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2010 Innovations Awards Application

Deadline: March 1, 2010

ID # (assigned by CSG): 10-E-09NH

Please provide the following information, adding space as necessary:

State: New Hampshire

Assign Program Category (applicant): Health and Human Services, Human Services

1. Program Name: New Hampshire Adult Protective Services Structured Decision Making® System.
2. Administering Agency: New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (NH BEAS)
3. Contact Person (Name and Title): Kathleen Otte, Director, Bureau of Elderly and Adult Services
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9. Please provide a two-sentence description of the program.
New Hampshire's Bureau of Elderly and Adult Services (BEAS) has developed and implemented a series of structured decision support tools for its Adult Protective Services (APS) program to assist the Adult Protective Service Workers (APSW) in making decisions in the often complex and critical situations they face. This system of tools and policies that BEAS adopted provides social workers and supervisors with objective, reliable instruments with which to make decisions at critical points throughout a case and provides management with information for planning, evaluation and resource allocation.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2010 to be considered.

The Structured Decision Making® project began once a contract was finalized between BEAS and the National Council on Crime and Delinquency (NCCD) in May 2007. The project design included the development of three instruments and policies and the development of a data collection instrument and policy. These four instruments were implemented statewide in October 2008 as word processing documents. One instrument has been incorporated into the bureau's electronic case management system with two others scheduled for release the fall of 2010. The fourth instrument, the data collection instrument, provides data for the ultimate development of a research-based, valid risk assessment instrument which is scheduled for implementation in July 2010.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

BEAS was committed to improving the quality and consistency of the assessments of reports of maltreatment and self-neglect by its social workers as these critical tasks were expected to become more challenging to complete with increasing caseloads and limited resources including staff training. BEAS was also interested in expanded APS data related to these critical tasks to inform supervisors, administrators and policy makers about the needs of the vulnerable populations served, workload and the adequacy of community resources.

12. Describe the specific activities and operations of the program in chronological order.

An SDM® *Intake Assessment* is begun as soon as a report of maltreatment or self-neglect regarding an incapacitated adult is made, usually by telephone, to an APS Intake Worker. This electronic assessment is completed by the end of the initial contact or shortly thereafter. Once completed, the regional office serving the town or city where the alleged victim resides reviews the *Intake Assessment* which includes a determination of whether an immediate response is necessary, i.e., within twenty-four hours.

The APSW contacts the alleged victim to make an appointment to begin an investigation to determine if the report of maltreatment or self-neglect is true and if the alleged victim is safe or is in immediate danger of serious harm. During the initial visit with the alleged victim, the SDM® *Safety Assessment* is completed and a *Safety Plan* developed if the alleged victim is determined not to be safe, i.e., is conditionally safe or unsafe.

The investigation phase may take up to sixty days. The APSW will complete an SDM® *Risk Assessment Data Collection Instrument* prior to the close of the investigation. This assessment captures data on the likelihood of future maltreatment and thus differs from the *Safety Assessment* which addresses the alleged victim's current safety status. The *Risk Assessment Data Collection Instrument's* primary purpose is to gather information for the development of the research-based, valid risk assessment.

13. Why is the program a new and creative approach or method?

BEAS found that there are a large number of child protection systems that have developed a Structured Decision Making® system including New Hampshire's Division for Children and Family (DCYF). The DCYF SDM® system was developed a number of years ago giving DCYF the opportunity to not only continuously assess and improve the consistency and quality of its SDM® system and the programs' practices influenced by the SDM® tools, but also to incorporate data from the SDM® tools into its management information system.

Though there were no statewide SDM® systems yet developed in APS programs but NCCD was interested in continuing its development of SDM® tools for Adult Protection systems.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The development and implementation of all the SDM® tools has been fully funded through federal grants. The grant awarded to the NH Department of Health and Human Services to expand and improve its quality assurance / quality improvement activities within the Division of Community Based Care Services, of which BEAS is one of the largest bureaus, provided the funding from June 2007 to September 2009 when four tools were developed, tested and implemented. Funding for the development of the final tool, the risk assessment, is provided by a grant awarded to NCCD; this phase of the project is from October 2009 through June 2012.

15. What are the program's annual operational costs?

There is no ongoing, annual operational cost to support this program beyond the staff time already allocated to APS, BEAS administration and the department's information technology staff.

16. How is the program funded?

BEAS' operational costs are funded through a combination of federal funds, grants and the state's general funds.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

Not directly, however, since the program must reflect APS regulations, some sections of existing regulations were found to be inconsistent with current best practices and are being rewritten.

18. What equipment, technology and software are used to operate and administer this program?

The BEAS SDM® system did not and will not require any additional or special software or equipment for operational purposes; the already existing computer applications and programs were and continue to be adequate.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

According to NCCD, the developer of SDM® systems, New Hampshire remains the first state to develop and implement a comprehensive, statewide SDM® system in its APS program.

The National Council on Crime and Delinquency, Children's Research Division, is the developer of the Structured Decision Making® model which has been used in child protection, adult protection, education, juvenile justice, and other similar settings. The project lead from NCCD is Ms. Kathy Park, Assistant Director of the Children's Research Division. Ms. Park can be reached at 426 S. Yellowstone Drive, Suite 250, Madison, Wisconsin, 53719 or by telephone at 608-831-8882. NCCD's website is: www.nccd-crc.org.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Per a recent NCCD publication¹, NCCD is working with two other jurisdictions to develop and implement SDM® instruments in APS systems, one of which is Riverside County California. NH remains unique in having developed a comprehensive, statewide SDM® system.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

BEAS' SDM® system has implemented four assessments which addresses the primary critical decision points in the life of a report to APS. The *Risk Assessment Data Collection Instrument*, though implemented, is the precursor to a final risk assessment. The purposes of the data collection tool are, primarily, to provide information for the development of a final, research-based, valid risk assessment and, secondarily, to inform case practice during this data collection phase.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

BEAS is pleased with the progress to date on the issues cited in question #11, i.e., improving the quality and the consistency of the assessments of reports of maltreatment and self-neglect, of decisions made from intake, investigation through to case planning and of expanding the pool of APS information regarding workload and adequacy of services. Though some of the gathering of the data remains manual, new management information reports have been developed.

The SDM® Workgroup members have not only been the resource in their respective offices regarding SDM®, they have remain committed to the project and the SDM® system. Not only has no original member resigned, the membership has expanded as individual offices request representation. The workgroup meetings have become the forum for discussing, in detail, what is working well as well as what might be unclear and needs clarification or revision.

23. How has the program grown and/or changed since its inception?

The SDM® workgroup members have been more and more enthusiastic as they discuss the value of the various instruments; some have said they find the *Safety Assessment* particularly useful, others have said they find the *Strengths and Needs Assessment* helpful. An example of building on an assessment's usefulness, APS developed a form based on the *Strengths and Needs Assessment* to prioritize access to limited community resources.

With the *Intake Assessment* incorporated into the electronic case management system in November 2009, reports are more easily developed allowing for regular status reports for supervisors, their staff and administration

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

BEAS was not surprised to hear from some APS staff who expressed concern about the value of the proposed new SDM® system of assessments as they said that the information the proposed

¹ *Structuring Decisions in Adult Protective Services*, February 2010

assessments were designed to capture, was already being taken in. Staff also expressed concern about a perceived increase in work.

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2010 Innovations Awards Application Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations and Technology

- Administration
- Elections
- Information Systems
- Public Information
- Revenue
- Telecommunications

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
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The Council of State Governments
Submission: 2010 Innovations Awards
New Hampshire Bureau of Elderly and Adult Services
Adult Protective Services Structured Decision Making® Project
March 1, 2010

Throughout the United States, researchers have estimated that over 500,000 incidents of adult maltreatment occur each year but only a small percentage are reported to state officials responsible for investigating such reports (Jogerst et al., 2003). While it is difficult to imagine, 1960 marked the first year that Adult Protection Service (APS) programs were initiated in the United States. It was not until 1985 that every state had adopted procedures to process allegations of adult maltreatment and conduct field investigations to substantiate them (Otto, 2000; Mixson, 1996). Since 1985, each state has *independently* developed maltreatment criteria, methods of data collection, trend reporting and various assessment tools. As of February 2010, there are no federal rules, federal regulations, uniform definitions or data collection standards to provide comprehensive national data on elder abuse trends in the United States. In response to this alarming circumstance, New Hampshire has taken an innovative lead to develop, implement and evaluate an actuarial risk assessment and decision making process, that has the potential to improve case management of state or county APS agencies nationwide.

In 2007, with funding from a grant awarded by the Centers for Medicare and Medicaid Services, the New Hampshire Bureau of Elderly and Adult Services (NH BEAS) contracted with the National Council on Crime and Delinquency (NCCD) of Madison Wisconsin, to develop a series of structured decision-support tools for APS. New Hampshire became the first state in the nation to design, develop and implement a *statewide*, comprehensive APS Structured Decision-Making® (SDM®) system. The primary goals of this project were to:

1. promote the safety of incapacitated adults by identifying and meeting their needs;
2. decrease the incidence of self-neglect and maltreatment by others;
3. reduce the rate of subsequent reports and incidents;
4. increase consistency and accuracy in assessment and case management amongst the staff who receive and investigate reports and provide services to incapacitated adults;
5. increase the efficiency of APS operations by making the best use of available resources; and
6. provide management with needed data for program administration planning, evaluation and budgeting.

¹ Structured Decision Making® and SDM®: registered in the U.S. Patent and Trademark Office

The NH APS SDM® was developed by a workgroup comprised of APS district office social workers and supervisors, and state office staff including APS administrators, legal staff, policy staff and information technology staff. The workgroup was established in June 2007, the members of which have become the SDM® experts for their colleagues in other district offices. The bureau's information technology staff, which must address all of the bureau's technology needs, is committed to automating the SDM® instruments which, in turn, provide information for policy development, system improvement and training.

APS designed and implemented its SDM® system in October 2008, which consisted of four SDM® instruments each of which was created to address a critical decision point in the life of an APS report. One of the instruments was a web-based data collection instrument designed to inform the development of a risk assessment. APS supervisors and administrators receive regular quality management reports that provide data on the completion rate of SDM® instruments which, in turn, provides information for policy development, system improvement and training.

The current project builds on the SDM® system implemented in 2008 with NCCD continuing to work with NH to finalize the development of an actuarial risk assessment. This project involves three phases over a three and a half year period. In phase one, the project team will design and implement a risk assessment study based on the evaluation of data from the SDM® *Risk Assessment Data Collection Instrument*, which again, was implemented in October 2008 with the three other SDM® assessments. The study estimates the likelihood of future adult maltreatment in residential settings. In phase two, NCCD and bureau staff will design and conduct a process evaluation to assess field implementation of the risk assessment. Random case file reviews will be conducted to assess worker scoring of the assessment. Similar evaluations of risk assessment implementation in child welfare have demonstrated the utility of examining field implementation to ensure accurate scoring and promote appropriate utilization. Phase three will begin in 2011 once APS field staff have used the risk assessment to evaluate clients for approximately one year. The primary research task will be conducting a prospective validation study to assess how accurately the risk assessment classified clients relative to subsequent maltreatment. In effect, the predictive utility of the risk assessment, developed in phase one, will be evaluated in an independent sample of cases assessed by APS workers under field conditions.

NCCD has developed actuarial risk assessment instruments for several child protection, juvenile delinquency and adult correction agencies and note that the risk assessment is the central component of a comprehensive case management system that many of these agencies have adopted. The actuarial assessment developed in this study will attempt to improve the decisions APS workers in the field make at the close of each investigation by providing a simple method for accurately estimating future maltreatment and will provide information for service plans designed to maintain clients' safety and reduce their risk of future harm.

The NCCD has reported results of reliability testing on the SDM® *Intake Assessment*, *Safety Assessment* and *Strengths and Needs Assessment* developed for New Hampshire APS in the June 2008 and April 2009 SDM® News. The NCCD reported, “Overall, the inter-rater reliability testing found that the assessments are reliable” (SDM® News, April 2009).

Throughout the United States dedicated and committed APS social workers have a number of critical decisions to make on every report of alleged abuse, neglect, exploitation or self-neglect that is reported. Questions such as, should the report be investigated, how urgent is the situation, how quickly should the investigation begin, is the report legitimate or not and, if so, what needs to happen to improve the victim’s circumstances so that he/she is safe, well and unlikely to require protective services in the future? New Hampshire was interested in increasing its confidence that the decisions made by APS social workers not only met all state regulations and were consistent throughout the system, but that they also exemplified best practice. As we participate in the current SDM® project, the development of a risk assessment, our dedication remains strong, our commitment during challenging fiscal times is steadfast and our desire to see a national effort to standardize practice and data collection for the maltreatment of adults remains unwavering.

In conclusion, it is clear that the integrity and validity of completing assessments and making critical decisions throughout the life of APS reports are tantamount to effective protection of vulnerable adults. NH BEAS’ positive experience with the development and statewide implementation of its SDM® system will be actively shared with other APS agencies, which desire the same goal. We commend the dedicated professionals who work in adult protection and appreciate the opportunity to share our APS experience with the Council of State Governments.

**NEW HAMPSHIRE BUREAU OF ELDERLY AND ADULT SERVICES
SDM® SYSTEM POLICY AND PROCEDURES - OVERVIEW**

Decision	SDM® Assessment	Which Reports/Cases	Who	When
Does the report meet criteria for a protective response? If so, how quickly does a response need to be initiated?	Intake assessment	All reports of maltreatment or self-neglect of an incapacitated adult.	Intake Worker	Immediately
Is the alleged victim in immediate danger of serious harm?	Safety assessment	All protective response reports except reports of maltreatment in long-term care facilities. This includes new reports received on open cases.	APSW	The form should be completed within two working days of the first face-to-face contact by the investigating APSW.
Focus of case plan	Strengths and needs assessment	All cases that will be opened in the APS program.	APSW	Initial: Prior to opening the case. Reassessment: Every six months. If the case is being considered for closure and a reassessment has not been completed within the last three months, a reassessment must be completed prior to closing the case to assess progress toward needs reduction. Additionally, a reassessment should be completed any time a significant change to the case plan is being considered.
The risk assessment, once developed, will help identify the need for services, including for individuals with unfounded allegations. It will also help the agency manage coming changes in the service delivery system, including an increasing demand for services. The purpose of the data collection instrument is to enable development of a risk assessment by gathering information about alleged victims and investigations under field conditions. APSWs are critical in this effort because they have the knowledge and skills necessary to determine whether items on the data collection instrument apply in each investigation.	Risk assessment data collection instrument	All investigated reports of maltreatment or self-neglect whether unfounded or founded, except investigations of maltreatment in long-term care facilities.	APSW	Prior to the close of the investigation.

References

Jogerst, G.J., Daly, J., Brinig, M.F., Dawson, J.D., Schmuck, G. A., & Ingram, J.G. (2003) . Domestic elder abuse and the law. *American Journal of Public Health, 93 (12),2131-2136.*

Otto, J.M. (2000) The role of adult protective services in addressing abuse. *Generations, 24(2), 33-38.*

SDM® News (April, 2009), United States Dept. of Justice Funds Research to Develop an SDM® Risk Assessment for APS, 4.

FOCUS, Views from the National Council on Crime and Delinquency, Structuring Decisions in Adult Protective Services (February 2010)