

SDM® INTAKE ASSESSMENT

PARTICIPANT GUIDE

MINNESOTA DHS ADULT PROTECTION SERVICES

March 2024

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ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at EvidentChange.org. Find us on social media by visiting Linktr.ee/EvidentChange.

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AGENDA

TIME	ACTIVITY
9:00–9:15 a.m.	Welcome, introductions, and project background
9:15–9:45 a.m.	Structured Decision Making® (SDM) system overview
9:45–10:15 a.m.	SDM® intake assessment structure and overview
10:15–11:00 a.m.	SDM intake assessment practice
11:00–11:15 a.m.	Key concepts
11:15–11:45 a.m.	Case example practice
11:45 a.m. – 12:00 p.m.	Closing, questions, and feedback

POWERPOINT



SDM® INTAKE ASSESSMENT TRAINING

MINNESOTA DHS ADULT PROTECTION SERVICES

LAND ACKNOWLEDGMENT

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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.

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AGENDA

- 1

Welcome and introductions
- 2

Structured Decision Making® (SDM) system overview
- 3

SDM intake assessment structure and overview
- 4

Key Concepts
- 5

Case example practice
- Additional Practice



WELCOME AND INTRODUCTIONS

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INTRODUCTIONS AND WARM-UP

- Rate your knowledge of the SDM system.
- If this training is successful, what about it will move you up on this scale?
- Choose one word to describe why you do this work.



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TRAINING OBJECTIVES



Describe the SDM intake assessment purpose and decision point



Understand the sections and items in the tool



Know when and how to use the tool in practice

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TRAINING GOAL

To be able to identify and screen adults referred to adult protection services (APS) who meet policy criteria as vulnerable and potentially maltreated.

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GROUP AGREEMENTS

- **Share responsibility for training success.**
- **Move up, move back:** Participate fully, but evenly.
- **Practice active listening for understanding and respect.**
 - » Be fully present and open to new learning.
 - » Silence your tech and stay checked in.
- **Respect others' time:** Begin on time, end on time.
- **Respect confidentiality:** Share ideas, not identities.

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SDM SYSTEM FOR APS IN MINNESOTA

2

SDM SYSTEM OVERVIEW

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ADULT PROTECTION AND COGNITIVE ERRORS

WHAT IS THE SDM SYSTEM?

It is a decision-support system informed by research, policy, and best practices.



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MINNESOTA SDM ASSESSMENTS



Intake

- Screening criteria
- Response priority



Safety

- Current/immediate harm
- At initial in-person contact



Strengths and Needs

- General assessment of functioning
- Service plan focused on identified needs

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SDM VALUE STANDARDS



Accuracy



Reliability

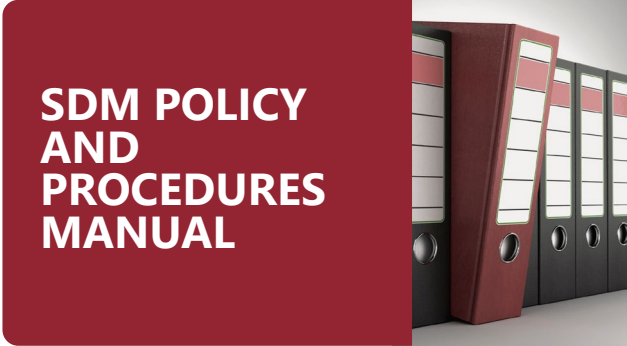
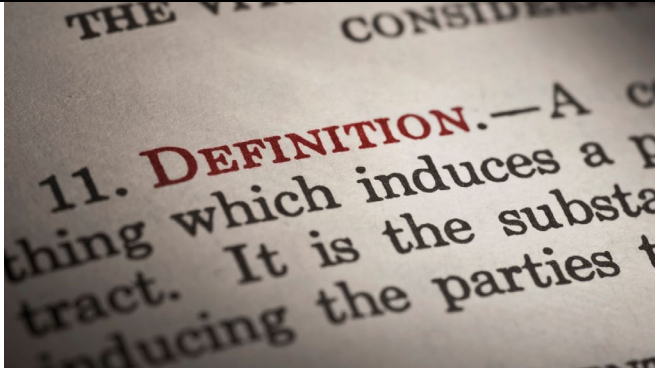







Equity



















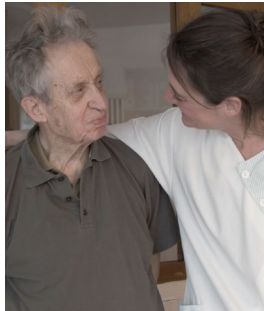
Utility

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<div><h2>INTAKE POLICY AND PROCEDURES</h2><div><div>Which Reports?</div><div>All reports of suspected maltreatment of an adult who may be vulnerable referred by the Minnesota Adult Abuse Reporting Center (MAARC).</div></div><div><div>Who?</div><div>The worker designated by the agency to perform intake duties.</div></div><div><div>When?</div><div>Intake activities are initiated as soon as possible, but no later than one business day from receiving the report from MAARC. Following completion of intake activities, the intake tool and county agency report action must be completed no later than 5 business days following receipt of the report from MAARC.</div></div><div><div>Decision?</div><div>Guides the decision of whether the adult referred as vulnerable and maltreated meets policy criteria to be accepted for APS assessment.</div></div><div></div></div>	
<div><h2>ASSESSMENT COMPONENTS</h2><div><div><div><div>STEP 1</div><div>Screening</div><div><div>A. Vulnerable Adult Status B. Allegation Screening Criteria C. Intake Screening Decision</div></div></div><div><i>Should we screen in the report?</i></div></div><div><div><div>STEP 2</div><div>Response Priority</div><div><div>A. Response Priority Decision B. Response Priority Assignment</div></div></div><div><i>How quickly should we respond?</i></div></div></div></div>	
<div><h2>SCREENING AND RESPONSE PRIORITY DECISION MAP</h2><p>Does this concern require an APS response?</p><div><div>Does the adult meet vulnerability status and do the identified concerns meet the threshold of an allegation type item?</div><div>No</div><div>Screen out</div></div><div><div>Yes</div><div>How quickly is response needed to assess safety of the adult?</div><div>EPS response within 24 hours</div><div>Priority within 24 hours</div><div>Within 72 hours</div></div><div></div></div>	
<div><div></div><div><h2>SCREENING TOOL</h2><ul style="list-style-type: none">• Vulnerable adult status• Allegations• Screening decision• Response priority decision• Response priority assignment<div></div></div></div>	

<div><div><p>Read to the period.</p></div><div><p>Examples are not all-inclusive lists.</p></div><div><p>Be aware of:</p><ul style="list-style-type: none">• AND• OR</div><div><p>When unsure, ask others.</p></div><div><p>"Unasked" is different from "unknown."</p></div><div><p>Use professional judgment and common sense.</p></div><div></div></div>	
<div><div><p>SECTION 1, PART A Vulnerable Adult Status</p></div><div><p>SECTION 1, PART B Allegations</p></div><div><p>SECTION 1, PART C Screening Decision</p></div><div></div></div>	
<div><div><p>SECTION 1, PART A Vulnerable Adult Status</p></div><div><p>SECTION 1, PART B Allegations</p></div><div><p>SECTION 1, PART C Screening Decision</p></div><div></div></div>	
<div><h2>CAREGIVER DEFINITION</h2><p>An individual, facility, licensed provider, or personal care attendant (PCA) paid by medical assistance, who has responsibility either voluntarily, by contract, or by agreement for all or a portion of the care of an adult who is vulnerable. A family member or support person providing care is not subject to APS assessment for caregiver neglect unless the maltreatment allegation involved payment, contract, or intentional harm to the adult or the neglect may be criminal. Allegations of neglect under the responsibility of an informal, unpaid caregiver, that did not result in intentional harm to the adult, or may not be criminal, are assessed as self, not caregiver, neglect. (MN Statute 626.5572, Subd. 4). (See definition of Harm and Intentional)</p><div></div></div>	



WHO IS A CAREGIVER?

- PCAs and personal care provider organizations (PCPOs)
- Compensated unlicensed professionals
- Family members, friends, or support people who assumed responsibility for care under payment, contract, or agreement and who are alleged responsible for neglect of a service under that contract or agreement

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WHO MAY NOT BE CAREGIVERS



- Guardians
- Unpaid family or support
- Conservators
- Powers of attorney
- Trustees
- Case managers
- Care coordinators
- Pharmacists
- Ombudsmen

Other professionals who do not have responsibility to directly provide necessities to the adult who is vulnerable, may not be caregivers responsible for neglect under MN Statute 626.557 without the existence of other conditions for assumption of responsibility such as a service agreement or contract.

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IS IT CAREGIVER NEGLECT?

Caregiver Neglect =

 Paid Caregiver +  neglect

OR

 Unpaid Caregiver +  intentional neglect resulting in harm

OR

 Unpaid Caregiver +   intentional neglect which may be criminal

"Considerations for Neglect" policy in the AP Manual







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IF NO CAREGIVER?

- If no caregiver, but situation may be neglect, allegation is screened as self-neglect.
- The purpose is not to screen out but to move to the self-neglect assessment track to respond to the neglect.

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<div data-bbox="191 163 771 254">  <div> SECTION 1, PART A Vulnerable Adult Status </div> </div> <div data-bbox="191 264 771 354">  <div> SECTION 1, PART B Allegation Screening Criteria </div> </div> <div data-bbox="191 365 771 455">  <div> SECTION 1, PART C Intake Screening Decision </div> </div> <div data-bbox="191 464 264 489"> EVIDENT CHANGE </div>	
<div data-bbox="170 562 792 905">  </div>	
<div data-bbox="191 995 553 1026"> AGENCY PRIORITIZATION </div> <div data-bbox="191 1060 771 1100"> <p>Agency prioritization is the process of applying county authority to screen out a report.</p> </div> <div data-bbox="191 1104 771 1255"> <ul style="list-style-type: none"> • Agency prioritization reasons are <i>not</i> the same thing as Minnesota Department of Human Services (DHS) policy overrides. • Agency prioritization is a written guideline, approved by the agency. When using the SDM tool, select the agency prioritization items that most closely reflect the agency's guideline. • Only select the last agency prioritization item in the list if there is no previous item that matches the prioritization reason. </div> <div data-bbox="699 1272 774 1299"> EVIDENT CHANGE </div>	
<div data-bbox="282 1472 365 1570">  </div> <div data-bbox="212 1600 438 1654"> SECTION 2. PART A Response Priority Decision </div> <div data-bbox="576 1476 669 1570">  </div> <div data-bbox="513 1600 764 1654"> SECTION 2. PART B Response Priority Assignment </div> <div data-bbox="699 1680 774 1707"> EVIDENT CHANGE </div>	



SECTION 2. PART A
Response Priority Decision



SECTION 2. PART B
Response Priority Assignment

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ASSESSMENT RESPONSE GUIDANCE

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KEY CONCEPTS

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FOCUSED INQUIRY



<div><h3>WHAT HAPPENS DURING THE INTAKE PHASE?</h3><p>Evaluate the maltreatment report to determine whether the adult referred meets criteria for APS response by:</p><ul style="list-style-type: none">• Gathering any additional information needed to complete the SDM intake assessment tool;• Applying state policy along with professional judgment;• Completing the SDM intake assessment; and• Completing the agency report action consistent with the final decision of the SDM intake assessment.</div>	
<div><h3>INTAKE VERSUS ASSESSMENT</h3><p>Intake: Completed to determine whether adults referred by MAARC meet eligibility criteria as vulnerable and potentially maltreated for APS assessment, service planning and intervention.</p><p>Assessment:</p><ul style="list-style-type: none">• Fact-gathering to confirm vulnerable adult status• Understanding factors involved in the incident to inform the assessment, safety planning, and services• Engaging the adult, primary supports, and collaterals in assessment, safety planning, and service interventions to stop, prevent, and reduce risk of maltreatment• Fact-gathering to determine whether maltreatment occurred</div>	
<div><h3>TOOLS ARE A PROMPT FOR PRACTICE</h3><div><div> Tools do not make decisions.</div><div> People make decisions.</div></div><div><div> + </div><div>Tools help people make better decisions.</div></div><div></div></div>	
<div><div><div><div>5</div></div></div><div><h2>CASE EXAMPLE PRACTICE</h2><div></div></div></div>	



CASE EXAMPLE 1

The VA was taken to the doctor by the VA's caregiver, who noticed blood in the VA's urine and became concerned about the possibility of a urinary tract infection. Upon examining the VA, the reporter discovered bruising and abrasions on the VA's labia consistent with ongoing forced penetration. There was a mixture of older and newer bruises and abrasions. The VA reported that the AP has been forcing himself on the VA despite attempts to push the AP off. The VA reported that the last time this occurred was three weeks ago, but the reporter said the VA has "memory issues" so the VA's description is not always clear about when things happened chronologically. The reporter noted that the injuries were more recent than three weeks. The VA's son told the reporter that this has happened before; and when he is around, he tries to make sure the AP is not alone with the VA; but he cannot be around all the time. He says it is a difficult issue to talk about and deal with for him. The son said he has not called law enforcement about this because he is worried about how the VA and AP would react, and he would like to keep their involvement minimal. The VA pleaded with the reporter not to send the VA back home, saying the AP is "waiting for me at home right now."

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CASE EXAMPLE 2

The reporter is concerned about some of the things they heard and saw while visiting the vulnerable adult's (VA's) home. There is a heavy padlock on the outside of the VA's bedroom door. The reporter questioned whether this is allowed because there is no documentation that this type of restriction has been approved by the VA's medical team. The VA told the reporter that every morning, the alleged perpetrator (AP) locks the VA in the VA's bedroom for hours until the AP gets home from work at lunchtime. The VA also told the reporter that the VA does not take their pills in the morning anymore because their parents leave early for work. The reporter stated that they have not noticed a behavior change that would indicate the VA was off their medication. When the reporter asked the AP about the padlock, the AP denied that it is ever used and said they give the VA their medications in the evenings because of the AP's new work schedule.

SECTION 2 PRACTICE



CASE EXAMPLE 1: SECTION 2

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CASE EXAMPLE 2: SECTION 2

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ADDITIONAL PRACTICE

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CASE EXAMPLE 3

The reporter stated that the VA can hardly walk and complains of back pain. The VA used to drive a cement truck, which may have contributed to their pain. The VA is "mad at [their] whole family and the world." They live in their parents' mother-in-law unit and watch television all day. The reporter stated that they have been trying to get some help for the VA, but the VA refuses the reporter's help/assistance. The reporter stated that while it is hard for the VA to get out of bed, the VA can do so to get food and use the bathroom independently. The VA allows the reporter to clean the VA's room and change their bedsheets. The reporter stated that someone needs to visit and talk to the VA.

CASE EXAMPLE 4

The reporter stated that they conducted a welfare check on the VA as a neighbor heard the VA screaming loudly for approximately 10 minutes. The neighbor reported to law enforcement that the VA was diagnosed with Alzheimer's, has poor vision, and is unable to ambulate independently. The VA's caregivers are the VA's brother and the brother's livein girlfriend, who live with the VA rent-free as compensation for providing care. The APs were not present at the time of the home visit. The reporter found the VA in a soiled t-shirt with bedsores all over their body. The VA's bed had no bedsheets and was covered with soiled white pads. The VA urinated on themself in front of the reporter. The reporter saw a small plastic bowl that contained dirty standing water, which the VA said they used to bathe with. The VA refused transport to the hospital and refused medical attention.



THANK YOU & QUESTIONS

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SDM INTAKE ASSESSMENT

Minnesota DHS Adult Protection Services

SECTION 1. SCREENING

PART A. VULNERABLE ADULT STATUS

Note: The adult must meet vulnerable status at the time the suspected maltreatment occurs.

Yes No

- ☐ ☐ **1. Adult receives personal care assistance (PCA) paid for under the medical assistance program or is participating in a licensed service.**

If you selected "yes," continue to Part B.

If you selected "no," continue to item 2.

Yes No

- ☐ ☐ **2. Adult is believed to have diagnosis or condition impairing physical, cognitive, or emotional functions.**

- ☐ ☐ **3. Adult is believed to have impaired ability to complete their own ADLs or IADLs without assistance.**

If you selected "yes" for items 2 AND 3, continue to item 4.

If you selected "no" for any, continue to item 5.

- ☐ ☐ **4. Adult is believed to have an impaired ability to protect themselves from maltreatment.**

If you selected "yes" for item 4, continue to Part B.

If you selected "no," continue to item 5.

Yes No

- ☐ ☐ **5. Unable to determine vulnerability status AND there is still reason to believe the adult is eligible for screening.**

If you selected "yes" for item 5, continue to Part B.

If you selected "no," continue to Part C.

PART B. ALLEGATION SCREENING CRITERIA

Self-Neglect

- ☐ Nutrition, clothing, or living environment
- ☐ Personal hygiene
- ☐ Medical or mental health care
- ☐ Substance misuse
- ☐ Dangerous behaviors
- ☐ Inability/failure to manage income, assets, property, or housing

Caregiver Neglect

- ☐ Nutrition, clothing, or living environment
- ☐ Personal care or hygiene
- ☐ Medical or mental health care
- ☐ Supervision for safety

Emotional Abuse

- ☐ Harassment, threats, intimidation, or disrespect
- ☐ Unreasonable confinement, forced separation, involuntary seclusion, or deprivation—non-physical
- ☐ Nonconsensual exposure to sexual content or materials

Physical Abuse

- ☐ Physical injury, pain, or harm
- ☐ Physical force
- ☐ Unreasonable confinement, forced separation, involuntary seclusion, or deprivation—physical

Sexual Abuse

- ☐ Unwanted physical sexual contact
- ☐ Sexual utilization for gratification of others
- ☐ Forcing, compelling, or enticing the adult to perform sexual services for the profit of another

Financial Exploitation

- ☐ Enticing, compelling, or coercing the adult vulnerable to maltreatment to perform services for the profit or benefit of another
- ☐ Suspected loss of assets, property, or resources due to fraud, coercion, undue influence, or scam
- ☐ Another person is unlawfully withholding assets, property, or resources
- ☐ **No allegations apply.** Screen out for APS assessment in Part C.

The intake assessment is designed to determine whether the report meets the threshold for assessment as suspected maltreatment. The assessment process is designed to determine whether the screened-in allegations occurred.

If one or more criteria are met in Part B, screen in for APS assessment in Part C.

PART C. INTAKE SCREENING DECISION

Recommended Intake Screening Decision

- ☐ Screen in for APS assessment
- ☐ Screen out for APS assessment

Policy override to screen in

- ☐ *Screen in and refer to current open assessment workgroup.* The adult currently has an open assessment and, though no allegation screening criteria were selected, report will screen in and be referred to the current open assessment workgroup.

Agency prioritization guidelines

- ☐ *Screen out per agency prioritization guidelines.* The adult who meets eligibility criteria as vulnerable and potentially maltreated under the Vulnerable Adults Act will not receive APS assessment and the report will screen out.

Final Intake Screening Decision

- ☐ Screen in for APS assessment
- ☐ Screen out for APS assessment

Agency Prioritization Reason

Select the agency prioritization guideline used to screen this report out. Select the agency prioritization guideline reason that most closely matched the local agency prioritization guideline applied. All agency prioritization guidelines must be identified in the agency's established written prioritization guidelines.

- ☐ Self-neglect can be resolved and the adult's health and safety addressed through case management.
- ☐ Abuse, neglect, or financial exploitation has stopped; risk of maltreatment reoccurrence is reduced and the adult's needs, including health and safety, are met through services or supports.
- ☐ Adult is deceased at time of report.
- ☐ Adult is no longer in Minnesota.
- ☐ Adult is incarcerated; APS is unable to engage in assessment or service intervention at time of report.
- ☐ Alleged maltreatment will not be addressed by APS based on informed choice.
- ☐ APS lacks resources for assessment.
- ☐ Existing agency prioritization guideline that does not match any above rationale.

SECTION 2. RESPONSE PRIORITY

PART A. RESPONSE PRIORITY DECISION

RESPONSE TIME	RESPONSE TIME CRITERIA
EPS response within 24 hours	<input type="checkbox"/> Report has been accepted for EPS and a response within 24 hours.
Priority response within 24 hours	<input type="checkbox"/> Adult is in danger of immediate harm, physical or sexual assault, injury, loss of health, or death due to abuse, neglect, or self-neglect. <input type="checkbox"/> Adult has been harmed, and person alleged responsible has access to the adult or other adults vulnerable to maltreatment. <input type="checkbox"/> The adult's fear of the person alleged responsible interferes with their ability to meet their ADLs or IADLs. <input type="checkbox"/> The adult's resources are being mismanaged or misappropriated AND there is an immediate concern for preserving assets.
Response within 72 hours	<input type="checkbox"/> No 24-hour response items apply.

PART B. RESPONSE PRIORITY ASSIGNMENT

Recommended Response Priority

- ☐ EPS response: Initial response within 24 hours of assignment
- ☐ Level 1: Initiate within 24 hours of assignment
- ☐ Level 2: Initiate within 72 hours of assignment

Agency Response Re-Prioritization

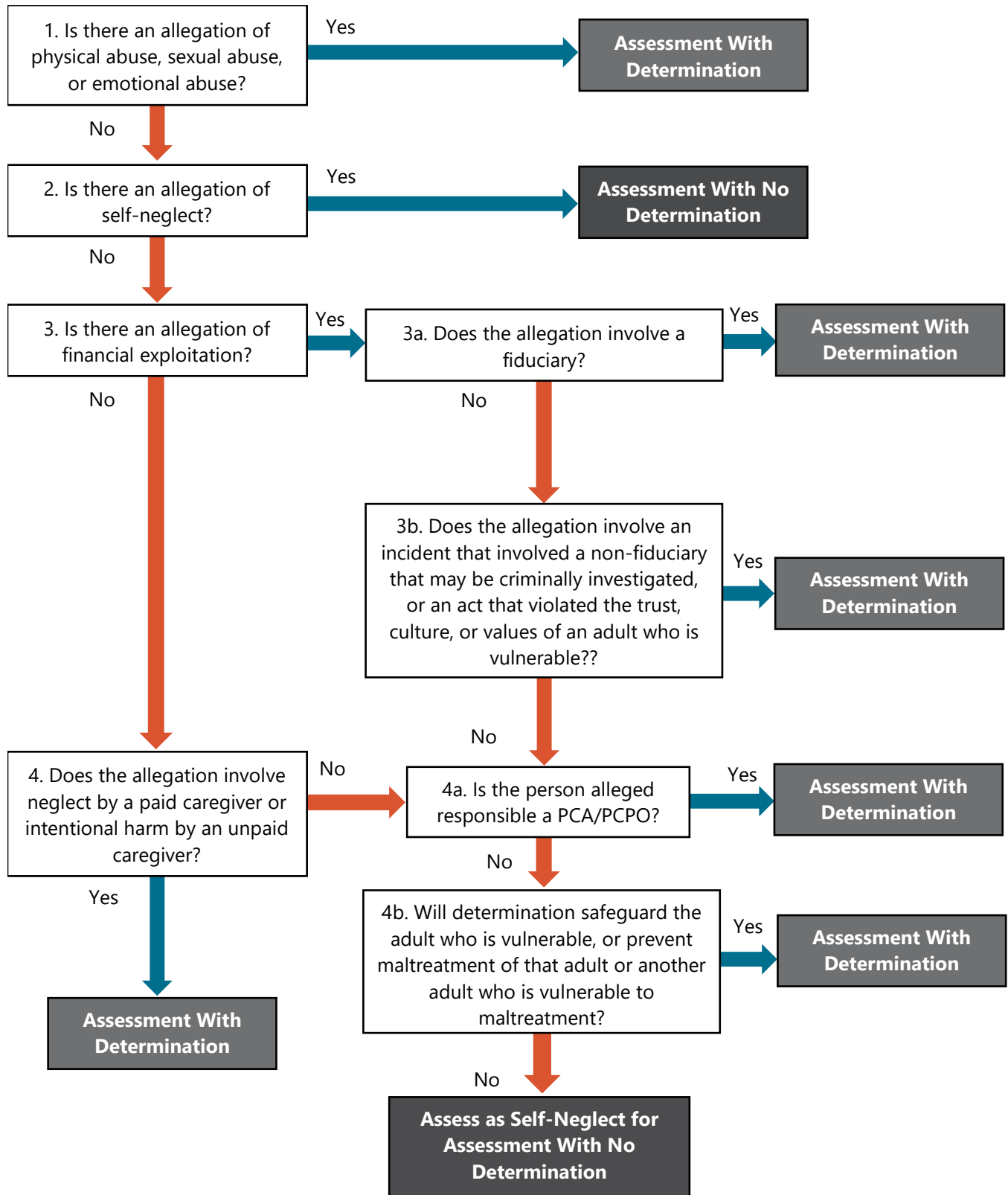
- ☐ Increase response time by one level
- ☐ Decrease response time by one level
- ☐ No agency response re-prioritization applied

Prioritization reason comments: _____

Final Assigned Response Priority

- ☐ EPS response: Initial response within 24 hours of assignment
- ☐ Level 1: Initiate within 24 hours of assignment
- ☐ Level 2: Initiate within 72 hours of assignment

ASSESSMENT RESPONSE GUIDANCE



TEXT BREAKDOWN

1. IS THERE AN ALLEGATION OF PHYSICAL ABUSE, SEXUAL ABUSE, OR EMOTIONAL ABUSE?

If yes, the answer is **Assessment With Determination**.

If no, go to 2.

2. IS THERE AN ALLEGATION OF SELF-NEGLECT?

If yes, the answer is **Assessment With No Determination**.

If no, go to 3.

3. IS THERE AN ALLEGATION OF FINANCIAL EXPLOITATION?

If no, go to 4.

If yes, go to 3a.

3a. Does the allegation involve a fiduciary?

If yes, the answer is **Assessment With Determination**.

If no, go to 3b.

3b. Does the allegation involve an incident that involved a non-fiduciary that may be criminally investigated or an act that violated the trust, culture, or values of an adult who is vulnerable?

If yes, the answer is **Assessment With Determination**.

If no, go to 4a.

4. DOES THE ALLEGATION INVOLVE NEGLECT BY A PAID CAREGIVER OR INTENTIONAL HARM BY AN UNPAID CAREGIVER?

If yes, the answer is **Assessment With Determination**.

If no, go to 4a.

4a. Is the person alleged responsible a PCA/PCPO?

If yes, the answer is **Assessment With Determination**.

If no, go to 4b.

4b. Will determination safeguard the adult who is vulnerable, or prevent maltreatment of that adult or another adult who is vulnerable to maltreatment?

If yes, the answer is **Assessment With Determination**.

If no, the answer is to **Assess as Self-Neglect for Assessment With No Determination**.

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.

INTAKE ASSESSMENT PRACTICE

CASE EXAMPLE 1

FOUND IN THE PERSON NODES IN THE TREE

Adult Suspected to Be Vulnerable: Linda Reed

- Age: 80
- Race: Caucasian
- Gender: Female
- Physical location: 1014 Irvine Ave. NW, Bemidji, MN 56601, Beltrami Co.

Person Alleged Responsible: Jack Reed

- Age: 82
- Race: Caucasian
- Gender: Male
- Physical location: 1014 Irvine Ave. NW, Bemidji, MN 56601, Beltrami Co.

Reporter: Jill Wagner, nurse practitioner

Address: 1450 Anne St. NW, Bemidji, MN 56601, Beltrami Co.

ADULT MALTREATMENT TAB

Source: Medical provider

Reporter: Wagner, Jill

Incident:

- Estimated date/time: 7/20/2023, 11:45 a.m.
- Location of incident: 1014 Irvine Ave. NW, Bemidji, MN 56601 (vulnerable adult [VA]'s home)
- County of incident: Beltrami

Reporter Requests Initial Disposition: No

VICTIM INFORMATION TAB

- **Alleged Victim:** Reed, Linda
- **Facility/Provider Information:** N/A
- **VA Provider Name:** N/A
- **VA Deceased:** No
- **VA Has Experienced Serious Injury as a Result of Maltreatment:** Yes
- **Disabilities:** Impaired memory, mental
- **Needs Assistance:** Safety, supervision, unable to protect self from abuse/neglect/financial exploitation
- **Receives Services:** Unknown
- **Diagnosis if Known:** N/A

DESCRIPTION OF INCIDENT TAB

The VA was taken to the doctor by the VA's caregiver, who noticed blood in the VA's urine and became concerned about the possibility of a urinary tract infection.

Upon examining the VA, the reporter discovered bruising and abrasions on the VA's labia consistent with ongoing forced penetration. There was a mixture of older and newer bruises and abrasions. The VA reported that the alleged perpetrator (AP) has been forcing himself on the VA despite attempts to push the AP off. The VA reported that the last time this occurred was three weeks ago, but the reporter said the VA has "memory issues" so the VA's description is not always clear about when things happened chronologically.

The reporter noted that the injuries were more recent than three weeks. The VA's son told the reporter that this has happened before; and when he is around, he tries to make sure the AP is not alone with the VA; but he cannot be around all the time. He says it is a difficult issue to talk about and deal with for him. The son said he has not called law enforcement about this because he is worried about how the VA and AP would react, and he would like to keep his involvement minimal.

The VA pleaded with the reporter not to send the VA back home, saying the AP is "waiting for me at home right now."

ALLEGATIONS TAB

Alleged Perpetrator Name: Reed, Jack

Alleged Perpetrator Description: N/A

Nature of Allegation:

- Sexual abuse—criminal sexual conduct 1st – 5th degree
- Physical abuse—use of manual or physical restraint

IMPACT/EFFECT ON VA TAB**Hospitalization or medical treatment required**

- Diagnosis or symptoms: Blood in urine, various bruising and abrasions to VA's labia
- Treatment date: 7/20/23
- Name of Hospital or Provider: Sanford Bemidji Medical Center
- Effect on VA: Concern for safety, emotional harm, physical harm

Physical, emotional, mental, or sexual injury

- Identify and describe the injury: Blood in urine, various bruising and abrasions to VA's labia
- Treatment received: Yes
- Name of Medical provider: Sanford Bemidji Medical Center

ROLES TAB

- Reed, Jack: Alleged perpetrator
- Reed, Jack: Spouse
- Reed, Linda: Alleged victim
- Reed, Sean: Caregiver
- Reed, Sean: Son
- Wagner, Jill: Reporter
- Wagner, Jill: Nurse practitioner

SAFETY TAB

- **Has Action Been Taken to Protect the Vulnerable Adult From Further Harm:** No
- **Environmental Safety:** Other, VA lives with abusive spouse
- **Notification Made by Reporter:** N/A

STOP. COMPLETE THE INTAKE ASSESSMENT.

CASE EXAMPLE 2

FOUND IN THE PERSON NODES IN THE TREE

Adult Suspected to Be Vulnerable: Melissa Ortiz

- Age: 22
- Race: Hispanic
- Gender: Female
- Physical location: 500 Balsam Ave. NW, Cass Lake, MN 56633, Cass Co.

Person Alleged Responsible: Veronica Ortiz

- Age: 54
- Race: Hispanic
- Gender: Female
- Physical location: 500 Balsam Ave. NW, Cass Lake, MN 56633, Cass Co.

Reporter: Susanna Morton

Address: 1635 NW 4th St., Grand Rapids, MN 55744

ADULT MALTREATMENT TAB

Source: Provider

Reporter: Morton, Susanna

Incident:

- Estimated date/time: 7/19/2023
- Location of incident: 500 Balsam Ave. NW, Cass Lake, MN 56633 (VA's home)
- County of incident: Cass

Reporter Requests Initial Disposition: Yes

VICTIM INFORMATION TAB

- **Alleged Victim:** Ortiz, Melissa

- **Facility/Provider Information:** Happy Home Care
- **VA Provider Name:** N/A
- **VA Deceased:** No
- **VA Has Experienced Serious Injury as a Result of Maltreatment:** No
- **Disabilities:** Developmentally disabled
- **Needs Assistance:** Unable to protect self from abuse/neglect/financial exploitation
- **Receives Services:** Home health agency, mental health clinic/center
- **Diagnosis if Known:** Developmental disability

DESCRIPTION OF INCIDENT TAB

The reporter is concerned about some of the things they heard and saw while visiting the VA's home.

There is a heavy padlock on the outside of the VA's bedroom door. The reporter questioned whether this is allowed because there is no documentation that this type of restriction has been approved by the VA's medical team. The VA told the reporter that every morning, the AP locks the VA in the VA's bedroom for hours until the AP gets home from work at lunchtime. The VA also told the reporter that the VA does not take their pills in the morning anymore because their parents leave early for work. The reporter stated that they have not noticed a behavior change that would indicate the VA was off their medication.

When the reporter asked the AP about the padlock, the AP denied that it is ever used and said they give the VA their medications in the evenings because of the AP's new work schedule.

ALLEGATIONS TAB

Alleged Perpetrator Name: Ortiz, Veronica

Alleged Perpetrator Description: N/A

Nature of Allegation:

- Physical abuse—unreasonable confinement, involuntary seclusion
- Caregiver neglect—medication

IMPACT/EFFECT ON VA TAB

Unknown

ROLES TAB

- Ortiz, Veronica: Alleged perpetrator
- Ortiz, Veronica: Mother
- Ortiz, Melissa: Alleged victim
- Mortin, Susanna: Reporter
- Mortin, Susanna: Home health nurse

SAFETY TAB

- **Has Action Been Taken to Protect the Vulnerable Adult From Further Harm:** No
- **Environmental Safety:** Other—VA lives with abusive mother
- **Notification Made by Reporter:** N/A

STOP. COMPLETE THE INTAKE ASSESSMENT.

CASE EXAMPLE 3

FOUND IN THE PERSON NODES IN THE TREE

Adult Suspected to Be Vulnerable: Jonathan Norman

- Age: 55
- Race: Black
- Gender: Male
- Physical location: 2300 France Ave. N, Brooklyn Center, MN 55429

Reporter: Jackson Lee

Address: 6121 Quail Ave. N, Brooklyn Center, MN 55429

ADULT MALTREATMENT TAB

Source: Friend

Reporter: Lee, Jackson

Incident

- Estimated date/time: 8/1/2023, 9:50 a.m.
- Location of incident: 2300 France Ave. N, Brooklyn Center, MN 55429 (VA's home)
- County of incident: Hennepin

Reporter Requests Initial Disposition: No

VICTIM INFORMATION TAB

- **Alleged Victim:** Norman, Jonathan
- **Facility/Provider Information:** N/A
- **VA Provider Name:** N/A
- **VA Deceased:** No
- **VA Has Experienced Serious Injury as a Result of Maltreatment:** No
- **Disabilities:** Frailty of aging, physical
- **Needs Assistance:** Safety, unable to protect self from abuse/neglect/financial exploitation
- **Receives Services:** Informal caregiver

- **Diagnosis if Known:** Unknown

DESCRIPTION OF INCIDENT TAB

The reporter stated that the VA can hardly walk and complains of back pain. The VA used to drive a cement truck, which may have contributed to their pain. The VA is “mad at [their] whole family and the world.” They live in their parents’ mother-in-law unit and watch television all day. The reporter stated that they have been trying to get some help for the VA, but the VA refuses the reporter’s help. The reporter stated that while it is hard for the VA to get out of bed, the VA can do so to get food and use the bathroom independently. The VA allows the reporter to clean the VA’s room and change their bedsheets. The reporter stated that someone needs to visit and talk to the VA.

ALLEGATIONS TAB

Alleged Perpetrator Name: Norman, Jonathan

Nature of Allegation: Self-neglect—services essential to the necessary welfare or safety of the person

IMPACT/EFFECT ON VA TAB

VA’s behavior creates a health or safety risk for VA. VA has difficulty walking and experiences chronic pain but refuses to seek in-home assistance or use community resources and medical care.

ROLES TAB

- Norman, Jonathan: Alleged victim
- Norman, Jonathan: Alleged perpetrator
- Lee, Jackson: Reporter
- Lee, Jackson: Friend

SAFETY TAB

- **Has Action Been Taken to Protect the Vulnerable Adult From Further Harm:** No
- **Environmental Safety:** N/A
- **Notification Made by Reporter:** None

STOP. COMPLETE THE INTAKE ASSESSMENT.

CASE EXAMPLE 4

FOUND IN THE PERSON NODES IN THE TREE

Adult Suspected to Be Vulnerable: Brianna King

- Age: 64
- Race: Caucasian
- Gender: Female
- Physical location: 193 Capital Dr., Mankato, MN 56001

Person Alleged Responsible: Martin King

- Age: 40
- Race: Caucasian
- Gender: Male
- Physical location: 193 Capital Dr., Mankato, MN 56001

Person Alleged Responsible: Cherilyn May

- Age: 36
- Race: Caucasian
- Gender: Female
- Physical location: 193 Capital Dr., Mankato, MN 56001

Reporter: Michael Rodriguez

Address: 519 E. Rock St., Mankato, MN 56001

ADULT MALTREATMENT TAB

Source: Law enforcement

Reporter: Rodriguez, Michael

Incident

- Estimated date/time: 8/8/2023, 2:45 p.m.
- Location of incident: 193 Capital Dr., Mankato, MN 56001

- County of incident: Blue Earth

Reporter Requests Initial Disposition: No

VICTIM INFORMATION TAB

- **Alleged Victim:** King, Brianna
- **Facility/Provider Information:** N/A
- **VA Provider Name:** N/A
- **VA Deceased:** No
- **VA Has Experienced Serious Injury as a Result of Maltreatment:** No
- **Disabilities:** Physical, impaired memory
- **Needs Assistance:** Clothing, health care, hygiene, safety, supervision, toileting, unable to protect self from abuse/neglect/financial exploitation
- **Receives Services:** Informal or family caregiver
- **Diagnosis if Known:** Alzheimer's

DESCRIPTION OF INCIDENT TAB

The reporter stated that they conducted a welfare check on the VA as a neighbor heard the VA screaming loudly for approximately 10 minutes. The neighbor reported to law enforcement that the VA was diagnosed with Alzheimer's, has poor vision, and is unable to ambulate independently. The VA's caregivers are the VA's brother and the brother's live-in girlfriend, who live with the VA rent-free as compensation for providing care. The APs were not present at the time of the home visit. The reporter found the VA in a soiled t-shirt with bedsores all over their body. The VA's bed had no bedsheets and was covered with soiled white pads. The VA urinated on themselves in front of the reporter. The reporter saw a small plastic bowl that contained dirty standing water, which the VA said they used to bathe with. The VA refused transport to the hospital and refused medical attention.

ALLEGATIONS TAB

Alleged Perpetrator Name: King, Martin; May, Cherilyn

Nature of Allegation:

- Caregiver neglect—clothing
- Caregiver neglect—supervision
- Caregiver neglect—health care

IMPACT/EFFECT ON VA TAB

Hospitalization or treatment required; worsening physical or mental health; lack of necessary health care, services, or supervision; caregiver's behavior creates a health or safety risk for VA

ROLES TAB

- Rodriguez, Michael: Reporter
- Rodriguez, Michael: Law enforcement officer
- King, Brianna: Alleged victim
- King, Martin: Alleged perpetrator
- King, Martin: Son
- May, Cherilyn: Alleged perpetrator

SAFETY TAB

- **Has Action Been Taken to Protect the Vulnerable Adult From Further Harm:** No
- **Environmental Safety:** Other—VA lives with unhygienic conditions leading to injury
- **Notification Made by Reporter:** N/A

STOP. COMPLETE THE INTAKE ASSESSMENT.