

The Structured Decision Making[®] System for Adult Protective Services Strengths and Needs Profile

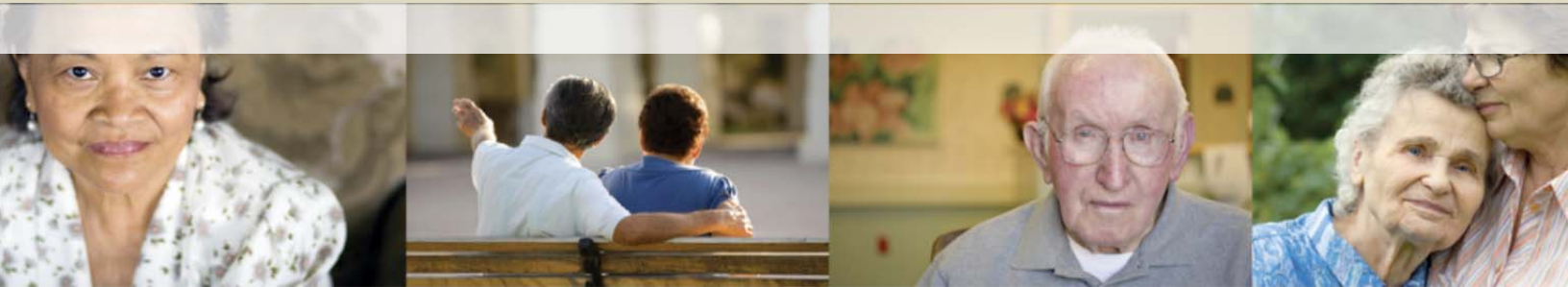
Prepared for the Minnesota Adult Protection County Collaborative

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TABLE OF CONTENTS

I.	Introduction	1
II.	Case Selection	1
III.	Safety Decision	2
IV.	Initial Adult Strengths and Needs Assessment	3
	A. Adult Clients.....	3
	B. Primary Support Person.....	10
V.	Strengths and Needs Assessment at Case Closure	13
	A. Adult Clients.....	13
	B. Primary Support Person.....	17
VI.	Change in Strengths and Needs.....	19
VII.	Summary	22
Appendix A:	SDM® Safety Assessment SDM® Strengths and Needs Assessment/Reassessment	
Appendix B:	Prevalence of Strengths and Needs at Case Opening and Closure	
Appendix C:	Individual Changes in Strengths and Needs	

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I. INTRODUCTION

Adult protective services (APS) agencies are charged with making critical decisions about elderly and vulnerable adults reported for self-neglect or maltreatment by family members, caregivers, or other individuals. To maximize efficiency as well as promote safety and consistency in decision making, APS systems across the country are implementing research-based systems to aid workers throughout the life of an APS case.

In 2009, Dakota, Hennepin, Olmsted, Ramsey, Steele, and Washington counties formed the Minnesota Adult Protection County Collaborative. The collaborative's purpose is to promote greater consistency in APS decision making in Minnesota. In conjunction with the National Council on Crime and Delinquency (NCCD), the collaborative customized and implemented the Structured Decision Making® (SDM) system for use with APS. The SDM® system in Minnesota supports workers with intake decisions, assessing client safety, and identifying client strengths and needs to inform case planning and services.

The following report describes the strengths and needs profiles of adult clients served by counties in the collaborative as well as changes in client strengths and needs between initial contact with APS and case closure. Profiles can provide agencies with information about the most critical issues clients face at both the start and close of service provision. Changes in client profiles provide a measure of improvement, or in some instances decline, in client functioning across a broad array of domains. This is the first report to describe use of the SDM system in APS in the Minnesota collaborative counties.

II. CASE SELECTION

This report is based on cases of adult maltreatment that were closed between July 1 and December 31, 2012, for which strengths and needs assessments (SNAs) were completed at or near the

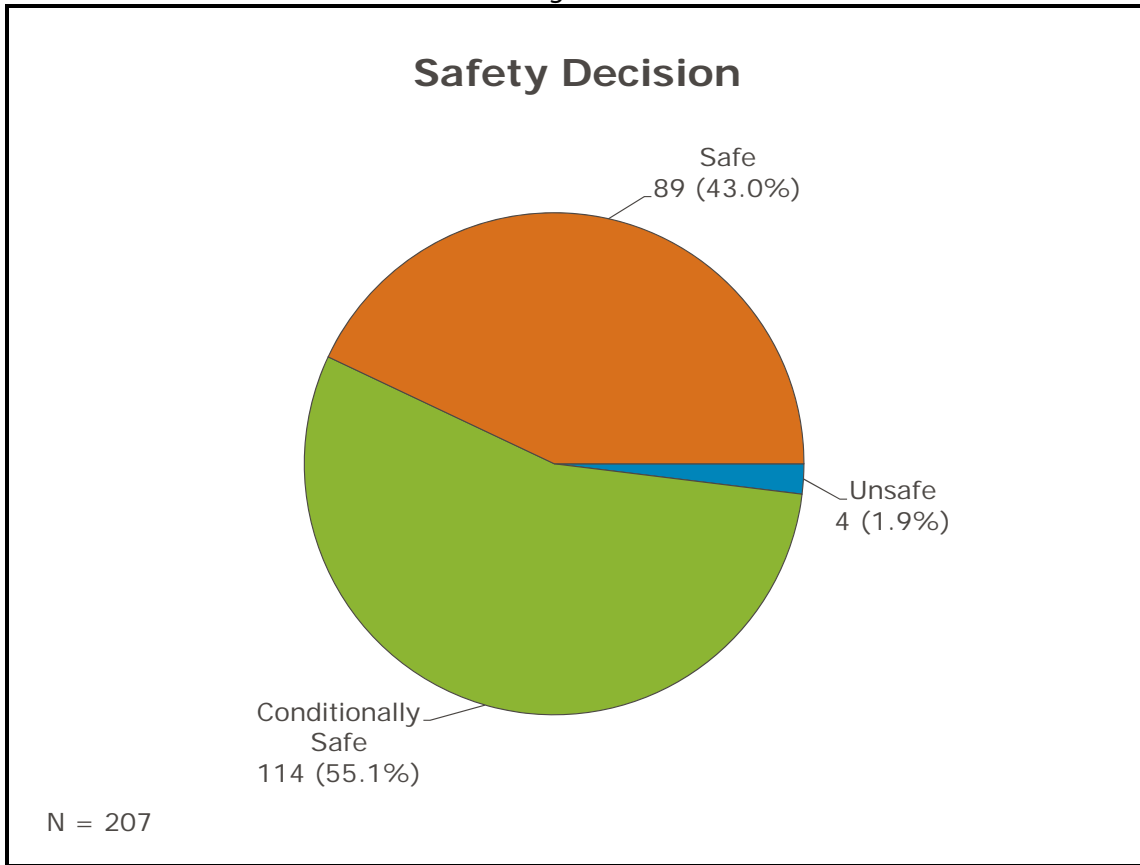
time of case closure and for which an initial assessment was conducted at the start of the case (i.e., at the time of the investigation). During the report period 454 assessments were completed at case closure. Of these, 211 (46.5%) also had an initial assessment completed during the investigation of maltreatment.

III. SAFETY DECISION

The safety assessment is completed for all vulnerable adults assigned for an investigation of maltreatment or self-neglect. Workers are asked to assess critical factors that impact the current safety of the vulnerable adult client to determine whether the client is safe in his/her environment, conditionally safe with a safety plan in place, or unsafe because danger factors were identified and the adult does not accept recommended safety interventions. A safety assessment was available for 207 (98.1%) of the 211 cases in this report.¹ As shown in Figure 1, 89 (43.0%) adults were considered safe, 114 (55.1%) adults were considered conditionally safe with services, and four (1.9%) adults were considered to be unsafe in their current situation. See Appendix A for a copy of the safety assessment.

¹ Strengths and needs data were matched to safety assessment data based on the unique client ID. If the client ID was not identical on each assessment it was not possible to match the data. NCCD can provide the county with a list of client IDs that did not match to ensure client IDs are accurately recorded on each assessment. A safety assessment was missing for four cases; these cases were omitted from analysis.

Figure 1



IV. INITIAL ADULT STRENGTHS AND NEEDS ASSESSMENT

A. Adult Clients

In Minnesota counties using the SDM system, workers complete an SNA for every APS investigation and case opened for protective services. The initial assessment is completed during the worker's first face-to-face contact and evaluates the strengths and needs of the client in 12 areas such as physical health, cognitive functioning, mental health, financial resources, and health care coverage. Results inform service referrals for the remainder of the case/investigation. When applicable, the worker also evaluates the immediate needs of the client's primary support person (PSP); results are used to inform case planning. The SNA can provide the worker with valuable information about the immediate problem areas faced by the adult and/or PSP and monitor reductions in client needs

throughout the life of the case. If a case is open for 30 days or longer, the worker also completes an SNA at the time of case closure to determine if all needs have been addressed or if issues remain that can be referred to community providers for additional services. SNAs are not required for cases open less than 30 days.

Table 1 shows the prevalence of SNA domains by safely result.² Percentages highlighted in green indicate areas in which the client is functioning very well; rows in yellow indicate the presence of a moderate/problematic need for which clients may benefit from additional services; rows in red indicate a significant/extraordinary need that requires additional support; and rows in gray indicate areas where the adult was not assessed.

In general, workers found that clients in conditionally safe situations exhibited more severe limitations in functioning than those in safe environments.³ This suggests that although safety and needs are different constructs, client safety may be related to the adult's strengths and needs and may serve as an initial indicator of an underlying issue. For example, workers found significant physical health (CL1) concerns for 23.7% of clients in conditionally safe situations, whereas the same concern was present for only 6.7% of clients in safe situations. Similar results were evident for cognitive functioning (CL3), mental health (CL4), housing/physical environment (CL5), household relationships (CL7), and functional communication/literacy (CL12). Some minor differences in physical mobility concerns for clients in safe versus conditionally safe situations (CL6) were also shown.

Virtually no difference was apparent in the severity of needs related to social/community support (CL8), substance use (CL9), financial resources (CL10), and resource management (C11) for clients in safe versus conditionally safe homes.

² Four (1.9%) adults were considered unsafe. In order to protect confidentiality, NCCD does not report results on cohorts fewer than 25. These cases were omitted from analysis.

³ Based on significant need scores, the highest degree of severity.

Table 1

**Individual Strengths and Needs for Safe and Conditionally Safe Adults
Initial Strengths and Needs Assessment by Safety Decision
(N = 203)**

Need		Safety Decision		
		Safe	Conditionally Safe	Total
CL1. Physical Health	No concerns related to physical health	42 47.2%	37 32.5%	79 38.9%
	Some concerns related to physical health	33 37.1%	46 40.4%	79 38.9%
	Significant concerns related to physical health	6 6.7%	27 23.7%	33 16.3%
	Not assessed	8 9.0%	4 3.5%	12 5.9%
CL2. Health Care Coverage	Has adequate coverage to meet health care needs	75 84.3%	80 70.2%	155 76.4%
	Has coverage but it is inadequate to meet health care needs	1 1.1%	7 6.1%	8 3.9%
	Has health care coverage	2 2.2%	3 2.6%	5 2.5%
	Not assessed	11 12.4%	24 21.1%	35 17.2%
CL3. Cognitive Functioning/ Orientation	Good or strong cognitive functioning	41 46.1%	27 23.7%	68 33.5%
	Some concerns related to cognitive functioning	34 38.2%	42 36.8%	76 37.4%
	Significant concerns related to cognitive functioning	11 12.4%	35 30.7%	46 22.7%
	Not assessed	3 3.4%	10 8.8%	13 6.4%

Table 1

**Individual Strengths and Needs for Safe and Conditionally Safe Adults
Initial Strengths and Needs Assessment by Safety Decision
(N = 203)**

Need		Safety Decision		
		Safe	Conditionally Safe	Total
CL4. Mental Health/ Coping Skills	Adequate to strong coping skills	49	29	78
		55.1%	25.4%	38.4%
	Moderate symptoms that impede some ADLs/IADLs	23	36	59
		25.8%	31.6%	29.1%
	Chronic/severe symptoms that impede most ADLs/IADLs	1	14	15
		1.1%	12.3%	7.4%
Not assessed	16	35	51	
	18.0%	30.7%	25.1%	
CL5. Housing/ Physical Environment	Adequate housing that meets basic needs	75	67	142
		84.3%	58.8%	70.0%
	Some minor concerns related to current housing	10	24	34
		11.2%	21.1%	16.7%
	Significant concerns related to current housing	3	19	22
		3.4%	16.7%	10.8%
Not assessed	1	4	5	
	1.1%	3.5%	2.5%	
CL6. Physical Mobility	Able to move about the home and community without assistance	54	46	100
		60.7%	40.4%	49.3%
	Able to move about the home and community with minimal assistance	22	46	68
		24.7%	40.4%	33.5%
	Client requires extensive assistance	10	19	29
		11.2%	16.7%	14.3%
Not assessed	3	3	6	
	3.4%	2.6%	3.0%	

Table 1

**Individual Strengths and Needs for Safe and Conditionally Safe Adults
Initial Strengths and Needs Assessment by Safety Decision
(N = 203)**

Need		Safety Decision		
		Safe	Conditionally Safe	Total
CL7. Household Relationships	Generally supportive relationships	34 38.2%	38 33.3%	72 35.5%
	Disruptive relationships	9 10.1%	21 18.4%	30 14.8%
	Extremely problematic relationships	0 0.0%	10 8.8%	10 4.9%
	Not assessed	1 1.1%	4 3.5%	5 2.5%
	Not applicable	45 50.6%	41 36.0%	86 42.4%
CL8. Social/ Community Support System	Adequate support system	52 58.4%	38 33.3%	90 44.3%
	Limited support system	31 34.8%	69 60.5%	100 49.3%
	No support system	3 3.4%	3 2.6%	6 3.0%
	Not assessed	3 3.4%	4 3.5%	7 3.4%
CL9. Substance Use/Substance Abuse/Dependency	No substance use, or use has no effects on health, safety, ADLs/IADLs	48 53.9%	47 41.2%	95 46.8%
	Substance use/abuse/dependency impedes some ADLs/IADLs	5 5.6%	14 12.3%	19 9.4%
	Substance use/abuse/dependency impedes most ADLs/IADLs	1 1.1%	1 0.9%	2 1.0%
	Not assessed	35 39.3%	52 45.6%	87 42.9%

Table 1

**Individual Strengths and Needs for Safe and Conditionally Safe Adults
Initial Strengths and Needs Assessment by Safety Decision
(N = 203)**

Need		Safety Decision		
		Safe	Conditionally Safe	Total
CL10. Financial Resources	Financial resources are sufficient to meet needs	73 82.0%	65 57.0%	138 68.0%
	Financial resources are insufficient	4 4.5%	18 15.8%	22 10.8%
	No financial resources, or resources are severely limited	1 1.1%	0 0.0%	1 0.5%
	Not assessed	11 12.4%	31 27.2%	42 20.7%
CL11. Resource Management	Financial resources are adequately managed	55 61.8%	36 31.6%	91 44.8%
	Financial resources are not well-managed	12 13.5%	34 29.8%	46 22.7%
	Financial resources are severely mismanaged	0 0.0%	3 2.6%	3 1.5%
	Not assessed	22 24.7%	41 36.0%	63 31.0%
CL12. Functional Communication and Literacy	Able to communicate	81 91.0%	85 74.6%	166 81.8%
	Able to communicate with minimal assistance	3 3.4%	13 11.4%	16 7.9%
	Significant communication or literacy barriers	2 2.2%	14 12.3%	16 7.9%
	Not assessed	3 3.4%	2 1.8%	5 2.5%

Table 1				
Individual Strengths and Needs for Safe and Conditionally Safe Adults				
Initial Strengths and Needs Assessment by Safety Decision				
(N = 203)				
Need		Safety Decision		
		Safe	Conditionally Safe	Total
CL13. Other Identified Client Strength/Need	Client has a strength not identified in CL1–CL12	1 1.1%	7 6.1%	8 3.9%
	Client has a minor need not identified in CL1–CL12	0 0.0%	1 0.9%	1 0.5%
	Client has a significant need not identified in CL1–CL12	1 1.1%	3 2.6%	4 2.0%
	Not applicable	87 97.8%	103 90.4%	190 93.6%
		89 100.0%	114 100.0%	203 100.0%

Upon completion of the SNA, workers review the findings and identify *three* priority needs for each adult that will be addressed through service referrals or recommendations to a community case manager. Additionally, each adult’s priority strengths are used to identify resources that may be drawn upon to address priority needs.

Table 2 ranks the five domains workers most often identified as one of the three priority needs to be addressed for safe and conditionally safe adults.⁴ Cognitive functioning and physical health were the two top needs for both safe and conditionally safe adults. For adults considered safe, workers identified physical mobility, social/community support, and mental health as the remaining top needs. Clients who were conditionally safe tended to have social/community support, housing/physical environment, and resources management needs. Additional needs for safe adults appear to be mostly individual needs (mobility, social support, or mental health) whereas additional priority needs for

⁴ Any item designated as a moderate or significant need may be considered as a priority need. Workers exercise professional judgment when selecting which needs are used to focus service delivery planning.

conditionally safe adults tend to reflect environmental circumstances (housing or resource management).

Table 2				
Priority Needs for Safe and Conditionally Safe Adults				
Rank	Safety Level			
	Safe (n = 89)		Conditionally Safe (n = 114)	
1	Cognitive Functioning	36.0%	Cognitive Functioning	41.2%
2	Physical Health	32.6%	Physical Health	38.6%
3	Physical Mobility	24.7%	Social/Community Support	25.4%
4	Social/Community Support	20.2%	Housing/Physical Environment	24.6%
5	Mental Health	15.7%	Resource Management	21.9%

B. Primary Support Person

Some vulnerable adults are assisted by a PSP who is responsible for the majority of the adult's care. If a vulnerable adult has a PSP, the worker assesses the PSP's ability to provide routine care. A worker can use the information from the SNA to guide his/her decision to seek additional services that may better assist the primary support person in safely caring for the adult. The PSP SNA consists of five items related to the PSP quality of care and personal functioning.

More than half (56.2%) of the 203 adults assessed had a primary support person. Table 3 illustrates the level of PSP functioning across the domains, delineated by safety level. Percentages highlighted in green indicate a strength where the PSP is functioning very well; rows in yellow indicate the presence of a moderate/problematic need that may benefit from additional services; rows in red indicate a significant/extraordinary need that requires additional support; and percentages in gray areas represent needs not assessed.

When the client was assessed as safe, PSP needs were identified less frequently than when the client was assessed as conditionally safe. For example, 70.2% of PSPs in safe environments exhibited a

strength in the quality of care domain (i.e., was able to provide quality care) compared to 34.3% of PSPs where the vulnerable adult was considered conditionally safe. Conversely, 21.3% of PSPs where the vulnerable adult was considered safe scored a moderate need in this area compared to 44.8% of PSPs for conditionally safe vulnerable adults.

Table 3				
PSP Initial Strengths and Needs by Safety Decision				
(N = 114)				
Need		Safety Decision		
		Safe	Conditionally Safe	Total
PSP1 Quality of Care	Able and willing to meet the client's needs and can obtain resources	33 70.2%	23 34.3%	56 49.1%
	Willing to meet the client's needs but requires assistance to obtain resources	10 21.3%	30 44.8%	40 35.1%
	Unable and unwilling to meet the client's needs	0 0.0%	10 14.9%	10 8.8%
	Not assessed	4 8.5%	4 6.0%	8 7.0%
PSP2 Physical Health	Physical health does not interfere with ability to provide care	39 83.0%	31 46.3%	70 61.4%
	Physical health occasionally interferes with ability to provide care	3 6.4%	17 25.4%	20 17.5%
	Physical health interferes with ability to provide care	0 0.0%	4 6.0%	4 3.5%
	Not assessed	5 10.6%	15 22.4%	20 17.5%

Table 3				
PSP Initial Strengths and Needs by Safety Decision				
(N = 114)				
Need		Safety Decision		
		Safe	Conditionally Safe	Total
PSP3 Mental Health/Coping Skills/Cognition	Mental health does not interfere with ability to provide care	33 70.2%	23 34.3%	56 49.1%
	Mental health occasionally interferes with ability to provide care	1 2.1%	15 22.4%	16 14.0%
	Mental health interferes with ability to provide care	0 0.0%	4 6.0%	4 3.5%
	Not assessed	13	25	38
		27.7%	37.3%	33.3%
PSP4 Substance Use/Substance Abuse/Dependency	No substance use, or use does not interfere with ability to provide care	22 46.8%	21 31.3%	43 37.7%
	Substance use somewhat impedes ability to provide care	0 0.0%	4 6.0%	4 3.5%
	Substance use impedes ability to provide care	0 0.0%	1 1.5%	1 0.9%
	Not assessed	25	41	66
		53.2%	61.2%	57.9%
PSP5 Other Identified PSP Strength/Need	Primary support person has a strength not addressed in PSP1–PSP4	0 0.0%	1 1.5%	1 0.9%
	Primary support person has a minor need not addressed in PSP1–PSP4	0 0.0%	3 4.5%	3 2.6%
	Primary support person has a significant need not addressed in PSP1–PSP4	0 0.0%	8 11.9%	8 7.0%
	Not applicable	47	55	102
		100.0%	82.1%	89.5%
Total		47	67	114
		100.0%	100.0%	100.0%

Upon completion of the assessment, the worker selects up to three priority needs for the adult’s PSP that are addressed through service referrals. The worker can incorporate priority needs into service recommendations to help focus on interventions that may engage the PSP and potentially be more effective. Table 4 shows the top priority needs for PSPs for safe and conditionally safe clients. Quality of care and physical health ranked as the top two priority needs for PSPs regardless of safety assessment results. Workers identified mental health and substance use as priority needs for PSPs responsible for conditionally safe adults (no other needs were identified in safe households). As expected, workers find greater need in homes where more danger factors are present.

Table 4				
PSP Priority Needs for Safe and Conditionally Safe Adults				
Rank	Safety Level			
	Safe (n = 47)		Conditionally Safe (n = 67)	
1	Quality of Care	21.3%	Quality of Care	46.3%
2	Physical Health	4.3%	Physical Health	20.9%
3	Other Need	2.1%	Mental Health	20.9%
4			Other Need	11.9%
5			Substance Use	3.0%

V. STRENGTHS AND NEEDS ASSESSMENT AT CASE CLOSURE

A. Adult Clients

Prior to case closure, the worker reassesses the vulnerable adult’s strengths and needs to identify which needs have been effectively addressed and which should be referred for services in the community. Cases that remain open less than 30 days do not require a closure assessment.

Table 4 provides a profile of client strengths and needs at the time of case closure. Percentages highlighted in green indicate an adult strength where the adult is functioning very well; rows in yellow indicate the presence of a moderate/problematic need that may benefit from

additional services; rows in red indicate a significant/extraordinary need that requires additional support; and rows in gray indicate areas where the adult was not assessed.

Results indicate that most clients had adequate health care coverage (84.5%), had financial resources to meet basic needs (82.1%), and were able to communicate (82.6%). These domains mostly represent environmental circumstances (housing, financial resources, resource management) and may be areas to which workers are more effectively able to refer services.

Issues (needs) that remained unresolved at case closure tended to relate to client cognitive functioning (17.9%), physical mobility (15.0%), and/or physical health (9.2%).

These domains represent individual issues that may be much more difficult for the agency to fully address during the short length of a case and/or areas in which client capacity may naturally decline throughout the life course.

Table 4			
Individual Strengths and Needs at Case Closure			
(N = 207)			
Need		N	%
CL1. Physical Health	No concerns related to physical health	88	42.5%
	Some concerns related to physical health	91	44.0%
	Significant concerns related to physical health	19	9.2%
	Not assessed	9	4.3%
CL2. Health Care Coverage	Has adequate coverage to meet needs	175	84.5%
	Has coverage but it is inadequate to meet health care needs	2	1.0%
	Has no health care coverage	4	1.9%
	Not assessed	26	12.6%
CL3. Cognitive Functioning/Orientation	Good or strong cognitive functioning and minimal to no disorientation	78	37.7%
	Some concerns related to cognitive functioning and/or occasional disorientation	82	39.6%
	Significant concerns related to cognitive functioning and/or chronic disorientation	37	17.9%
	Not assessed	10	4.8%

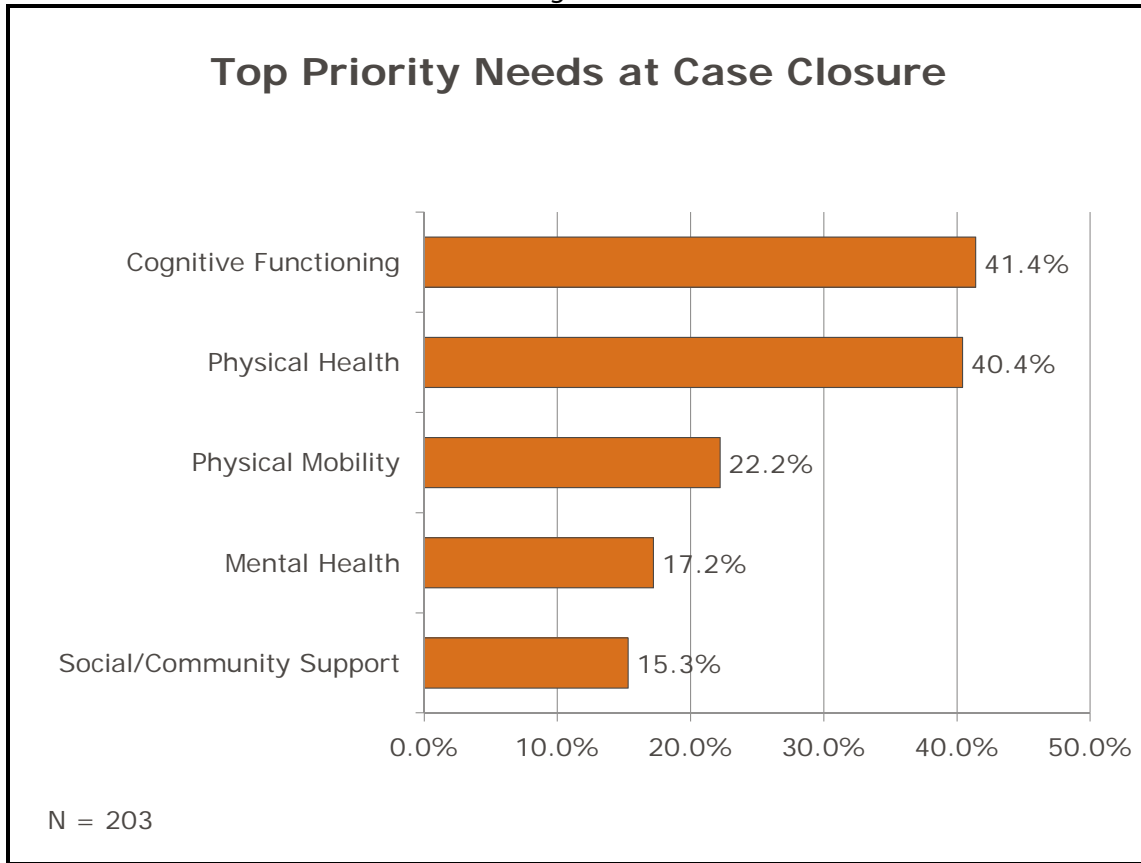
Table 4			
Individual Strengths and Needs at Case Closure			
(N = 207)			
Need		N	%
CL4. Mental Health/Coping Skills	Adequate to strong coping skills; able to manage symptoms	89	43.0%
	Moderate symptoms that impede the performance of some ADL/IADLs	59	28.5%
	Chronic/severe symptoms that impede the performance of most or all ADL/IADLs	12	5.8%
	Not assessed	47	22.7%
CL5. Housing/Physical Environment	Adequate housing that meets basic needs for health and safety	175	84.5%
	Some minor concerns related to health and safety of current housing	21	10.1%
	Significant concerns related to health and safety of current housing	7	3.4%
	Not assessed	4	1.9%
CL6. Physical Mobility	Able to move about the home and community without assistance	102	49.3%
	Able to move about the home and community with minimal assistance	67	32.4%
	Client requires extensive assistance to move about the home or community	31	15.0%
	Not assessed	7	3.4%
CL7. Household Relationships	Generally supportive relationships	94	45.4%
	Disruptive relationships	24	11.6%
	Extremely problematic relationships	3	1.4%
	Not assessed	6	2.9%
	Not applicable—client lives alone	80	38.6%
CL8. Social/Community Support System	Adequate support system	110	53.1%
	Limited support system	83	40.1%
	No support system	4	1.9%
	Not assessed	10	4.8%
CL9. Substance Use/Substance Abuse/Dependency	No substance use, or substance use has no noticeable adverse effects	102	49.3%
	Substance use/abuse/dependency impedes some ADL/IADLs	21	10.1%
	Substance use/abuse/dependency impedes most or all ADL/IADLs	1	0.5%
	Not assessed	83	40.1%
CL10. Financial Resources	Financial resources are sufficient to meet basic needs	170	82.1%
	Financial resources are insufficient	8	3.9%
	No financial resources, or resources are severely limited	1	0.5%
	Not assessed	28	13.5%

Table 4			
Individual Strengths and Needs at Case Closure			
(N = 207)			
Need		N	%
CL11. Resource Management	Financial resources are adequately managed	134	64.7%
	Financial resources are not well-managed	24	11.6%
	Financial resources are severely mismanaged	1	0.5%
	Not assessed	48	23.2%
CL12. Functional Communication and Literacy	Able to communicate	171	82.6%
	Able to communicate with minimal assistance	19	9.2%
	Significant communication or literacy barriers	14	6.8%
	Not assessed	3	1.4%
CL13. Other Identified Client Strength/Need	Client has a strength not addressed in CL1–CL12	17	8.2%
	Client has a minor need not addressed in CL1–CL12	4	1.9%
	Client has a significant need not addressed in CL1–CL12	4	1.9%
	Not assessed	0	0.0%
	Not applicable	182	87.9%
Total		207	100.0%

As with the initial assessment, workers are able to identify up to three priority needs from the assessment domains. Figure 2 ranks the five domains workers most often identified as one of three priority needs upon case closure.⁵ At case closure, workers identified support needs in cognitive functioning, physical health, physical mobility, mental health, and social/community support. With the exception of social/community support, these needs reflect individual or situational characteristics (physical health, mobility) that may be more difficult to address and/or for which there is little the agency can do; whereas environmental or community-related factors, such as housing/physical environment or resource management, may be more readily addressed by agency intervention.

⁵ Any item designated as a moderate or significant need may be considered as a priority need. Workers exercise professional judgment when selecting which needs are used to focus service delivery planning.

Figure 2



B. Primary Support Person

In addition to assessing client functioning, workers evaluate the strengths and needs of the vulnerable adult's PSP at case closure. During the report period, 115 (56.7%) of the 203 vulnerable adults had a PSP at the time of their case closure.⁶ (It is possible for a client to gain or lose a primary support person throughout the case duration.) Table 5 illustrates the prevalence of PSP strengths and needs in each of the five domains at case closure. As shown, 71 (61.7%) PSPs were able to meet client needs related to quality of care at case closure (PSP1), 78 (67.8%) had no physical health issues that interfered with their ability to provide care, 65 (56.5%) had no significant mental health concerns, and 50 (43.5%) PSPs either had no substance use or their use did not affect their ability to provide

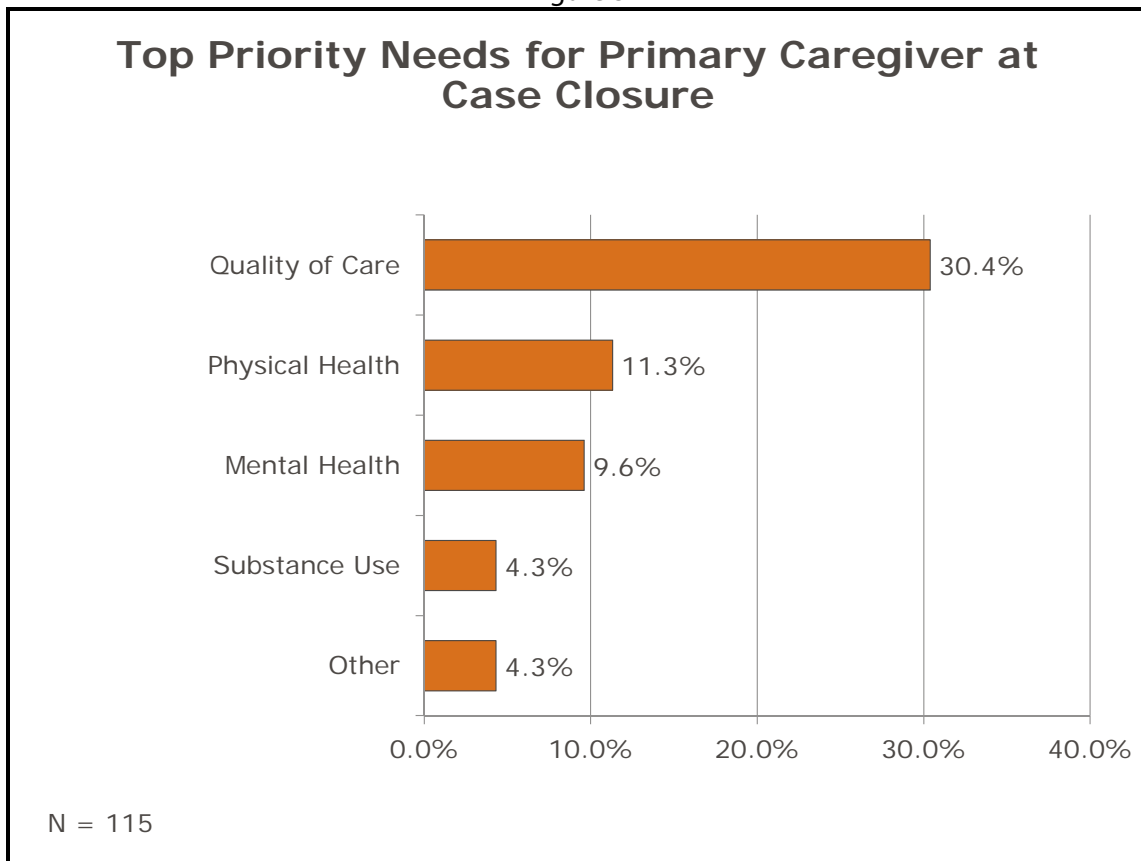
⁶ One client gained a primary support person during the course of his/her involvement with APS.

adequate care. PSP strengths may reflect that some providers were able to effectively provide care and/or utilize support services to improve their ability to provide care.

Table 5			
PSP Initial Strengths and Needs at Case Closure (N = 115)			
Need		N	%
PSP1. Quality of Care	Able and willing to meet the client's needs and can obtain resources	71	61.7%
	Willing to meet the client's needs but requires assistance to obtain resources	38	33.0%
	Unable and unwilling to meet client's needs	3	2.6%
	Not assessed	3	2.6%
PSP2. Physical Health	Physical health does not interfere with ability to provide care	78	67.8%
	Physical health occasionally interferes with ability to provide care	15	13.0%
	Physical health interferes with ability to provide care	2	1.7%
	Not assessed	20	17.4%
PSP3. Mental Health	Mental health does not interfere with ability to provide care	65	56.5%
	Mental health occasionally interferes with ability to provide care	13	11.3%
	Mental health interferes with ability to provide care	2	1.7%
	Not assessed	35	30.4%
PSP4. Substance Use	No substance use, or substance use does not interfere with ability to provide care	50	43.5%
	Substance use somewhat impedes ability to provide care	7	6.1%
	Substance use impedes ability to provide care	1	0.9%
	Not assessed	57	49.6%
PSP5. Other PSP Strength/Need	Primary support person has a strength not addressed in PSP1–PSP4	5	4.3%
	Primary support person has a minor need not addressed in PSP1–PSP4	1	0.9%
	Primary support person has a significant need not addressed in PSP1–PSP4	5	4.3%
	Not applicable	104	90.4%
Total		115	100.0%

The top five priority needs for PSPs at case closure are outlined in Figure 3.

Figure 3



VI. CHANGE IN STRENGTHS AND NEEDS

This report is based on cases for which workers completed initial and closure SNAs. Ideally, the initial assessment helps the worker effectively assess the client's immediate needs so that the client can receive targeted interventions for his/her most critical needs and build on his/her strengths. Changes in needs levels can measure differences in client functioning from the start to the end of service provision. Reductions in the severity of needs reflect improvement in client functioning; increases in severity may indicate that functioning is slowing or deteriorating.

Table 6 and Figure 4 display change in client needs in each domain from the initial assessment completion to the time of case closure. As shown, most clients either had no change or experienced a

decrease in their needs (i.e., improved functioning) after involvement with APS. For example, physical health functioning was assessed for 188 clients. By the end of service provision, 18.1% had shown improvement; no change was shown for 73.9% of clients; and in 8.0% of cases, physical health worsened. Similar results were found for all other items, with the exceptions of physical mobility and functional communications/literacy; about the same percentage of clients showed improvement as decline in these two areas. In addition, very little change registered in the prevalence of client needs related to substance abuse. For additional detail, see Appendix C.

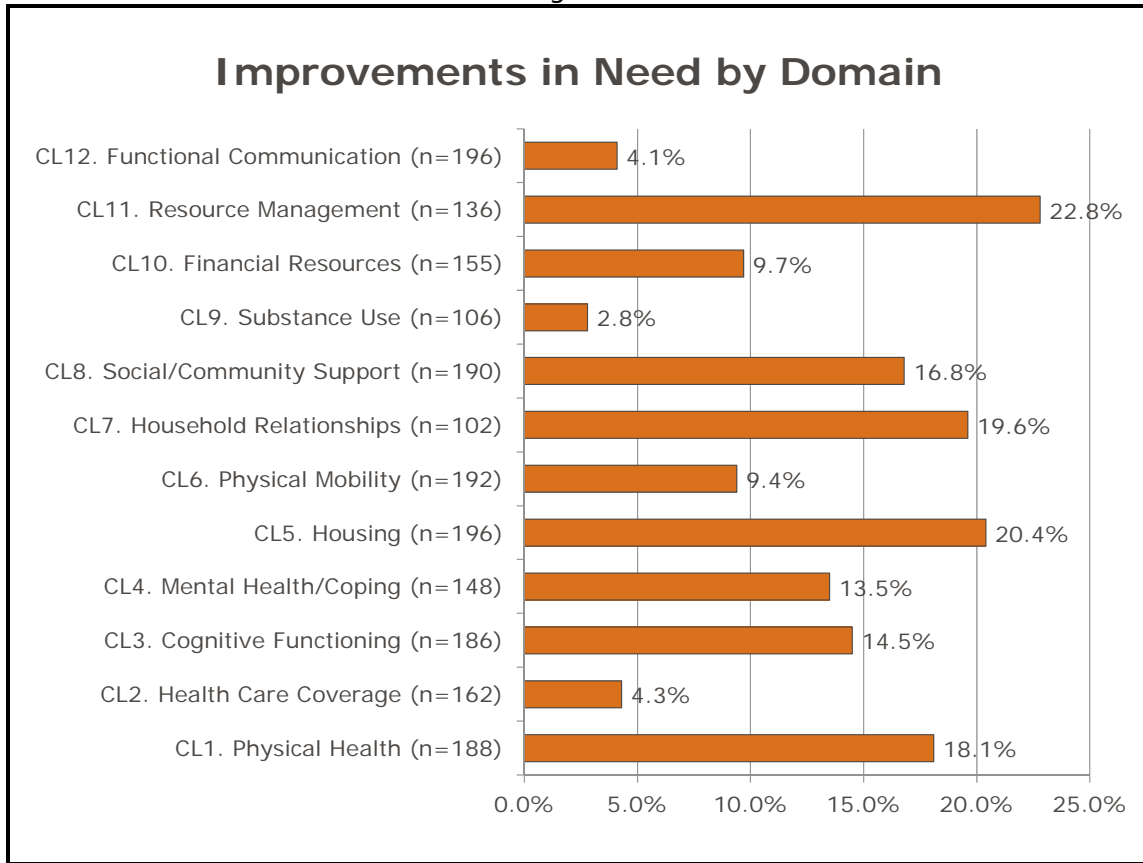
Table 6			
Change in Need from Initial to Closure Assessment			
Domain	Change in Need	Total	
		N	%
CL1. Physical Health (n=188)	Increase in need	15	8.0%
	Decrease in need*	34	18.1%
	No change in strength or need	139	73.9%
CL2. Health Care Coverage (n=162)	Increase in need	1	0.6%
	Decrease in need*	7	4.3%
	No change in strength or need	154	95.1%
CL3. Cognitive Functioning/Orientation (n=186)	Increase in need	11	5.9%
	Decrease in need*	27	14.5%
	No change in strength or need	148	79.6%
CL4. Mental Health/Coping Skills (n=148)	Increase in need	10	6.8%
	Decrease in need*	20	13.5%
	No change in strength or need	118	79.7%
CL5. Housing/Physical Environment (n=196)	Increase in need	9	4.6%
	Decrease in need*	40	20.4%
	No change in strength or need	147	75.0%
CL6. Physical Mobility (n=192)	Increase in need	18	9.4%
	Decrease in need*	18	9.4%
	No change in strength or need	156	81.3%

Table 6			
Change in Need from Initial to Closure Assessment			
Domain	Change in Need	Total	
		N	%
CL7. Household Relationships (n=102)	Increase in need	5	4.9%
	Decrease in need*	20	19.6%
	No change in strength or need	77	75.5%
CL8. Social/Community Support System (n=190)	Increase in need	11	5.8%
	Decrease in need*	32	16.8%
	No change in strength or need	147	77.4%
CL9. Substance Use (n=106)	Increase in need	2	1.9%
	Decrease in need*	3	2.8%
	No change in strength or need	101	95.3%
CL10. Financial Resources (n=155)	Increase in need	1	0.6%
	Decrease in need*	15	9.7%
	No change in strength or need	139	89.7%
CL11. Resource Management (n=136)	Increase in need	3	2.2%
	Decrease in need*	31	22.8%
	No change in strength or need	102	75.0%
CL12. Functional Communication and Literacy (n=196)	Increase in need	9	4.6%
	Decrease in need*	8	4.1%
	No change in strength or need	179	91.3%

*Decrease in need indicates an increase in client functioning.

Physical health (CL1), cognitive functioning (CL3), mental health (CL4), housing/physical environment (CL5), household relationships (CL7), social/community support (CL8), and resource management (CL11) represented the domains with the largest percentage of clients who improved functioning (i.e., experienced a decrease in their needs). Improvements in each domain are summarized below.

Figure 4



For additional detail on the prevalence of strengths and needs, please see Appendix B.

VII. SUMMARY

This report supports agency efforts to monitor SDM safety and strengths and needs results. Workers use the SDM safety assessment in APS investigations to estimate the immediate safety situation of the vulnerable adult. The safety instrument increases the worker's ability to make more reliable decisions about which adults are most in need of services to reduce the danger in their homes.

Workers then systematically assess the strengths and needs of vulnerable adults and their primary support persons involved with APS to inform decisions about service referrals and other

interventions. Agencies can use the SNA data to observe problems workers identify in the client population and whether changes in client functioning are evident by the time of case closure.

SDM assessment information can be used to monitor changes in client functioning and, when combined with information about service intervention and case outcomes, can support future evaluations of APS delivery in the collaborative counties.

Appendix A

SDM® Safety Assessment SDM® Strengths and Needs Assessment/Reassessment

MINNESOTA ADULT PROTECTION COUNTY COLLABORATIVE
SDM® SAFETY ASSESSMENT

r: 07/10

Vulnerable Adult Name: _____

Vulnerable Adult DOB: ____/____/____ Estimated Age (if DOB unknown): _____

CEP Date: ____/____/____

SSIS INTAKE ID#: _____ Initial Face-to-face Contact Date: ____/____/____

(Do not use workgroup #)

Factors Influencing Vulnerability to maltreatment (mark all that apply to the vulnerable adult):

- | | |
|---|--|
| <input type="checkbox"/> The vulnerable adult has a limited formal/informal support network. | <input type="checkbox"/> Significant untreated suspected or diagnosed medical or mental health disorder or alcohol or drug dependency. |
| <input type="checkbox"/> Diminished cognitive functioning (e.g., dementia, intellectual challenge, delirium). | <input type="checkbox"/> Diminished physical functioning (e.g., non-ambulatory, limited use of limbs, sensory disability). |

SECTION 1: CURRENT DANGER FACTORS

Assess for each of the following factors that indicate the presence of current danger to the vulnerable adult. Answer yes or no for each factor based on all information known and available at the time of assessment completion.

Vulnerable Adult (SSIS Person #: _____)

Yes No

- 1. The vulnerable adult experienced serious bodily injury or a plausible threat of serious bodily injury in the current investigation, as indicated by the following:
 - Injury or abuse to the vulnerable adult other than accidental
 - Threat to cause harm or retaliate against the vulnerable adult
 - Use of unauthorized restraint
 - A support person(s) who voices concern that he/she will maltreat the vulnerable adult

- 2. There is a history of maltreatment or self-neglect that suggests that the vulnerable adult's safety is of current concern.
 - The vulnerable adult has a history of self-neglect that suggests safety is of current concern.
 - The vulnerable adult's safety is of current concern because the support person(s) has a history of maltreatment as a perpetrator.

- 3. Sexual abuse is suspected, and circumstances suggest that the vulnerable adult's safety is of current concern.

- 4. The vulnerable adult's explanation for an observed injury to him/herself is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult's safety is of concern.

- 5. The vulnerable adult chooses to deny access.

- 6. The vulnerable adult does not or cannot meet his/her current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care. (*Consider the impact of financial exploitation.*)

- 7. The physical living conditions are hazardous and currently threatening to the health and/or safety of the vulnerable adult.

- 8. The vulnerable adult's current substance use seriously impairs the vulnerable adult's ability to care for him/herself.

Yes No

9. Violence, including domestic or family violence, exists in the home and poses a threat of physical and/or emotional harm to the vulnerable adult.
10. The vulnerable adult demonstrates significant mental/emotional distress or disorientation that suggests he/she is a danger to him/herself or others.
11. Other current danger factor related to the vulnerable adult (describe): _____
- _____
-
-

Support Person(s)

- Not applicable—No support person(s)

Yes No

1. The support person(s) fails or is unable to protect the vulnerable adult from serious harm or threatened serious harm due to abuse by others.
2. The support person(s) explanation for an observed injury to the vulnerable adult is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the vulnerable adult's safety is of current concern.
3. Access to the vulnerable adult is being denied by the support person(s).
4. The support person(s) does not or cannot meet the vulnerable adult's current needs for safety and supervision, physical care, food, clothing, shelter, and/or medical or mental health care.
5. The support person(s) current substance use seriously impairs his/her ability to provide care.
6. Other current danger factor related to the support person(s) (describe): _____
- _____

If all current danger factors are marked “No” for both the vulnerable adult and the support person(s), go to Section 3.

If any current danger factors are marked “Yes” for either the vulnerable adult or the support person(s), go to Section 2.

SECTION 2: RECOMMENDED IMMEDIATE SAFETY INTERVENTIONS

Note: This section is required if there are any current danger factors identified in Section 1.

Safety interventions are actions recommended specifically to mitigate any identified current danger factors. They should address current considerations for safety rather than long-term changes. Safety interventions should be implemented in accordance with state and local policies and procedures. Mark all interventions recommended by the worker to mitigate identified current danger factors; then, indicate whether the vulnerable adult accepts the intervention(s). When selecting interventions for recommendation, it is important to begin with the least restrictive interventions that can effectively mitigate current danger factors.

<p style="text-align: center;">Interventions Recommended Mark all interventions recommended or planned by the worker or another person.</p>	<p style="text-align: center;">Acceptance Indicator Indicate if the vulnerable adult accepted the intervention.</p>
	<p style="text-align: center;">Vulnerable Adult <input type="checkbox"/> VA is unable to consent</p>
<input type="checkbox"/> 1. Direct provision of services by the worker (do not include the investigation itself).	<input type="checkbox"/>
<input type="checkbox"/> 2. Use of the vulnerable adult's family members, neighbors, and/or friends as safety resources.	<input type="checkbox"/>
<input type="checkbox"/> 3. Use of community agencies or services as safety resources.	<input type="checkbox"/>
<input type="checkbox"/> 4. Agreement by support person(s) to protect the vulnerable adult from the alleged perpetrator.	<input type="checkbox"/>
<input type="checkbox"/> 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.	<input type="checkbox"/>
<input type="checkbox"/> 6. The vulnerable adult voluntarily leaves the home.	<input type="checkbox"/>
<input type="checkbox"/> 7. Other safety intervention (describe): _____ _____	<input type="checkbox"/>

Are the accepted interventions above sufficient to mitigate all current danger factors?

Yes (safety decision is conditionally safe) No (safety decision is unsafe)

Note: Always consider the VA's right to self-determination and use of least restrictive alternative.

SECTION 3: SAFETY DECISION

The safety decision is determined based on whether current danger factors were identified and whether the vulnerable adult accepts recommended interventions and agrees to participate in a safety plan to mitigate identified danger. The three possible safety decisions are listed below; mark the one that applies.

- Safe—No current danger factors were identified at this time:** Based on currently available information, the vulnerable adult is not likely to be in danger of serious harm. *Safety plan not required.*
- Conditionally safe—Vulnerable adult accepts sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended and the vulnerable adult accepts necessary services to mitigate danger. *Documentation of safety planning is required.*
- Unsafe—Vulnerable adult chooses not to accept sufficient services to ensure safety:** One or more current danger factors are present. Safety interventions have been recommended, but the vulnerable adult does not accept necessary services to mitigate danger or cannot indicate a preference to accept services or not. This vulnerable adult will likely be in danger of serious harm. Note: Consider an emergency intervention such as calling law enforcement/911, emergency behavioral health services, etc. *Documentation of safety planning is required.*

APS Investigator: _____ Date: ____/____/____

Supervisor: _____ Date: ____/____/____

Vulnerable Adult Name: _____ **Vulnerable Adult DOB:** ____/____/____
SSIS INTAKE ID#: _____ **CEP Date:** ____/____/____ **Assessment Date:** ____/____/____
 (Do not use workgroup #)
Assessment Type: Initial Closure Reassessment
Intake Case Type: Investigation Protective Services **Initial Face-to-Face Contact Date:** ____/____/____

SECTION 1. CLIENT		RATING (a, b, or c)
SSIS Person #: _____		
CL1. Physical Health a. No concerns related to physical health b. Some concerns related to physical health c. Significant concerns related to physical health <input type="checkbox"/> Not assessed		
CL2. Health Care Coverage a. Has adequate coverage to meet health care needs b. Has coverage but it is inadequate to meet health care needs c. Has no health care coverage <input type="checkbox"/> Not assessed		
CL3. Cognitive Functioning/Orientation a. Good or strong cognitive functioning and minimal to no disorientation b. Some concerns related to cognitive functioning and/or occasional disorientation c. Significant concerns related to cognitive functioning and/or chronic disorientation <input type="checkbox"/> Not assessed		
CL4. Mental Health/Coping Skills a. Adequate to strong coping skills; able to manage mild mental or emotional disability symptoms b. Moderate symptoms that impede the performance of some ADLs/IADLs c. Chronic/severe symptoms that impede the performance of most or all ADLs/IADLs <input type="checkbox"/> Not assessed		
CL5. Housing/Physical Environment a. Adequate housing that meets basic needs for health and safety b. Some minor concerns related to health and safety of current housing c. Significant concerns related to health and safety of current housing <input type="checkbox"/> Not assessed		
CL6. Physical Mobility a. Able to move about the home and community without assistance b. Able to move about the home and community with minimal assistance c. Client requires extensive assistance to move about the home or community <input type="checkbox"/> Not assessed		
CL7. Household Relationships a. Generally supportive relationships b. Disruptive relationships c. Extremely problematic relationships <input type="checkbox"/> Not assessed	<input type="checkbox"/> Not applicable—client lives alone	
CL8. Social/Community Support System a. Adequate support system b. Limited support system c. No support system <input type="checkbox"/> Not assessed		
CL9. Substance Use/Substance Abuse/Dependency a. No substance use, or substance use has no noticeable adverse effects on health, safety, or ADLs/IADLs b. Substance use/abuse/dependency impedes some ADLs/IADLs and may affect health and/or safety c. Substance use/abuse/dependency impedes most or all ADLs/IADLs and impacts health and/or safety <input type="checkbox"/> Not assessed		

	RATING (a, b, or c)
CL10. Financial Resources a. Financial resources are sufficient to meet basic needs b. Financial resources are insufficient c. No financial resources, or resources are severely limited <input type="checkbox"/> Not assessed	
CL11. Resource Management a. Financial resources are adequately managed b. Financial resources are not well managed c. Financial resources are severely mismanaged <input type="checkbox"/> Not assessed	
CL12. Functional Communication and Literacy a. Able to communicate b. Able to communicate with minimal assistance c. Significant communication or literacy barriers <input type="checkbox"/> Not assessed	
CL13. Other Identified Client Strength/Need (not addressed in CL1–CL12) <input type="checkbox"/> Not applicable—no strength/need other than what is identified in CL1–CL12 a. Client has a strength not addressed in CL1–CL12 b. Client has a minor need not addressed in CL1–CL12 c. Client has a significant need not addressed in CL1–CL12 Description: _____	

CLIENT PRIORITY STRENGTHS AND NEEDS

Enter the item number and description of up to three highest priority strengths and needs that will be addressed. Prioritization of needs should occur among items with “c” responses, followed by items with “b” responses.

Priority Areas of Strength

1. _____
2. _____
3. _____

Priority Areas of Need

1. _____
2. _____
3. _____

Areas Not Assessed

Comments/Documentation

- Client is engaged and motivated to participate in service planning and delivery.
- Client is unwilling to engage in any type of service planning and delivery.

SECTION 2. PRIMARY SUPPORT PERSON <input type="checkbox"/> Not applicable—there is no primary support person Primary Support Person Name: _____ Relationship to VA: <input type="checkbox"/> Spouse <input type="checkbox"/> Son or daughter <input type="checkbox"/> Other relative <input type="checkbox"/> Friend/neighbor <input type="checkbox"/> Other	RATING (a, b, or c)
PSP1. Quality of Care a. Able and willing to meet the client’s needs and can obtain resources b. Willing to meet the client’s needs but requires assistance to obtain resources c. Unable and unwilling to meet the client’s needs <input type="checkbox"/> Not assessed	
PSP2. Physical Health a. Physical health does not interfere with ability to provide care b. Physical health occasionally interferes with ability to provide care c. Physical health interferes with ability to provide care <input type="checkbox"/> Not assessed	
PSP3. Mental Health/Coping Skills/Cognition a. Mental health/cognitive impairment does not interfere with ability to provide care; adapts or adjusts to chronic or changing needs of the client b. Mental health/cognitive impairment occasionally interferes with ability to provide care; has difficulty adapting to chronic or changing needs of the client c. Mental health/cognitive impairment interferes with ability to provide care; is unable to adapt to chronic or changing needs of the client <input type="checkbox"/> Not assessed	
PSP4. Substance Use/Substance Abuse/Dependency a. No substance use, or substance use does not interfere with ability to provide care b. Substance use/abuse/dependency somewhat impedes ability to provide care c. Substance use/abuse/dependency impedes ability to provide care <input type="checkbox"/> Not assessed	
PSP5. Other Identified Primary Support Person Strength/Need (not addressed in PSP1–PSP4) <input type="checkbox"/> Not applicable—no strength/need other than what is identified in PSP1–PSP4 a. Primary support person has a strength not addressed in PSP1–PSP4 b. Primary support person has a minor need not addressed in PSP1–PSP4 c. Primary support person has a significant need not addressed in PSP1–PSP4 Description: _____	
PRIMARY SUPPORT PERSON PRIORITY STRENGTHS AND NEEDS Enter the item number and description of up to three highest priority strengths and needs that will be addressed. Prioritization of needs should occur among items with “c” responses, followed by items with “b” responses. Priority Areas of Strength 1. _____ 2. _____ 3. _____ Priority Areas of Need 1. _____ 2. _____ 3. _____ <u>Areas Not Assessed:</u>	

Comments/Documentation

APS Investigator/Worker: _____ **Date:** ____/____/____

Supervisor: _____ **Date:** ____/____/____

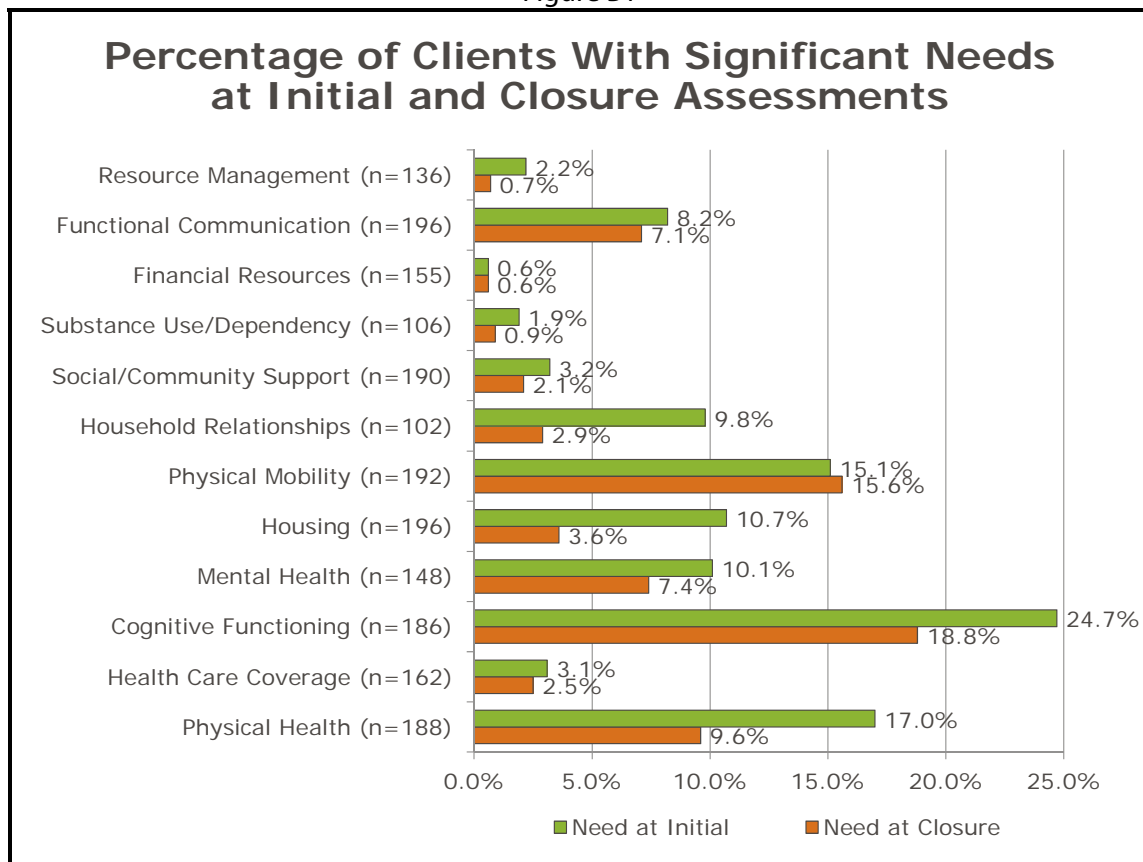
Appendix B

Prevalence of Strengths and Needs at Case Opening and Closure

Needs

Figure B1 compares the percentage of clients with a significant need in each domain at the time of initial and closure assessments. Agencies can use this information to identify the types of issues clients face at the time of service opening and which areas tend to be unresolved when agency intervention ceases. As illustrated below, client cognitive functioning, physical health, and physical mobility tend to be the most prevalent issues at both case open and at case closure.

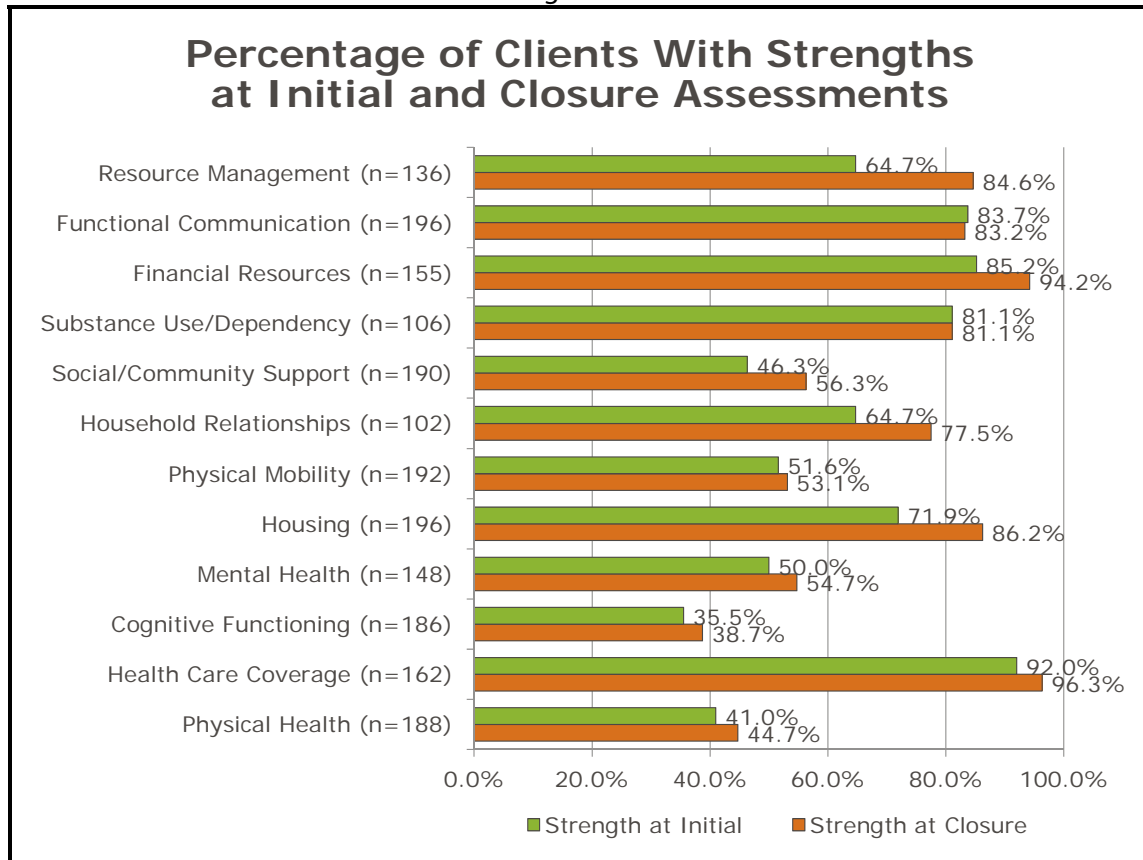
Figure B1



Strengths

Client strengths at case open and close tend to be related to adequate health care, financial resources, and housing. See Figure B2.

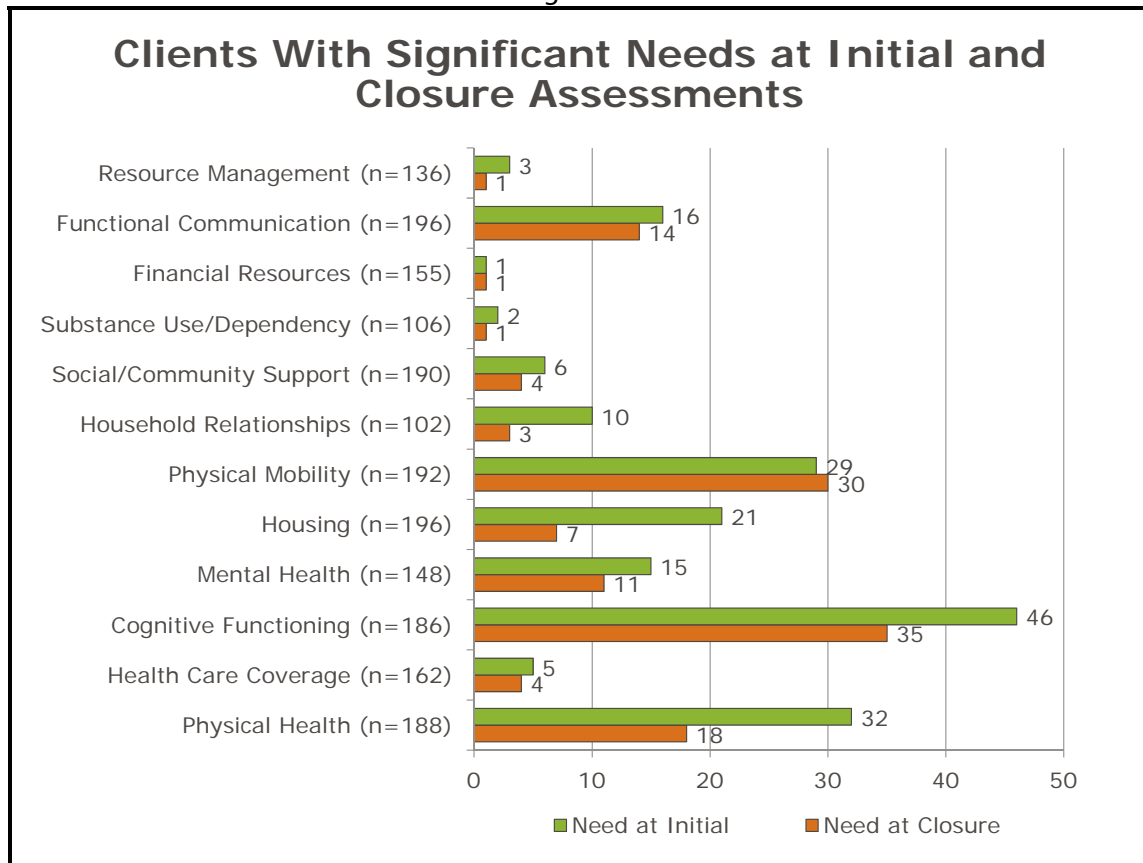
Figure B2



Needs

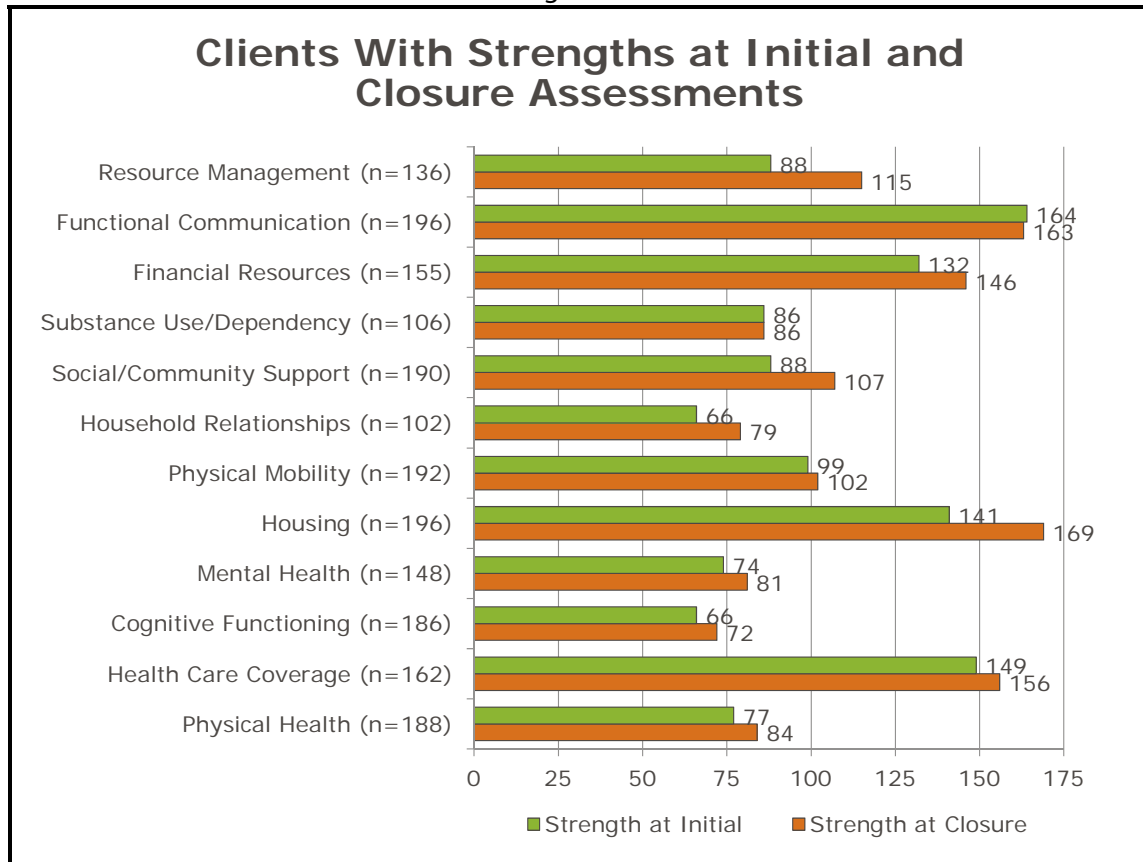
The number of clients exhibiting significant needs at case opening and closure across each needs domain is illustrated below. Physical health, cognitive functioning, and/or physical mobility issues affected the highest numbers of clients. See Figure B3.

Figure B3



Strengths

Figure B4



Appendix C

Individual Changes in Strengths and Needs

The following tables depict the changes in strengths and needs from the initial assessment to case closure. For example, 32 clients exhibited significant physical health needs at the time of the initial strengths and needs assessment. By the time of case closure, 19 clients had shown improvement (17 [53.1%] individuals reduced their physical health needs from significant to moderate, and two [6.3%] reduced their physical health needs from significant to none, i.e., strength).

Shaded cells indicate stability or improvement in functioning.

Table C1								
Change in Physical Health (CL1)								
From Initial to Closure Strengths and Needs Assessment								
(N = 188)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	67	87.0%	10	13.0%	0	0.0%	77	100.0%
Moderate Need	15	19.0%	59	74.7%	5	6.3%	79	100.0%
Significant Need	2	6.3%	17	53.1%	13	40.6%	32	100.0%
Total	84	44.7%	86	45.7%	18	9.6%	188	100.0%

Note: Shaded cells indicate a decrease or no change in need between case open and case closure.

Table C2								
Change in Health Care Coverage (CL2)								
From Initial to Closure Strengths and Needs Assessment								
(N = 162)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	149	100.0%	0	0.0%	0	0.0%	149	100.0%
Moderate Need	5	62.5%	2	25.0%	1	12.5%	8	100.0%
Significant Need	2	40.0%	0	0.0%	3	60.0%	5	100.0%
Total	156	96.3%	2	1.2%	4	2.5%	162	100.0%

Table C3								
Change in Cognitive Functioning (CL3) From Initial to Closure (N = 186)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need		N	%
	N	%	N	%	N	%		
Strength	60	90.9%	6	9.1%	0	0.0%	66	100.0%
Moderate Need	11	14.9%	58	78.4%	5	6.8%	74	100.0%
Significant Need	1	2.2%	15	32.6%	30	65.2%	46	100.0%
Total	72	38.7%	79	42.5%	35	18.8%	186	100.0%

Table C4								
Change in Mental Health/Coping Skills (CL4) From Initial to Closure (N = 148)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need		N	%
	N	%	N	%	N	%		
Strength	67	90.5%	7	9.5%	0	0.0%	74	100.0%
Moderate Need	13	22.0%	43	72.9%	3	5.1%	59	100.0%
Significant Need	1	6.7%	6	40.0%	8	53.3%	15	100.0%
Total	81	54.7%	56	37.8%	11	7.4%	148	100.0%

Table C5								
Change in Housing/Physical Environment (CL5) From Initial to Closure (N = 196)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need		N	%
	N	%	N	%	N	%		
Strength	134	95.0%	5	3.5%	2	1.4%	141	100.0%
Moderate Need	22	64.7%	10	29.4%	2	5.9%	34	100.0%
Significant Need	13	61.9%	5	23.8%	3	14.3%	21	100.0%
Total	169	86.2%	20	10.2%	7	3.6%	196	100.0%

Table C6								
Change in Physical Mobility (CL6) From Initial to Closure								
(N = 192)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	88	88.9%	10	10.1%	1	1.0%	99	100.0%
Moderate Need	11	17.2%	46	71.9%	7	10.9%	64	100.0%
Significant Need	3	10.3%	4	13.8%	22	75.9%	29	100.0%
Total	102	53.1%	60	31.3%	30	15.6%	192	100.0%

Table C7								
Change in Household Relationships (CL7) From Initial to Closure								
(N = 102)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	61	92.4%	5	7.6%	0	0.0%	66	100.0%
Moderate Need	13	50.0%	13	50.0%	0	0.0%	26	100.0%
Significant Need	5	50.0%	2	20.0%	3	30.0%	10	100.0%
Total	79	77.5%	20	19.6%	3	2.9%	102	100.0%

Table C8								
Change in Social/Community Support (CL8) From Initial to Closure								
(N = 190)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	77	87.5%	10	11.4%	1	1.1%	88	100.0%
Moderate Need	29	30.2%	67	69.8%	0	0.0%	96	100.0%
Significant Need	1	16.7%	2	33.3%	3	50.0%	6	100.0%
Total	107	56.3%	79	41.6%	4	2.1%	190	100.0%

Table C9								
Change in Substance Use (CL9) From Initial to Closure								
(N = 106)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	85	98.8%	1	1.2%	0	0.0%	86	100.0%
Moderate Need	1	5.6%	16	88.9%	1	5.6%	18	100.0%
Significant Need	0	0.0%	2	100.0%	0	0.0%	2	100.0%
Total	86	81.1%	19	17.9%	1	0.9%	106	100.0%

Table C10								
Change in Financial Resources (CL10) From Initial to Closure								
(N = 155)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	131	99.2%	1	0.8%	0	0.0%	132	100.0%
Moderate Need	15	68.2%	7	31.8%	0	0.0%	22	100.0%
Significant Need	0	0.0%	0	0.0%	1	100.0%	1	100.0%
Total	146	94.2%	8	5.2%	1	0.6%	155	100.0%

Table C11								
Change in Resource Management (CL11) From Initial to Closure								
(N = 136)								
Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need			
	N	%	N	%	N	%	N	%
Strength	85	96.6%	3	3.4%	0	0.0%	88	100.0%
Moderate Need	29	64.4%	16	35.6%	0	0.0%	45	100.0%
Significant Need	1	33.3%	1	33.3%	1	33.3%	3	100.0%
Total	115	84.6%	20	14.7%	1	0.7%	136	100.0%

Table C12**Change in Functional Communication and Literacy (CL12) From Initial to Closure
(N = 196)**

Strength/Need at Initial	Strength/Need at Closure						Total	
	Strength		Moderate Need		Significant Need		N	%
	N	%	N	%	N	%		
Strength	158	96.3%	5	3.0%	1	0.6%	164	100.0%
Moderate Need	2	12.5%	11	68.8%	3	18.8%	16	100.0%
Significant Need	3	18.8%	3	18.8%	10	62.5%	16	100.0%
Total	163	83.2%	19	9.7%	14	7.1%	196	100.0%