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Inform Systems. Transform Lives.

MINNESOTA SDM® INTAKE ASSESSMENT DISCOVERY FINDINGS AND RECOMMENDATIONS

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

AGENDA

1. Welcome and Introductions
2. Discovery and Project Context
3. Structured Decision Making® (SDM) Intake Assessment Structure
4. Minnesota Adult Protective Services (APS) Policy and Practice
5. Training and Support
6. Questions

1

WELCOME

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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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2

DISCOVERY AND PROJECT CONTEXT

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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

Project planning and startup

SDM discovery activities

We are here

SDM intake assessment design, updates, and customization

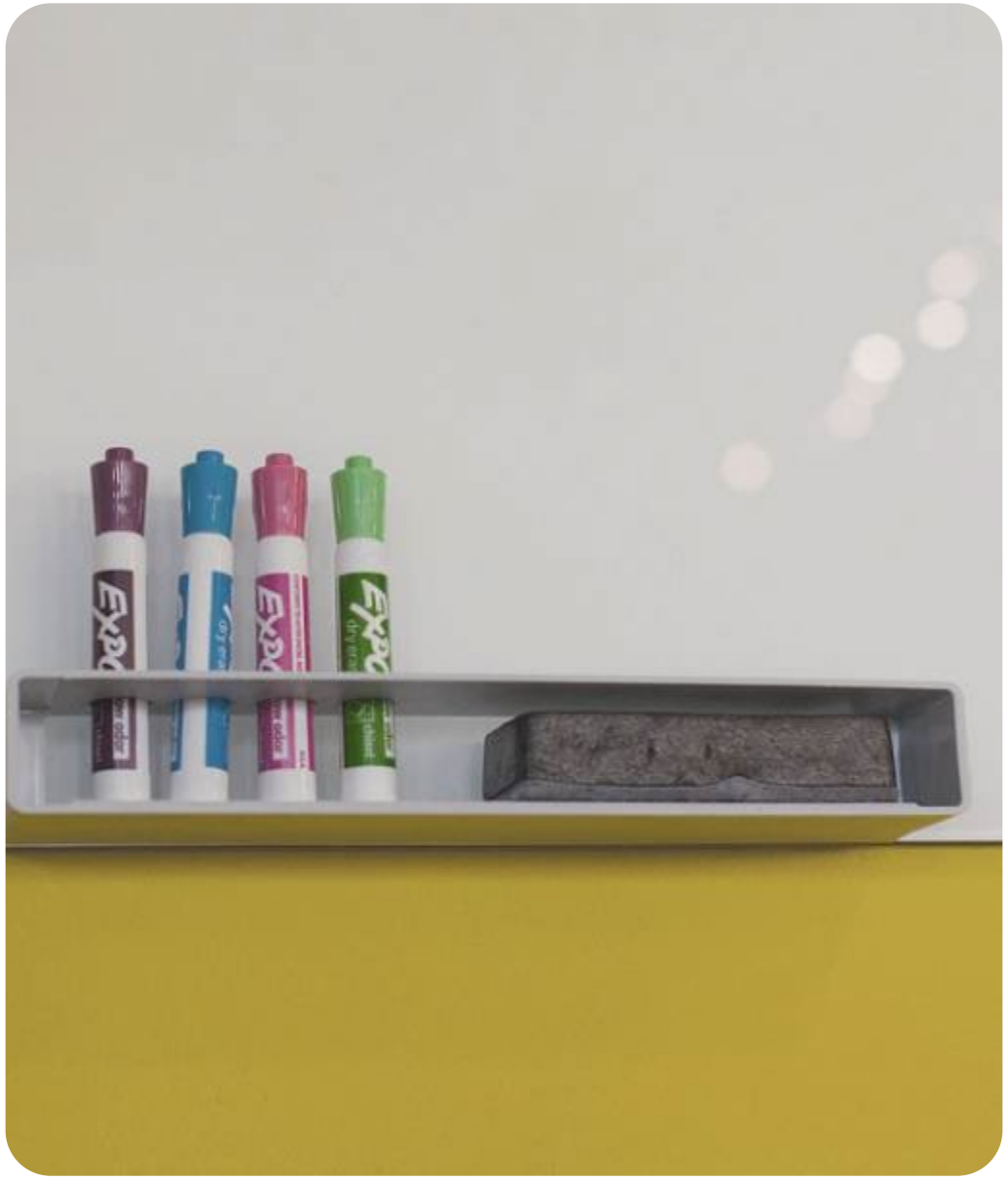
Pre-implementation testing

- 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



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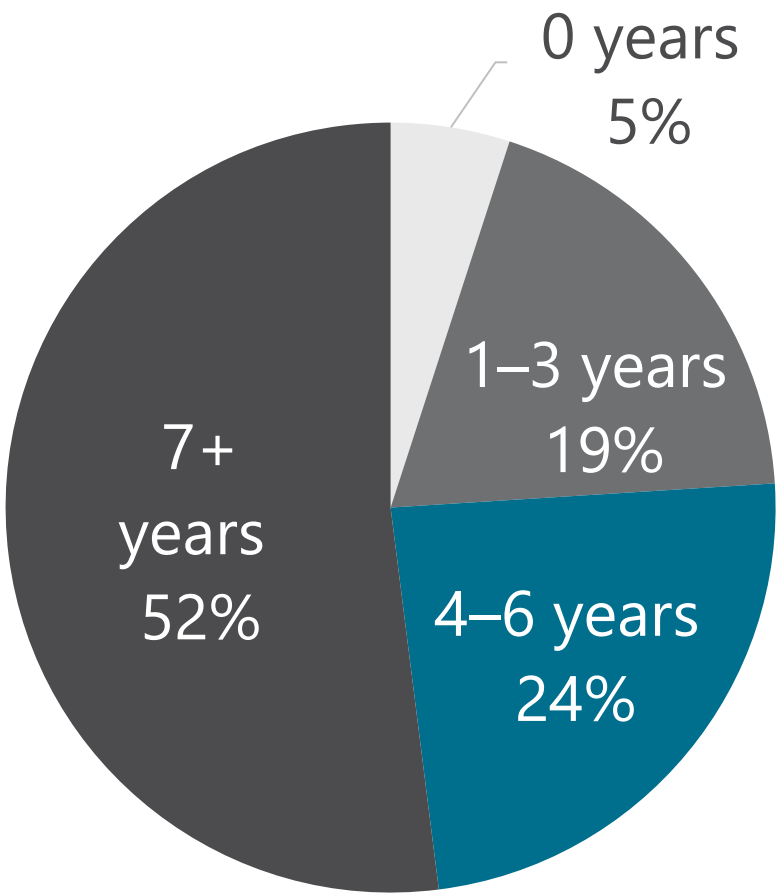
POLICY AND PRACTICE REVIEW

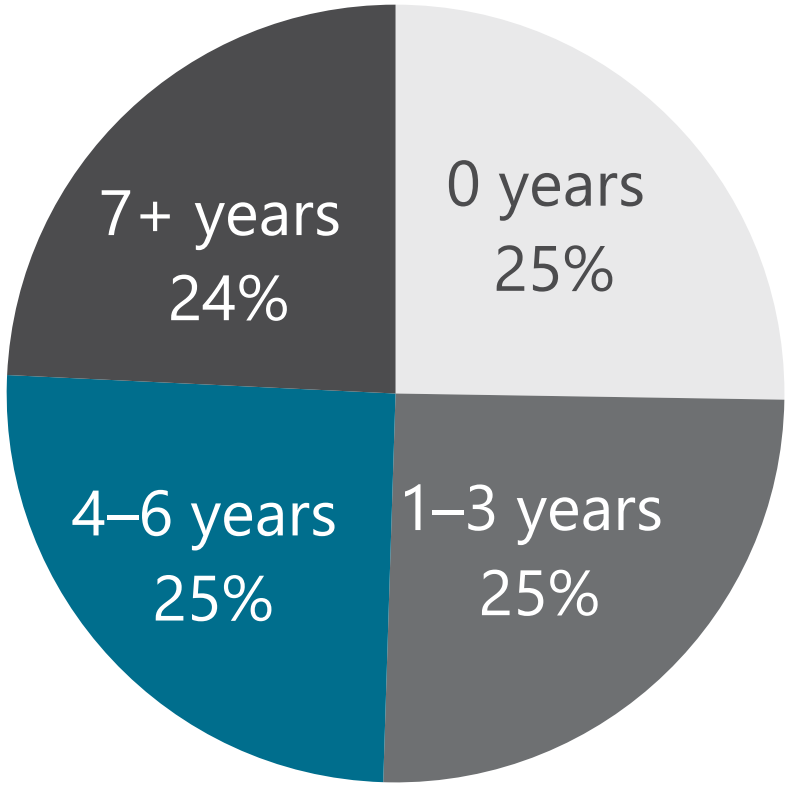
STAFF SURVEY SAMPLE

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

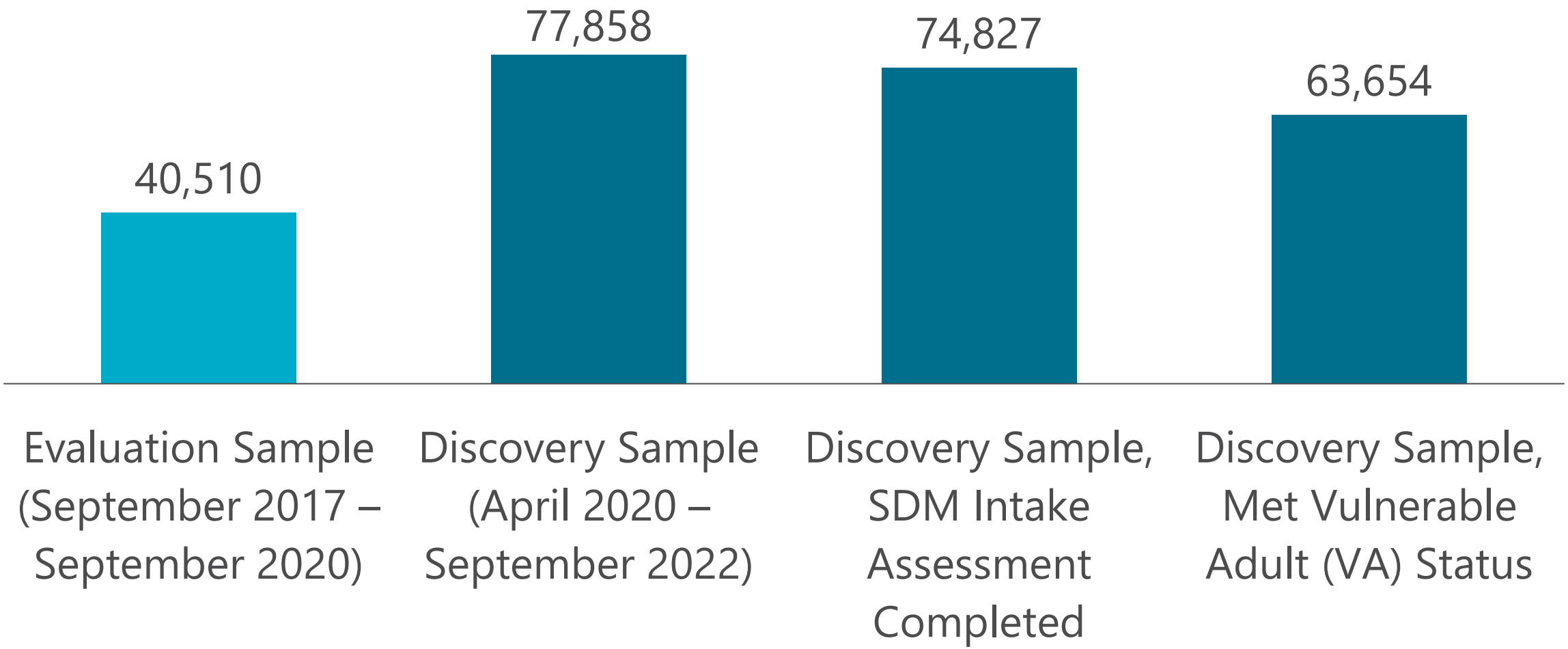
Years Worked in APS



Years in Current Position



DATA ANALYSIS: COMPARING SAMPLED REPORT NUMBERS



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

3

SDM INTAKE ASSESSMENT STRUCTURE

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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

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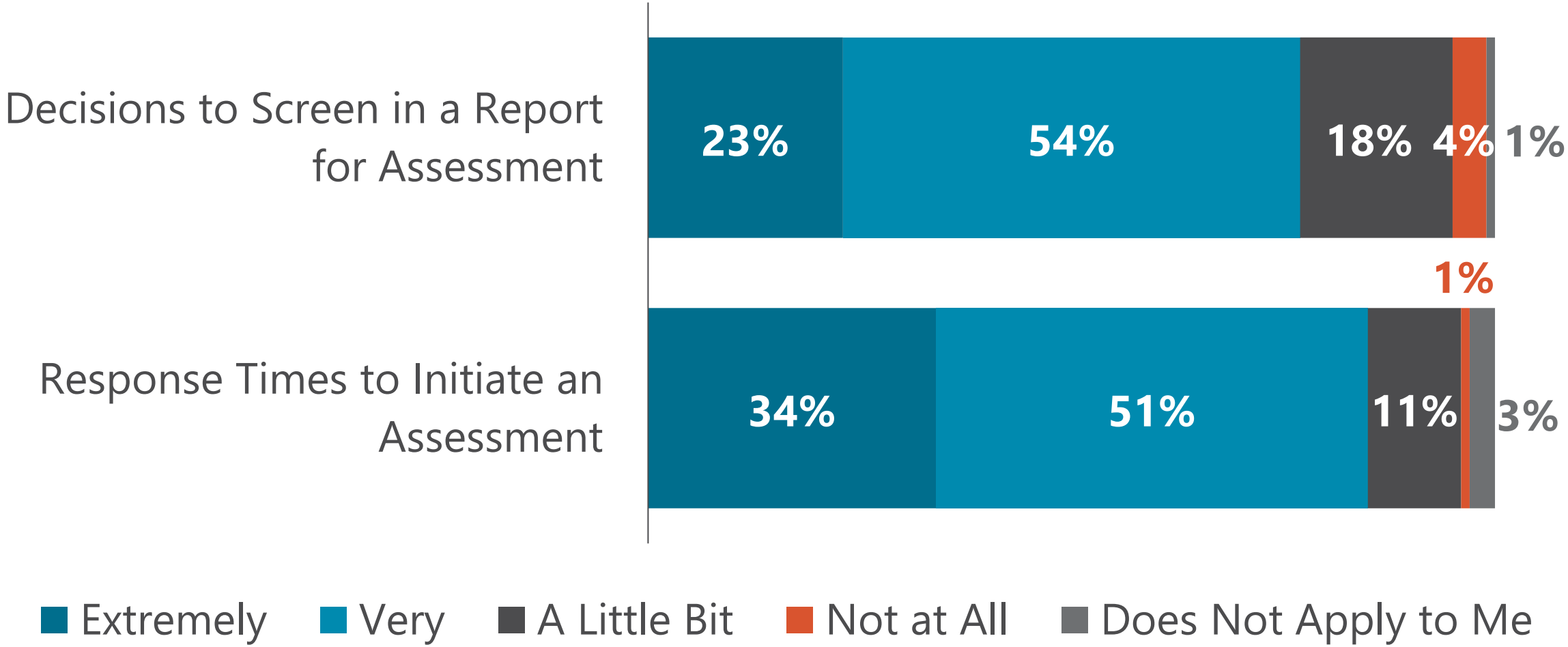
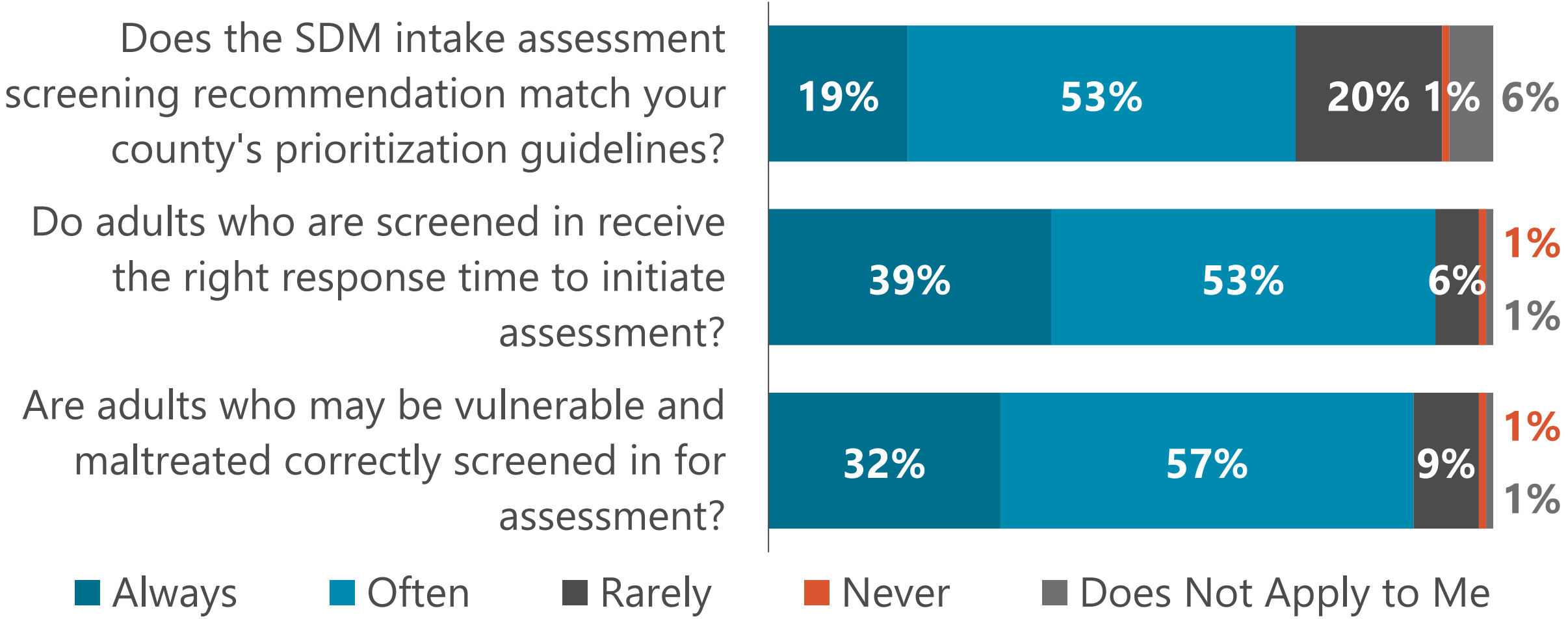
PERCEPTION OF CONSISTENCY IN DECISION MAKING (STAFF SURVEY)



N=79

PERCEPTION OF ACCURACY IN DECISION MAKING (STAFF SURVEY)



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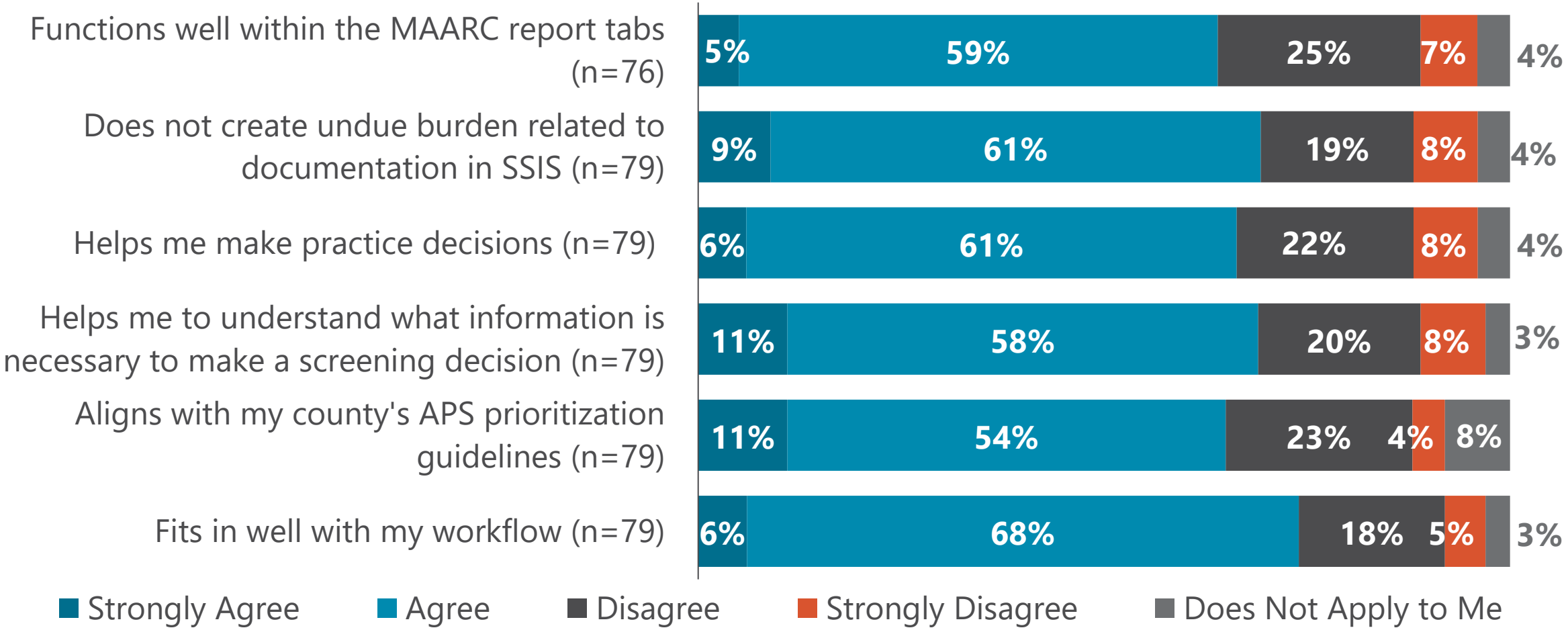
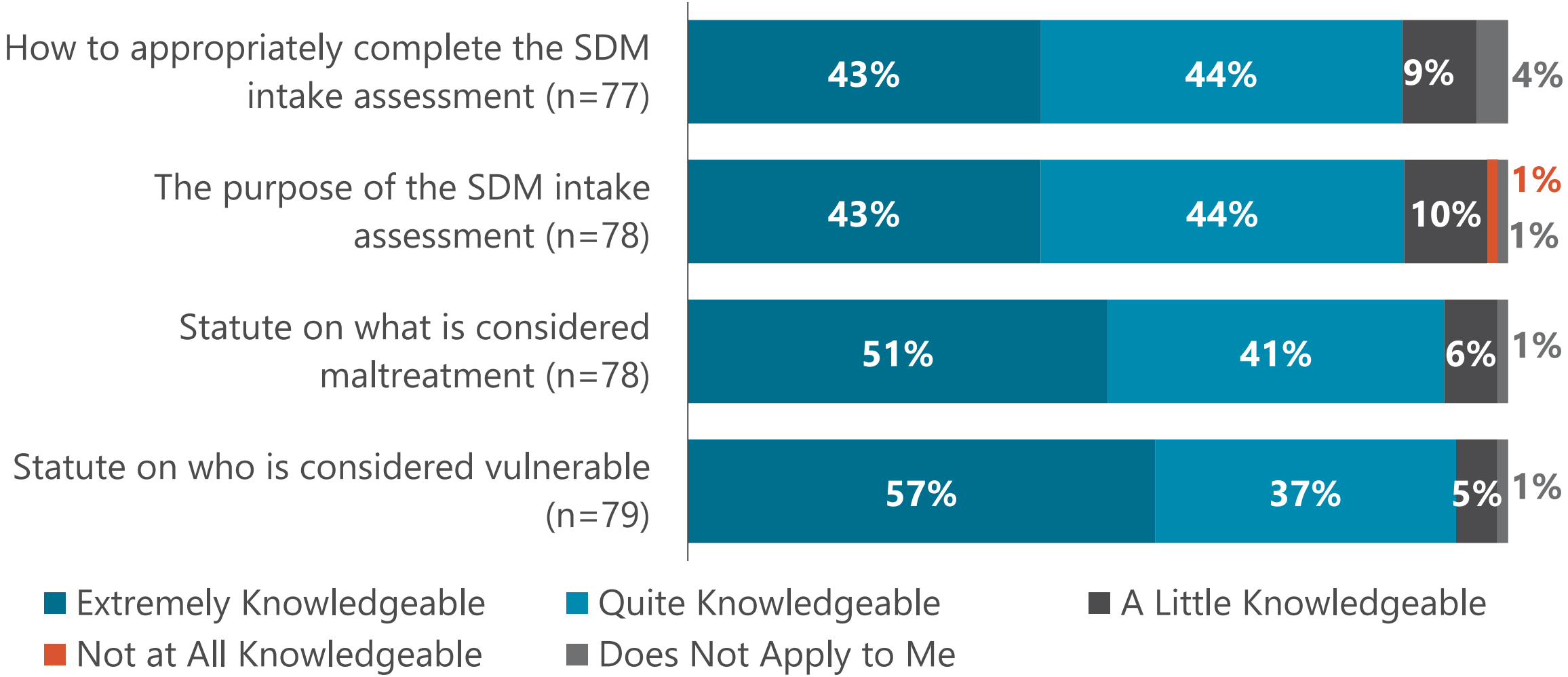
UTILITY OF SDM INTAKE ASSESSMENT (STAFF SURVEY)

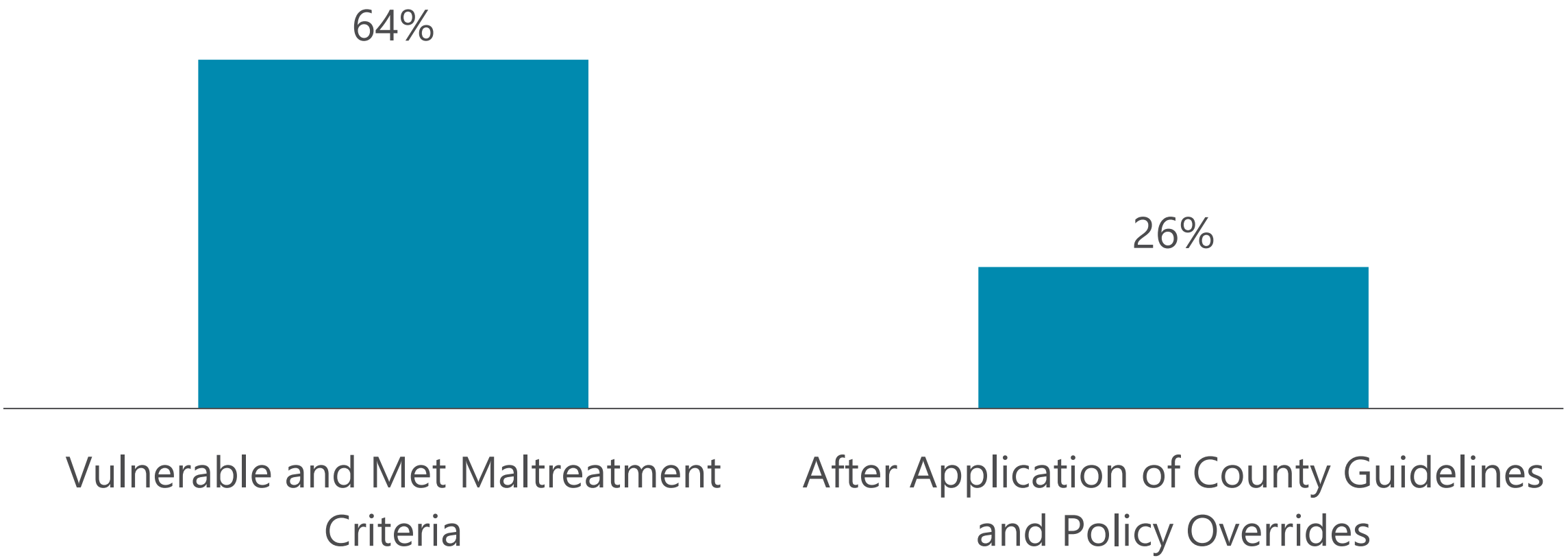
THE SDM INTAKE ASSESSMENT . . .



KNOWLEDGE OF SDM INTAKE ASSESSMENT (STAFF SURVEY)



SDM DECISION TO SCREEN IN (DATA ANALYSIS)



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

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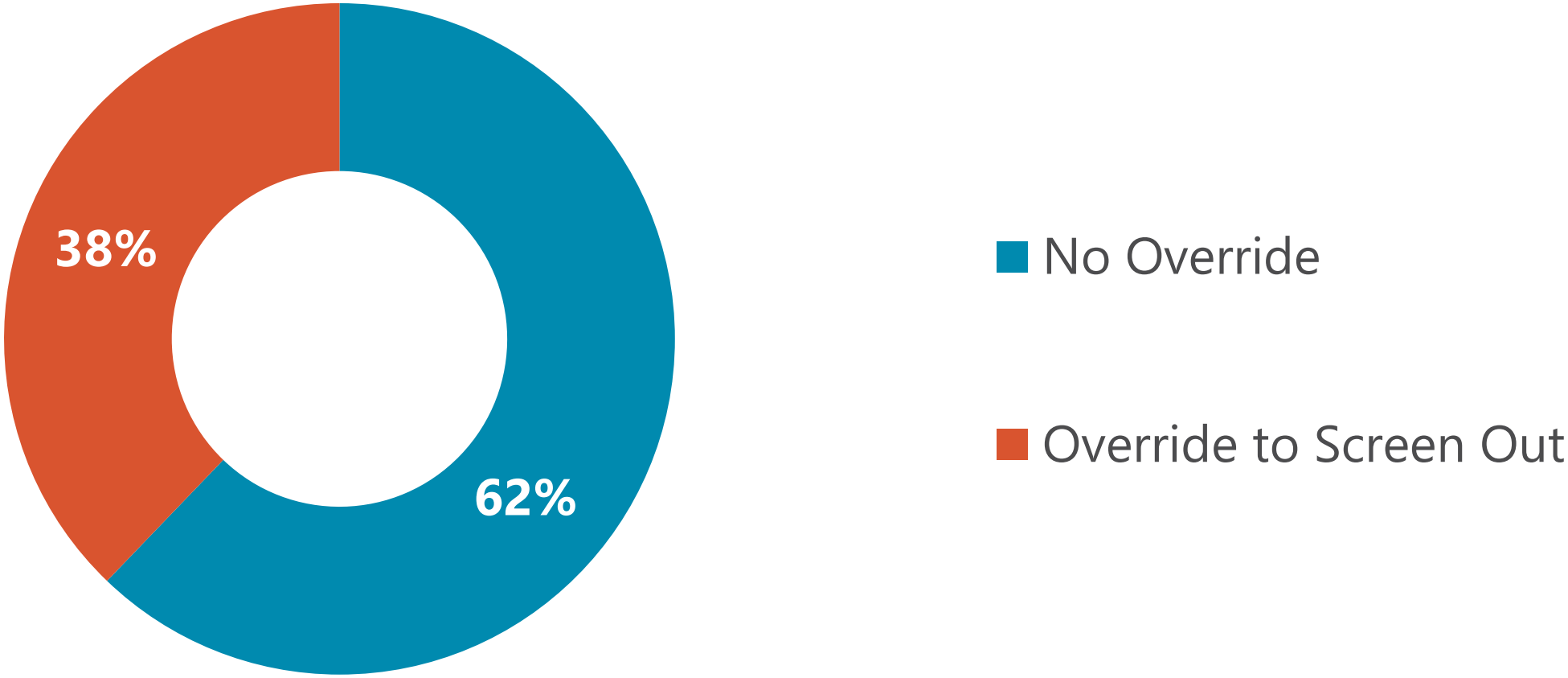
SDM SCREENING OVERRIDES (DATA ANALYSIS)



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

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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

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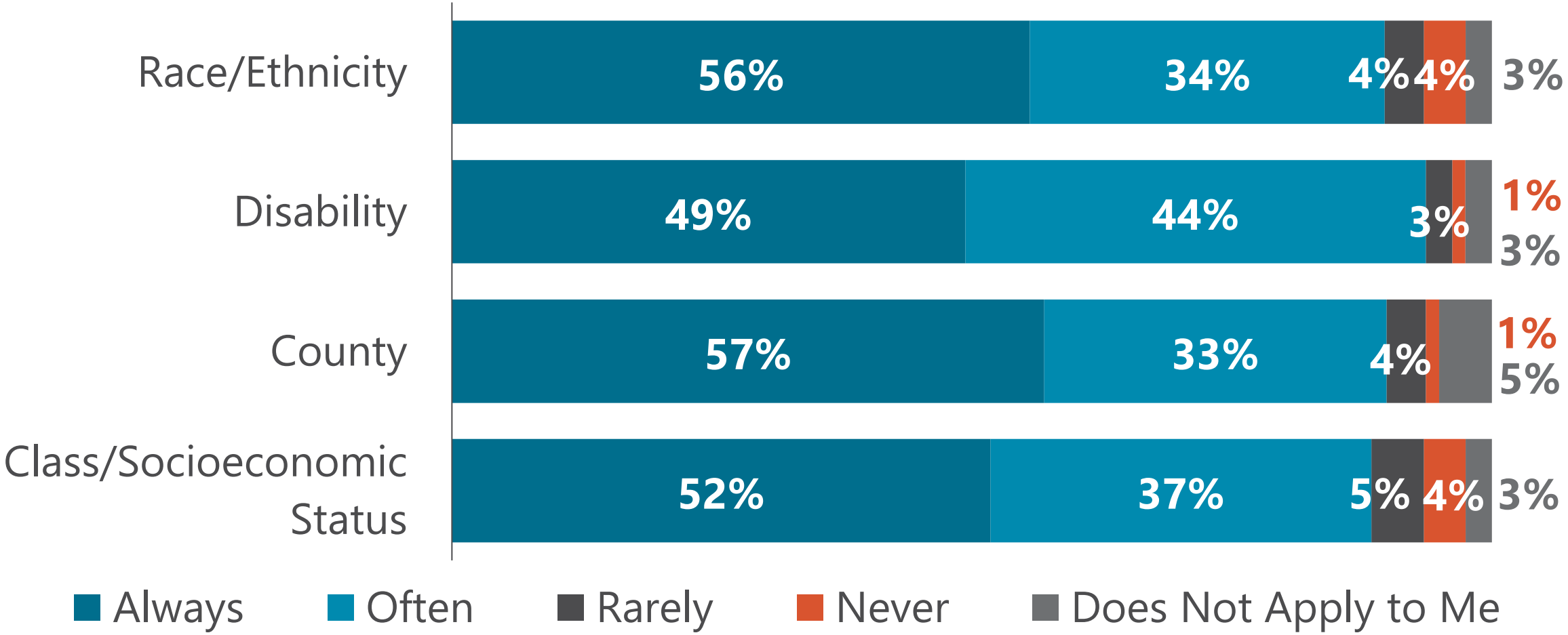
PERCEPTIONS OF EQUITY IN DECISION MAKING BY CATEGORY (STAFF SURVEY)



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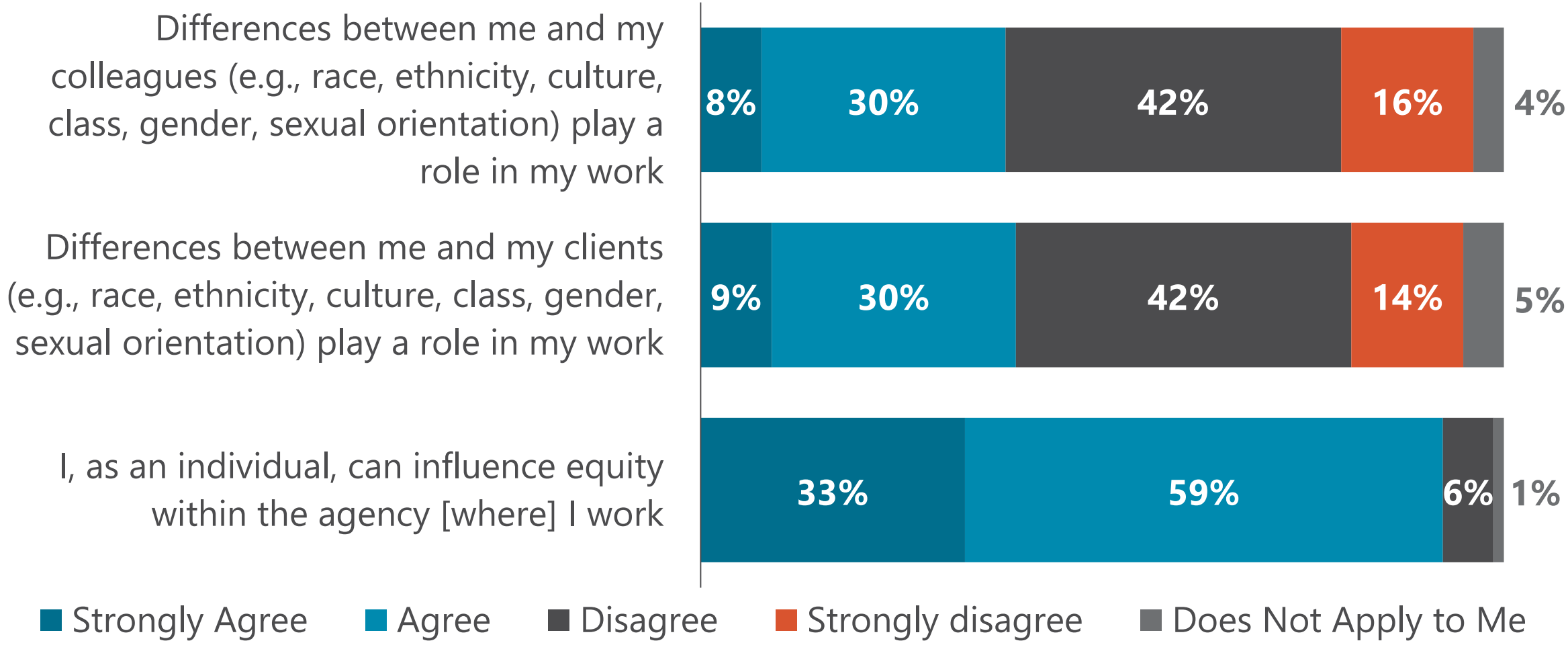
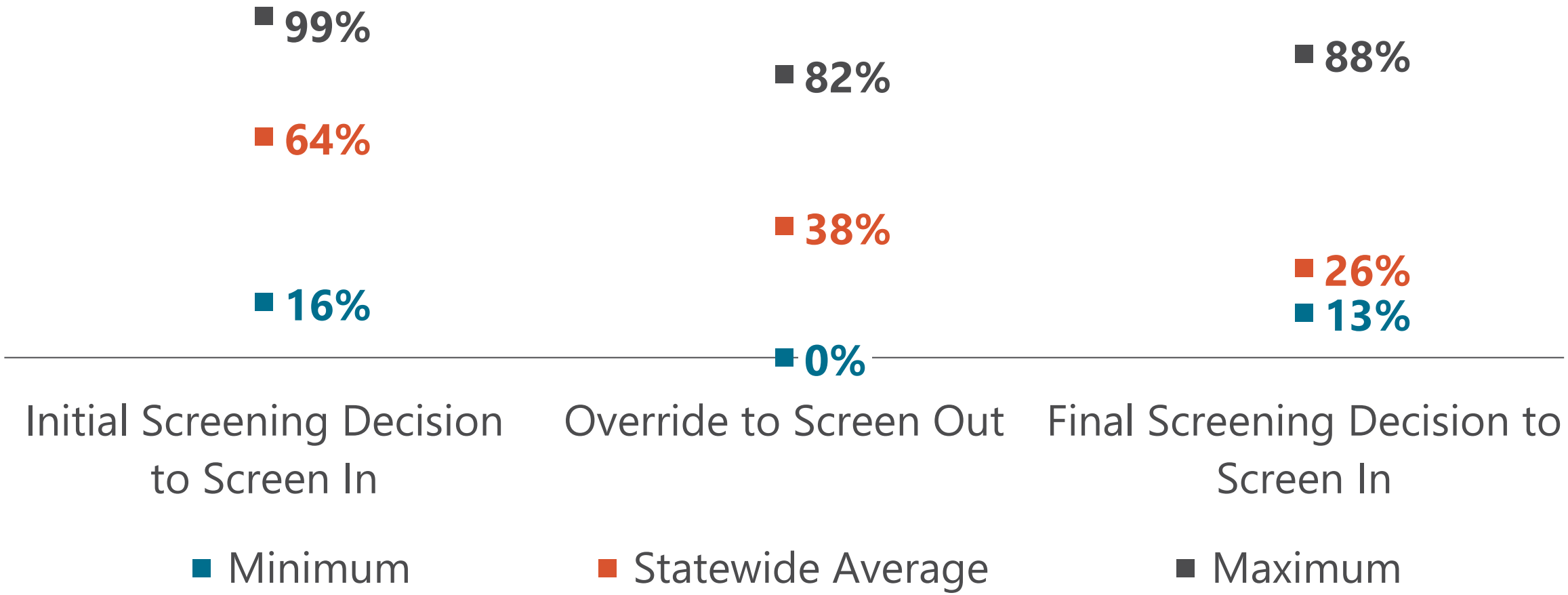
DEI IN THE WORKPLACE (STAFF SURVEY)



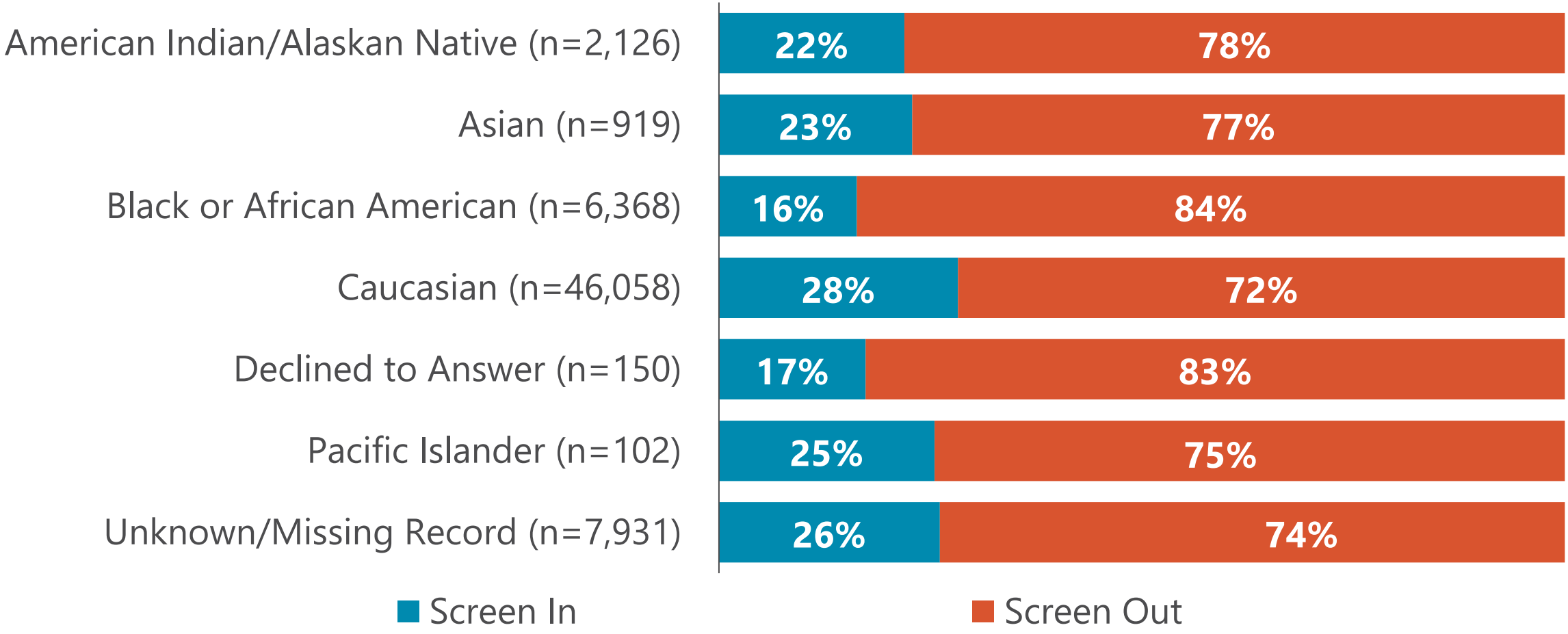
N=79

COUNTY RANGES



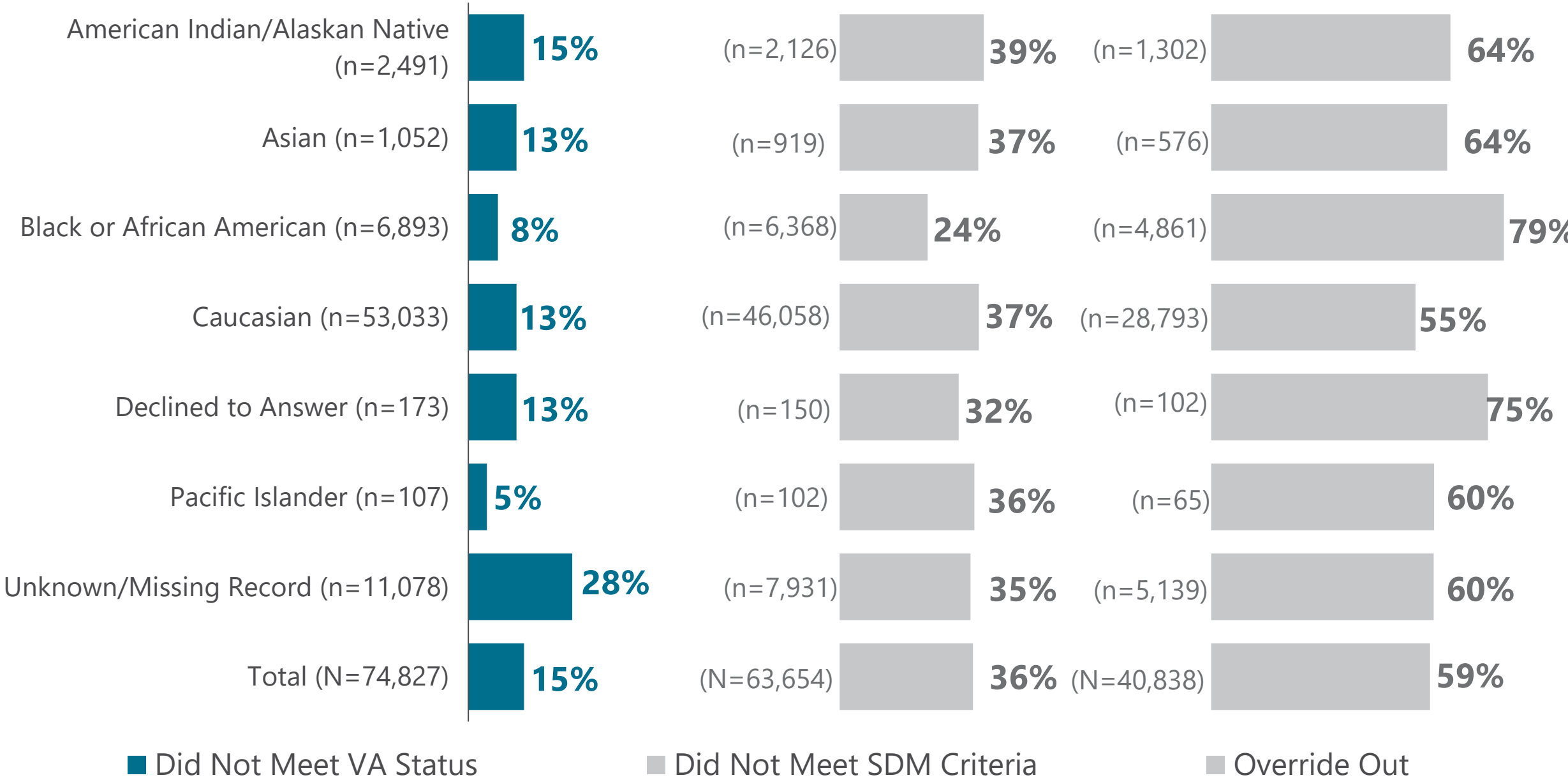
EVIDENT CHANGE

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

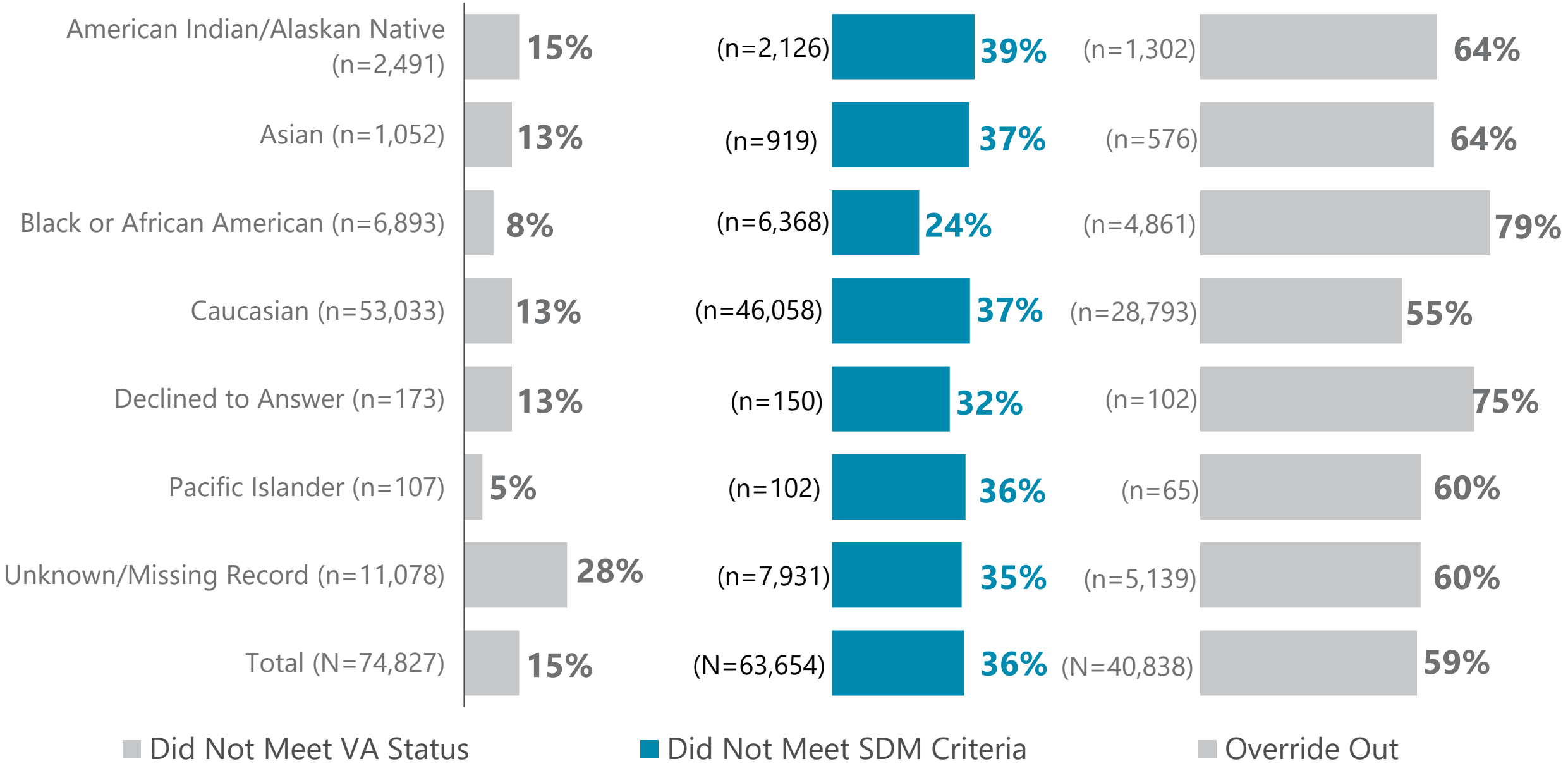


N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

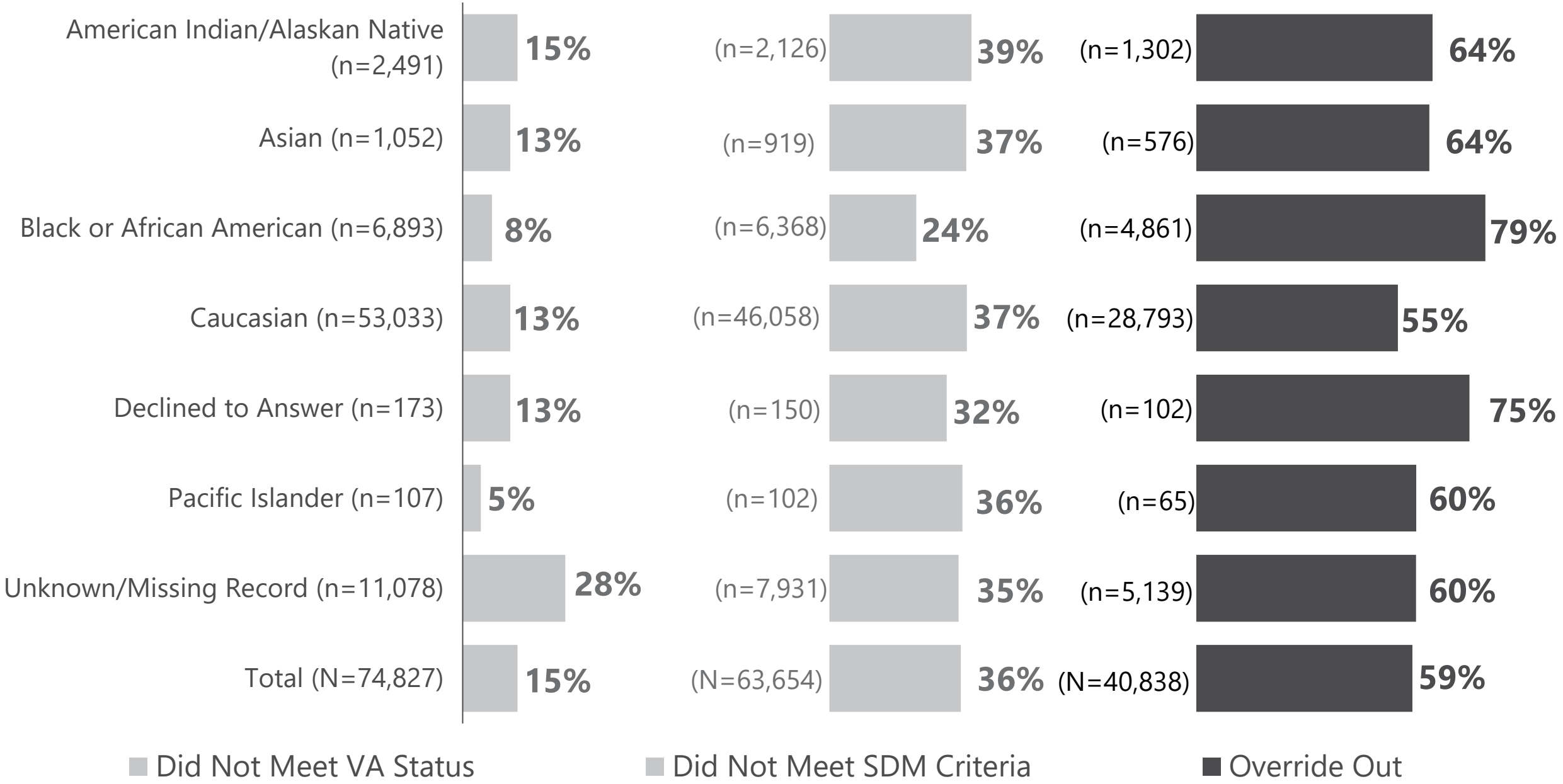
SCREEN OUT BY DECISION POINT – DID NOT MEET VA STATUS



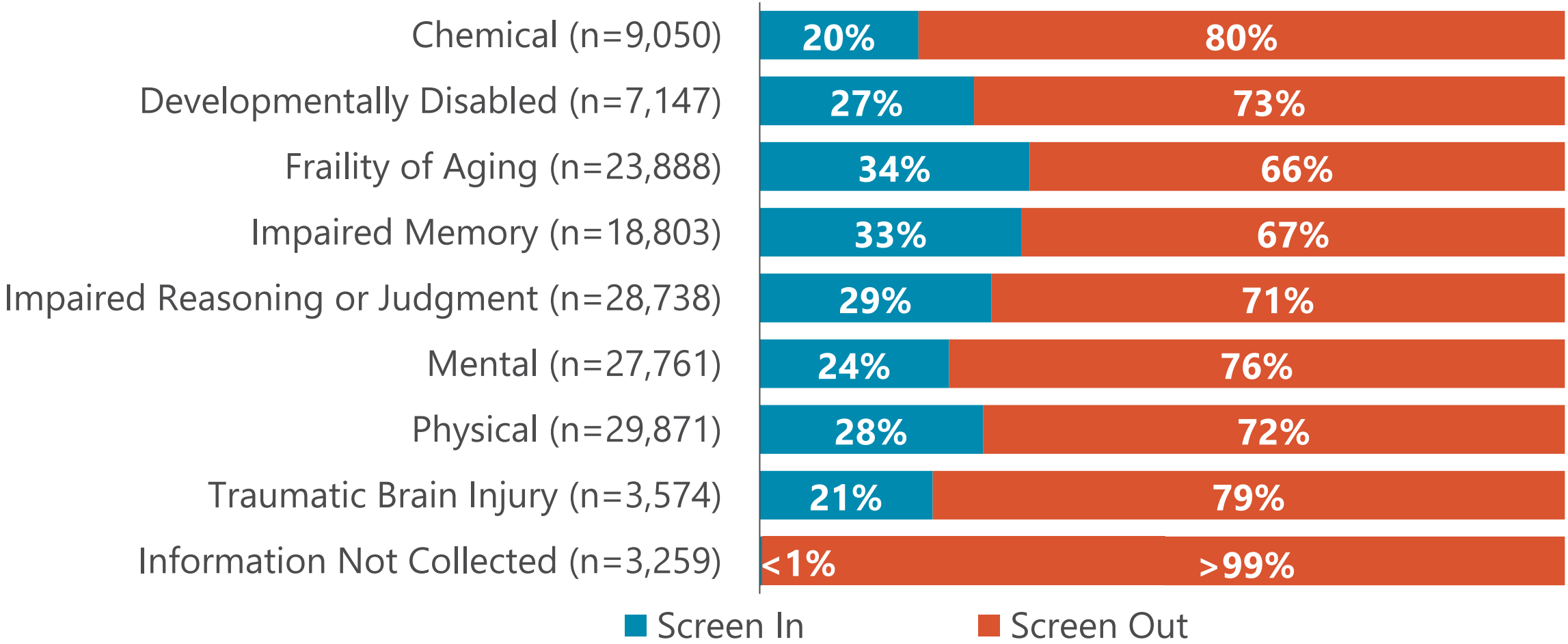
SCREEN OUT BY DECISION POINT – DID NOT MEET SDM CRITERIA



SCREEN OUT BY DECISION POINT – OVERRIDE OUT

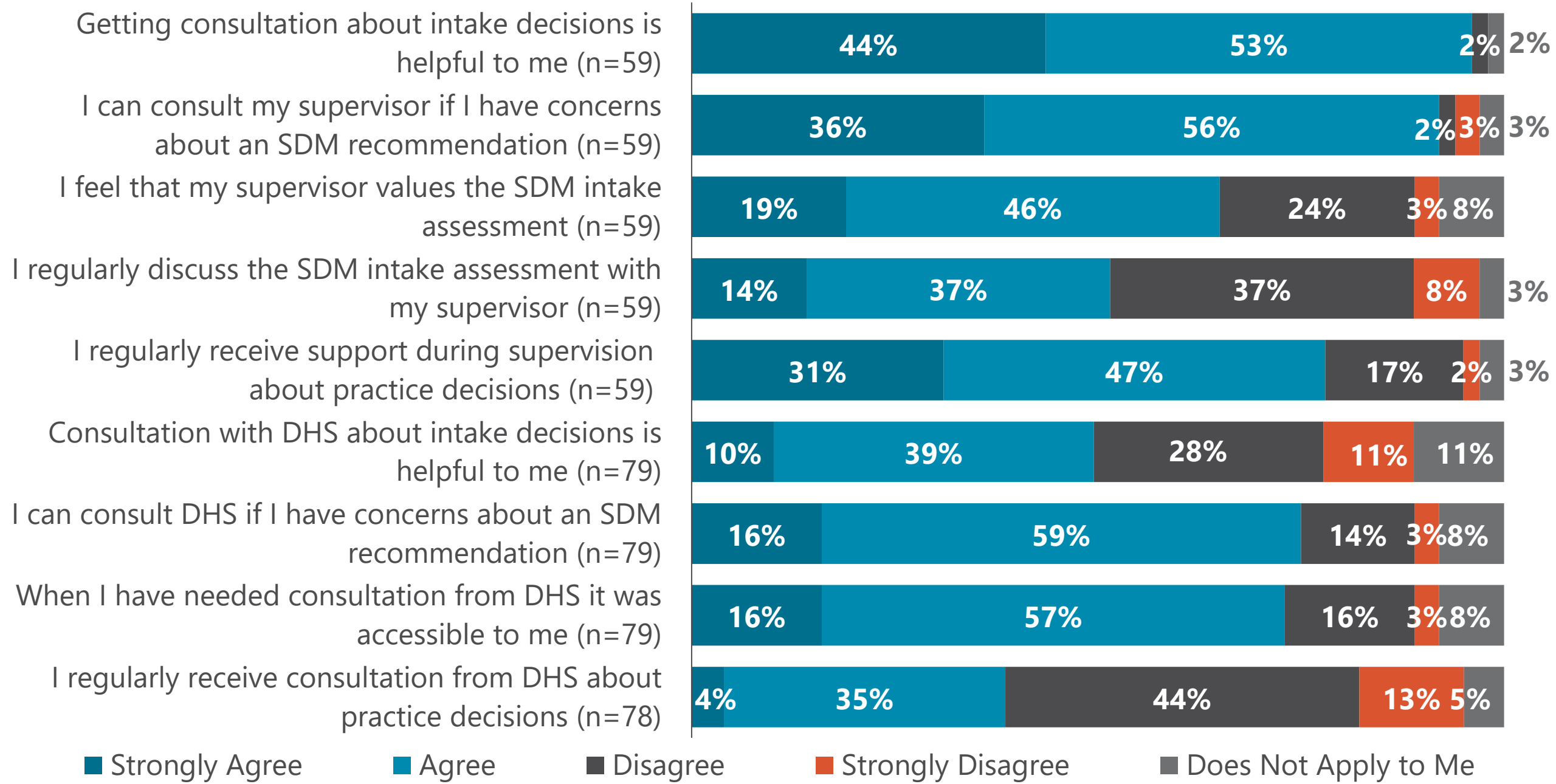


SDM FINAL SCREENING DECISION BY DISABILITY TYPE (DATA ANALYSIS)

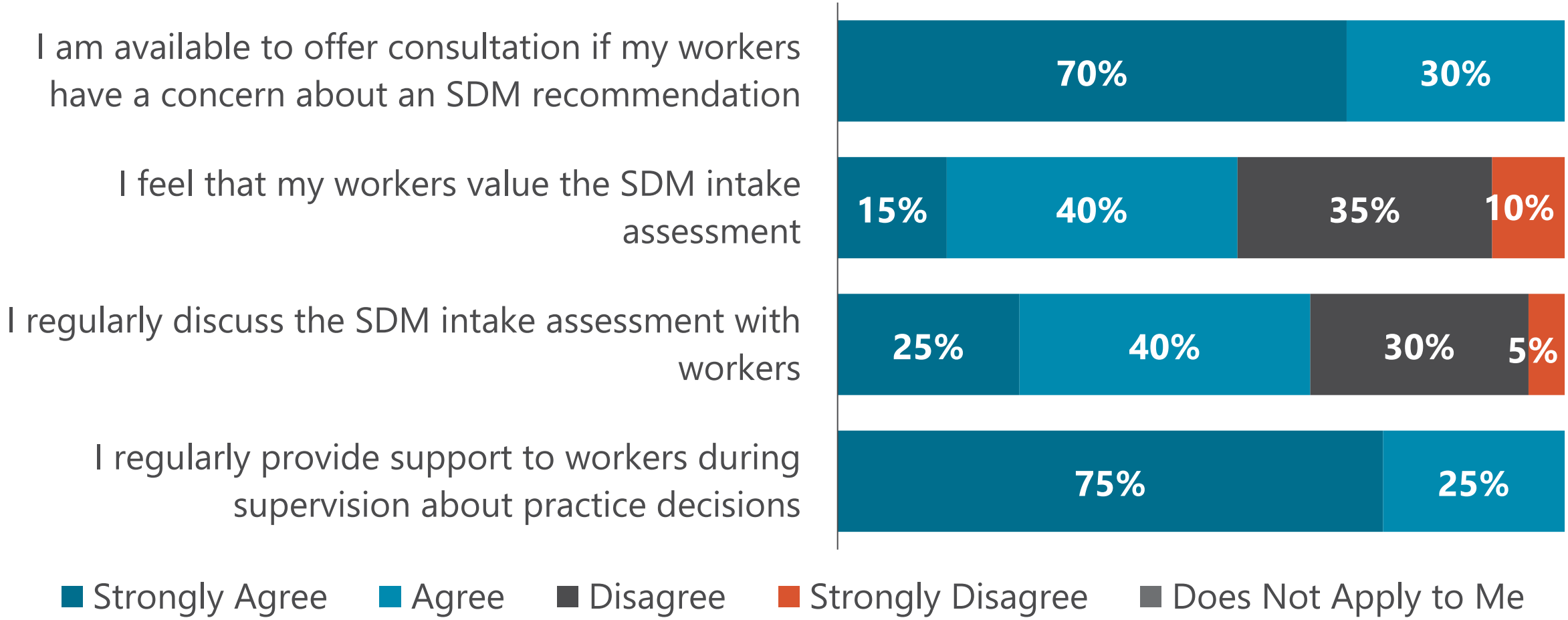


N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

WORKER SUPPORT (WORKERS FROM STAFF SURVEY)



SUPERVISOR SUPPORT (SUPERVISORS FROM STAFF SURVEY)



N=20

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.

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TRAINING AND SUPPORT

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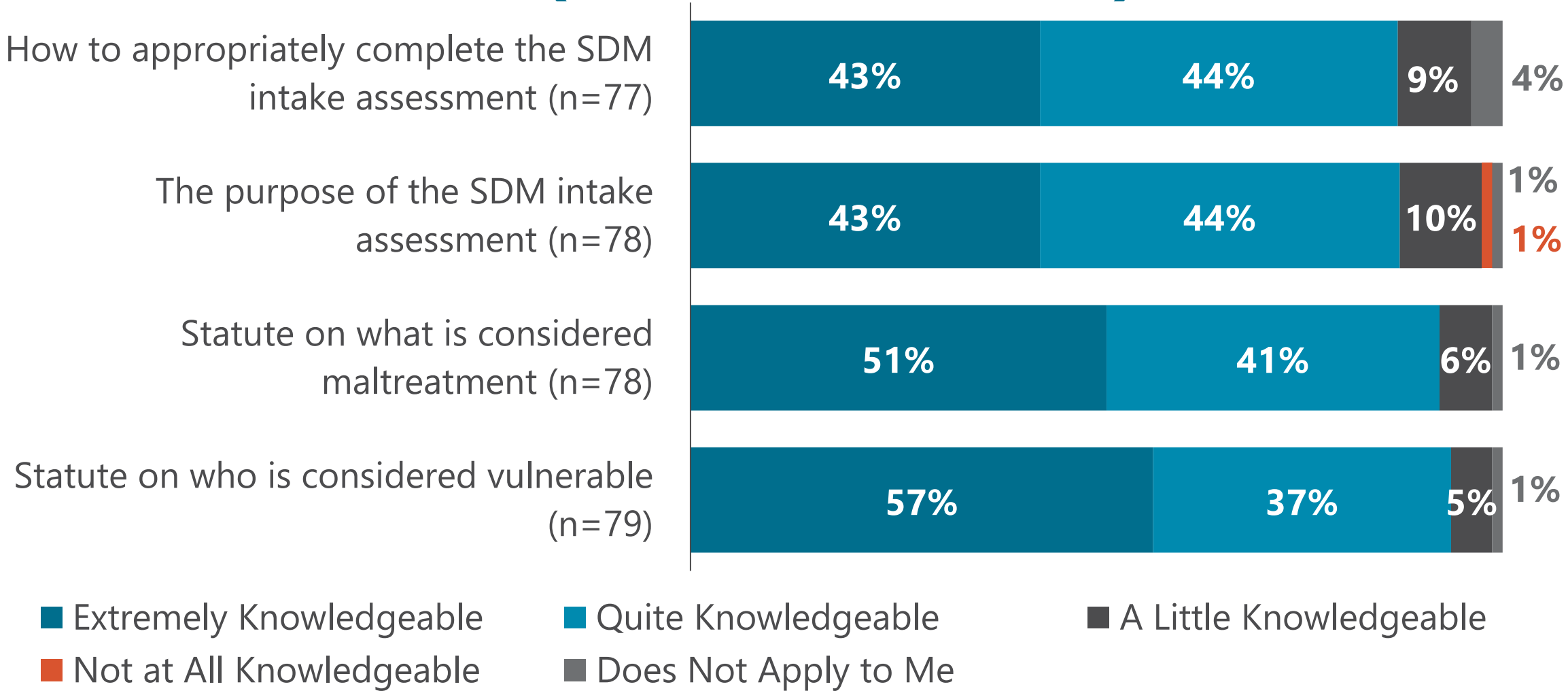
TRAINING AND SUPPORT RECOMMENDATIONS (PREVIEW)

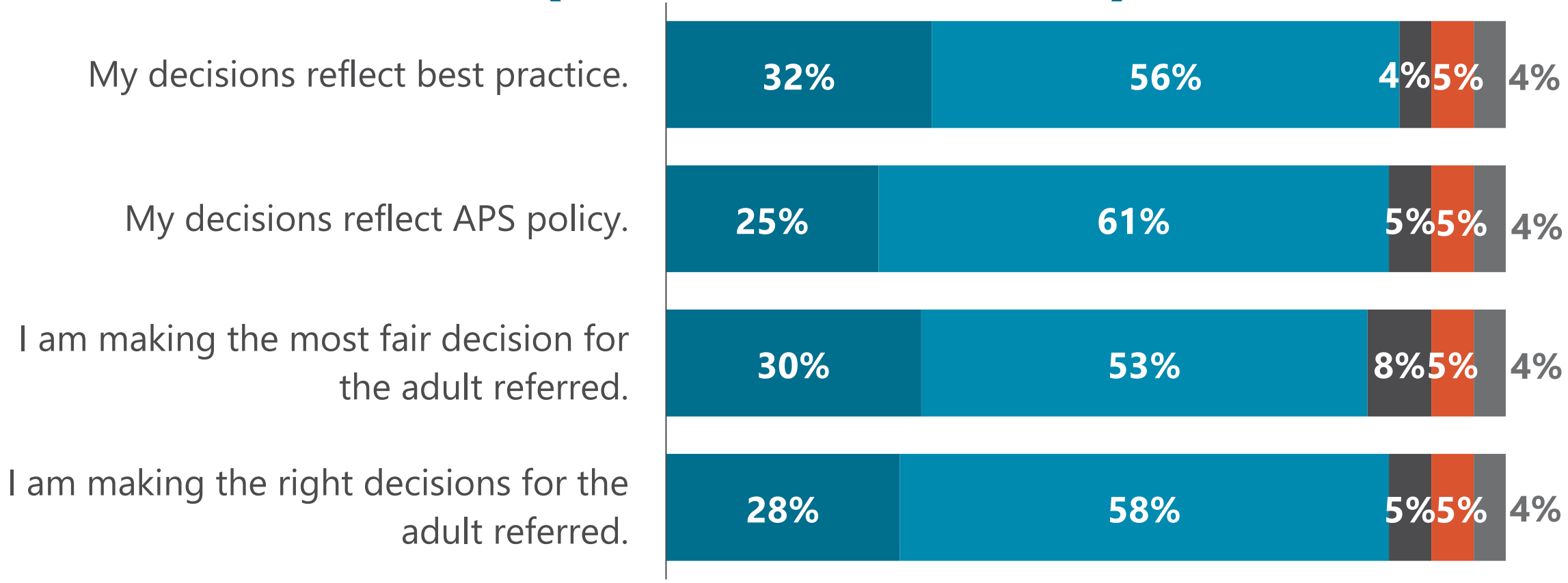
- Retrain staff statewide on the purpose, use, and value of the SDM intake assessment.
- Ensure county-staff-level understanding of APS statutes, policies, and purpose, as well as county-level policies and discretion allowed by statutes.
- Create supervisor-specific SDM trainings to increase knowledge, 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 decision-making process.

EVIDENT CHANGE

KNOWLEDGE OF SDM INTAKE ASSESSMENT (STAFF SURVEY)



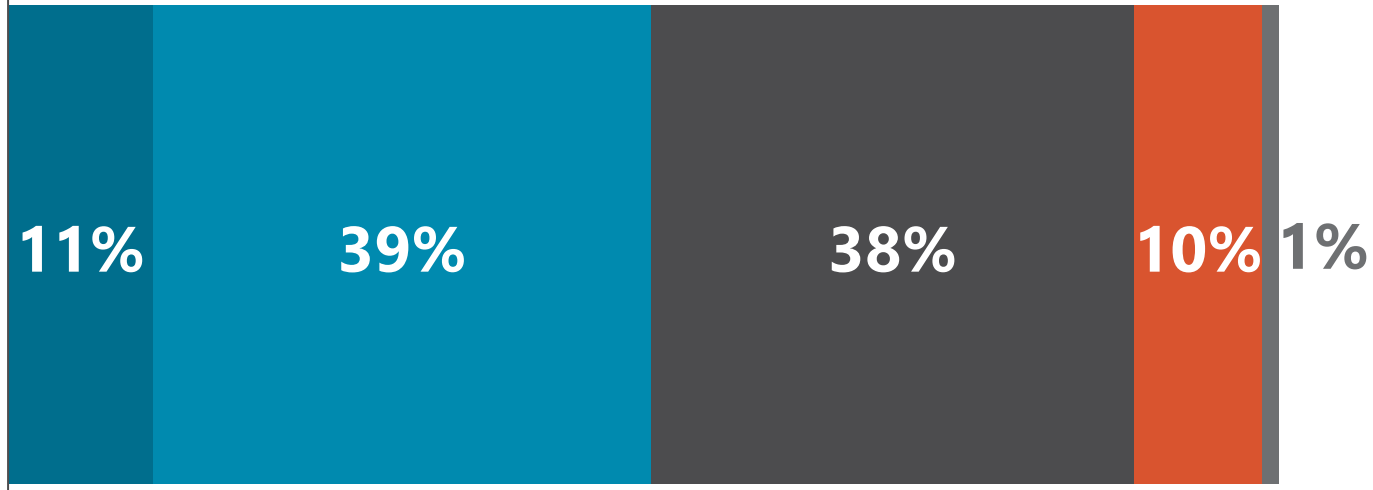
CONFIDENCE WHEN USING SDM INTAKE ASSESSMENT (STAFF SURVEY)



N=79

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
Quite Easy
A Little Difficult
Very Difficult
Does Not Apply to Me

N=79

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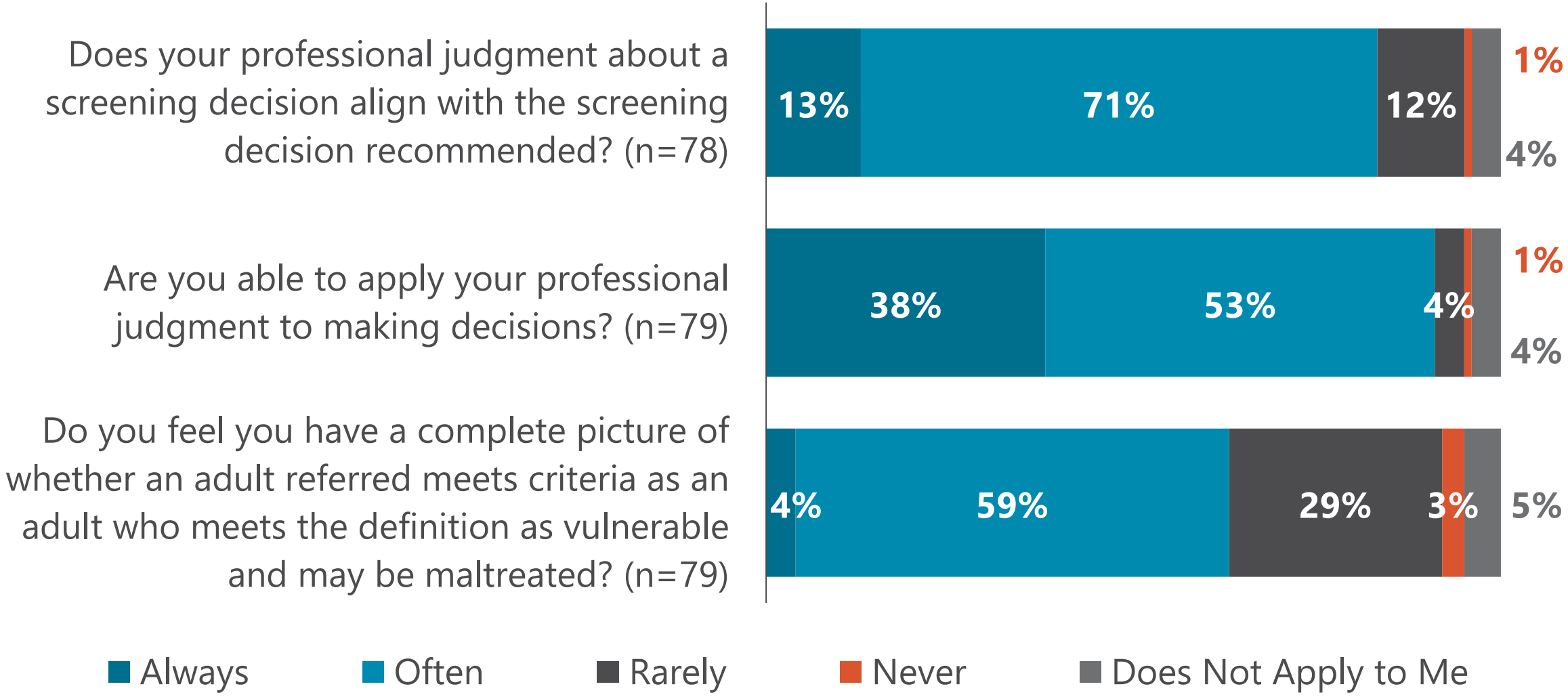
INFORMATION GATHERING



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.

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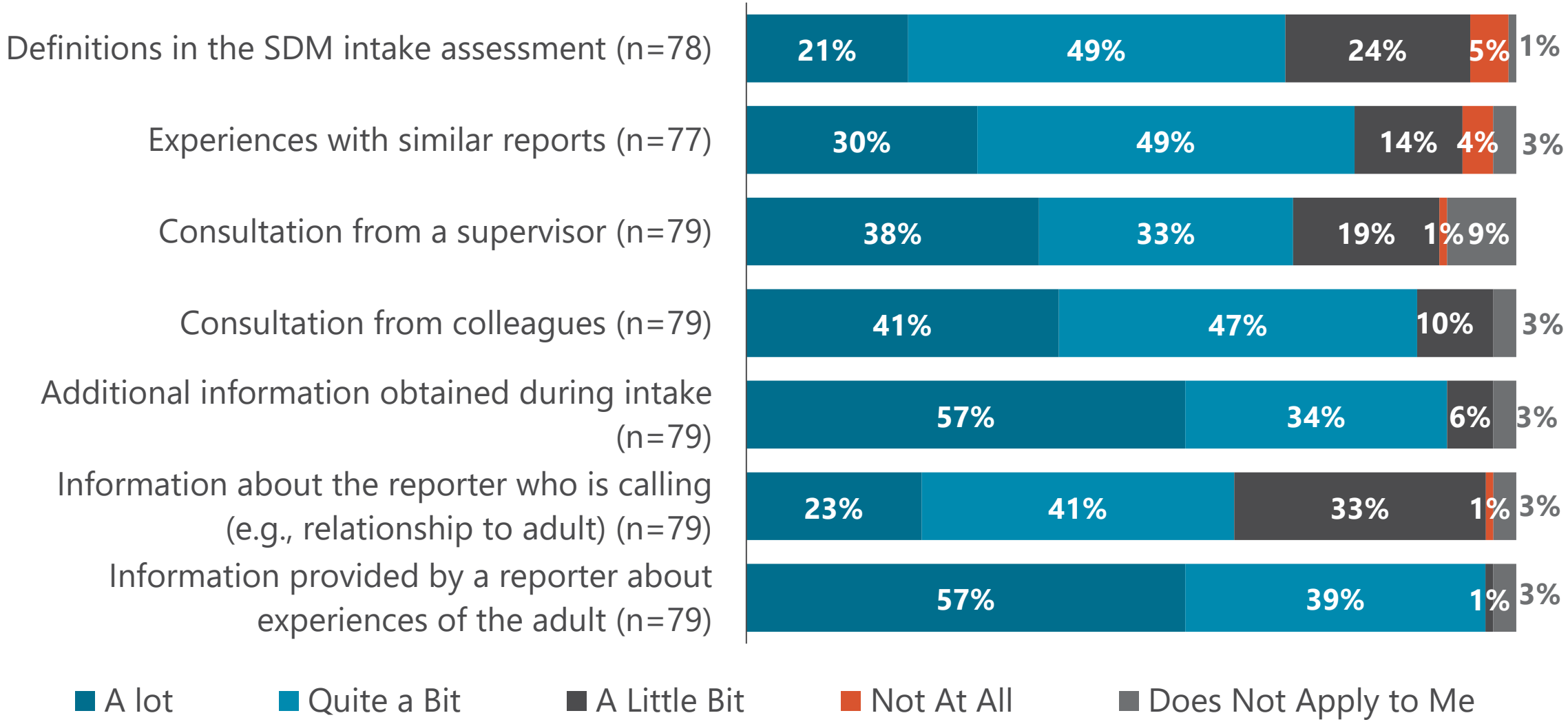
INFORMATION RELIED ON WHEN MAKING SCREENING DECISIONS



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

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QUESTIONS

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THANK YOU

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SUPPLEMENTAL MATERIALS

STAFF SURVEY

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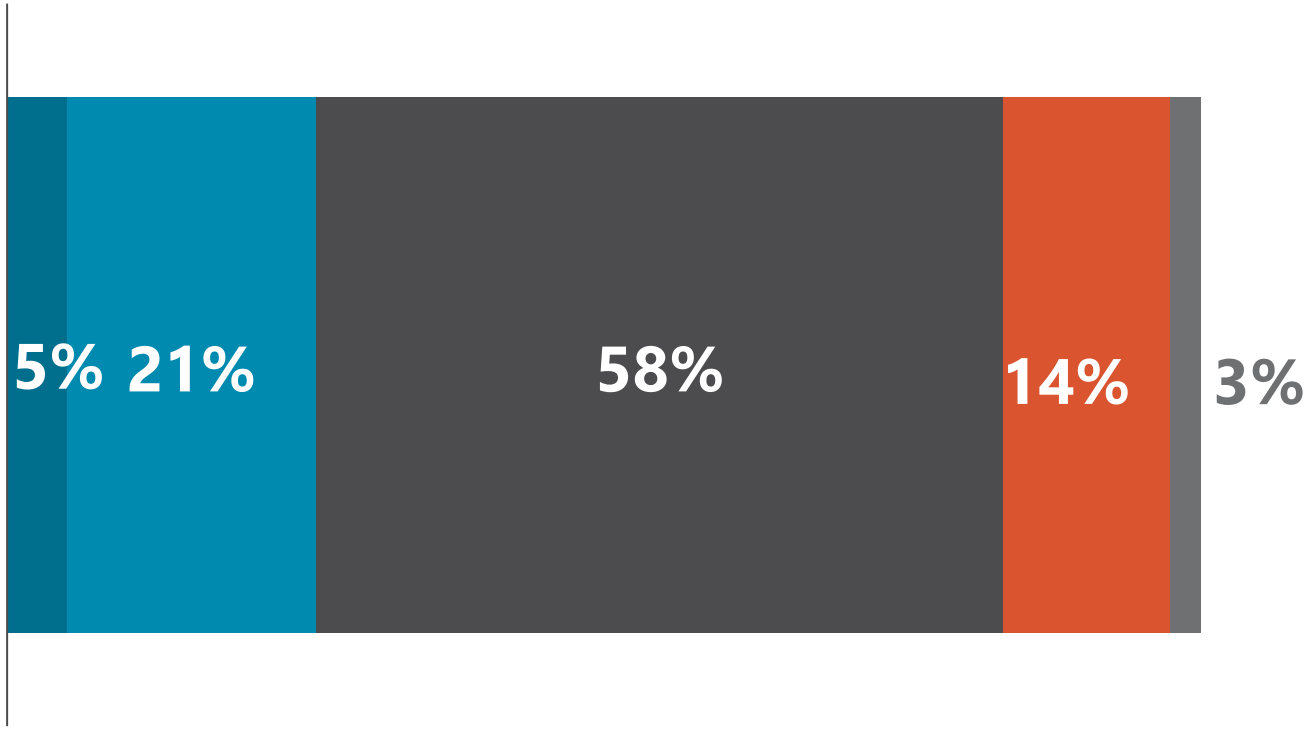
PERCEPTION OF RESPONSE PRIORITY OVERRIDES' ACCURACY

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



N = 78

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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.”

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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

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DATA ANALYSIS

EVIDENT CHANGE

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.

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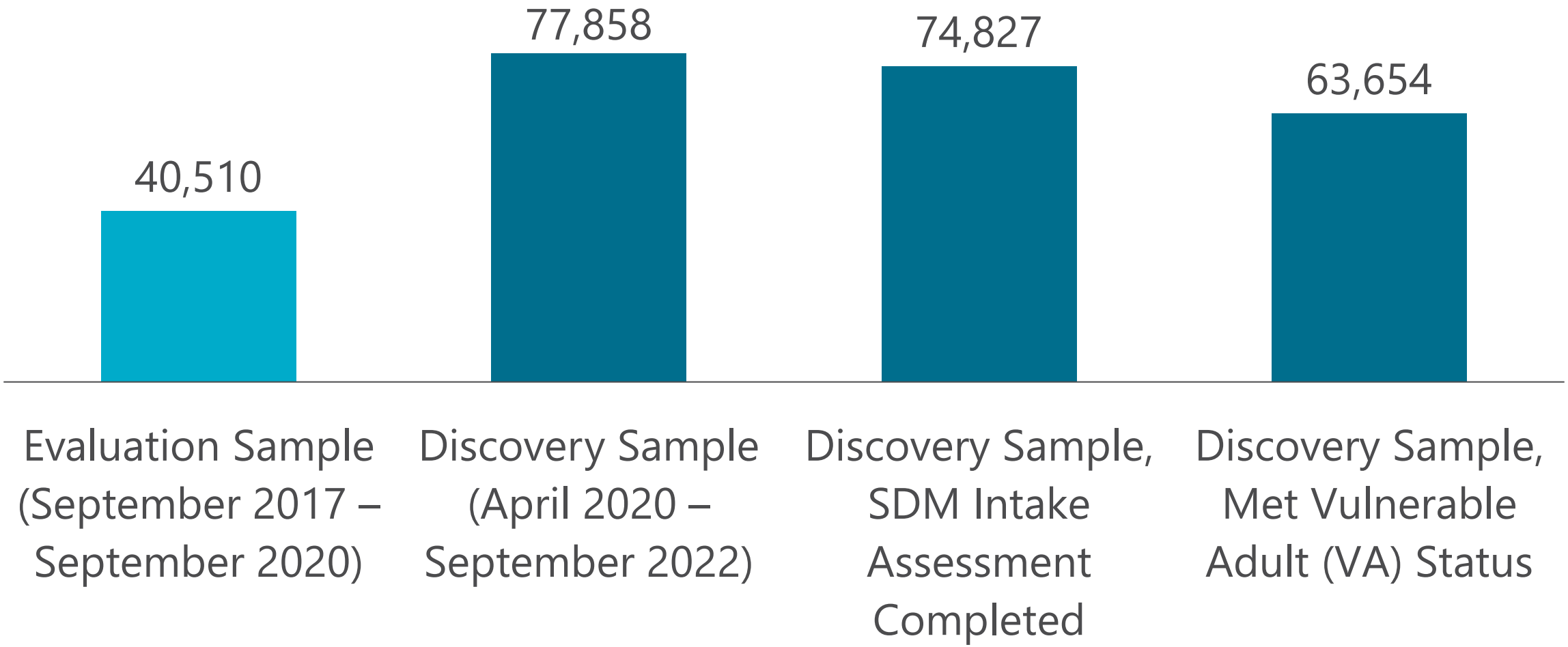
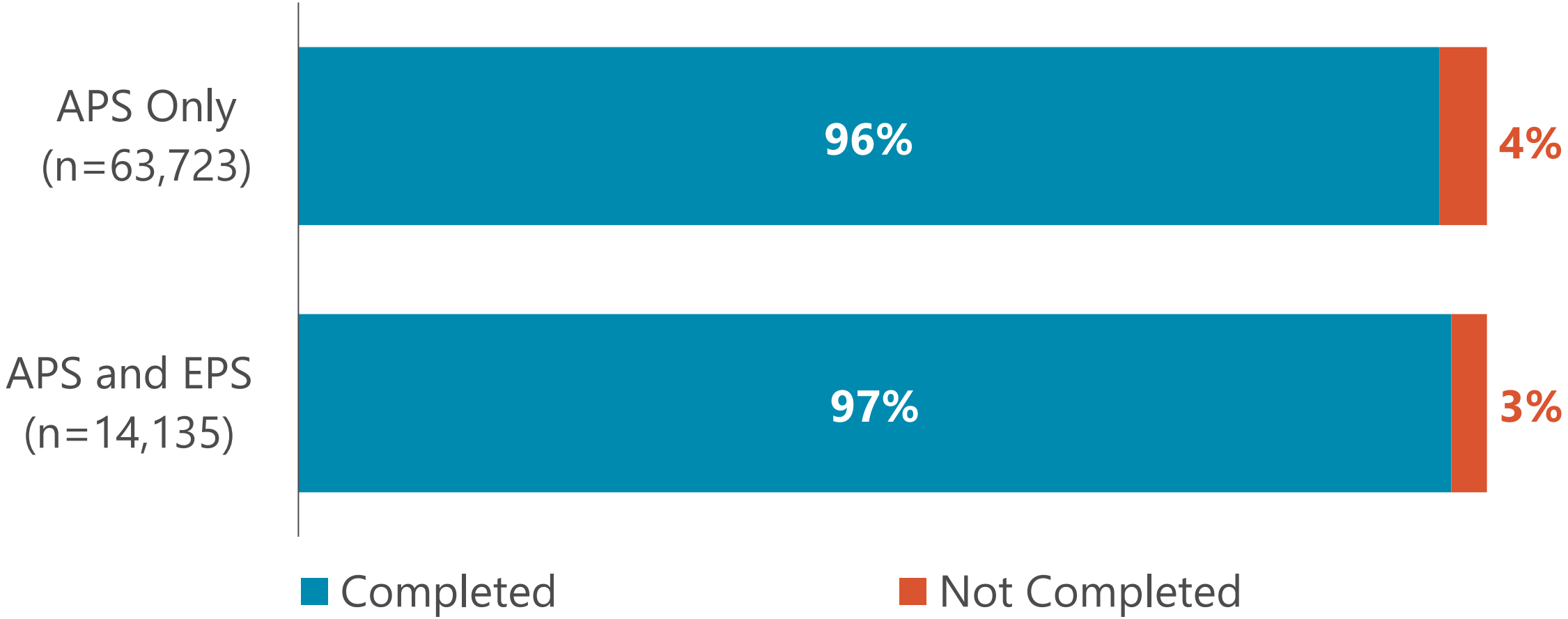
DATA ANALYSIS: COMPARING SAMPLED REPORT NUMBERS (DUPLICATE SLIDE)



1

OVERALL SDM SCREENING DECISIONS

SDM INTAKE ASSESSMENT COMPLETION IS HIGH



N = 77,858

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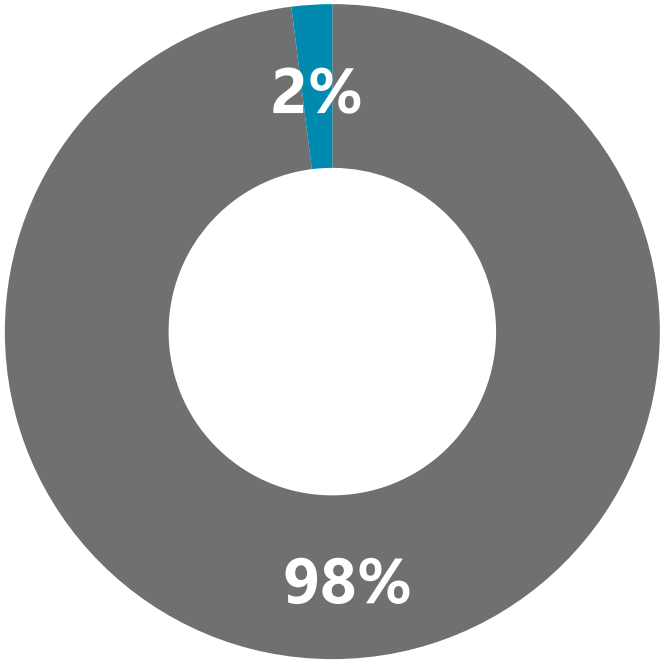
SDM AND SSIS SCREENING DECISION AGREEMENT AFTER OVERRIDES IS HIGH

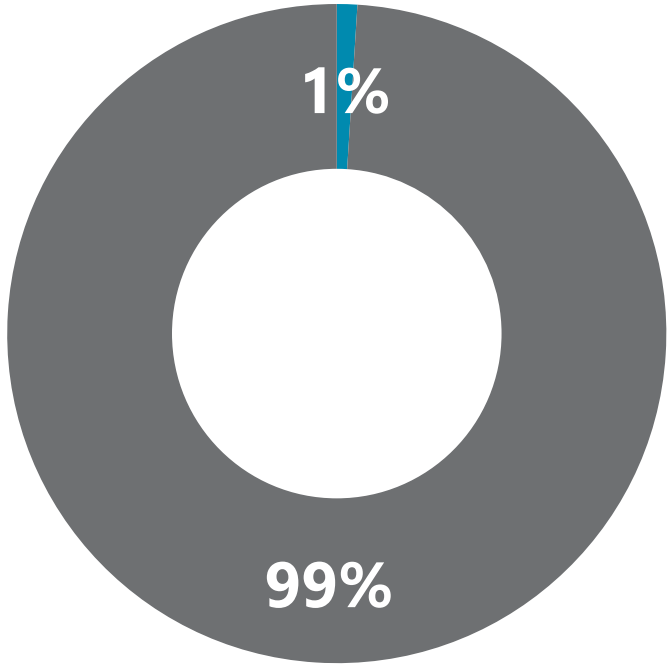
Final SDM Screening Decision: Screen In (n=16,850)



SSIS Screen In

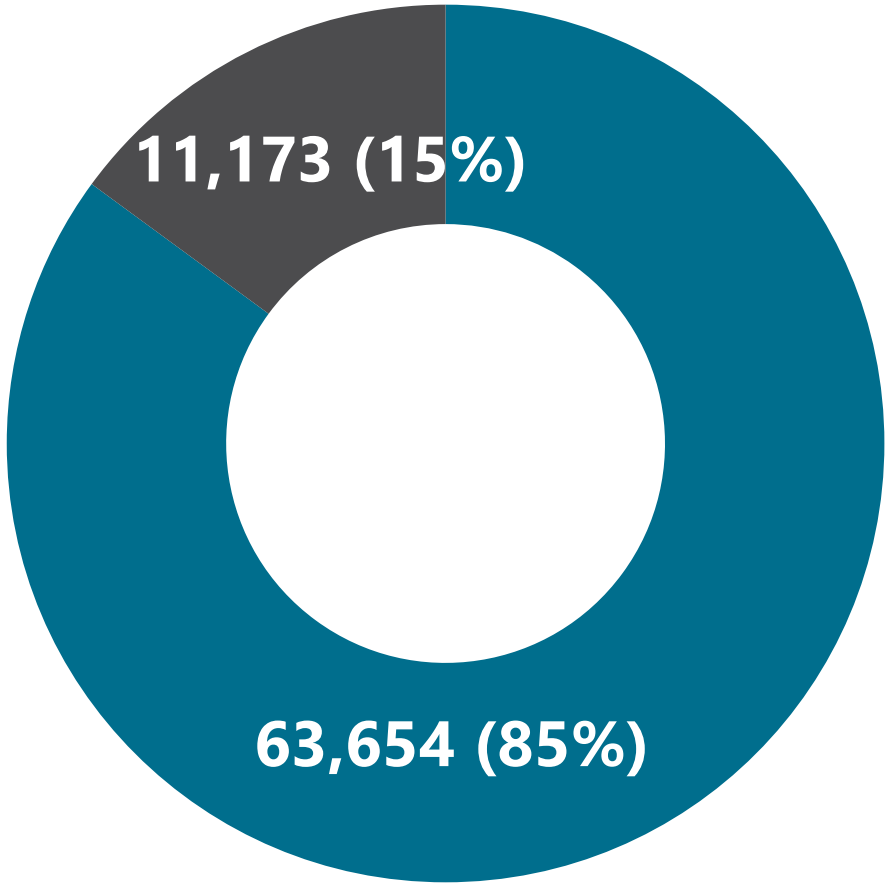
SSIS Screen Out

Final SDM Screening Decision: Screen Out (n=57,976)



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

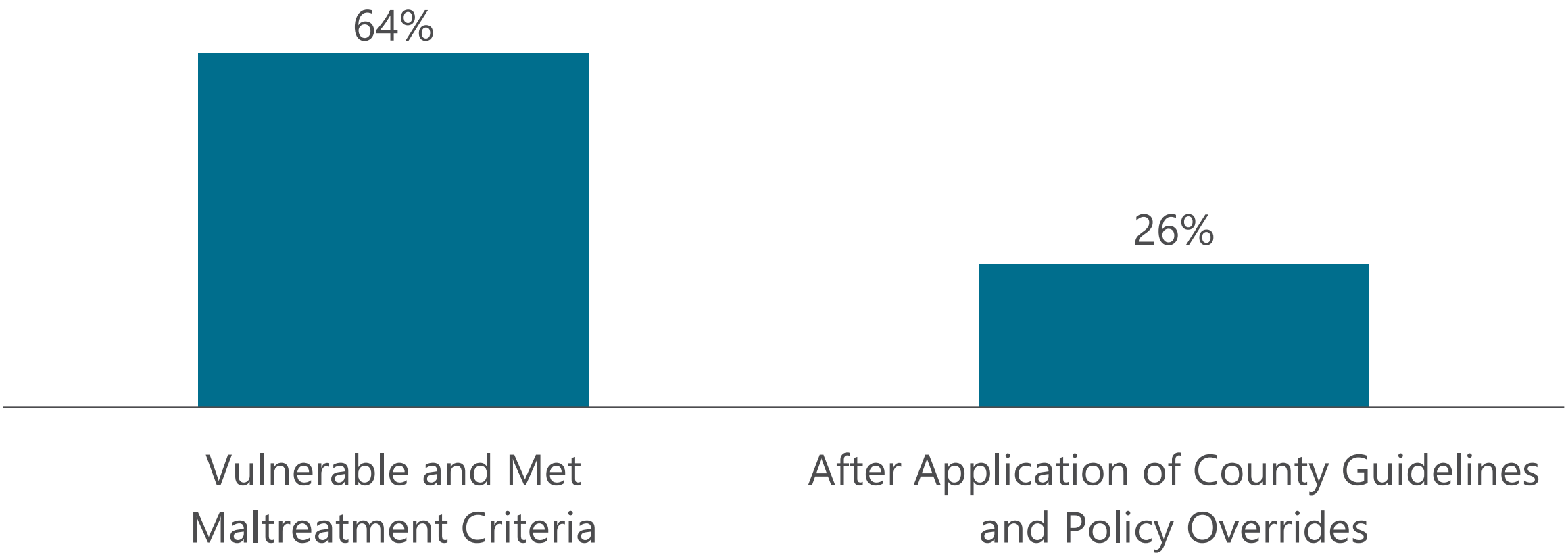
SDM INTAKE ASSESSMENT: VA STATUS



N = 74,827 reports with completed SDM intake assessments

EVIDENT CHANGE

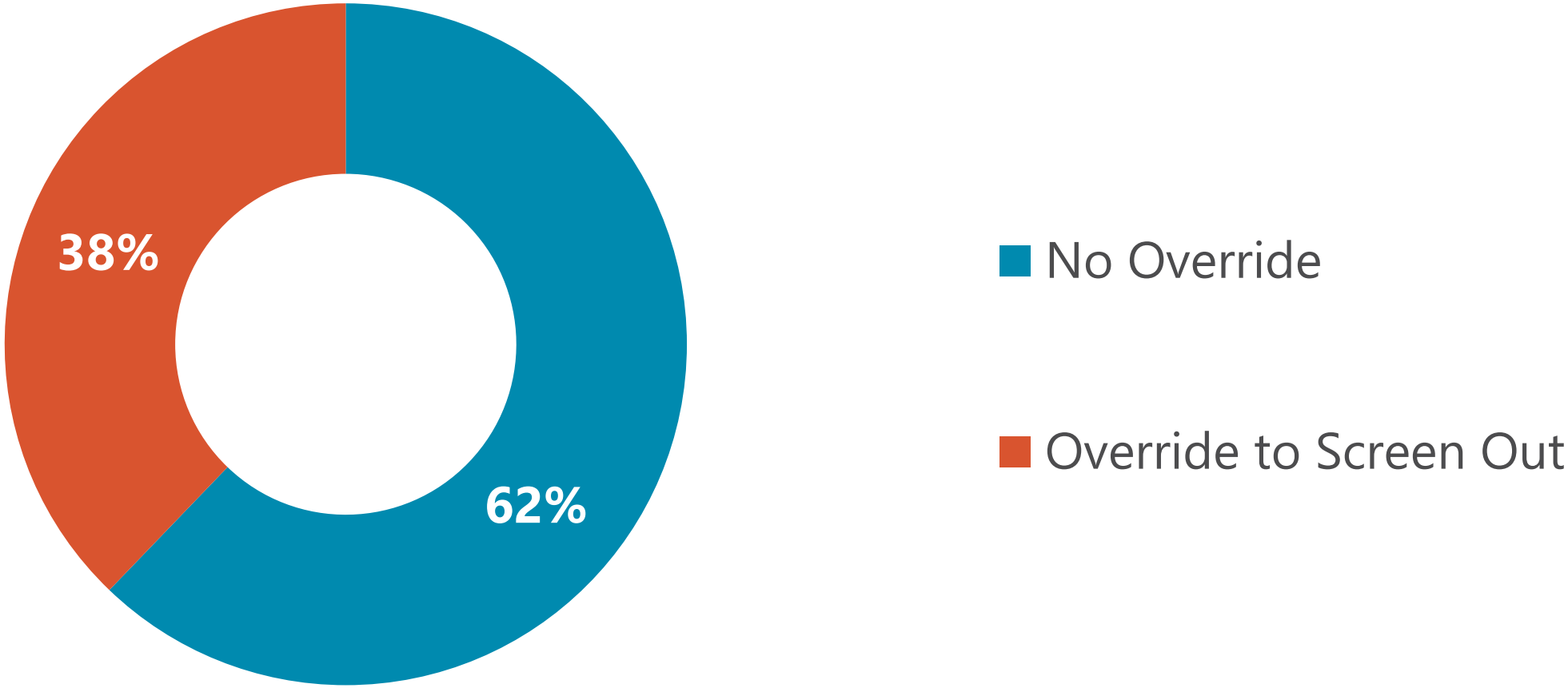
DATA ANALYSIS: DECISION TO SCREEN IN (DUPLICATE)



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

EVIDENT CHANGE

DATA ANALYSIS: SCREENING OVERRIDES (DUPLICATE)



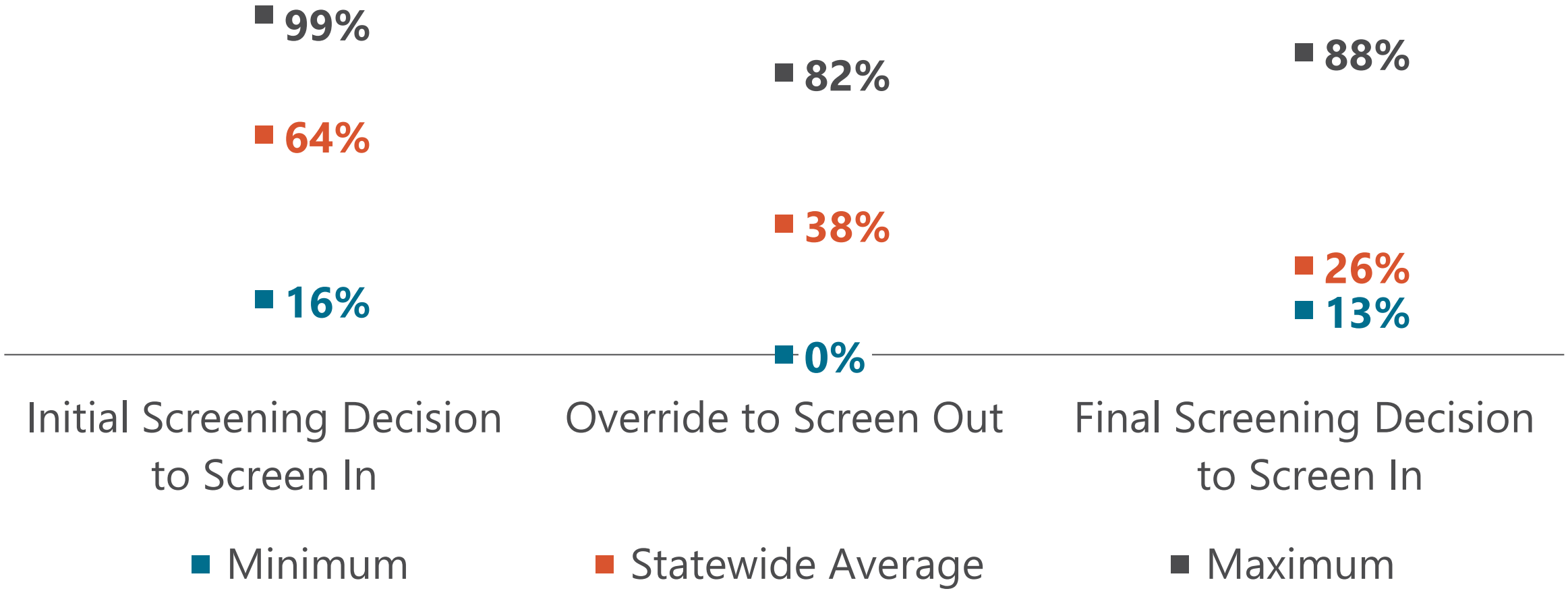
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status
Note: There were nine overrides from screen out to screen in, which are not shown.

2

COUNTY LEVEL VARIATION

EVIDENT CHANGE

COUNTY RANGES (DUPLICATE)



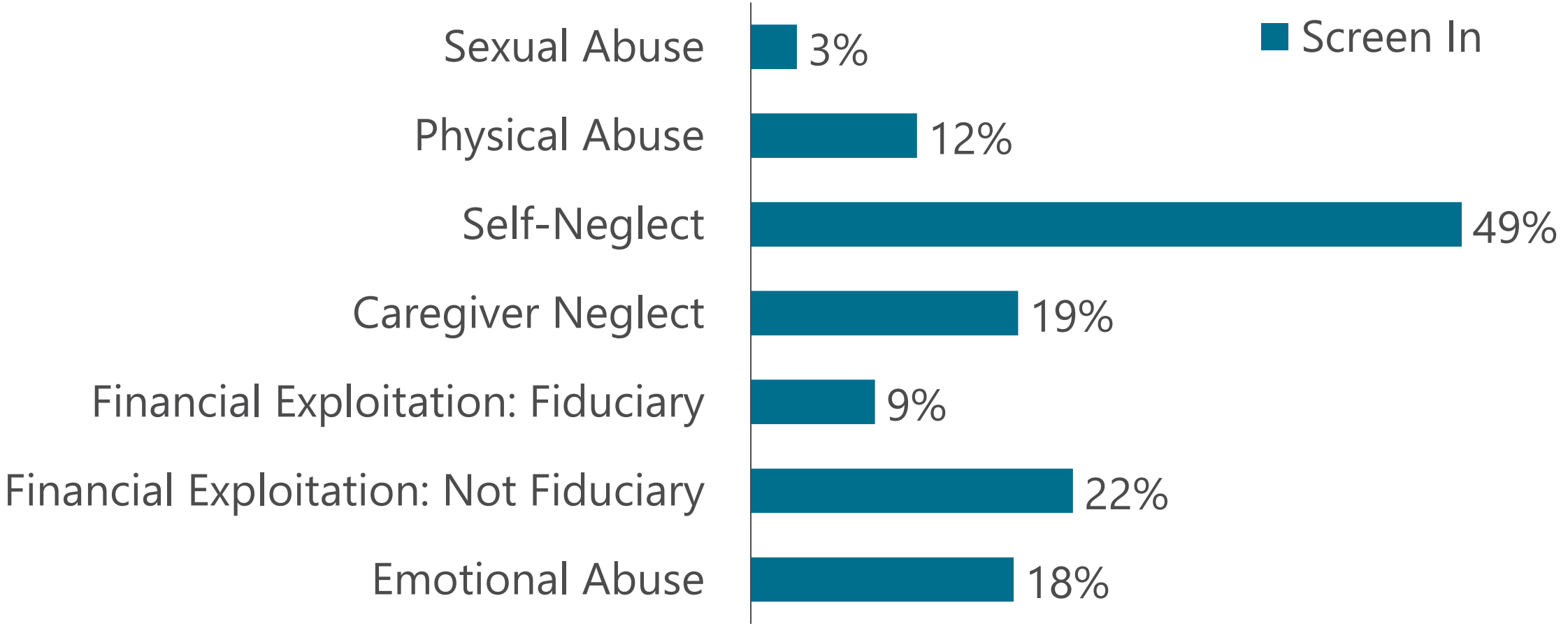
EVIDENT CHANGE

3

SDM INTAKE ASSESSMENT FINDINGS BY REPORTED ALLEGATION

EVIDENT CHANGE

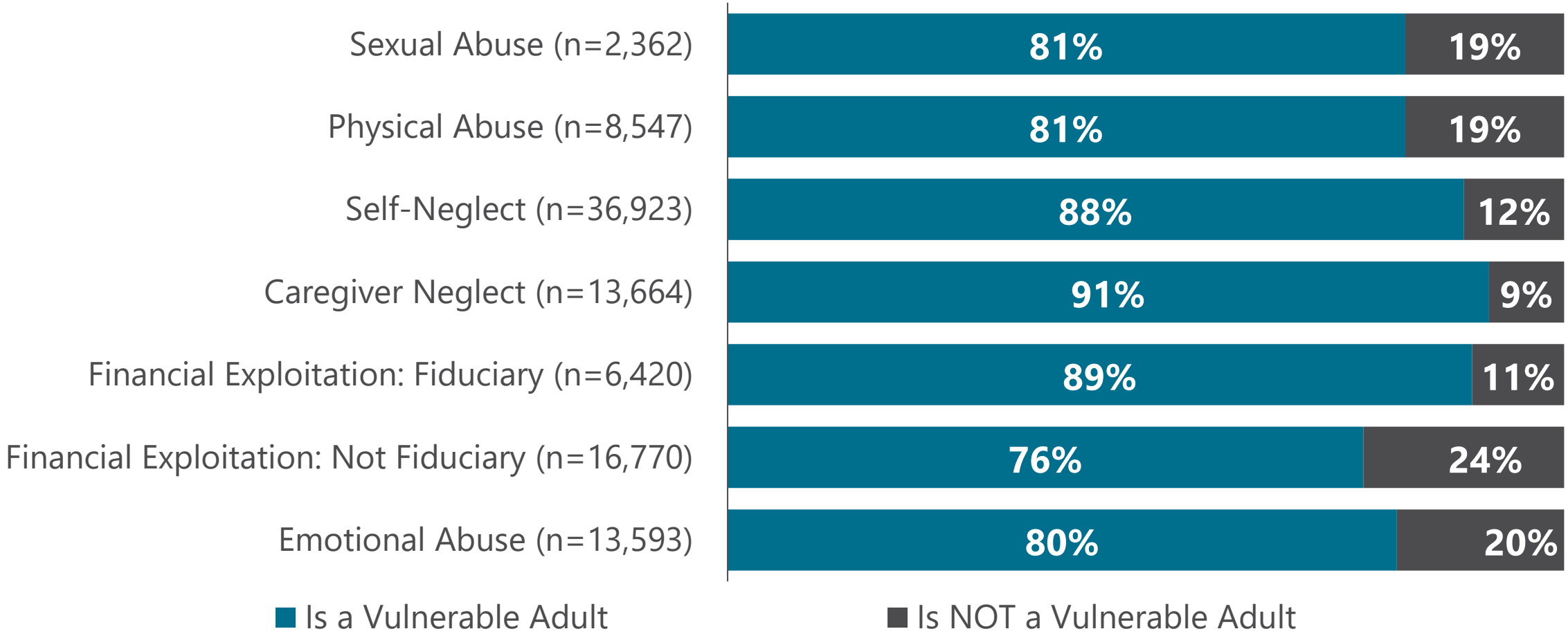
REPORTED ALLEGATIONS



N = 77,858

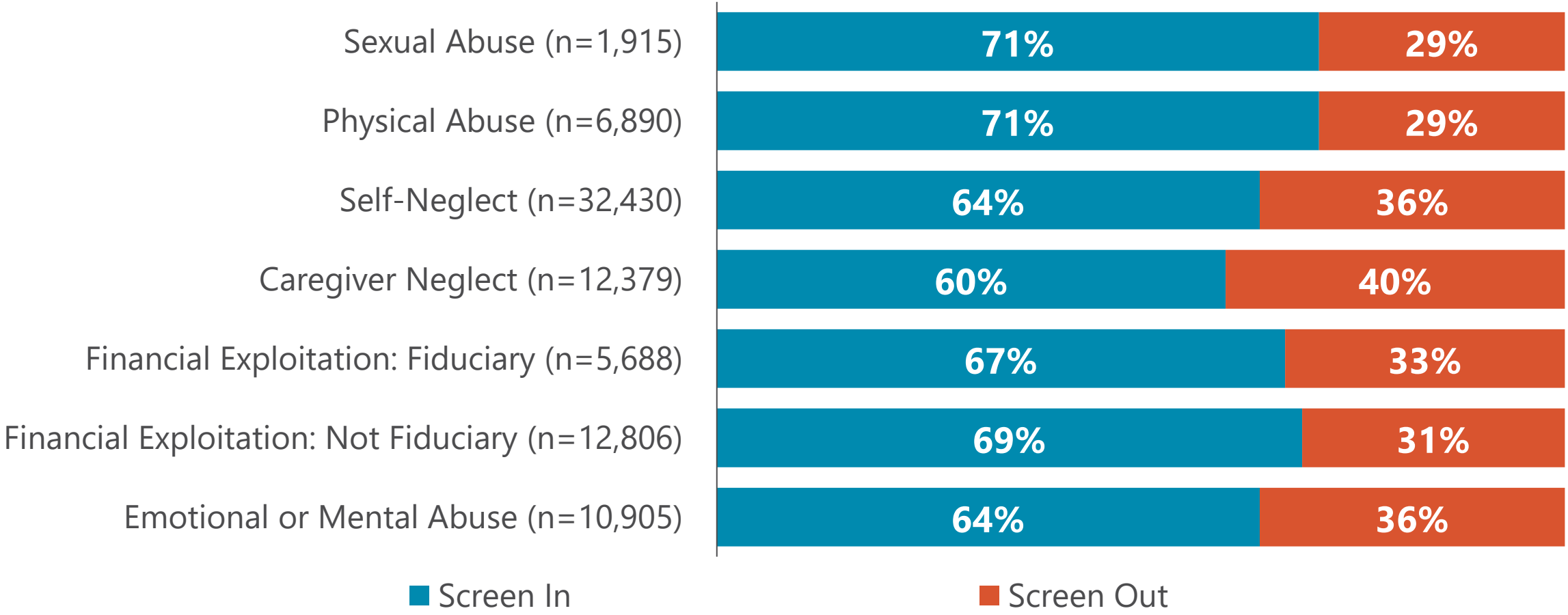
EVIDENT CHANGE

SDM INTAKE ASSESSMENT VA STATUS BY REPORTED ALLEGATION



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

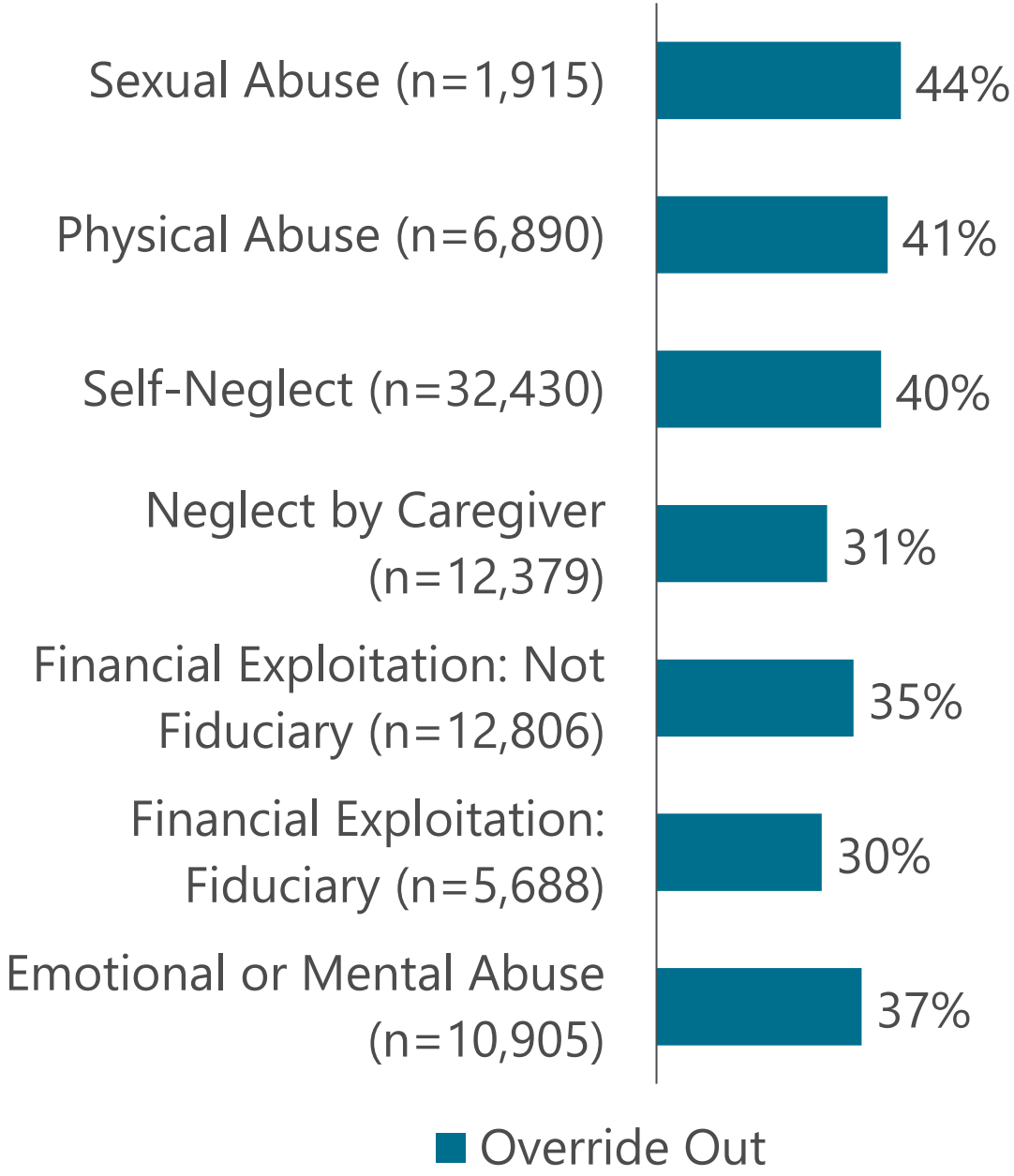
INITIAL SCREENING DECISION BY REPORTED ALLEGATION



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

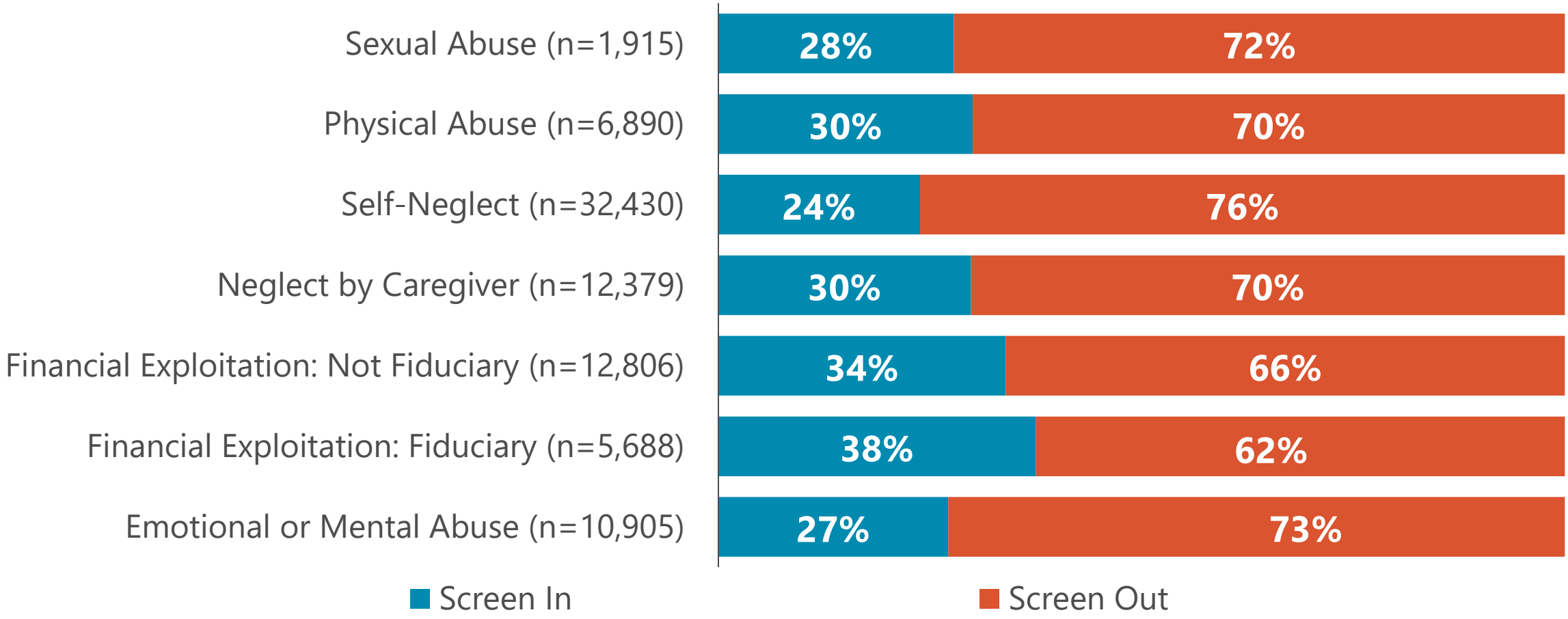
OVERRIDE OUT BY REPORTED ALLEGATION

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



EVIDENT CHANGE

FINAL SCREENING DECISION BY REPORTED ALLEGATION



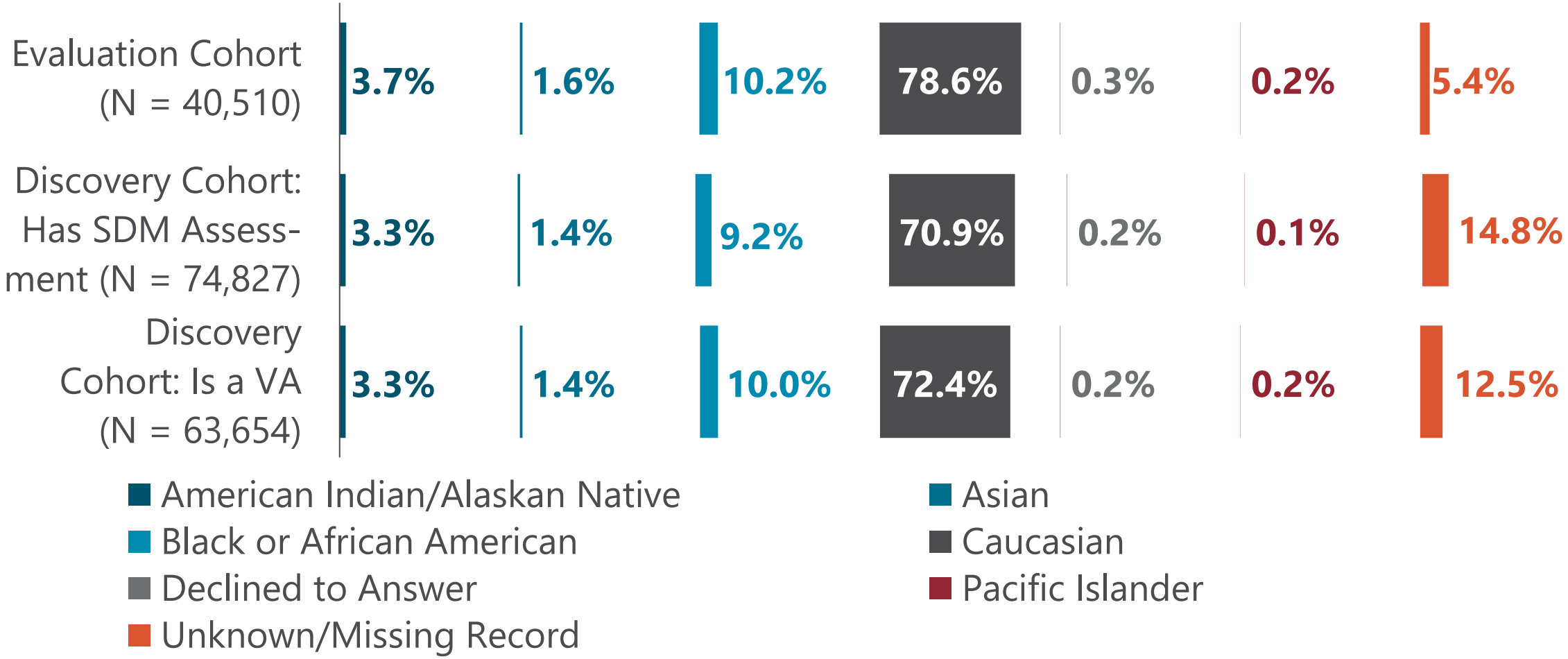
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

4

SDM INTAKE ASSESSMENT FINDINGS BY RACE

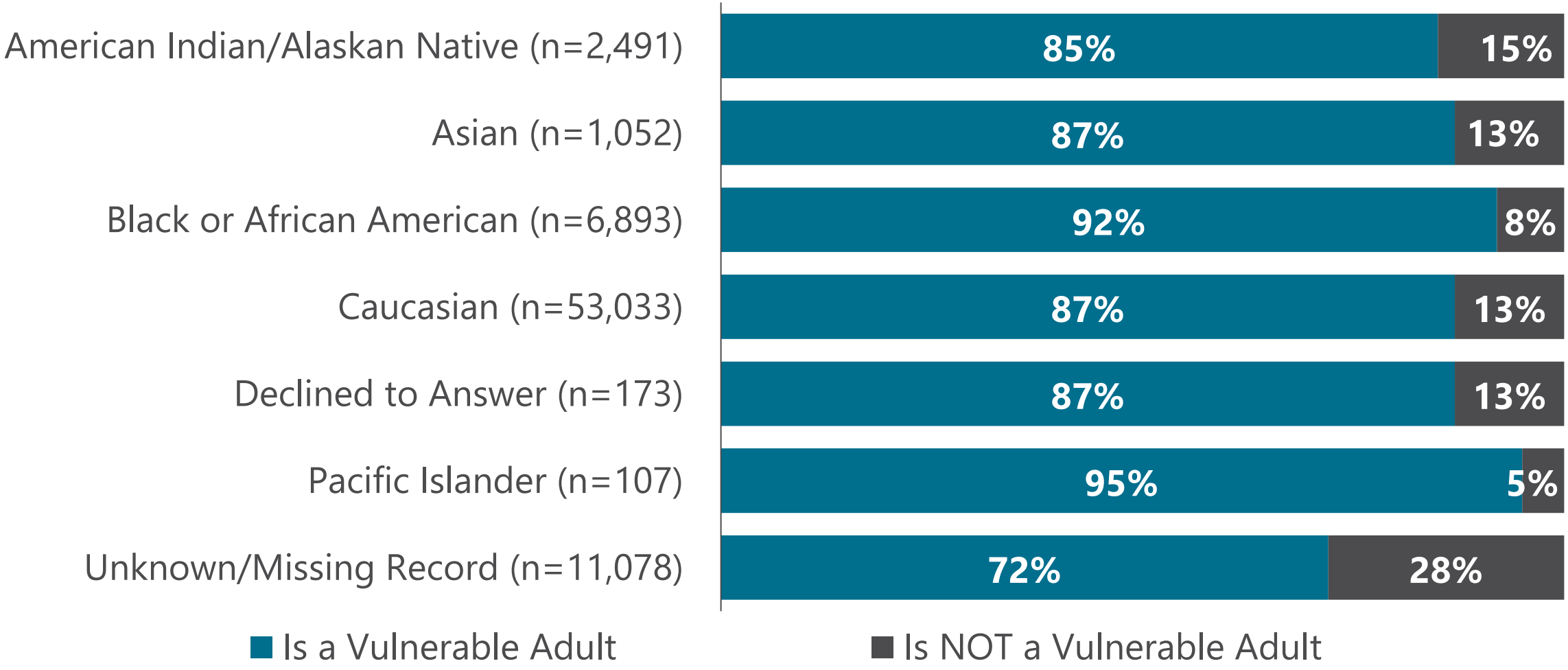
EVIDENT CHANGE

PROPORTION OF REPORTS INVOLVING VAS IN EACH RACE GROUP BY COHORT



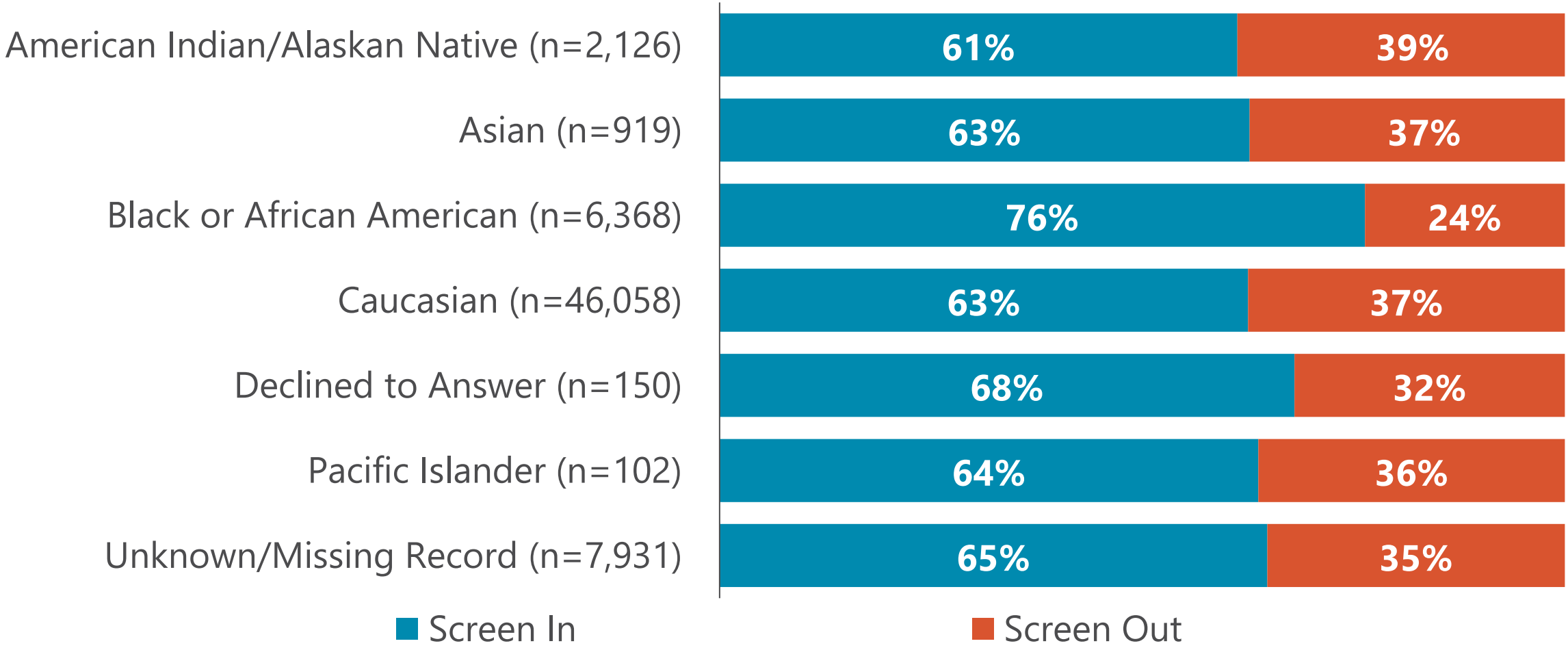
Note that the unit of analysis is reports. Adults may be included in more than one report during the cohort period.

DATA ANALYSIS: SDM INTAKE ASSESSMENT VA STATUS BY VA RACE



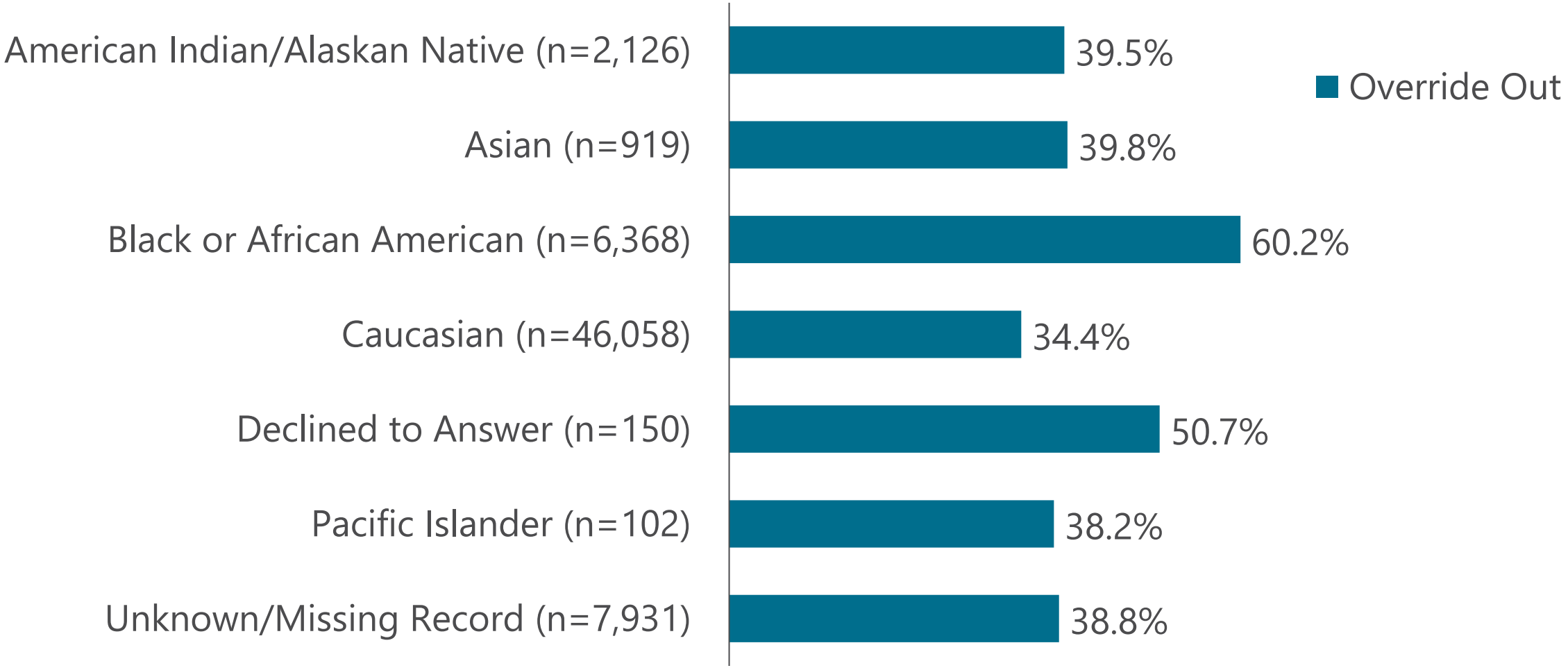
N = 74,827 (excludes reports for which SDM intake assessment was not completed)

DATA ANALYSIS: INITIAL SCREENING DECISION BY VA RACE



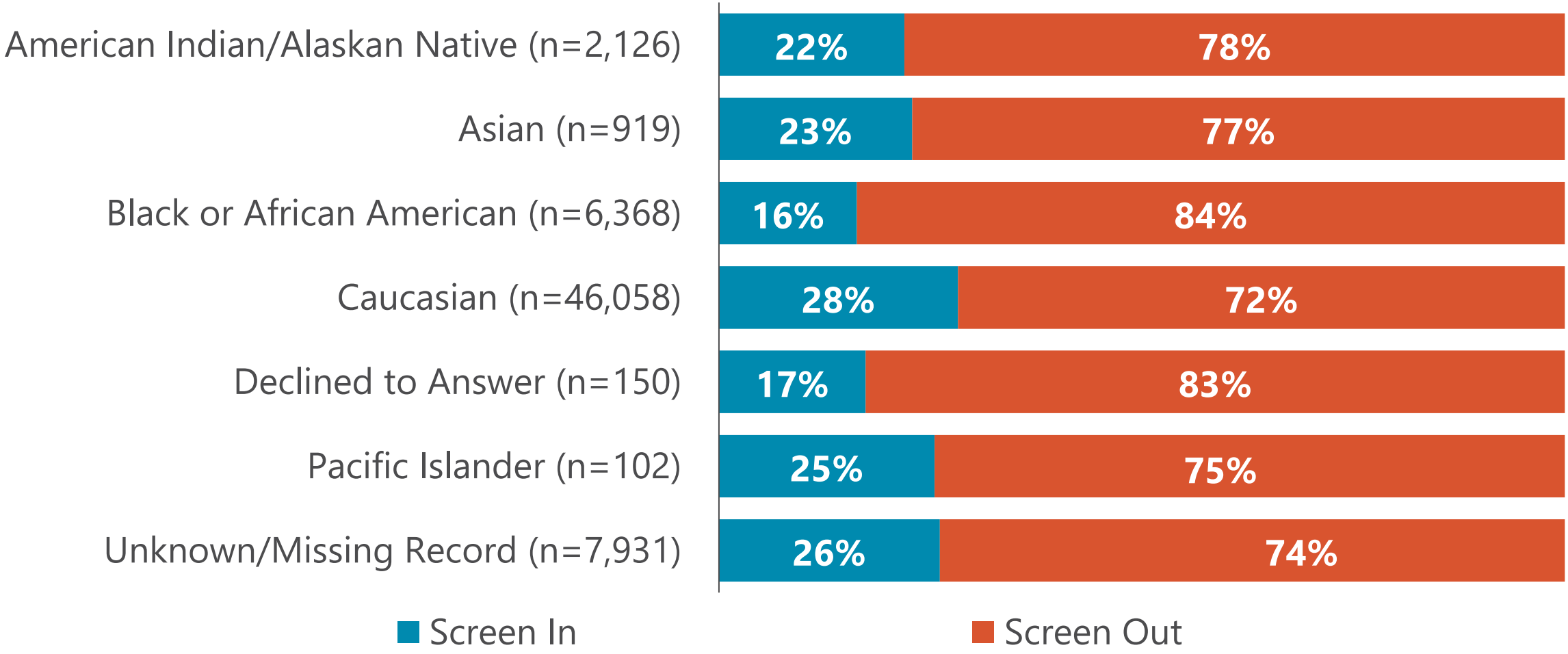
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

DATA ANALYSIS: OVERRIDE OUT BY VA RACE



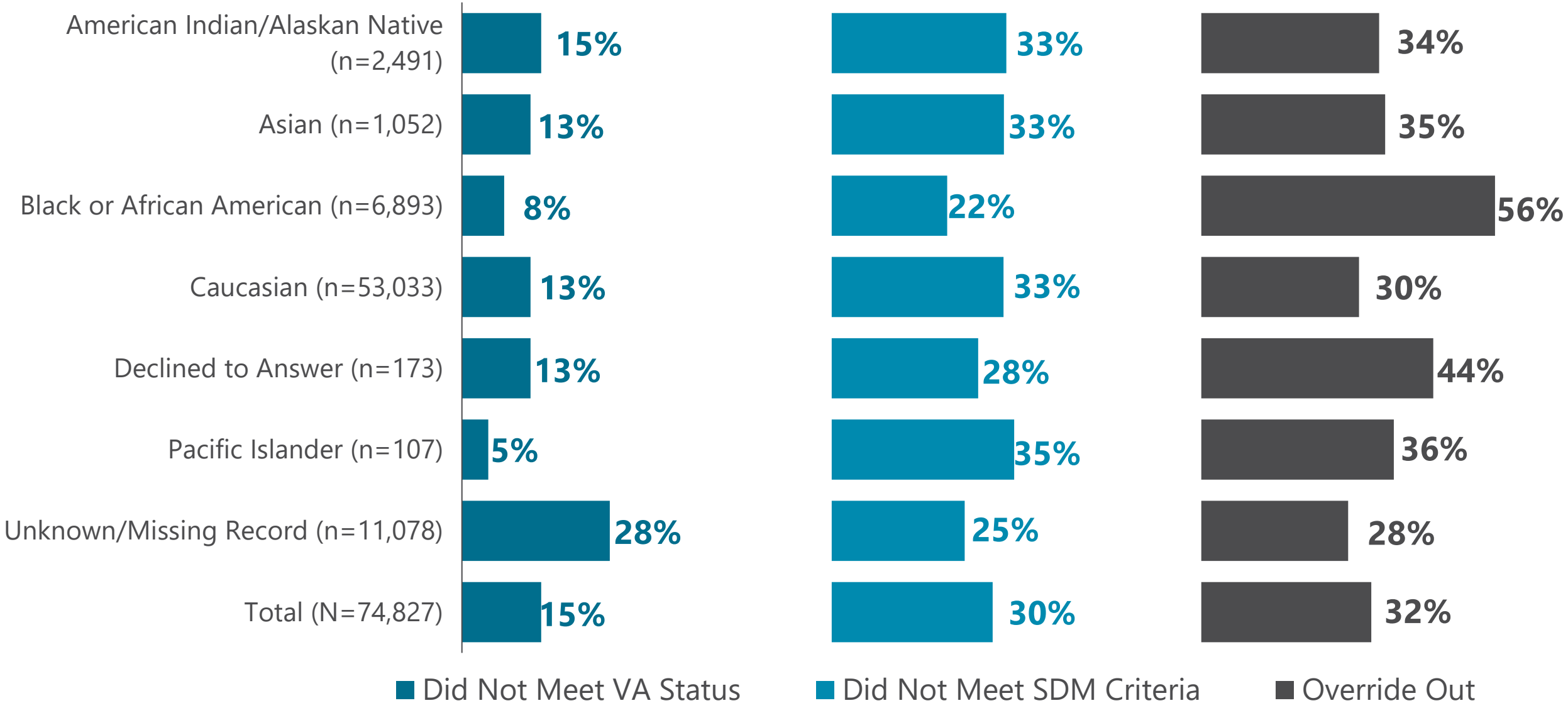
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

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



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

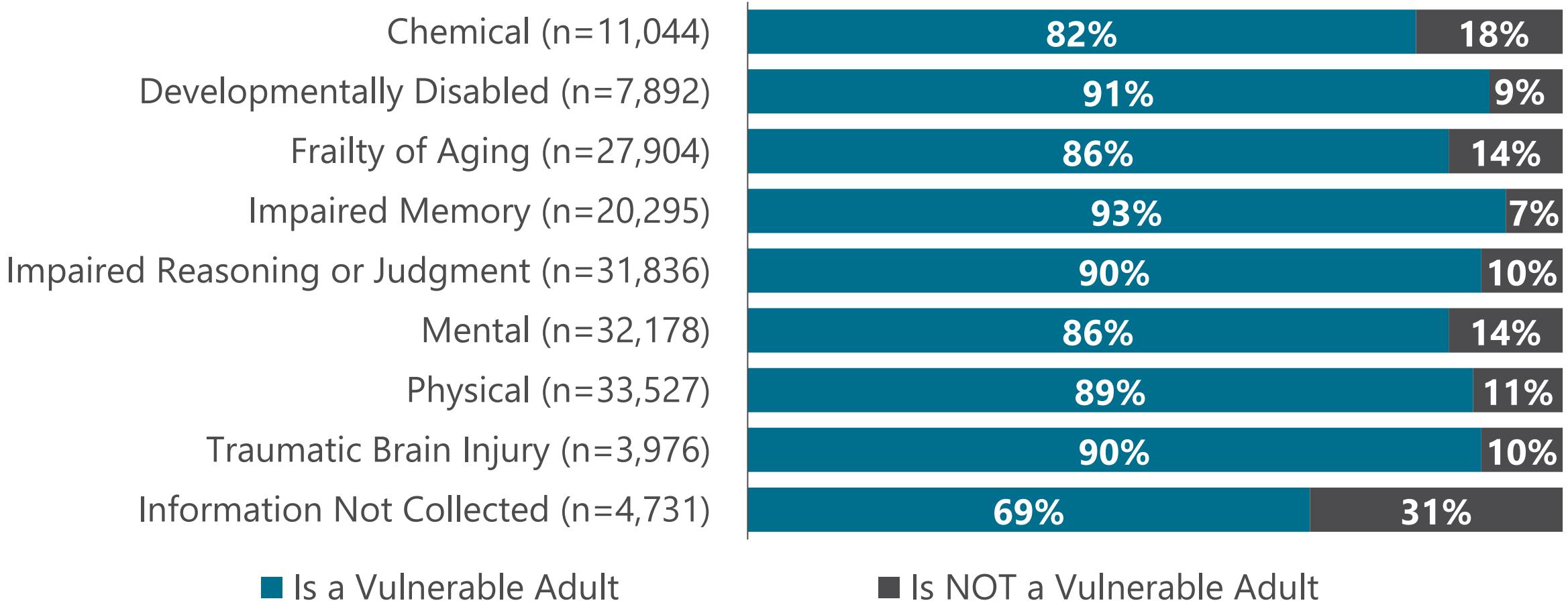
DATA ANALYSIS: SCREEN OUT BY SDM DECISION POINT (PERCENTAGE OF ALL REPORTS WITH SDM ASSESSMENT)



6

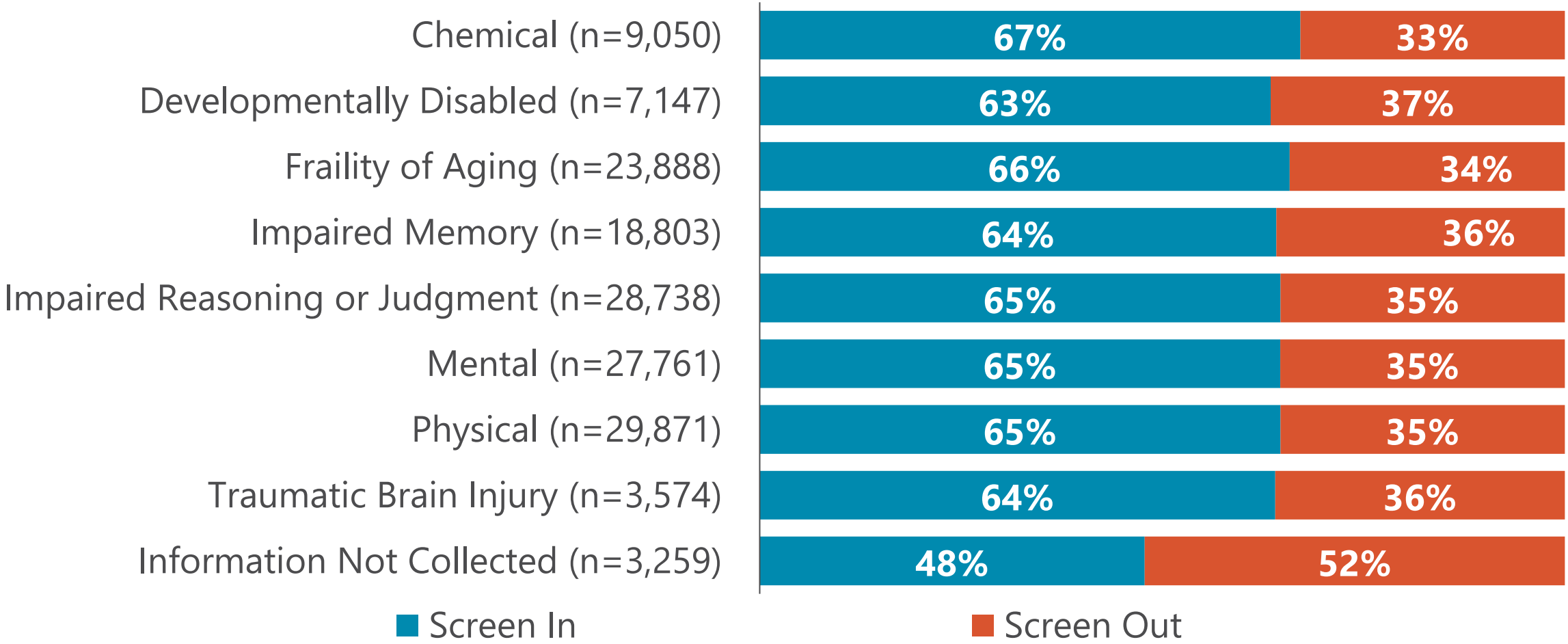
SDM INTAKE ASSESSMENT FINDINGS BY DISABILITY TYPE

DATA ANALYSIS: INTAKE ASSESSMENT VA STATUS BY DISABILITY TYPE



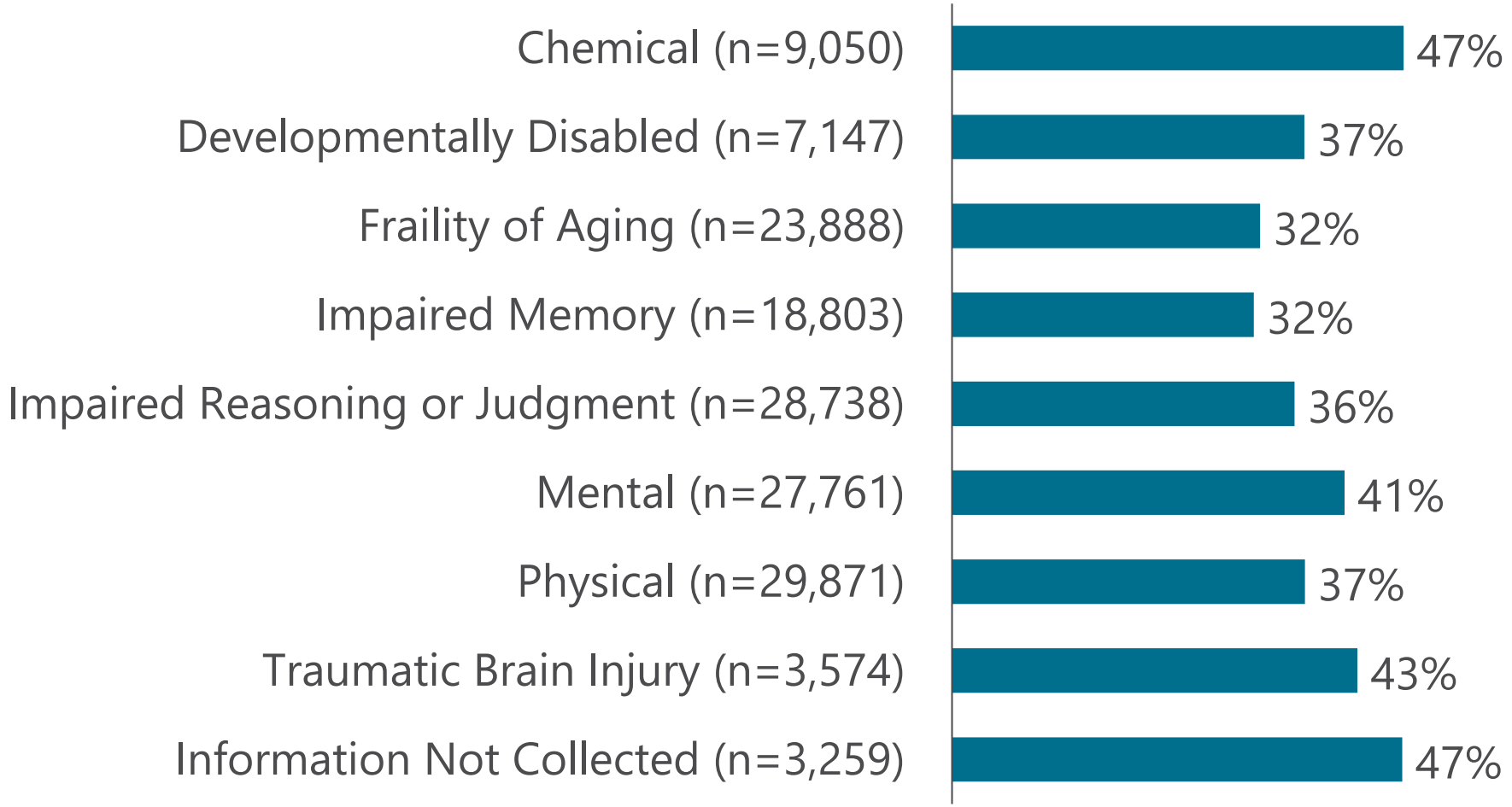
N = 74,827 (excludes reports for which SDM was not completed). Note that adults may be included in more than one disability type group.

DATA ANALYSIS: INITIAL SCREENING DECISION BY DISABILITY TYPE



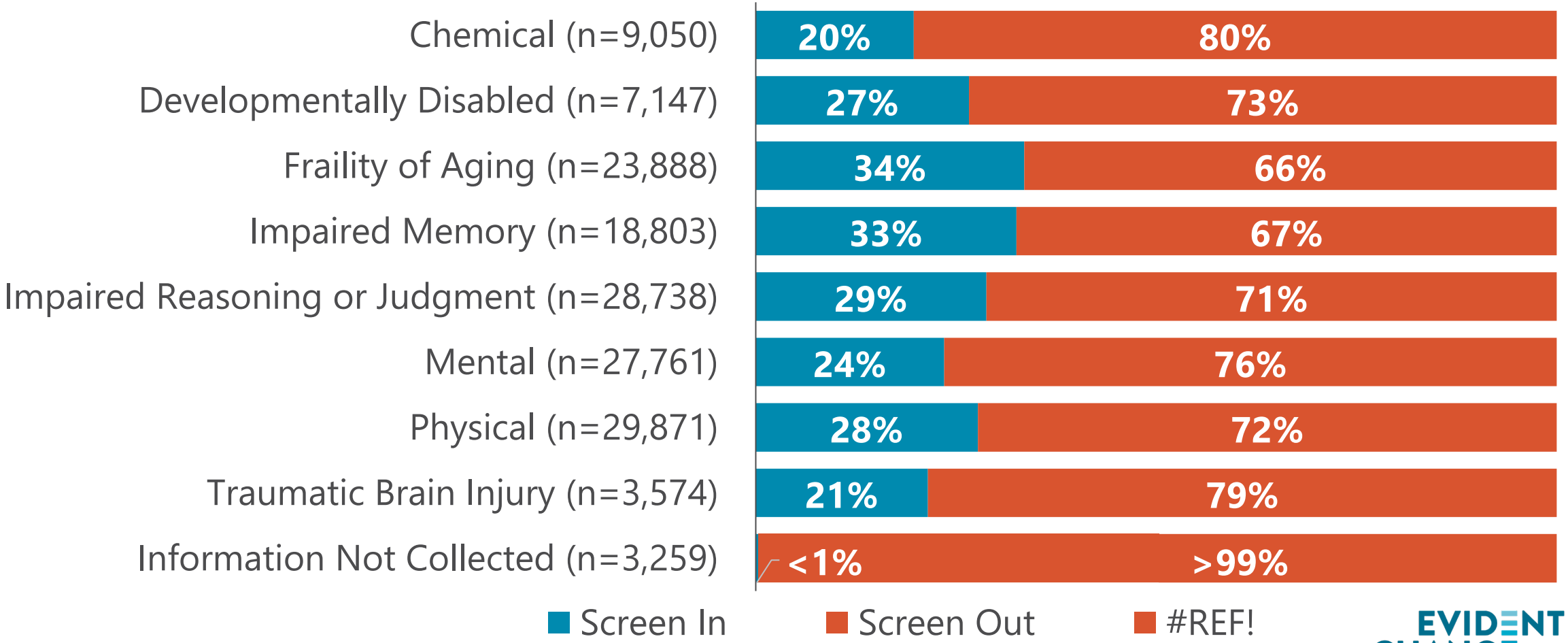
N = 63,654 reports with completed SDM intake assessments and determined to meet VA status

DATA ANALYSIS: OVERRIDE OUT BY DISABILITY TYPE



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

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



EVIDENT CHANGE

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

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EVIDENT CHANGE