2	1	1.6	Low	Agreement	

4. *APS Process Evaluation*

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What are current APS practices, from the time cases are reported to APS to the time they are closed?	1 2 3 4 5 6 7 8 9 1 1 4 2 1	6.6	7	7	2.4	High	Agreement	
b. What are APS inputs/ resources and how are they used for APS implementation/ operations?	1 2 3 4 5 6 7 8 9 1 2 4 1 1	5.6	6	6	1.9	Medium	Disagreement	

5. *Screening and Assessment Tools*

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the validity and effectiveness of existing screening and assessment tools and tools that are used by APS to measure intervention outcomes?	1 2 3 4 5 6 7 8 9 3 2 4	8.1	8	9	0.9	High	Agreement	

Domain 1: Program Administration

1C. Definitions of Maltreatment

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. How does APS define self-neglect?	1 2 3 4 5 6 7 8 9 os 1 3 4 1	7.1	8	9	3.1	High	Agreement	

1D. Population Served

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What strategies ensure that APS programs are appropriate for all people (age, language, culture, preferences, potential historical trauma, literacy levels, etc.)?	1 2 3 4 5 6 7 8 9 1 1 3 4	6.1	6	7	1.1	Medium	Disagreement	

1E. Mandatory Reporting

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. How effective is mandated reporting in increasing rates of reporting and substantiation rates in general, by specific professions?	1 2 3 4 5 6 7 8 9 3 2 3 1	6.2	6	5,7	1.1	Medium	Disagreement	
b. Is mandatory reporting differentially effective for different reporter groups or different client populations/ subpopulations?	1 2 3 4 5 6 7 8 9 3 1 5	6.2	7	7	1.0	Medium	Disagreement	

1F. Coordination with Other Entities

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. How are outcomes different in localities that have mandated vs. "permissive" multi-disciplinary teams (MDTs)?	1 2 3 4 5 6 7 8 9 2 1 4 2	6.2	7	7	1.9	Medium	Disagreement	
b. What is the impact of collaboration between APS and other professions (for example, law enforcement, emergency department staff)?	1 2 3 4 5 6 7 8 9 2 3 4	7.2	7	8	0.8	High	Agreement	
c. What is the impact of follow-up of APS with other entities (i.e., Emergency Departments and Primary Care Physicians)?	1 2 3 4 5 6 7 8 9 4 3 2	6.8	7	6	0.8	High	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. How do rates of criminal prosecution differ for states and counties that have adopted statutes that provide explicit criminal penalties for elder abuse vs. those where perpetrators are prosecuted under a given jurisdiction's general criminal code (e.g., assault, battery, fraud, theft, rape)?	1 2 3 4 5 6 7 8 9 OS 1 2 1 3 1 1	5.3	6	7	2.5	Medium	Disagreement	
e. How does the use of MDTs effect the safety and well-being outcomes of clients?	1 2 3 4 5 6 7 8 9 1 2 5 1	7.6	8	8	1.1	High	Agreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
f. What are best practices and effective models for collaboration between APS and criminal justice and law enforcement?	1 2 3 4 5 6 7 8 9 5 3 1	7.6	7	7	0.7	High	Agreement	
g. What are best practices and tools for MDTs?	1 2 3 4 5 6 7 8 9 2 1 6	7.2	8	8	1.3	High	Agreement	
h. What is the most effective make up of an MDT?	1 2 3 4 5 6 7 8 9 2 1 3 3	6.8	7	7,8	1.2	High	Disagreement	

1G. Program Authority, Cooperation, Confidentiality and Immunity

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. In what ways and to what degree are there differences in effectiveness between APS programs that conduct investigations and provide social services vs. APS programs that separate those functions?	1 2 3 4 5 6 7 8 9 1 2 3 3	6.9	7	7,8	1.1	High	Disagreement	

1H. Staffing Resources

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the impact of caseload size on the quality of investigations and interventions?	1 2 3 4 5 6 7 8 9 1 2 6	8.6	9	9	0.7	High	Agreement	
b. What is the impact of caseload size on case worker performance, retention, satisfaction?	1 2 3 4 5 6 7 8 9 1 3 5	8.3	9	9	1	High	Agreement	
c. What is the relationship between funding for the APS program and caseload sizes?	1 2 3 4 5 6 7 8 9 1 1 2 2 1 2	6.2	7	6,7,9	2.7	Medium	Disagreement	
d. What is a recommended caseload size for APS caseworkers and APS supervisors?	1 2 3 4 5 6 7 8 9 1 1 2 2 2 1	6.7	7	6,7,8	1.6	High	Disagreement	

1I. Access to Expert Resources

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the impact of access to financial experts on rates and outcomes of successful intervention in financial exploitation cases?	1 2 3 4 5 6 7 8 9 1 3 5	7.4	8	8	0.7	High	Agreement	

1K. Worker Safety and Well-Being

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the incidence and prevalence of hazards (threats and assaults) for APS workers?	1 2 3 4 5 6 7 8 9 1 2 4 2	7.8	8	8	1.0	High	Agreement	
b. What is the incidence of burnout, compassion fatigue, and secondary traumatic stress among APS workers?	1 2 3 4 5 6 7 8 9 1 4 3 1	7.4	7	7	0.9	High	Agreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
c. What is the association, if any, between APS work stress and attitudes about working for APS?	1 2 3 4 5 6 7 8 9 3 2 2 1 1	5.2	5	3	2.0	Medium	Disagreement	
d. What is the impact of negative bias (e.g., from the community and/or the client) toward APS workers on the ability of APS workers to do their job?	1 2 3 4 5 6 7 8 9 5 1 1 1 1	4.2	3	3	1.8	Medium	Disagreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
e. What are effective quantitative approaches to examine the combination of work stressors, compassion fatigue, or secondary traumatic stress experienced by APS workers?	1 2 3 4 5 6 7 8 9 1 3 2 2 1	5.9	6	5	1.3	Medium	Disagreement	

f. What are best practices for APS managers and administrators to address APS worker safety and well-being?	1 2 3 4 5 6 7 8 9 1 2 5 1	6.8	7	7	1.1	High	Disagreement	

1L. Responding During Community Emergencies

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. How do community emergencies effect later rates of APS reporting?	1 2 3 4 5 6 7 8 9 1 5 1 1 1	3.6	3	3	1.7	Medium	Disagreement	
b. How do community emergencies effect APS case progress?	1 2 3 4 5 6 7 8 9 1 5 1 2	3.3	3	3	1.2	Medium	Disagreement	

Domain 2: Time Frames

2A. Responding to the Report/Initiating the Investigation

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the impact of different time frames for initiating investigations on case outcomes?	1 2 3 4 5 6 7 8 9 1 6 2	7	7	7	0.9	High	Agreement	

2B. Completing the Investigation

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the impact of different time frames for completing investigations on case outcomes?	1 2 3 4 5 6 7 8 9 1 6 2	7.1	7	7	0.6	High	Agreement	

2C. Closing the Case

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the impact of different time frames for closing cases on case outcomes?	1 2 3 4 5 6 7 8 9 1 1 1 4 1 1	6.4	7	7	2	Medium	Disagreement	

Domain 3: Receiving Reports of Maltreatment

3A. Intake

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the association between the quality of the intake and the number of screened in reports?	1 2 3 4 5 6 7 8 9 1 3 4 1	6.7	7	7	1.1	High	Disagreement	
b. What is the impact of explicit permission for APS workers to notify the reporter of case outcomes (e.g., does this practice increase reporting)?	1 2 3 4 5 6 7 8 9 1 2 1 2 2 1	4.9	5	3,5,7	2.1	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
c. What is the impact of different reporting standards on maltreatment discovery (i.e., some states allow reporting of suspicions of abuse, but others require the reporter to know that abuse is actually occurring)?	1 2 3 4 5 6 7 8 9 6 3	5.3	5	5	0.5	Medium	Agreement	
d. What is the impact of standardized and non-standardized intake screening tools?	1 2 3 4 5 6 7 8 9 2 3 4	7	7	8	1.2	High	Agreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
e. What practices lead to an intake report with clear, specific information related to the maltreatment and the alleged victim and his/her circumstances (e.g., phone vs internet/email, structured interview vs free form, training provided to intake staff)?	1 2 3 4 5 6 7 8 9 2 2 4 1	7.4	8	8	1	High	Agreement	
f. What are best practices for taking/conducting an intake reports (i.e., who should take/conduct an intake report, level of competency of worker needed, time to create report, types of information to collect in order to make a screening decision/determine if investigation is needed)?	1 2 3 4 5 6 7 8 9 5 3 1	7.6	7	7	0.7	High	Agreement	

3B. Screening, Prioritizing, and Assignment of Screened-In Report

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What percent of screened out cases return to APS?	1 2 3 4 5 6 7 8 9 1 1 6 1	6.2	7	7	2.3	Medium	Agreement	
b. What are the most important questions needed to screen in/out cases?	1 2 3 4 5 6 7 8 9 1 3 2 3	7.8	8	7,9	1.1	High	Agreement	
c. What are best practices for identifying cases that require an investigation?	1 2 3 4 5 6 7 8 9 4 3 2	7.8	8	7	0.8	High	Agreement	
d. What are best practices for effectively prioritizing cases?	1 2 3 4 5 6 7 8 9 4 3 2	7.8	8	7	0.8	High	Agreement	

Domain 4: Conducting the Investigation

4A. Determining If Maltreatment Has Occurred

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What types of contacts (e.g., telephone calls, home visits, other) are made with and on behalf of the APS client (e.g., what happens during those contacts)?	1 2 3 4 5 6 7 8 9 1 1 4 2 1	5.9	6	6	2.1	Medium	Disagreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
b. What is the impact of conducting criminal background checks/ obtaining police reports from alleged perpetrators before an APS worker meets with the alleged victim?	1 2 3 4 5 6 7 8 9 1 4 3 1	4.9	4	4	1.4	Medium	Agreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
c. What are effective decision-making strategies to determine case findings?	1 2 3 4 5 6 7 8 9 4 3 2	7.8	8	7	0.8	High	Agreement	
d. What are effective strategies for engaging clients who were referred to APS by a community agency without the client's knowledge (in contrast to self or family referrals)?	1 2 3 4 5 6 7 8 9 3 3 1 2	7.2	7	6,7	1.2	High	Disagreement	
e. What are best practices for conducting investigations in cases of domestic violence involving older adults (i.e., practices that do not increase the risk for the alleged victim)?	1 2 3 4 5 6 7 8 9 3 6	7.7	8	8	0.5	High	Agreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
f. What are best practices/ procedures (e.g., structured decision-making) for recognizing and differentiating abuse and neglect sub-types in the APS client population?	1 2 3 4 5 6 7 8 9 1 3 5	6.9	8	8	2.3	High	Agreement	

4B. Conducting an APS Client Assessment

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What valid and reliable screening methods and tools are used by APS?	1 2 3 4 5 6 7 8 9 1 2 3 3	7.3	8	8,9	2.5	High	Agreement	
b. Who has developed these methods and tools?	1 2 3 4 5 6 7 8 9 1 5 2 1	4.3	3	3	2.6	Medium	Disagreement	
c. What are the characteristics of the APS populations for whom certain methods and tools are used most?	1 2 3 4 5 6 7 8 9 1 2 4 2	6.1	7	7	2.2	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. What tools exist to measure intervention outcomes (e.g., change in client or case status in response to the intervention)?	1 2 3 4 5 6 7 8 9 1 2 5 1	7.1	8	8	2.4	High	Agreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
e. What is the impact of APS using standardized vs. non-standardized assessment tools?	1 2 3 4 5 6 7 8 9 1 3 3 2	7.7	8	7,8	1	High	Agreement	
f. What are barriers and potential harms of screening adults for maltreatment?	1 2 3 4 5 6 7 8 9 1 2 5 1	7.7	8	8	0.9	High	Agreement	
g. What are effective processes for investigating allegations and making decisions regarding substantiation?	1 2 3 4 5 6 7 8 9 3 3 3	8	8	7,8,9	0.9f	High	Agreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
h. What are best practices for identifying clients with service needs?	1 2 3 4 5 6 7 8 9 1 4 3 1	7.4	7	7	0.9	High	Agreement	

4C. Investigations in Residential Care Facilities

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What percentage of investigations are conducted in residential care facilities?	1 2 3 4 5 6 7 8 9 2 1 1 2 1 1 1	3.8	4	1,4	2.3	Medium	Disagreement	
b. How are investigations related to clients in residential care facilities the same as or different from those with clients in the community?	1 2 3 4 5 6 7 8 9 1 4 2 1 1	5.7	5	5	1.2	Medium	Agreement	
c. Are cases with clients in residential care facilities more or less effective than cases with clients in the community?	1 2 3 4 5 6 7 8 9 1 1 5 1 1	4.9	5	5	1.8	Medium	Agreement	

4D. Completion of Investigation and Finding

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What percentage of APS investigations lead to criminal prosecution and what is result of the prosecutions?	1 2 3 4 5 6 7 8 9 os 2 4 1 2	5.1	7	7	3.1	Medium	Disagreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
b. What is the impact of specialized APS units (e.g., financial exploitation, self-neglect) on investigation outcomes?	1 2 3 4 5 6 7 8 9 3 6	7.7	8	8	0.5	High	Agreement	
c. What is the impact of law enforcement practices on APS case outcomes (i.e., differences between jurisdictions where county attorney/	1 2 3 4 5 6 7 8 9 os 1 3 2 1 1 1	5.1	5	5	2.3	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
law enforcement reviews every case vs. jurisdictions where only "likely crimes" are submitted to law enforcement)?								
d. What is the impact, if any, of different criminal penalties for perpetrators (e.g., jail, probation, restorative models) on outcomes for APS victims?	1 2 3 4 5 6 7 8 9 os 1 1 4 2 1	5.4	6	6	2.4	Medium	Disagreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
e. What are effective processes for making a finding based on the evidence?	1 2 3 4 5 6 7 8 9 1 3 2 3	7.8	8	7,9	1.1	High	Agreement	

Domain 5: Service Planning and Service Implementation

5A. Voluntary Service Implementation

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What do APS clients report as their goals/ needs with regard to APS services?	1 2 3 4 5 6 7 8 9 1 1 3 3 1	6.6	7	7,8	2.5	High	Agreement	
b. How do APS client goals/needs differ by APS population (older adults/adults with disabilities, by ethnicity, by maltreatment type, etc.)?	1 2 3 4 5 6 7 8 9 2 3 4	7	7	8	1.2	High	Agreement	
c. What are clients' service needs and service level needs by type of maltreatment and client-perpetrator relationship?	1 2 3 4 5 6 7 8 9 3 2 4	6.8	7	8	1.4	High	Disagreement	
d. What are current APS practices/processes for service delivery?	1 2 3 4 5 6 7 8 9 1 1 2 2 3	6.1	7	8	2.3	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
e. What are the types and number of services directly provided by APS (driving a client to the doctor) vs. the types and number of services that APS refers clients to (calling and setting up transportation services)?	1 2 3 4 5 6 7 8 9 1 2 4 1 1	5.8	7	7	2.7	Medium	Disagreement	
f. What are client service needs and gaps?	1 2 3 4 5 6 7 8 9 1 3 1 4	6.4	7	8	2.2	Medium	Disagreement	
g. What are the differences between states in terms of service availability and gaps?	1 2 3 4 5 6 7 8 9 1 1 2 3 2	5.1	6	6	2	Medium	Disagreement	
h. What is the role and benefit of nurses employed by APS (also other professionals)?	1 2 3 4 5 6 7 8 9 1 3 2 3	5.8	6	5,7	1.1	Medium	Disagreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
i. What is the impact of direct APS services vs. indirect services (referral only) on client outcomes?	1 2 3 4 5 6 7 8 9 2 2 3 2	6.6	7	7	1.1	High	Disagreement	
j. What is the impact of services on outcomes of older adults vs. adults with disabilities?	1 2 3 4 5 6 7 8 9 2 2 5	6.3	7	7	0.9	Medium	Disagreement	
k. What factors are associated with service refusal and strategies for enhancing acceptance of service supports?	1 2 3 4 5 6 7 8 9 1 6 2	7.3	7	7	1	High	Agreement	
l. To what extent are APS clients affected by 'resource deserts' (e.g., areas with limited resources)?	1 2 3 4 5 6 7 8 9 1 3 2 1 2	5	5	4	1.4	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
m. What is the effectiveness of specialized/focused interventions (e.g., relationship-based intervention, longer-term interventions, client navigators, peer support services), including impact on different populations/types of clients?	1 2 3 4 5 6 7 8 9 3 5 1	7.8	8	8	0.7	High	Agreement	
n. What is the impact of using standardized tools on APS service delivery and client outcomes?	1 2 3 4 5 6 7 8 9 1 3 2 3	7.7	8	7,9	1.3	High	Agreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
o. What types/kinds of referral services (e.g., legal services, transportation services) are effective for each maltreatment type?	1 2 3 4 5 6 7 8 9 1 1 5 1 1	6.7	7	7	1.7	High	Agreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
p. What is the optimal level of services needed based on type of population (are there populations that would benefit most from expanded services)?	1 2 3 4 5 6 7 8 9 1 6 2	6	6	6	0.9	Medium	Agreement	
q. What are strategies for effective collaboration between clients and APS workers?	1 2 3 4 5 6 7 8 9 5 3 1	7.6	7	7	0.7	High	Agreement	
r. What are effective strategies for maintaining client safety (i.e., future reports to APS)?	1 2 3 4 5 6 7 8 9 1 4 3 1	7.4	7	7	0.9	High	Agreement	
s. What are best practices to address hoarding?	1 2 3 4 5 6 7 8 9 1 1 3 4	5.8	6	7	1.9	Medium	Disagreement	
t. What are best practices to recognize changes in capacity of clients with hoarding issues?	1 2 3 4 5 6 7 8 9 os 1 1 1 3 2 1	4.7	6	6	2.5	Medium	Disagreement	
u. What are best practices to address the needs of clients with mental health issues?	1 2 3 4 5 6 7 8 9 1 5 3	7.2	7	7	0.7	High	Agreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
v. What are best practices to address the needs of clients from minority populations (e.g., race/ethnicity, gender, sexual orientation, language, etc.?	1 2 3 4 5 6 7 8 9 1 1 3 2 2	7.3	7	7	1.3	High	Agreement	
w. What are best practices for effective service planning (i.e., time needed to create and implement effective service plan; services planning for clients with capacity vs those with limited/lacking capacity; service planning for older adults vs. adult with disabilities; degree of client involvement)?	1 2 3 4 5 6 7 8 9 1 4 2 2	7.6	7	7	1	High	Agreement	

5B. Involuntary Service Implementation

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the role of APS in assessing and identifying decline in cognitive capacity?	1 2 3 4 5 6 7 8 9 os 4 1 2 1 1	5.7	5	5	2.6	Medium	Disagreement	
b. What are the type and number of restrictive interventions initiated by APS?	1 2 3 4 5 6 7 8 9 1 3 2 1 2	6.2	7	5	2.5	Medium	Disagreement	
c. What are the characteristics of programs and locations with access to professionals who are qualified to conduct full capacity assessments; identification of needs for an APS agency/program to access professional capacity assessments?	1 2 3 4 5 6 7 8 9 1 3 3 2	5.7	6	5,6	1	Medium	Agreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. What is the impact of MDTs on APS access to professional-level capacity assessments?	1 2 3 4 5 6 7 8 9 1 1 5 1	6	7	7	2.2	Medium	Disagreement	
e. What is the association between APS worker competency in screening for decisional ability and number of professional-level capacity assessments?	1 2 3 4 5 6 7 8 9 1 1 4 2 1	5.3	5	5	2.2	Medium	Disagreement	
f. What is the impact of supported decision-making/limited guardianship on client outcomes?	1 2 3 4 5 6 7 8 9 1 1 4 2 1	7.1	7	7	1.2	High	Agreement	
g. What is the impact of involuntary interventions (e.g., facility placement) on clients, and what is the impact of alternative strategies?	1 2 3 4 5 6 7 8 9 6 2 1	7.4	7	7	0.7	High	Agreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
h. What are effective alternatives to guardianship?	1 2 3 4 5 6 7 8 9 5 3 1	7.6	7	7	0.7	High	Agreement	

5C. Closing the Case

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What are relevant and meaningful outcomes at case closure, and the means to quantify those outcomes, that will provide meaningful information about the effectiveness of services in the lives of clients?	1 2 3 4 5 6 7 8 9 3 3 3	8	8	7,8,9	0.9	High	Agreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
b. What is the impact of different standards for case substantiations (e.g., preponderance, credible cause) on case closure results (e.g., number of confirmed cases, client outcomes)?	1 2 3 4 5 6 7 8 9 1 2 3 1 2	6.4	7	7	2.5	High	Disagreement	

Domain 6: Training

6A. Case Worker and Supervisor Minimum Educational Requirements

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the impact of educational background (e.g., type of degree, area of study) on APS program staff turnover?	1 2 3 4 5 6 7 8 9 os 6 1 1 1	3.9	4	4	1.6	Medium	Agreement	
b. What are the characteristics of high performing case workers?	1 2 3 4 5 6 7 8 9 4 2 1 2	6.1	6	5	1.3	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
c. What is the impact of educational background of APS workers on client outcomes?	1 2 3 4 5 6 7 8 9 1 4 4	5.3	5	5,6	0.7	Medium	Agreement	

6B. Case Worker Initial and Ongoing Training

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What are the training needs for newly hired military veteran case workers (vs. civilian case workers)?	1 2 3 4 5 6 7 8 9 2 2 3 1 1	2.7	3	3	1.3	Low	Agreement	
b. How is training quality assessed?	1 2 3 4 5 6 7 8 9 1 1 3 2 1 1	4.9	4	4	2.3	Medium	Disagreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
c. What is the impact of training on the quality of case work?	1 2 3 4 5 6 7 8 9 2 1 3 1 2	7	7	7	1.5	High	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. What is the impact of different training modalities?	1 2 3 4 5 6 7 8 9 1 1 3 1 1 1 1	5.8	5	5	1.9	Medium	Disagreement	
e. What is the impact of mentorship programs within APS?	1 2 3 4 5 6 7 8 9 1 2 3 1 1 1	6.2	6	6	1.6	Medium	Disagreement	
f. What is the impact of increased training in using capacity screening tools on client outcomes?	1 2 3 4 5 6 7 8 9 1 3 3 1 1 1	6.2	7	5,7	1.9	Medium	Disagreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
g. What is the optimal timing/schedule and number each year for ongoing and additional/ specialized training for APS workers (and supervisors)?	1 2 3 4 5 6 7 8 9 1 2 3 1 1 1	5.4	5	5	1.9	Medium	Disagreement	

Domain 7: APS Program Performance

7A. Managing Program Data

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What are effective strategies for using data to improve program performance and practices for APS case workers?	1 2 3 4 5 6 7 8 9 1 4 2 2	7.6	7	7	1	High	Agreement	
b. To what data do program have routine access?	1 2 3 4 5 6 7 8 9 1 3 3 2	5.8	6	5,6	2.4	Medium	Disagreement	
c. What are data quality issues that affect data usage?	1 2 3 4 5 6 7 8 9 os 1 2 1 2 2 1	5.8	6	5,7,9	2.8	Medium	Disagreement	

7B. Evaluating Program Performance

Incidence/Prevalence/Descriptives

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What are longitudinal client outcomes (e.g., from case initiation to 1 year+ after case closure) and what are effective strategies for measuring longitudinal client outcomes?	1 2 3 4 5 6 7 8 9 1 6 2	8	8	8	0.9	High	Agreement	

Impact/Outcomes

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
b. What is the correlation between client outcomes and case worker outcomes?	1 2 3 4 5 6 7 8 9 os 2 1 3 1 2	3.6	5	6	3	Medium	Disagreement	
c. How satisfied are clients with their experience working with APS?	1 2 3 4 5 6 7 8 9 2 1 5 1	5.3	6	6	1.7	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. How are immediate and long-term client safety and wellbeing outcomes measured?	1 2 3 4 5 6 7 8 9 1 5 1 2	7.4	7	7	1	High	Agreement	
e. What is the relationship between client satisfaction and client safety and wellbeing outcomes?	1 2 3 4 5 6 7 8 9 1 1 1 2 3 1	5.9	6	7	1.6	Medium	Disagreement	
f. How do program performance outcomes differ by level of funding?	1 2 3 4 5 6 7 8 9 1 1 4 1 1 1	6.3	6	6	1.5	Medium	Disagreement	

Best Practices

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
g. How should APS determine/define positive outcomes (do they look different for older adults vs. younger adults with disabilities)?	1 2 3 4 5 6 7 8 9 1 1 3 1 3	7.4	7	7,9	1.4	High	Agreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
h. What are recommended processes and strategies for quality assurance (QA) for APS programs?	1 2 3 4 5 6 7 8 9 1 1 5 1 1	7	7	7	1.1	High	Agreement	
i. What data elements are used for effective QA?	1 2 3 4 5 6 7 8 9 2 6 1	7	7	7	0.9	High	Agreement	
j. What tools are used for effective QA?	1 2 3 4 5 6 7 8 9 1 3 4 1	6.2	7	7	2.2	Medium	Disagreement	
k. What are best practices for assessing client satisfaction (when should it be assessed and how)?	1 2 3 4 5 6 7 8 9 1 1 2 3 1 1	5.6	6	6	1.5	Medium	Disagreement	
l. What are best practices for measuring client safety and wellbeing outcomes?	1 2 3 4 5 6 7 8 9 5 2 2	7.7	7	7	0.9	High	Agreement	

Other Topics

Perpetrators

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the impact of perpetrator investigations and services for clients with family member perpetrators on client safety?	1 2 3 4 5 6 7 8 9 1 2 6	7.4	8	8	1	High	Agreement	
b. What is the impact of interventions for perpetrators on client outcomes?	1 2 3 4 5 6 7 8 9 2 5 2	8	8	8	0.7	High	Agreement	
c. What is the impact of perpetrator registries (where perpetrator is a family member) on APS clients and vulnerable adults?	1 2 3 4 5 6 7 8 9 1 3 1 2 2	6.1	6	5	1.4	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. What is the impact of perpetrator registries (where perpetrator is a non-family member) on APS clients and vulnerable adults?	1 2 3 4 5 6 7 8 9 OS 2 3 1 2 1	5.7	6	6	2.4	Medium	Disagreement	

Culture

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. In what way and to what degree does a victim's culture (e.g., sexual orientation, country of origin, disability status) affect their perception of APS?	1 2 3 4 5 6 7 8 9 1 2 1 3 1 1	5.4	6	6	1.6	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
b. What are different socio-cultural conceptualizations of abuse; to what extent do they create barriers for reporting maltreatment, help-seeking behaviors, and service utilization?	1 2 3 4 5 6 7 8 9 1 1 5 2	6.9	7	7	0.9	High	Agreement	
c. What is the impact of tribal vs. nontribal APS on services and outcomes for American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander clients?	1 2 3 4 5 6 7 8 9 1 3 2 3	5.4	6	5,7	1.9	Medium	Disagreement	

Causes/Tools of Maltreatment

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What is the percentage of clients experiencing self-neglect as result of being a victim of a crime?	1 2 3 4 5 6 7 8 9 1 6 1 1	6	6	6	1.3	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
b. How are pets used as tools for perpetuating abuse and to engender trust?	1 2 3 4 5 6 7 8 9 1 2 5 1	4.4	5	5	1.4	Medium	Agreement	

Homeless Populations and APS

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. Is there a role for APS in addressing homelessness; if so, what is that role?	1 2 3 4 5 6 7 8 9 0S 4 2 2 1	3.8	3	3	2.2	Medium	Disagreement	

Guidelines

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. How are ACL's APS Guidelines being implemented, and what similarities and differences are there in implementation between states (National Core Indicators data type information)?	1 2 3 4 5 6 7 8 9 1 1 3 1 1 2	6.3	6	6	2.4	Medium	Disagreement	

Undue Influence

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. What are effective boundaries for/scope of APS to intervene in cases involving undue influence?	1 2 3 4 5 6 7 8 9 1 3 3 2	5.7	6	5,6	1	Medium	Agreement	

Additional Topics Suggested by TEP Members and Added to the Survey

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
a. Which CPS program services and interventions, shown to be effective to improve long-term health and safety of victims and the well-being of the family unit, have possible application to APS? Are they being used and how could they be applied?	1 2 3 4 5 6 7 8 9 os 1 2 3 2 1	3.8	5	5	2.2	Medium	Disagreement	
b. Presuming sufficient evidence on effectiveness of APS interventions, what is the cost-effectiveness of different types of APS interventions and alternative interventions?	1 2 3 4 5 6 7 8 9 1 3 3 1 1	6.3	7	6,7	2.3	Medium	Disagreement	
c. What are best practices for the use of technology for case management?	1 2 3 4 5 6 7 8 9 1 1 2 3 2	6	7	7	2.2	Medium	Disagreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
d. What are best practices for the use of technology to support worker health?	1 2 3 4 5 6 7 8 9 os 2 2 2 1	5.3	6	3,6,7,8	2.7	Medium	Disagreement	
e. How do profiles differ for cases that are reported to APS vs. cases that are not reported?	1 2 3 4 5 6 7 8 9 os 1 3 2 1 1 1	6	6	6	2.5	Medium	Disagreement	
f. How do limits to APS authority (ability to acquire evidence, compel interviews, request a mental health hold, etc.) impact client outcomes?	1 2 3 4 5 6 7 8 9 1 3 3 2	7.7	8	7,8	1	High	Agreement	
g. What are best practices working with client who experienced severe vs. less severe maltreatment?	1 2 3 4 5 6 7 8 9 2 7 7	6.8	7	7	0.4	High	Agreement	
h. What is a successful APS outcome? Who decides and why?	1 2 3 4 5 6 7 8 9 1 3 5	7.4	9	9	2.6	High	Agreement	

Topic	Ratings	Mean	Median	Mode	STDV	Priority Level	Agreement Status	Your Rating
i. Does the determination of a successful outcome vary by elder maltreatment form or other factors, and if so how?	1 2 3 4 5 6 7 8 9 2 3 3 1	7.1	7	7,8	1.4	High	Agreement	
j. What is the association of APS with client mortality?	1 2 3 4 5 6 7 8 9 1 2 3 3	6.8	7	7,8	1.3	High	Disagreement	