

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

September 2010

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- 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.

- 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

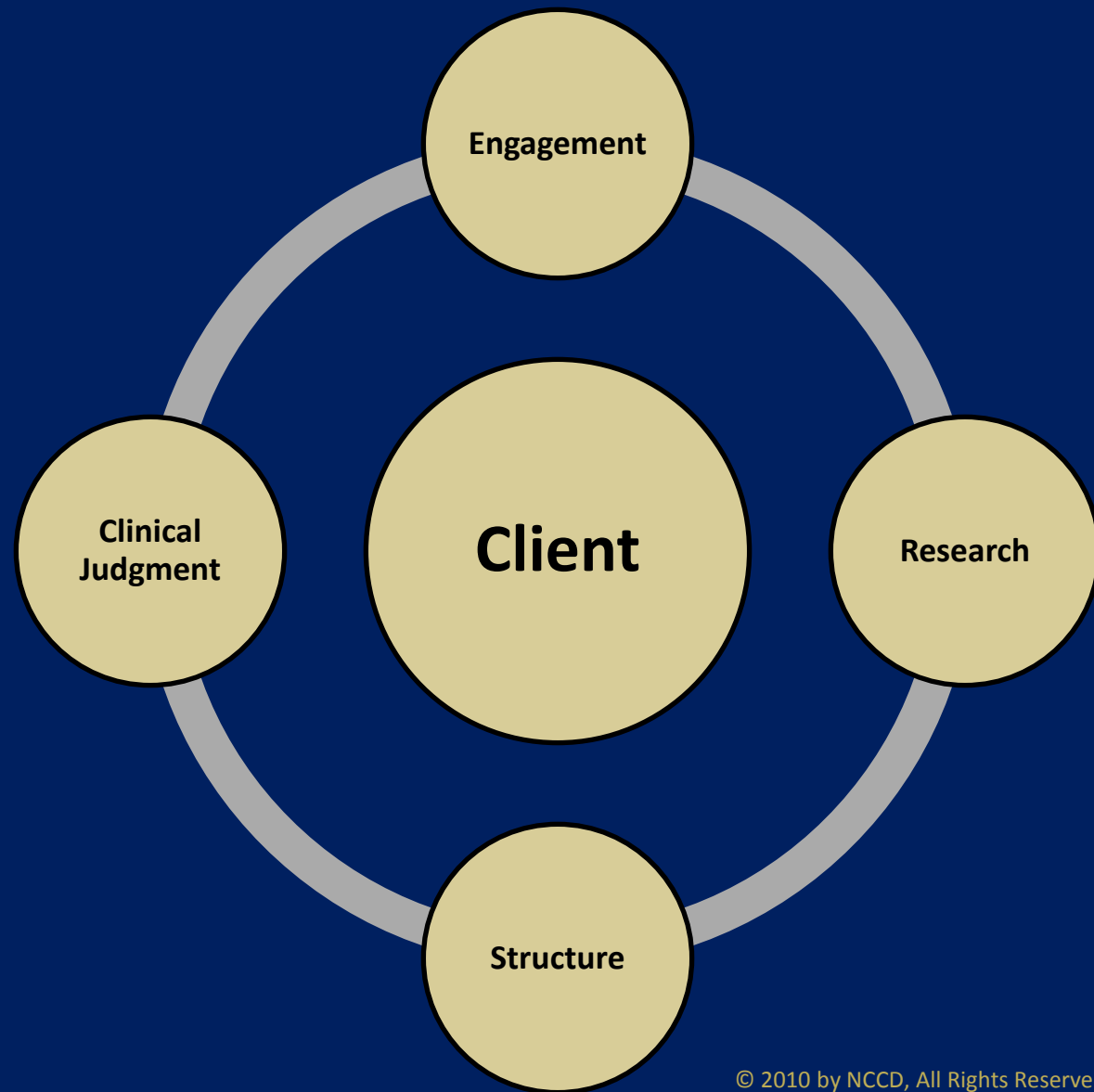
Utility

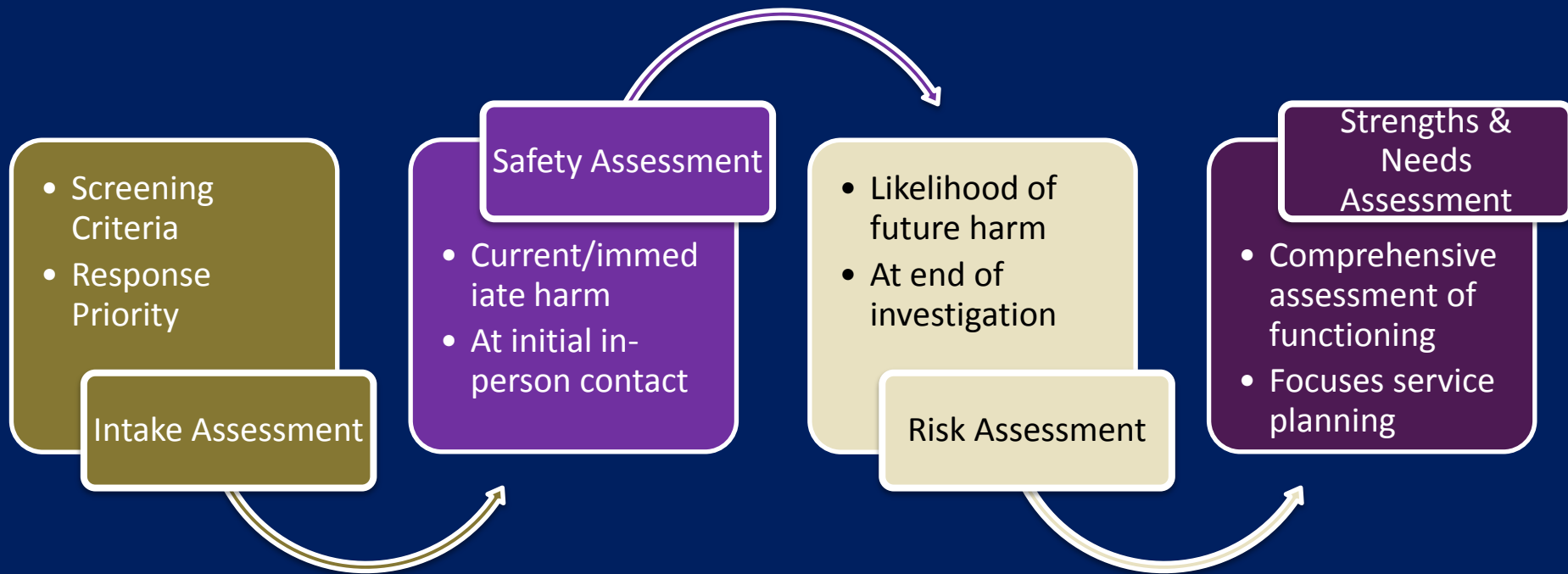
Efficacy

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





Review of the Research

Developing the Risk Assessment

- 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?

- 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

- 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

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.**

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

vs.

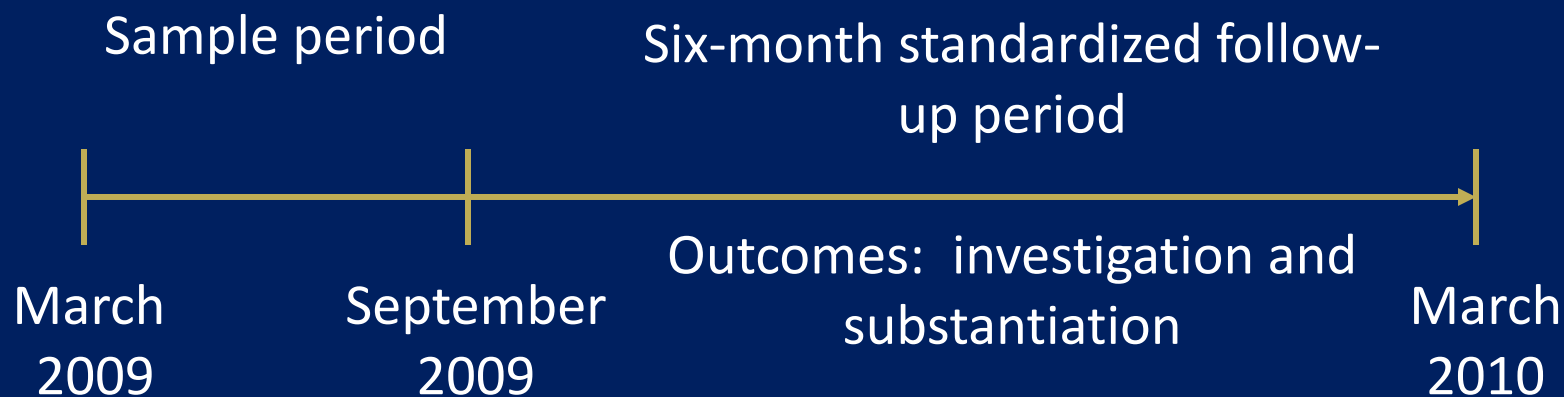
- Classification: The systematic arrangement in groups or categories according to established criteria.

Description of the Sample



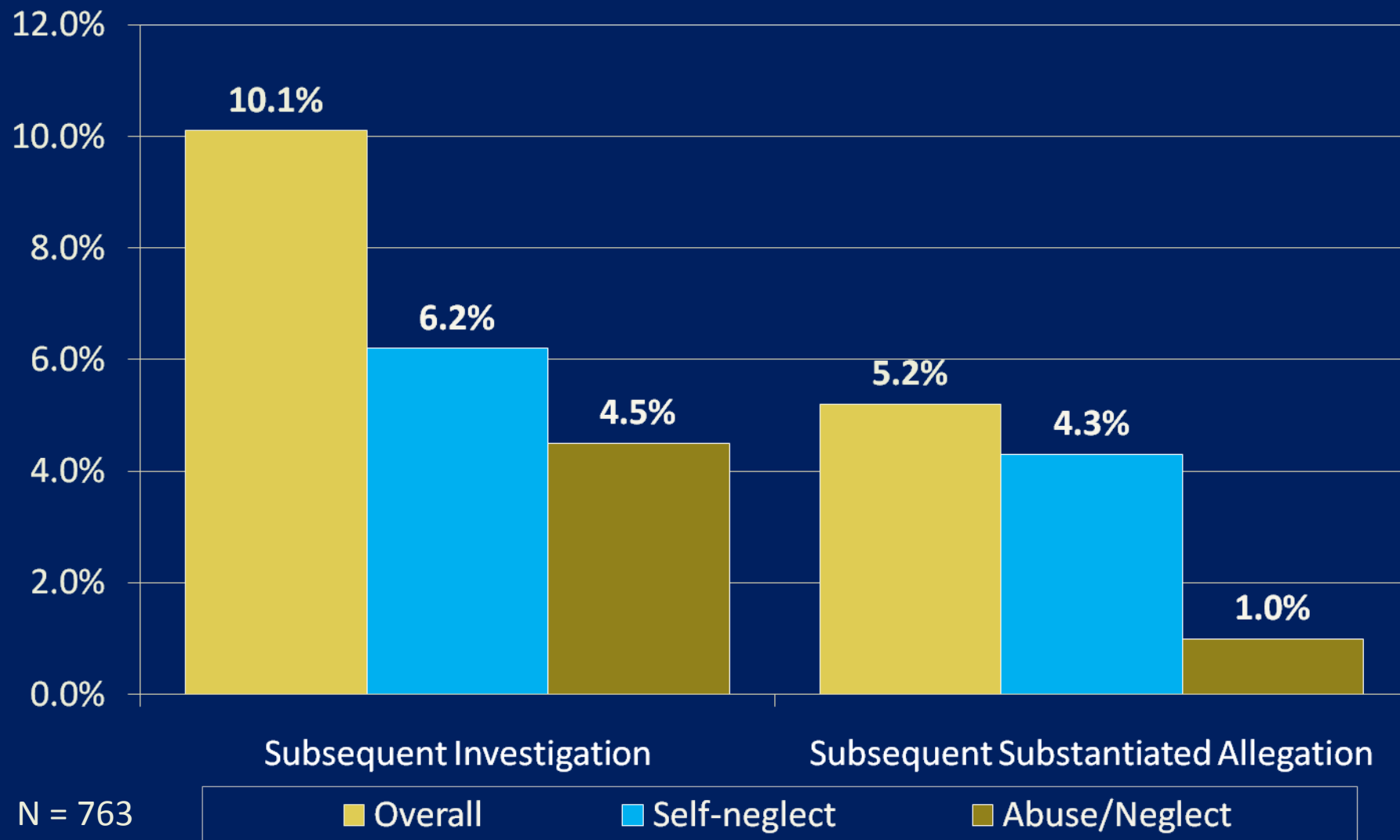
- Sample includes 996 clients with a risk assessment data collection instrument (RADCI) completed between October 2008 and September 2009.
- 763 clients were selected for a risk assessment construction sample and 233 clients were selected for a validation sample.
- Of the 763 clients in the construction 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



Subsequent BEAS Agency Involvement During Six-month Follow-up Period

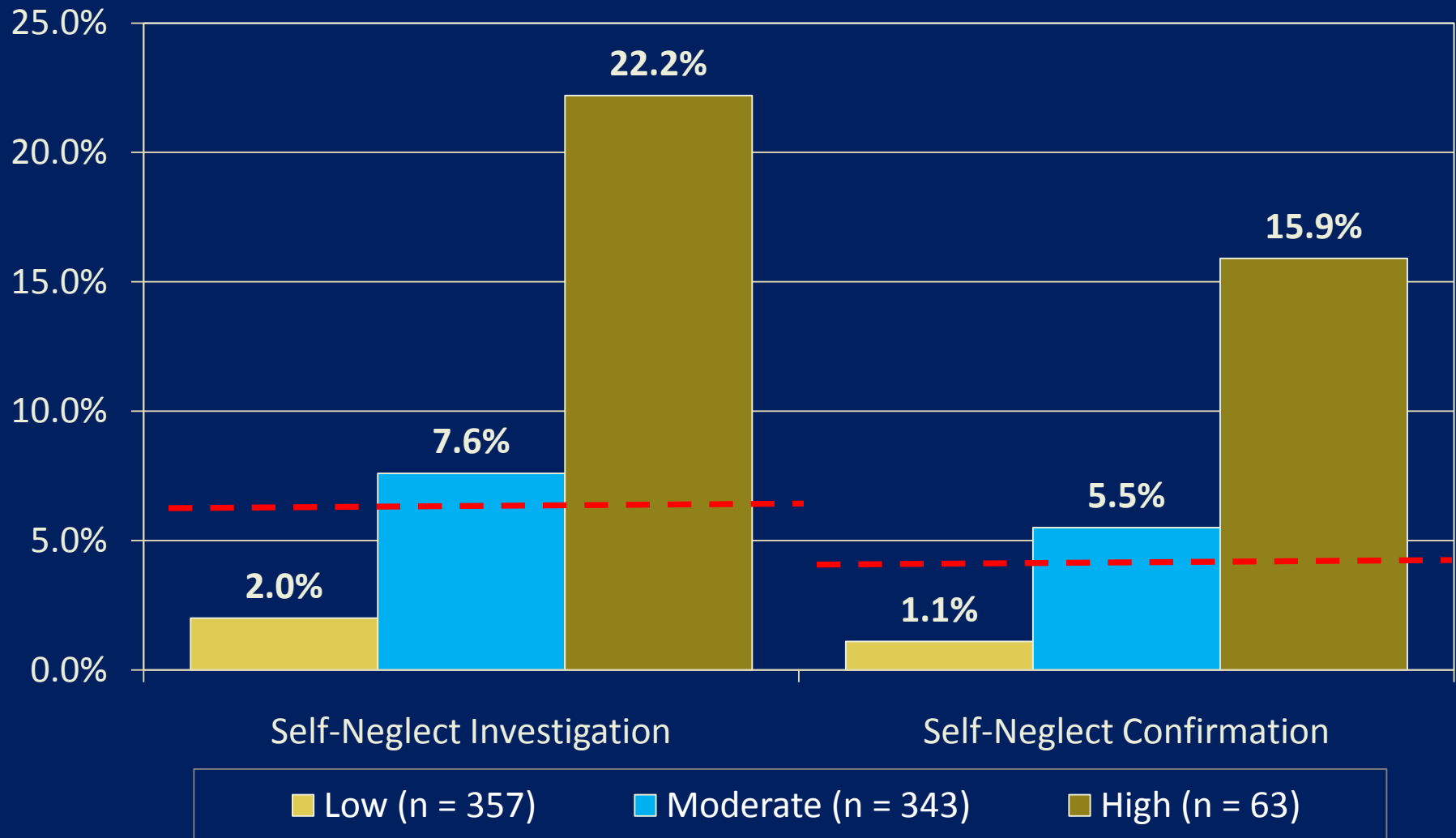
NCCD



- 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.

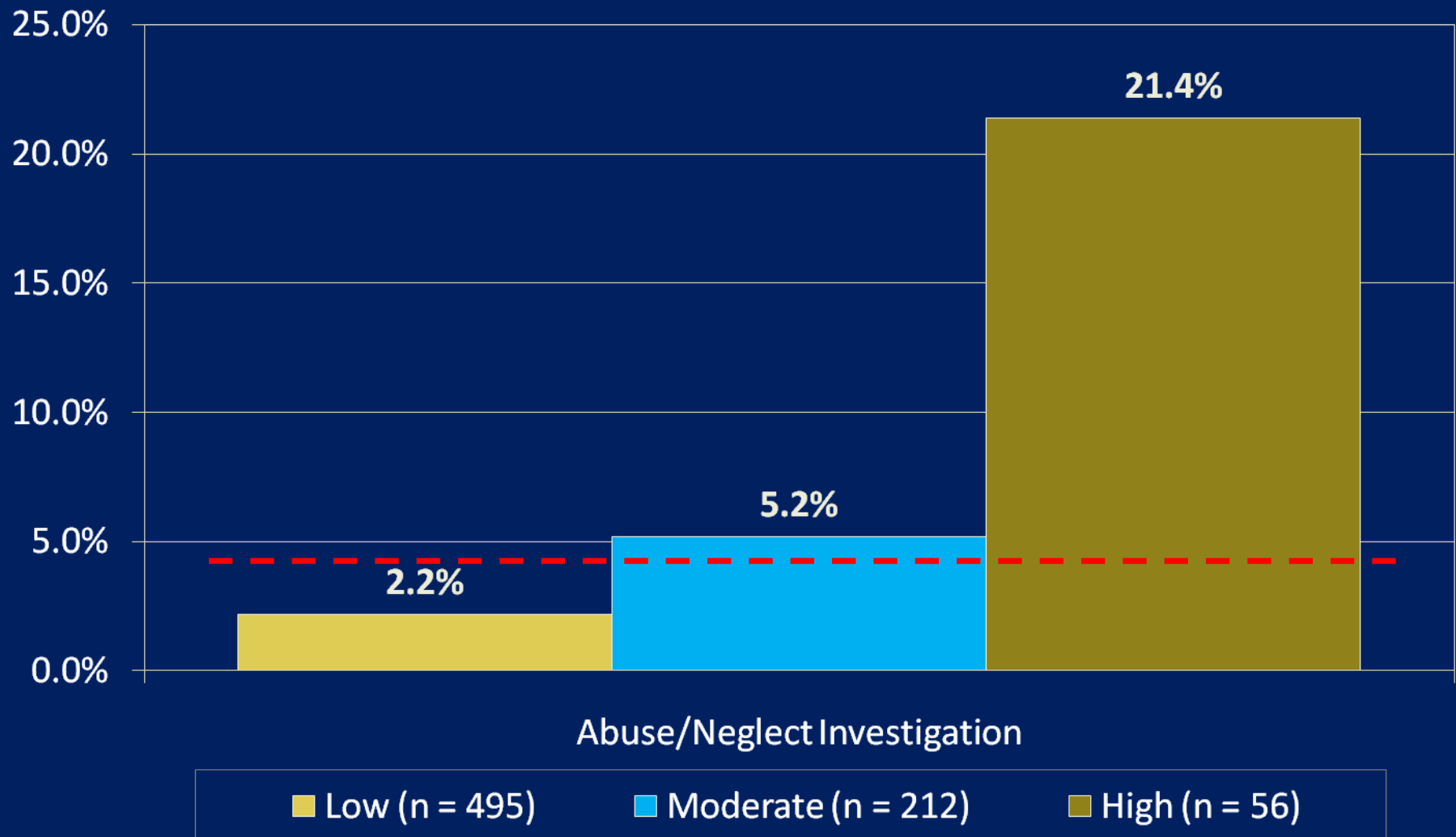
Self-neglect Outcomes by Self-neglect Risk Level

NCCD



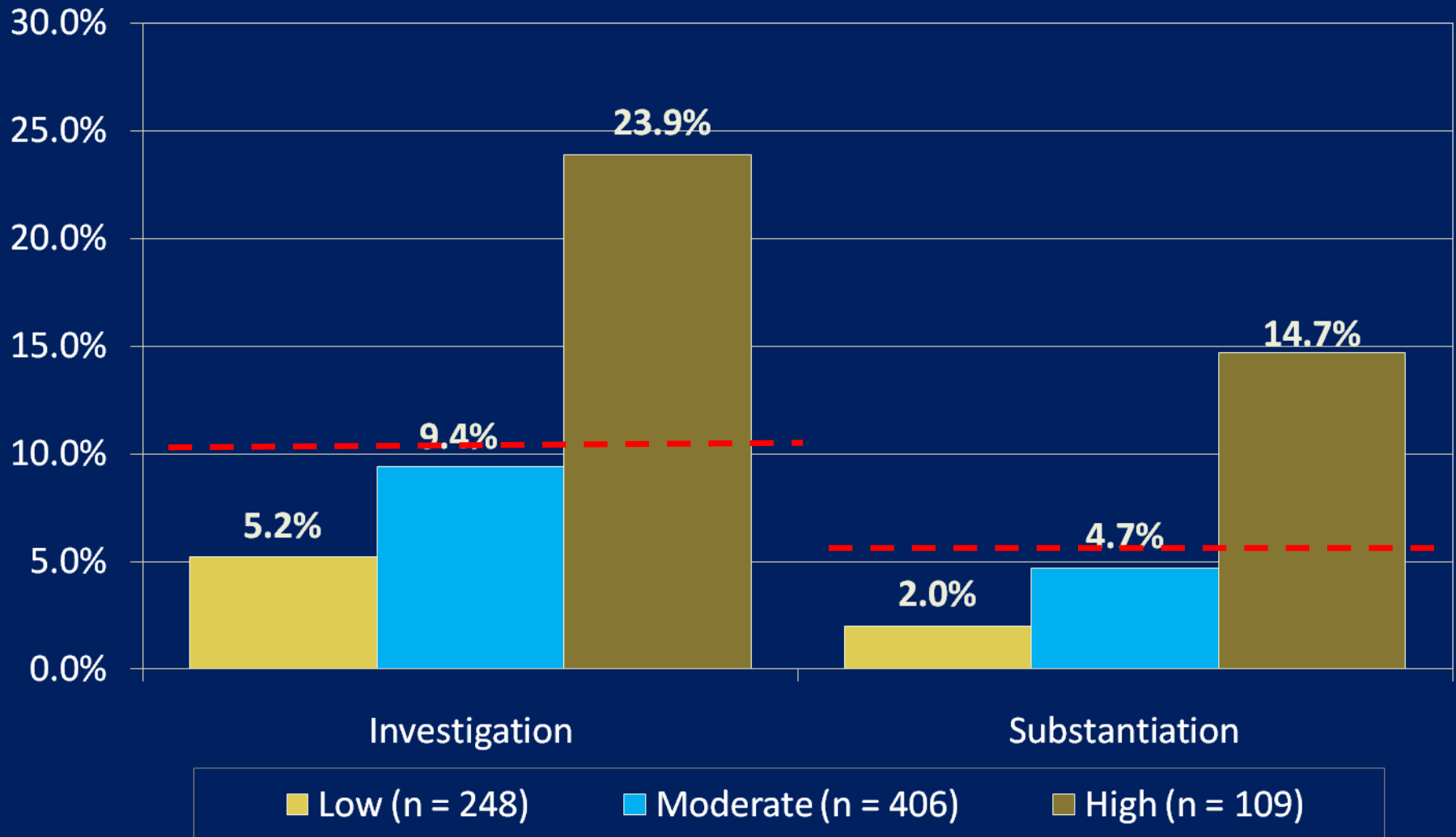
N = 763; base rate, investigation = 6.2%; base rate, substantiation = 4.3%.

Abuse/Neglect Investigation Outcomes by Mistreatment (Abuse/Neglect) Risk Level



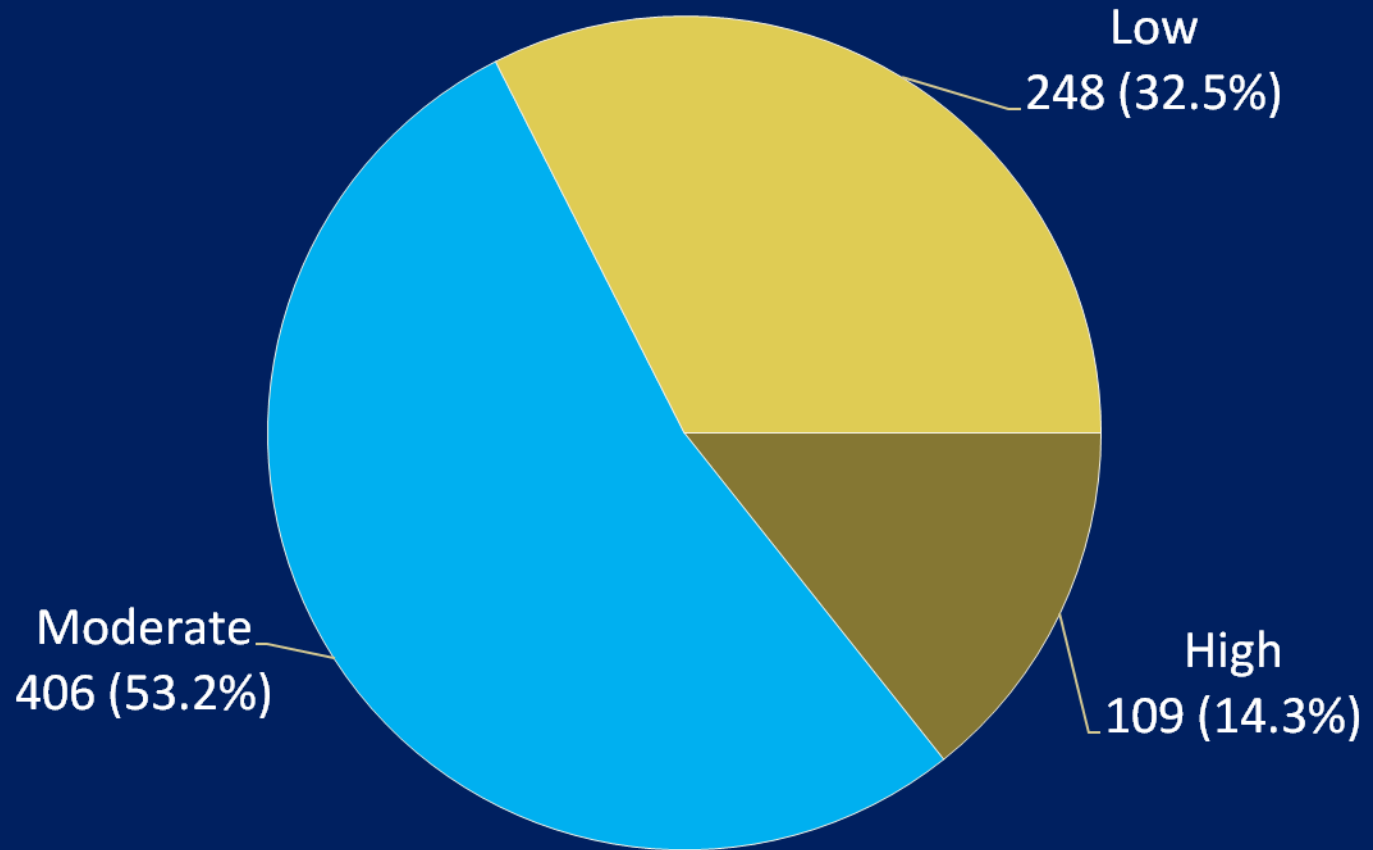
N = 763; base rate, investigation = 4.5%; base rate, substantiation = 1.0%.

Overall Outcomes by Overall Risk Level



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

Overall Risk Level Distribution



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



Risk Level	Decision	Exceptions	Contact Standard
Low	Case <u>not opened</u> , regardless of finding	<u>Open</u> low risk if: <ul style="list-style-type: none"> •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 <u>opened</u> , regardless of finding.	<u>Do not open</u> moderate or high risk if: <ul style="list-style-type: none"> •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

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?

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

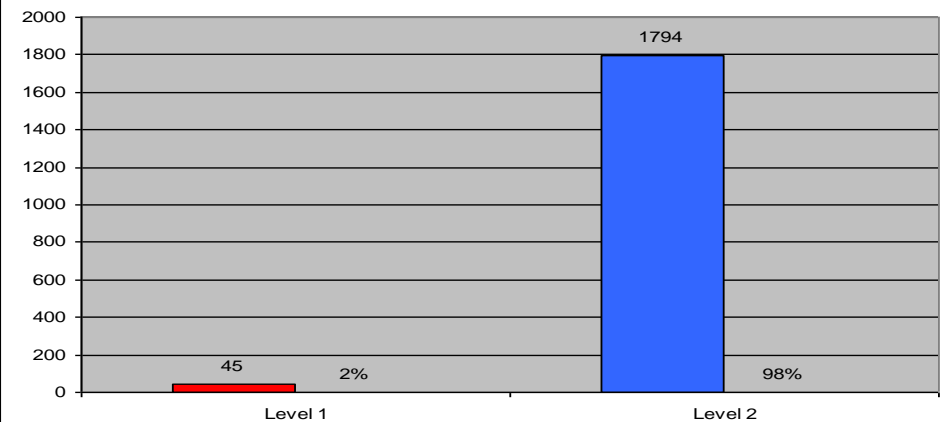
Action Steps

- » Performance evaluations: staff and supervisors
- » Increased engagement of supervisors
- » Ongoing support and consultation
- » Monitoring and evaluation

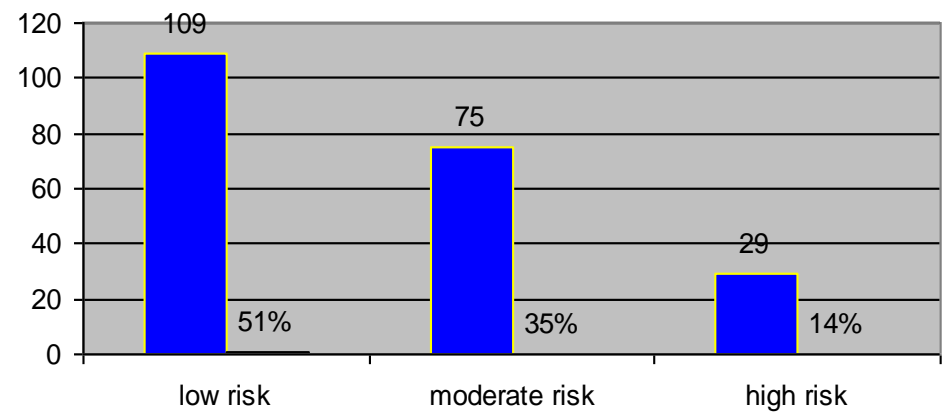
Development and Implementation: Successes

Data!!

APS Intakes: Nov. 2009 - July 2010



APS Risk Assessments: August 2010



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”

- 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

- 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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