

Structured Decision Making[®] System for Adult Protective Services

Manual Date
March 2007

Riverside County
Department of Public Social Services
Policy and Procedures Manual
Version 1.6



National Council on Crime and Delinquency
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NOTE: In this manual, the abuse and neglect screening criteria and response priority assessment are presented in two different sections. In the web-based data collection system, these tools will function as one assessment.

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM[®] ABUSE AND NEGLECT SCREENING CRITERIA**

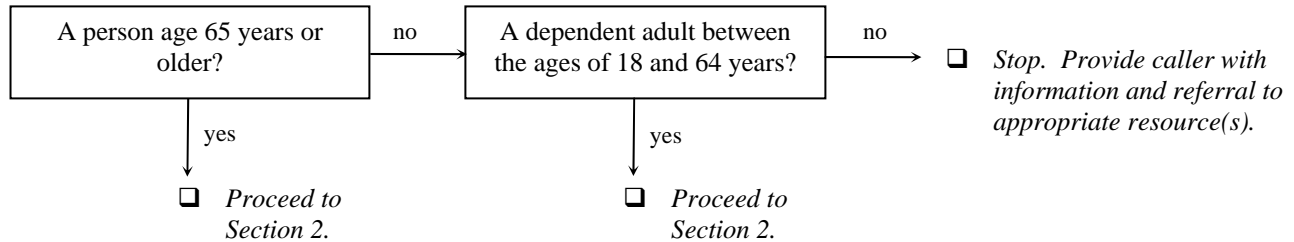
r: 02-07

Case Name: _____ **AACTS Case ID #:** _____ **Client DOB:** ___/___/___
Worker: _____ **R.O.A. Date:** ___/___/___ **R.O.A. Time:** ___:___ a.m./p.m.

SECTION 1. ABUSE AND NEGLECT SCREENING CRITERIA

Part A. Determination of Screening Eligibility

Does the report allege maltreatment or risk of maltreatment to:



Part B. Allegation Type

Mark the specific maltreatment type and the specific allegations that are being reported under each applicable maltreatment type. Note: “Abduction” and “Abandonment” are self-explanatory and do not include more specific allegations.

Abuse of an elder or a dependent adult includes physical abuse, neglect, abandonment, financial abuse, isolation, abduction, or other treatment which results in physical harm, pain, or mental suffering; or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering (Section 15610.07 of the Welfare and Institutions Code).

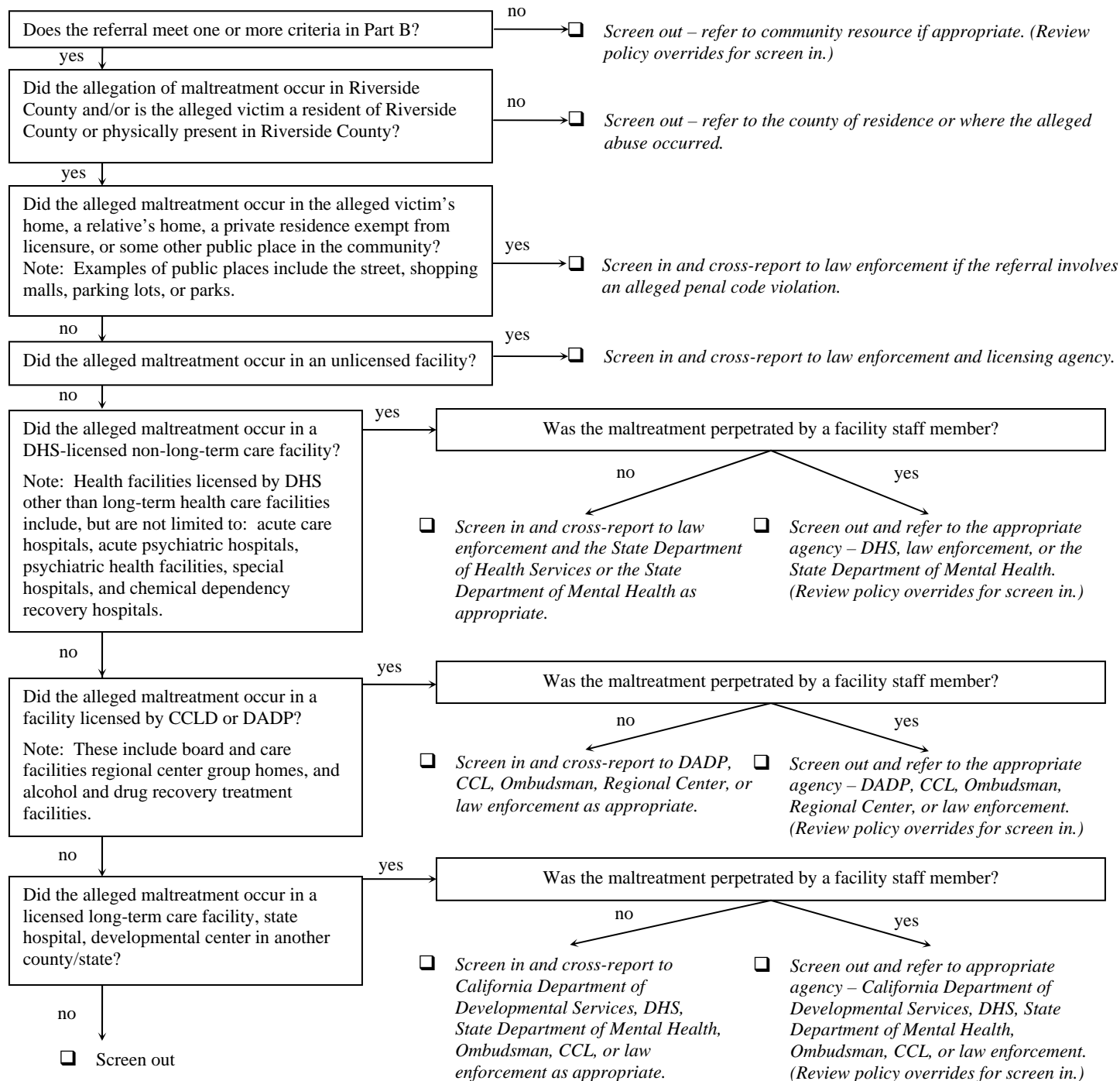
- Physical Abuse:** The infliction or threat of physical pain or injury to an elder or dependent adult by any person. Mark all that apply:
 - ___ Assault: attempt or threat of battery (PC 240).
 - ___ Battery: actual physical contact with intent to harm (PC 242).
 - ___ Assault with a deadly weapon or force likely to produce great bodily injury (PC 245).
 - ___ Physical restraint.
 - ___ Use of physical or chemical restraint or psychotropic medication as punishment for a period beyond which the medication was ordered or for any purpose not authorized by a licensed physician.

- Neglect:** The failure of an individual having care, custody, or control of an elder or dependent adult to exercise a degree of care that a reasonable person in a similar position would exercise. Mark all that apply:
 - ___ Refusal or failure to assist in adequate personal hygiene.
 - ___ Refusal or failure to provide adequate (check all that apply):
 - ___ food ___ clothing ___ shelter
 - ___ Refusal or failure to prevent malnutrition or dehydration.
 - ___ Refusal or failure to provide prescribed medical treatment for (check all that apply):
 - ___ physical needs (includes, but is not limited to, situations where the elder or dependent adult requires specific goods or services to maintain his/her health. Examples include provisions of hearing aid batteries, prescribed medications for serious medical needs such as insulin for diabetes, or regular physical therapy).
 - ___ mental health needs.
 - ___ Refusal or failure to provide an elder or dependent adult with adequate supervision or physical care.

- Abandonment:** Desertion or willful forsaking of an elder or dependent adult by anyone having the care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
Complete Neglect/Abandonment by Alleged Perpetrator Response Priority Decision Tree.

- Financial Abuse:** The taking, hiding, or using of the money or property of an elder or dependent adult wrongfully or with intent to defraud.* Mark all that apply:
- A person in a position of trust has taken, hidden, or used money or property of an elder or dependent adult.
 - Sudden change in the financial situation of the elder or dependent adult.
 - Failure to make available the property or assets of the elder or dependent adult to him/her or his/her representative.
 - Undue influence used to appropriate property or assets of the elder or dependent adult.
- *This does not include fraud by a business. If this is the situation, refer the case to Curtailing Abuse Related to the Elder (C.A.R.E.) program.*
- Isolation:** Purposeful prevention of communication between the elder or dependent adult and others (excluding activities pursuant to the instructions of a licensed physician or activities that are a reasonable response to a threat of danger to property or physical safety). Mark all that apply:
- Intercepting mail or phone calls.
 - Telling a visitor or caller that the elder or dependent adult is not present or does not want to see/talk to him/her.
 - False imprisonment (PC 236).
 - Physical restraint for the purpose of preventing the elder or dependent adult from visiting with others.
- Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree.*
- Abduction:** Removal from the state or restraint from returning to the state of California, or removal from any residential setting against the will of any elder or dependent adult who does not have the capacity to consent (including any conservatee without the consent of the conservator or the court).
- Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree.*
- Sexual Abuse:** Non-consensual sexual contact with, or exploitation of, an elder or dependent adult (PC 243.4, 261, 264.1, 262, 285, 286, 288a, 289). Mark all that apply:
- Self-report or disclosure of sexual abuse.
 - Any physical evidence or injury indicating possible sexual contact.
 - Unusual behavior patterns including, but not necessarily limited to, unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression.
 - Victim is without the capacity to consent.
- Self-neglect:** Failure of a person to provide him/herself appropriate personal hygiene, medical care, or protection from hazards or to prevent malnutrition or dehydration due to ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health (WIC 15610.57). Mark all that apply:
- Hoarding behavior that creates a safety hazard.
 - Failure to take prescribed medications or refusal to seek medical treatment for serious illness.
 - Dangerous behaviors (e.g., leaving a stove unattended).
 - Extremely poor hygiene leading to health hazards.
 - Clothing or lack thereof that creates or leads to a health hazard.
 - Conditions of the residence that create a serious health or safety hazard.
 - Dehydration or malnutrition.
 - Demonstrates continuing decline in care for self and no suitable caregiver.
- Mental Suffering:** Fear, agitation, confusion, severe depression, or serious emotional distress brought on by intimidating behavior, threats, harassment, or deceptive acts/false or misleading statements made with malicious intent against an elder or dependent adult.
- Verbal abuse.
 - Threats of bodily harm (including domestic violence among any members of the household).
 - Threatens disruption of lifestyle (e.g., threat of placement, change in caretaker).
 - Threats to property.

Part C. Screening Decision – Answer each question “yes” or “no” until reaching a recommended screening decision.



Recommended Screening Decision: Screen in for APS investigation Screen out for APS investigation*

***Policy Override to Screen In for APS Investigation (Mark all that apply):**

- Another APS jurisdiction is requesting a concurrent investigation.
- Law enforcement is requesting an investigation.
- Administrative request.
- An Ombudsman is requesting an investigation.

Supervisor Approval of Override: _____ Date: ____/____/____

Final Screening Decision: Screen in for APS investigation Screen out for APS investigation
 Worker: _____ Date: ____/____/____

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM[®] ABUSE AND NEGLECT SCREENING CRITERIA
GENERAL DEFINITIONS**

Elder: Any person residing in California who is 65 years of age or older (WIC¹ §15610.27).

Dependent Adult:

- a. “...any person residing in the state, between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.”
- b. And “...includes any person between the ages of 18 and 64 who is admitted as an in-patient to a 24-hour health facility, as defined in section 1250, 1250.2 and 1250.3 of the Health and Safety code (WIC §15610.23).

Examples of dependent adults include, but are not limited to, the following:

- Adults who are cognitively limited to the extent that they cannot function independently without placing themselves in danger.
- Adults who have severe sensory disabilities such as hearing loss or vision problems and are in need of assistance with their normal activities of daily living, such as preparing food, grocery shopping, bill paying, etc.
- Adults who have mental illness and whose illness severely interferes with their ability to care for themselves to the extent that they are a serious danger to themselves or to others.
- Adults with early onset dementia or Alzheimer’s disease who cannot function independently without the threat of danger to themselves or others, or adults who need assistance in making ordinary decisions regarding their housing, finances, clothing, and food needs.

¹ WIC: State of California’s Welfare and Institutions Code

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM® ABUSE AND NEGLECT SCREENING CRITERIA
POLICY AND PROCEDURES**

The purpose of the adult protective services (APS) abuse and neglect screening tool is to assess whether reports meet agency criteria for an APS investigation.

Which Referrals: All referrals of maltreatment or risk of maltreatment of an elder (person age 65 years or older) or dependent adult (person between the ages of 18 and 64 years who has alleged physical or mental limitations that restrict his/her ability to carry out normal activities or restrict his/her ability to protect his/her rights, resulting in a possible threat to his/her safety or well-being).

Who: The intake screening worker. The intake supervisor may review and approve the screening decision.

When: At the same time the referral is received.

Decision: Whether a referral requires an APS field investigation.

Appropriate Completion: **Section 1. Abuse and Neglect Screening Criteria**
Part A. Determination of Screening Eligibility. In order to establish initial eligibility for APS, complete this section to determine whether the report is alleging maltreatment or risk of maltreatment of either an elder or dependent adult.

Part B. Allegation Type. Mark the applicable maltreatment type and the specific allegations that are being reported under each maltreatment type.

Part C. Screening Decision. Complete the decision tree by circling “yes” or “no” until reaching a screening decision.

In the recommended screening decision section, mark the result of the screening decision tree. If the recommended decision is to screen out for APS investigation, review the policy override conditions. Policy override conditions are circumstances determined by the Department that warrant assignment for investigation regardless of whether screening criteria have been met. If any apply, mark the reason(s) and indicate the final screening decision as “Screen in for APS investigation.” Policy overrides require supervisory approval. For all referrals screened-in for APS investigation, proceed to completion of Section 2. Response Priority.

Practice Considerations: For all APS referrals, consider whether a referral to Ombudsman is indicated.

Administrative requests are unusual situations that require authorization from the Deputy Director.

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM[®] RESPONSE PRIORITY ASSESSMENT**

r: 02-07

Case Name: _____ **AACTS Case ID #:** _____

Worker: _____ **R.O.A. Date:** ____/____/____ **R.O.A. Time:** ____:____ a.m./p.m.

SECTION 2: RESPONSE PRIORITY

Part A. Response Priority Decision Trees

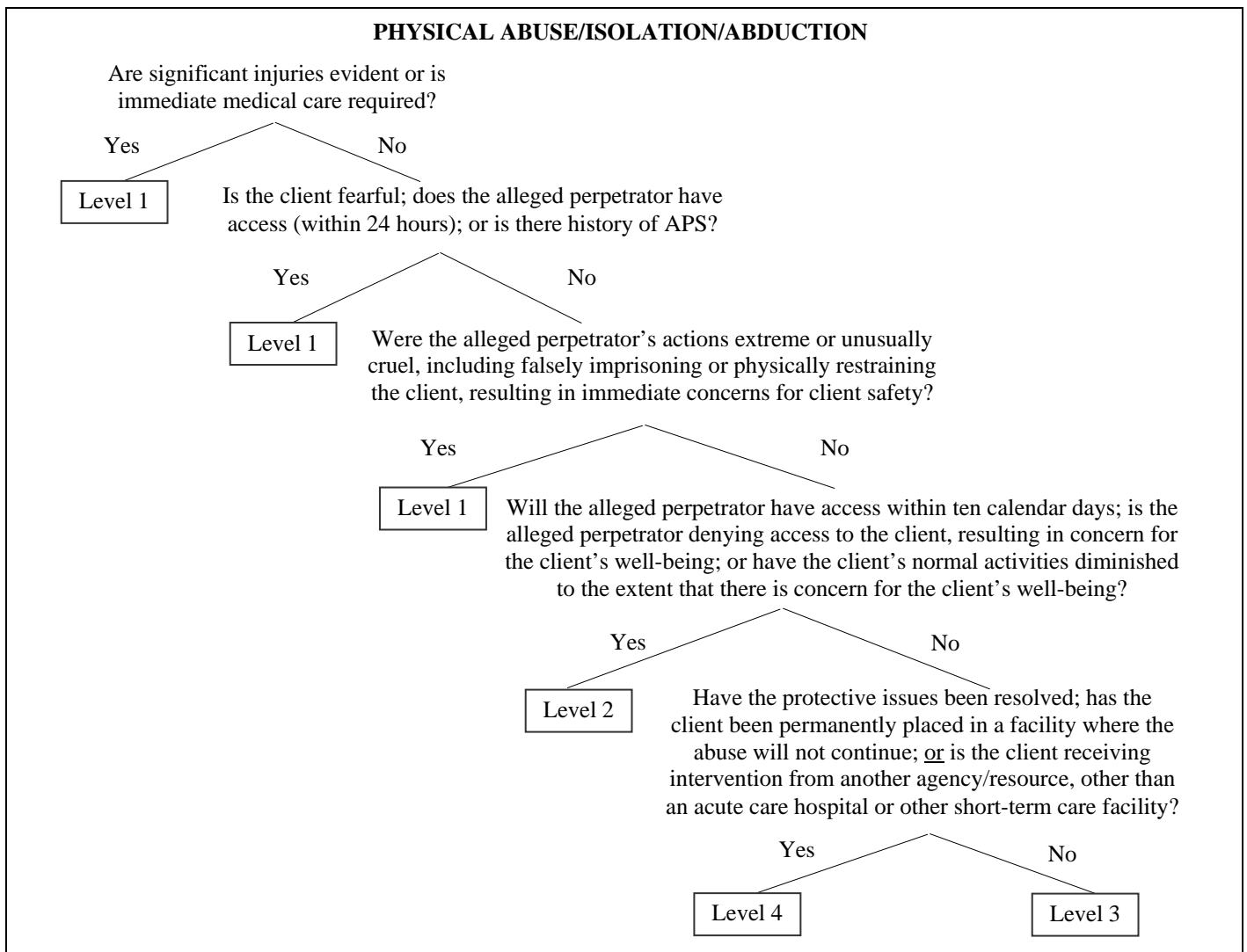
Complete the appropriate response priority decision tree based on the type of allegation(s) reported. If there are multiple allegations, start with the response priority decision tree for the most serious allegation. If a Level 1 (immediate) response is reached for the most serious allegation, it is not necessary to complete additional decision trees. If the answer to a question is unknown, answer in the most protective way. Response priority levels are as follows:

Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible.

Level 2 = Urgent/within two to five calendar days from receipt of the referral.

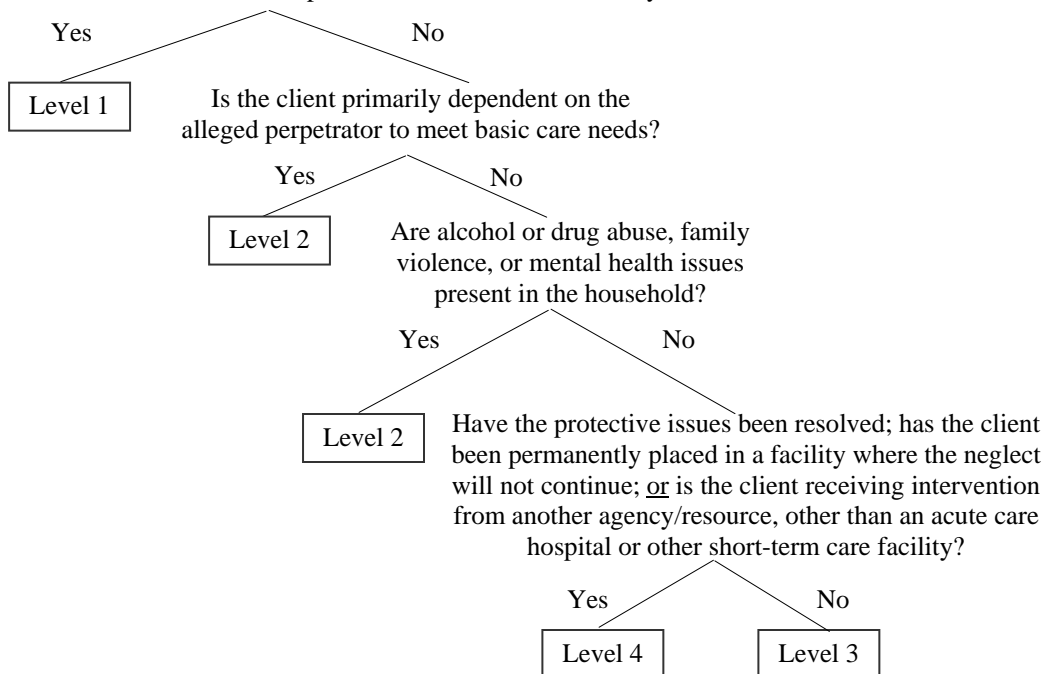
Level 3 = Non-emergency/within ten calendar days from receipt of the referral.

Level 4 = No initial face-to-face investigation (NIFFI)/telephone-only investigation.



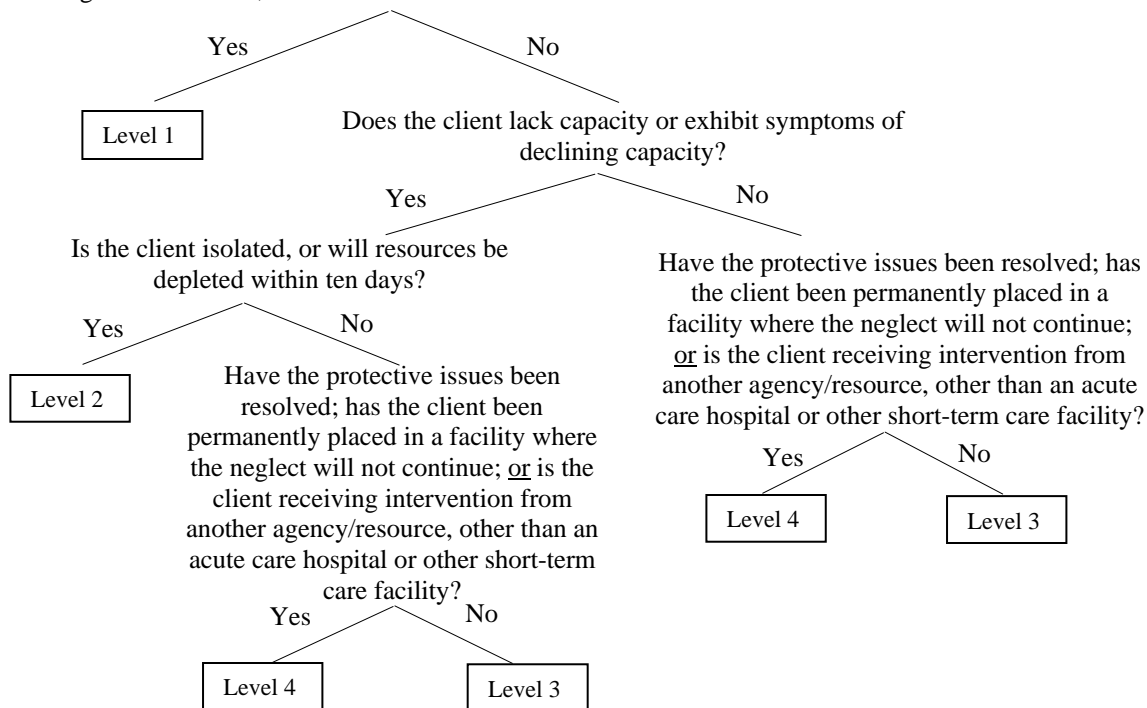
NEGLECT/ABANDONMENT BY ALLEGED PERPETRATOR

Have the alleged perpetrator's actions or inactions resulted in a dangerous or immediately unsafe living situation for the client; is immediate medical care required; or is the client currently left unsupervised or abandoned when supervision is needed for the safety of the client?



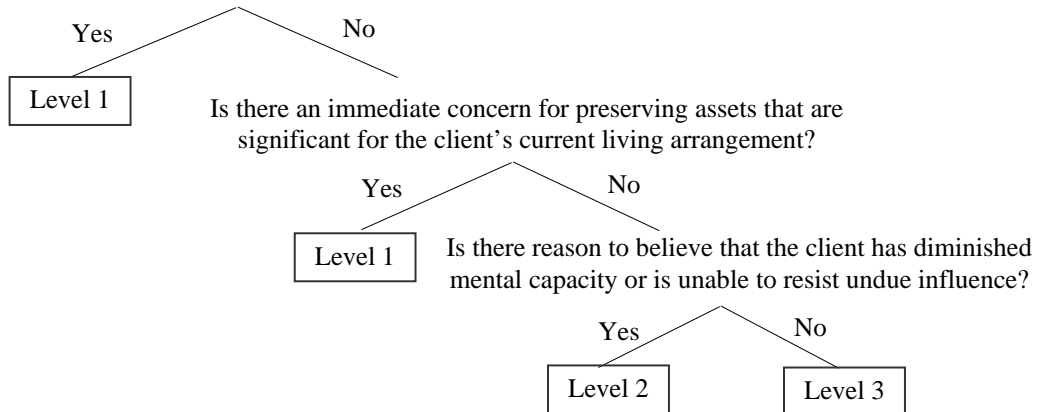
SELF-NEGLECT

Is immediate medical or mental health care required; is the living situation immediately dangerous or unsafe; or is there imminent risk of harm to self or others?



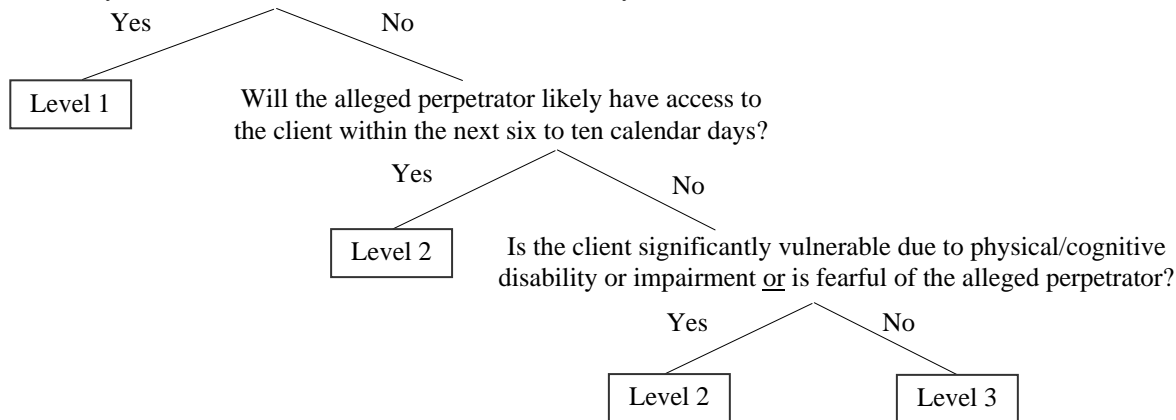
FINANCIAL ABUSE

Are the client's resources being mismanaged or misappropriated to the extent that basic needs for food, shelter, medical/health care, or supervision are currently compromised?



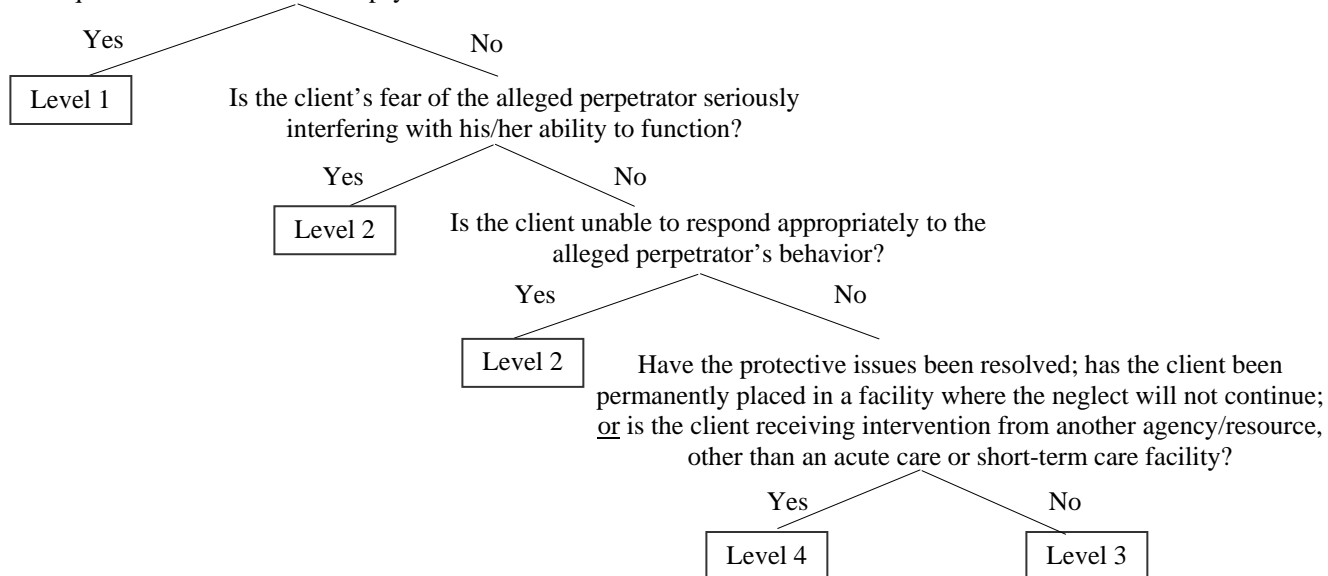
SEXUAL ABUSE

Is immediate medical care or evaluation required, or is the alleged perpetrator likely to have access within the next five calendar days?



MENTAL SUFFERING

Does the client's response to the alleged maltreatment require immediate medical or psychiatric care?



Part B. Response Priority Assignment

Recommended Response (select one):

- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible
 - (a) referral received prior to 4:30 p.m. M-Th or 4:00 p.m. on Friday
 - (b) referral received after hours (at or after 4:30 p.m. M-Th or 4:00 p.m. on Friday)
 - Level 2 = Urgent/within two to five calendar days from receipt of the referral
 - Level 3 = Non-emergency/within ten calendar days from receipt of the referral
 - Level 4 = No initial face-to-face investigation (NIFFI)/telephone-only investigation
-

Policy Override to Level 1:

- Law enforcement requests an immediate response.
- Administrative request.

Policy Override from Level 1 to Level 2 or 3:

- The adult is in an alternative safe environment and is expected to remain there pending a Level 2 or 3 response.

Policy Override to Level 4:

- The recommended response is Level 3 AND the report is from a non-credible source (a person with a history of non-credible reporting or one whose report is significantly in conflict with known facts, his/her own statements, and/or statements from other neutral sources).

Discretionary Override to any level:

- Yes (specify reason): _____

Supervisory approval of all overrides:

(initials)

Final Assigned Response (select one):

- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible
 - (a) referral received prior to 4:30 p.m. M-Th or 4:00 p.m. on Friday
 - (b) referral received after hours (at or after 4:30 p.m. M-Th or 4:00 p.m. on Friday)
 - Level 2 = Urgent/within two to five calendar days from receipt of the referral
 - Level 3 = Non-emergency/within ten calendar days from receipt of the referral
 - Level 4 = No initial face-to-face investigation (NIFFI)/telephone-only investigation
-

Worker: _____ Date: ____/____/____

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM[®] RESPONSE PRIORITY ASSESSMENT
DEFINITIONS**

PHYSICAL ABUSE/ISOLATION/ABDUCTION

Are significant injuries evident?

- There are visible signs of abuse apparent such as bruises, welts, abrasions, lacerations, or old scars/marks, including healing wounds.
- There are possible internal injuries/broken bones/fractures.
- Presence of multiple bruises, contusions, or burns; swelling; or injuries to the torso, lower back, head, or other parts of the body not commonly prone to injuries of an accidental nature.
- Physical evidence suggesting the client has been hit with an object or instrument (e.g., hammers, boards, telephones, metal pipes, etc.), placed in restraints, had chemicals put in the eyes, etc.
- The client is experiencing physical pain or serious discomfort due to suspected injuries.

OR

Is immediate medical care required?

The client requires immediate medical evaluation or treatment or is currently receiving emergency medical evaluation or treatment as a result of suspected abuse. Do not include medical evaluation or treatment that has concluded.

Is the client fearful; does the alleged perpetrator have access (within 24 hours); or is there history of APS?

- The alleged perpetrator lives in the home or has regular, unmonitored access to the client in the home and is expected to be there in the next 24 hours.
- The alleged perpetrator has threatened to physically contact the client away from the home.
- The client expresses fear of going home or of being in the home, and this fear affects the client's ability to maintain a reasonable level of functioning (e.g., no appetite, cannot perform typical daily activities that the he/she normally would if he/she was not afraid, etc.).
- Other credible sources of information have witnessed behaviors that indicate that the client is fearful of the alleged perpetrator.

- The client is vulnerable due to age, physical disability, or cognitive incapacity to the extent that he/she is unable to protect self, or he/she is unable to communicate.
- Prior history:
 - ▶ Previous allegations of maltreatment by the same perpetrator.
 - ▶ Other previous confirmed allegations of maltreatment by any perpetrator.

Were the alleged perpetrator's actions extreme or unusually cruel, including falsely imprisoning or physically restraining the client, resulting in immediate concerns for client safety?

Regardless of whether an injury has occurred, the alleged perpetrator acted in brutal or extremely dangerous ways or has made threats (other than empty threats or threats made solely for intimidation) of brutal or extremely dangerous acts toward the client. Examples include:

- Brutal: hitting with closed fist; hitting the head, back, or abdomen with substantial force; choking, kicking, or hitting with a belt buckle or other object; using restraints; or poisoning. Consider age and vulnerability of the client. Include actions that reasonably could result in severe injury.
- Extremely dangerous: exposing the client to dangerous temperatures, throwing objects at the client that could cause severe injury, or restraining or isolating the client.
- Falsely imprisoning or physically restraining the client from leaving/entering a room, home, etc. by locking a door or otherwise blocking access, threatening harm to the client if he/she attempts to leave, etc.

Will the alleged perpetrator have access within ten calendar days; is the alleged perpetrator denying access to the client, resulting in concern for the client's well-being; or have the client's normal activities diminished to the extent that there is concern for the client's well-being?

- The alleged perpetrator lives in the home or has regular, unmonitored access to the client in the home, and access is expected to continue in the next ten calendar days (if the alleged perpetrator is on vacation or out of town for the next ten calendar days, answer no to this question).
- The alleged perpetrator has threatened to physically contact the client away from the home.
- The alleged perpetrator tells visitors that the elder or dependent adult is not present or does not want to see/talk to him/her.
- There is reason to believe that the client's normal, routine, daily living activities have diminished due to the alleged perpetrator's attempts to isolate the client.

Have the protective issues been resolved; has the client been permanently placed in a facility where the abuse will not continue; or is the client receiving intervention from another agency/resource, other than an acute care hospital or other short-term care facility?

- The reported protection issue has been resolved and the client is now stable, and there are no other unresolved protection issues known at the present time (e.g., reason to believe the alleged perpetrator is intercepting mail and/or phone calls to the extent that the client no longer sees, retrieves, or opens his/her own mail, has little or no knowledge about mail, etc. The client no longer answers the phone, makes calls to friends and relatives, the alleged perpetrator tells visitors or callers that the elder or dependent adult is not present or does not want to see/talk to him/her, etc.).
- The client is now in a permanent care facility where the abuse will not continue (e.g., the abuse did not occur in the facility, or the alleged perpetrator is no longer in the facility or will not have unsupervised access to the client).
- Another agency, not including acute care hospitals or other short-term care facilities, is involved with the adult and is providing the necessary interventions to ensure safety.

NEGLECT/ABANDONMENT BY ALLEGED PERPETRATOR

Have the alleged perpetrator's actions or inactions resulted in a dangerous or immediately unsafe living situation for the client; is immediate medical care required; or is the client currently left unsupervised or abandoned when supervision is needed for the safety of the client?

- The alleged perpetrator is not providing prescribed medications, medical treatment, or assistive devices that, if left without, create a life- or health-threatening situation for the client.
- The alleged perpetrator is withholding nourishment or starving the client, resulting in dehydration or emaciation.
- The client's clothing and/or hygiene is neglected to the extent that imminent harm is likely (e.g., clothing does not protect from extreme temperatures, or clothing is soiled, resulting in skin condition or infection).

OR

- The client is in need of immediate medical attention due to bedsores, malnutrition, or other conditions resulting from inadequate care.
- Dangerous housing conditions are likely to result in injury or illness (e.g., vermin infestation, animal hoarding, no source of water, broken glass, feces or rotting garbage in the home, failure to provide necessary assistive devices or make structural modifications to the home required for the client's safe mobility and care, etc.).

OR

- The client is left without necessary supervision or is abandoned by his/her caretaker without adequate provisions for care.

Is the client primarily dependent on the alleged perpetrator to meet basic care needs?

- The client is reliant primarily upon the alleged perpetrator for provision of minimal basic care needs (food, clothing, shelter, medication, and hygiene).
- The client is temporarily in an alternative environment such as an acute care hospital, and plans are to return the client home soon.

Are alcohol or drug abuse, family violence, or mental health issues present in the household?

- There have been physical or verbal altercations between the alleged perpetrator and the client or other adults living in the home within the past year. Include situations where one of the adults does not live in the home but has substantial contact in the home and behaves in a threatening manner.
- The alleged perpetrator or the client has a current diagnosis of a major mental illness (e.g., schizophrenia, bi-polar disorder, major depression) or exhibits symptoms that suggest the presence of a mental disorder such as, but not limited to, hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behaviors, or extremely depressed affect.
- The alleged perpetrator or client appears to have an alcohol or substance abuse problem that is negatively affecting the client.

Have the protective issues been resolved; has the client been permanently placed in a facility where the neglect will not continue; or is the client receiving intervention from another agency/resource, other than an acute care hospital or other short-term care facility?

- The reported protection issue has been resolved and the client is now stable, and there are no other unresolved protection issues known at the present time.
- The client is now in a permanent care facility where the neglect will not continue (e.g., the neglect did not occur in the facility, or the alleged perpetrator is no longer in the facility or will not have unsupervised access to the client).
- Another agency is involved with the client and is providing the necessary interventions to ensure safety.

SELF-NEGLECT

Is immediate medical or mental health care required; is the living situation immediately dangerous or unsafe; or is there imminent risk of harm to self or others?

- The client is not taking prescribed medications, is not following medical treatment or directives, or is not utilizing required assistive devices, which creates a life- or health-threatening situation for the client.
- The client is not following special dietary restrictions, which will likely lead to a health crisis, or is not eating or hydrating self, resulting in significant weight loss or dehydration.
- The client does not wear clothing that adequately protects him/her from environmental conditions, resulting in exposure to extreme heat or cold, which is likely to result in imminent injury or illness.
- The client does not attend to hygiene and/or self-care needs, which results in illness (e.g., skin infections).

OR

- The client's housing is immediately unhealthy or dangerous (e.g., vermin infestation, animal hoarding, no source of water, broken glass, feces or rotting garbage in the home, failure to provide necessary assistive devices or make structural modifications to his/her home required for safe mobility and care, etc.).

OR

- The client is exhibiting self-harming behavior, is threatening violence/aggression toward others, or is engaging in behaviors that pose significant risk of harm to self or others (e.g., driving when eyesight or perceptual judgment is impaired, forgetting to turn gas stove/oven off, etc.).

Does the client lack capacity or exhibit symptoms of declining capacity?

- The client is unable to independently manage functions of daily living due to dementia, significant physical disability, or diagnosed mental or cognitive impairment.
- There is reason to believe that the client's mental and physical capacity has declined significantly to the extent that concerns for safety have emerged (e.g., increasing memory loss, disorientation, falling, significant mood/affect changes, confusion).

Is the client isolated, or will resources be depleted within ten days?

- There are no known support systems available to the client within the next ten days, including family/relatives, neighbors, or other community members.

- The client deliberately isolates him/herself from others and declines offers of assistance and support.
- The client will not have food, water, or other necessary resources sufficient to sustain him/her for the next ten days.

Have the protective issues been resolved; has the client been permanently placed in a facility where the neglect will not continue; or is the client receiving intervention from another agency/resource, other than an acute care hospital or other short-term care facility?

- The reported protection issue has been resolved and the client is now stable, and there are no other unresolved protection issues known at the present time.
- The client is now in a permanent care facility where the neglect will not continue (e.g., the client is now receiving necessary care by professional staff in a structured, monitored setting).
- Another agency is involved with the client and is providing the necessary interventions to ensure safety.

FINANCIAL ABUSE

Are the client's resources being mismanaged or misappropriated to the extent that basic needs for food, shelter, medical/health care, or supervision are currently compromised?

- The client's assets, property, and/or financial resources have been taken (e.g., several recent cash withdrawals from bank accounts, a single substantial withdrawal, change in home title, or change in beneficiary or trustee).
- The client's income (retirement, social security, disability, etc.) is being inappropriately used, denying him/her minimal provisions to meet basic needs related to health and safety (e.g., no food, lack of repairs to dangerous housing conditions, utilities shut off, no provision of medications or payment for necessary health services, etc.).

Is there an immediate concern for preserving assets that are significant for the client's current living arrangement?

There is information that, without prompt intervention, the client's assets will be taken or misappropriated to the extent that the client will not have the means to meet all basic needs in the next 24 hours.

Is there reason to believe that the client has diminished mental capacity or is unable to resist undue influence?

- There is credible information that the client is of diminished mental or physical capacity and is unable to independently manage functions of daily living (e.g., diagnoses of dementia, significant physical disability, diagnosed mental or cognitive impairment).

- There is reason to believe the client's mental and physical capacity has declined significantly to the extent that concerns for safety have emerged (e.g., increasing memory loss, disorientation, hearing/visual impairment, significant mood/affect changes, or confusion).
- There is credible information that the client is unable to make independent decisions due to pressure or undue influence from another person.

SEXUAL ABUSE

Is immediate medical care or evaluation required, or is the alleged perpetrator likely to have access within the next five calendar days?

- There is evidence of physical trauma as a result of alleged sexual abuse (e.g., bruising, bleeding, lacerations, etc.).
- The client is severely psychologically traumatized and needs immediate mental health evaluation.

OR

- The alleged perpetrator lives in the home or has regular access and is expected to be there in the next five calendar days.
- The alleged perpetrator has threatened to contact the client away from the home.

Will the alleged perpetrator likely have access to the client within the next six to ten calendar days?

- The alleged perpetrator lives in the home or has regular access to the client in the home and is expected to be there in the next six to ten calendar days.
- The alleged perpetrator has threatened to contact the client away from the home.

Is the client significantly vulnerable due to physical/cognitive disability or impairment or is fearful of the alleged perpetrator?

- The client is vulnerable due to age, physical disability, or cognitive incapacity to the extent that he/she is unable to protect him/herself.

OR

- The client expresses fear of the alleged perpetrator, going home, or of being in the home.
- Other credible sources have witnessed behaviors indicating that the client is fearful of the alleged perpetrator.

MENTAL SUFFERING

Does the client's response to the alleged maltreatment require immediate medical or psychiatric care?

The client requires immediate medical or psychiatric evaluation or treatment or is currently receiving emergency medical or psychiatric evaluation or treatment as a result of suspected abuse. Do not include medical evaluation or treatment that has concluded.

Is the client's fear of the alleged perpetrator seriously interfering with his/her ability to function?

The client fears the alleged perpetrator and this fear affects the client's ability to maintain a reasonable level of functioning (e.g., no appetite, cannot sleep, cannot perform typical daily activities that the client could if he/she were not afraid).

Is the client unable to respond appropriately to the alleged perpetrator's behavior?

The client's fear of the alleged perpetrator renders the client incapable of making decisions for him/herself or responding appropriately to the alleged perpetrator's behavior (e.g., calling for help, telling the alleged perpetrator to leave, refusing to follow the alleged perpetrator's directives).

Have the protective issues been resolved; has the client been permanently placed in a facility where the neglect will not continue; or is the client receiving intervention from another agency/resource, other than an acute care or short-term care facility?

- The reported protection issue has been resolved and the client is now stable, and there are no other unresolved protection issues known at the present time.
- The client is now in a permanent care facility where the neglect will not continue (e.g., the client is now receiving necessary care by professional staff in a structured, monitored setting).
- Another agency is involved with the client and is providing the necessary interventions to ensure safety.

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM[®] RESPONSE PRIORITY ASSESSMENT
POLICY AND PROCEDURES**

Which Referrals: Every referral that is assigned for APS investigation, including new referrals on open cases.

Who: The intake screening worker, with supervisor review and approval on any overrides.

When: Immediately following the decision that a referral will be screened in and assigned for APS investigation.

Decision: Guides how quickly an investigation must be initiated. Response times are:

Level 1: Within 24 hours from receipt of the referral and within two hours whenever possible.

Level 2: Urgent/within two to five calendar days from receipt of the referral.

Level 3: Non-emergency/within ten calendar days from receipt of the referral.

Level 4: No initial face-to-face investigation (NIFFI)/telephone-only investigation.

**When a Level 1 response priority is determined for referrals received after 4:30 p.m. Monday through Thursday (4:00 p.m. on Friday), DPSS policy requires that the intake screening worker call the After Hours supervisor to provide all of the referral information immediately. The referral fax may be sent the following morning.*

For response priority levels 1, 2, and 3, the assigned level determines the timeframe within which face-to-face contact with the client must be conducted.

Appropriate Completion:

When taking report information, intake staff should gather and document sufficient information from the reporting source to answer the questions in the response priority decision trees.

Section 2. Response Priority. This is completed for all referrals that are screened in and assigned for APS investigation under Section 1. Screening Criteria.

Part A. Response Priority Decision Trees. Complete one decision tree for each type of alleged maltreatment. **When there are multiple allegations, start with the maltreatment tree that reflects the most serious**

allegation. If an immediate response is indicated, it is not necessary to complete additional maltreatment trees. For each tree, begin at the first question and circle “yes” or “no,” whichever is appropriate, using the definitions and information provided by the reporting party. **If unable to determine the response to a question, respond in the most protective way.**

Follow the branch of the tree determined by the yes/no response until reaching a termination point and circle it. The termination point indicates whether the Structured Decision Making[®] (SDM) system recommends a priority level 1, 2, or 3 response.

Part B. Response Priority Assignment. Indicate the recommended response by indicating the highest priority response time indicated by the decision trees. If the recommended response is Level 1, the intake worker must also indicate whether: (a) the referral was received during business hours, defined as referrals received before 4:30 p.m. (4:00 p.m. on Friday), or (b) the referral was received after hours, defined as referrals received after 4:30 p.m. (4:00 p.m. on Friday).

Next, consider whether any of the listed policy override conditions apply. Policy overrides reflect situations that the Department has determined will warrant an immediate, Level 1 response priority assignment regardless of what the decision tree(s) has recommended. Policy overrides are as follows:

- Policy Override to Level 1:
 - ▶ Law enforcement has requested an immediate response.
 - ▶ Administrative requests are unusual situations that require authorization from the Deputy Director.

Note: Apply a policy override to Level 1 only when the recommended response is something other than Level 1 as determined by the decision tree(s).

- Policy Override from Level 1 to Level 2 or 3:

The client is in an alternative safe environment and is expected to remain there pending a Level 2 or 3 response.

Note: Applying one of these policy override conditions means that all available information indicates that the override condition is applicable for the next two to five calendar days if overriding from Level 1 to Level 2, or for the next ten calendar days if overriding from Level 1 or 2 to Level 3.

- Policy Override to Level 4:
The recommended response is Level 3 AND the report is from a non-credible source.

There is also the option of exercising a discretionary override to address unique circumstances not captured within the questions and definitions of the decision trees. A discretionary override can be used to change the recommended response priority to any level. The discretionary override reason must be documented and requires supervisory approval (indicated by initialing the form).

Indicate the final assigned response priority level. If an override was exercised, “assigned response” will differ from “recommended response.” If no override was used, the “assigned response” and “recommended response” will be the same.

Note: The response priority assessment tool provides clear and consistent criteria for determining how quickly an investigation must be initiated. In some situations, the receiving office, upon receipt of the referral from intake, may be aware of information about the family that would potentially support a delayed response time. When this occurs, follow established Department policy for response priority reconsideration.

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM® SAFETY ASSESSMENT**

r: 02-07

Case Name: _____ **AACTS Case ID #:** _____
Worker: _____ **R.O.A. Date:** ____/____/____ **R.O.A. Time:** ____:____ a.m./p.m.
Assessment Date: ____/____/____ **Assessment Type:** Initial Subsequent

Factors Influencing the Client's Vulnerability (conditions resulting in inability to protect self; mark all that apply to the client if any):

- | | |
|--|---|
| <input type="checkbox"/> The client is isolated. | <input type="checkbox"/> Significant diagnosed medical or mental disorder. |
| <input type="checkbox"/> Diminished mental capacity (e.g., Alzheimer's, developmental disability). | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs). |

SECTION 1: SAFETY FACTORS

Assess household for each of the following safety factors. Indicate whether currently available information results in reason to believe that a safety factor is present. "Caretaker" is defined as any person who has the care, custody or control of, or who stands in a position of trust with, an elder or a dependent adult (WIC* §15610.05).

Yes No

1. The client experienced physical harm or a plausible threat of physical harm by another individual in the current investigation, as indicated by:
 Injury or abuse to the client other than accidental.
 Threat to cause harm or retaliate against the client.
 Excessive use of physical or chemical restraint.
 A caretaker who fears he/she will maltreat the client.
2. Current circumstances, combined with the information that the alleged perpetrator has or may have previously maltreated this client or another similarly situated person, suggests that the client's safety may be of immediate concern.
3. Sexual abuse is suspected, and circumstances suggest that the client's safety may be of immediate concern.
4. The caretaker fails to protect the client from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or mental suffering.
5. The explanation for the injury to the client is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the client's safety may be of immediate concern.
6. Access to the client is being denied.
7. The caretaker or client does not or cannot meet the client's immediate needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.
8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the client.
9. The caretaker's or client's current substance use seriously impairs the caretaker's or client's ability to provide care.
10. Violence, including domestic and family violence, exists in the home and poses a risk of physical and/or emotional harm to the client.
11. The client demonstrates significant mental/emotional distress to the extent that he/she is a danger to him/herself.
12. Other (specify): _____

**If ALL safety factors are marked "No," go to Section 4.
If any safety factors 1-12 are marked "Yes," proceed to Sections 2 and 3.**

* WIC: State of California's Welfare and Institutions Code.

SECTION 2: PROTECTIVE ABILITIES

(If no safety factors are present, skip to Section 4.)

Part A. Client Protective Abilities. Mark yes or no to indicate whether it appears that the client possesses each protective ability. The presence or absence of protective abilities should be considered when determining the appropriateness of safety interventions.

Yes No

- 1. The client appears to have the cognitive, physical, and emotional capacity to participate in safety interventions.
- 2. The client has expressed a willingness to recognize problems and factors placing him/her in imminent danger.
- 3. The client has the ability to access resources to obtain necessary safety interventions.
- 4. The client has supportive relationships with one or more persons who may be willing to participate in safety planning, AND the client is willing and able to accept their assistance.
- 5. The client has at least one other person in the home who is willing and able to take action to protect the client, including asking the offending caretaker to leave.
- 6. The client is willing to accept temporary interventions offered by the worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- 7. There is evidence of a supportive relationship between the client and the caretaker.
 Not applicable – there is no current caretaker for the client.
- 8. The client is aware of and committed to meeting identified needs.
- 9. The client has a history of effective problem solving.
- 10. Other not identified in 1-9 (specify): _____

Part B. Caretaker Protective Abilities. Complete this section only if there is a caretaker immediately available. Mark yes or no to indicate whether it appears that the caretaker possesses each protective ability. The presence or absence of protective abilities should be considered when determining the appropriateness of safety interventions.

- Check if this section is not applicable for one of the following reasons:
 - There is no caretaker involved. *Go to Section 3.*
 - There is a caretaker, but the caretaker is not immediately available to participate in the safety assessment process. *Go to Section 3.*

Yes No

- 1. The caretaker appears to have the cognitive, physical, and emotional capacity to participate in safety interventions.
- 2. The caretaker has expressed a willingness to recognize problems and factors placing the client in imminent danger.
- 3. The caretaker has the ability to access resources to provide necessary safety interventions.
- 4. The caretaker has supportive relationships with one or more persons who may be willing to participate in safety planning, AND the caretaker is willing and able to accept their assistance.
- 5. At least one caretaker in the home is willing and able to take action to protect the client, including asking the offending caretaker to leave.
- 6. The caretaker is willing to accept temporary interventions offered by the worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- 7. There is evidence of a supportive relationship between the caretaker and the client.

- 8. The caretaker is aware of and committed to meeting the needs of the client.
- 9. The caretaker has a history of effective problem solving.
- 10. Other not identified in 1-9 (specify): _____

SECTION 3: SAFETY INTERVENTIONS

For each safety factor identified in Section 1, review available protective abilities. With these protective abilities in place, can any of the following interventions control the threat to safety? Consider whether the threat to safety appears to be related to the caretaker’s and/or client’s knowledge, skill, or motivation.

Consider whether safety interventions 1-8 will allow the client to remain in the home for the present time. If the client has a caretaker and caretaker protective abilities 1, 2, and/or 6 are marked “no,” carefully consider whether *any* safety interventions 1-8 are appropriate to immediately protect the client. Mark all that apply based on any interventions planned and initiated by the client and/or another individual. A safety plan is required to systematically describe interventions and facilitate follow-through. Mark all that apply:

- 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
- 2. Use of the client’s family members, neighbors, and/or friends as safety resources.
- 3. Use of community agencies or services as safety resources.
- 4. Have the caretaker/caretakers appropriately protect the client from the alleged perpetrator.
- 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- 6. Identify an alternate/non-offending caretaker and move the client.
- 7. Legal action planned or initiated—the client remains in the home.
- 8. Other (specify): _____

If there are no available safety interventions (1-8) that would allow the client to remain in the home, indicate by marking item 9 or 10 and follow procedures for initiating a voluntary agreement for removing the client from the home.

- 9. Have the client voluntarily leave the home.
- 10. Provide the client with emergency shelter or in-home protection until the dangers at the home can be resolved because 1-9 do not adequately ensure the client’s safety.

SECTION 4: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety factors, safety interventions, and any other information known about the case. Mark one response only.

- 1. No safety factors were identified at this time. Based on currently available information, the client is not likely to be in immediate danger of serious harm. **Consider whether any circumstances present a risk of future harm to the client. Document risk in the case record and, if required, incorporate risk issues in a service plan.**
- 2. One or more safety factors are present. Safety interventions have been initiated, and the client will remain in the home as long as the safety interventions mitigate the danger. **Consider whether any circumstances present a risk of future harm to the client. Document both safety and risk issues in the case record and incorporate into the service plan.**

Mark one: Client accepts services Client refuses services Client unable to consent

- 3. One or more safety factors are present, and emergency shelter or in-home protection are the only protecting interventions possible for this client under these circumstances. Without emergency shelter or in-home protection, this client will likely be in danger of immediate or serious harm. **Consider whether any circumstances present a risk of future harm to the client. Document both safety and risk issues in the case record and incorporate into the service plan.**

Mark one: Client accepts services Client refuses services Client unable to consent

Caseworker: _____

Date: ____/____/____

Supervisor: _____

Date: ____/____/____

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM[®] SAFETY ASSESSMENT
DEFINITIONS**

GENERAL DEFINITIONS

Caretaker: Any person who has the care, custody or control of, or who stands in a position of trust with, an elder or a dependant adult (WIC² §15610.05).

SECTION 1: SAFETY FACTORS

1. The client experienced physical harm or a plausible threat of physical harm by another individual in the current investigation, as indicated by:

- Injury or abuse to the client other than accidental. The caretaker or some other person caused physical injury including, but not limited to, bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts.
- Threat to cause harm or retaliate against the client. A threat of action exists that would result in serious harm, or a household member plans to retaliate against the client for the APS investigation.
- Excessive use of physical or chemical restraint. The caretaker or another adult has used torture or physical force or acted in a way that bears no resemblance to reasonable treatment, such as hitting the client with an object or instrument, placing the client in unprescribed restraints, applying chemicals to the client's body, or giving the client unprescribed medications.
- A caretaker who fears he/she will maltreat the client. The caretaker expresses frustration about his/her ability to handle the client without losing his/her temper and maltreating the client, and/or he/she expresses the need for immediate relief from taking care of the client.

2. Current circumstances, combined with information that the alleged perpetrator has or may have previously maltreated this client or another similarly situated person, suggests that the client's safety may be of immediate concern.

There must be both current, immediate threats to the client's safety AND related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

² WIC: State of California's Welfare and Institutions Code.

Previous maltreatment includes any of the following:

- Prior death of a person as a result of maltreatment by the alleged perpetrator.
- Prior injury to this client due to abuse or neglect by the alleged perpetrator, and/or medical conditions resulting from neglect.
- Prior separation of a client from the care of the alleged perpetrator by APS or another responsible agency or concerned party was necessary for the safety of the client.
- Prior APS investigations, confirmed or inconclusive. Factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
- Prior threat of serious harm to the client exists, e.g., previous maltreatment that could have caused severe injury, retaliation, or threatened retaliation against the client for previous incidents, or prior domestic violence that resulted in serious harm or threatened harm to the client.

3. Sexual abuse is suspected, and circumstances suggest that the client's safety may be of immediate concern.

Suspicion of sexual abuse may be based on indicators such as the following:

- The client discloses sexual abuse either verbally or behaviorally (e.g., unexplained withdrawal from normal activities, sudden change in affect, unusual depression, sexualized behavior, fearfulness, or indirect disclosures).
- Medical findings consistent with sexual contact or physical evidence or injury indicating possible sexual abuse.
- The alleged perpetrator or others in the household have been convicted, investigated, or accused of sexual abuse (including rape or sodomy), and/or they have had other sexual contact with the client.
- The alleged perpetrator or others in the household have forced or encouraged the client to engage in sexual performances or activities (including forcing the client to observe sexual performances or activities).
- The alleged perpetrator has unsupervised access to the client and the client does not have the ability to consent to sexual activities or resist unwanted sexual activity.

4. The caretaker fails to protect the client from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or mental suffering.

- The caretaker fails to protect the client from serious harm or threatened harm resulting from physical abuse, neglect, sexual abuse, or mental suffering by other family members, other household members, or others having regular access to the

client; or the caretaker does not provide supervision necessary to protect the client from potentially serious harm by others considering the client's lack of protective ability.

- An individual with known violent criminal behavior/history resides in the home, or the caretaker allows access to the client.

5. The explanation for the injury to the client is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the client's safety may be of immediate concern.

- Medical evaluation indicates that the injury is not consistent with explanation. The client, the caretaker, or another adult denies or attributes the injury to accidental causes.
- The client's or caretaker's explanation for the observed injury is inconsistent with the type of injury.
- The client's or caretaker's description of the injury or cause of the injury minimizes the extent of harm to the client.
- Factors to consider include the client's ability to protect him/herself, location of injury, special needs of the client, or chronicity of injuries.

6. Access to the client is being denied.

- An individual refuses access to the client or cannot/will not provide the client's location.
- An individual has removed the client from a hospital against medical advice.
- An individual keeps the client isolated, away from friends, neighbors, other family members, or other outsiders.
- The client is in immediate danger of being abducted, imprisoned, isolated, or evicted due to financial abuse by others.
- An individual coaches or coerces the client, or allows others to coach or coerce the client, in an effort to hinder the investigation.

7. The caretaker or client does not or cannot meet the client's immediate needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.

- Minimal nutritional needs of the client are not met, resulting in danger to the client's health and/or safety, or the client appears malnourished.

- The client is without clothing and/or shelter that is appropriate for the weather conditions.
- The caretaker or client is either unable or unwilling to seek treatment for the client's immediate, chronic, and/or dangerous medical condition(s) or to follow prescribed treatment for such conditions.
- The client is suicidal and no protective action has been taken.
- The caretaker does not attend to the client's needs, nor does the client attend to his/her own needs to the extent that the necessity for care goes unnoticed or unmet (e.g., the caretaker is present, but the client needs supervision so he/she does not wander outdoors alone, engage in dangerous activities such as lighting the stove, or be exposed to other serious hazards such as smoking while using oxygen).
- The client is alone for inappropriate periods of time based on the client's protective abilities.
- The caretaker makes inadequate and/or inappropriate care arrangements or demonstrates very poor planning for the client's care when the caretaker must be away.

8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the client.

Based on the client's protective abilities, the client's physical living conditions are hazardous and immediately threatening including, but not limited to:

- Substances or objects accessible to the client that may endanger his/her health and/or safety.
- Lack of water or utilities (cooling/heating system, plumbing, electricity), without alternate or safe provisions.
- Broken/missing windows and/or exterior doors.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or injury has occurred or is imminent due to living conditions, and these conditions still exist (e.g., insect/vermin infestation, hoarder's household).
- Evidence of human or animal waste throughout living quarters.
- Unmanageable number of animals, or animals known to exhibit dangerous behavior are present.

9. The caretaker's or client's current substance use seriously impairs the caretaker's or client's ability to provide care.

The caretaker or client has used legal or illegal substances to the extent that control of his/her actions is significantly impaired, which threatens immediate safety of self or the client.

10. Violence, including domestic and family violence, exists in the home and poses a risk of physical and/or emotional harm to the client.

There is evidence of violence in the home, AND this creates a safety concern for the client. Examples may include:

- The client was previously injured in a violent incident.
- The client exhibits severe emotional distress (e.g., fear, agitation, confusion, severe depression, insomnia) related to situations associated with violence in the home.
- The client's behavior increases risk of injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute in spite of physical frailty).
- Presence or use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from violence.
- Previous police reports involving violence at the residence.

11. The client demonstrates significant mental/emotional distress to the extent that he/she is a danger to him/herself.

- Indicators of significant mental/emotional distress may include extreme fear, agitation, or confusion. Confusion can be demonstrated by acts such as wandering the neighborhood; getting lost in a store; or dangerous use of the oven, stove, or other household appliances.
- Actions that may indicate a danger to self include:
 - ▶ Acts of aggression, which can include physical assault of others in the home, throwing and breaking objects, and verbal threats that the client could possibly carry out.
 - ▶ Assuming the client has the ability to interact, severe withdrawal as indicated by prolonged lack of interest in communicating with others, lack of participation in normal activities involving others, lack of interest in meals, etc.
 - ▶ Suicidal acts, which can include ceasing to take life-sustaining medications, medication overdose, refusal to eat, etc.

12. Other. This includes any condition that poses an imminent threat to client safety not covered in 1 – 11.

SECTION 2: PROTECTIVE ABILITIES

Part A. Client Protective Abilities

1. The client appears to have the cognitive, physical, and emotional capacity to participate in safety interventions.

- The client has an understanding of his/her environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, calling a neighbor or friend).
- The client is emotionally capable of acting to protect his/her own safety despite allegiance to his/her caretaker or other barriers.
- The client has sufficient physical capability to defend him/herself and/or escape if necessary.

2. The client has expressed a willingness to recognize problems and factors placing him/her in imminent danger.

The client is cognizant of the problems that have necessitated intervention to protect him/herself. The client is able and willing to verbalize what is required to mitigate the factors that have contributed to the threat of harm and accepts feedback and recommendations from the worker. The client expresses a willingness to participate in problem resolution to ensure that he/she is safe.

3. The client has the ability to access resources to obtain necessary safety interventions.

The client has the ability to access resources to contribute toward safety planning, or community resources are available to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

4. The client has supportive relationships with one or more persons who may be willing to participate in safety planning, AND the client is willing and able to accept their assistance.

The client has a supportive relationship with another family member, neighbor, or friend who may be able to assist in safety planning. Assistance includes, but is not limited to, the provision of care or securing appropriate resources and services in the community.

5. The client has at least one other person in the home who is willing and able to take action to protect the client, including asking the offending caretaker to leave.

A non-offending caretaker or other household member understands that continued exposure of the client to the offending caretaker poses a threat to the safety of the client, and he/she is able and willing to protect the client. If necessary, the non-offending caretaker or other household member is willing to ask the offending caretaker to leave the residence and/or call for assistance from law enforcement.

6. The client is willing to accept temporary interventions offered by the worker and/or other community agencies, including cooperation with continuing investigation/assessment.

The client accepts the involvement, recommendations, and services of the worker or other individuals working through referred community agencies. The client cooperates with the continuing investigation/assessment, allows the worker and intervening agency to have contact with the client, and is willing to engage in all aspects of the investigation or ongoing interventions.

7. There is evidence of a supportive relationship between the client and the caretaker.

The client displays appropriate behavior toward the caretaker, demonstrating that a supportive relationship with the caretaker has been formed. There are clear indications through both verbal and non-verbal communication that the client perceives that the caretaker is concerned about the client's emotional and physical well-being. The client interacts with the caretaker in a manner evidencing that an appropriate relationship exists and that the client feels safe. Mark "Not applicable" if there is no caretaker.

8. The client is aware of and committed to meeting identified needs.

The client is able to express the ways in which he/she has historically met his/her own needs for supervision, stability, basic necessities, and mental or medical health care. The client is able to express his/her commitment to his/her own continued well-being.

9. The client has a history of effective problem solving.

The client has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbors, and community members. The client has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

10. Other not identified in 1-9.

Part B. Caretaker Protective Abilities (complete only if there is a caretaker immediately available)

Is there a caretaker?

- If no, do not complete Part B. Caretaker Protective Abilities. Instead, go directly to Section 3. Safety Interventions.
- If yes, is that caretaker immediately available to participate in the safety assessment process?
 - ▶ If yes, complete Part B. Caretaker Protective Abilities.
 - ▶ If no, do not complete Part B. Caretaker Protective Abilities.

- 1. The caretaker appears to have the cognitive, physical, and emotional capacity to participate in safety interventions.**
The caretaker has the ability to understand that the current situation poses a threat to the safety of the client. He/she is able to follow through with any actions required to protect the client. He/she is willing and able to put the emotional and physical needs of the client ahead of his/her own. He/she possesses the capacity to physically protect the client.
- 2. The caretaker has expressed a willingness to recognize problems and factors placing the client in imminent danger.**
The caretaker is cognizant of the problems that have necessitated intervention to protect the client. The caretaker is able and willing to verbalize what is required to mitigate the factors that have contributed to the threat of harm to the client and accepts feedback and recommendations from the worker. The caretaker expresses a willingness to participate in problem resolution to ensure that the client is safe.
- 3. The caretaker has the ability to access resources to provide necessary safety interventions.**
The caretaker has the ability to access resources to contribute toward safety planning, or community resources are available to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).
- 4. The caretaker has supportive relationships with one or more persons who may be willing to participate in safety planning, AND the caretaker is willing and able to accept their assistance.**
The caretaker has a supportive relationship with another family member, neighbor, or friend who may be able to assist in safety planning. Assistance includes, but is not limited to, the provision of care or securing appropriate resources and services in the community.
- 5. At least one caretaker in the home is willing and able to take action to protect the client, including asking the offending caretaker to leave.**
The non-offending caretaker understands that continued exposure of the client to the offending caretaker poses a threat to the safety of the client, and the non-offending caretaker is able and willing to protect the client by ensuring that the client is in an environment in which the non-offending caretaker will not be present. If necessary, the non-offending caretaker is willing to ask the offending caretaker to leave the residence and/or call for assistance from law enforcement.
- 6. The caretaker is willing to accept temporary interventions offered by the worker and/or other community agencies, including cooperation with continuing investigation/assessment.**
The caretaker accepts the involvement, recommendations, and services of the worker or other individuals working through referred community agencies. The caretaker cooperates with the continuing investigation/assessment, allows the worker and intervening agency to have contact with the client, and supports the client in all aspects of the investigation or ongoing interventions.

- 7. There is evidence of a supportive relationship between the caretaker and the client.**
The caretaker displays appropriate behavior toward the client, demonstrating that a supportive relationship with the client has been formed. There are clear indications through both verbal and non-verbal communication that the caretaker is concerned about the emotional and physical well-being of the client. The client interacts with the caretaker in a manner evidencing that an appropriate relationship exists and that the client feels safe.
- 8. The caretaker is aware of and committed to meeting the needs of the client.**
The caretaker is able to express the ways in which he/she has historically met the needs of the client for supervision, stability, basic necessities, and mental or medical health care. The caretaker is able to express his/her commitment to the continued well-being of the client.
- 9. The caretaker has a history of effective problem solving.**
The caretaker has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbors, and community members. The caretaker has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.
- 10. Other not identified in 1-9.**

SECTION 3: SAFETY INTERVENTIONS

Safety interventions are actions taken specifically to mitigate any identified safety factors. They should address immediate safety considerations rather than long-term changes. Follow county policies whenever applying any of the safety interventions. Mark all that apply based on any interventions planned and initiated by the client and/or another individual.

- 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)**
This refers to actions taken or planned by the investigating worker or other APS staff that specifically address one or more safety factors. Examples include: providing information about community services, addressing the client's medical or emotional needs, providing emergency in-home protection services or material aid such as food, planning return visits to the home to check on progress, providing information on obtaining restraining orders, and providing definition of domestic abuse laws and informing involved parties of consequences of violating these laws. **THIS DOES NOT INCLUDE** the investigation itself or services provided to respond to family needs that do not directly affect safety.
- 2. Use of the client's family members, neighbors, and/or friends as safety resources.**
This refers to applying the family's own strengths as resources to mitigate safety concerns and using extended family members, neighbors, or other individuals to mitigate safety concerns. Examples include: family's agreement to use non-violent means of resolving disputes, engaging a family member to assist with caretaking, agreement by a neighbor to serve as a safety net for the client, commitment by a 12-step sponsor to meet with the caretaker daily and call the worker if the caretaker has used or missed a meeting,

or the caretaker's decision to have someone else take care of the client for a night or have the client spend a few days with a friend or relative.

3. Use of community agencies or services as safety resources.

This includes involving a community-based organization, a faith-related organization, or another agency in activities to address safety concerns (e.g., using a local food pantry). DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

4. Have the caretaker/caretakers appropriately protect the client from the alleged perpetrator.

A non-offending caretaker has acknowledged the safety concerns and is able and willing to protect the client from the alleged perpetrator. Examples include: agreement that the client will not be left alone with the alleged perpetrator or agreement that the caretaker will prevent the alleged perpetrator from physically interacting with the client.

5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

This involves temporary or permanent removal of the alleged perpetrator. Examples include: arrest of alleged perpetrator, non-perpetrating caretaker "kicking out" alleged perpetrator who has no legal right to residence, or perpetrator agrees to leave.

6. Identify an alternate/non-offending caretaker and move the client.

A caretaker not suspected of harming the client has taken or plans to take the client to an alternate location where there will be no access to the suspected perpetrator. Examples include: domestic violence shelter, home of a friend or relative, or hotel.

7. Legal action planned or initiated—the client remains in the home.

Legal action has already commenced, or will be commenced, that will effectively mitigate identified safety factors. This includes family-initiated actions. Examples include: conservatorship, power of attorney, referral for public guardian, representative payee, or request for Welfare and Institutions 5150 involuntary hold. The client remains in the home.

8. Other.

The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1-7.

9. Have the client voluntarily leave the home.

The client agrees to stay with a friend or relative or enter another residential setting such as a friend's home or respite care facility.

10. Provide the client with emergency shelter or in-home protection until the dangers at the home can be resolved because 1-9 do not adequately ensure the client's safety.

In response to new reports involving immediate life threats, imminent danger, and to crisis in existing cases, emergency shelter or in-home protection shall be provided until the dangers at home can be resolved (source: Support Services 33-610.1).

Emergency shelters include, but are not limited to:

- A home or dwelling belonging to a member of the client's family if it would not constitute a risk to the client (source: Support Services 33-610.41).
- An adult residential care facility or residential care facility for the elderly that is licensed by the State of California and has a contractual agreement with the county for the provision of emergency shelter (source: Support Services 33-610.42).

SECTION 4: SAFETY DECISION

1. No safety factors were identified at this time. Based on currently available information, the client is not likely to be in immediate danger of serious harm. **Consider whether any circumstances present a risk of future harm to the client. Document risk in the case record and, if required, incorporate risk issues in a service plan.**
2. One or more safety factors are present. Safety interventions have been initiated, and the client will remain in the home as long as the safety interventions mitigate the danger. **Consider whether any circumstances present a risk of future harm to the client. Document both safety and risk issues in the case record and incorporate into the service plan.**

Mark one: client accepts services client refuses services client unable to consent

3. One or more safety factors are present, and emergency shelter or in-home protection are the only protecting interventions possible for this client under these circumstances. Without emergency shelter or in-home protection, this client will likely be in danger of immediate or serious harm. **Consider whether any circumstances present a risk of future harm to the client. Document both safety and risk issues in the case record and incorporate into the service plan.**

Mark one: client accepts services client refuses services client unable to consent

**RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADULT PROTECTIVE SERVICES
SDM[®] SAFETY ASSESSMENT
POLICY AND PROCEDURES**

The purpose of the SDM[®] safety assessment is: 1) to help assess whether the client is likely to be in immediate danger of serious harm/maltreatment that requires a protecting intervention, and 2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Safety versus risk assessment: It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the client's immediate danger and the interventions currently needed to protect the client. In contrast, risk assessment looks at the likelihood of future maltreatment.³ For example, a public guardian referral⁴ would be part of a case management plan rather than a safety intervention.

Which Cases: All new referrals that are assigned for an in-person response. This includes new referrals received on open cases. Exceptions: unable to locate client, client refuses access.

Any open cases in which changing circumstances may impact safety since the initial assessment, including indications that previously identified safety interventions are not effective at mitigating safety concerns.

Who: The social worker who is responding to the referral.

When:

- For a new referral, the safety assessment *process* is completed before leaving a client in the home. Circumstances may warrant postponing the completion of the safety assessment *form*. The form should be completed within two working days of the first face-to-face contact.
- For a client who has already been placed in an alternate safe environment by law enforcement or other means, and for whom no safety assessment has been completed, the social worker will complete a safety assessment prior to the client's release.

³ The Structured Decision Making[®] System for Adult Protective Services in Riverside does not currently include a risk assessment tool.

⁴ Public guardian referrals are made for the purpose of evaluating the client for a probate conservatorship (APS Policy Manual 33-860.11). Factors determining the need for a referral include the mental incompetence of the client, lack of other responsible persons available, willing, and able to provide for client's needs, or the client appears to be unduly influenced by another person as evidenced by the client giving away or failing to retain those resources and care to which he/she is entitled (APS Policy Manual 33-860.22).

- For open cases in which changing circumstances prompt a new safety assessment, the safety assessment *process* is completed immediately. The safety assessment *form* is completed within two working days of the first face-to-face contact following receipt of the new information.
- If a safety intervention was initiated and safety factors remain unresolved, the case should be transferred to case management unless the client refused services.*
- All cases require a completed safety assessment unless access to the client was denied or the client could not be located.

*If the client is no longer living in the household that had unresolved safety factors, the case may be closed.

Decision:

The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to an elderly or dependent adult. This information guides the decision about whether the client may remain in the home with no intervention, may remain in the home with safety interventions in place, or should be recommended for protective placement.

Appropriate Completion:

Workers should familiarize themselves with the items on the safety assessment and the items' accompanying definitions. Workers will notice that the items on the tool are items they are probably already assessing. What distinguishes the SDM safety assessment is that it ensures that every worker is assessing the same items in each case and that the responses to these items lead to specific decisions. Once workers are familiar with the items that must be assessed to complete the tool, workers should conduct their initial contact as they normally would—using good social work practice to collect information from the client, caretaker, and/or collateral sources. The SDM safety assessment ensures that the specific items that comprise the safety assessment are assessed at some time during the initial contact.

Record the case name, the AACTS case ID number, the worker name, the R.O.A. date, the R.O.A. time, and the date that the safety assessment process was completed. Also note whether this is an initial or a subsequent assessment. The date of assessment should be the date that workers made initial face-to-face contact with the client to assess safety, which may be different than the date on which the form is being completed on a paper form, in the interim database, or ultimately in the web-based data collection system.

Indicate whether any factors influencing the client's vulnerability are present. Consider these vulnerabilities when reviewing safety items. Vulnerability issues provide a context for safety assessment. The presence of vulnerabilities does not automatically mean that the client is unsafe.

The safety assessment consists of four sections:

- 1. Safety Factors.** This is a list of critical factors that must be assessed by every worker in every case. These factors cover the kinds of conditions that, if they exist, would render an elder or dependent adult in danger of immediate harm. Because not every conceivable safety factor can be anticipated or listed on a form, an “other” category permits workers to indicate that some other circumstance creates a safety factor; that is, there is something other than the listed categories causing workers to believe that the client is in immediate danger of being harmed.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some is deliberately hidden from workers. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety factors and accompanying definitions. If the safety factor is present, based on available information, mark that item “yes.” If the safety factor is not present, mark that item “no.” If there are circumstances that workers determine to be a safety factor, and these circumstances are not described by one of the existing items, workers should mark “other” and briefly describe the factor.

- 2. Protective Abilities.** If at least one safety factor was marked “yes,” complete Section 2, Part A. Client Protective Abilities. Mark yes or no to indicate whether it appears that the client possesses each protective ability. For “other,” consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety factor(s) identified in Section 1.

Section 2, Part B. Caretaker Protective Abilities, is completed if there is at least one safety factor marked “yes” and if there is a caretaker immediately available to participate in the safety assessment process. Mark yes or no to indicate whether it appears that the caretaker possesses each protective ability. For “other,” consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety factor(s) identified in Section 1.

When completing either Part A or Part B, consider information from the referral; from worker observations; interviews with family members, caretakers, and collaterals; and review of records.

3. **Safety Interventions.** This section is completed only if one or more safety factors are identified. If one or more safety factors are present, it does not automatically follow that a client must be protectively placed. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety factor(s) sufficiently so that the client may remain in the home while the investigation continues. Consider the relative severity of the safety factor(s) and the caretaker's and client's protective abilities.

The safety intervention list contains general categories of interventions rather than specific programs. Workers should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety factor(s) and whether there is reason to believe that the client and/or caretaker will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. Workers may determine that even with an intervention, the client would be unsafe; or workers may determine that an intervention would be satisfactory, but they have reason to believe that the caretaker would not follow through. Workers should keep in mind that any single intervention may be insufficient to mitigate the safety factor(s), but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not the case plan – it is not intended to “solve” the household's problems or provide long-term answers. A safety plan permits a client to remain home during the course of the investigation.

If one or more safety factors are identified and workers determine that interventions are unavailable, insufficient, or may not be used, the final option is the recommendation the client will be protectively placed.

If one or more interventions will be implemented, mark each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, mark #8 and briefly describe the intervention. Safety intervention #10 is used only when a client is unsafe and only a placement can ensure safety.

When assessing the appropriateness of safety interventions, it is critical to review the assessed protective abilities in Section 2. For example, if protective ability #1 (the caretaker appears to have the cognitive, physical, and emotional capacity to participate in safety interventions) is not marked, the rationale for implementing any safety interventions to keep the client in the home must be clearly documented.

4. Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

1. Mark this line if no safety factors are identified. The SDM model guides workers to leave the client in the home for the present.
2. If one or more safety factors are identified and workers are able to identify sufficient protective interventions that lead them to believe that the client may remain in the home for the present time, this line is marked.
3. If workers determine that the client cannot be safely kept in the home even after considering a complete range of interventions, this line is marked.

Accurate completion of the safety assessment adheres to the following internal logic:

- If no safety factors are marked, there should be no interventions marked, and the only possible safety decision is: “1. No safety factors were identified at this time. Based on currently available information, the client is not likely to be in immediate danger of serious harm. Consider whether any circumstances present a risk of future harm to the client. Document risk in the case record and, if required, incorporate risk issues in a service plan.”
- If one or more safety factors are marked, there must be at least one intervention marked, and the only possible safety decisions are as follows:
 - ▶ “2. One or more safety factors are present. Safety interventions have been initiated, and the client will remain in the home as long as the safety interventions mitigate the danger.” Consider whether any circumstances present a risk of future harm to the client. Document both safety and risk issues in the case record and incorporate into the service plan.
 - ▶ “3. One or more safety factors are present, and emergency shelter or in-home protection are the only protecting interventions possible for this client under these circumstances. Without emergency shelter or in-home protection, this client will likely be in danger of immediate or serious harm.” Consider whether any circumstances present a risk of future harm to the client. Document both safety and risk issues in the case record and incorporate into the service plan.

- If one or more interventions are marked AND placement is not marked as an intervention, the safety decision that should be marked is, “2. One or more safety factors are present. Safety interventions have been initiated, and the client will remain in the home as long as the safety interventions mitigate the danger. Consider whether any circumstances present a risk of future harm to the client. Document both safety and risk issues in the case record and incorporate into the service plan.” Placement should not be marked as an intervention if other interventions are marked. Indicate whether the client accepts or refuses services or is unable to consent.
- If placement is marked as an intervention, the safety decision must be, “3. One or more safety factors are present, and emergency shelter or in-home protection is the only protecting intervention possible for this client under these circumstances. Without emergency shelter or in-home protection, this client will likely be in danger of immediate or serious harm. Consider whether any circumstances present a risk of future harm to the client. Document risk in the case record and, if required, incorporate risk issues in a service plan.” Indicate whether the client accepts or refuses services or is unable to consent.

Planning for client safety should be based on the results of the safety assessment, including identification of specific safety factors, client and caretaker protective abilities, and available interventions. If the client accepts services, all services and interventions should be addressed in a plan of safety, including the following elements:

1. Each safety factor identified in Section 1.
2. Information written in a family-friendly manner.
3. Detailed information for each planned safety intervention.
4. Information that describes how the safety intervention will be monitored (e.g., who is responsible for each intervention action).

Note: The safety intervention(s) should be documented according to agency policy and procedures.

If safety factors have not been resolved by the end of the investigation/assessment, the safety interventions will be incorporated into the ongoing case/service plan.

Practice Considerations:

While safety is the prevailing concern of the first face-to-face contact, the manner of engaging the family will depend upon social work clinical skills. Whenever possible, workers should use a strength-based approach to initiate the contact while remaining observant for the presence or absence of safety factors. Most safety factors are apparent and can be discerned without invasive questioning. Others will benefit from candor, which will be more forthcoming when the family is approached with respect. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, workers will also begin to gather information regarding risk and/or strengths and needs items, as well as additional clinical information.