

MEMORANDUM

TO: Melissa Vongsy
CC: Mary McGurran
FROM: Francinia Henry, Mackenzie Rutherford, Doug Smith
SUBJECT: Intake Assessment Recommendations Following Discovery Activities
DATE: July 6, 2023

In 2022, the Minnesota Department of Human Services (DHS), Aging and Adult Services Division, Adult Protection Services (APS) partnered with Evident Change to begin an update of the current Structured Decision Making® (SDM) intake assessment for Minnesota APS. This memo outlines the portion of work dedicated to discovery on the current SDM® intake assessment use and practice, with the purpose of identifying areas of improvement for tool accuracy, equity, consistency, and completion across counties and statewide.

DISCOVERY PROCESS AND METHODS

Evident Change developed a discovery plan that included a mixed-methods approach, including the following.

- A review of statutes, policies, and training materials related to the intake assessment and screening decisions. Documents included in policy review were MN Statute 626.5572 Definitions, MN Statute 626.5571 Multidisciplinary Adult Protection Team, MN Statute 626.557 Reporting of Maltreatment of Vulnerable Adults, MN Statute 256.01 Commissioner of Human Services; Powers, Duties, MN Statute Chapter 402A Essential Human Services; County Delivery, MN Adult Protection SDM and Standardized Tools Manual, MN Adult Protection Policy Manual.
- A workflow map to better understand intake practices to understand potential SDM intake assessment effectiveness and utility.

- Administrative data analysis using information in the Social Services Information System (SSIS) to explore how the intake assessment is currently used in practice, evaluate the equity of the assessment, and establish a baseline for future quality assurance.
- A survey of APS staff who use the SDM intake assessment to gather perspectives on the assessment's consistency, accuracy, utility, and equity; decision-making practices at intake; support for staff; and implementation considerations.

KEY DISCOVERY FINDINGS AND RECOMMENDATIONS

The discovery results fell into three main buckets of recommendations: (1) SDM intake assessment structure, (2) APS policy and practice, and (3) training and support. For further detailed information regarding findings, please refer to the discovery PowerPoint presentation and recorded webinar.

SDM INTAKE ASSESSMENT STRUCTURE

Update the SDM intake assessment structure.

Since the initial launch of the SDM intake assessment in 2012, Evident Change has conducted new research, and the structure of the tool has evolved to support more consistent, accurate, and equitable decisions. When reviewing the current intake assessment, Evident Change found three main areas that may warrant significant structural changes: (1) Vulnerability criteria needed to be more discrete and provide greater detail and guidance; (2) certain maltreatment categories were unclear or did not appear to reflect common situations reported to APS; (3) the intent of the override section was unclear and provided opportunity for inconsistent use through the selection of "other."

Forty-eight percent of respondents to the staff survey reported that it is "a little difficult" or "very difficult" to make decisions about whether an adult is vulnerable to maltreatment and suspected of being maltreated should be screened for an APS response. Simultaneously, 28% of respondents stated that they disagreed or strongly disagreed when asked whether the SDM intake assessment helps them to understand what information is necessary to make a screening decision. Nonetheless, staff perceived high accuracy in screening decisions, with only 10% selecting "rarely" or "never" when asked to indicate the frequency with which adults who met vulnerability criteria and had suspected maltreatment were screened correctly. By creating discrete items for vulnerability and within maltreatment categories and altering the structure of

these sections, our goal is to address some of these issues to make the assessment easier to use and understand.

Regarding overrides, Minnesota currently categorizes the use of county prioritization guidelines as discretionary overrides on the SDM intake assessment. This does not match Evident Change's definition of a discretionary override, which is an extraordinary circumstance not covered in policy, in procedure, or on the remainder of the assessment that warrants the use of worker and supervisor discretion to change an initial decision recommendation. County prioritization guidelines are reasons driven by local policy on why a decision should be altered. Unsurprisingly, 21% of staff reported on the survey that the assessment recommendation rarely or never matches their county prioritization guidelines, and 27% stated that they disagree or strongly disagree that the assessment aligns with their county's prioritization guidelines. The aggregate data analysis conducted found 38% of reports had an override to screen out, 98% of which were due to the use of a county prioritization guideline. Evident Change typically observes true override rates to be between 5% and 10%. Considering all this, Evident Change recommends altering the discretionary override section of the tool, moving away from "override" language to describe county prioritization guidelines (calling them by name instead), and removing the "other" rationale on the tool when using a county prioritization guideline.

Build the SDM intake assessment so that workers must consider all maltreatment items when completing the SDM intake assessment, rather than only maltreatment categories selected by the reporter.

The way in which the intake assessment was built into SSIS does not currently require intake staff to view or consider all maltreatment types when making a screening decision. Selections by MAARC are driving which maltreatment types workers were being asked to consider. The intent of the intake assessment is to have workers consider all maltreatment types to determine whether any thresholds are met, not solely the maltreatment type that the reporter may be initially calling about.

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

As a measure of perceived utility of the assessment, the staff survey asked respondents how helpful the assessment was for certain parts of their screening practice. Staff were asked about the functionality of the assessment in SSIS, the burden of documentation, the assessment's support role in making decisions, information needed to make decisions, whether the assessment aligns with county prioritization guidelines,

and whether the assessment fits well within their workflow. Of the six related questions, 23–30% of the staff disagreed or strongly disagreed about the usefulness of the assessment in those aspects of screening practices.

Since the initial SDM implementation, Evident Change now requires that IT builds of SDM assessments meet Evident Change IT certification requirements that dictate the build, logic, flow, and functionality of the assessment. Certification is included in this scope of work and should create an assessment build that makes the assessment easier to use for workers.

MINNESOTA APS POLICY AND PRACTICE

Increase consistency in practice at the screening decision.

The staff survey showed the perceptions of consistency among staff were 77% (23% extremely consistent and 54% very consistent) when it relates to decisions to screen in a report for assessment and 85% (34% extremely consistent and 51% very consistent) for response times to initiate an assessment. Additionally, staff reported 92% and higher that decision making by category across race/ethnicity, disability, and county is always or often equitable.

Comparing the survey results and the results found in the data analysis leads to many potential questions related to practices at the point of screening. An examination of the range of rates across counties on metrics such as the rate of initial screening decisions to screen in, override rates to screen out, and final screening decisions to screen in, found wide variations in the minimum and maximum ranges that exist throughout the state by county (see PowerPoint slide 39 for further information). Certainly, as it pertains to the override decision, inconsistent practice exists and is evident.

Through the data analysis, Evident Change examined vulnerability status, identification of maltreatment allegations, overrides to screen out, and final screening decisions by race/ethnicity of the adult who is vulnerable involved in the report and observed some differences. For example, among reports involving adults who are vulnerable identified as Black/African American, a larger proportion have maltreatment items selected compared to other groups, and a much larger proportion have an override to screen out applied. These differences resulted in a smaller proportion of reports involving Black/African American adults who are vulnerable being screened in for an in-person investigation. There were also differences noted when examining screening decisions by disability type, specifically that reports involving adults categorized with a

chemical disability experience an elevated rate of being overridden to screen out. These trends are similar to the trends found in the previous third-party evaluation conducted.

While data analysis can identify differences in decision making among groups (counties, race/ethnicity, disability), it cannot fully explain what is leading to those differences. Evident Change encourages deeper exploration into these patterns to investigate the reasons these differences exist.

Evident Change identified some policy areas that Minnesota APS could consider altering to try to increase consistency of practice at the screening decision. Minnesota policy provides a five-business-day timeframe for staff to complete the SDM intake assessment and make a screening decision. Through the policy review, workflow mapping, and conversations with various staff, it became clear that this five-day window has led to varying practices. Some counties are using this time to conduct activities that Evident Change would consider outside the scope of a screening decision and as an assessment activity. Assessment is structured engagement with adults and support persons and cannot be conducted through intake. Information, advice, and referrals at intake should not be used as a basis to screen out for APS assessment.

The five-business-day timeframe also impacts timely responses to adults who are vulnerable. In completing the workflow map, it was discovered that from the point of the report being considered for screening and receiving a response, it could take upwards of a week or more. Evident Change recommends reducing the time frame for staff to complete the SDM intake assessment and make a screening decision to reduce opportunity for assessment practices to occur and ensure adults who are vulnerable receive a timely response.

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.

The data analysis showed an overwhelming use of overrides on the SDM intake assessment. As the current assessment is designed, county prioritization guidelines are structured as a form of those overrides. During the discovery period, it became clear that not all staff at the county level are aware of what exactly county prioritization guidelines are, who establishes them, and the impact they have on consistency in decision-making at screening.

Counties are required to have their prioritization guidelines available upon request. Evident Change recommends each county draft, standardize, and finalize their prioritization guidelines. Furthermore, counties should train local staff on what prioritization guidelines are, how to properly apply them, and what it

means when a county guideline is applied to screen out (i.e., the county is using its statutory authority to deviate from statewide APS policy to change a screening decision for an adult who is vulnerable and met maltreatment allegations and is recommended for assessment).

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

Staff were asked in the survey about various levels of support from their supervisor and DHS. Twenty-seven percent of staff report that they disagreed or strongly disagreed with the statement that their supervisor values the SDM intake assessment. Forty-five percent of staff report that they disagree or strongly disagree with the statement that they regularly discuss the SDM intake assessment with their supervisor. Forty-five percent of supervisors disagreed or strongly disagreed that their workers value the SDM intake assessment, and 35% report they disagree or strongly disagree with the statement that they regularly discuss the assessment with their staff. The SDM tools are intended to support decision making for more accurate, consistent, and equitable decisions. Without the support of supervisors and local leadership in using the tool and referencing the tool while making decisions, it cannot achieve these outcomes.

Evident Change recommends that counties incorporate discussions of the SDM model into their regular supervision, case consultation, and ongoing meetings to support an environment where the SDM intake assessment is a standard part of making screening decision. Evident Change has examples of these types of activities and will share them throughout the implementation and training process.

TRAINING AND SUPPORT

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

In the survey, 9% of staff responded that they were “a little knowledgeable” on how to appropriately complete the SDM intake assessment, 11% responded they were “a little knowledgeable” or “not at all knowledgeable” on the purpose of the assessment, and 5–6% responded they were “a little knowledgeable” on what statute was connected to maltreatment or vulnerability status. When asked about their confidence using the SDM intake assessment, 10% of staff reported they disagreed or strongly disagreed about having confidence that their decisions reflected APS policy or that they were making the right decisions for the adult referred. When asked to indicate agreement with the statement, “when using the SDM intake

assessment . . . ,” 9% of staff disagreed or strongly disagreed on having confidence that their decisions reflected best practice, and 13% disagreed or strongly disagreed on having confidence that they were making the fairest decision for the adult referred.

When staff were asked about what information they relied on to make screening decisions, 24% reported using SDM intake assessment definitions only a little bit, and 5% not at all.

Evident Change is scheduled to conduct training statewide on the updated SDM intake assessment. This will provide an opportunity for staff to ensure they understand the purpose, use, and value of the assessment. It also lends the opportunity to address any inconsistencies that may have occurred since the original implementation of SDM in Minnesota.

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

The statewide screening policy is the SDM intake assessment, in addition to the supporting policy guidance on process and procedures. Retraining should occur to ensure that counties understand this fact. In the staff survey, 29% stated that definitions in the SDM intake assessment was information they relied on “a little bit” or “not at all” when making screening decisions. As this represents the very foundation of statewide policy on how to make screening decisions, further training should be conducted to ensure counties know this fact. This will be a part of the upcoming training effort upon rolling out the updated intake assessment.

Counties also have the unique role in educating their staff on county prioritization guidelines by informing staff on what they are, the process the county used to devise them, and how they should apply. Although statewide training for the SDM intake assessment is available, counties should ensure their staff understand these guidelines and how they interact with screening decisions.

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 model into supervision.

When staff were asked about what information they relied on to make screening decisions, 20% reported relying on supervisor consultation not at all or only a little bit. In the survey, staff and supervisors reported

having strong communication with one another and sharing understanding of APS policy. However, as it relates to the SDM model, 57% of workers and supervisors rarely (45%) or never (12%) discuss the SDM intake assessment with others in their agency. This aligns with the feedback regarding supervisors valuing the SDM intake assessment and discussing screening decisions in supervision. Supervisors play a pivotal role within the structure and culture of Minnesota APS, and ensuring they feel knowledgeable and skilled in the use of the SDM intake assessment is crucial for implementation success. Supervisor-specific training on supervising workers using the SDM intake assessment is included in this scope of work.

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

In the survey, 39% of staff reported that consultation with DHS is not helpful for them, 17% strongly disagreed or disagreed with the statement that they can consult DHS if they have a concern about an SDM recommendation, 19% strongly disagreed or disagreed with the statement that DHS consultation is accessible to them, and 57% strongly disagreed or disagreed with the statement that they regularly receive consultation from DHS about practice decisions. Evident Change recommends that counties utilize DHS staff as resources when making screening decisions and that DHS work to continue partnering with counties to build a collaborative APS culture among all stakeholders through venues such as the APS Partnership Group and other collaborative efforts.

Minnesota APS has multiple manuals that provide guidance for decision making and the use of the SDM model. In addition to these resources, there are DHS staff designated to support counties in the application of policy as well as provide guidance when needed. Evident Change recommends creating additional resources to supplement policy for clarity when needed. Examples include creating an assessment response decision tree for connecting the intake assessment with assessment decisions.

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