



NH Adult Protective Services

Structured Decision Making®

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New Hampshire Department of
HEALTH AND HUMAN SERVICES

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The Law: History and Purpose

- NH APS Statute was enacted in 1977
- RSA 161-F: 42-57: Protective Services to Adults
- “The purpose ... is to provide protection for vulnerable adults who are abused, neglected or exploited. Implicit ... is the philosophy that whenever possible an adult’s right to self-determination should be preserved, and that each adult should live in safe conditions and should live his own life without interruption from state government...”

APS IN NEW HAMPSHIRE

- POPULATION SERVED - Vulnerable Adults
- MANDATED REPORTING - Any person, including but not limited to physicians, other health care professionals,, suspecting or believing in good faith,.....shall report or cause a report to be made
- CATEGORIES OF REPORTS - SN, N, EX, SA, EA, and PA
- RELIGIOUS EXCEPTION – relies on or being furnished treatment by spiritual means alone through prayer in accordance with the tenets and practices of a church or religious denomination in which he is a member or adherent.
- STATE REGISTRY – paid or volunteer caregiver, guardian, or agent acting under the authority of a POA or DPOA

What's not in the Law

No authority to remove individuals from their homes or other residences without their permission

No authority to make individuals accept services

No authority to make individuals go to doctors, take their medications, "behave"

Adults are presumed to be "competent" unless found otherwise by a Probate Court

NAPSA-Practice Guidelines

- Interest of the adult is the first concern of any intervention
- Avoid imposing personal values on others
- Seek informed consent before providing services
- Respect the adult's right to keep personal information confidential
- Least Restrictive Interventions

NAPSA Guiding Value

- Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination
- Adults retain all their civil and constitutional rights
- Adults have the right to be safe
- Adults have the right to make decisions that do not conform to societal norms as long as these decisions do not harm others
- Adults have the right to accept or refuse services

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The Landscape

- Small state
- Very low percentage of non-white residents
- Divided into 12 regional offices
- Serving rural areas and some urban centers
- Community resources varying among cities and towns



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So Many Questions

- Should the report be investigated?
- What type of report is it?
- How urgent is the situation?
- Is the alleged victim safe?
- Will the case come back?
- How is the case plan devised?
- When do I close a case?
- How often should I see my client?

Money Matter\$

- 2007 NH received a grant from the Centers for Medicare and Medicaid Services
- Grant covered the start up costs
- Allowed NH to act on long-standing best practice goals to establish a system of standardized assessments designed to enhance consistency and accuracy of decision-making in APS

WHY

STRUCTURED DECISION-MAKING (SDM®)

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Based on a national model of best practices, the SDM® model is intended to, among other goals, promote the safety of vulnerable adults, identify and address their needs, decrease the incidence of self-neglect and maltreatment, enhance service delivery, and provide data needed for program administration.

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- Consistency and uniformity
 - Modernization of APS
- Provided data / information about APS-useful for informing public officials, etc.

How we went about doing it

National Center for Crime and Delinquency (NCCD) which developed SDM for Child Protection systems nationally and internationally, including NH

Workgroup

- APS frontline workers,
- supervisors,
- administrators,
- legal counsel,
- IT,
- Policy
- QA



The Assessments

- Intake
- Safety
- Risk
- Strengths and needs

Intake Assessment

- The purpose of the APS SDM intake assessment is to determine whether reports meet agency criteria for a protective response and if so, how quickly to initiate the response.



Safety Assessment



- The purpose of the SDM safety assessment is:
 - 1) to help assess whether the alleged victim is likely to be in imminent danger, and
 - 2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Risk Assessment

- The purpose of the SDM risk assessment is as follows:
 - 1) To provide APSWs with a consistent set of risk factors to assess in every investigation; and
 - 2) To estimate the likelihood that an alleged victim will experience another incident of maltreatment or self-neglect in the future.

High Medium Low

Strengths and Needs Assessment

- Ensures that all workers consistently consider each strength and need of the client (and the primary support person if applicable) in an objective format when assessing need for services;
- provides an important case-planning reference for workers and supervisors;

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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 adult protective services worker (APSW)	Immediately
Is the alleged victim (AV) in immediate danger of serious harm?	Safety assessment	All protective response reports except reports of maltreatment in long-term care facilities. <i>Assisted living facilities are not excluded.</i> This includes new reports received on open cases.	APSW assigned to the investigation.	The form should be completed within two working days of the first face-to-face contact by the investigating APSW.
Classify adults by the likelihood of future maltreatment and to inform case opening decisions and contact standards.	Risk assessment	All investigated reports of maltreatment or self-neglect, whether unfounded or founded, except investigations of maltreatment in long-term care facilities. <i>Assisted living facilities are excluded</i> unless the investigation began before the AV moved to the facility. If an incapacitated adult dies prior to the completion of a risk assessment, do not complete a risk assessment.	APSW assigned to the investigation	Prior to the close of the investigation, normally within 60 working days.
Focus of case plan	Strengths and needs assessment	All cases that will be opened in the adult protective services (APS) program. <i>Assisted living facilities and long-term care facilities are excluded.</i>	APSW assigned to open a protective services case.	<u>Initial:</u> Prior to opening the case. <u>Reassessment:</u> 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. <u>Change in the case plan:</u> Additionally, a reassessment should be completed any time a significant change to the case plan is being considered.

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Implementation

- NCCD provided a lot of technical assistance and training
- Staff resistance
- Rolled out over time
- Was not initially added to our IT system- both helpful and not helpful
- Approach was to get staff use to doing it and then doing it right
- Provided Reports to District Office Supervisors

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Outcome

What it helps to accomplish

- Consistency
- Uniformity
- Training

What it does not do

- Does not help with determinations
- Does not help with assessing other areas – vulnerability, guardianship, cognition, etc.

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Conclusion

- SDM® is right for NH
- Provides information at key points during the investigation/case
- NH should review and revise SDM®
- NH could do more with SDM® if we had more manpower

Questions

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THANK-YOU

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