# Using Administrative Data to Improve Adult Protective Services

A Report of the APS Administrative Data Initiative

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# Background

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As federal agencies support the development of, and access to data systems for adult protective services (APS), researchers and practitioners are increasingly using administrative data to study different types of adult maltreatment and the systems that respond to them. To date, however, APS programs have had little guidance about how best to use these data. Researchers, too, are often unfamiliar with, or unable to access these data. This situation has limited programs' ability to compare their experiences and contributed to inconsistent research findings and uneven quality of research (Steinman et al., 2022).

Fortunately, some guidance is already available. The APS Technical Assistance Resource Center (APS TARC) and the National Adult Protective Services Association (NAPSA), for example, have hosted webinars and training on using administrative data for quality improvement.  And the National Adult Maltreatment Reporting System (NAMRS) annually collects and publishes APS data from every state program.

The APS Administrative Data Initiative (AADI) aims to build on this work by proactively engaging APS practitioners and researchers from across the nation and encouraging them to consider how APS administrative data can help them better understand adult mistreatment and improve their efforts to address it. Through broad collaboration, AADI plans to provide support to administrators and researchers that is not currently available.

## AADI Goals

AADI has been organized around four goals:

1. Create a **national network** of researchers, administrators, and practitioners interested in using administrative data to improve APS programs;

2. Clarify how APS administrative data are **already being used**;

3. Identify **high-priority research questions** that may be partly answered through analysis of APS administrative data; and

4. Support **existing initiatives** to strengthen APS administrative data systems.

The report represents a milestone in progress towards these goals. It describes our work to date and presents ideas for continued growth. One constant that bridges AADI's past and future is **NAPSA** and its **Research to Practice Interest Group (R2P IG)**. As a group of practitioners and scholars, NAPSA's R2P IG enabled AADI's volunteers (see p. 16) to meet and discuss the idea for the initiative and has provided invaluable administrative support ever since. We look forward to continuing our work under their auspices.

## Definitions

The AADI Organizing Committee recognized that defining key terms could help provide focus for our work.

**APS administrative data** refers to "routinely collected information on alleged victims, perpetrators, and reporting parties, as well as allegations, investigations, and provision of, coordination with, or referrals to related services" ([Steinman et al., 2022](#), p. 78[)](#). Agencies regularly collect such information to comply with state laws or administrative codes. As such, they continue to be collected regardless of any specific funding for research or quality improvement projects.
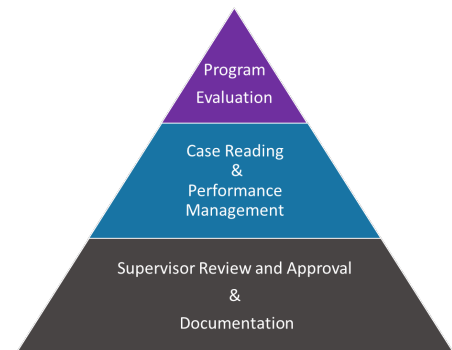
**"Research"** includes scientific inquiry, program evaluation and quality assurance efforts to improve APS programs. In addition to scientific inquiry, a recent brief on quality assurance in APS programs describes several levels of activities that AADI considers "research" ([APS TARC, n.d.,](#) see figure, right). Agencies, for example, may use administrative data to evaluate a new initiative. Others use case readings and supervisor review to help improve quality. Such efforts that use administrative data to improve APS fall under AADI's broad definition of "research."

# Creating a National Network

We used two steps to begin creating a national network for AADI. First, members of the AADI organizing committee compiled a list of APS administrators, researchers, and other stakeholders we thought would be interested in using APS administrative data to improve practice and/or research. In the email invitation, we also encouraged recipients to pass along names and contact information of others who might be interested. We organized this cumulative list on a spreadsheet, including information on their role (e.g., researcher, APS practitioner) and their location (e.g., state).

For the second step, we reviewed the spreadsheet and identified gaps – specifically any states not represented by an APS practitioner. We then conducted online searches to find APS officials from that state and polled R2P IG members (e.g., "Do you know anyone working in APS in West Virginia?"). NAPSA also helped with recruiting by emailing its regional representatives from each US state by providing AADI members time at regional meetings to announce AADI and invite others to participate.

From these efforts, we identified over 200 people, most of whom expressed interest in participating. To begin engaging these individuals, we asked for their help to meet AADI's initial goals (see above). Some sent in unpublished reports as examples of how APS administrative data are already being used (see p. 5). Others responded to a survey that asked them to rate the importance of research questions that APS administrative data could partly answer (see p. 8). Yet, the most popular activity was participating in the AADI Online Forum about administrative data (see below).

## AADI Online Forum

AADI's efforts to meet its goals recognized the need for substantive input from colleagues around the nation. To that end, we worked with NAPSA to organize an Online Forum on February 3, 2023, to discuss our progress and solicit comments. The agenda followed the outline for this report, including (I) An overview of AADI, its goals, and definitions; (II) How we are already using APS administrative data (including examples); (III) How could we better use administrative data to improve APS? Through a

monitored chat and breakout groups for sections II and III, the Forum was able to solicit feedback from partners across the US and Canada.[1]

The event was a terrific success. Over 200 people from 46 states registered for the Online Forum, 147 of whom attended. After 2 hours, at the end of the event, 119 people were still logged in and participating in small room breakout sessions. After the meeting, participants were asked to complete an evaluation survey. A total of 64 participants provided feedback, 92% of whom rated the program as "Excellent" or "Very Good." In their comments, many expressed an appreciation for the open dialogue between researchers and practitioners and several said it was helpful to learn about shared struggles and new opportunities with APS data. In fact, the chief complaint from attendees was that they sought more time to discuss. Many suggested creating more connection points to enable people to share experiences and foster collaboration -- an important next step for AADI.

The next two sections of this report summarize our progress to date and incorporate participants' feedback provided during AADI Online Forum.

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[1] A repository of slides and materials from the AADI Online Forum can be found at: https://www.napsa-now.org/r2p-interest-group-and-resource-library

# How Adult Protective Services Administrative Data are Already Used in Research and Practice

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The use of administrative data in APS research is not new, with earlier studies conducted since the 1980s (e.g., Fredriksen, 1989).  Administrative data is a source of valuable information to monitor practice and to answer practice-related research questions (APS TARC, n.d.). This section of the report provides a brief overview of recent uses of administrative data for research and quality improvement in APS.

For examples of practitioner-researcher partnerships and research using administrative data, we identified studies completed in the United States and published within the past ten years through a combination of searching the peer-reviewed literature, asking states to provide reports produced as a result of research/practitioner partnerships, and by asking researchers and APS data administrators who participate in the NAPSA R2P Group for examples of their work. We also discussed these partnerships in breakout rooms that were part of the AADI forum on February 3.

As a result of this review, we identified three ways of using administrative data that involved researcher-practitioner partnerships: (a) to improve practice; (b) to evaluate new practice approaches; and (c) and to examine emerging issues. Examples of each are provided below.

## Improving Practice

Most APS agencies engage in quality improvement (QI) activities that involve regular examination of administrative data to ensure that staff practices meet standards set by the program. Data systems for QI can support research to enhance practice. As reported during the AADI Online Forum, for example, Oklahoma's APS agency uses administrative data to make informed decisions to better align resources to meet the needs of clients. By examining the data, Oklahoma's Deputy Director for APS and Innovation can see the work of the agency from a systems level, which allows him to take a proactive approach to challenges with capacity, turnover, training, and process efficiency. The agency must determine how to meet client needs with a specific number of staff and specific number of cases to complete in a certain number of days. To respond to fiscal constraints and the desire to improve practice outcomes, he examines individual processes to determine if there are ways to complete the work in less time with the same level of quality, better quality in the same amount of time, or better quality in less time. Administrative data provides information on the frequency of the types of work and how long it takes to do the work; for example, timestamps show the length of time spent on intake as a starting point for examining the intake process. Analysis of administrative data helps the agency make long-term process improvements for the betterment of the clients as well as staff.

APS in Texas uses a structured process where staff review two cases per each worker each quarter using a guide (four qualitative measures) to answer questions about the selected closed and validated cases. As reported during the AADI Online Forum, two staff review each case by reading case notes to determine whether APS helped the client, with a third reader brought in if there is disagreement.   At times, they will reverse initial ratings because of the debate. This CQI process has led to improved outcomes for clients.

The Ohio Department of Job and Family Services partnered with a team from the Ohio State University to understand how county-based APS programs operate in their state and why APS programs in different

counties handle cases differently. Researchers did an online survey of 85 local APS programs, analyzed data from 14,920 unduplicated clients and conducted virtual site visits with administrators and frontline staff from six diverse programs (Steinman et al., 2021). The study helped develop approaches to using administrative data for ongoing quality improvement and identified how organizational characteristics and resources were associated with key APS metrics.

Another example of a study aiming to improve practice is a systematic examination of repeat referrals to APS clients. Researchers from the University of Southern California and a county APS in California compared recurrent and non-recurrent clients to determine characteristics associated with recurrence to uncover ways to better address needs of socially isolated older women living alone reported for multiple types of maltreatment (Rowan et al., 2020).

Several states have online, publicly available data dashboards or continuously updated pages where people can access monthly statistics and numerous other reports. Examples from Kansas, South Carolina, and Texas demonstrate different ways in which states present data and the information and level of detail that is available. These data can uncover trends that can inform or change practice.

## Evaluating New Practice Approaches

Administrative data have been used to help assess new approaches to APS practice. Studies testing the effectiveness of elder abuse forensic centers in southern California compared financially exploited older adults referred to the forensic center with those receiving "usual care" in APS through propensity score matching. These studies found that forensic center clients were more likely to be referred for prosecution and more likely to be referred to the public guardian for conservatorship (Gassoumis et al., 2015; Navarro et al., 2013; Wood et al., 2014).

Oklahoma's APS reaches out to researchers to help with the program's specific focus areas, as demonstrated by their recent work with the Benjamin Rose Institute (BRI) to enhance their self-neglect practice. In a study, assessment tools integrated into routine data collection revealed important information about client characteristics and unmet needs of clients who were followed over a 4-month period. A profile of these clients completed by BRI researchers that used administrative data noted a decline in self-neglect allegations over the study period, which could possibly be linked to the services to which these clients were referred (Tuft, Ejaz, Rose, & Reynolds, 2022). The ultimate goal of this effort is to develop a comprehensive case management intervention.

Researchers and practitioners have developed new standardized measures for use in practice. Caseworkers in San Francisco and Napa APS used the standardized Identification, Services and Outcomes (ISO) Matrix to capture the level of mistreatment by type at two time points: when they first encountered their client and at case closure. Services provided by caseworkers were documented as part of the client's service plan. The pre and post-test design allows for the identification of services that are associated with the decrease of mistreatment by type (Liu et al., 2022).

Researchers and practitioners worked together in Maine to test new practice approaches, including the feasibility of Goal Attainment Scaling in APS (Burnes et al., 2018). The Maine partnership also developed and piloted the RISE (Relational, Individual, Social, and Environmental) program, which provides ongoing case management and support through a community-based nonprofit organization to meet the needs for ongoing services that APS cannot provide (Burnes et al., 2022). Core components of the RISE model include restorative approaches, motivational interviewing, team-based approaches, and supported decision-making.

Testing innovative approaches to practice can be challenging for APS agencies when resources prioritize meeting ongoing client needs. Representatives from APS agencies from Oklahoma, Texas, California and Maine and their research partners provided insights during the AADI Online Forum. They emphasized the need for early and frank conversations to build trust and to ensure mutual understanding of the purpose of research, the challenges of measuring outcomes, and the questions most important to the APS agency. They also had guidance for convincing APS administrators of the value of research on existing and new approaches to practice. Research on recurrence (e.g., Rowan et al., 2020) allows programs to examine the implications of reduced rates in repeat cases and research that examines client outcomes can lead to qualitative improvements in the well-being of clients. These partnerships can also include the pursuit of program efficacy and sustainability and increase job satisfaction among staff.

## Examining Emerging Issues

Administrative data are also used to examine emerging issues in APS including the recent increase in financial exploitation, the COVID-19 pandemic, and the opioid crisis. Increasing recognition of the harm caused by financial exploitation has led to new state laws and increased APS involvement in investigating and responding to financial exploitation. A Texas-based study used data from 8,800 substantiated APS cases to identify the strongest predictors of the differences between financial exploitation and non-financial exploitation and the differences between "pure" and hybrid financial exploitation. This study demonstrates that administrative data can provide information on non-financial predictors, such as conditions in the home, that can indicate financial exploitation (Burnett, et al., 2020).

The COVID-19 pandemic challenged APS agencies in numerous ways. The availability of administrative data and the existing partnership with researchers allowed San Francisco's APS to determine the extent of unmet needs among APS clients and how those needs varied by maltreatment type (Liu et al., 2021).

Many APS agencies have worked with increasing numbers of referrals involving opioid use. Researchers from the University of Southern Maine used a mixed methods design to determine if opioid-related investigations increased over time between 2015 and 2018 and how these investigations differed from investigations that did not involve opioids. The authors found that opioid use puts clients at risk of exploitation through impaired physical or cognitive ability. Strategies for mitigation of the role of opioid misuse include improving medication management, addressing risks for substance use disorder and opioid use disorder (OUD), and improving communication with older adults about OUD through elder abuse task forces (Snow, Pratt, & Bratesman, 2020).

This is but a small sampling of how administrative data is being used to improve practice, test new practice approaches, and examine emerging issues. Our hope is that that the AADI initiative will spark more ideas and interest.

# Which High-Priority Research Questions may be Partly Answered through APS Administrative Data?

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In 2020, the Administration for Community Living (ACL) published an APS Research Agenda, with 61 research questions that experts from the field rated as important (ACL, 2020a). The AADI organizing committee was interested in highlighting which of the 61 research questions could be answered, at least in part, by using APS administrative data.

## Preliminary Sorting

The AADI Organizing Committee anticipated that administrative data might be particularly helpful with some research questions and was interested in the opinions of practitioners and researchers. To reduce participant burden, the organizing committee first asked its members to review the 61 research questions and identify those they believed could be best answered with APS administrative data. Of the 61 questions, the organizing committee ranked 16 of them as having greater potential to be answered using APS administrative data. These included:

1. What is the impact of access to financial experts on rates and outcomes of financial exploitation cases?

2. What is the impact of caseload size on the quality of investigations and interventions?

3. What is the impact of caseload size on case worker performance, retention, and satisfaction?

4. Does the determination of a successful outcome vary by adult maltreatment type or other factors, and if so, how?

5. What are best practices for measuring client safety and wellbeing outcomes?

6. What are relevant and meaningful outcomes at case closure that will provide meaningful information about the effectiveness of services in the lives of clients?

7. What are effective processes for investigating allegations and making decisions regarding substantiation?

8. What data elements are used for effective quality assurance (QA)?

9. What types/kinds of referral services (e.g., legal services, transportation services) are effective for each maltreatment type?

10. What are current APS practices, from the time cases are reported to APS to the time they are closed?

11. What factors are associated with service refusal and strategies for enhancing acceptance of services?

12. What is the impact of specialized APS units (e.g., financial exploitation, self-neglect) on investigation outcomes?

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

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

15. What is the impact of using standardized tools on APS service delivery and client outcomes?

16. How do APS client goals/needs differ by APS population (older adults/adults with disabilities, by ethnicity, by maltreatment type, etc.)?

## Online Survey

The organizing committee then created an online survey to collect ratings from APS professionals and researchers about the relative importance of the 16 questions and the feasibility of using APS administrative data to answer them.

The online survey was created using Qualtrics and distributed in the Fall of 2022. It was advertised using the NAPSA R2P IG listserv, and the NAPSA membership listserv. Organizing committee members also distributed the survey to colleagues whom they felt would be interested.

The survey asked respondents to rate the 16 questions by two criteria: importance and feasibility. For each research question, respondents were asked to indicate:

- How important is this question to you?
- How feasible would it be to use data collected from APS programs to help answer the question?

The survey responses used a 5-point Likert scale. Questions with high mean scores on both importance and feasibility would then be highlighted as "high priority research questions that could be answered by APS administrative data."

## Survey Results

A total of 44 respondents from 21 states completed the survey, including 14 APS professionals, 21 researchers, and 9 who identified themselves as other (e.g., advocate; data professional). The figure plot below plots the mean scores for each of the 16 questions' importance and feasibility.

**Rating 16 Questions from ACL's Research Agenda: Mean Scores for Importance and Feasibility**
*(see previous table for the research questions corresponding to each number)*
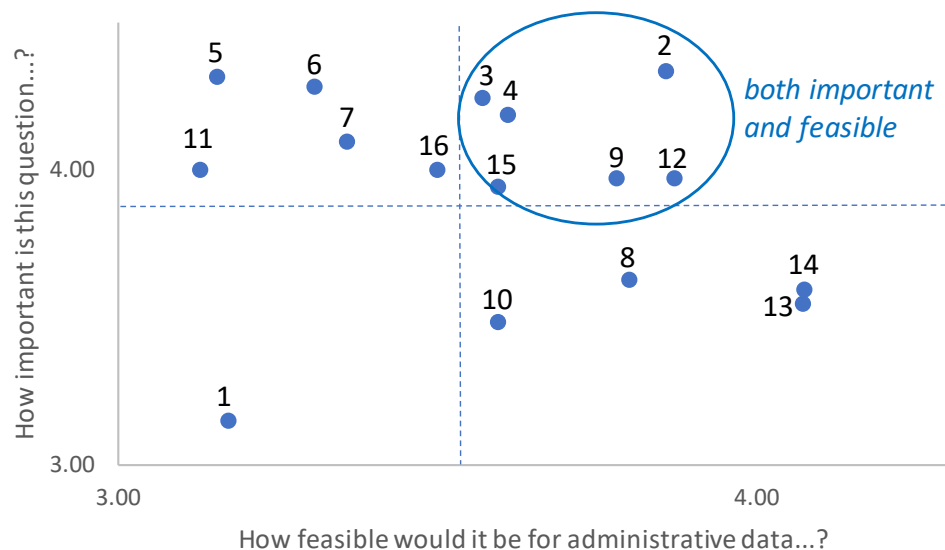
Overall, six research questions ranked highly on both importance to APS and feasibility of using administrative data to answer. These included:

2. What is the impact of caseload size on the quality of investigations and interventions?

3. What is the impact of caseload size on case worker performance, retention, and satisfaction?

4. Does the determination of a successful outcome vary by adult maltreatment type or other factors, and if so, how?

9. What types/kinds of referral services (e.g., legal services, transportation services) are effective for each maltreatment type?

12. What is the impact of specialized APS units (e.g., financial exploitation, self-neglect) on investigation outcomes?

15. What is the impact of using standardized tools on APS service delivery and client outcomes?

In addition, other questions in the upper left quadrant of the chart ranked high on importance, but relatively low on feasibility.  Administrative data may still be useful for helpful answer them, but it is likely that additional sources of data will be particularly valuable.  For example:

5. What are the relevant and meaningful outcomes at case closure that will provide meaningful information about the effectiveness of services in the lives of clients?

6. What are best practices for measuring client safety and wellbeing outcomes?

Other questions in the lower right quadrant ranked high on feasibility, but relatively low on importance. Such questions may still be important to APS agencies if not as much for researchers who comprised the majority of respondents.  For example:

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

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

These results help highlight which research questions from ACL's APS Research Agenda are both important to the field, and feasible for APS administrative data to help answer.

## Feedback from the AADI Online Forum

During the AADI Online Forum, participants were divided randomly into small groups to discuss each of the highly ranked research questions. Because of limited resources and to enable multiple groups to discuss each question, we consolidated the two "impact of caseload size" questions (i.e., 2 and 3) into one. We also omitted the question on specialized units (12) because many programs lack such units. For each of the remaining research questions, each small group of participants was assigned one of the highly ranked research questions, and asked to answer three discussion questions about it:

1) Why is this question important? (That is, how would we use results to change policy and practice?)
2) How could existing APS administrative data sets help us begin to answer the question?
3) What additional data would we need to find or create in order to answer the question?

The moderator of each group (10 groups in all) facilitated the conversation, and a note taker captured salient points. The small group proceedings were recorded, and a note taker copied the chat content. Whenever available, the recordings were reviewed, and appear below, along with the notes and chat content. Technical difficulties prevented some of the feedback from being recorded or analyzed and was thereby not captured in the summary.

## What is the impact of caseload size on the quality of investigations and interventions?

Participants noted that high caseloads were a common challenge for meeting timelines and other performance metrics.  They also indicated that APS administrative data sets could provide a more robust understanding on whether problems underlying caseload size are tied to number of cases, staff numbers, case complexity, or staff experience level. The data could also provide information on related questions, such as whether higher quality assurance standards lead to non-compliance when paired with high caseload sizes.

Regarding data gaps that need to be addressed, several participants highlight the importance of distinguishing workload and caseload. Though both are impacted by case complexity and staff experience levels, these are two separate constructs that need to be disentangled. Workload also affects whether service plans can be referred out or must be handled by caseworkers. Other considerations and possibilities include examining the effect of different intake systems on caseload size and incorporating the APS TARC's tool program for caseload analysis and framework.

Some participants voiced a common belief that Child Protective Services (CPS) has a caseload cap of 25 cases and expressed confusion about why similar standards do not exist for APS.  However, there is no such federal standard for CPS for much the same reason it would be difficult to establish one in APS:  the programs are very diverse.

Gaining insights about caseload size could help attract, recruit, and retain new APS professionals.  It may also reduce burnout by improving worker morale and a sense of accomplishment.  Quantifying the effects of caseload size could help with quality improvement and support efforts to secure additional funding.

Efforts to answer this research question should also recognize that, as of this writing, APS TARC is conducting a project in federal fiscal year 2023/4 about the impact of caseloads on APS programs. The project will not directly answer either of the research questions from the ACL research agenda. Rather, the project has a broader objective of conducting an APS workload needs assessment and preparing information and/or a tool to assist APS programs with assessing their individual workload needs.

## Does the determination of a successful outcome vary by adult maltreatment type or other factors, and if so, how?

Participants noted that before analyzing administrative data, it is first necessary to define what is meant by a positive outcome.  Defining "successful" client outcomes has been an ongoing debate (Burnes et al., 2018) and challenge for many in the group. There can be different meanings depending on who is looking at the data, and that the perspective – of client, community, or funder – was important to consider.

Participants emphasized the need to understand what success looks like for different types of mistreatment and also to develop valid measures of the impact that interventions have on well-being. They also agreed that having a better understanding of client vulnerabilities is important for matching

them with the appropriate, available local resources and can lead to the development of automatic recommendations, resulting in faster service. This overlapped with discussion of another research question: *What types/kinds of referral services (e.g., legal services, transportation services) are effective for each maltreatment type?* (see below).

Existing administrative datasets were proposed as a starting point for answering this question. For example, measuring time from case-open to case-close is possible and available with existing data. Similarly, we can use client recurrence or repeat allegations as a potential data point. Detailed information on the nature of allegations of maltreatment is also collected and can be useful, alongside case notes. Given clients' ability to refuse treatment, one data point that may help is whether APS made a reasonable effort to improve the situation (e.g., Texas). Some states (e.g., Maine) are beginning to strengthen their data collection efforts to better align with NAMRS and provide data that are extractable. Texas has data warehouse reports with information on cases, maltreatment types, and services.

There was general consensus that the field needs more person-centered data, more subjective data as well as objective ways to measure client outcomes.   Because APS is often a short-term service intervention, there is often little data on clients who do not return. But recurrence is not always a clear indicator of whether we have done a good job with our interventions ([Rowan et al., 2020](#)), especially in cases of self-neglect. Certain things are put in place, but if there is no long-term case management, then success becomes challenging for many reasons.

To help reduce recurrence, one participant described a county APS program that implemented a protocol for any recurring report of abuse within six months. Cases are flagged and must be staffed with a supervisor, regional manager and escalated prior to closure with monthly reports tracking the progress. Assessing if that implementation results in an overall decrease in the number of cases coming back allows them to determine what the barriers were to linking with services successfully long term.

Forum participants also identified several persistent challenges related to data collection, such as backlogged cases that often do not reflect real time, and the ways in which referrals are sometimes grouped (e.g., grouped referrals versus allegations). Challenges with search capabilities within data systems (e.g., Salesforce) and issues associated with data quality and data collection practices were also discussed.

One participant asked if there are opportunities to compare data from large cities with data from smaller, more rural areas because they are often quite different systems. This prompted discussion about another issue lacking in data collection – tracking veteran status and providing additional support services to assist APS clients by connecting with Veterans Affairs. Some do track veteran status, however, improving consistency in asking the question and properly documenting it every time can be a struggle.

Another suggested area of improvement related to the severity of the maltreatment being investigated. NAMRS lacks a robust infrastructure to capture extensive information about each allegation, particularly regarding severity (e.g., financial losses, injuries sustained in physical abuse cases). In addition, specific data fields lack the ability to track opioid abuse which was cited as important to record and study.

## What types/kinds of referral services (e.g., legal services, transportation services) are effective for each maltreatment type?

Forum participants said under-resourced APS programs need cost-effective and tailored solutions to be functional and receive appropriate funding. Thus, understanding which referral services are effective for each maltreatment type is pivotal. Further, knowing what is effective provides a better ability to predict outcomes. Some participants said the original question could be further expanded so that it covers not only the types of referral services that are effective for different types of maltreatment, but which are most effective for particular populations (e.g., homeless, rural communities, mental health issues, substance abuse issues).

To build on existing research (e.g., Liu et al., 2022), participants said that information on the frequency and dosage of referral services is helpful to have, as are more details about the services that are provided (e.g., singular or multifaceted/tandem with other services). Having clear information about the time of data collection (e.g., before or concurrent with reporting of outcomes) was cited as important for reducing the data directionality issues that could lead to improper inferences of causality, as was the need for counterfactual data – control groups and data from other time-periods or location services where services are not being delivered to better inform conclusions. APS workers reported needing streamlined data collection processes to avoid worker turnover, as they are often under-resourced, underpaid and overburdened.

Participants cited needing more quality data on referrals to robustly answer this question and APS-related research questions more generally. Another major issue mentioned was the lack of consensus on clear, measurable definitions on constructs like "effectiveness" and "outcomes" (e.g., goal achievement? autonomy determinations?), which were deemed critical to form any conclusions regarding client outcomes.  Notably, this point was also raised repeatedly by the groups discussing another research question: *Does the determination of a successful outcome vary by adult maltreatment type or other factors, and if so, how?* (see above).

## What is the impact of using standardized tools on APS service delivery and client outcomes?

Participants agreed that using standardized tools is important for consistency in practice. When used correctly, tools like the Elder Abuse Decision Support System (EADSS) or the ISO Matrix provide staff the ability to uncover more details on clients' circumstances and can lead to greater consistency across clients, reducing confusion about which services are needed by particular clients. Thus, quantifying the association between standardized tools and client outcomes is important to address.

In the discussions, participants shared a number of different standardized assessments tools used by various states. Some mentioned the need for forensic accounting tools. Others discussed other tools in certain APS systems and programs: Pennsylvania uses the Short Portable Mental Status Questionnaire (SPMSQ); Georgia employs an measure when suspicion arises (based on ISO Matrix); Utah uses the ISO Matrix; California-San Francisco uses the ISO-Matrix, Mini-Cog and Cornell-Penn Interview for Decision Abilities (IDA); and Arkansas uses the Mini-Mental State Assessment (MMSE).

Several participants shared that it was unclear to them which states use which standardized assessments.  Clarifying which programs use which standardized tools could facilitate the development and sharing of best practices and lessons learned.

# Next Steps

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Thanks to the work of our volunteers and NAPSA's support, AADI has met its initial goals. We have created a national network, clarified how APS administrative data is already being used, and identified high priority research questions that can partly be answered through APS administrative data. And, hopefully, our work has also supported existing initiatives to strengthen APS data systems. Our next steps will involve creating longer-term goals and an institutional home.

## Create an institutional home and strategic plan

NAPSA has already expressed interest in continuing to serve as an institutional home for AADI, but we will need some resources and a clear mission to be genuinely useful to the field. To coordinate our work with other efforts like NAMRS, APS TARC and the National Center on Elder Abuse (NCEA), AADI will need to create a strategic plan that identifies significant, currently unmet needs related to APS administrative data, develop a plan to address them, and find resources to support our efforts. This past year was an impressive start that relied entirely on volunteers but continuing to engage the field will require some dedicated staff time. Some examples of discrete, longer-term projects might include the following.

## Create standards for using APS administrative data

NAMRS has done tremendous work establishing a framework for states' APS collection of administrative data. There remains, however, a real need to create standardized metrics for states to report comparable descriptions of their work. One approach could be to provide reporting rates and substantiation rates specific to the different types of populations that APS programs serve. This could include, for instance, separate rates for community-dwelling adults 18-59 and 60+ years old, as well as those for similar age groups who reside in long-term care facilities. Even though some APS programs do not serve all these different types of clients, building on ACL's voluntary consensus guidelines for state APS systems (ACL, 2020b; *Section 7a, Managing Program Data*) could help provide more comparable results for those that do. NAMRS Key Indicators Component (NAMRS, n.d.) might provide a starting point for identifying standardized metrics.

Other standards might relate to cleaning data or choosing population denominators for calculating reporting rates as well as approaches for handling the multi-level structure of APS administrative data (Steinman et al., 2022).  AADI's strategic plan could help prioritize which standards to work on when.

## Identify and resolve unaddressed barriers to agency-researcher collaboration

NAPSA, APS TARC, and NCEA produce valuable training about APS, along with opportunities for practitioners and researchers to interact. Yet AADI might address other barriers that limit collaboration. For instance, agencies often worry that sharing data could make their APS program appear ineffective. Both practitioners and researchers may also hesitate to navigate the legal procedures for sharing data, given a long-standing office culture that values keeping information in house (State Data Sharing Initiative, 2018) and state confidentiality requirements.  AADI could help create templates for data sharing agreements that address agency concerns while granting researchers sufficient freedom to publish. The initiative could also suggest how APS-related funding opportunities could encourage the thoughtful use of administrative data in APS-related grant proposals as well as program evaluations.

Other fields like medicine and economic development have made great progress in overcoming barriers to practitioner-researcher collaboration, and more state and federal entities are now requiring grantees to share data publicly ([State Data Sharing Initiative, 2018](); [Kaiser & Brainard, 2023]()).  AADI could build on these trends to identify barriers in our field and develop approaches for addressing them.

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