

ADULT PROTECTIVE SERVICES IN 2012: INCREASINGLY VULNERABLE



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ABOUT NAPSA

The National Adult Protective Services Association (NAPSA) is a national non-profit 501(c)(3) organization with over 500 members in all fifty states, including the District of Columbia, the U.S. Virgin Islands, and Guam. It was formed in 1989 to provide state and local Adult Protective Services (APS) program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult abuse. The organization is governed by a volunteer Board of Directors.

The mission of NAPSA is to improve the quality and availability of protective services for adults with disabilities and older persons who are abused, neglected, or exploited and are unable to protect their own interests. NAPSA is the national voice of APS programs, professionals and clients, and advocates on their behalf with national policy makers.

For over a decade, NAPSA was a partner in the AoA-funded National Center on Elder Abuse (NCEA). NAPSA was a founding member of the Elder Justice Coalition and remains on its leadership committee and also partners with a wide range of other national and state organizations. NAPSA hosts the only national, annual conference on elder abuse, abuse of adults with disabilities, and APS.

ABOUT THE NATIONAL ADULT PROTECTIVE SERVICES RESOURCE CENTER (NAPSRC)

NAPSA operates the National Adult Protective Services Resource Center (NAPSRC) through a grant from the US Administration on Aging. NAPSRC partners include the National Association of States United for Aging and Disabilities (NASUAD), the National Committee for the Prevention of Elder Abuse (NCPEA), the National Council on Crime and Delinquency (NCCD), the American Public Human Services Association (APHSA), the Women's Institute for a Secure Retirement (WISER), Catholic University's Center for Global Aging, and Health Benefits ABCs (HBABCs).

The National Adult Protective Services Resource Center (NAPSRC) is a project (No. 90ER0002/01) of the Administration for Community Living, U.S. Administration on Aging, U.S. Department of Health and Human Services (DHHS), administered by the National Adult Protective Services Association (NAPSA). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.

ABOUT NASUAD

The National Association of States United for Aging and Disabilities (NASUAD) was founded in 1964 under the name National Association of State Units on Aging (NASUA). In 2010, the organization changed its name to NASUAD in an effort to formally recognize the work that the state agencies were undertaking in the field of disability policy and advocacy. Today, NASUAD represents the nation's 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community based services for older adults and individuals with disabilities. The Association mission statement had long included disability. The only element changed as part of NASUAD's name change was the addition of "caregivers" as part of the organization focus. Today, the mission statement is "to design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability, and their caregivers."

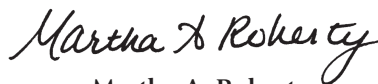
ACKNOWLEDGEMENTS

The state adult protective services programs have struggled without any federal funding stream. Additionally, since 2008 states have also faced tough economic challenges with staff reductions, furlough days, and increasing pressure to make programs function while ensuring delivery of services. This report represents a commitment on behalf of the National Adult Protective Services Association and the National Association of States United for Aging and Disabilities to improving adult protective services by promoting the sharing of information between states about how various adult protective services programs operate.

This document is a product of the National APS Resource Center which is funded by the U.S. Administration on Aging. Our project officer for this important undertaking is Nicholas Fox.

We would also like to thank state agency staff for their valuable time invested in the data collection of this document as well as the central and regional office staff of the Administration on Community Living for their valuable insights and contributions to this report. Finally, we would like to thank Rachel Feldman for her leadership on this important project. Rachel was ably assisted by Shana Eatman and Elizabeth Sullivan at NASUAD. The entire project was guided under the leadership of Kathleen Quinn with key insights from Andrew Capehart of the National Adult Protective Services Resource Center.

Sincerely,



Martha A. Roherty
Executive Director



Kathleen Quinn
Director

EXECUTIVE SUMMARY

State Adult Protective Services (APS) programs are operating in an unprecedented era of state agency stress with the downturn in the economy and reductions in state agency staff. Remarkably, there is no federal oversight or funding for the Adult Protective Services program. Without a national program, states create laws and regulations independently. APS programs in the states vary greatly, from populations represented, reporting structure, training and budgets. States and local governments have used multiple funding streams to support their work, resulting in wide disparities in programs across the United States.

Although the Elder Justice Act, passed as an amendment to the Affordable Care Act in 2010, did provide a signal of the importance of Adult Protective Services through authorizing the first federal funding stream for state and local APS programs, no federal funding has yet been appropriated. And, regrettably, history has long demonstrated that incidences of abuse are correlated with economic downturns and this recession has born that hypothesis true.

In addition to the budgetary challenges facing the states, many of the states are reorganizing their health and human services departments to promote efficiencies within the programs. Adult Protective Services have been among the many programs that have been moved to better align with the state's priorities.

Key themes emerged from this nationwide scan of Adult Protective Services programs:

1. The placement of the Adult Protective Services Agency within the State Health and Human Services agencies varies greatly.
2. Each state has designed its own unique system for APS including the ages that they will serve, locations covered by the program; and how the cases are handled.
3. The Adult Protective Services program works collaboratively with numerous state and local agencies to resolve the cases.
4. Despite a lack of training, appropriate technology and other resources, data indicate that there is not a significant turnover of state APS staff.
5. There is no single funding stream for adult protective services, forcing states to look to multiple programs for funding.
6. The economic crisis, coupled with the rapidly increasing senior population, has created more of a demand for APS services.
7. Despite recognizing the need for public awareness campaigns that focus on APS, most states responded that they did not have adequate resources.

This report provides a snapshot of the APS program during a period of transition and change. Key elements driving the change include the economic environment, the continuation of states reorganization, and the federal budget impasse and decision of whether or not to fund the Elder Justice Act. NASUAD and NAPSA will continue to collect data from the states and localities to provide updates on this evolution.

METHODOLOGY

Using a web-based survey instrument and related database, NASUAD collected data from all state programs, including the District of Columbia, as well as the two investigation systems for Massachusetts and Oregon¹; a total of 53 APS programs responded. Once the data was completed, a careful analysis of the data was conducted. Several of the questions in the survey instrument were eliminated due to wording which in turn resulted in poor outcomes.

The results were then tabulated and analyzed by staff at NASUAD. State by State comparative charts were created to assist the states in review of their own programs. Once the charts were complete, each state was given the opportunity to review the data and make any corrections to the tables.

¹ The bifurcated Oregon system has since been consolidated to one agency.

BACKGROUND

Adult Protective Services (APS) are social services provided to abused, neglected, or exploited older persons and/or adults with disabilities. Forms of abuse include physical, emotional, verbal, and sexual abuse. Exploitation can be either financial or material in nature. Neglect can be caused by either a caregiver or can be an individual's inability to care for themselves due to physical or cognitive impairments.

State Adult Protective Services programs are operating in an unprecedented era of state agency stress with the downturn in the economy and reductions in state agency staff. Remarkably, there is no federal oversight or funding for the Adult Protective Services program. Without a national program, states create laws and regulations independently. APS programs in the states vary greatly, from populations represented, reporting structure, training and budgets. Even the definitions of various aspects in the program can vary state by state making a national comparative analysis somewhat challenging. This report is designed to give a snapshot of the way Adult Protective Services program currently operate. Seven key themes emerged in collecting the data for this report.

Theme 1: Placement of the Adult Protective Services Agency within the State Health and Human Services agencies varies greatly

The bulk (56 percent) of state Adult Protective Agencies (APS) are administratively located within a large state agency such as the Department of Human Services or the Department of Health and Human Services. Just over a third of the state agencies on aging host Adult Protective Agencies with the remaining programs being housed in other types of settings.

In most instances, the Administrator of the Adult Protective Agency does not directly report to the Health and Human Service Agency, Department of Human Services Agency or the Aging Administration; but rather reports to a subordinate of the agency, except in 14 percent of the states where the APS director reports to the State Unit on Aging director.

In 64 percent of the states, the Adult Protective Services program is administered at the state level and 15 percent of the APS programs are administered at the county level, with the remaining programs being administered in various ways, including through not-for-profit agencies on contract. In the programs that are administered by the county government,

75 percent of the respondents indicated that they house the APS program in the county Department of Human Services or the county welfare agency while over 12 percent of the programs are administered by their local area agencies on aging. Even when the program is administered at the local level, the state retains responsibility and provides oversight for the administration of the program.

Across all levels of staffing, from administrative staff, caseworkers, and information technology staff, virtually all report that APS is not the only focus of their work, with 34 percent working in child protective services, 31 percent working in aging, 17 percent in disability programs and 14 percent in guardianship programs.

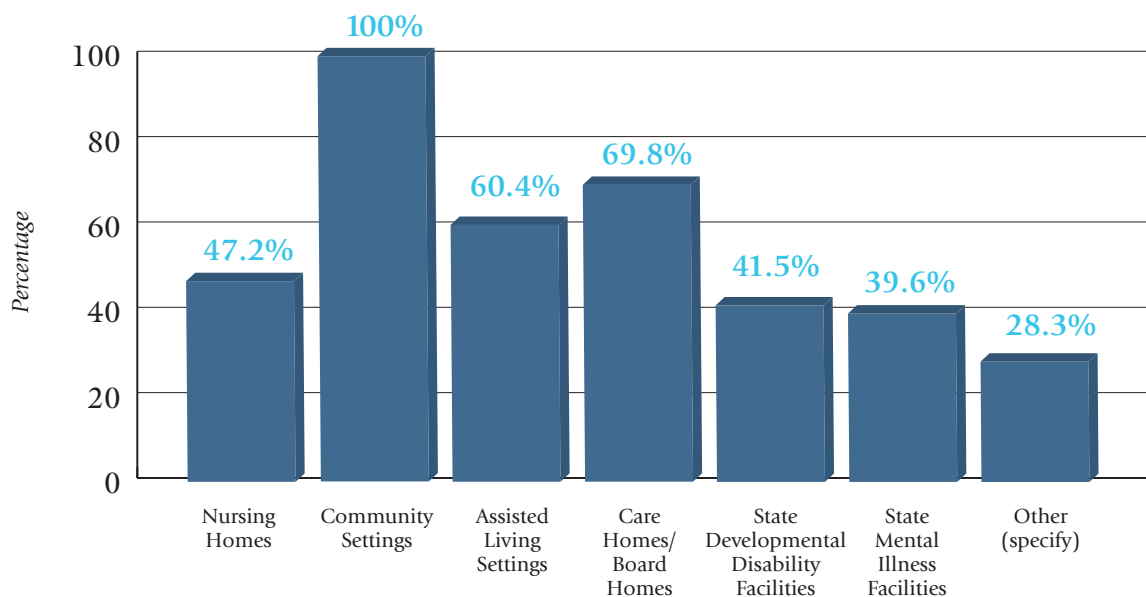
For nearly half of the states reporting (48 percent), this staffing is a decrease from the size of the staff from the past five years. One state reported that their staff had decreased by 90 percent in this time, while a majority of states experienced a decrease of about 10 percent of their staff. The remaining half of states responding to this question reported an increase in their staff load in the past five years, with an average increase of 32 percent; of the states that experienced an increase four of them had their staff size double. The nature of protective services work can lead to staff burnout and departures and nearly one third of the states have a staff turnover monitoring system in place.

Theme 2: Each state APS system operates uniquely including the ages that they will serve, locations covered by the program; and how the cases are handled.

There is no federal Adult Protective Service program or funding and therefore there is no common definition of who is served in each of the states nor what services they receive. Indeed, while 74 percent of the states report that they serve populations ages 18+, the rest of the states have variations from only serving 60 and above to other specific populations. In nearly one third of the states, the alleged victim over the age of 60 must hold the definition of “vulnerable” before an APS case can be opened.

In all states APS provides services to individuals who are in community settings, such as a family home. APS staff can also provide services in some institutional settings. Board homes and assisted living facilities have the second highest number of states reporting that they were allowed to do investigations in those facilities. Fewer states reported that their APS program is responsible for investigating abuse allegations in settings such as nursing homes, state developmental disabilities facilities and state mental health facilities (see graph on page 4).

Figure 1. Your APS Program is responsible for abuse investigations in (check all that apply):



Guardianship

Guardianship services are provided to individuals who are alleged to lack the capacity to handle their own affairs. Adult Protective Services may include assessing an individual's need for guardianship; locating the appropriate person(s) to serve as guardian(s); and, when necessary, petitioning or assisting the individual's family or professional guardian to petition for the adjudication of incompetence and the appointment of a guardian. Services may also include ongoing casework with the individual, the individual's family, and caregivers when the agency director or assistant director has been appointed as guardian. Responsibilities of the guardian may include making decisions about where the individual will live, authorizing medical treatment, managing the individual's finances, and filing status reports and accountings with the court.

Eighty percent of the states report that the APS program has the authority to petition for guardianship in the course of their case work, but only 18 percent of the states indicated that they would allow APS staff to become potential guardians. Only 14 percent of the states allow for the state APS program to serve as the representative payee for Social Security retirement or disability benefits.

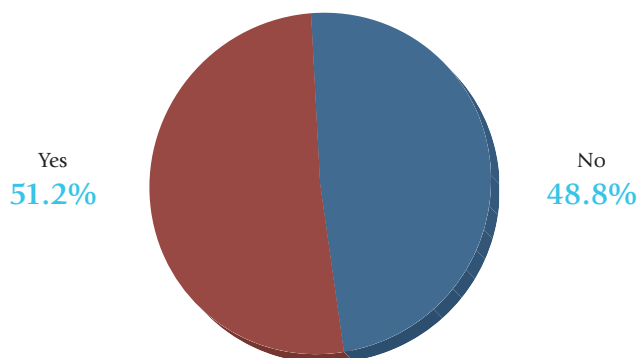
Intake Lines for APS

Eighteen percent of the states responding indicated that they did not have a toll-free hotline to report suspected abuse. In 75 percent of states, the intake line is available 24 hours a day, 68 percent of which are fully staffed during that period. The rest of the 24-hour intake lines report having contracted call centers, a message service, or that they use

online services for the periods not during normal business hours. For the states that do not have a 24-hour staffed intake center, callers who are trying to report suspected abuse are urged to contact law enforcement.

Over half of the states reported that they have a centralized system for intake that is usually combined with another state agency such as the aging department or the overall child protective services division.

Figure 2. Is the APS intake line combined with another program's intake (such as CBS or aging services)?



Most of the states report that they have strict requirements for APS workers to initiate a case within a very short period of time. In over 35 percent of the states, staff must initiate a case within the first 24 hours; but in 45 percent of the states, they have to initiate a case in a shorter time period than the first 24. The specific hours vary from 1 hour up to 8 hours.

In order to make a proper assessment and determine how quickly to initiate a case, nearly all states reported triaging their investigations with the most urgent cases having shorter timeframes associated with them. Some states reported actual systems for triaging such as assigning each case a priority of one, two, or three, each with a different timeframe in which the staff have to respond to each case. For example, staff would have to respond within three hours to a Priority One report, 24 for hours for priority Two, and up to five days for priority Three. Other states have simple systems such as emergency/non-emergency.

Once a case is initiated through APS, 63 percent of the states report that they have a requirement to have regular communication with the victim either by phone or in person. Close to ninety percent of the states agree that once a month an in-person visit is required, although most also indicated that in on-going investigations it may have to be more frequent. Once a month phone calls are required in 64 percent of the states.

Timeframes for Investigation and Completion

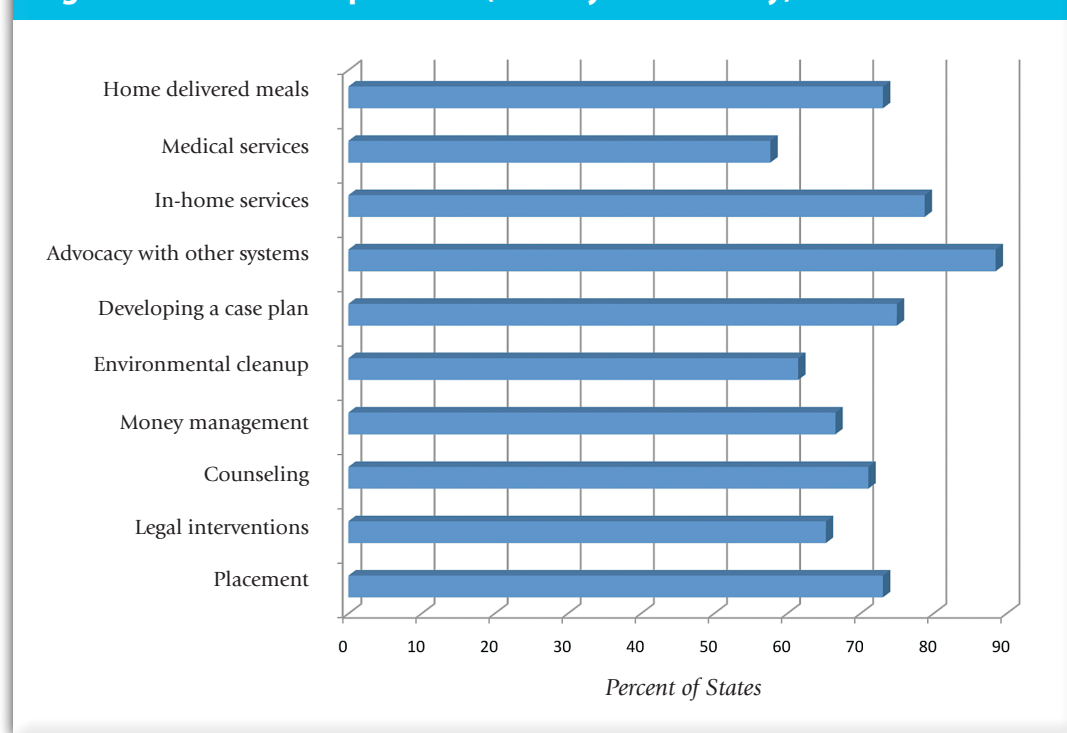
The timeframe in which states must complete these investigations varies greatly. While 85 percent of states have specific requirements for the number of days investigations must be completed, the timeframes range from 30 days (31 percent of APS programs) to 90 days (8 percent of programs).

While most states would agree that resolving APS cases swiftly is ideal there are many factors that can make closing cases more difficult. For that reason, states reported significant differences in the requirements on how swiftly they must close APS cases. Because of the difficulty in closing cases, nearly 40 percent of the states report that they do not have a specific timeframe for closing cases and even for the states reporting that they do have specific timeframes, they also report that they have exceptions and extension provisions.

Victim Services

Once a victim is identified and a case is initiated, the services provided to the client can vary based on their needs. Similarly, who provides the follow up services also varies greatly. Nearly 60 percent of the states report that their APS workers are directly responsible for developing a case plan for their clients and 44 percent are directly responsible for advocating on behalf of the victim. The APS staff also connects victims to services such as counseling, home delivered meals, money management and necessary medical services.

Figure 3. APS services provided (directly or indirectly)



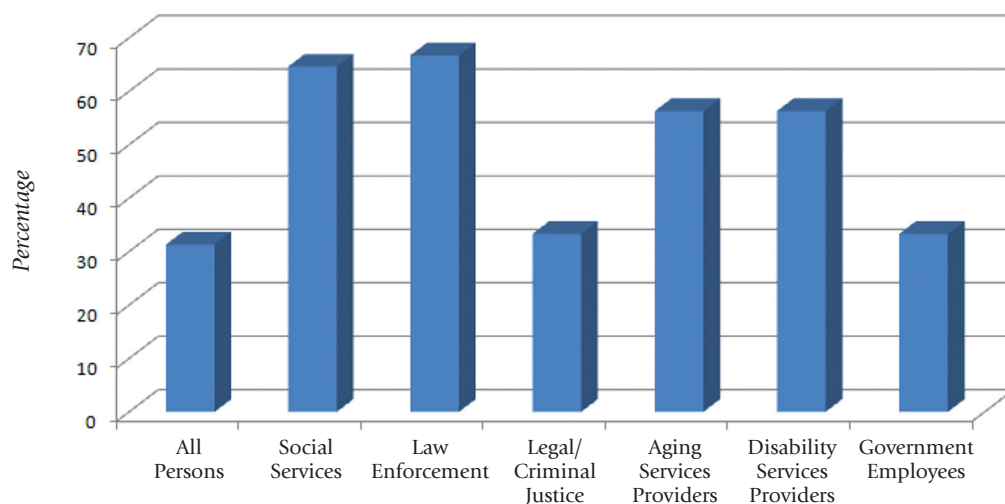
In most cases, even when an APS worker does not directly provide services, but rather provides the connection for the victim, the APS worker continues to monitor the client at least for a short time.

Mandatory Reporting

Many professionals and social service providers, such as doctors, police, attorneys, and mental health providers, who have regular contact with vulnerable adults and older adults are mandated

reporters, in nearly all (49) states. In fact, 15 states require all persons to report if abuse has been observed or is suspected. In 11 states, financial professionals including bankers are mandated reporters, as financial abuse is among the fastest growing areas of APS focus.

Figure 4. Mandatory Reporters of Abuse



Abuse Registry

Abuser registries are not universally defined the same in all states. Just forty percent of states reported having an abuser registry, which is operated by APS in slightly over half the states that have the registry, and through other agencies for the other half. Ninety percent of states reported that their registry is required by state statute, but most states did not know of, or had zero funding to support it. Missouri was the only state to report having nearly \$1 million to support their abuser registry.

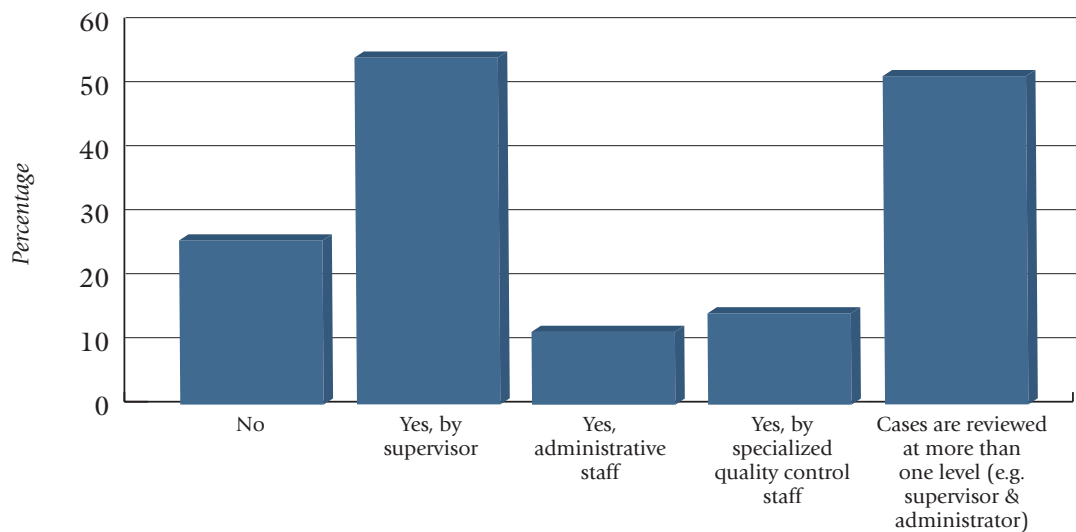
The due processes afforded to alleged perpetrators and victims listed in the registry are minimal. In fewer than 20 states alleged perpetrators are notified of allegations, the substantiated decisions, and provided the right to appeal and a hearing. The number of states is less for alleged victims, with just 11 states notifying allegations and substantiated decisions, and only five states allowing for an appeal by the victim.

Quality Assurance

Over 70 percent of states have case review systems for quality assurance with about 75 percent of those states reviewing every case. These cases are mostly reviewed by a supervisor, or by other staff levels such as a supervisor and/or an administrator. Five states report having specialized quality control staff in place to review cases. Over a quarter of states reported that their cases are not reviewed.

In order to review timeliness of responses, supervisor involvement, recidivism rates, among other performance measures, 43 states report having benchmarks and metrics in place. Elder fatality review teams are in place in 20 states. Since there are no federal laws or oversight

Figure 5. Are all cases reviewed? If so, by whom?



for APS programs, states are left to create their own requirements, budgets and structure. Annual evaluations are not a standard tool in each state's program. Only 17 states reported publishing an annual APS report, with the extent of detail of each report varying greatly.

Statewide Data System

While there is no national data reporting system, most states (47) have computerized automated data collection systems, while the remaining states maintain their own database using non-APS specific software such as Excel. Nearly all states collect the same pieces of data, including number of reports, reporter type (such as family member, social worker, etc.), victim's demographic information and residence type. Over 80 percent of states track how many days cases remain open and the reason for the closure, however only 24 states record the outcomes in their data system. These systems are relatively new to states, with 20 states reporting that their system is more than 10 years old, with the remaining 29 states less than 10 years old, and some as few as 2 years old.

A majority of these data systems were built by state personnel, with 14 states purchasing their system from an outside vendor. These systems allow APS offices to track reports involving the same client over time (91 percent), and allow for case notes to be added (in 85 percent of systems). Just over half of the systems are web-based.

Sixty percent of the APS automated data systems integrate with other systems, including child protective services (46 percent), and various aging and disability service programs. About a third of the APS programs with automated data systems have the exclusive access to the data, without sharing information with other agencies.

Additionally, two thirds of states provide mobile technology for either communication purposes or remote access to data systems. Twenty-eight states provide mobile computing in the form of a laptop or tablet, while only 15 states provide smartphones to APS staff. Nearly 70 percent of the states report providing a state vehicle for use in investigations. For the 30 percent of the states that do not provide a state vehicle for their workers all report providing mileage reimbursement to the state staff for use of their personal vehicles with mileage reimbursement rates varying from \$.34 a mile to \$.55 per mile. Several states mentioned that their mileage reimbursement is based on the federal government's mileage reimbursement rate.

Theme 3: The Adult Protective Services program works collaboratively with numerous state and local agencies to resolve the cases.

Most states are involved in multi-disciplinary teams, which include an extensive array of community based care providers and agencies including law enforcement, criminal justice, mental and medical health, among others. For the most part, these teams assist with case review and investigations, while 56 percent of states report that they coordinate public awareness campaigns with other agencies. Most of these multi-disciplinary teams are not required by the state or county, and very few are funded. For the nearly 20 percent of teams that are funded, 12 percent of these funds come from federal sources, primarily through the Older Americans Act.

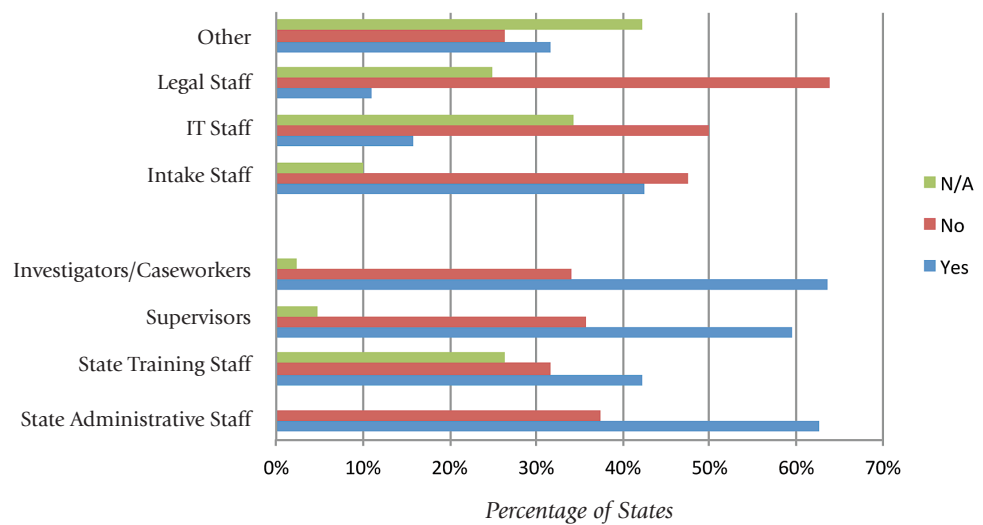
About half of states who participate in multidisciplinary teams have formal agreements to facilitate interagency cooperation. The other agencies the APS program has memorandums of understanding with include the Department of Health, Department of Aging and Disabilities, the State Long-Term Care Ombudsman Office, and local Law Enforcement. Confidentiality restrictions can be a barrier for interagency work, according to a little over half of the states.

Theme 4: Despite a lack of training, appropriate technology and other resources, data indicate that there is not a significant turnover of state APS staff.

In nearly all aspects of APS work, staff has responsibilities outside of APS work. The staff reporting the most amount of work outside of their responsibilities within the APS program. As demonstrated in the chart below, the highest percent of respondents report that legal staff has responsibilities outside of their APS functions. IT staff and intake staff are the second most reported for having additional responsibilities.

Among the program areas that states report their APS workers were involved in included work in Child Protective Services, aging services, disability services and guardianship services.

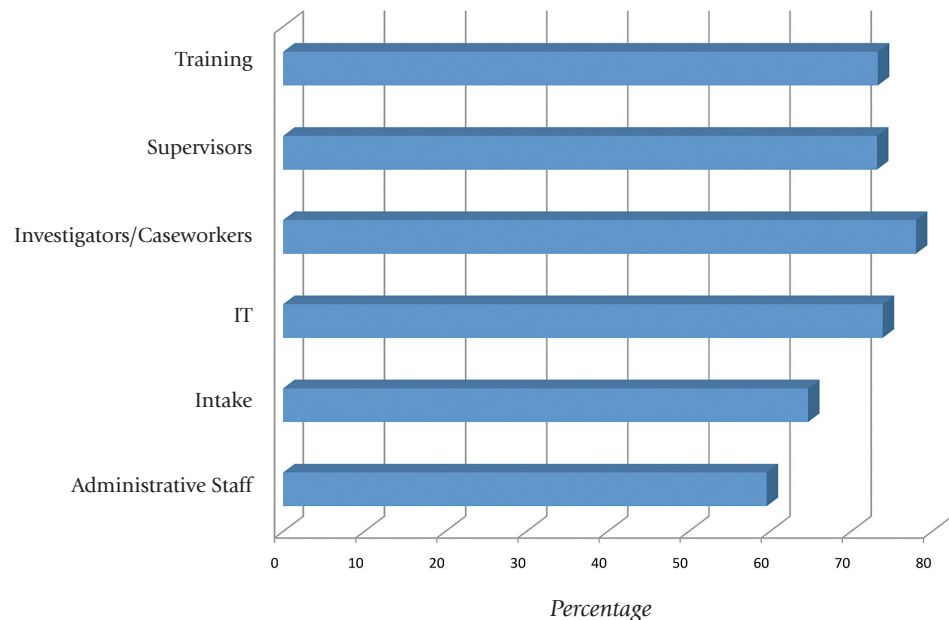
Figure 6. Staff with Responsibilities Outside of APS



Educational Requirements of APS Workers

The minimum educational requirements that states require for APS staff is largely dependent on the type of role they play in the program; although as the chart below illustrates, for nearly all of the positions states require an undergraduate degree. One interesting finding was that 76 percent of states require their APS legal staff to have a law degree while 24 percent of states do not require a law degree to serve as legal staff.

Figure 7. Percent of States Requiring a College Degree, by Type of Position



In order to fully assess the various APS cases, it is often times necessary to bring in the expertise of outside professionals. Nearly every state reported that they had access to outside legal assistance when necessary. Other types of professionals that are sometimes consulted include health professionals. Over half of the states report that they have access to physicians while over 60 percent indicated that they had access to mental health professionals as well as nurses and physician assistants. While financial abuse is one of the top areas in APS (see graph 7 on page 10), access to forensic specialists and accountants are not available in over 60 percent of the states. Several states indicated that they also could consult with law enforcement, faith based groups, the attorney general's office, and domestic violence agencies.

APS-Specific Training

Training is only required by two-thirds of states through state policy, with less than half of states requiring it in statute. Twelve states do not require APS-specific training for investigators, or supervisors. Investigators and caseworkers in almost all APS programs (50) receive pre-service training before beginning work. Twenty-two APS programs have dedicated trainers on staff, while nine other states work with APS specific-contracted trainers. The 38 percent of states remaining do not work with APS specific trainers.

New APS employees, from caseworkers, investigators, and supervisors, all receive training specific to the adult protective program. As the chart below indicates, almost all states include training on communication/interviewing skills, intake, casework, policy issues, among other things. Only 15 states include training on people with disabilities as well.

The amount of time spent in training varies a great deal between states, some (17) have a week or less of training, and seven states require over four weeks of training for new workers. A similar discrepancy between states was also evident for existing staff training each year. For a more detailed break-down on how many hours each state requires, see tables 11–14.

In twenty-three states, APS supervisors attend a supervisory training specific to APS. This training mostly focuses on policy, legal issues, and working with other agencies. Training also covers case management, documentation and communication strategies. Another twenty states provide non-APS specific training for their supervisors. Training takes place across a number of settings for both caseworkers and supervisors. In over 30 programs training happens directly through APS staff or on the job with additional training in classrooms or online classes in half the states. Just over a third of the states (34 percent) partner with local universities to train the APS staff.

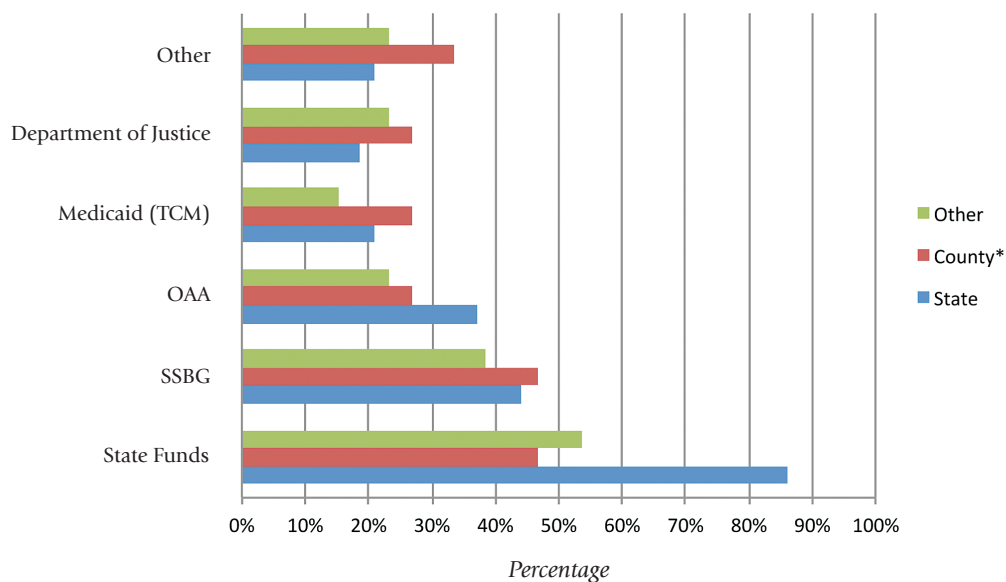
Even though 50 of the 52 programs offer training for new workers and 49 programs offer in-service training, over 80 percent of programs do not offer certification for either caseworkers or supervisors. Only 10 percent of APS programs offer certification for supervisors with nine programs offering certification for investigators/caseworkers. Only three of these programs require testing in order to receive certification. The budget for training varies extremely between APS programs, ranging from no funding to over \$400,000 annually.

Theme 5: There is no single funding stream for APS forcing states to look to multiple programs for funding

There is no federal funding for the Adult Protective Service Program, and therefore states and local governments have used multiple funding streams to support their work. Almost all states report receiving some type of state appropriation to run their Adult Protective Services program. Nearly half of the states rely on the flexible Social Services Block Grant program to help support their APS efforts. Close to forty percent of the states report using some Older Americans Act funding while only 20 percent of the states indicate using targeted case management funds under the Medicaid program. Eight states also reported that they have received funding from the U.S. Department of Justice that they use to help support their efforts.

At the county levels, the funding pattern nearly mirrors that of the state with the county offering its own appropriation for adult protective services programs. The county administered programs also receive funding from the state.

Figure 8. Funding for APS, by Funding Source for Both States and Counties

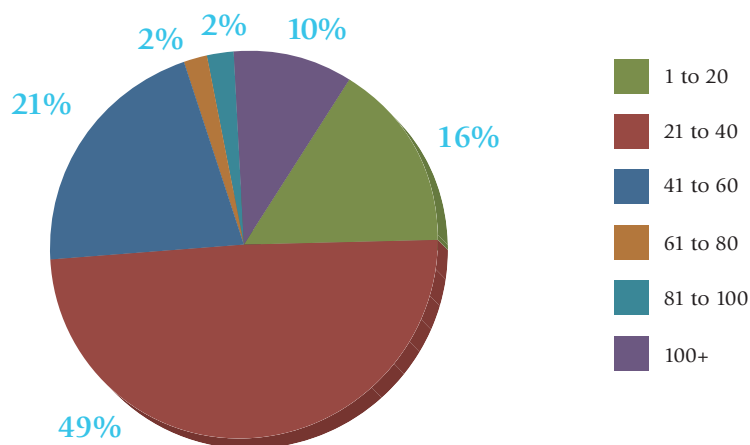


Theme 6: The economic crisis has created more of a demand for Adult Protective Services

During an economic downturn there is often an uptick in the number of cases of abuse, neglect, and exploitations as families are stressed. The current recession has supported that trend. Eighty-five percent of the states report increases in their substantiated reports and caseloads over the past five years. The majority of caseloads increased between 1–20 percent in nearly 70 percent of the states, however, 16 percent of the states report having increases of between 20–30 percent in the past five years.

Regrettably, due to state and local budgetary constraints, there are no additional staff being hired to handle the influx of new cases. Instead, the average caseloads that the APS staff are handling is increasing. In at least 10 programs, caseworkers have 50–100 cases each in their loads. In seven states, caseworkers have between 10–20 cases each, and in 25 programs, APS caseworkers have between 25–49 cases each in their caseload. Over 85 percent of states report an increase of in the average caseload over the past five years, and in one state as high as a 90 percent increase. Alaska reported a decrease in average cases by 50 percent.

Figure 9. Statewide Average Caseload (including new and ongoing cases) for Investigators/Caseworkers



Inconsistencies in state reporting, and tracking reports of abuse by type, affect the effectiveness of the reports. Some states have thorough breakdowns of APS cases, providing specific numbers for occurrences of each type of abuse, while other states only have overall figures. The lack of consistent data results in difficulties understanding national trends. There is a strong need for consistent standardized reporting in order to fully compare national needs across states and programs.

Theme 7: Despite recognizing the need for public awareness campaigns on APS, most states responded that they did not have adequate resources.

As abuse and neglect cases are often reported by neighbors, friends and community workers, building public awareness is an important element of affecting APS programs. In 60 percent of states, APS programs conduct broad and multi-faceted public awareness campaigns. These campaigns include the use of billboards, and public service announcements, and function on a larger scale than simple program brochures. Some states (33 percent) coordinate their campaigns with other agencies, such as elder abuse coalitions.

Over half (55 percent) of the states with awareness campaigns are involved in World Elder Abuse Awareness Day, which was launched in 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations. The day promotes awareness and understanding of abuse and neglect through a number of programs and materials distributed through various awareness programs.

CONCLUSION

The economic downturn and subsequent increase in caseloads for adult protective services across the nation has highlighted the importance of the development of a sustainable federal funding stream. Regrettably, while the Elder Justice Act was included in the Affordable Care Act, to date no funding has been appropriated to fulfill the promise of the act. While states have done their best to develop programs with few resources, many vulnerable adults could benefit from additional support if the program were adequately funded.

The APS workforce requires skills far beyond the basic investigatory skills. APS workers are case managers, legal assistance providers, trainers, and negotiators, among others. States have lost APS workers due to the economic downturn as well as reduced training opportunities. States also could use additional support to provide the technology and training to develop the skill sets for their current APS workforce.

Each of the states has created an Adult Protective Services Program that is unique to the state. Every aspect of the program, from who is protected under their statute, to what services are provided to victims varies in each state which makes providing comparative analysis difficult. One challenge that is shared by all states is the fact that since there is no single federal funding stream for the program; states are forced to look to multiple funding streams in order to develop a comprehensive program.

APPENDIX

Adult Protective Services List of Tables

Table 1: Where is your APS Program administratively located?

	<i>In the State Unit on Aging (SUA)</i>	<i>Is an independent state agency</i>	<i>Is its own independent entity within another state agency</i>	<i>Is one program in a larger state agency</i>	<i>Other</i>
Alabama				✓	
Alaska		✓			
Arizona	✓				
Arkansas					
California					✓
Colorado				✓	
Connecticut				✓	
Delaware				✓	
District of Columbia				✓	
Florida				✓	
Georgia	✓				
Hawaii				✓	
Idaho	✓				
Illinois	✓				
Indiana	✓				
Iowa				✓	
Kansas				✓	
Kentucky				✓	
Louisiana				✓	
Maine				✓	
Maryland				✓	
Massachusetts	✓				
Massachusetts		✓			
Michigan				✓	
Minnesota			✓		
Mississippi	✓				
Missouri	✓				
Montana			✓		
Nebraska				✓	
Nevada	✓				
New Hampshire				✓	
New Jersey				✓	
New Mexico	✓				
New York				✓	
North Carolina	✓				
North Dakota	✓				

Table 1: Where is your APS Program administratively located? *Continued*

	<i>In the State Unit on Aging (SUA)</i>	<i>Is an independent state agency</i>	<i>Is its own independent entity within another state agency</i>	<i>Is one program in a larger state agency</i>	<i>Other</i>
Ohio				✓	
Oklahoma				✓	
Oregon			✓		
Oregon				✓	
Pennsylvania	✓				
Rhode Island	✓				
South Carolina				✓	
South Dakota	✓				
Tennessee				✓	
Texas				✓	
Utah	✓				
Vermont				✓	
Virginia				✓	
Washington				✓	
West Virginia				✓	
Wisconsin	✓				
Wyoming			✓		
Totals	17	2	3	27	1

Table 2: To whom does the APS administrator report?

	<i>State Unit on Aging (SUA) Director</i>	<i>The subordinate of the State Unit on Aging (SUA) Director</i>	<i>The above named agency director</i>	<i>A subordinate of the above named agency director</i>	<i>Agency Board of Comission</i>	<i>Other</i>
Alabama						✓
Alaska						✓
Arizona						✓
Arkansas		✓				
California						✓
Colorado			✓			
Connecticut			✓			
Delaware						✓
District of Columbia			✓			
Florida						✓
Georgia	✓					
Hawaii			✓			
Idaho		✓				
Illinois		✓				
Indiana		✓				
Iowa				✓		
Kansas				✓		
Kentucky				✓		
Louisiana						✓
Maine						✓
Maryland				✓		
Massachusetts						✓
Massachusetts					✓	
Michigan				✓		
Minnesota	✓					
Mississippi	✓					
Missouri	✓					
Montana			✓			
Nebraska				✓		
Nevada		✓				
New Hampshire				✓		
New Jersey				✓		
New Mexico	✓					
New York				✓		
North Carolina		✓				
North Dakota	✓					

Table 2: To whom does the APS administrator report? *Continued*

	<i>State Unit on Aging (SUA) Director</i>	<i>The subordinate of the State Unit on Aging (SUA) Director</i>	<i>The above named agency director</i>	<i>A subordinate of the above named agency director</i>	<i>Agency Board of Comission</i>	<i>Other</i>
Ohio				✓		
Oklahoma				✓		
Oregon						✓
Pennsylvania		✓				
Rhode Island		✓				
South Carolina				✓		
South Dakota				✓		
Tennessee						✓
Texas			✓			
Utah						
Vermont			✓			
Virginia				✓		
Washington						✓
West Virginia						✓
Wisconsin	✓					
Wyoming			✓			
Totals	7	8	8	14	1	13

Table 3: What is the age range for eligible clients?

	18+	18–59	60+	65+	Other
Alabama	✓				
Alaska	✓				
Arizona	✓				
Arkansas	✓				
California					✓
Colorado	✓				
Connecticut			✓*		
Delaware	✓				
District of Columbia	✓				
Florida	✓				
Georgia	✓				
Hawaii	✓				
Idaho	✓				
Illinois			✓*		
Indiana	✓				
Iowa	✓				
Kansas	✓				
Kentucky	✓				
Louisiana		✓			
Maine	✓				
Maryland	✓				
Massachusetts			✓*		
Massachusetts		✓			
Michigan	✓				
Minnesota	✓				
Mississippi	✓				
Missouri					✓
Montana					✓
Nebraska	✓				
Nevada			✓*		
New Hampshire	✓				
New Jersey	✓				
New Mexico	✓				
New York	✓				
North Carolina	✓				
North Dakota	✓				

Table 3: What is the age range for eligible clients? *Continued*

	18+	18–59	60+	65+	Other
Ohio			✓**		
Oklahoma	✓				
Oregon	✓				
Pennsylvania			✓**		
Rhode Island			✓*		
South Carolina	✓				
South Dakota	✓				
Tennessee	✓				
Texas					✓
Utah	✓				
Vermont	✓				
Virginia					✓
Washington					✓
West Virginia	✓				
Wisconsin	✓				
Wyoming	✓				
Totals	37	2	7	0	6

For clients aged 60+ or 65+ only, must the alleged victim be defined as vulnerable before APS can open the case or is anyone 60 years and older eligible for APS?

*Can be served on basis of age only

**Must meet definition of vulnerable

Table 4: Intake Hours

	Do you accept reports 24 hours a day?	If available 24 hours, is the line (check all that apply):				If no, what happens to after hours reports?	
		Staffed	Leave message	Online system	Contracted Call Center	Reporters are given message to contact law enforcement	Reporter can leave name and number
Alabama	Y	✓	✓				
Alaska	Y	✓	✓				
Arizona	Y	✓		✓			
Arkansas	Y	✓			✓		
California	Y	✓	✓		✓		
Colorado	N					✓	
Connecticut	Y				✓		
Delaware	Y				✓		
District of Columbia	Y	✓			✓		
Florida	Y	✓					
Georgia	N						✓
Hawaii	N						
Idaho	N						✓
Illinois	Y	✓			✓		
Indiana	Y		✓				
Iowa	Y	✓					
Kansas	Y	✓					
Kentucky	Y	✓			✓		
Louisiana	Y				✓		
Maine	Y	✓		✓			
Maryland	Y						
Massachusetts	Y	✓					
Massachusetts	Y	✓			✓		
Michigan	Y	✓					
Minnesota	Y	✓	✓				
Mississippi	Y				✓		
Missouri	N					✓	
Montana	N					✓	
Nebraska	Y	✓	✓				
Nevada	Y				✓		
New Hampshire	N					✓	

Table 4: Intake Hours *Continued*

	Do you accept reports 24 hours a day?	If available 24 hours, is the line (check all that apply):				If no, what happens to after hours reports?	
		Staffed	Leave message	Online system	Contracted Call Center	Reporters are given message to contact law enforcement	Reporter can leave name and number
New Jersey	Y		✓		✓		
New York	N						
New Mexico	Y	✓	✓				
North Carolina	Y	✓	✓				
North Dakota	N						✓
Ohio							
Oklahoma	Y	✓					
Oregon	N					✓	
Pennsylvania	Y	✓			✓		
Rhode Island	Y	✓					
South Carolina	Y	✓					
South Dakota	Y		✓	✓			
Tennessee	N					✓	
Texas	Y	✓		✓			
Utah	N						✓
Vermont	Y	✓					
Virginia	Y	✓					
Washington	Y		✓				
West Virginia	Y	✓			✓		
Wisconsin	N						
Wyoming	Y		✓				
Totals	Y 38, N 13	26	12	5	14	6	4

Table 5: Timeframes for Initiation of Case

	Do you respond (go out on) cases 24 hours a day?	Are investigation time frames triaged depending on allegations?	What is the shortest timeframe in which APS must initiate a case?				
			3 business days	2 business days	24 hours	No requirement	Other
Alabama	Y	Y					✓
Alaska	N	Y			✓		
Arizona	N	N		✓			
Arkansas	N	Y			✓		
California	Y	Y					✓
Colorado		Y					✓
Connecticut	N	Y					✓
Delaware	N	Y		✓			
District of Columbia	Y	Y			✓		
Florida	Y	Y					✓
Georgia		N					✓
Hawaii		N				✓	
Idaho		Y					✓
Illinois	Y	Y			✓		
Indiana	N	Y					✓
Iowa	Y	Y					✓
Kansas	N	Y			✓		
Kentucky	Y	Y					✓
Louisiana	N	Y			✓		
Maine	N	Y					✓
Maryland		Y			✓		
Massachusetts	Y	N					✓
Massachusetts	Y	Y			✓		
Michigan	Y	Y					✓
Minnesota	Y	N			✓		
Mississippi	N	Y		✓			
Missouri		Y			✓		
Montana							
Nebraska	N	Y					✓
Nevada	N	Y	✓				
New Hampshire		Y			✓		

Table 5: Timeframes for Initiation of Case *Continued*

	<i>Do you respond (go out on) cases 24 hours a day?</i>	<i>Are investigation time frames triaged depending on allegations?</i>	<i>What is the shortest timeframe in which APS must initiate a case?</i>				
			<i>3 business days</i>	<i>2 business days</i>	<i>24 hours</i>	<i>No requirement</i>	<i>Other</i>
New Jersey		Y	✓				
New York					✓		
New Mexico	Y	Y					✓
North Carolina	Y	Y					✓
North Dakota		Y					✓
Ohio					✓		
Oklahoma	Y	Y					✓
Oregon		Y					✓
Pennsylvania	Y	Y					✓
Rhode Island	Y	Y		✓			
South Carolina	Y	Y			✓		
South Dakota	N	Y			✓		
Tennessee		Y					✓
Texas	Y	Y			✓		
Utah		Y			✓		
Vermont	N	Y		✓			
Virginia	Y	Y			✓		
Washington	N	N			✓		
West Virginia	Y	Y					✓
Wisconsin							✓
Wyoming	Y	Y	✓				
Totals	Y 21; N 15	Y 42; N 6	3	5	19	1	23

Table 6: From the most recent state fiscal year data, please describe how much money is allocated from each funding source:

	State									
	State Funds	SSBG	OAA	Medicaid (TCM)	DOJ	Other	N/A	State Funds	SSBG	OAA
Alabama	✓	✓		✓						
Alaska										
Arizona	✓	✓	✓							
Arkansas	✓			✓		✓				
California	✓									
Colorado	✓	✓						✓	✓	
Connecticut	✓									
Delaware	✓		✓							
District of Columbia	✓	✓								
Florida										
Georgia	✓	✓		✓		✓				
Hawaii	✓	✓								
Idaho	✓									
Illinois	✓		✓							
Indiana	✓									
Iowa	unknown									
Kansas	✓									
Kentucky										
Louisiana										
Maine										
Maryland	✓	✓		✓				✓		
Massachusetts	✓		✓							
Massachusetts	✓									
Michigan		✓								
Minnesota								✓	✓	✓
Mississippi	✓	✓								
Missouri	✓	✓	✓							
Montana	✓	✓								
Nebraska		✓								

Table 6: From the most recent state fiscal year data, please describe how much money is allocated from each funding source:

	State									
	State Funds	SSBG	OAA	Medicaid (TCM)	DOJ	Other	N/A	State Funds	SSBG	OAA
Nevada										
New Hampshire	✓	✓	✓							
New Jersey	✓									
New Mexico	✓	✓								
New York										
North Carolina		✓							✓	
North Dakota	✓		✓							
Ohio	✓									
Oklahoma	✓	✓								
Oregon	✓			✓				✓		
Oregon	✓									
Pennsylvania	✓		✓							
Rhode Island	✓		✓							
South Carolina							✓			
South Dakota							✓			
Tennessee										
Texas	✓	✓				✓				
Utah	✓									
Vermont										
Virginia										
Washington	✓					✓				
West Virginia							✓			
Wisconsin	✓									
Wyoming	✓									
Totals	35	17	9	5	0	4	3	4	3	1

Table 7: Types of Abuse and Numbers of Abuse Reported

	Self-Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect by others	Financial abuse	Other abuse	Overall Total	Comments
Alabama									[Blue is not reported]
Alaska	✓	✓	✓	✓	✓	✓	✓	1284	
Arizona						✓	✓		
Arkansas								4434	
California								124,100	
Colorado	✓	✓		✓	✓	✓		6159	
Connecticut	✓	✓	✓	✓	✓	✓		4716 *	*For Age 60+ Only
Delaware	✓	✓	✓	✓	✓	✓	✓	1063	
District of Columbia								887	
Florida	✓	✓	✓	✓	✓	✓	✓	53622	
Georgia	✓	✓		✓	✓	✓	✓		
Hawaii	✓	✓	✓	✓	✓	✓		1475	Total does not include 56 reports with no age group noted. 13 neglect by others, 14 self neglect, 13 financial exploitation, 7 physical abuse, 9 emotional abuse, 1 sex abuse
Idaho								1971	
Illinois		✓	✓	✓	✓	✓	✓	10924 *	*For Age 60+ Only
Indiana	✓	✓	✓	✓	✓	✓		10471	
Iowa	✓	✓		✓	✓	✓		2554	
Kansas	✓	✓		✓	✓	✓	✓	9402	
Kentucky	✓				✓	✓	✓	31201	
Louisiana									
Maine									
Maryland								6,579	
Massachusetts	✓	✓	✓	✓	✓	✓	✓	16787 *	*For Age 60+ Only
Massachusetts		✓	✓	✓	✓	✓		14166 **	**For Age 18-59 Only
Michigan	✓	✓	✓	✓	✓	✓		12719	
Minnesota	✓	✓	✓	✓	✓	✓	✓	28,951	
Mississippi		✓	✓	✓	✓	✓	✓	2,650	
Missouri	✓	✓	✓	✓	✓	✓	✓	59,926	
Montana									
Nebraska	✓	✓		✓	✓	✓		8731	
Nevada	✓	✓			✓	✓	✓	5237	
New Hampshire	✓	✓	✓	✓	✓	✓		2540	

Table 7: Types of Abuse and Numbers of Abuse Reported *Continued*

	Self-Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect by others	Financial abuse	Other abuse	Overall Total	Comments
New Jersey	✓	✓		✓	✓	✓	✓	4490	
New Mexico	✓	✓		✓	✓	✓	✓	10,406	Emotional Abuse included in Physical Abuse category
New York									
North Carolina	✓	✓			✓	✓	✓	10274	
North Dakota	✓				✓	✓	✓	464	
Ohio	✓	✓	✓	✓	✓	✓		14976	
Oklahoma	✓	✓		✓	✓	✓	✓	29818	
Oregon		✓		✓	✓	✓	✓	2598	
Oregon	✓	✓	✓	✓	✓	✓	✓	11,788	
Pennsylvania	✓	✓	✓	✓	✓	✓	✓	18129*	*For Age 60+ Only
Rhode Island	✓						✓	1922*	*For Age 60+ Only; Also does not capture: financial abuse, neglect by others, sexual abuse, emotional abuse and physical abuse
South Carolina	✓	✓	✓		✓	✓		3680*	*For Age 60+ Only
South Dakota	✓	✓	✓	✓	✓	✓	✓	888	
Tennessee	✓	✓	✓	✓	✓	✓		18414	
Texas	✓	✓	✓	✓	✓	✓		156,200	
Utah	✓	✓	✓	✓	✓	✓		4784	
Vermont	✓	✓	✓	✓	✓	✓		2439	
Virginia								17,883	
Washington	✓	✓	✓	✓	✓	✓	✓	19754	
West Virginia									
Wisconsin	✓	✓	✓	✓	✓	✓	✓	6985	
Wyoming		✓		✓	✓	✓	✓	55	
Totals	35	37	25	34	39	40	26		

Table 8: What is the statewide average caseload (including new and ongoing cases) for investigators/caseworkers?

	0-25	26-50	51-75	76-100	100+
Alabama		✓			
Alaska		✓			
Arizona			✓		
Arkansas	✓				
California					
Colorado		✓			
Connecticut		✓			
Delaware		✓			
District of Columbia		✓			
Florida	✓				
Georgia	✓				
Hawaii		✓			
Idaho					✓
Illinois		✓			
Indiana					✓
Iowa					
Kansas			✓		
Kentucky	✓				
Louisiana					
Maine		✓			
Maryland					
Massachusetts	✓				
Massachusetts		✓			
Michigan		✓			
Minnesota					
Mississippi					✓
Missouri		✓			
Montana					
Nebraska		✓			
Nevada			✓		
New Hampshire	✓				
New Jersey					
New Mexico				✓	
New York					
North Carolina		✓			
North Dakota		✓			

Table 8: What is the statewide average caseload (including new and ongoing cases) for investigators/caseworkers? *Continued*

	0-25	26-50	51-75	76-100	100+
Ohio					
Oklahoma	✓				
Oregon	✓				
Pennsylvania	✓				
Rhode Island	✓				
South Carolina		✓			
South Dakota	✓				
Tennessee	✓				
Texas		✓			
Utah					✓
Vermont		✓			
Virginia		✓			
Washington		✓			
West Virginia		✓			
Wisconsin					
Wyoming	✓				
Totals	13	21	3	1	4

Table 9: Does your state law mandate reporting of suspected adult abuse to APS? If yes, in your state, who is a mandated reporter?

	Y/N	All persons	Social Services	Law Enforcement	Legal/Criminal Justice	Aging services providers	Disability services providers	Government employees	Health care professionals	Financial professionals	Clergy	Veterinarians	Funeral Directors	Other
Alabama	Y		✓					✓						✓
Alaska	Y		✓	✓	✓	✓	✓	✓	✓		✓			
Arizona	Y		✓	✓	✓	✓	✓	✓	✓	✓				✓
Arkansas	Y		✓	✓		✓	✓	✓	✓	✓	✓			
California	Y		✓	✓	✓	✓		✓	✓	✓				✓
Colorado	N													
Connecticut	Y			✓					✓	✓	✓			✓
Delaware	Y	✓												
District of Columbia	Y		✓	✓	✓	✓		✓		✓				
Florida	Y	✓												
Georgia	Y		✓	✓		✓	✓	✓	✓	✓			✓	
Hawaii	Y		✓	✓	✓				✓	✓				✓
Idaho	Y													✓
Illinois	Y		✓	✓		✓	✓	✓	✓		✓	✓		✓
Indiana	Y	✓												
Iowa	Y		✓	✓	✓	✓	✓	✓	✓					✓
Kansas	Y		✓	✓	✓	✓			✓	✓				
Kentucky	Y	✓												
Louisiana	Y	✓												
Maine	Y		✓	✓	✓	✓	✓	✓			✓	✓		
Maryland	Y													
Massachusetts	Y		✓	✓		✓	✓							
Massachusetts	Y		✓	✓			✓	✓	✓			✓		
Michigan	Y		✓	✓		✓	✓		✓					✓
Minnesota	Y		✓	✓	✓	✓	✓	✓	✓					
Mississippi	Y	✓												
Missouri	Y		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Montana														

Table 9: Does your state law mandate reporting of suspected adult abuse to APS? If yes, in your state, who is a mandated reporter? *Continued*

	Y/N	All persons	Social Services	Law Enforcement	Legal/Criminal Justice	Aging services providers	Disability services providers	Government employees	Health care professionals	Financial professionals	Clergy	Veterinarians	Funeral Directors	Other
Nebraska	Y		✓	✓		✓	✓		✓					✓
Nevada	Y		✓	✓	✓	✓	✓	✓	✓	✓			✓	
New Hampshire	Y	✓												
New Jersey	Y		✓	✓		✓	✓		✓					✓
New Mexico	Y	✓												
New York	N													
North Carolina	Y	✓												
North Dakota	N													
Ohio	Y		✓	✓		✓	✓	✓	✓		✓			
Oklahoma	Y	✓	✓	✓		✓	✓		✓	✓				
Oregon	Y		✓	✓	✓	✓	✓	✓	✓		✓			✓
Oregon	Y		✓	✓		✓		✓	✓		✓			✓
Pennsylvania	Y		✓			✓	✓		✓					
Rhode Island	Y	✓												
South Carolina	Y		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
South Dakota	Y		✓	✓	✓	✓	✓		✓					✓
Tennessee	Y	✓												
Texas	Y	✓												
Utah	Y	✓												
Vermont	Y		✓	✓	✓	✓	✓		✓					✓
Virginia	Y		✓	✓		✓	✓		✓			✓		✓
Washington	Y		✓	✓					✓					✓
West Virginia	Y		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓
Wisconsin														
Wyoming	Y	✓												
Totals	Y 48 N 3	15	30	31	16	27	27	16	31	11	13	6	5	19

Table 10: APS-Specific training is required by:

	Investigator/Caseworker				Supervisor			
	Statute	State Policy	Local Policy	Not Required	Statute	State Policy	Local Policy	Not Required
Alabama	✓	✓			✓	✓		
Alaska	✓	✓	✓		✓	✓	✓	
Arizona		✓				✓		
Arkansas	✓	✓			✓	✓		
California								
Colorado	✓		✓			✓	✓	
Connecticut	✓	✓			✓	✓		
Delaware	✓	✓	✓		✓	✓	✓	
District of Columbia				✓				✓
Florida	✓	✓			✓	✓		
Georgia	✓	✓			✓	✓		
Hawaii				✓				✓
Idaho			✓				✓	
Illinois		✓				✓		
Indiana	✓	✓						
Iowa				✓				✓
Kansas				✓				✓
Kentucky	✓	✓			✓	✓		
Louisiana	✓	✓			✓	✓		
Maine				✓				
Maryland		✓				✓		
Massachusetts				✓				
Massachusetts		✓				✓		
Michigan		✓				✓		
Minnesota	✓							✓
Mississippi	✓	✓						
Missouri		✓				✓		
Montana								
Nebraska				✓				✓
Nevada		✓				✓		
New Hampshire			✓					

Table 10: APS-Specific training is required by: *Continued*

	Investigator/Caseworker				Supervisor			
	Statute	State Policy	Local Policy	Not Required	Statute	State Policy	Local Policy	Not Required
New Jersey	✓				✓			
New Mexico			✓				✓	
New York	✓				✓			
North Carolina					✓	✓	✓	✓
North Dakota				✓				✓
Ohio				✓				✓
Oklahoma		✓				✓		
Oregon	✓	✓	✓			✓		
Oregon		✓				✓		
Pennsylvania	✓	✓			✓	✓		
Rhode Island	✓	✓			✓	✓		
South Carolina	✓	✓	✓		✓	✓	✓	
South Dakota				✓				✓
Tennessee			✓					
Texas	✓	✓			✓	✓		
Utah	✓	✓			✓	✓		
Vermont				✓				✓
Virginia	✓	✓						
Washington		✓				✓		
West Virginia	✓	✓	✓		✓	✓	✓	
Wisconsin				✓				✓
Wyoming		✓				✓		
Totals	23	30	10	12	18	29	8	12

Table 11: How much pre-service (new worker) APS-specific training is provided for investigators/caseworkers?

	<i>None</i>	<i>Less than one week</i>	<i>1 week/40 hours</i>	<i>2 weeks/80 hours</i>	<i>3 weeks/120 hours</i>	<i>4 weeks/160 hours</i>	<i>Other</i>
Alabama			✓				
Alaska					✓		
Arizona			✓				
Arkansas					✓		
California							✓
Colorado							✓
Connecticut		✓					
Delaware						✓	
District of Columbia						✓	
Florida					✓		
Georgia					✓		
Hawaii					✓		
Idaho							✓
Illinois							✓
Indiana						✓	
Iowa	✓						
Kansas		✓					
Kentucky				✓			
Louisiana			✓				
Maine							✓
Maryland		✓					
Massachusetts							✓
Massachusetts						✓	
Michigan		✓					
Minnesota							✓
Mississippi		✓					
Missouri			✓				
Montana							
Nebraska			✓				
Nevada						✓	
New Hampshire		✓					
New Jersey							✓
New Mexico							✓
New York							✓
North Carolina	✓						
North Dakota							✓

Table 11: How much pre-service (new worker) APS-specific training is provided for investigators/caseworkers? *Continued*

	<i>None</i>	<i>Less than one week</i>	<i>1 week/40 hours</i>	<i>2 weeks/80 hours</i>	<i>3 weeks/120 hours</i>	<i>4 weeks/160 hours</i>	<i>Other</i>
Ohio							✓
Oklahoma							✓
Oregon			✓				
Oregon		✓					
Pennsylvania			✓				
Rhode Island						✓	
South Carolina				✓			
South Dakota		✓					
Tennessee						✓	
Texas							✓
Utah			✓				
Vermont			✓				
Virginia							✓
Washington				✓			
West Virginia				✓			
Wisconsin							✓
Wyoming							✓
Totals	2	8	9	4	5	7	16

Table 12: How much in-service (exisiting staff) training is provided for investigators/caseworkers per year?

	<i>None</i>	<i>Less than one week</i>	<i>1 week/40 hours</i>	<i>2 weeks/80 hours</i>	<i>3 weeks/120 hours</i>	<i>4 weeks/160 hours</i>	<i>Other</i>
Alabama							✓
Alaska				✓			
Arizona			✓				
Arkansas							✓
California							
Colorado							✓
Connecticut		✓					
Delaware				✓			
District of Columbia							✓
Florida		✓					
Georgia				✓			
Hawaii		✓					
Idaho							✓
Illinois		✓					
Indiana			✓				
Iowa		✓					
Kansas		✓					
Kentucky		✓					
Louisiana		✓					
Maine							✓
Maryland							✓
Massachusetts							✓
Massachusetts		✓					
Michigan	✓						
Minnesota		✓					
Mississippi		✓					
Missouri	✓						
Montana							
Nebraska		✓					
Nevada		✓					
New Hampshire		✓					
New Jersey							
New Mexico							✓
New York							✓
North Carolina							✓
North Dakota	✓						

Table 12: How much in-service (existing staff) training is provided for investigators/caseworkers per year? *Continued*

	<i>None</i>	<i>Less than one week</i>	<i>1 week/40 hours</i>	<i>2 weeks/80 hours</i>	<i>3 weeks/120 hours</i>	<i>4 weeks/160 hours</i>	<i>Other</i>
Ohio							
Oklahoma							✓
Oregon		✓					
Pennsylvania		✓					
Rhode Island							✓
South Carolina					✓		
South Dakota		✓					
Tennessee	✓						
Texas							✓
Utah			✓				
Vermont			✓				
Virginia							✓
Washington			✓				
West Virginia			✓				
Wisconsin							✓
Wyoming							✓
Totals	4	17	6	3	1		16

Table 13: Does your program provide training for APS supervisors?

	<i>Yes, APS supervisors attend APS-specific supervisory training</i>	<i>Yes, APS supervisors attend supervisor training that is not specific to APS</i>	<i>No</i>
Alabama		✓	
Alaska		✓	
Arizona		✓	
Arkansas	✓		
California	✓		
Colorado	✓		
Connecticut		✓	
Delaware	✓		
District of Columbia	✓		
Florida	✓		
Georgia		✓	
Hawaii	✓		
Idaho			✓
Illinois	✓		
Indiana			
Iowa			
Kansas		✓	
Kentucky		✓	
Louisiana		✓	
Maine		✓	
Maryland			✓
Massachusetts	✓		
Massachusetts			✓
Michigan	✓		
Minnesota		✓	
Mississippi			✓
Missouri		✓	
Montana			
Nebraska		✓	
Nevada	✓		
New Hampshire		✓	

Table 13: Does your program provide training for APS supervisors? *Continued*

	<i>Yes, APS supervisors attend APS-specific supervisory training</i>	<i>Yes, APS supervisors attend supervisor training that is not specific to APS</i>	<i>No</i>
New Jersey	✓		
New Mexico	✓		
New York	✓		
North Carolina		✓	
North Dakota			✓
Ohio		✓	
Oklahoma	✓		
Oregon	✓		
Pennsylvania	✓		
Rhode Island		✓	
South Carolina	✓		
South Dakota		✓	
Tennessee		✓	
Texas	✓		
Utah		✓	
Vermont		✓	
Virginia			✓
Washington			✓
West Virginia	✓		
Wisconsin			✓
Wyoming	✓		
Totals	21	20	8

Table 14: Do you have APS specific/dedicated trainers?

	Yes		No
	<i>on staff</i>	<i>contractual trainers</i>	
Alabama	✓		
Alaska	✓		
Arizona			✓
Arkansas			✓
California			
Colorado	✓		
Connecticut			✓
Delaware			✓
District of Columbia			✓
Florida	✓		
Georgia	✓		
Hawaii			✓
Idaho			✓
Illinois	✓		
Indiana			✓
Iowa		✓	
Kansas			✓
Kentucky		✓	
Louisiana	✓		
Maine	✓		
Maryland		✓	
Massachusetts		✓	
Massachusetts	✓		
Michigan	✓		
Minnesota	✓		
Mississippi			✓
Missouri			✓
Montana			
Nebraska			✓
Nevada			✓
New Hampshire			

Table 14: Do you have APS specific/dedicated trainers? *Continued*

	Yes		No
	<i>on staff</i>	<i>contractual trainers</i>	
New Jersey		✓	
New Mexico	✓		
New York		✓	
North Carolina	✓		
North Dakota			✓
Ohio		✓	
Oklahoma	✓		
Oregon	✓		
Pennsylvania		✓	
Rhode Island	✓		
South Carolina		✓	
South Dakota			✓
Tennessee	✓		
Texas	✓		
Utah	✓		
Vermont			✓
Virginia		✓	
Washington			✓
West Virginia	✓		
Wisconsin			✓
Wyoming	✓		
Totals	21	10	18

Table 15: Is there a certification process?

	Yes		No
	<i>for investigators/caseworkers</i>	<i>for supervisors</i>	
Alabama			✓
Alaska			✓
Arizona			✓
Arkansas			✓
California			
Colorado			✓
Connecticut			✓
Delaware			✓
District of Columbia			✓
Florida			✓
Georgia			✓
Hawaii			✓
Idaho			✓
Illinois	✓	✓	
Indiana			✓
Iowa			✓
Kansas			✓
Kentucky			✓
Louisiana	✓	✓	
Maine			✓
Maryland			✓
Massachusetts			✓
Massachusetts	✓	✓	
Michigan			✓
Minnesota			✓
Mississippi			✓
Missouri			✓
Montana			
Nebraska			✓
Nevada			✓
New Hampshire			

Table 15: Is there a certification process? *Continued*

	Yes		No
	for investigators/caseworkers	for supervisors	
New Jersey	✓		
New Mexico			✓
New York			✓
North Carolina			✓
North Dakota			✓
Ohio			✓
Oklahoma			✓
Oregon			✓
Pennsylvania			
Rhode Island			✓
South Carolina	✓		
South Dakota			✓
Tennessee			✓
Texas	✓	✓	
Utah	✓		
Vermont			✓
Virginia	✓		
Washington			✓
West Virginia			✓
Wisconsin			✓
Wyoming	✓	✓	
Totals	9	5	39

Table 16: Is the statewide average caseload per caseworker/investigators an increase or decrease over the past 5 years?

	<i>Increase</i>	<i>Decrease</i>
Alabama	✓	
Alaska		✓
Arizona	✓	
Arkansas	✓	
California		
Colorado	✓	
Connecticut	✓	
Delaware	✓	
District of Columbia	✓	
Florida	✓	
Georgia	✓	
Hawaii	✓	
Idaho	✓	
Illinois	✓	
Indiana	✓	
Iowa		
Kansas	✓	
Kentucky	✓	
Louisiana		
Maine	✓	
Maryland		
Massachusetts	✓	
Massachusetts	✓	
Michigan	✓	
Minnesota		
Mississippi	✓	
Missouri	✓	
Montana		
Nebraska	✓	
Nevada	✓	
New Hampshire		

Table 16: Is the statewide average caseload per caseworker/investigators an increase or decrease over the past 5 years? *Continued*

	<i>Increase</i>	<i>Decrease</i>
New Jersey	✓	
New Mexico	✓	
New York	✓	
North Carolina		✓
North Dakota	✓	
Ohio		
Oklahoma	✓	
Oregon	✓	
Oregon		
Pennsylvania	✓	
Rhode Island	✓	
South Carolina		✓
South Dakota	✓	
Tennessee	✓	
Texas		✓
Utah	✓	
Vermont		
Virginia	✓	
Washington		✓
West Virginia	✓	
Wisconsin		
Wyoming		
Total	36	5
Percentage	87.8%	12.1%



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