

# MINNESOTA SDM® INTAKE ASSESSMENT DISCOVERY FINDINGS AND RECOMMENDATIONS

STRUCTURED DECISION MAKING® SYSTEM FOR ADULT PROTECTIVE SERVICES (APS)

#### **AGENDA**

Welcome and Introductions

4 Minnesota Adult Protective Services (APS) Policy and Practice

Discovery and Project Context

5 Training and Support

3 Structured Decision
Making® (SDM) Intake
Assessment Structure

6 Questions

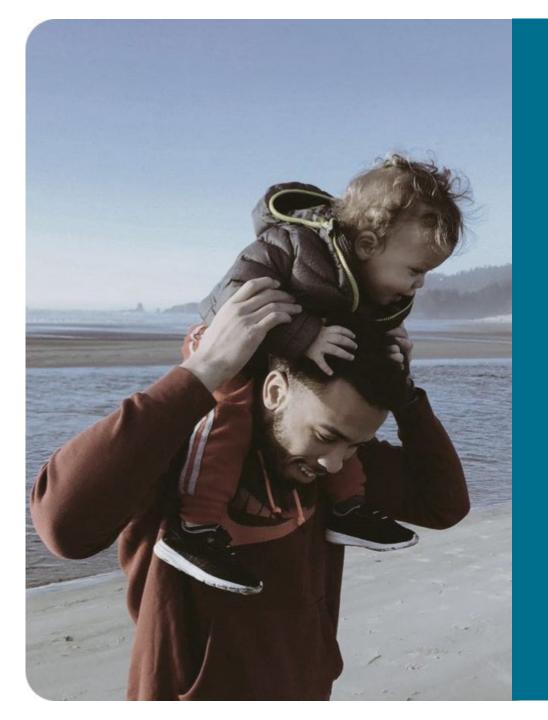
1

### WELCOME



### LAND ACKNOWLEDGMENT





Evident Change partners with systems professionals and communities to get to the root of their biggest challenges, and gives them the tools and knowledge to achieve better outcomes for everyone involved. Because when we join forces with those who work in our systems and the people they serve, we make our systems—and our society—more equitable from the inside out.



2

# DISCOVERY AND PROJECT CONTEXT



#### PROJECT OBJECTIVES



Provide workers with a simple, objective, reliable, and equitable intake assessment to support their service decisions for referred adults.



Increase consistency, accuracy, and equity in service decisions for adults referred to APS.



Provide managers, supervisors, and policymakers with management information to support policies, programs, services, and resource allocation.

#### **PROJECT SCOPE**















SDM discovery activities

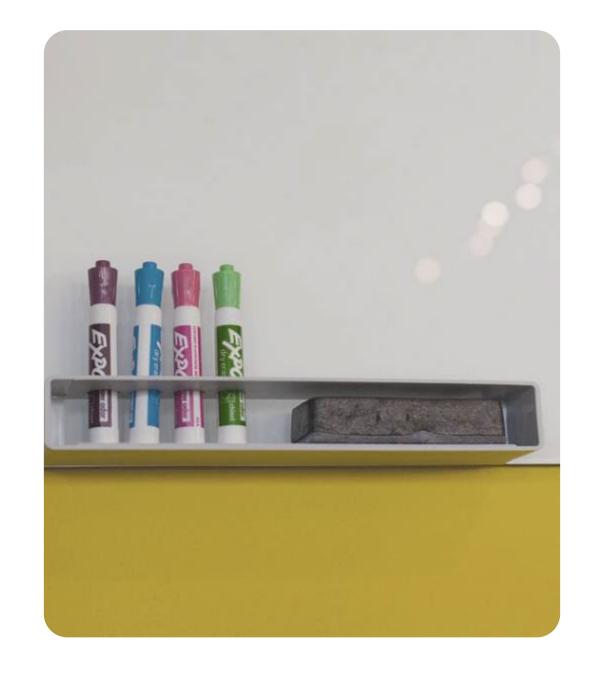
#### We are here

SDM intake assessment design, updates, and customization Preimplementation testing

- SDM intake
   assessment
   training
   curriculum
   development
- Automation and certification
- SDM intake assessment training
- Implementation
- Implementation support

### SDM DISCOVERY ACTIVITIES

- Policy and practice review
- Staff survey
- Data analysis





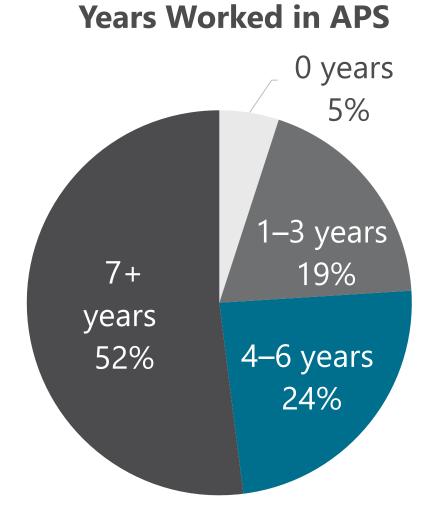
# POLICY AND PRACTICE REVIEW



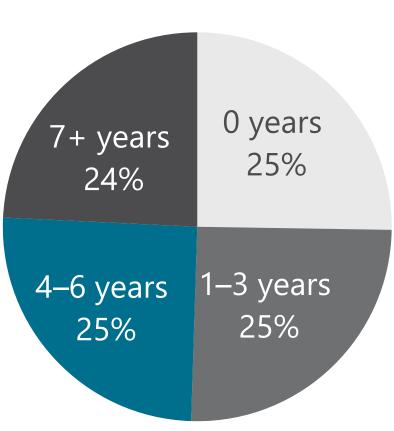
#### STAFF SURVEY SAMPLE

### 79 responses

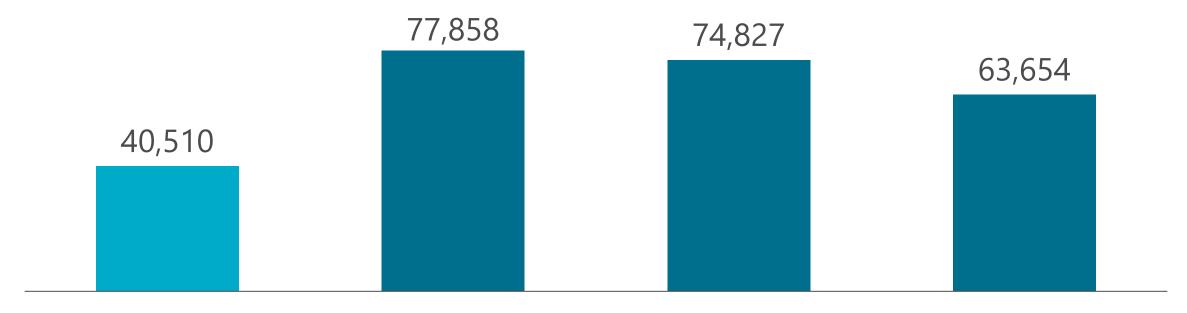
- 75% (59) workers
- 25% (20) supervisors



### **Years in Current Position**



### DATA ANALYSIS: COMPARING SAMPLED REPORT NUMBERS



Evaluation Sample (September 2017 – September 2020)

Discovery Sample (April 2020 – September 2022) Discovery Sample,
SDM Intake
Assessment
Completed

Discovery Sample, Met Vulnerable Adult (VA) Status

#### **LIMITATIONS**

Data: Analyzing administrative data can be helpful in starting conversations around practice and policy, but it does not tell the entire story. When looking at data, it is important to ask ourselves what the data could mean, how certain practices impact data, and what other context may be at play.

**Survey:** There are roughly 400 APS staff statewide and 79 of those staff completed the survey. Although there are trends to consider and discuss, there are certain limitations regarding the generalizability of responses due to variable sample sizes within counties.

### THREE MAIN AREAS OF DISCOVERY RECOMMENDATIONS







#### SDM Intake Assessment Structure

- Assessment content and structure changes
- State policy supporting use of the tool
- County policies

### MN APS Policy and Practice

Ensuring a common understanding of APS policy and practice throughout the state

#### **Training and Support**

- Training around the purpose of the SDM intake assessment
- Updates to the assessment
- Best practices for ongoing consultation and support



# SDM INTAKE ASSESSMENT STRUCTURE

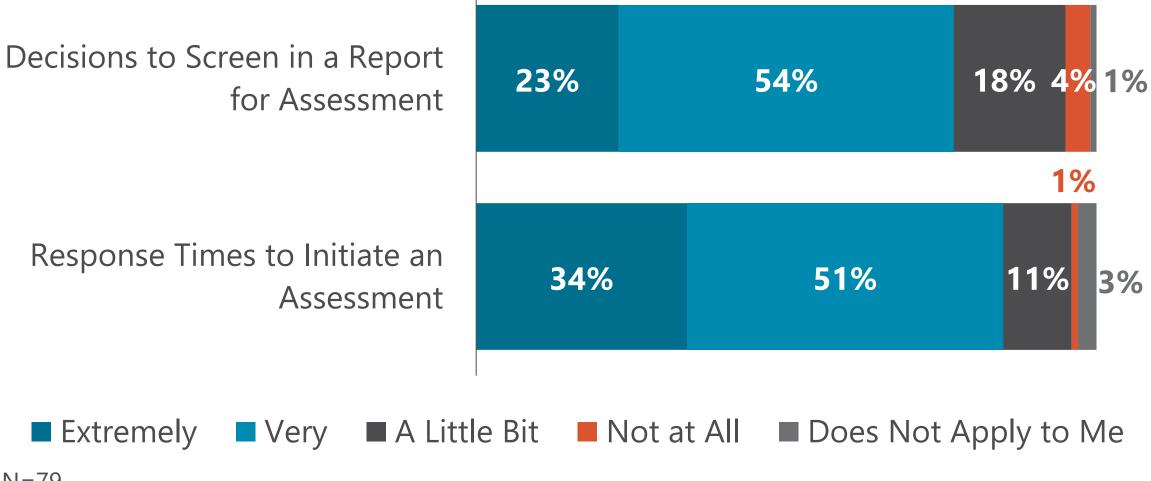
EVIDENT CHANGE

## SDM ASSESSMENT STRUCTURE RECOMMENDATIONS (PREVIEW)

- Update the SDM intake assessment structure
- Build the SDM intake assessment in SSIS so that workers must consider all maltreatment items when completing the SDM intake assessment, not only maltreatment categories selected by MAARC
- Include features on the updated SDM intake assessment that make the assessment easier to use



### PERCEPTION OF CONSISTENCY IN **DECISION MAKING (STAFF SURVEY)**



## PERCEPTION OF ACCURACY IN DECISION MAKING (STAFF SURVEY)

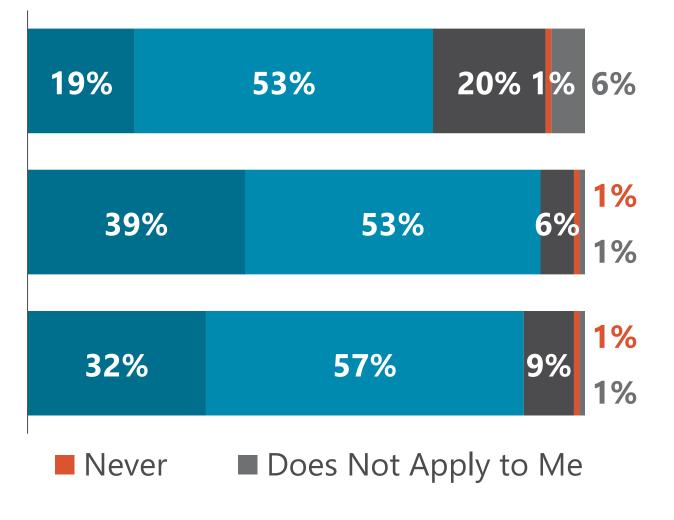
Does the SDM intake assessment screening recommendation match your county's prioritization guidelines?

Do adults who are screened in receive the right response time to initiate assessment?

Are adults who may be vulnerable and maltreated correctly screened in for assessment?







## UTILITY OF SDM INTAKE ASSESSMENT (STAFF SURVEY)

#### THE SDM INTAKE ASSESSMENT . . .

Functions well within the MAARC report tabs (n=76)

Does not create undue burden related to documentation in SSIS (n=79)

Helps me make practice decisions (n=79)

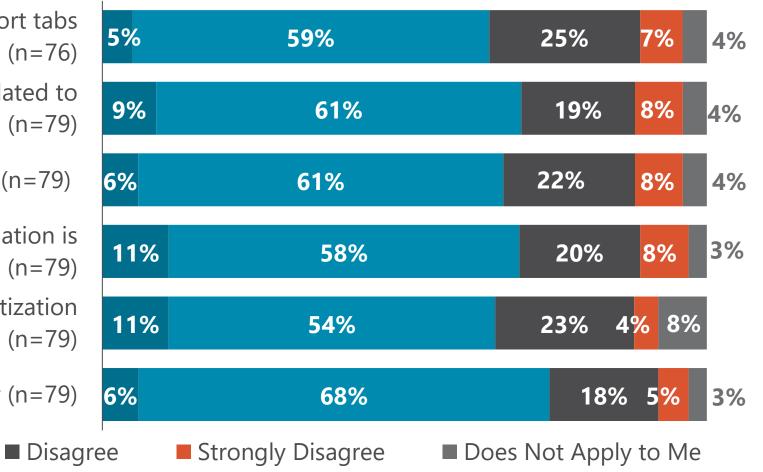
Helps me to understand what information is necessary to make a screening decision (n=79)

Strongly Agree

Aligns with my county's APS prioritization guidelines (n=79)

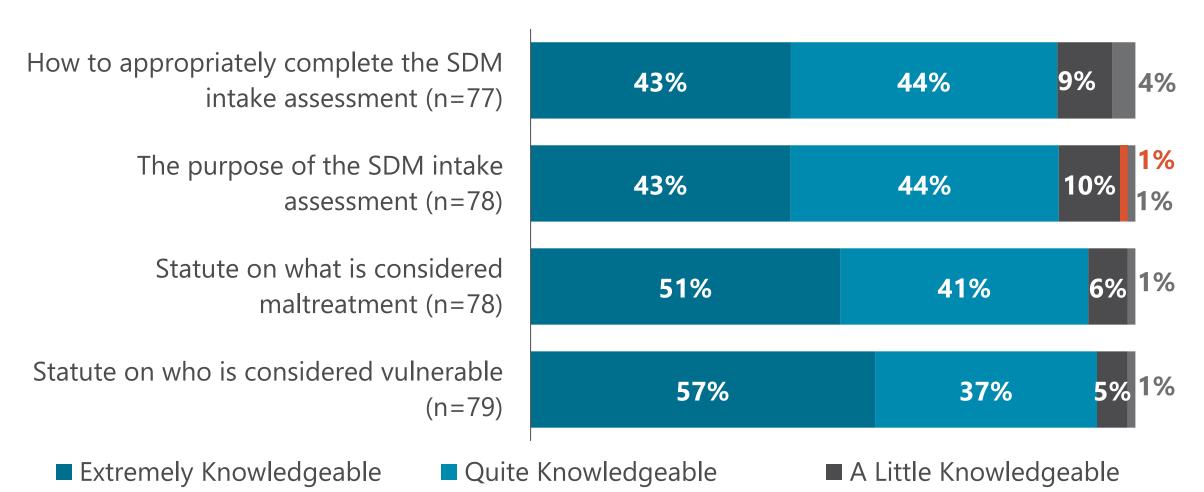
Fits in well with my workflow (n=79)

Agree



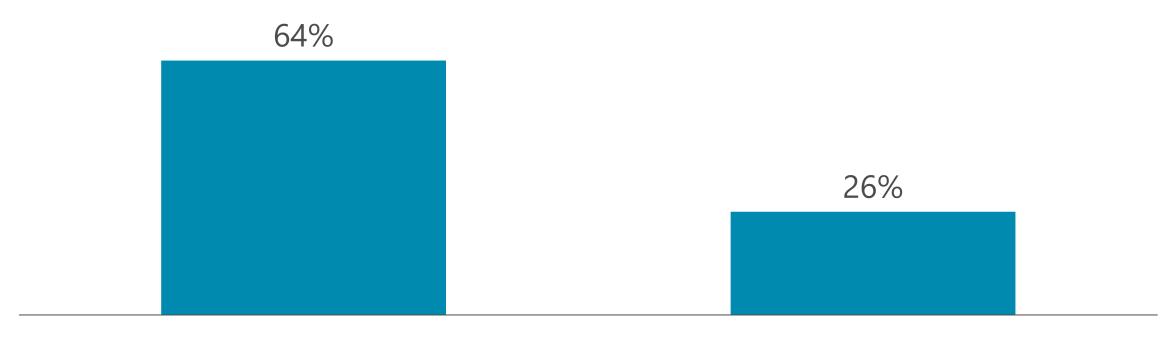
# KNOWLEDGE OF SDM INTAKE ASSESSMENT (STAFF SURVEY)

■ Not at All Knowledgeable



■ Does Not Apply to Me

## SDM DECISION TO SCREEN IN (DATA ANALYSIS)



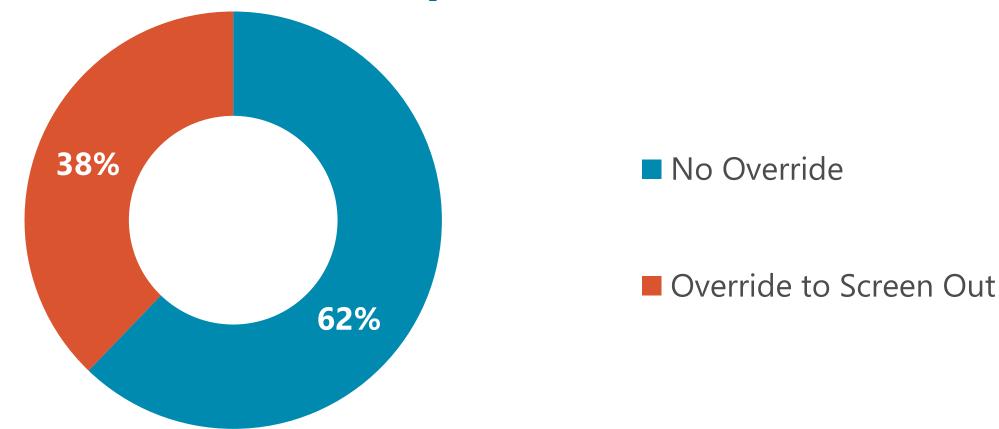
Vulnerable and Met Maltreatment Criteria

After Application of County Guidelines and Policy Overrides

N = 63,654 reports with completed SDM intake assessments and determined to meet VA status



## SDM SCREENING OVERRIDES (DATA ANALYSIS)



N = 63,654 reports with completed SDM intake assessments and determined to meet VA status Note: There were nine overrides from screen out to screen in, which are not shown.

### SDM ASSESSMENT STRUCTURE RECOMMENDATIONS: PART ONE

#### **Update the SDM intake assessment structure**

- Vulnerability criteria items to be discrete, with more details and guidance
- Maltreatment categories to have discrete items that reflect the situations reported
- Revamp override section to reflect that discretionary overrides are county prioritization guidelines and remove "other" from the rationale list
- Consider removing the county prioritization guideline rationale from the SDM intake assessment and collect these data elsewhere in SSIS

### SDM ASSESSMENT STRUCTURE RECOMMENDATIONS: PART TWO

Build the SDM intake assessment in SSIS so that workers must consider all maltreatment items when completing the SDM intake assessment, not only maltreatment categories selected by the reporter.

### Include features on the updated SDM intake assessment that make the assessment easier to use

- Practice guidance for workers
- Resources for additional support on specific policies
- Build the SDM intake tool to meet SDM certification standards

4

# MINNESOTA APS POLICY AND PRACTICE

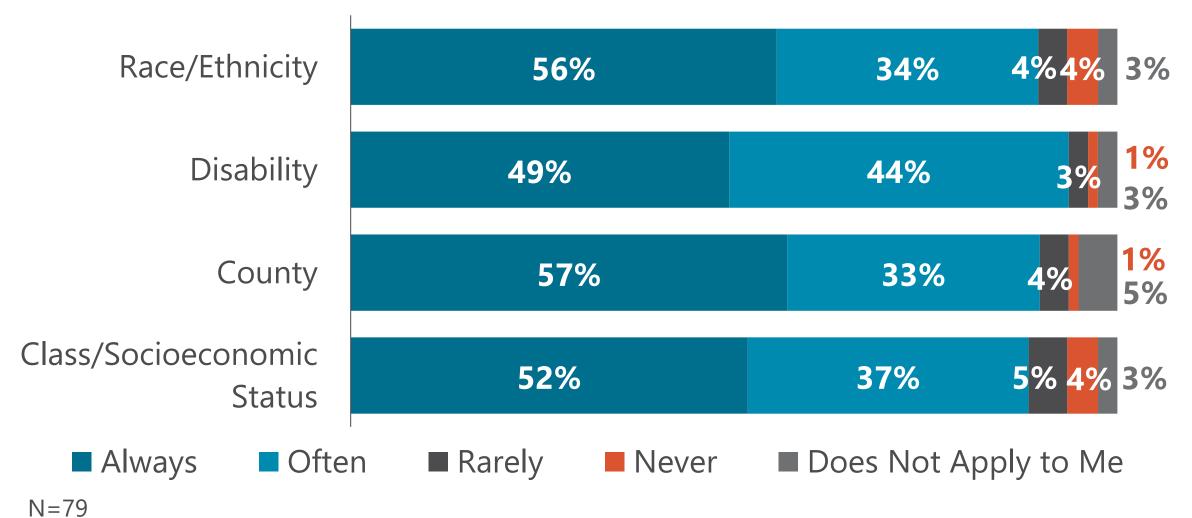


## MN APS POLICY AND PRACTICE RECOMMENDATIONS (PREVIEW)

- Increase consistency in practice at the screening decision
- Counties should publish county prioritization guidelines in writing and train staff at the county level in what they are and how the county uses them
- Create an environment in which relying on the SDM intake assessment and accompanying guidance to support intake decision making is standard practice across the state



# PERCEPTIONS OF EQUITY IN DECISION MAKING BY CATEGORY (STAFF SURVEY)



#### DEI IN THE WORKPLACE (STAFF SURVEY)

Differences between me and my colleagues (e.g., race, ethnicity, culture, class, gender, sexual orientation) play a role in my work

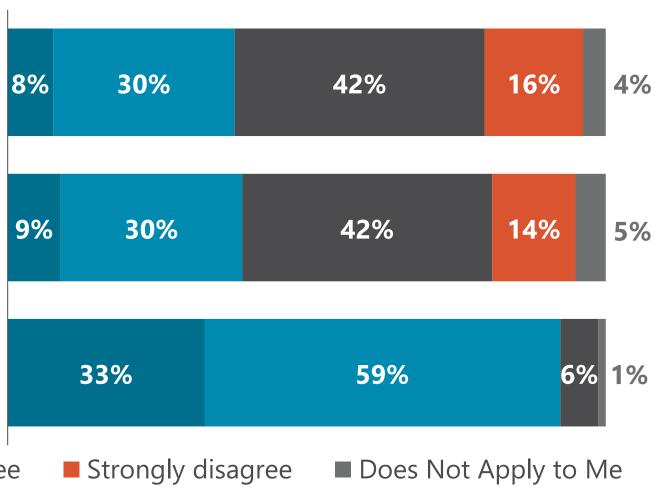
Differences between me and my clients (e.g., race, ethnicity, culture, class, gender, sexual orientation) play a role in my work

I, as an individual, can influence equity within the agency [where] I work

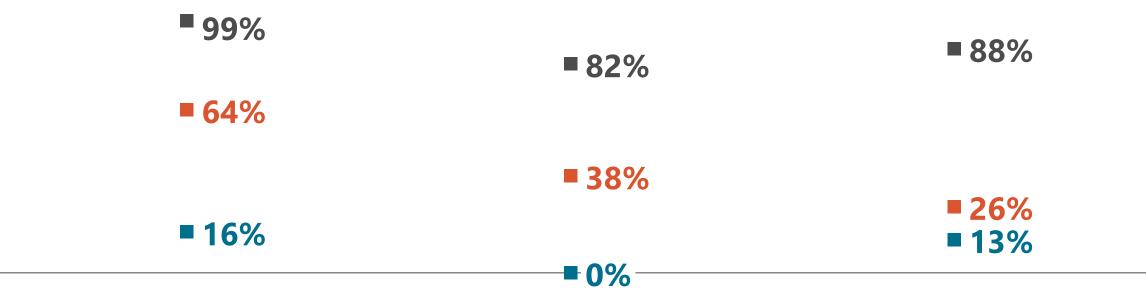








#### **COUNTY RANGES**



Initial Screening Decision to Screen In

Minimum

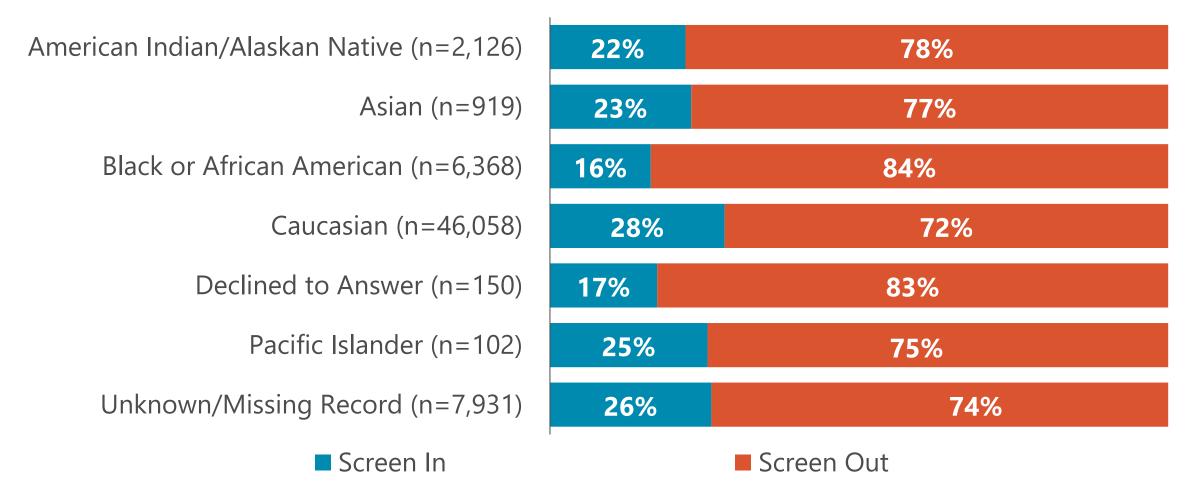
Statewide Average

Override to Screen Out Final Screening Decision to Screen In

Maximum

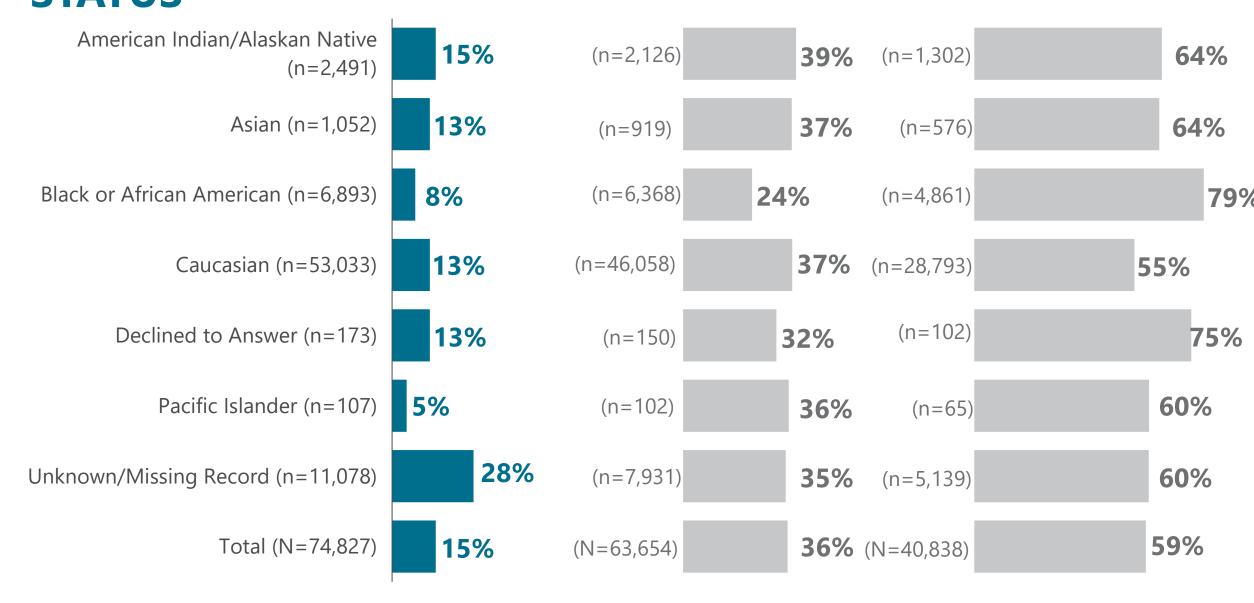


### SDM FINAL SCREENING DECISION BY VULNERABLE ADULT RACE (DATA ANALYSIS)



N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

#### SCREEN OUT BY DECISION POINT – DID NOT MEET VA STATUS

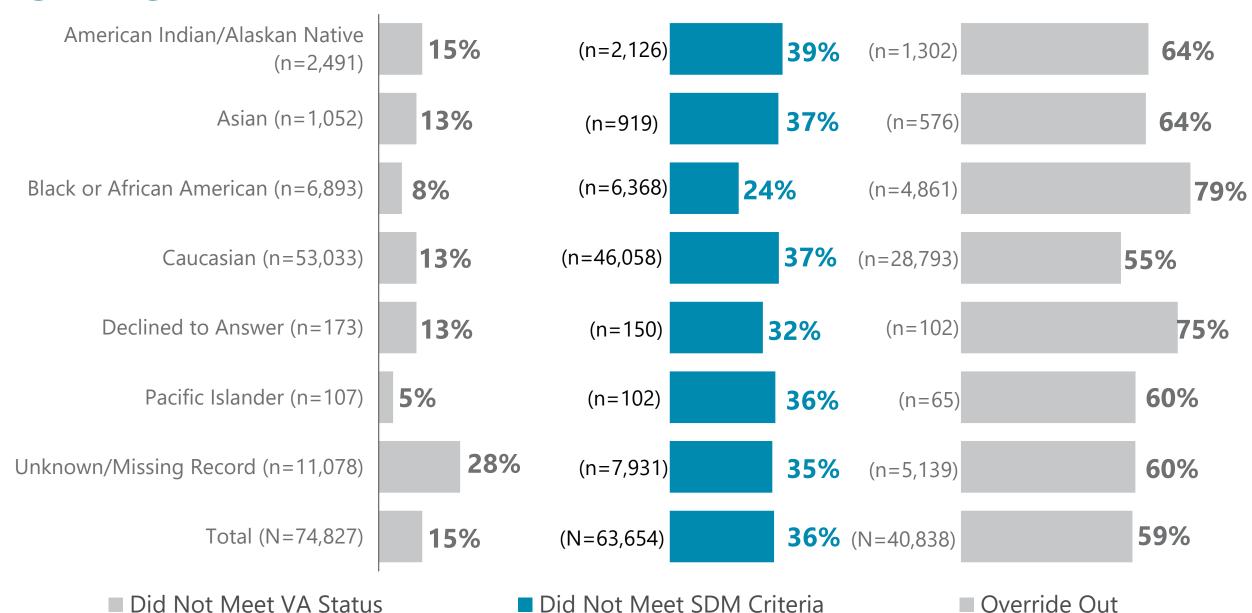


■ Did Not Meet SDM Criteria

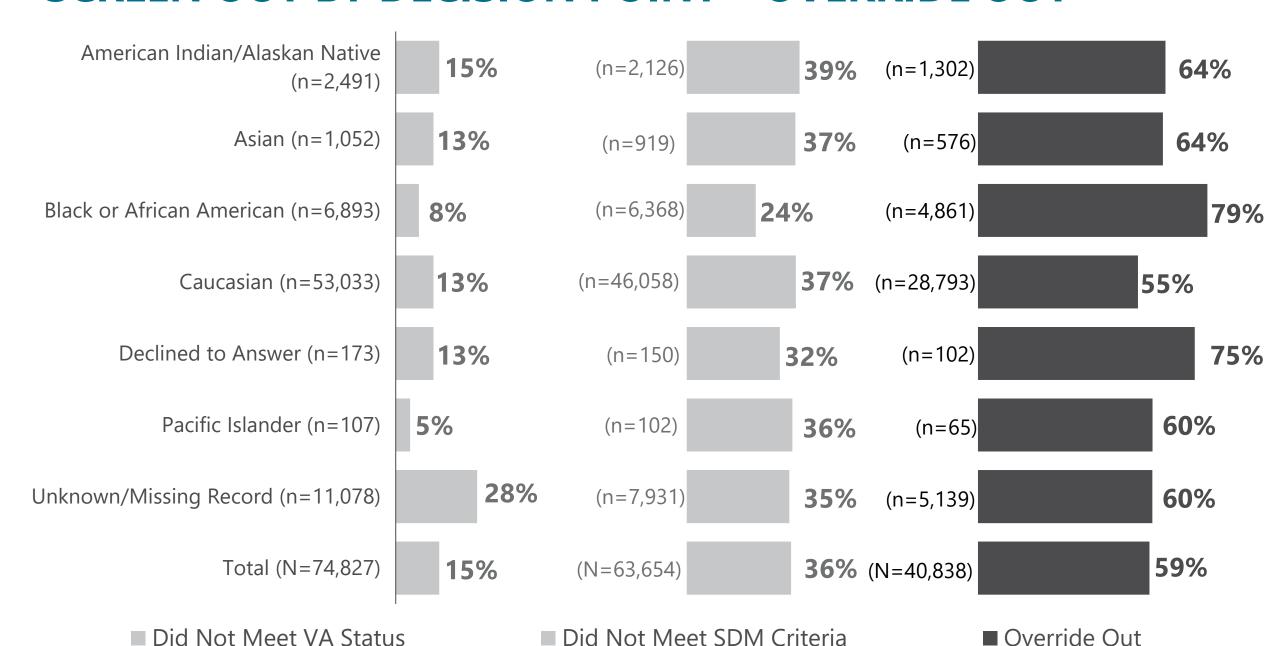
Override Out

■ Did Not Meet VA Status

### SCREEN OUT BY DECISION POINT – DID NOT MEET SDM CRITERIA



#### **SCREEN OUT BY DECISION POINT – OVERRIDE OUT**



# SDM FINAL SCREENING DECISION BY DISABILITY TYPE (DATA ANALYSIS)

Chemical (n=9,050)

Developmentally Disabled (n=7,147)

Fraility of Aging (n=23,888)

Impaired Memory (n=18,803)

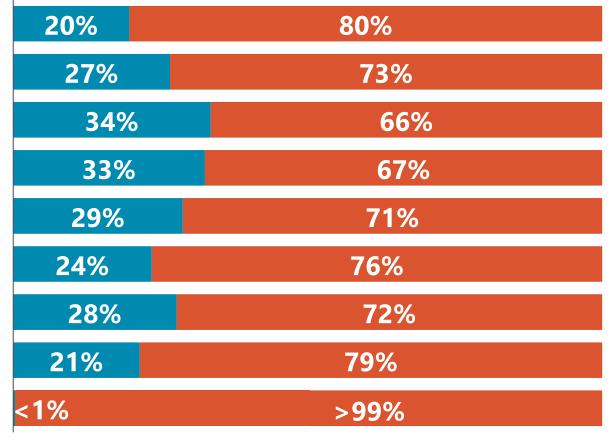
Impaired Reasoning or Judgment (n=28,738)

Mental (n=27,761)

Physical (n=29,871)

Traumatic Brain Injury (n=3,574)

Information Not Collected (n=3,259)



Screen In

■ Screen Out

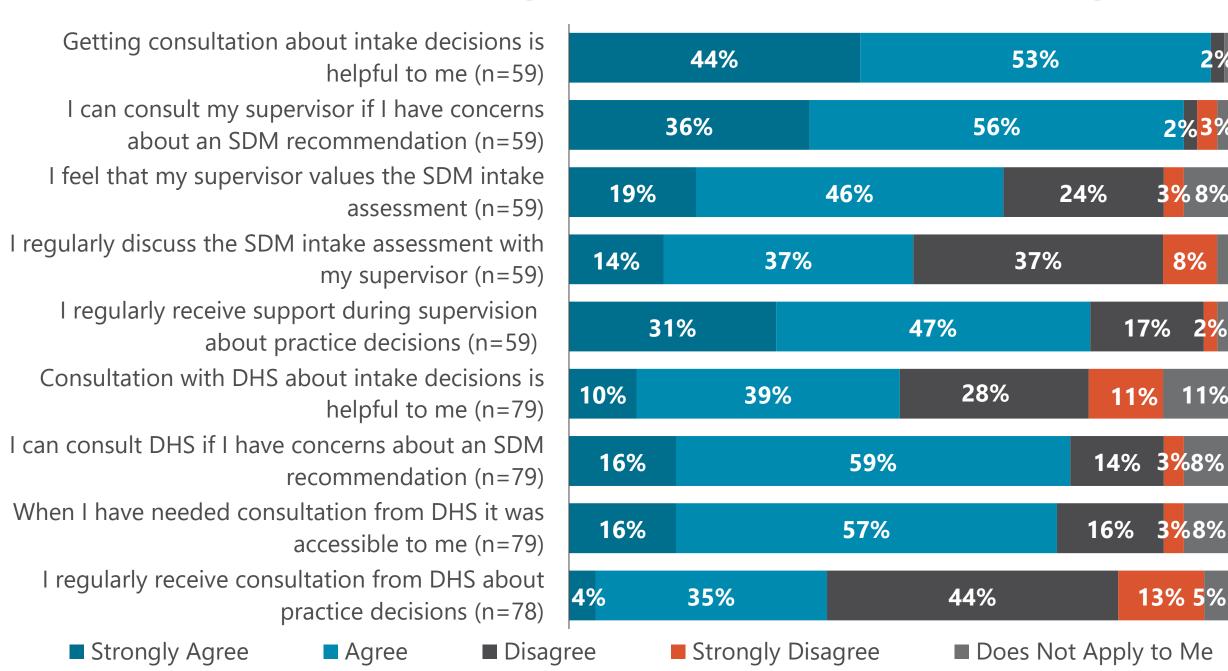
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

#### **WORKER SUPPORT (WORKERS FROM STAFF SURVEY)**

3%8%

11%

13% 5%



## SUPERVISOR SUPPORT (SUPERVISORS FROM STAFF SURVEY)

I am available to offer consultation if my workers have a concern about an SDM recommendation

I feel that my workers value the SDM intake assessment

I regularly discuss the SDM intake assessment with workers

I regularly provide support to workers during supervision about practice decisions



■ Strongly Agree

Agree

**■** Disagree

■ Strongly Disagree

■ Does Not Apply to Me

## MN APS POLICY AND PRACTICE RECOMMENDATIONS: PART ONE

#### Increase consistency in practice at the screening decision

- Reduce the five-business-day timeframe to complete the SDM intake assessment and make a screening decision, as this can lead to inconsistent screening practices and create lengthy timeframes to respond to vulnerable adults.
- Services provided at screen out should not be used to conduct assessment at intake to ultimately justify a screen-out decision.

Counties should publish county prioritization guidelines in writing and train staff at the county level in what they are and how the county uses them.

## MN APS POLICY AND PRACTICE RECOMMENDATIONS: PART TWO

Create an environment in which relying on the SDM intake assessment and accompanying policy to support intake decision making is standard practice across the state.

- Increase supervisor buy-in of the SDM intake assessment, as that level has the biggest impact on shifting practice.
- Consultation among workers and supervisors when making a screening decision should include SDM intake assessment as a central component.
- Incorporate SDM concepts and items into staff meetings, staff supervision, and case consultation.





# TRAINING AND SUPPORT



## TRAINING AND SUPPORT RECOMMENDATIONS (PREVIEW)

- Retrain staff statewide on the purpose, use, and value of the SDM intake assessment.
- Ensure county-staff-level understanding of APS statutes, policies, and purpose, as well as county-level policies and discretion allowed by statutes.
- Create supervisor-specific SDM trainings to increase knowledge, understanding, and proficiency of SDM intake assessment use among supervisors as well as to provide strategies to incorporate SDM intake assessment results and practice into supervision.
- Create additional tools and resources to support the screening decisionmaking process.



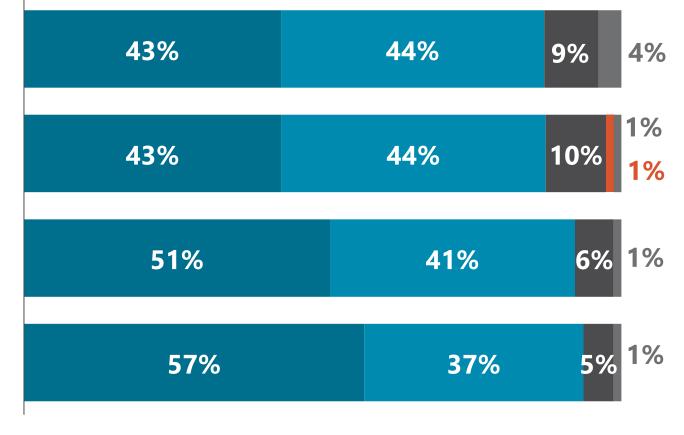
## KNOWLEDGE OF SDM INTAKE ASSESSMENT (STAFF SURVEY)

How to appropriately complete the SDM intake assessment (n=77)

The purpose of the SDM intake assessment (n=78)

Statute on what is considered maltreatment (n=78)

Statute on who is considered vulnerable (n=79)



■ A Little Knowledgeable

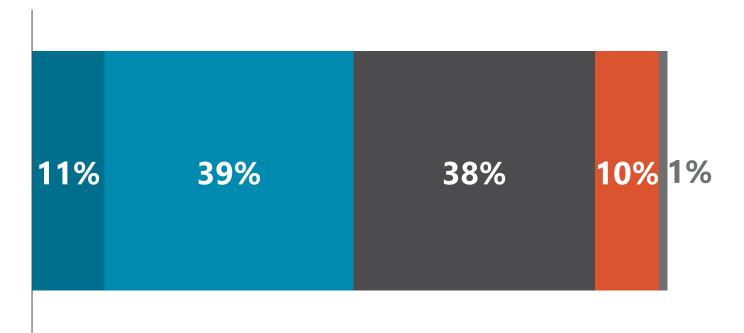
- Extremely Knowledgeable
- Not at All Knowledgeable
- Quite Knowledgeable
- Does Not Apply to Me

## CONFIDENCE WHEN USING SDM INTAKE ASSESSMENT (STAFF SURVEY)

My decisions reflect best practice. 56% 4%5% 4% 32% My decisions reflect APS policy. 5%5% 25% 61% I am making the most fair decision for 8%5% 30% 53% the adult referred. I am making the right decisions for the 5%5% 4% 28% 58% adult referred. Strongly Disagree ■ Does Not Apply to Me Strongly Agree Disagree Agree

## EASE OF MAKING SCREENING DECISIONS (STAFF SURVEY)

How easy or difficult is it to make decisions about whether an adult vulnerable to maltreatment and suspected of being maltreated should be screened in for APS response?



- Very Easy
- Very Difficult

- Quite Easy
- Does Not Apply to Me

■ A Little Difficult



#### INFORMATION GATHERING

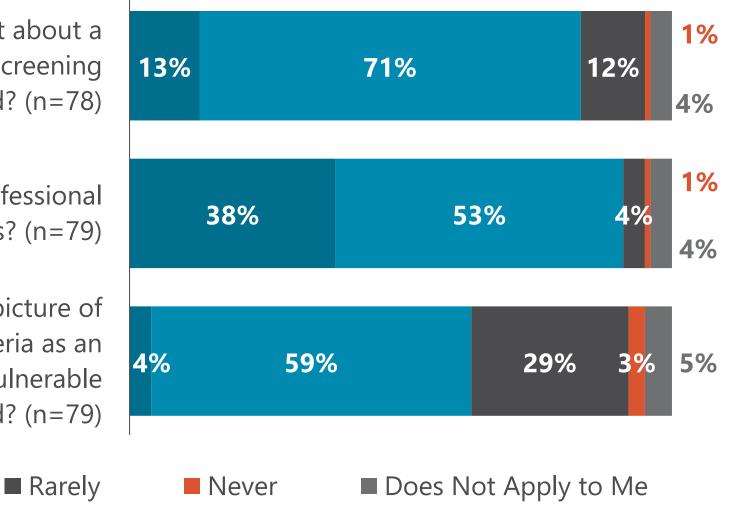
Does your professional judgment about a screening decision align with the screening decision recommended? (n=78)

Are you able to apply your professional judgment to making decisions? (n=79)

Often

Do you feel you have a complete picture of whether an adult referred meets criteria as an adult who meets the definition as vulnerable and may be maltreated? (n=79)

Always



## AGENCY COMMUNICATION (STAFF SURVEY)

- 84% of workers and supervisors always (26%) or often (58%) discuss practice challenges and successes with others in their agencies.
- 82% of workers and supervisors responded that workers in their agency always (25%) or often (57%) operate under a shared vision and understanding of Minnesota APS policy.
- 57% of workers and supervisors rarely (45%) or never (12%) discuss the SDM intake assessment with others in their agency.



## INFORMATION RELIED ON WHEN MAKING SCREENING DECISIONS

Definitions in the SDM intake assessment (n=78)

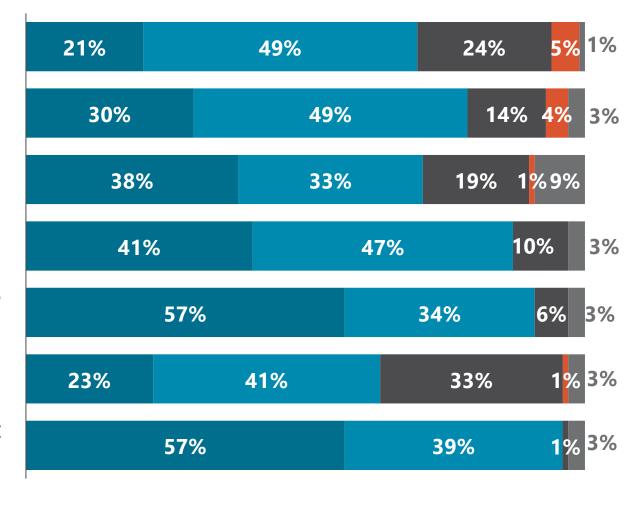
Experiences with similar reports (n=77)

Consultation from a supervisor (n=79)

Consultation from colleagues (n=79)

Additional information obtained during intake (n=79)

Information about the reporter who is calling (e.g., relationship to adult) (n=79)
Information provided by a reporter about experiences of the adult (n=79)



A lot

Ouite a Bit

■ A Little Bit

■ Not At All

■ Does Not Apply to Me

## TRAINING AND SUPPORT RECOMMENDATIONS: PART ONE

Retrain staff statewide on the purpose, use, and value of the SDM intake assessment.

Retrain county-staff on understanding of APS statutes, policies, and purpose, as well as county-level policy and discretion allowed by statute.

- The SDM intake assessment is the statewide policy.
- County guidelines are set by counties and not by DHS. Guidelines are not "sanctioned" by DHS but, rather, statutorily allowed.

## TRAINING AND SUPPORT RECOMMENDATIONS: PART TWO

Create supervisor-specific SDM trainings to increase knowledge, understanding, and proficiency of SDM intake assessment use among supervisors as well as to provide strategies to incorporate SDM intake assessment results and practice into supervision.

Create additional tools and resources to support the screening decision-making process.

- Assessment response decision tree
- Encouraging counties to use DHS as a resource





#### QUESTIONS



#### **THANK YOU**

Doug Smith

DSmith@EvidentChange.org

Mackenzie Rutherford

MRutherford@EvidentChange.org

Francinia Henry
<a href="FHenry@EvidentChange.org">FHenry@EvidentChange.org</a>

(800) 306-6223 Info@EvidentChange.org







## SUPPLEMENTAL MATERIALS

#### STAFF SURVEY



## PERCEPTION OF RESPONSE PRIORITY OVERRIDES' ACCURACY

How often are overrides needed in order to ensure adults who are screened in receive the correct response time to initiate assessment?



Always

Often

Rarely

Never

Does Not Apply to Me



#### **KEY FINDINGS**

- Workers and supervisors are confident in their practice and in their knowledge on statutes and the SDM tool, and they believe there is equity across screening.
- Race/ethnicity is either not considered or unavailable at screening.
- Workers report often not having a complete picture of whether an adult meets vulnerability criteria.
- Intake assessment is often used after a screening decision is made.
  - » More reliance on professional judgment
  - » Respondents believe the SDM tool is an "extra step."



## WHAT WOULD BE HELPFUL (AS REPORTED BY STAFF)?

- More training or guidance on tool use after update, including discussion in supervision
- More definition links
- More direction on determining vulnerable adult (VA) status
- More specifics/reasons for override
- Incorporate protective planning
- More reasons to screen out



#### DATA ANALYSIS

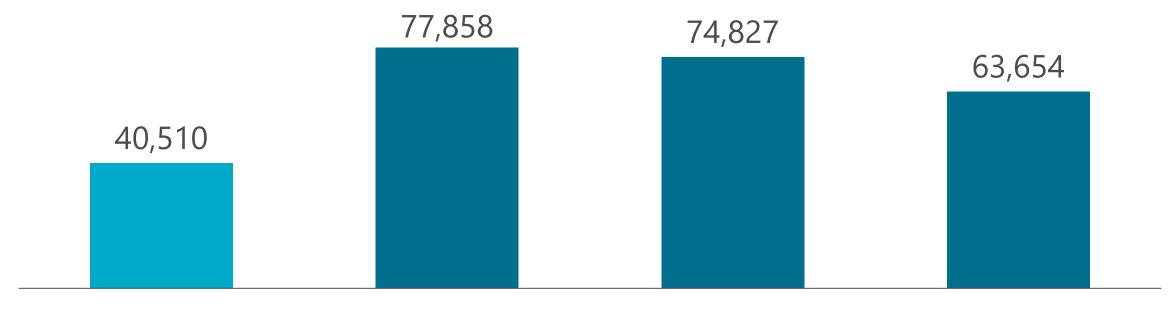


#### **METHODS AND SAMPLING**

- Used data from Minnesota's SSIS case management system, including SDM intake assessment information.
- Identified reports assigned to a county lead investigative agency between April 2020 and September 2022.
- Matched SDM intake assessment information to SSIS report records.
- Examined SDM intake assessment decisions at multiple points in the SDM assessment flow.
- Reviewed 2021 evaluation report findings as a guide during analyses.



## DATA ANALYSIS: COMPARING SAMPLED REPORT NUMBERS (DUPLICATE SLIDE)



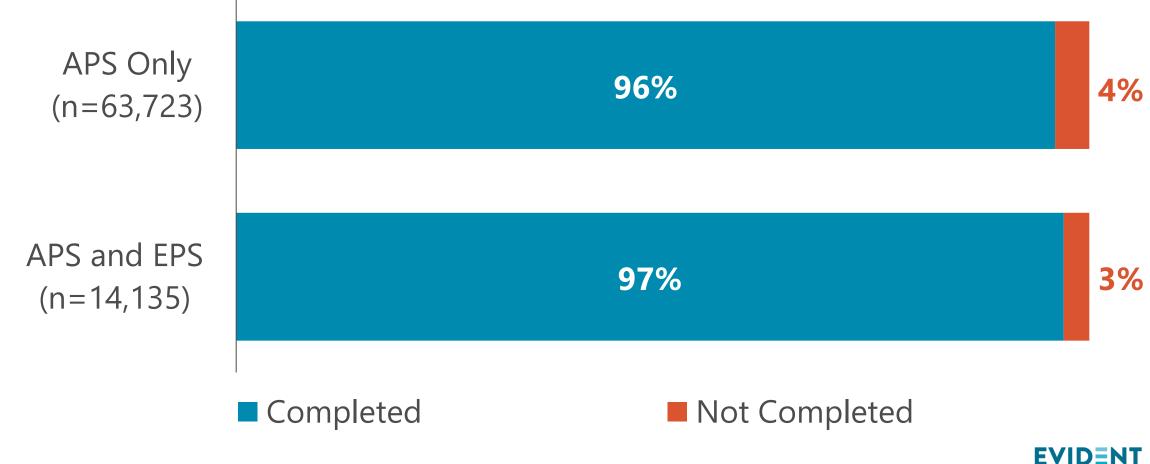
Evaluation Sample (September 2017 – September 2020) Discovery Sample (April 2020 – September 2022) Discovery Sample,
SDM Intake
Assessment
Completed

Discovery Sample, Met Vulnerable Adult (VA) Status 1

# OVERALL SDM SCREENING DECISIONS

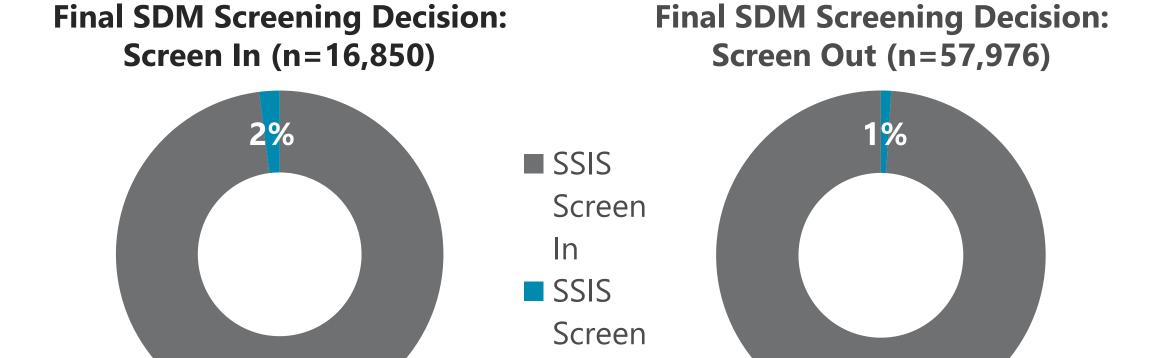


## SDM INTAKE ASSESSMENT COMPLETION IS HIGH





## SDM AND SSIS SCREENING DECISION AGREEMENT AFTER OVERRIDES IS HIGH



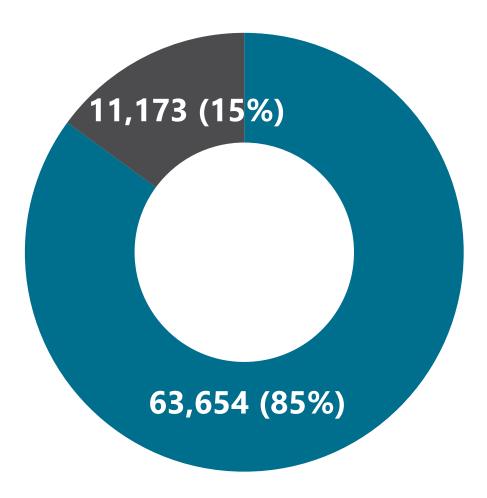
Out

99%

N = 74,826 reports with completed SDM intake assessments and SSIS screening decision

98%

#### SDM INTAKE ASSESSMENT: VA STATUS

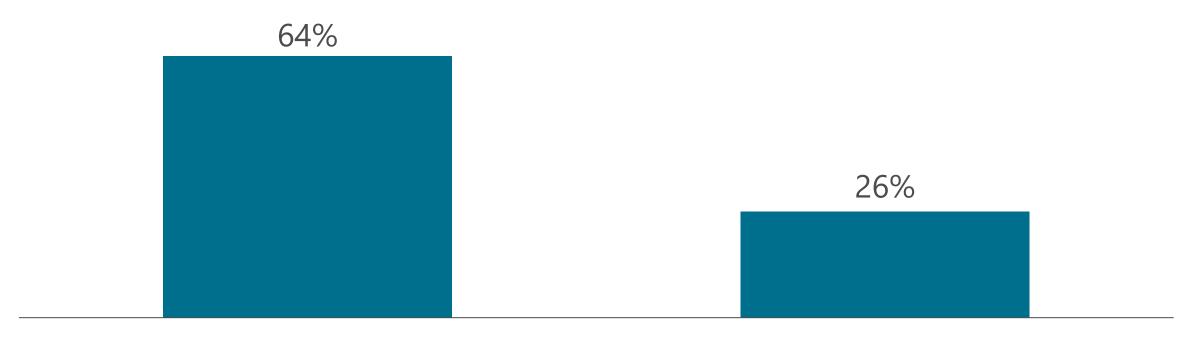


■ Is a Vulnerable Adult

■ Is NOT a Vulnerable Adult



## DATA ANALYSIS: DECISION TO SCREEN IN (DUPLICATE)



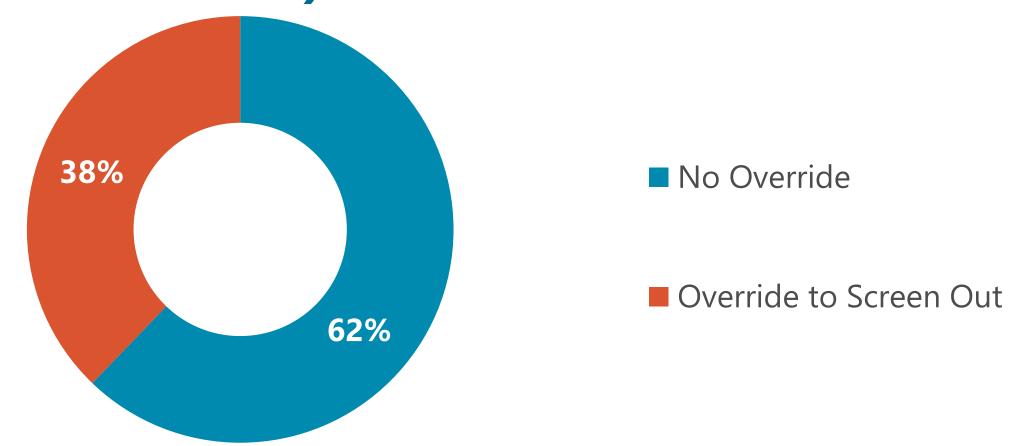
Vulnerable and Met Maltreatment Criteria

After Application of County Guidelines and Policy Overrides

N = 63,654 reports with completed SDM intake assessments and determined to meet VA status



## DATA ANALYSIS: SCREENING OVERRIDES (DUPLICATE)



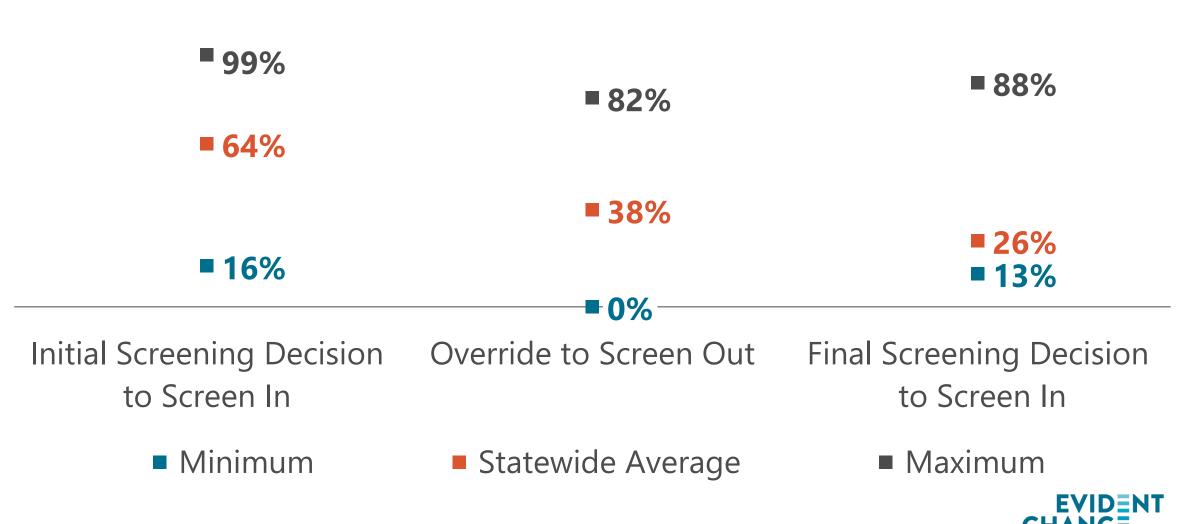
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status Note: There were nine overrides from screen out to screen in, which are not shown.

2

# COUNTY LEVEL VARIATION



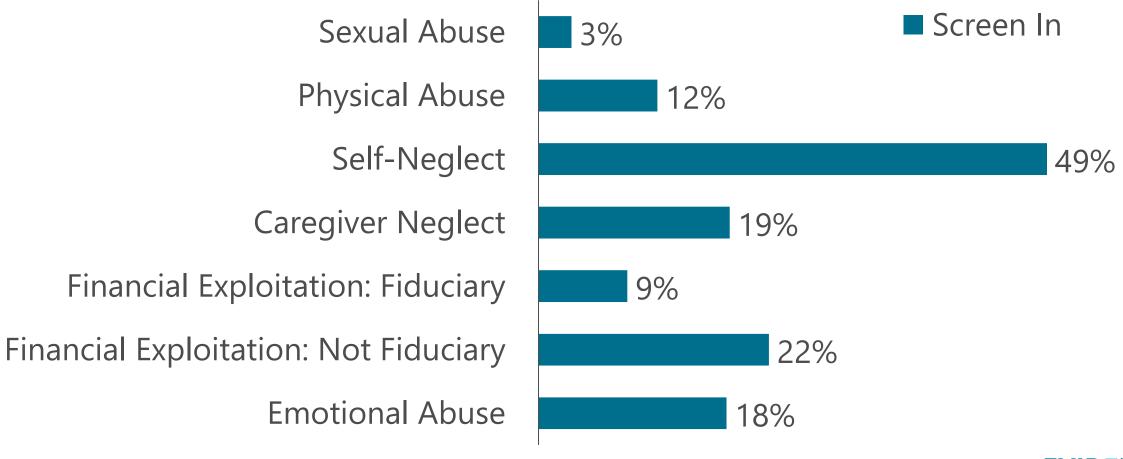
#### **COUNTY RANGES (DUPLICATE)**



3

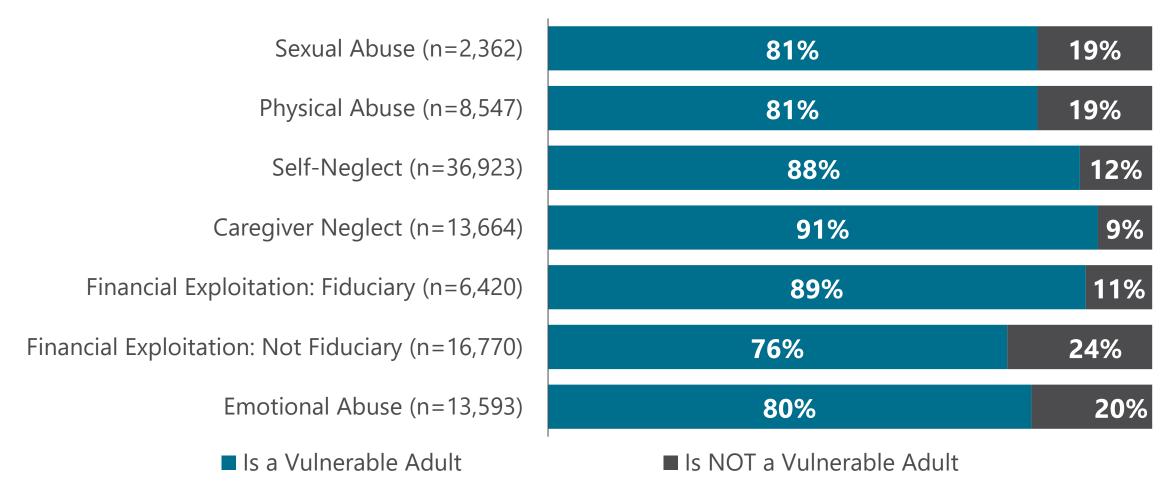
### SDM INTAKE ASSESSMENT FINDINGS BY REPORTED ALLEGATION

#### REPORTED ALLEGATIONS



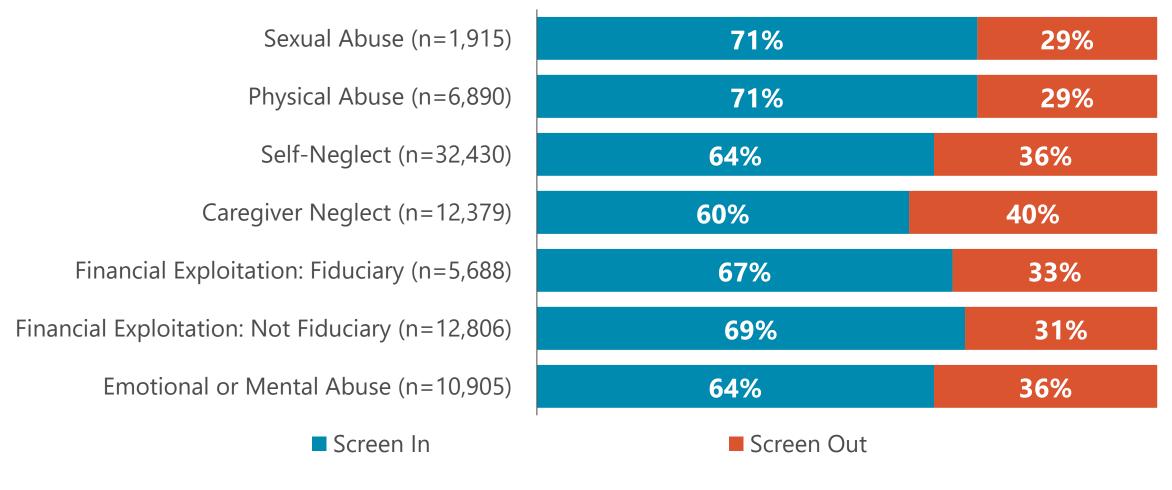


## SDM INTAKE ASSESSMENT VA STATUS BY REPORTED ALLEGATION



N = 74,827 (excludes reports for which SDM intake assessment was not completed)

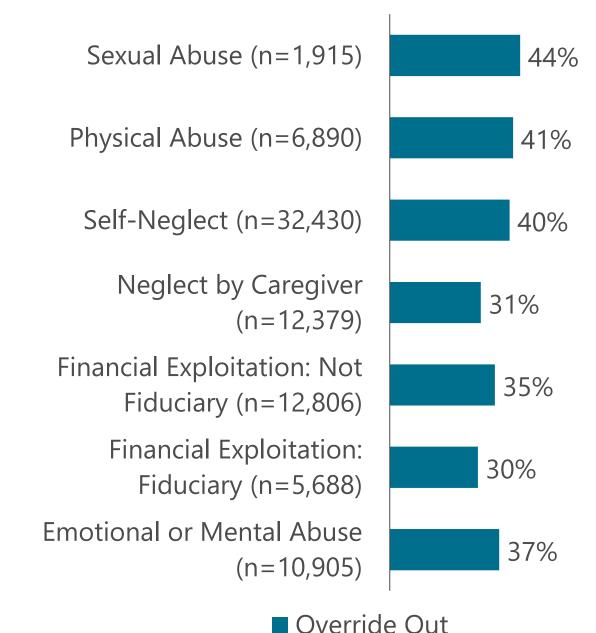
## INITIAL SCREENING DECISION BY REPORTED ALLEGATION



N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

#### OVERRIDE OUT BY REPORTED ALLEGATION

N = 63,654 reports with completed SDM intake assessments and determined to meet VA status





## FINAL SCREENING DECISION BY REPORTED ALLEGATION

Sexual Abuse (n=1,915)

Physical Abuse (n=6,890)

Self-Neglect (n=32,430)

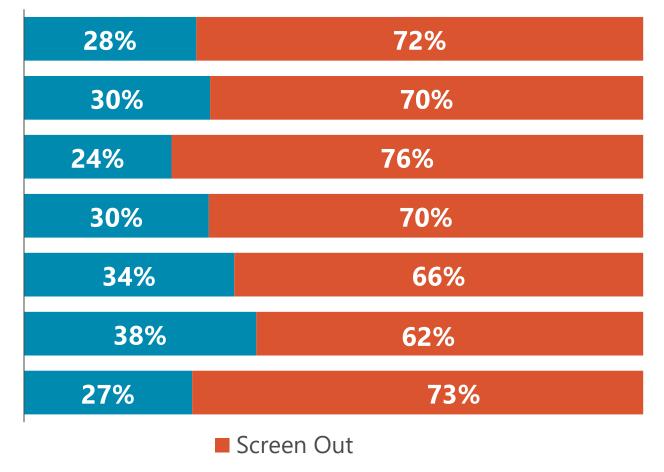
Neglect by Caregiver (n=12,379)

Financial Exploitation: Not Fiduciary (n=12,806)

Financial Exploitation: Fiduciary (n=5,688)

Emotional or Mental Abuse (n=10,905)

Screen In



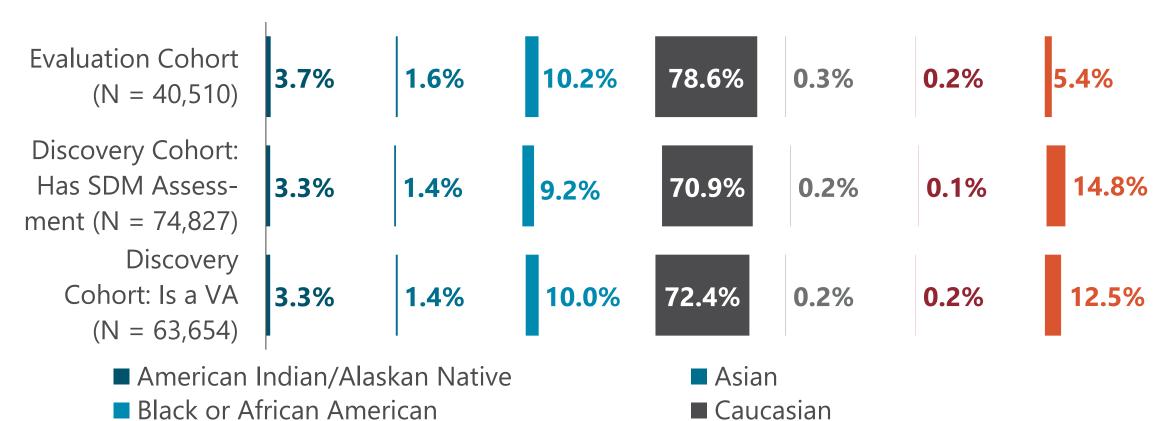
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

4

### SDM INTAKE ASSESSMENT FINDINGS BY RACE



## PROPORTION OF REPORTS INVOLVING VAS IN EACH RACE GROUP BY COHORT



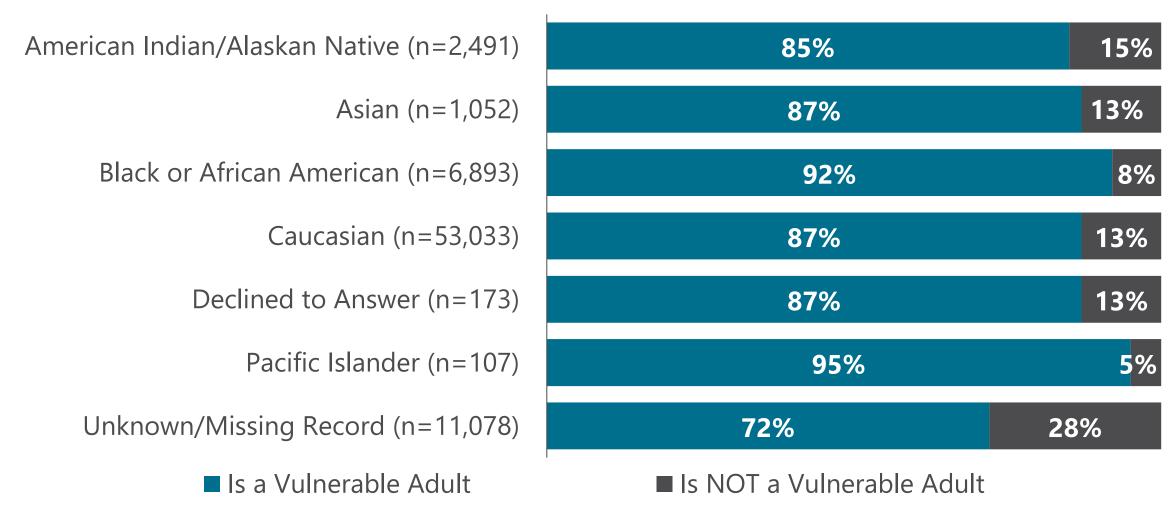
Unknown/Missing Record

■ Declined to Answer

Note that the unit of analysis is reports. Adults may be included in more than one report during the cohort period.

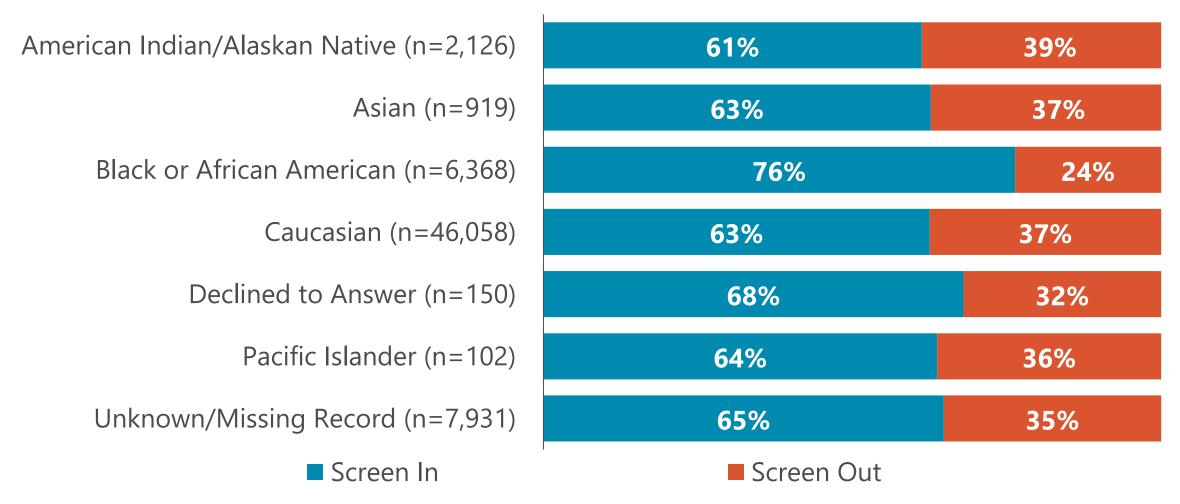
■ Pacific Islander

## DATA ANALYSIS: SDM INTAKE ASSESSMENT VA STATUS BY VA RACE

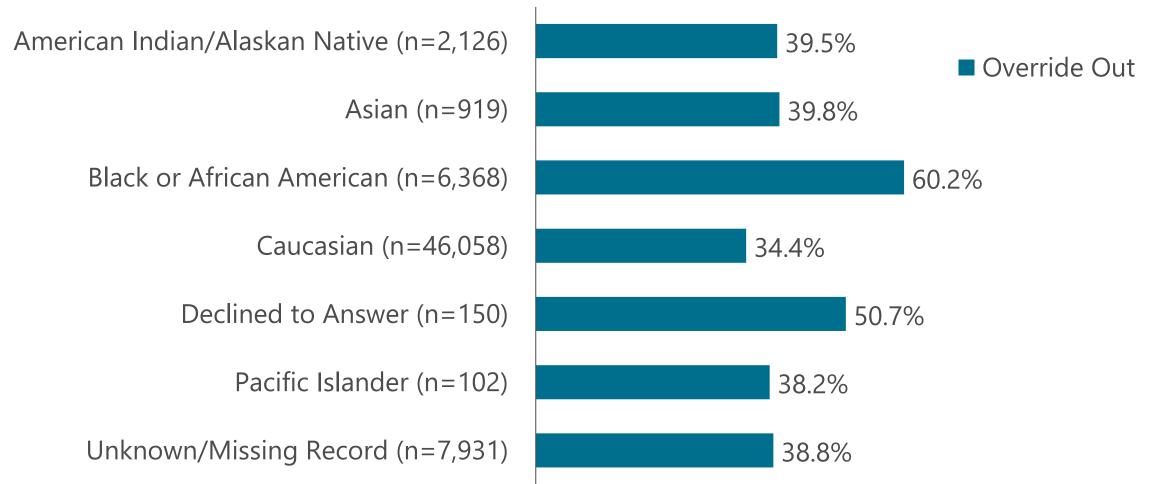


N = 74,827 (excludes reports for which SDM intake assessment was not completed)

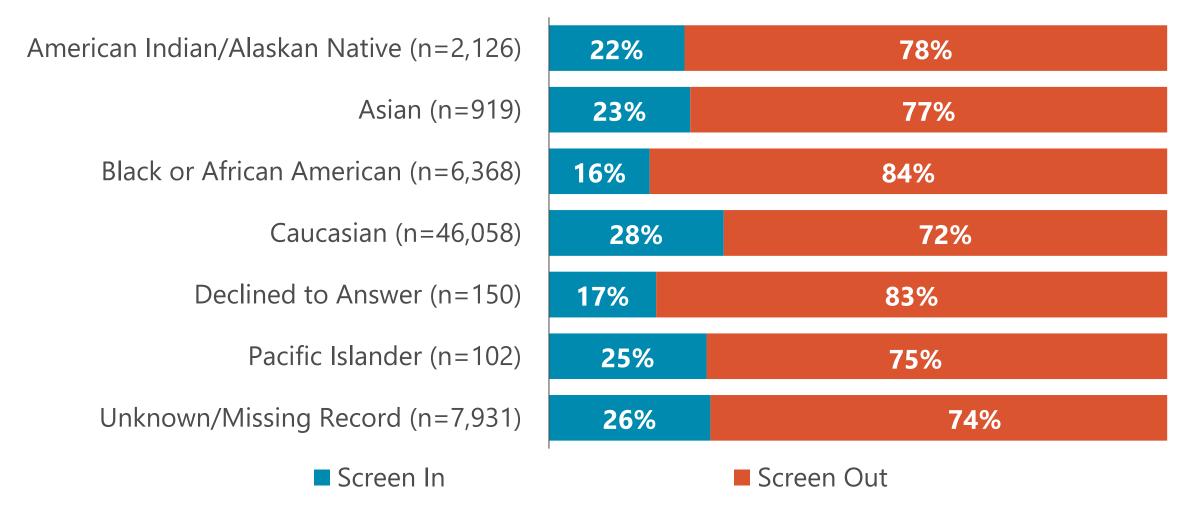
## DATA ANALYSIS: INITIAL SCREENING DECISION BY VA RACE



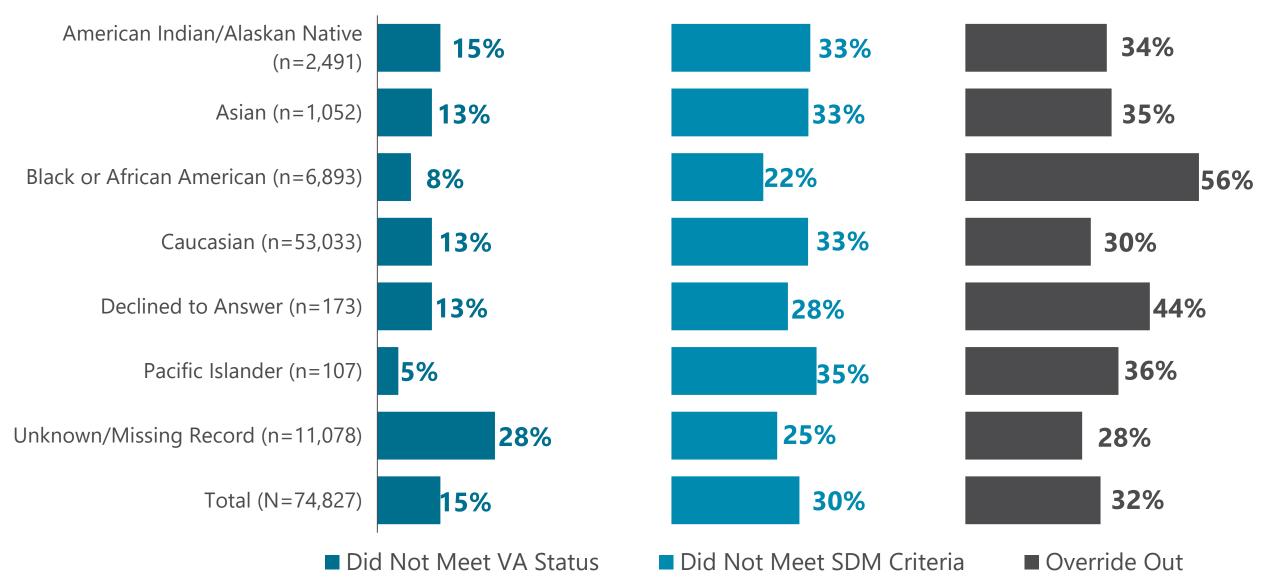
# DATA ANALYSIS: OVERRIDE OUT BY VA RACE



### DATA ANALYSIS: FINAL SCREENING DECISION BY VA RACE (DUPLICATE)



#### DATA ANALYSIS: SCREEN OUT BY SDM DECISION POINT (PERCENTAGE OF ALL REPORTS WITH SDM ASSESSMENT)



6

### SDM INTAKE ASSESSMENT FINDINGS BY DISABILITY TYPE

EVIDERT CHARGE

# DATA ANALYSIS: INTAKE ASSESSMENT VA STATUS BY DISABILITY TYPE

Chemical (n=11,044)

Developmentally Disabled (n=7,892)

Frailty of Aging (n=27,904)

Impaired Memory (n=20,295)

Impaired Reasoning or Judgment (n=31,836)

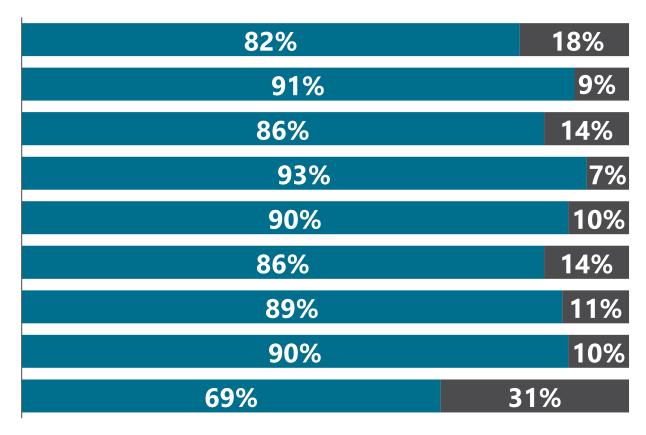
Mental (n=32,178)

Physical (n=33,527)

Traumatic Brain Injury (n=3,976)

Information Not Collected (n=4,731)





■ Is NOT a Vulnerable Adult

N = 74,827 (excludes reports for which SDM was not completed). Note that adults may be included in more than one disability type group.

# DATA ANALYSIS: INITIAL SCREENING DECISION BY DISABILITY TYPE

Chemical (n=9,050)

Developmentally Disabled (n=7,147)

Fraility of Aging (n=23,888)

Impaired Memory (n=18,803)

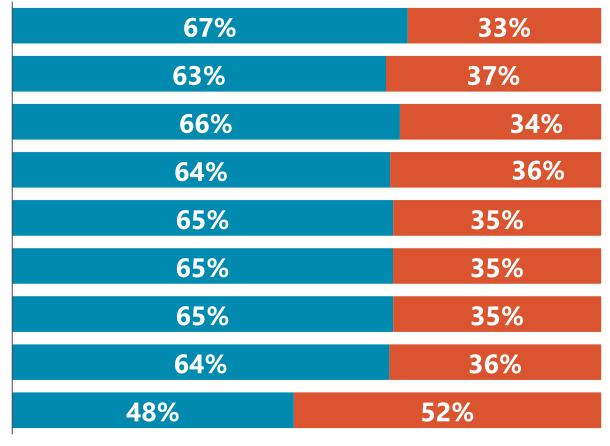
Impaired Reasoning or Judgment (n=28,738)

Mental (n=27,761)

Physical (n=29,871)

Traumatic Brain Injury (n=3,574)

Information Not Collected (n=3,259)



Screen In

Screen Out

# DATA ANALYSIS: OVERRIDE OUT BY DISABILITY TYPE

Chemical (n=9,050)

Developmentally Disabled (n=7,147)

Fraility of Aging (n=23,888)

Impaired Memory (n=18,803)

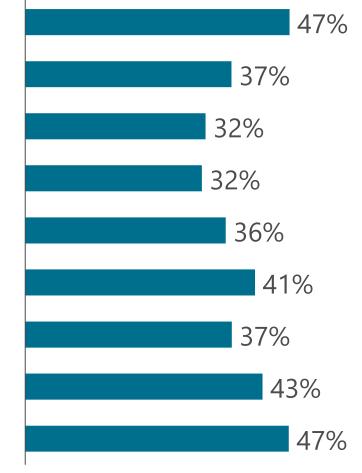
Impaired Reasoning or Judgment (n=28,738)

Mental (n=27,761)

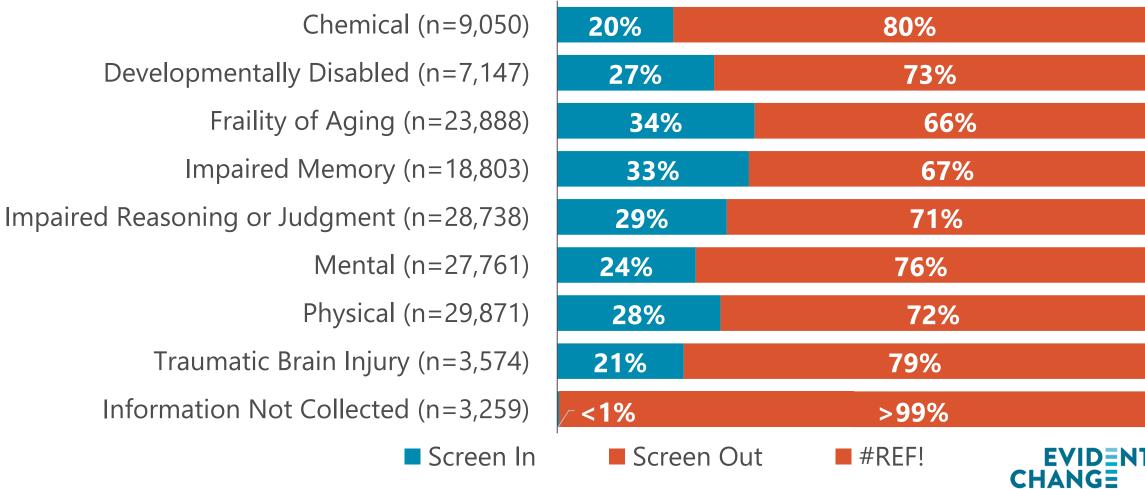
Physical (n=29,871)

Traumatic Brain Injury (n=3,574)

Information Not Collected (n=3,259)



### DATA ANALYSIS: FINAL SCREENING DECISION BY DISABILITY TYPE (DUPLICATE)



This project is supported in part by AOA Elder Justice and Adult Protective Services APS Grants to States, Award Number 90EJSG0020 Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,165,579 with 75% funded by ACL/HHS and an additional 25% funded with in-kind resources provided by the State of Minnesota. The project outcomes do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

