



SDM® INTAKE ASSESSMENT TRAINING FOR SUPERVISORS

MINNESOTA DHS ADULT PROTECTIVE 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

SDM[®] intake assessment updates

3

Key concepts

4

Closing and questions

5

Case example practice (optional)

1

WELCOME AND INTRODUCTIONS

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HELLO!

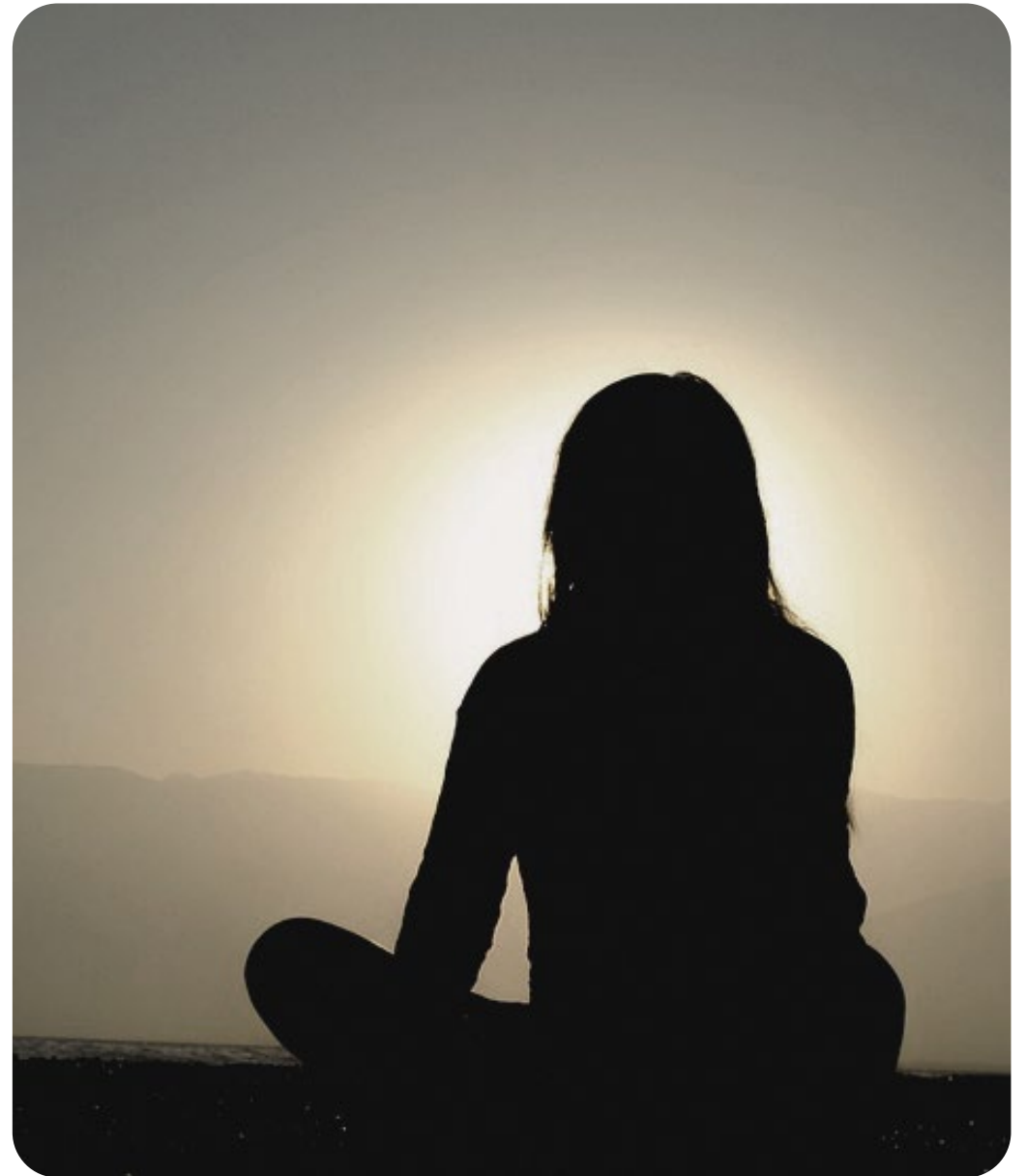
NAME, ROLE, AND POTATO PREFERENCE



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INTRODUCTIONS AND WARM-UP

- Rate your knowledge (on a scale of 1–5) of the Structured Decision Making® (SDM) system.
- How could this training move you up on this scale?



TRAINING OBJECTIVES



Describe the
SDM intake
assessment policy,
purpose, and
decision point



Understand
key updates to the
SDM intake
assessment



Know when
and how to use
and approve
the assessment
in practice



TRAINING GOAL

Be able to identify and screen adults referred to APS who meet policy criteria as vulnerable and potentially maltreated.

SDM SYSTEM FOR APS IN MINNESOTA



System 1: Intuitive



Fast



Unconscious



Automatic



Everyday decisions



Unnoticed errors

System 2: Analytic



Slow



Conscious



Effortful



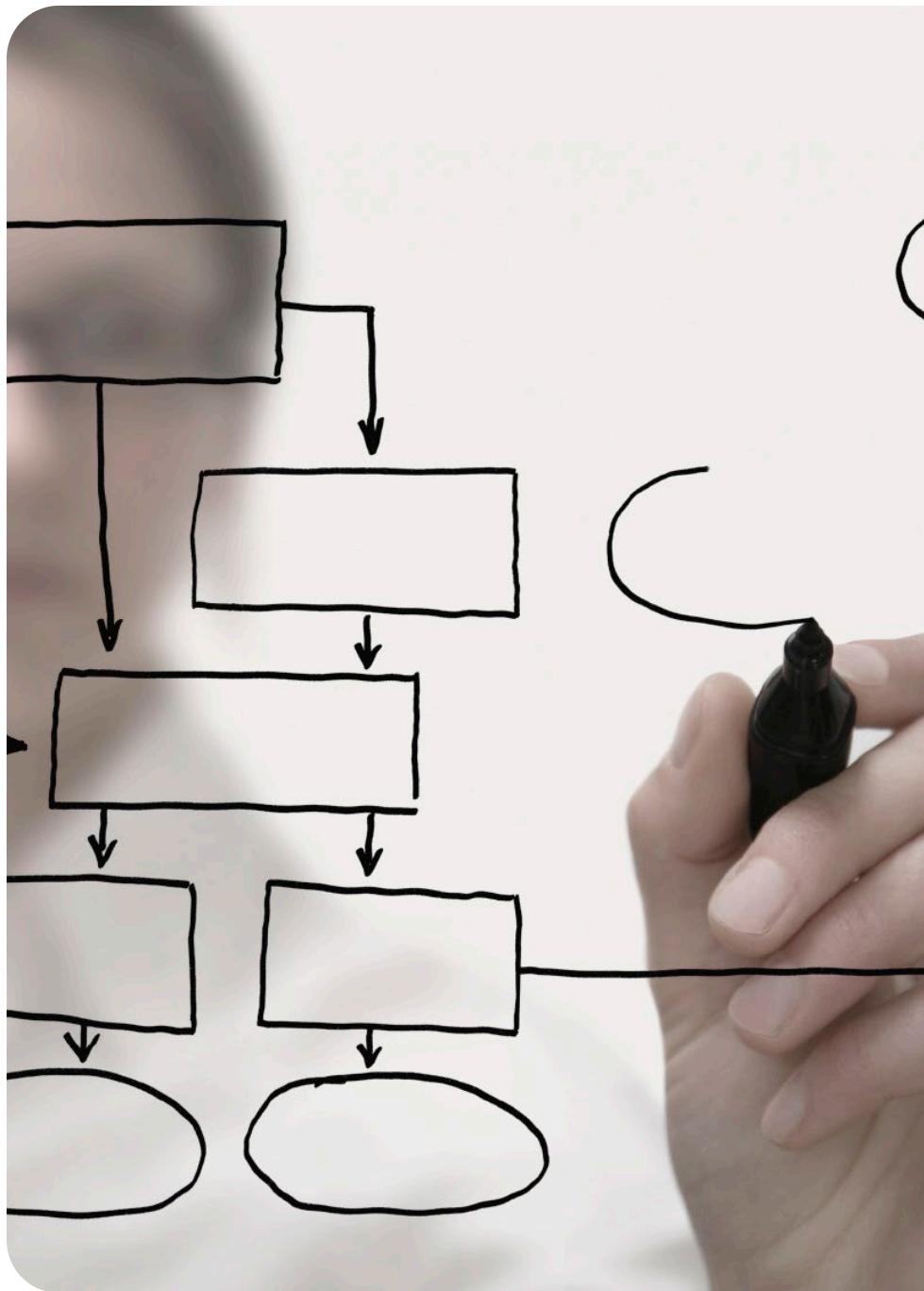
Complex decisions



Check and balance

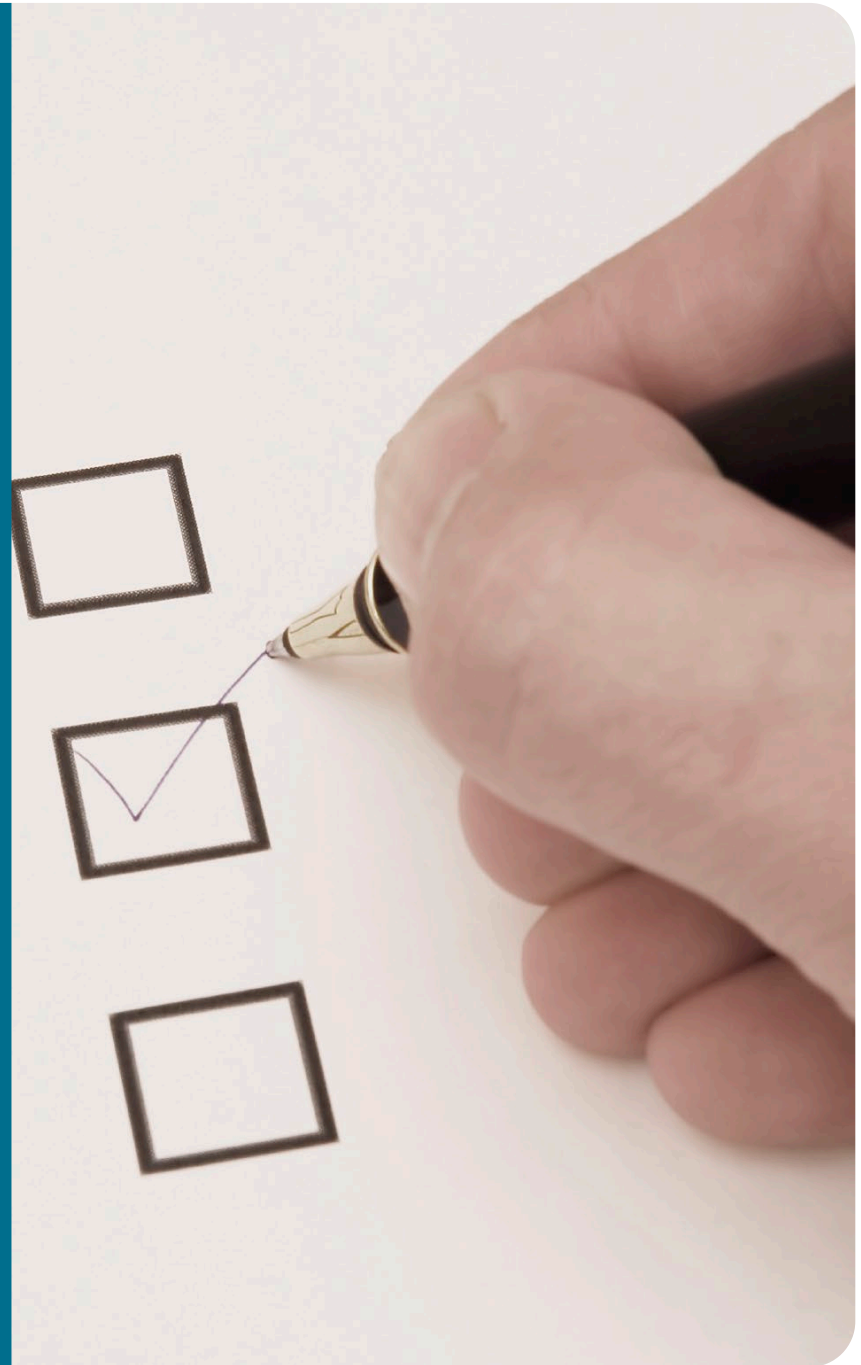
SYSTEM 2

Can be activated with the SDM model



BENEFITS OF STRUCTURING DECISIONS

VALUE OF STRUCTURED ASSESSMENTS



2

SDM INTAKE ASSESSMENT UPDATES

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SDM VALUE STANDARDS



Accuracy



Reliability



Equity



Utility

The diagram consists of three concentric ellipses. The outermost ellipse is light blue and contains the text 'All information'. Inside it is a medium blue ellipse containing the text 'Information learned'. The innermost ellipse is dark blue and contains the text 'Information needed for the decision at hand'.

All information

Information
learned

Information needed
for the decision
at hand

POLICY AND PROCEDURES MANUAL



THE

CONSIDERATION

11. **DEFINITION.**—A contract which induces a party to perform a contract. It is the substance of the contract inducing the parties to perform.

INTAKE POLICY AND PROCEDURES

Which Reports?

All reports of suspected maltreatment of an adult who may be vulnerable referred by the Minnesota Adult Abuse Reporting Center (MAARC).

Who?

The worker designated by the agency to perform intake duties.

When?

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 five business days following receipt of the report from MAARC.

Decision?

Guides the decision of whether the adult referred as vulnerable and maltreated meets policy criteria to be accepted for APS assessment.



ROLE OF SUPERVISOR IN SDM INTAKE TOOL

Review **all** screening decisions for:

- APS jurisdiction
- Correct application of policy and agency prioritization
- Bias
- Consistency with APS mission and values

ASSESSMENT COMPONENTS

STEP
1

Screening



A. Vulnerable adult status

B. Allegations

C. Screening decision

Should we screen in the report?

STEP
2

Response Priority



A. Response priority decision

B. Response priority assignment

How quickly should we respond?

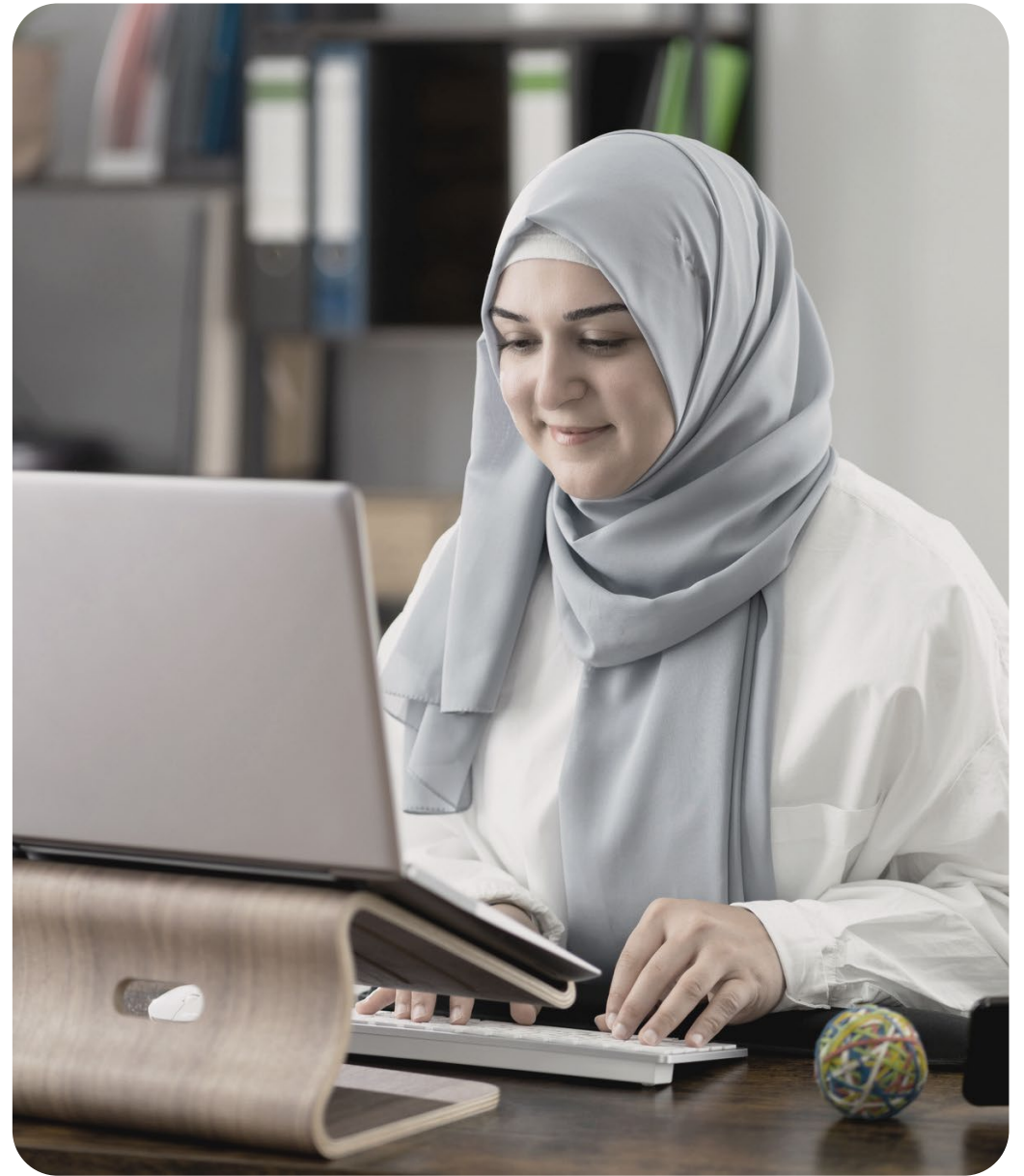
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VULNERABLE ADULT STATUS UPDATE: HIGHLIGHTS

- Vulnerability criteria items are now discrete, with more details and guidance.
- Categorical and functional criteria are both considered in the set of five questions.
- Once vulnerability is established, the section is complete.
- Practice guidance for workers appears in the definitions of items.
- Resources for additional support are linked in the definitions.

ALLEGATIONS

- Maltreatment categories now have discrete items that reflect the situations reported.
- Practice guidance for workers is included throughout the definitions.
- Policy guidance is more robust throughout the definitions of allegations.





RECOMMENDED INTAKE SCREENING DECISION

POLICY OVERRIDE



WHAT ARE AGENCY (COUNTY) PRIORITIZATION GUIDELINES?

- The application of county authority to screen out a report.
- Agency prioritization reasons are NOT a DHS policy override.
- Agency prioritization is a written guideline approved by the agency.
- The agency prioritization items selected reflect the items most consistent with the agency's guideline.
- The last agency prioritization item should not be selected if there is an item that matches the prioritization reason.

AGENCY PRIORITIZATION GUIDELINES: UPDATES

- The agency prioritization guidelines section has been revamped to remove the “override” language, as agency prioritization guidelines are not “overrides” as defined in the SDM system.
- Selecting a screen-out item on the tool indicates that the worker is applying an established agency guideline to change the screening decision.
- Workers should use the list of agency prioritization guideline reasons to map their agency guideline to the list.
- “Existing agency prioritization guideline that does not match any above rationale.”

FINAL INTAKE SCREENING DECISION

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RESPONSE PRIORITY

- No longer allegation-based; instead, a standard set of items considered once to determine response priority.
- EPS consideration is included.
- If not an EPS response, four priority responses within 24 hours are considered.
- If not any of them apply, it will be a 72-hour response

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ASSESSMENT RESPONSE GUIDANCE

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TOOLS ARE A PROMPT FOR PRACTICE



Tools do not make decisions.



People make decisions.



+



Tools help people make better decisions.

3

KEY CONCEPTS

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WHAT HAPPENS DURING THE INTAKE PHASE?

Evaluate the maltreatment report to determine whether the adult referred meets criteria for APS response by:

- Gathering any additional information needed to complete the SDM intake assessment;
- 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.

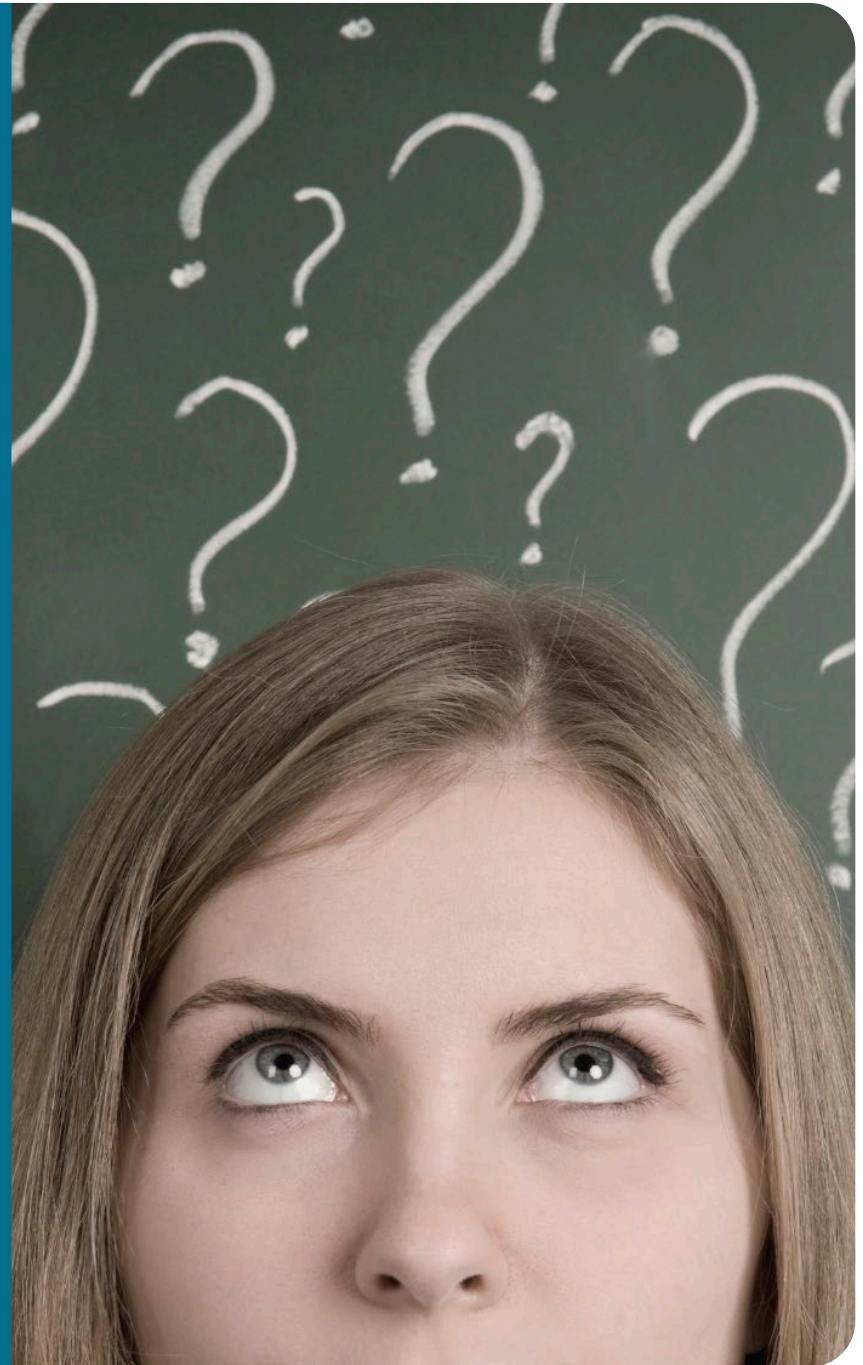
INTAKE VERSUS ASSESSMENT

Intake: Completed to determine whether adults referred by MAARC meet eligibility criteria as vulnerable and potentially maltreated for APS assessment, service planning, and intervention.

Assessment:

- 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.

CRITICAL THINKING WITH DEFINITIONS





Read to the period.



Examples
are not all-
inclusive lists.



Be aware of:

- AND
- OR



When unsure,
ask others.



"Unasked" is
different from
"unknown."



Use professional
judgment and
common sense.

CAREGIVER NEGLECT

NUTRITION, CLOTHING, OR LIVING ENVIRONMENT

The caregiver does not meet the adult's needs for nutrition, clothing, or living environment to the extent that they have already suffered or are likely to suffer loss of health, illness, or injury.



CAREGIVER NEGLECT: NUTRITION

The caregiver does not meet the adult's nutritional needs, resulting in danger to the adult's health or safety. Examples include but are not limited to dehydration; malnutrition; lack of food or fluids; rotting or improperly stored food; or inability to obtain or prepare the nutrition necessary to maintain the adult's health.

BREAKDOWN	EVIDENCE NEEDED
<p>The caregiver does not meet the adult's nutritional needs . . .</p>	<p>This relates to the caregiver's inability or refusal to provide necessary nutrition to the adult.</p>
<p>. . . resulting in danger to the adult's health or safety.</p>	<p>This relates to how the lack of nutrition impacts the adult.</p>

BREAKDOWN	EVIDENCE
<p>The caregiver does not meet the adult's nutritional needs . . .</p>	<p>The adult's PCA/CFSS refuses to purchase food and water, and when they do occasionally buy food, they get enough for only a few days.</p>
<p>. . . resulting in danger to the adult's health or safety.</p>	<p>The adult was recently admitted to the hospital and has reportedly lost 20 pounds from a lack of adequate nutrition.</p>

CAREGIVER DEFINITION

An individual, facility, licensed provider, or personal care attendant (PCA)/Community First Services and Supports (CFSS) 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)

WHO IS A CAREGIVER?



- PCAs/CFSS 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

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.

IS IT CAREGIVER NEGLIGENCE?

Caregiver Neglect =



Paid caregiver

+



Neglect

OR



Unpaid caregiver

+



Intentional neglect resulting in harm

OR



Unpaid caregiver

+



Intentional neglect that may
be criminal

"Considerations for Neglect" policy in the AP Manual

IF NO CAREGIVER?

- If no caregiver but the 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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ARE THE KEY
TO SUCCESS**

4

CLOSING AND QUESTIONS

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THANK YOU

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Info@EvidentChange.org

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5

CASE EXAMPLE PRACTICE

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SECTION 1 PRACTICE

CASE EXAMPLE 1

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 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.

CASE EXAMPLE 2

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 themselves on the VA despite attempts to push the AP off. The VA said 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."

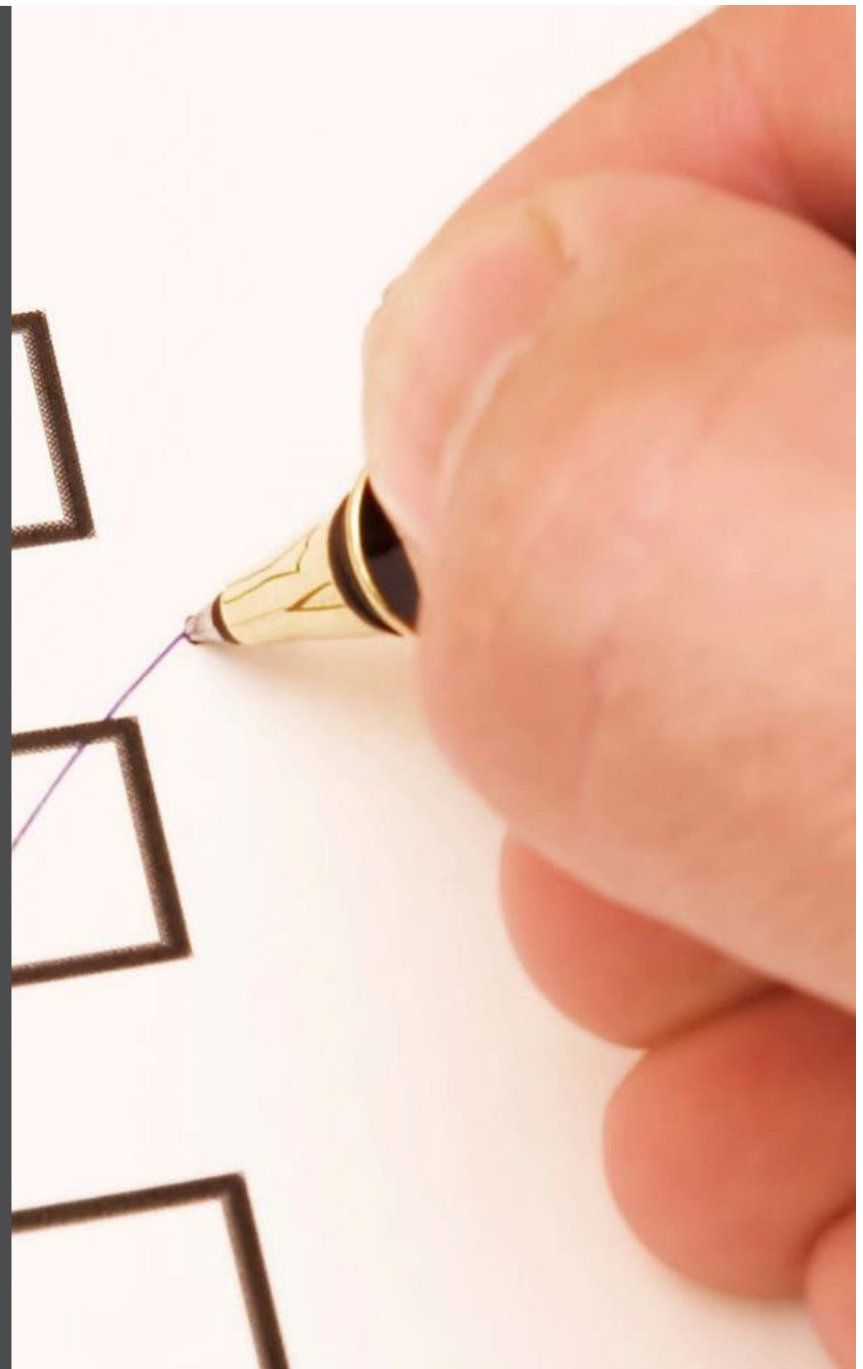
CASE EXAMPLE 3

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. According to the reporter, 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 after 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 disease, 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. 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.

SECTION 2 PRACTICE

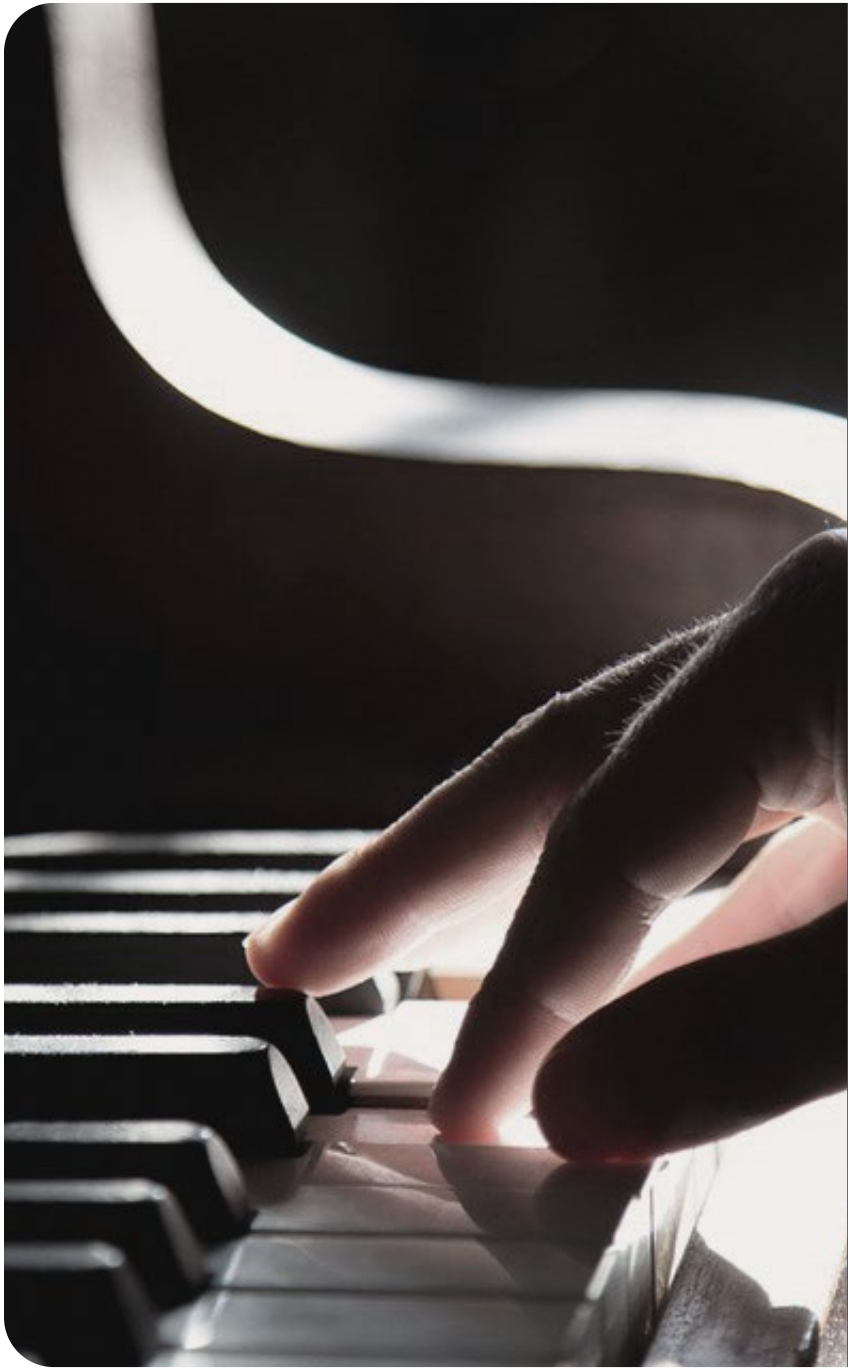


SECTION 2: CASE EXAMPLE 1

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PRACTICE