A Best Practice Model for Adult Protective Services (APS): The Structured Decision Making® (SDM) System for APS

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Practice Improvement Goals

• What BEAS was looking for
  » system/practice change
  » consistency in decision-making
  » systematic approach to assessment
  » striving for best practices and,
  » need for quantitative ways to and assess outcomes and resource issues

• Process of evaluating SDM as a potential model
1. Promote the safety of vulnerable adults.

2. Improve need identification for vulnerable adults.

3. Decrease the incidence (recurrence) of self-neglect and mistreatment by others.
SDM® APS Model Objectives

• Provide workers with **simple, objective, reliable** assessment tools to support their decisions.

• Increase **consistency** and **accuracy** in decision making.

• Provide managers and administrators with **management information** for improved program planning, evaluation, and resource allocation.
Principles of SDM® systems

- Reliability
- Validity
- Equity
- Utility
- Efficacy
SDM® as Part of a Client Centered Practice Framework

- Tools don’t make decisions...people do.
- Research and structured tools can help guide and support decision-making to improve outcomes.
- Should be integrated within a context of engagement strategies
SDM® System for APS Process

Intake Assessment
- Screening Criteria
- Response Priority
- At initial/in-person contact

Safety Assessment
- Current/immediate harm
- At initial in-person contact

Risk Assessment
- Likelihood of future harm
- At end of investigation

Strengths & Needs Assessment
- Comprehensive assessment of functioning
- Focuses service planning
Review of the Research

Developing the Risk Assessment
Risk Assessment in APS

• Goal is to classify adults by the likelihood of future abuse/neglect/exploitation or self-neglect
• Future maltreatment (outcome) measured as subsequent APS investigation or substantiation
• Inform case opening decisions and/or contact standards and/or other service interventions
• Focus engagement on adults most in need of services
What “RISK” means in SDM® terms

• When you ask, “What is the RISK to this client?”, in the SDM system, it means “What is the likelihood that this person will be re-referred and the report of maltreatment or self-neglect substantiated for another incident of harm in the next 12 months?”

• This is a different question than:
  » What are your concerns about the client’s safety (at intake or investigation)?
  » Should the allegations be substantiated?
  » What does the client need in order to reduce continued threats to safety and well-being?
“Risk” in the SDM® Context

• Occurs at the end of the investigation/assessment
• Informs:
  » Types of service interventions/need for ongoing service
  » Level of engagement with clients who are opened for services
Preliminary Work Leading to the Risk Assessment Study (2008)

- Analysis of NH administrative case data to examine base rates (feasibility)
- Conducted a survey of the states on existing risk assessments
- Conducted a comprehensive literature review
  - Review of descriptive studies
  - Studies of elder abuse/neglect assessments
- Constructed a data collection instrument that NH APS staff completed on every investigation for a period of time
Developing a Risk Assessment

- Department of Justice, National Institute of Justice grant (Oct ‘08)
  - Development of an actuarial risk assessment for APS
  - New Hampshire Bureau of Elderly and Adult Services
  - Three phase project
    - Phase 1: preliminary tool development, training, reliability testing
    - Phase 2: process evaluation and management reports
    - Phase 3: validation study

This research was made possible by the National Institute of Justice grant 2008-IJ-CX-0025, “Developing an Actuarial Risk Assessment for Adult Protective Services.”
What is actuarial risk research?

- A simple statistical procedure for estimating the probability that a “critical” event will occur at some future time.

- In the auto insurance industry, the critical event is a car accident involving a driver insured by the agency. Among breast cancer patients, the critical event is recurrence of cancer, and risk informs treatment determination.

- In this case, the critical event is the likelihood of future self-neglect or abuse/neglect by another person.
Risk Assessment

- **Prediction**: Declares in advance on the basis of observation, experience, or scientific reason.

  vs.

- **Classification**: The systematic arrangement in groups or categories according to established criteria.
Description of the Sample

- Sample includes 996 clients with a risk assessment data collection instrument (RADCI) completed between October 2008 and September 2009.
- 763 clients were selected for a risk assessment construction sample and 233 clients were selected for a validation sample.
- Of the 763 clients in the construction sample:
  - 63.8% were female and 35.1% were male;
  - 26.6% were under the age of 60 and 73.4% were 60+;
  - 42.7% were living alone in their own home;
  - 67.8% were investigated for self-neglect and 33.8% were investigated for mistreatment by another person;
  - 52.2% included a substantiated allegation.
Prospective Sample Timeframe

Sample period: March 2009 to September 2009

Six-month standardized follow-up period: September 2009 to March 2010

Outcomes: investigation and substantiation
Subsequent BEAS Agency Involvement During Six-month Follow-up Period

N = 763

National Institute of Justice grant 2008-IJ-CX-0025

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Development of Risk Indices

• Look at the relationship of all possible risk factors to the self-neglect or abuse/neglect outcomes.

• Select the characteristics with the strongest statistical relationship to each outcome and create one index with factors related to self-neglect and one with factors related to mistreatment (abuse/neglect) by another person.

• When the indices are completed, the result is one score for self-neglect and one for abuse/neglect by another person. Defined cut points translate these scores into risk classifications (low, moderate, high).

• The higher of the two becomes the overall risk level.
Self-neglect Outcomes by Self-neglect Risk Level

N = 763; base rate, investigation = 6.2%; base rate, substantiation = 4.3%.

National Institute of Justice grant 2008-IJ-CX-0025
Abuse/Neglect Investigation Outcomes by Mistreatment (Abuse/Neglect) Risk Level

N = 763; base rate, investigation = 4.5%; base rate, substantiation = 1.0%.

National Institute of Justice grant 2008-IJ-CX-0025
Overall Outcomes by Overall Risk Level

N = 763; base rate, investigation = 10.1%; base rate, substantiation = 5.2%.

National Institute of Justice grant 2008-IJ-CX-0025
Overall Risk Level Distribution

- Low: 248 (32.5%)
- Moderate: 406 (53.2%)
- High: 109 (14.3%)

N = 763
Limitations of Actuarial Risk Assessment

• It estimates the future probability of future harm (self-neglect or abuse/neglect by another person) among clients with similar characteristics. It does not yield infallible predictions for individual clients.

• It is NOT a substitute for sound professional judgment.

• Appropriate use requires that workers understand how risk assessment instruments work and receive the training and policy guidance necessary to employ them effectively.
# NH APS Risk-based Contact Standards

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Decision</th>
<th>Exceptions</th>
<th>Contact Standard</th>
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| Low        | Case not opened, regardless of finding | Open low risk if:  
- Continuing an active case  
- Supervisor approves APSW recommendation to open case  
- Safety threats identified at the beginning of the investigation remain unresolved at the end of the investigation | One monthly face-to-face contact |
| Moderate   | Case opened, regardless of finding | Do not open moderate or high risk if:  
- Refused services  
- Problem resolved (referral to community services) | Two monthly face-to-face contacts AND One collateral contact |
| High       | | | Three monthly face-to-face contacts AND Two collateral contacts |
Implications of Structured and Research-based Assessments for APS Practice

• Promotes consistency, validity, and equity in assessment
• Provides clarity and helps conceptualize “risk”
  » Establishes that risk, while related, is different from safety and needs
• Helps agencies target resources in more effective ways
  » Reducing recidivism by helping workers direct services to clients most in need.
  » Can help supervisors make more equitable case assignments (workload vs. caseload)
  » Can help supervisors and administrators make more effective staffing decisions
  » Can help identify where and what types of resources are most needed.
Development and Implementation: Summary of Activities and Timeline

- Development and implementation timeline
- Instrument and policy & procedure development
  - customization process
  - partnership among
    - workgroup
    - supervisors
    - administration
    - consultants
Development and Implementation: IT Challenges

SDM instruments implemented: October 2008
  – as word documents

IT System Schedule

- Intake Assessment (released: 11/2009)
- Safety Assessment (released: 06/2010)
- Risk Assessment
  - web-based data collection (10/2008)
  - web-based pilot (08/2010)
  - final assessment (spring 2012)
- Strengths and Needs Assessment (scheduled: spring 2011)
Development and Implementation: Resistance to Change

Project began: summer of 2007
Instruments implemented: Oct. 2008
Staff and supervisors surveyed: March 2010

» Which instruments do you refer to during your investigations?
» Which instruments do you refer to when opening a case?
» Has completing the instruments become part of your routine?
» Which instruments are reviewed & discussed in supervision?
» Do contact notes reflect the information provided by the instruments?
» Do the instruments help you prioritize your work?
Development and Implementation: Resistance to Change

Survey results

» More experience, less buy-in
  - “we are completing all instruments because we are told we have to”
  - “when I have a few extra minutes-not a priority”
  - “forms have no bearing on the investigation outcome”
  - “I do my own assessments ...based on policy, procedures, my skills, education & experience”

» Lack of (some) supervisor buy-in
  - Which instruments are reviewed & discussed in supervision?
    - “None”
    - “Not current practice”
Development and Implementation: Resistance to Change

Action Steps

» Performance evaluations: staff and supervisors

» Increased engagement of supervisors

» Ongoing support and consultation

» Monitoring and evaluation
Development and Implementation: Successes

Data!!

APS Intakes: Nov. 2009 - July 2010

- Level 1: 45 (2%)
- Level 2: 1794 (98%)

APS Risk Assessments: August 2010

- Low risk: 109 (51%)
- Moderate risk: 75 (35%)
- High risk: 29 (14%)
Development and Implementation: Strategies and Successes

- Top-level administrative support
- Shared development with internal/external stakeholders
  » Social workers, support staff, supervisors, program/bureau/division administration, NCCD
- Talk the talk, walk the walk
Development and Implementation: Impact on Practice

• Conversations include...
  » Level 1, level 2
  » Safe, conditionally safe, unsafe, safety plan
  » Low, moderate, high risk

• Recent conversation with supervisor:
  » “if this is high risk but the worker indicated the victim didn’t want protective services, then I need to take a closer look”
Status and Goals

• NH APS during and after SDM
  » Staff confidence in decision-making
    ▪ Expect better client outcomes
      – improved safety, reduced risk, more effective case planning
  » Internal and external stakeholder confidence in APS, BEAS
  » Improved program planning and development
Next Steps

• Process Evaluation (Fall 2010)
  » Case review
  » Focus groups with staff
  » Data analysis

• Validation Study (now - June 2012)
  » Ongoing implementation and data collection (started Aug 2010)
  » 12-month standardized follow-up period
Questions?

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Thank you!

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