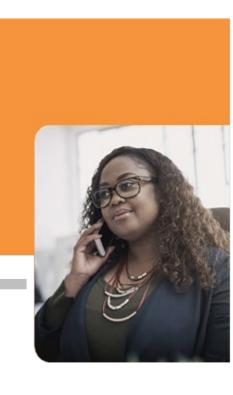# SDM® STRENGTHS & NEEDS ASSESSMENT

POLICY & PROCEDURES MANUAL

DRAFT

Minnesota Department of Human Services

September 2024

DRAFT

ADULT PROTECTIVE SERVICES

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SDM® STRENGTHS AND NEEDS ASSESSMENT

Minnesota Adult Protective Services

SECTION 1. ADULT STRENGTHS AND NEEDS

During assessments, recognize that health and safety ideals vary across different cultures and individuals. Each factor should be evaluated within the context of the adult's culture, community, and personal choices.

PART A. COMMUNICATION

1. Communication

○ a. Adult communicates well/effectively, OR communication needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult has an unmet need for communication accommodation, which moderately interferes with meeting the adult's needs for health, safety, or comfort.

○ c. Adult has an unmet need for communication accommodation, which severely interferes with meeting the adult's needs for health, safety, or comfort.

PART B. HEALTH

2. Physical Health/Medical

○ a. Adult receives recommended medical care and has no unmet physical/medical needs, OR the adult's physical health/medical needs have no adverse effects on health, safety, or comfort.

○ b. Adult has physical health/medical needs that moderately interfere with meeting the adult's needs for health, safety, or comfort.

○ c. Adult has physical health/medical needs that severely interfere with meeting the adult's needs for health, safety, or comfort.

3. Physical Mobility

○ a. Adult has adequate mobility, OR physical mobility limitations have no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult's physical mobility moderately interferes with meeting the adult's needs for health, safety, or comfort.

○ c. Adult's physical mobility severely interferes with meeting the adult's needs for health, safety, or comfort.

4. Cognitive Functioning

○ a. Adult has adequate cognitive functioning, OR cognitive functioning needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult's cognitive functioning moderately interferes with meeting the adult's needs for health, safety, or comfort.

○ c. Adult's cognitive functioning severely interferes with meeting the adult's needs for health, safety, or comfort.

5. Mental/Emotional Health

○ a. Adult exhibits no mental/emotional health needs, OR mental/emotional health needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult's mental/emotional health moderately interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.

○ c. Adult's mental/emotional health severely interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.

6. Substance Use

○ a. Adult exhibits healthy behaviors pertaining to substance use, OR substance use has no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult's substance use moderately interferes with meeting the adult's needs for health, safety, or comfort.

○ c. Adult's substance use severely interferes with meeting the adult's needs for health, safety, or comfort.

PART C. RESOURCES

7. Housing

○ a. Adult has or maintains a healthy living environment that meets their needs for health, safety, or comfort; OR housing has no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult's housing moderately interferes with meeting the adult's needs for health, safety, or comfort.

○ c. Adult's housing severely interferes with meeting the adult's needs for health, safety, or comfort.

8. Financial Resources

○ a. Adult's financial resources are sufficient to meet their needs, OR financial resources have no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult's financial resources or ineligibility for economic assistance moderately interferes with meeting the adult's needs for health, safety, or comfort.

○ c. Adult's financial resources or ineligibility for economic assistance severely interferes with meeting the adult's needs for health, safety, or comfort.

9. Financial Management

○ a. Adult manages finances effectively or they are effectively managed by others, OR financial management has no adverse effects on meeting the adult's needs for health, safety, comfort, or economic security.

○ b. Adult's financial management moderately interferes with meeting the adult's needs for health, safety, comfort, or economic security.

○ c. Adult's financial management severely interferes with meeting the adult's needs for health, safety, comfort, or economic security.

PART D. SOCIAL

10. Support System

○ a. Adult has an adequate support system, OR support system has no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult's support system moderately interferes with meeting the adult's needs for health, safety, or comfort.

○ c. Adult's support system, or absence of a support system, severely interferes with meeting the adult's needs for health, safety, or comfort.

11. Interpersonal Relationships

○ a. Adult has positive relationships, OR relationships have no adverse effects on meeting the adult's needs for health, safety, or comfort.

○ b. Adult has relationships that moderately interfere with meeting the adult's needs for health, safety, or comfort.

○ c. Adult has relationships that severely interfere with meeting the adult's needs for health, safety, or comfort.

12. Primary Supports

Primary support name(s): _____

○ Not applicable; no primary support(s).

○ a. Primary support is willing and able to meet the adult's needs for health, safety, or comfort.

○ b. Primary support is willing but unable to meet the adult's needs for health, safety, or comfort due to existing barriers, AND barriers can be addressed through external supports or additional education.

○ c. Primary support is not able to meet the adult's needs for health, safety, or comfort.

PART E. OTHER

13. Other worker-identified strength/need not addressed above

☐ Not applicable—no strengths/needs other than identified above.

○ a. Adult has a strength not addressed above.

○ b. Adult has a moderate need not addressed above.

○ c. Adult has a severe need not addressed above.

Description: _____

14. Other adult-identified strength/need not addressed above

☐ Not applicable—no strengths/needs other than identified above.

○ a. Adult identified a strength not addressed above.

○ b. Adult identified a moderate need not addressed above.

○ c. Adult identified a severe need not addressed above.

Description: _____

SECTION 2. PRIORITY STRENGTHS AND NEEDS

PART A. PRIORITY AREAS OF STRENGTH

From Adult Strengths and Needs in Section 1, enter the item number, and description of all the areas of no concern ("a" responses) where you see the adult's greatest strengths demonstrated.

Indicate which strengths are priorities to include in the adult protection service plan from the worker's view. Then indicate whether the adult also shares those priorities or has different priorities from the pre-populated full list. Shared areas of strength should be the starting priorities for the plan. If no shared areas of strength exist or the adult does not identify any strengths, ensure that their input is still incorporated into the plan.

Note: If an adult has identified a strength in item 14, that strength should be strongly considered for incorporation into the plan.

LIST OF STRENGTHS	WORKER PRIORITY	ADULT PRIORITY	PRIORITIZE FOR SERVICE PLAN
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Rationale for Worker Selecting Priority Strengths

Adult's Stated Rationale for Adult Priority Strengths

PART B. PRIORITY AREAS OF NEED

From Adult Strengths and Needs in Section 1, enter the item number and description of all needs identified (e.g., item 2c. Adult has physical health/medical needs that severely interfere with the adult's health, safety, or comfort).

Indicate which needs are priorities to address from the worker's view. Then indicate whether the adult also shares those priorities or has different priorities from the pre-populated full list. Finally, indicate which needs will be prioritized for the adult protection service plan. Shared areas of need should be the starting priorities for the plan. If no shared areas of need exist or the adult does not identify any needs, ensure that their input is still incorporated into the plan.

Note: If an adult has identified a need in item 14, that need should be strongly considered for prioritization on the plan.

LIST OF NEEDS	WORKER PRIORITY	ADULT PRIORITY	PRIORITIZE FOR SERVICE PLAN
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Rationale for Worker Selecting Priority Needs

Adult's Stated Rationale for Adult Priority Needs

PART C. PRIORITIZED STRENGTHS AND NEEDS

The following lists will reflect the "Prioritize for Service Plan" columns in Parts A and B above. The following needs and strengths will be included on the adult protection service plan. Note: While the worker is free to include any number of need domains on the adult protection service plan, the plan still needs to remain achievable and not overwhelming for the adult.

Prioritized Strengths for the Adult Protection Service Plan

1. _____ _____
2. _____ _____
3. _____ _____

Prioritized Needs for the Adult Protection Service Plan

1. _____ _____
2. _____ _____
3. _____ _____

Comments

DRAFT

SECTION 3. ADULT PROTECTION SERVICE PLAN

Adult Name: _____   **Contact Date:** _____

Maltreatment allegation(s): _____

WHY IS APS INVOLVED?

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[blank response box]
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THE ADULT'S STRENGTHS

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[blank response box]
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THE ADULT'S VIEWS AND GOALS

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[blank response box]
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INDIVIDUAL CONSIDERATIONS

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[blank response box]
```

NEED AREA	DESCRIPTION	SUPPORTS/SERVICES	DATE	WHO

REMARKS FROM THE ADULT

OTHER WORKER REMARKS

Adult Protection Agency: _____ **Worker Name:** _____

Contact Information: _____

O Adult/legal surrogate received a copy   O Primary support received a copy

SDM STRENGTHS AND NEEDS ASSESSMENT DEFINITIONS

CULTURAL AND ECONOMIC CONSIDERATIONS

During assessments, recognize that health and safety ideals vary across cultures and individuals. Each factor should be evaluated within the context of the adult's culture, community, and choices.

PRACTICE GUIDANCE

This tool is not intended to serve as a substantiation tool but rather as a guide for gathering information to identify potential areas of need for APS interventions to stop or reduce risk or to prevent maltreatment. If using this tool has prompted you to believe the adult may have experienced additional allegations or maltreatment, add the allegation(s) to the SSIS assessment workgroup. A lack of an allegation does not mean the adult does not need services planning to reduce risk, or to prevent maltreatment in the need area.

SECTION 1. ADULT STRENGTHS AND NEEDS

PART A. COMMUNICATION

The adult's ability to communicate has a large impact on all aspects of their ability to meet their health, safety, or comfort needs. Communication, broadly speaking, refers to the process of exchanging information. There may be many reasons for an adult's communication need. By completing the assessment domains, you may find the root cause of the communication barrier (e.g., cognitive functioning, health/medical need, social aspects). This domain allows the worker to identify what specific kinds of accommodations could address a specific communication need (e.g., hearing aids, translation services).

PRACTICE GUIDANCE

While this domain centers on meeting the adult's needs for communication, be mindful that your approach with the adult should also be informed by their communication needs. Asking questions of the adult regarding communication needs and preferences is an important part of effective engagement with adults.

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1. Communication

a. Adult communicates well/effectively, OR communication needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

- Adult communicates well/effectively.

- Adult does not experience communication barriers; or, if present, communication barriers pose no adverse effects to the adult.
- Adult is able to communicate independently, or communication assistance is in place and used effectively.
- Adult has some communication or literacy barriers but is able to function independently.

b. Adult has an unmet need for communication accommodation, which moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult's communication barriers interfere with their ability to complete some activities of daily living or instrumental activities of daily living (ADLs/IADLs). This may be demonstrated by the following.

- Adult has minimal communication or literacy barriers (e.g., language differences, communicates verbally but cannot write or has reading comprehension challenges, medical condition limits ability to speak, dependent on a particular person for translation).
- Adult does not have the information or resources needed to access supportive services or adaptive devices (e.g., an interpreter).

c. Adult has an unmet need for communication accommodation, which severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult experiences communication barriers that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This may be demonstrated by the following.

- Adult has significant communication or literacy barriers (e.g., language differences for which translator services are not readily available, unable to read or communicate verbally or through writing with no available assistance).
- Adult does not have the ability or means to access supportive services or adaptive devices (e.g., an interpreter).

PART B. HEALTH

2. Physical Health/Medical

a. Adult receives recommended medical care and has no unmet physical/medical needs OR the adult's physical health/medical needs have no adverse effects on health, safety, or comfort.

Adult receives routine/regular/recommended healthcare and doesn't have any unmet healthcare needs, or, if needs are present, they do not create adverse effects for the adult.

b. Adult has physical health/medical needs that moderately interfere with meeting the adult's needs for health, safety, or comfort.

Adult has physical health/medical problems that interfere with their ability to complete some ADLs/IADLs. This may be demonstrated by the following.

- Adult does not see a medical professional as needed or does not follow prescribed treatment, including medication regimen, which can lead to loss of health and function.
- Adult may engage in unhealthy behaviors and may exacerbate existing health concerns.
- Adult is unable or unwilling to attend to personal hygiene needs, which can lead to medical or health issues.

c. Adult has physical health/medical needs that severely interfere with meeting the adult's needs for health, safety, or comfort.

Adult has physical health/medical problems that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected.

This may be demonstrated by the adult not receiving necessary medical care or medication or by the adult not following prescribed treatment, and it is resulting in the adult's health being severely affected.

3. Physical Mobility

a. Adult has adequate mobility, OR physical mobility limitations have no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult has adequate mobility or, if concerns are present, they have no adverse effects on the adult.

b. Adult's physical mobility moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult has mobility limitations that interfere with their ability to complete some ADLs/IADLs. This may be demonstrated by the following.

- Alternative provisions (e.g., use of adaptive devices or assistance from others) have not been made.
- Alternative provisions have been made but are insufficient (e.g., adult has a walker but is unable to use it to move about the home or community; adult has assistance, but it is not sufficient to meet mobility needs).

c. Adult's physical mobility severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult has mobility limitations that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This may be demonstrated by the following.

- Adult is completely dependent on others for movement and is not receiving services.
- Adult lacks access to adaptive devices or mobility assistance from others, or adaptive devices are not in working order, and this threatens the adult's health, safety or comfort.

4. Cognitive Functioning

a. Adult has adequate cognitive functioning, OR cognitive functioning needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

This may be demonstrated by the following.
- Adult has adequate cognitive functioning.
- Adult does not exhibit impairments with cognitive functioning.
- If concerns are present, they have no adverse effects on the adult.

b. Adult's cognitive functioning moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult exhibits impaired cognitive functioning that interferes with their ability to complete some ADLs/IADLs. This may be demonstrated by the following.

- Adult may have moderate cognitive impairment as demonstrated by forgetting recent events, difficulty comprehending written or verbal information, or struggling with complex tasks.
- Adult demonstrates impaired reasoning and is unable to problem solve to the extent that some ADLs/IADLs are affected.

c. Adult's cognitive functioning severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult exhibits impaired cognitive functioning that interferes with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. For example, adult is disoriented to person or place, or has profound cognitive impairment that affects their ability to reason and make informed decisions.

5. Mental/Emotional Health

a. Adult exhibits no mental/emotional health needs, OR mental/emotional health needs have no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult does not exhibit concerns with mental/emotional health or, if present, concerns with mental/emotional health pose no adverse effects for the adult.

b. Adult's mental/emotional health moderately interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.

This may be demonstrated by the following.

- Adult may have mental health symptoms that affect some ADLs/IADLs.
- Adult demonstrates episodes of frustration, fatigue, or anger.
- Adult expresses periodic depression, fear, or anxiety.

c. Adult's mental/emotional health severely interferes with the adult's coping skills or with meeting the adult's needs for health, safety, or comfort.

This may be demonstrated by the following.

- Adult demonstrates signs of a chronic or severe mental health condition and has no mental health services.
- Adult has a diagnosed chronic or severe mental health condition and is noncompliant with prescribed treatment.
- Adult demonstrates an inability to perform most ADLs/IADLs due to their mental health condition.
- Adult expresses chronic depression, fear, or anxiety related to ability to meet their needs for health, safety, or comfort throughout the course of their condition.
- Adult's mental/emotional health has a severe impact on their ability to meet needs such as nutrition, housing, social support, and financial management of resources.
- Major health or potential safety concerns due to adult's mental/emotional health are evident, such as frequent blackouts, hospitalizations, suicidality, or encounters with law enforcement due to substance use.

6. Substance use

Includes alcohol, prescriptions (including over the counter), or illicit or recreational drugs.

a. Adult exhibits healthy behaviors pertaining to substance use, OR substance use has no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult exhibits healthy behaviors pertaining to substance use or no needs are present pertaining to substance use; or, if needs are present, concerns with substance pose no adverse effects on the adult. This may be demonstrated by the following.

- No indication of current substance misuse.
- Adult's use of recreational substances is not problematic.
- The adult takes medications only as prescribed.

b. Adult's substance use moderately interferes with meeting the adult's needs for health, safety, or comfort.

Adult's substance use adversely affects some ADLs/IADLs.

c. Adult's substance use severely interferes with meeting the adult's needs for health, safety, or comfort.

Adult exhibits concerns with substance use that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This may be demonstrated by the following.

- The adult actively misuses substances to the extent that it has a severe impact on their ability to meet needs such as nutrition, housing, social support, and financial management of resources.
- Major health or potential safety concerns due to adult's substance use are evident, such as frequent blackouts, hospitalizations, or encounters with law enforcement due to substance use.

PART C. RESOURCES

7. Housing

Housing includes consideration of all living situations, including physical and natural barriers to accessing a home (like weather and natural environment) as well as situations where a person is without housing or is homeless. Consider cultural and regional differences in housing standards when determining whether the adult can meet their own needs for health, safety, or comfort relative to their housing environment.

In Minnesota, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. This definition encompasses individuals who are residing in emergency shelters; transitional housing; or places not meant for human habitation, such as streets, parks, abandoned buildings, or vehicles. It also includes individuals who are at imminent risk of losing their housing and those fleeing domestic violence or other dangerous situations. The definition aims to identify and address the various forms of homelessness experienced by individuals and families throughout the state.

a. Adult has or maintains a healthy living environment that meets their needs for health, safety, or comfort; OR housing has no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult has or maintains a healthy living environment or adequate living environment; or, if concerns with housing have arisen, they pose no adverse effect on the adult. This may be demonstrated by the following.

- Housing conditions such as heat, electrical service, and plumbing are adequate for safe and healthy living. Exclude off-grid lifestyle choices that do not have an adverse effect on the adult meeting their health, safety, or comfort.
- Furnishings and housekeeping are adequate for safe and healthy living.

b. Adult's housing moderately interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that aspects of housing interfere with adult's ability to complete some ADLs/IADLs. This may be demonstrated by the following.

- Adult will be discharged from a medical, mental health, or substance use disorder treatment center; lacks sufficient resources to pay for housing; and does not have a permanent place to live.
- Housing conditions require repair or replacement but are not of immediate health or safety concern. Examples include a need for utilities, minor structural repairs or cleaning, or appliance repair or replacement.
- Some hoarding behavior is noted (e.g., of newspapers, food, too many pets for the living space), but **not** to the level of causing a fire hazard or impeding adult's ability to move about or safely live in the home.

c. Adult's housing severely interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that an adult is unhoused or likely to be unhoused. This may be demonstrated by the following.

- Adult is currently unhoused, lacking a fixed, adequate nighttime residence, OR adult is currently transitioning or has recently transitioned from an institution, a licensed or registered setting, or correctional facility.
- Adult is in doubled-up living arrangements where the adult's name is not on a lease.
- Adult's housing has been condemned and adult has no long-term alternative safe living environment.
- Adult has arrears in rent or utility payments, has received an eviction notice without a place to move, or is living in temporary or transitional housing that carries time limits.
- Adult would be at risk of homelessness if housing services were removed.

OR

Aspects of housing or physical environment interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This may be demonstrated by the following.

- Housing conditions result in threats to health and safety, such as lack of access to utilities, severely exacerbated asthma due to smoke exposure, multiple bites from pest infestation, presence of mold to the extent the home is uninhabitable, or exposed wiring causing a fire hazard.
- Severe hoarding behavior (e.g., of animals, newspapers, food) is present, causing a fire hazard or impeding the adult's ability to move about the home.
- Adult's current home or shelter is not meeting their needs for health, safety, or comfort.

8. Financial Resources

a. Adult's financial resources are sufficient to meet their needs, OR financial resources have no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult's financial resources are sufficient to meet their needs; or, if financial resource concerns are present, they have no adverse effects on the adult. This may be demonstrated by adult having access to finances or benefits that are sufficient to provide for all health, safety, or comfort.

b. Adult's financial resources or ineligibility for economic assistance moderately interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that the adult's access or lack of access to financial resources interferes with their ability to meet necessities or services related to ADLs/IADLs. Concerns may derive from the adult's ineligibility for economic assistance due to factors such as age, immigration/citizenship status, income, or asset transfers. This may be demonstrated by the following.

- Available financial resources or benefits are inadequate to consistently provide for necessities or services.
- Adult is financially semi-dependent on others, which presents barriers to the adult accessing needed financial resources or makes them vulnerable to exploitation or further potential maltreatment.

c. Adult's financial resources or ineligibility for economic assistance severely interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that adult's access or lack of access to financial resources interferes with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. Concerns may derive from adult's ineligibility for economic assistance due to factors such as age, immigration/citizenship status, income, or asset transfers. This may be demonstrated by the following.

- Lack of resources affects adult's ability to attend to medical needs or appointments.
- Adult does not have resources for transportation to access services and supports.

- Lack of financial resources has a severe impact on their ability to meet housing, water, heat, electricity, or food/nutritional needs.

9. Financial Management

a. Adult manages finances effectively or they are effectively managed by others, OR financial management has no adverse effects on meeting the adult's needs for health, safety, comfort, or economic security.

Adult manages finances well/effectively or their current financial management system is working; or, if financial management concerns are present, they have no adverse effects on the adult. Adult may exhibit this by being able to manage or rely on others to manage finances without any problems or discord.

b. Adult's financial management moderately interferes with meeting the adult's needs for health, safety, comfort, or economic security.

Financial management challenges interfere with the adult's ability to meet necessities or services related to ADLs/IADLs now, or a pattern is developing that may result in needing services related to ADLs/IADLs. This may be demonstrated by the following.

- Adult or another person who manages adult's financial resources is not able or willing to manage resources that would otherwise be sufficient for necessities.
- Adult may have experienced financial exploitation that is likely to impact their future, such as ID theft, fraud, or scams (e.g., telemarketing, lottery, IRS scams, romance scams, or scams by any service provider).
- Adult may have been subject to excessive persuasion or attempts to gain influence and access to the adult's assets through deceit, coercion, affection, or intimidation, which is likely to impact their future.
- Poor resource management results in occasional problems with meeting necessities adequately (e.g., shelter, food, medications, utilities, clothing).

c. Adult's financial management severely interferes with meeting the adult's needs for, health, safety, comfort, or economic security.

Concerns exist about financial management challenges that interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This may be demonstrated by the following.

- Adult is unable or unwilling to provide for necessities to the extent that shelter, food, clothing, medications, utilities, or other necessities are inadequate.
- Adult has experienced financial exploitation that has impacted their future, such as ID theft, fraud, or scams (e.g., telemarketing, lottery, IRS, romance scams, or scams by any service provider).

- Adult has been subject to excessive persuasion or attempts to gain influence and access to the adult's assets through deceit, coercion, affection, or intimidation, which has impacted their future.
- Adult is completely dependent on others for financial resource management, and that management is severely inadequate.

PART D. SOCIAL

10. Support System

Consider the adult's support system, which can include formal and informal supports. Formal support includes professional services provided by licensed and unlicensed providers, case managers, and supportive decision makers including homemaker services, home health, adult day care, etc. Informal support includes assistance from friends; neighbors; and cultural, religious, and community agencies and can include providing meals, assisting with appointment transportation, performing other supportive tasks, etc.

When there are concerns regarding intimate partner violence, family violence, domestic violence, or household violence, refer to item 11.

a. Adult has an adequate support system, OR support system has no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult has an adequate support system, or no support system concerns exist. This may be demonstrated by the following.

- Adult's family; friends; or cultural, religious, and community agencies or resources provide support or services such as transportation, emotional support, help with minor household repairs, etc.
- Adult has awareness and insight on when support is needed and is willing to ask for assistance.

b. Adult's support system moderately interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that support system may interfere with adult's or primary support's ability to complete some ADLs/IADLs. This may be demonstrated by the following.

- Adult's formal support system does not meet adult's needs consistently or reliably.
- Adult may be physically or socially isolated, and support is unreliable or inconsistent.

c. Adult's support system, or absence of a support system, severely interferes with meeting the adult's needs for health, safety, or comfort.

Concerns exist that the support system may interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This may be demonstrated by the following.

- Adult is physically or socially isolated to the extent that health and safety are affected.
- Adult has exhausted available support systems.
- Adult needs a primary support(s), and no primary support is available.
- The adult declines appropriate services.

11. Interpersonal Relationships

Include all persons with whom the adult has a relationship. If there are any persons with whom the adult's relationship is harmful to the extent that they are affecting adult's needs for health, safety, or comfort, consider selecting "b" or "c." This domain pertains to the behaviors of both the adult and those with whom they have a relationship.

a. Adult has positive relationships, OR relationships have no adverse effects on meeting the adult's needs for health, safety, or comfort.

Adult has positive relationships or there are no concerns with the adult's relationships. This may be demonstrated by the following.

- Adult's relationships are stable and supportive.
- There is minor discord, and it is nonviolent and nonthreatening.
- Adult does not have any relationships, and lack of these relationships does not affect adult's ability to meet their health, safety, or comfort needs.

b. Adult has relationships that moderately interfere with meeting the adult's needs for health, safety, or comfort.

Aspects of the adult's relationships interfere with their ability to complete some ADLs/IADLs. This may be demonstrated by the following.

- Nonviolent, non-physical outbursts by the adult or others.
- Adult has consistent, disruptive negative interactions.
- There is occasional harassing, threatening, intimidating, or disrespectful behavior by the adult or others. (If there is a threat of violence, refer to "c.")

c. Adult has relationships that severely interfere with meeting the adult's needs for health, safety, or comfort.

Aspects of the adult's relationships interfere with ADLs/IADLs to the extent that health, safety, or comfort are severely affected. This may be demonstrated by the following.

- Violence or threat of violence (e.g., intimate partner violence, family violence, domestic violence, or household violence) by the adult or others.
- Emotional distress affects the adult's health, safety, or comfort.

12. Primary Supports

Consider this domain only if the adult is not able to provide and manage their ongoing care alone and they have existing primary support(s). The primary support(s) (PSs) are one or more individuals who understand the circumstances of the adult who is vulnerable and will support the adult in meeting their health, safety, comfort, ADL, or IADL needs, or in making personal and/or financial decisions. The PS coordinates with the agency in safety planning to safeguard the adult's welfare and prevent maltreatment. The PS can be a legal representative, a person identified by the adult, or another individual identified by the agency who can collaborate with the agency for protection. The PS may offer social connection, emotional support, guidance, or supported decision making; monitor well-being; or aid with ADLs/IADLs. The PS may be different from a caregiver defined under Minnesota Statute 626.5572 Subd. 4. This can include one or more unlicensed persons who contribute to the adult's care.

Note: When considering a primary support's (or supports') ability, include knowledge regarding the adult's needs as well as their ability to complete the required tasks or arrange for those tasks to be completed through other means (e.g., the ability to lift an adult who is unable to transfer, or to arrange for a home health aide).

PRACTICE GUIDANCE

If you are considering multiple primary supports when completing this domain, identify/name the specific individuals. When considering whether a need exists for one or more primary supports, select the person who requires the most assistance as your guide to complete this section. For example, if there are three primary supports but only one has a severe need ("c" response below), select "c" regardless of whether the other primary supports have needs or present as strengths for the adult. This domain's goal is to identify whether specific primary supports should be connected with additional resources or supports so that they can best provide for the adult.

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a. Primary support is willing and able to meet the adult's needs for health, safety, or comfort.

Primary support(s) can and will provide assistance to the adult and has no existing barriers that would prevent this from happening. This may be demonstrated by the following.

- Primary support is willing and able to provide adult with necessary assistance in performing ADLs/IADLs or is willing and able to engage outside assistance to help the adult (e.g., family member, home health aide, or other community resources).
- As additional adult needs emerge, primary support is willing and able to problem solve or seek additional assistance.

b. Primary support is willing but unable to meet the adult's needs for health, safety, or comfort due to existing barriers, AND barriers can be addressed through external supports or additional education.

Primary support(s) cannot provide assistance to the adult due to barriers of any kind, which can be resolved in a reasonable timeframe. This may be demonstrated by the following.

- Primary support has a barrier to engaging additional resources to meet the adult's health, safety, or comfort needs, resulting in some of these needs being unmet.
- Primary support has a barrier to meeting their own needs, which results in lower-quality care being available to adult.
- Primary support lacks insight on the adult's needs or has limited understanding of the resources needed and/or available to support the adult.
- Primary support's role needs to change to provide improved support relative to the adult's diagnoses or vulnerability.
- Primary support has a limited understanding of fiducial responsibilities.

c. Primary support is not able to meet the adult's needs for health, safety, or comfort.

The primary support(s), due to factors within or outside of their control, will not engage in support for the adult. This inability or refusal to meet the adult's needs could for a variety of reasons, such as a disability or vulnerability of their own, physical or emotional fatigue, boundary setting for their own emotional/psychological health, a feeling of complete apathy toward the adult, or other condition preventing care provision (e.g., substance use disorder).

The primary support not meeting the adult's needs could be demonstrated by the following.

- Primary support is unresponsive to most or all of the adult's health, safety, or comfort needs (e.g., primary support ignores adult's requests for assistance with basic care).
- Primary support does not use adult's resources to meet adult's health, safety, or comfort needs.
- Primary support demonstrates physical or emotional fatigue and is unwilling or unable to address this fatigue, resulting in negative consequences for the adult.

PART E. OTHER

13. Other worker-identified strength/need not addressed above

Indicate whether, from the worker's perspective, any adult strength/need is present and not identified above.

14. Other adult-identified strength/need not addressed above

Indicate whether, from the adult's perspective, any adult strength/need is present and not identified above.

DRAFT

SDM STRENGTHS AND NEEDS ASSESSMENT POLICY AND PROCEDURES

The strengths and needs assessment (SNA) consists of Section 1: Adult Strengths and Needs, Section 2: Priority Strengths and Needs, and Section 3: Adult Protection Service Plan. The SNA is used to systematically identify critical adult and primary support service needs and to help guide service planning for adult protective services (APS) interventions using a strengths-based approach that includes the voice of the adult.

The SNA serves several purposes.

- It ensures that the strengths and need of the adult (and the primary support, if applicable) are consistently considered by all workers in an objective format when assessing need for services to safeguard the adult through assessment for service planning, where the goal is to reduce risk of and prevent maltreatment.
- It supports the worker in considering the adult's culture, community, and choices.
- It provides an important service-planning reference for workers and supervisors.
- It serves as a mechanism for service referrals made to address identified needs.
- It ensures statewide consistency in APS practice, regardless of adult location within the state.

WHICH REFERRALS

All adults who are the subject of a Minnesota Adult Abuse Reporting Center (MAARC) report, opened in an assessment workgroup for emergency protective services (EPS), APS assessment as the lead investigative agency (LIA), or APS (when another agency is LIA). Exclude referrals where a finding of "No determination – not a vulnerable adult" is made at the first face-to-face contact or a finding of "No determination – investigation not possible" when the adult is deceased or the adult is unable to be located following diligent efforts.

WHO

The assigned APS worker.

WHEN

The initial assessment is completed no sooner than the first face-to-face contact with the adult, in combination with collateral contacts necessary to complete the assessment tool, AND prior to the creation of the service plan. The SNA is used after the initial safety assessment and following immediate

safety threats being addressed. It serves as the basis for service planning. The SNA is completed prior to development of the adult protection service plan for interventions to stop or reduce risk of future APS involvement and help prevent potential maltreatment reoccurrence.

An optional closing assessment may be completed based on local agency policy. Reasons for completing an optional closing assessment may include the desire to measure progress on service planning and resolving adult needs over time or to ensure that all needs are considered when making referrals at the time of closure.

DECISIONS

The SNA is used to identify adult and/or primary support needs that should be addressed through service planning, referrals, worker action, and recommendations to the adult, primary support(s), and/or case manager (if applicable). Assessment information should guide any needed changes to services and help determine whether sufficient needs reduction has occurred to support closure. Note: APS should consider the needs identified within the SNA that were not included in the service plan to determine if additional serving planning is needed prior to case closure.

APPROPRIATE COMPLETION

The SNA should be completed based on the adult's current situation, including all the information that APS has about the adult. Because the assessment is used to inform service planning, any safety threats or previous risks for maltreatment that have already been resolved should not be considered as needs.

Record the adult's name and the assessment date; select in the header whether this is an initial assessment or reassessment.

Each strength/need item has three possible responses.

a. **Potential area of strength and not a need.** Adult is functioning very well in this area. They may experience a typical degree of stress or struggle but are generally managing well.

b. **Moderate need.** Adult is experiencing a definite but not severe need in this area and would likely benefit from some additional support and services.

c. **Severe need.** Adult is experiencing extraordinary need in this area and requires additional support and services.

Begin by drawing from the areas of agreement between the worker and the adult when considering what needs should be prioritized on the adult protection service plan. Domains that are scored "c" should be strongly considered; the adult's moderate needs (scored "b") can be prioritized as well.

Consider the adult's areas of strength (scored "a") from this assessment. Include strengths that can be used to address needs on the adult protection service plan, drawing from areas of agreement between the worker and the adult. Ensure that any adult-identified strengths are leveraged as best as possible in

the plan. If the adult identified a strength in item 14, that strength should be considered for incorporation into the plan.

Shared areas of need should be considered next. If no shared areas of need exist or the adult does not identify any needs, ensure that their input is still incorporated into the adult protection service plan. If an adult has identified a need in item 14, that need should be considered for prioritization on the plan.

SECTION 1. ADULT STRENGTHS AND NEEDS

Review each item for the adult. Based on all information gathered, select the items that best reflect the adult's current status/functioning. Use the item definitions to increase consistency and reliability when determining the most appropriate selection.

SECTION 2. PRIORITY STRENGTHS AND NEEDS

Indicate which strengths are priorities to include in the adult protection service plan from the worker's view. Then, indicate whether the adult also shares those priorities or has different priorities from the pre-populated full list. Shared areas of strength should be the starting place for inclusion when crafting the plan. If no shared areas of strength exist or the adult does not identify any strengths, ensure that their input is still incorporated into the plan.

For needs, indicate which needs are priorities to address from the worker's view. Then, indicate whether the adult also shares those priorities or has different priorities from the pre-populated full list. Finally, indicate which needs will be prioritized for the adult protection service plan. Shared areas of need should be the starting place for the plan. If no shared areas of need exist or the adult does not identify any needs, ensure that their input is still incorporated into the plan.

Focusing on shared needs ensures the adult's voice and buy-in into the plan, respecting the adult's agency and right to self-determination. Prioritizing the most critical needs ensures that service recommendations are focused and achievable. Attempting to focus on too many needs at one time may increase the likelihood that the adult will perceive participation in services as overwhelming, which might affect the adult's willingness to participate. Note that the SNA helps prioritize the top need areas for the adult protection service plan, and while the worker is free to include any number of need domains, the plan still needs to remain achievable and not overwhelming for the adult.

When worker and adult prioritization do not match, use this as an opportunity to understand the adult's perspective and engage the adult about where they would like to focus. When the worker and the adult share no priority needs, ensure that the adult's input is still incorporated into the plan.

SECTION 3. ADULT PROTECTION SERVICE PLAN

This section represents the adult protection service plan and is meant to be created with and shared with the adult and a primary support, when appropriate. This worker should complete this section of the

assessment using adult-friendly language and avoid common APS jargon that would not be understood by the adult. APS needs to work with the adult and primary supports to identify and address resistance and barriers to service planning or interventions using person-centered approaches.

Complete the header information, listing the adult's name, the date of contact with the adult, and the maltreatment allegations for this assessment. The contact date should either reflect the initial face-to-face contact date or, if completing a reassessment, the contact date on which the reassessment is based.

Why Is APS Involved?

Use the established/assumed facts of the assessment, expressing them in a non-blaming, matter-of-fact manner. Do not include the reporter's identity.

One way to approach this is to use a basic formula for writing the pertinent facts of the assessment:

"It was reported that [adult] + [behavior causing impact] + [potential maltreatment impact on the adult]."

For example, "It was reported that John experiences dizziness and fainting spells at home when he does not take his prescribed medication, which resulted in John injuring himself in a recent fall. This may be neglect of what is needed to maintain John's health and safety," or "Candace has unmet needs for assistance in managing finances, which has resulted in utility bills being unpaid."

The Adult's Strengths

Directly reference section 2 of the SNA, where strengths prioritized for the adult protection service plan were identified and listed. Additionally, highlight areas of strength from your perspective that the adult may not see as strengths, such as a supportive network of people or resilience in the face of adversity.

The Adult's Views and Goals

Complete this prompt by asking about and documenting the adult's views and goals for the APS assessment. This should be related to the adult's health, safety, and comfort as it pertains to APS involvement for reported maltreatment, not the adult's generalized views and goals for their life in a broader sense.

Individual Considerations

Provide specific information as it pertains to the adult. Individual considerations for an adult can include things such as personal preferences; important cultural practices; considerations on race, ethnicity, or gender identity; spiritual or religious practices; socioeconomic considerations; or preferences with specific service providers/primary supports. Other considerations are to identify barriers to APS engagement with the adult in service planning and interventions.

Examples of questions workers can ask adults include the following.

- Who are you comfortable with? What communities are you comfortable with? What providers are you comfortable with? Who do you trust?
- What cultural practices or traditions are important to you and how can we incorporate them into your service plan?
- How can we reflect who you are, your history/experiences, and your wishes into this service plan?
- What specific aspects of your life or personal situation should we consider when developing your service plan?

Complete the table, starting with the "need area" column by filling in the prioritized needs from section 2. Describe what these need areas look like for this adult in the "description" column. Remember, the adult protection service plan should be achievable and not overwhelming to the adult. Consider the number of items prioritized for the plan and ensure that the plan remains comprehensive but not superfluous.

Document what interventions will address the specific need in the "support/services" column, along with any other services and supports associated with meeting that need. Be sure to write this so that it is adult-centered, with text focused on doing things "with" the adult rather than people/providers doing things "to" the adult.

Indicate the date the intervention will be implemented and who will be responsible for executing that intervention (e.g., the adult, primary support, service provider).

Note: APS should consider the needs identified within the SNA that were not included in the service plan to determine whether additional planning is needed prior to case closure.

Remarks From the Adult

Indicate whether the adult states they are bought into the plan or not, acknowledging the adult's stated feelings on the service plan. Indicate whether the adult agrees to move forward with the plan or refuses to engage in services. Also note anything else the adult expresses relevant to the service plan that has not already been stated. For example, indicate whether the adult reports they are engaged and motivated to participate in service planning, apprehensive about engaging in service planning, or unwilling to service plan with APS.

Other Worker Remarks

Include any other remarks from the worker's perspective here.

Complete the final part of the plan by filling in the pertinent information and indicating whether the adult/primary support received a copy of the plan.

Supervisory approval is required for the service plan; this will occur in SSIS and does not affect the worker's ability to share the plan with the adult when the plan is created.