



The Council of State Governments
Sharing capitol ideas.

2011 Innovations Awards Application

DEADLINE: MARCH 28, 2011

ID # (assigned by CSG): 2011- _____

Please provide the following information, adding space as necessary:

State: _____New Hampshire_____

Assign Program Category (applicant): __Health and Human Services, Aging____ (Use list at end of application)

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): Diane Langley, Director, Bureau of Elderly and Adult Services
4. Address: 129 Pleasant Street, Concord, New Hampshire 03301
5. Telephone Number: 603 271-4394
6. FAX Number: 603 271-4643
7. E-mail Address: dlangley@dhhs.state.nh.us
8. Web site Address: www.dhhs.state.nh.us/dcbcs/beas
9. Please provide a two-sentence description of the program.

New Hampshire's Bureau of Elderly and Adult Services (BEAS) Adult Protective Services' (APS) program developed and implemented a system of structured assessments as part of its prevention-oriented, risk-based approach to case management. This system, named Structured Decision Making®, or SDM®, consists of four assessments designed to establish consistency of decision-making at critical points in the life of a report to adult protective services.

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 28, 2011 to be considered.

The Structured Decision Making® system for Adult Protective Services was implemented in October 2008 with development beginning in 2007.

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

Given the challenges of increasingly complex cases, dwindling state and community based resources, outdated policies and inconsistent practice among its twelve regional offices due, in part, to very limited funding for training and program development, NH secured grant funding to contract with the National Council on Crime and Delinquency (NCCD), the developer of SDM® systems, to implement an SDM® system in APS.

In addition the administrative data the system is designed to provide will assist administrators in prioritizing cases based on factors such as severity of the incident(s), vulnerability of the identified victim(s), and potential risk of future harm.

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

The APS program has three major components: intake, investigation and on-going cases.

Intake

When a report of alleged self-neglect, neglect, abuse or exploitation is made to APS intake, the worker must determine whether the information gathered supports the allegation and, if so, the worker must determine how quickly the investigation should begin. Workers complete an SDM® Intake Assessment for each report to APS; the assessment answers the following questions:

- Is the alleged victim thought to be incapacitated; if so,
- Does the information support that self-neglect or maltreatment by another person has likely occurred, and, if so,
- How quickly should the investigation begin?

Investigation

The investigation worker completes an SDM® Safety Assessment during the first visit with the alleged victim to determine whether the individual is safe, conditionally safe or unsafe and, if determined to be conditionally safe or unsafe, a safety plan is developed to address the immediate safety concerns. There is expected to be a relationship between investigations that should begin within twenty-four hours, i.e., level one response, rather than within seventy-two hours, i.e., level two response, and determining that an alleged victim is conditionally safe or unsafe. NCCD's research of investigations between August and October 2010 found that 27% of level one intakes were found to be conditionally safe and 13% of level one intakes were found to be unsafe.

The second SDM® assessment completed during the 60 day investigation phase is the risk assessment which classifies alleged victims as being at low, moderate or high risk of future harm, i.e., self-neglect, neglect, abuse and/or exploitation. If the outcome is moderate or high, the APS worker attempts to engage the victim and to provide necessary services for at least six months in an attempt to mitigate the victim's risk of future harm. Depending on the risk level, the worker increases monthly contacts with the victim and collaterals, i.e., two contacts with the client and one with a collateral for moderate risk, and three client and two collateral contacts for high risk. Though there may be supervisor approved exceptions, cases are not opened for low risk clients. These standards assist APS in prioritizing casework and maximizing its resources.

NCCD's research of three months of investigations found that 48% of alleged victims were determined to be at low risk of future harm, 40% were at moderate risk and 12% were at high risk.

On-going case

At the end of an investigation, given the evidence gathered and the information from the SDM® Safety and Risk Assessments, the worker must decide whether to open a case for ongoing services, to continue ongoing services if the victim is already receiving them, or not to open a case or continue services. The victim may refuse services regardless of whether the allegation of self-neglect, neglect, abuse or exploitation has been founded or whether he/she has been determined to be at moderate or high risk of future harm.

If a case is going to be opened, the APS worker then completes the next and last SDM® assessment, the Strengths and Needs Assessment. This assessment is used to identify critical client and primary support person needs as well as their strengths. This information is critical to developing effective case plans and engaging the services best suited to address the client's and primary support person's needs. The primary

support person's needs and strengths are assessed in recognition of the fact that if the primary support person has unmet needs, his/her client's well being may be compromised.

In addition the assessment prioritizes the client's and primary support person's needs with a maximum of three focused on in the case plan to increase the likelihood that they can be achieved and the participants are not overwhelmed. The Strengths and Needs Assessment is completed when a case is opened, every six months and when a case is being considered for closure. This assessment is due to be integrated into the electronic case management system in May 2011

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

Structured Decision Making® is a system comprised of research-based and structured assessments designed to provide workers with simple, objective and reliable instruments to assess individuals at critical decision points in the life of a report and potential case. SDM® also provides supervisors and managers with information for resource allocation and program planning and for communicating with stakeholders such as community providers and legislators.

With SDM® data, APS can determine:

- how urgent a report is, whether a response should be within twenty four or seventy-two hours, i.e., level one or level two;
- whether an alleged victim is safe, conditionally safe or unsafe;
- whether an alleged victim is at risk for future harm and, if so, how extensive should the response be to help mitigate the risk; and
- what services should be engaged to address a client's and his/her primary support person's critical needs.

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.)

To date, two federal grants have provided the funding for the consultation, technical assistance and training with the National Council on Crime and Delinquency (NCCD), the developers of structured decision making® systems. No state funds have been requested or allocated for these activities other than the programming of the assessments into the electronic system which have been phased in due to limited information technology system resources.

A workgroup of BEAS and APS administrative staff, APS supervisors and social workers was developed and stayed engaged until all components of the system were implemented. Since the workgroup was made up on existing staff, there were no costs other than travel to meetings.

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

There are no ongoing operational costs other than those to sustain the electronic case management system which is a standard line item in the Adult Protective Services program's state budget.

One time program costs include programming each assessments into the electronic case management system. BEAS supports two releases each year using existing staffing resources that incorporate new programming, changes to existing programs, testing and training. Each release of an SDM® assessment is a major project and requires 75% of the resources for a cost of approximately \$293,000.00. Two of the four assessments have been incorporated into the electronic case management system with the third scheduled for May 2011 and the last, the risk assessment, for the fall of 2012. The cost for the four assessments is approximately \$1,172,000.00.

16. How is the program funded?

The Adult Protective Services' program's operations are included in the Bureau of Elderly and Adult Services' biennial budget. The development and training costs were included in two federal grants the first of which was awarded to NH and the second to the National Council on Crime and Delinquency, the developer of the Structured Decision Making® model. The second grant was entirely focused on NCCD working with NH APS.

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

No legislation, executive order or regulation was required.

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

The SDM® assessments require no special technology or software to operate. Until they are incorporated into the electronic case management system, each was a form accessed and completed using existing software, i.e., Microsoft Word, which all staff have access to.

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.

NH APS remains the only state that has developed and implemented a complete Structured Decision Making® system for its Adult Protective Services program. Other states have developed one or two SDM® assessments but not all four, i.e., intake, safety, risk and strengths and needs assessments.

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

NCCD informs us that one state has developed all but a Structured Decision Making® risk assessment for its adult protective services program; another has developed SDM® intake and safety assessments and two have developed intake assessments. It is expected that many states' APS systems have one or more or several assessments used throughout the life of their APS cases, however, only a few have had or taken the opportunity to develop a whole system of assessment instruments that are not only in line with their states' regulations but also incorporate best and consistent practices at critical decision points while providing important program information for planning, evaluation, resource development and allocation.

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

The SDM® program was implemented in October 2008 and, overtime, each assessment has either been incorporated into the APS electronic case management system or is scheduled to be. The risk assessment implemented in October 2008 was revised with a new version implemented August 1, 2010. The risk assessment was revised based on the analysis of data from completed assessments and data from the electronic information system.

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

Though implementing change is challenging and time-consuming, BEAS and APS believe the investment in SDM® has been worthwhile. Both nationally and in NH, the health care, legal, personal and family costs of the abuse, self-neglect, neglect and exploitation of incapacitated adults are expected to increase given the growing population of older adults. State and community resources are diminishing and resources must be directed to the most needy and most vulnerable.

With SDM® data, APS can better identify the most needy and most vulnerable. Below are examples from the August to October 2010 data analysis from NCCD:

- Of the 635 intakes completed, 3% were assigned to be responded to within 24 hours, i.e., level one;
- Of the completed safety assessments, 4% were considered unsafe and 8% conditionally safe;
- NCCD also found that 13% of level one responses involved alleged victims who were found to be unsafe while only 3.5% of level two responses were unsafe; and,
- Of the completed risk assessments, 40% of alleged victims were classified as moderate risk and 12% as high risk.

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

Since the program was implemented in October 2008, only the risk assessment has changed with a revised risk assessment implemented August 2010. The other changes have been when two of the assessments were incorporated into the electronic case management system which has made the work of the APS worker easier and access to information more direct for workers, supervisors and management.

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

The costs of hiring a consultant and of computer programming may be challenges though with grant funding and strategically planning needed technology changes, the Structured Decision Making® system can be developed and implemented.

Staff involvement is critical for two reasons. One because they have the knowledge and experience of doing APS work and the assessments and policies will only be better with their input. Plus with staff leaders involved, their colleagues are more inclined to embrace the changes in practice the SDM® system introduces.

CSG reserves the right to use or publish in other CSG products the information provided in this application. If your agency objects to this policy, please advise us in a separate attachment.



The Council of State Governments
Sharing capitol ideas.

2011 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
- Parks & Recreation
- Water Resources

Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

Save in .doc or rtf. Return completed application electronically to innovations@csg.org or mail to:

CSG Innovations Awards 2011
The Council of State Governments
2760 Research Park Drive, P.O. Box 11910
Lexington, KY 40578-1910

Contact:

Nancy J. Vickers, National Program Administrator
Phone: 859.244.8105
Fax: 859.244.8001 – Attn: Innovations Awards Program
The Council of State Governments
E-mail: nvickers@csg.org

This application is also available at www.csg.org.