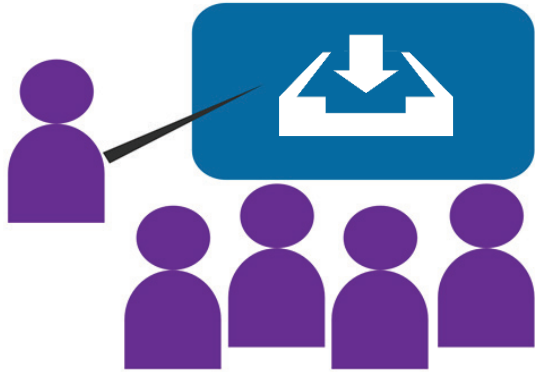


## Intake: The Gateway into APS

Part of the **APS Intake Toolkit** located at <https://apstarc.acl.gov/toolkits>.



### Introduction

Intake is the means adult maltreatment reports are received into the adult protective services (APS) program. This process of gathering information involves:

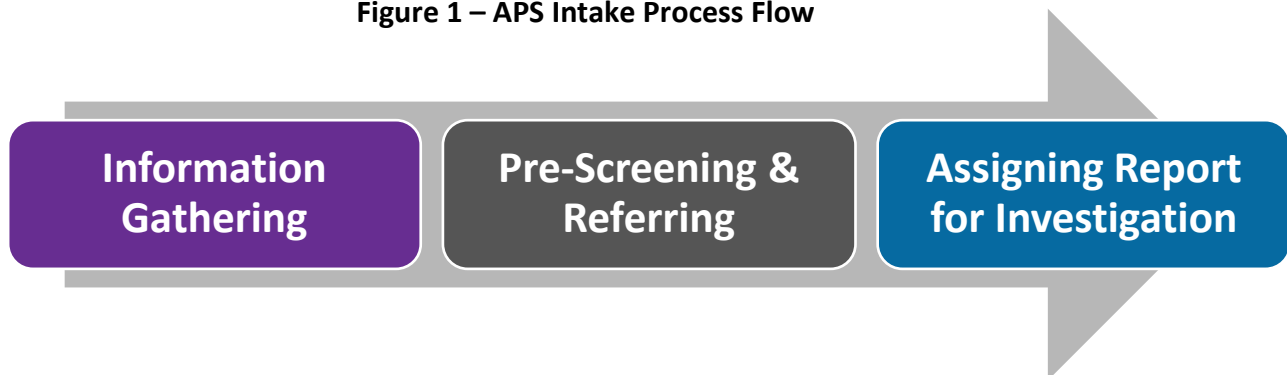
- gathering information to capture details from people (otherwise known as reporters) that possess knowledge of the incident,
- pre-screening reports to determine if the alleged victim meets eligibility criteria, if the details of the allegation meet investigative criteria, or referring to another agency is necessary,
- assigning the report to staff for investigation.

Reports may be received via a variety of different methods including, but not limited to phone, online, in-person (walk-ins), mail, or fax. Regardless of the means of receipt, basic information is required to create a report. Per the Administration for Community Living’s (ACL) [Voluntary Consensus Guidelines for State APS Systems](#) (“Guidelines”), it is recommended that reports be received through “multiple methods” 24/7 every day of the week by APS staff with a standardized process for documenting the report. The Guidelines further recommend that intake include “standardized screening, triaging, and case assignment protocols. This brief will examine key programmatic variables and offer promising practice recommendations to pave the way for intake consistency. Gathering reliable information in a standardized manner and making similar screening decisions will support this goal.

### Information Gathering

The first step in the intake process is to gather information about the incident details. Intake staff solicit information about circumstances that led the reporter to contact intake with concerns about an

**Figure 1 – APS Intake Process Flow**



incident. Using a set of standardized intake process tools guides program consistency when receiving reports into the APS program. These tools may include a predetermined list of questions every reporter must answer for intake staff to capture information to determine whether the report meets criteria to investigate (case assignment). Intake staff ask demographic questions about the alleged victim, alleged perpetrator, and location of the incident to determine jurisdiction. Other information such as knowledge of victim diagnosis/medical information, nature of the maltreatment, witnesses, family members, court ordered guardianships or conservatorship, case management, further threat to the victim or victim safety, and potential safety concerns for the investigator are also clarified. This information is documented in a case management system

## Pre-Screening

The second step is to determine if the victim meets statutory criteria for investigation. APS programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves. (National Adult Protective Services Association, 2022) Without this criteria, staff risk triaging or screening reports in or out inappropriately and inequitably. According to the National Adult Maltreatment Reporting System [Adult Maltreatment Report 2020](#), APS programs received more than 1.3 million reports and accepted 62.3% (774,234) for investigation in FFY 2020. Given the percentage of cases that are not accepted, it is imperative that intake staff be knowledgeable about the resources or services available in the community to refer the reporter to decrease or mitigate the reported risk.

## Voluntary Consensus Guidelines for State APS Systems



### Guideline - Intake

It is recommended that APS systems have a systematic method, means, and ability to promptly receive reports of alleged maltreatment. It is recommended that APS systems establish multiple methods for receiving reports of alleged maltreatment 24 hours a day, 7 days a week (e.g., toll-free telephone hotline, teletypewriter [TTY], fax, Web-based). It is recommended that mechanisms be easily accessible and free to the reporter. The hotline or other service should be fully accessible (e.g., using augmentative communication devices) and it is recommended that programs utilize translation services, including American Sign Language, for reporters who require them.

Intake systems should have an APS staff person on duty to receive and respond to reports. The system should notify APS of all reports taken. The system should have the capacity to respond to emergencies with trained APS personnel.

The system should ensure the protection of the reporter's identity, unless otherwise ordered by a court. Additionally, the system should explain to the reporter the role of APS.

When receiving reports, the system should have a standardized process for eliciting and documenting the content of the report, including, but not limited to, information about:

- the alleged victim and his or her circumstances
- the location of the alleged victim
- the alleged type(s) of maltreatment
- the alleged perpetrator, if any
- the level of response needed to be made by APS due to the alleged victim's situation (e.g., immediate)
- risks that may be encountered by an APS worker in responding to this report (e.g., presence of animals, weapons in the home)

-(Administration for Community Living, 2020)

## Assigning

After all the information is collected and reviewed a decision must be made as to whether the report will be assigned to an investigator and who it should be assigned to. This assignment may come from the intake staff themselves, in consultation with a supervisor, or forwarded to an intake supervisor for review. Assuming all the intake criteria are met, the report is assigned to the proper area or jurisdiction within the APS program. Some states have specialized units based on allegation type while others assign by region, county, city, zip code, etc. Often a field supervisor will then assign the case to an investigator. This assignment of cases is done through a case management system. If the intake is received on a case that has been referred or investigated in the past, then assignment to the prior investigator should be considered for continuity.

## Reporters

As important as it is for intake staff to collect all the pertinent information given to them by reporters, it is equally important for reporters to have access to the information needed when they call to make a report. When reporters do not have sufficient information, it makes it difficult for intake staff to make a screening decision. The ability to make a screening decision is contingent on receiving all the necessary information. Careful consideration should be given to how to respond to reports that may lack the more robust information often provided by mandated reporters/professionals. Traditionally, mandated reporters have access to more information and in greater detail than the average voluntary reporter, which some would argue makes their reports easier to assess and investigate.

Fourteen states have “universal” reporting laws, meaning everyone is a mandated reporter regardless of profession or relationship with the alleged victim.

### Voluntary Consensus Guidelines for State APS Systems



#### Guideline - Screening, Prioritizing, and Assignment of Screened-in Reports

It is recommended that APS systems develop standardized screening, triaging, and case assignment protocols that include, at a minimum, those elements outlined above in the background section.

-(Administration for Community Living, 2020)

Other states only mandate specific categories of professionals (National Adult Maltreatment Reporting System, 2021). Education of all reporters, both public and mandated is crucial to gain an understanding of what to report and what not to, where to report, and what will happen during the investigative process. Many APS programs have utilized grant dollars through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) of 2021 and the American Rescue Plan Act (ARPA) of 2021 for public awareness campaigns. Operational Plans, a requirement of this funding, can be found on the ACL [Elder Justice Act Mandatory Grants](#) webpage and include details of public awareness campaigns. For additional information on public awareness strategies, please see the [APS Public Awareness Toolkit](#).

## Staff

In November 2021, the number of total employment separations increased to 6.3 million, up 382,000 from the previous month (U.S. Bureau of Labor Statistics, n.d.). Undoubtedly, this unprecedented mass exit of working individuals was brought on in part by the COVID-19 pandemic. This phenomenon is now widely being called the “Great Resignation” (Kaplan, 2021). The pandemic, coupled with ongoing competition with other industries offering higher wages, has left APS programs struggling to meet demand. Without

the dedicated trained intake staff to take reports, the insight into what is important to investigators is often missed.

Who is best suited to receive APS reports is dependent on many factors. States with large budgets may be able to afford both college-educated intake and investigative staff. Others struggle bringing enough degreed investigators into the program and focus intake efforts on the customer service roles with staff that can build rapport with clients, record information quickly, and are more accustomed to a call center type environment. The top customer service skills are patience, clear communication, remaining positive, empathy and adaptability (Linked in, 2022). A combined approach of using paraprofessionals trained in documentation techniques and leaving the screening/assignment decisions to professionals is a third option. None of these approaches are wrong, but what remains a constant is the need to train these staff.

## Training

The National Adult Protective Services Association (NAPSA) has defined 23 Core Competency training areas. Of these 23 areas, Core Competency #16, [Investigation First Steps](#), mentions intake. APS programs develop intake training on their own, which may be both a blessing and curse. As discussed, with no ongoing dedicated federal funding, intake training may not be prioritized. If an APS program can find dollars in their budget, customized intake training per state laws and jurisdictions would be very beneficial.

In 2021 ACL announced the development of the [National Adult Protective Services Training Center](#) (NATC). The NATC will provide up-to-date, relevant, practical, and consistent training to APS workers and supervisors using an e-learning platform at no cost. At every stage of the project, NATC will engage with

APS professionals to better understand workforce development needs and gaps in existing training, inform project activities, review curricula and proposed dissemination strategies (Administration for Community Living, 2021). Perhaps in assessing training gaps, there could be more focused intake training if NATC and APS programs determine this is a priority in the coming years. The planned rollout of the NATC learning management system is August of 2022.

## Data and Technology

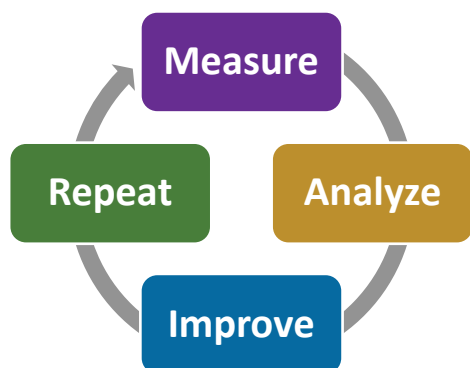
With the infusion of one-time federal funding of more than \$179 million in 2021, many APS programs are looking to enhance their ability to collect data. APS programs are utilizing CRRSA and ARPA funds to develop or enhance databases, data fields, collection methods and phone systems. The importance of intake data should not be overlooked.

APS programs may consider data barriers within their phone, online, or data systems and draft an emergency preparedness plan in case systems fail. Creating and referencing a continuity of operations plan (COOP) can ensure information can be collected during emergent situations regardless of technical issues that may arise (resources for developing a plan are available [from FEMA](#)). Data systems may be outdated and in need of repair or replacement. This presents an opportunity for APS programs to evaluate any intake tools that are not automated and consider adjusting them to ensure data completeness and consistency, reduce redundancy, and facilitate timely routing. Online reporting can make it easier for data to be collected timely with little staff intervention, but consideration should be taken to confirm the right information is being collected and to the routing of emergent or highly time-sensitive referrals. Having to frequently reach back out to reporters for additional information after the initial online report has been made creates

unnecessary rework (and may not be allowed in certain areas). If all the information is collected initially, intake staff can focus their efforts on other aspects of intake. Additionally, it is important that a prominent message is displayed encouraging reporters to use alternate reporting methods in the case of an emergency if online reports are only viewed once daily or less frequently than via other methods. Most programs have highly time-sensitive response requirements for emergencies. Valuable hours can be lost if staff are not alerted by such a report.

## Quality Assurance

Figure 2 – Quality Assurance Process



APS program success means investigations are conducted timely, clients are protected, and maltreatment is mitigated. To accomplish these things, continuous improvement must be considered. Innovative and efficient strategies can advance programs and lead to better outcomes. Consider formulating measures and standards to identify program improvement areas. It is important that these areas be measurable so data can be analyzed. Improvement areas should be identified from this data and then the cycle repeats. Figure 2 illustrates the process of evaluating performance to standardize processes.

Intake consistency is an integral part of quality assurance. Sometimes there are gaps that aren't

recognized until consistency is examined. This is where a strong quality assurance (QA) program comes into play. QA is a way for APS to monitor the effectiveness of training, policies, procedures, etc. to ensure they are being interpreted consistently and reports are screened in/out reliably from one staff member to another. The APS TARC created the [Quality Improvement Toolkit](#) which may be helpful when considering implementing continuous quality improvement strategies.

## Conclusion

This brief discussed some of the important facets of intake, but it wouldn't be a brief if we covered them all. When APS programs demonstrate consistent practice in data collection, hiring and training of staff; and measure intake outcomes they enhance the information collected and better prepare investigative staff to conduct a thorough investigation. Everything starts at intake therefore it is important to set staff up for success. Staff success equals enhanced client protection. Though there have been tremendous strides and efforts to infuse funds into APS programs recently, APS programs still dream of ongoing dedicated federal funding to support all aspects of their program including intake.

The APS TARC is committed to helping states enhance their APS program intake efficiency and effectiveness. Our goal is to pave a way for future intake consistency in APS practice. Please [contact us](#) if you are interested in further discussion of this vital topic or any other topic.

**APS TARC**  
Adult Protective Services Technical Assistance Resource Center



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