



TEXAS
**Department of Family
and Protective Services**

Report of Findings
**Pilot Program to Provide Protective Services to
Persons at Risk of Future Harm**

**As Required by
H.B. 3092, 84th Legislature, Regular Session, 2015**

**Department of Family and Protective Services
Adult Protective Services
December 15, 2017**

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Introduction

House Bill 3092, 84th Legislature, Regular Session, 2015, authorized the establishment of the Texas pilot program to provide protective services to certain persons determined to be at risk of future harm, building on existing protective services to the public by Adult Protective Services (APS) within the Texas Department of Family and Protective Services (DFPS). This legislation additionally directed DFPS to collect data and submit both a preliminary and a final report to the legislature regarding the development, implementation, and findings from the pilot program, as well as recommendations on potential continuation of the program.

This report summarizes final findings from the pilot program. The feasibility and potential benefits of the approach implemented by the pilot program are also discussed. Changes to current program policy are not recommended, although further study of the piloted approach may be warranted in the future.

Legislation

Pursuant to House Bill 3092, APS has evaluated the feasibility and associated benefits of providing protective services when an elderly person or person with a disability has been determined to be at risk of future harm from abuse, neglect, or exploitation, but is not currently in a state of abuse, neglect, or exploitation.

The statutory deliverables for the pilot program were as follows:

- a) December 15, 2016 -- Report of Preliminary Findings
- b) August 31, 2017 - Pilot program terminates, unless terminated before that date;
- c) December 15, 2017 - Final Report
 - an evaluation of the feasibility and benefits of the pilot program;
 - any additional findings the department determines appropriate; and
 - recommendations for the continuation, elimination, or expansion of the pilot program.

Background and Implementation

Legislation authorizing the APS In-Home program currently requires that an investigation validate an allegation of abuse, neglect or exploitation (ANE) in order for victims to receive services. For victims with validated allegations, APS uses the Risk of Recidivism Assessment tool (RORA) to estimate risk that the client will become a victim in a future allegation of ANE reported to APS. If risk of recidivism is identified as high or moderate, victims will be provided with services that may reduce their vulnerability to future ANE. HB 3092 provided APS with the authority to, for purposes of the pilot program, complete a risk assessment and potentially provide services to clients when there are no validated allegations.

Nine APS service delivery units, representing nine percent of the 98 service units in the state, were selected to participate in the pilot program. The pilot units were selected to include both rural and urban settings, diverse populations and unique resources available in each geographical area. Counties served by units involved in the pilot are identified in **Table 1**, below.

Table 1 Pilot Unit Service Areas	
District	Counties
South	Nueces and Bexar
DFW	Dallas
Houston	Harris
Northwest	Lubbock, Taylor, and El Paso
East Central	Lamar, Delta, Hopkins, Rains, Van Zandt, Wood, Franklin, Red River, Coryell, Lampasas, Mills, Hamilton, San Saba, Bosque, Hill and Milam

The pilot employed the procedural change of treating allegations found to be invalid or unable to determine (UTD) in the same manner as validated allegations with respect to risk assessment and service provision based on risk. Staff participating in the pilot were directed to complete a RORA in any investigations with an investigation finding, regardless of whether the finding was valid, invalid or UTD. If the final client risk level resulting from the risk assessment was moderate or high, staff were to follow current policy for progressing cases to services as appropriate. The procedures were effective from September 1, 2015 through November 30, 2015.

Findings

A dataset on investigations handled under pilot program procedures was generated from the DFPS case management information system for use in statistical analysis. Key questions guiding the data analysis were:

1. Did investigations that did not validate an allegation of ANE provide a risk of recidivism assessment?
2. What was the risk profile of clients in investigations that did not validate an allegation?
3. Were high and moderate risk cases moved to Intensive Case Services (ICS)?
4. What rates of recidivism were seen in investigations that did not validate an allegation?

A statistical overview of the pilot group, investigations conducted, and findings on the above questions are summarized in the report sections below.

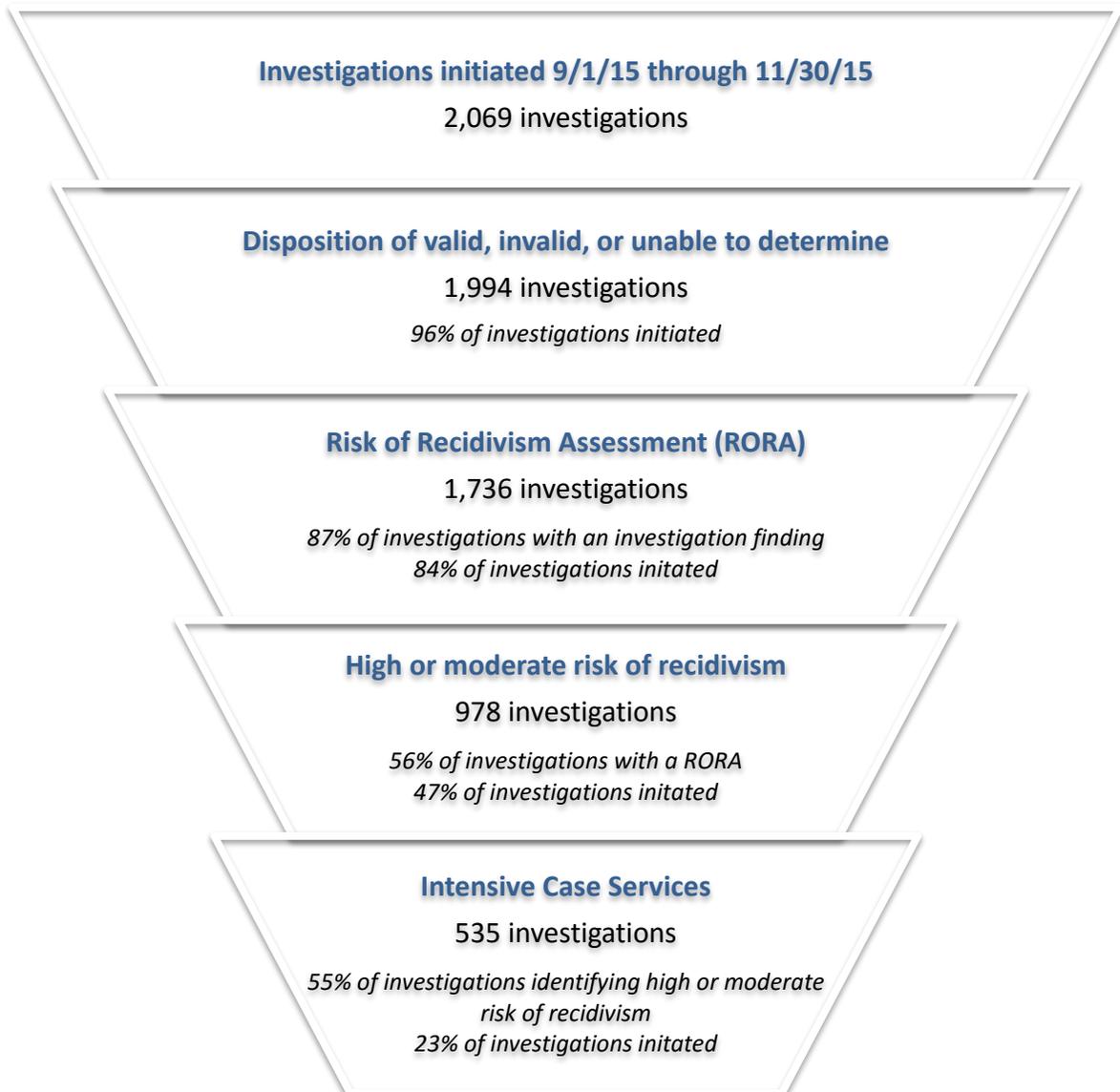
Investigations Overview

Among the nine pilot units, a total of 2,069 completed investigations were initiated during the pilot period. Of the pilot investigations, 96 percent resulted in an investigation finding. The remaining cases were resolved without the need for a complete investigation.

The great majority (87 percent) of investigations with findings resulted in a RORA being administered to the client (1,736 investigations in total). Over half (56 percent) of these RORAs identified a high or moderate risk of recidivism (978 cases in total). Of the high and moderate-risk cases, 55 percent (535 cases in total) were moved to the ICS stage of service.

Figure 1 illustrates this progression of pilot investigations from initiation to ICS services.

Figure 1
Progression of Pilot Investigations



Risk of Recidivism

Did investigations that did not validate an allegation of ANE provide a risk of recidivism assessment?

Of the 1,994 completed pilot investigations with an investigation finding, reflected in a disposition of valid, invalid, or UTD, 1,843 were expected to provide a RORA to the client.¹ Of these investigations, 90 percent contained a RORA. Investigations with an invalid or UTD disposition (meaning they did not validate an allegation of ANE) were less likely to provide a RORA than investigations with a valid disposition (these investigations validated at least one allegation of ANE). All but one investigation with a valid disposition contained a RORA, in comparison to 70 percent of investigations with invalid or UTD dispositions. (**Table 2**)

Table 2			
Risk of Recidivism Assessment (RORA)			
Disposition	Investigations*	Investigations Providing RORA	% Providing RORA
Valid	1209	1208	100%
Invalid and Unable to Determine	634	444	70%
Total	1843	1652	90%

* Investigations expected to provide a RORA. A RORA is not required when the client died, moved or could not be located, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.

What was the risk profile of clients in investigations that did not validate an allegation?

The overall risk profile of APS clients assessed by pilot investigations with valid, invalid or UTD dispositions was characterized by a moderate-to-low risk of recidivism. Approximately half (52 percent) of the pilot investigations expected to provide a RORA found a moderate risk of recidivism; most of the rest (43 percent) found a low risk of recidivism. (**Table 3a**)

Table 3a		
Final Risk Level		
Investigations Providing a Risk of Recidivism Assessment (RORA)		
Final Risk Level	Investigations* Providing RORA	% Total
High Risk	87	5%
Moderate Risk	853	52%
Low Risk	712	43%
Total	1652	100%

* Investigations expected to provide a RORA. A RORA is not required when the client died, moved, could not be located, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.

¹ A RORA is not required when the client died, moved or could not be located, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.

Investigations with valid dispositions were more likely to identify a moderate risk of recidivism (56 percent) than investigations with invalid or UTD dispositions (39 percent). (**Table 3b**)

Table 3b Final Risk Level Investigations Providing a Risk of Recidivism Assessment (RORA)		
Valid Disposition		
Final Risk Level	Investigations* Providing RORA	% Total
High Risk	75	6%
Moderate Risk	682	56%
Low Risk	451	37%
Total	1208	100%
Invalid and Unable to Determine Dispositions		
Final Risk Level	Investigations* Providing RORA	% Total
High Risk	12	3%
Moderate Risk	171	39%
Low Risk	261	59%
Total	444	100%

**Investigations expected to provide a RORA. A RORA is not required when the client died, moved, could not be located, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.*

Intensive Case Services

Were high and moderate risk cases moved to Intensive Case Services (ICS)?

In total, 892 pilot investigations identified a high or moderate risk of recidivism and were eligible to progress the case to the ICS stage of service.² Of these investigations, most (60 percent) progressed the case to the ICS stage. Investigations with invalid or UTD dispositions were less likely to progress to ICS (12 percent) than those with valid dispositions (72 percent). (**Table 4**)

Table 4 Cases Progressed to Intensive Case Services			
High and Moderate Risk Cases			
Disposition	Investigations*	Investigations that Progressed Case to ICS	% that progressed to ICS
Valid	713	512	72%
Invalid and UTD	179	22	12%
Total	892	534	60%

**Cases eligible to progress to ICS. An investigation finding a high or moderate risk of recidivism is not required to progress the case to ICS when the client died, moved or could not be located, refused services, services needed were not available, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.*

² An investigation identifying a high or moderate risk of recidivism is not required to progress the case to ICS when the client died, moved or could not be located, refused services, services needed were not available, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.

Recidivism Following Pilot Investigations

What rates of recidivism were seen in investigations that did not validate an allegation?

Recidivism for pilot investigations was examined by looking at whether or not, subsequent to a pilot investigation, a new investigation was opened for the same alleged victim. This type of “recidivism” was examined at 6 months and at 9 months after each pilot investigation.³ This analysis found that recidivism for pilot investigations was 15 percent at 6 months and rose to 19 percent at 9 months. (**Table 5**)

Table 5 Recidivism: New Investigations with Same Victim By Assessed Risk of Recidivism					
Risk Level	Investigations providing RORA*	New investigation within 6 months		New investigation within 9 months	
High	87	20	23%	30	34%
Moderate	853	167	20%	207	24%
Low	712	60	8%	85	12%
Total	1652	247	15%	322	19%

** Investigations expected to provide a RORA. A RORA is not required when the client died, moved or could not be located, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.*

The analysis also found that the higher the risk of recidivism identified in pilot investigations, the higher the rate of recidivism that occurred subsequent to those investigations. That is to say, recidivism after was higher for investigations identifying moderate risk of recidivism than for investigations identifying low risk of recidivism, and recidivism was even higher for investigations identifying high risk of recidivism. In fact, the rate of recidivism at both six and nine months was nearly twice as high for investigations identifying high risk of recidivism as for investigations identifying low risk of recidivism. As illustrated in **Table 5**, by six months following pilot investigations, 23 percent of investigations identifying high risk of recidivism had seen a new investigation opened for the same alleged victim. This 23 percent rate is 1.9 times higher than the 8 percent recidivism seen in investigations identifying low risk of recidivism. By nine months following pilot investigations, rates of recidivism were 34 percent for investigations identifying high risk of recidivism, which is 1.8 times higher than the 12 percent recidivism in investigations identifying low risk of recidivism.

Recidivism rates were also analyzed for investigations with invalid or UTD dispositions, and compared to investigations with valid dispositions (see **Table 6**). Recidivism at both six and nine months following pilot investigations was higher for investigations with valid dispositions than for investigations with invalid or UTD dispositions. In fact, the recidivism gap between valid and invalid/UTD investigations widened from six to nine months following pilot investigations.

³ In this analysis, six month recidivism is considered to be a new investigation being opened between 3 days and 183 days following the initiation of the pilot investigation. Nine month recidivism is a new investigation being opened between 3 days and 274 days following the initiation of the pilot investigation.

Specifically, six-month recidivism was higher for investigations with a valid disposition (16 percent) than for investigations with invalid or UTD dispositions (12 percent), a difference of four percent. By nine months, recidivism was 21 percent for investigations with valid dispositions, as compares to 14 percent for investigations with invalid or UTD dispositions, a difference of seven percent. (**Table 6**)

Table 6					
Recidivism: New Investigations with Same Victim					
By Investigation Disposition					
<i>All Investigations</i>					
Disposition	Investigations*	New investigation within 6 months		New investigation within 9 months	
Valid	1208	195	16%	259	21%
Invalid and Unable to Determine	444	52	12%	63	14%
Total	1652	247	15%	322	19%
<i>High and Moderate Risk Only</i>					
Disposition	Investigations*	New investigation within 6 months		New investigation within 9 months	
Valid	757	156	21%	200	26%
Invalid and Unable to Determine	183	31	17%	37	20%
Total	940	187	20%	237	25%

* Investigations expected to provide a RORA. A RORA is not required when the client died, moved or could not be located, or self-neglect was resolved before the opportunity for a face-to-face meeting with the client.

A similar widening gap in recidivism was observed between valid and invalid/UTD investigations when examining high and moderate risk cases only. As reflected in **Table 6**, for high and moderate risk cases, valid investigations had a 21 percent risk of recidivism at six months, in comparison to 17 percent of invalid/UTD investigations, a difference of four percent. Nine month recidivism was 26 percent for valid investigations and 20 percent for invalid and UTD investigations, a difference of six percent.

Discussion of Findings

Analysis of implementation and recidivism data on investigations conducted during the pilot program revealed several findings important to understanding feasibility and potential benefits of the approach explored by the pilot program.

Feasibility

Completion data for the pilot investigations indicate that full implementation of the pilot procedures was challenging for units in the pilot program. While a majority – 70 percent – of the invalid and UTD investigations did provide a Risk of Recidivism Assessment, this leaves 30 percent not providing a risk assessment. Consistent, 100 percent administration in both invalid and UTD

investigations was expected in the pilot, comparable to the 100 percent administration seen for valid investigations.

More significantly, just 12 percent of invalid and UTD investigations that identified high or moderate risk of recidivism progressed the case to the ICS stage of service. This rate of progression is substantially lower than the 72 percent progression rate found in investigations with valid dispositions.

The increase in workload for staff associated with the pilot program was significant. The additional RORAs conducted in invalid and UTD investigations represented a 37 percent increase in the number conducted. Had 100 percent of the invalid and UTD investigations conducted RORAs, as was the case with valid investigations, there would have been an overall 52 percent increase in the number of risk assessments completed by staff in the pilot units over the pilot period. With respect to the 12 percent of invalid and UTD investigations identifying high or moderate risk of recidivism that progressed to Intensive Case Services, had this percentage increased to a level comparable to the 72 percent progression rate found for investigation with valid dispositions, there would have been a 25 percent increase in the number of cases receiving intensive services.

It must be kept in mind that no additional resources were available to support this additional casework. Staff were challenged to maintain their current caseloads and continue to provide critical protective and follow up services to validated victims of abuse, neglect and exploitation. Victims of ANE take precedence over clients not found to be victims of ANE. Thus, it is not unexpected that staff might not have been able to universally conduct the RORA or provide services to clients in investigations with invalid or UTD dispositions at a level comparable to what they would provide for validated victims of ANE.

There is a significant concern that, as the APS program is currently resourced, providing services to those not confirmed to be victims of ANE, while potentially beneficial, would be detrimental to APS's ability to protect and deliver services to victims of ANE. At the time of the pilot program, staff in the pilot units experienced challenges in fully implementing pilot expectations to service clients who were not validated victims of ANE. Since the pilot, resources for the APS program have been further reduced and staff capacity further stretched with increased caseloads and geographic service distances.

Potential Benefits

Pilot program findings concerning recidivism risk assessed during pilot investigations and recidivism occurring after the investigations highlight the potential benefit of services to clients in invalid and UTD investigations. A substantial portion of invalid and UTD investigations identified clients at high or moderate risk of recidivism. Thus, by the measure used in identifying validated victims that should receive services, there is a substantial population of non-victim clients who may be at comparable risk to that of validated victims and who could similarly benefit from services.

Furthermore, recidivism rates for invalid and UTD investigations in the pilot study were somewhat, but not substantially, lower than that of valid investigations. This confirms that many clients not necessarily validated as victims are as susceptible to becoming victims of ANE in the future as validated victims.

The findings also enhance APS's knowledge about the effectiveness and benefits of the Risk of Recidivism Assessment. This tool was developed after years of planning and research to develop an evidence-based measure of severity of need of clients. Accurate information on client risk severity is essential for APS professionals to make evidence-based decisions about services, prioritize clients at greatest risk, and allocate limited APS resources for greatest public benefit.

A statistical study of the RORA since it was implemented has substantiated the effectiveness of the tool in predicting recidivism with validated victims of ANE. As a result of the study, further refinements have been made, increasing the tool's ability to detect variations in risk as well as improve its effectiveness with minority populations.

The findings from this pilot program further enhance APS's knowledge about the RORA tool by demonstrating an ability to differentiate levels of risk for non-validated victims in a manner comparable to what it has been able to do for validated victims. These findings will be beneficial in continued study and refinement of the RORA tool.

Unfortunately, the goal of quantifying potential outcomes and cost-benefit resulting from the piloted approach could not be realized by the pilot program. Due to challenges in implementation, including inconsistent risk assessment and low rates of provision of services to the pilot group, very small sample sizes of invalid/UTD investigations progressed to the point of service provision. The numbers involved were too small for further study of outcomes and impacts of APS services for clients.

Conclusion

The experience of implementing this pilot program and the data findings resulting from the program, have been valuable for APS, offering important insights about risk assessment, service delivery, and the clientele served by the program. The results suggest that there may be benefit to providing post-investigation assessment and services to clients not validated as victims of ANE. However, the results do not demonstrate what or how significant those benefits may be.

At this time, due to program resource limitations, as well as insufficient knowledge of potential benefits, APS does not recommend providing services to clients not found to be victims of ANE. Valuable APS resources need to be prioritized to protect and deliver services to victims of ANE. At this time of declining resources and organizational transition, APS also does not recommend further pilot study until a more stable resource and service delivery environment can be attained, which can support an effective pilot study that does not detract from essential services to validated victims of ANE.